

The relationship of fMRI and sEMG data in stroke patients

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Introduction

- There is clinical interest for quantitative evaluation of therapeutic responses or rehabilitation schemes
- Can modern imaging methods be used to measure certain performance in stroke medicine?



Aims of the study

- To investigate brain and muscle functionality in stroke patients
 - Brain activity measured with functional magnetic resonance imaging (fMRI)
 - Muscle activity measured with surface electromyography (sEMG)
- Factors and relationship
 - Affected /non-affected limb
 - Movement speed (fast/medium/slow)



Methods

- 7 stroke patients (one arm paretic)
- Same sEMG and fMRI task: passive flexion-extension of the arm at 3 rates
 - Fast = 0,67 Hz (every 1,5s)
 - Medium = 0,48 Hz (every 2,1s)
 - Slow = 0,33 Hz (every 3s)
- Block design



Methods

Data analysed by speed and arm

sEMG

- Power of signal
- Normalised

$$\frac{(\mu sEMG_{motor}) - \mu sEMG_{rest}}{\sigma sEMG_{rest}}$$

- BrainVision Analyzer

FMRI

- Preprocessing
- $Z > 2.0$; $p = 0.05$, corrected
- Inclusive masking
- Z scores in BA areas
- FSL

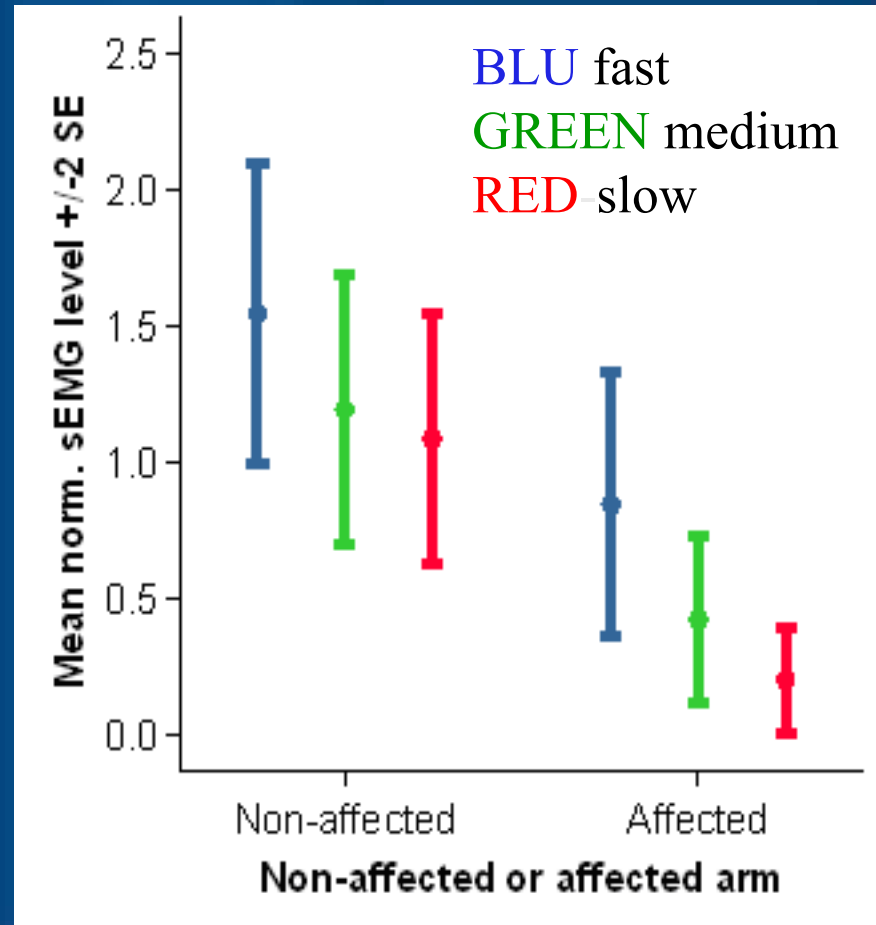


Results: sEMG speed and paresis

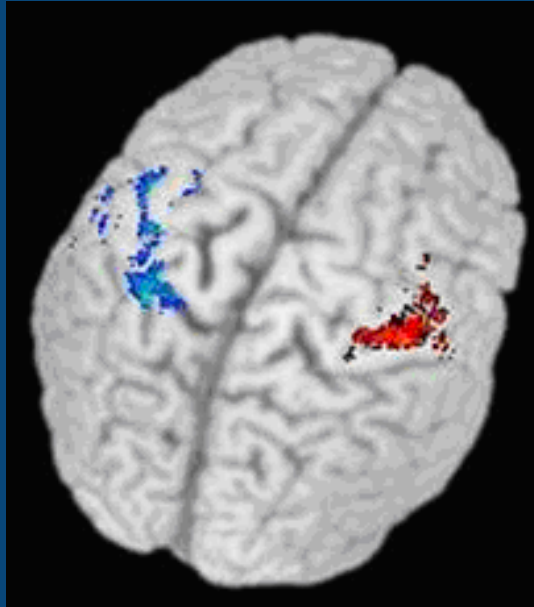
m. biceps brachii

Technique sensitive to speed and paresis

- Fast >medium>slow
 $F_{6,21}=13.09, p<0.001$
- Non affected >paretic
 $F_{6,21}=33.1, p<0.001$



Results: fMRI side & location



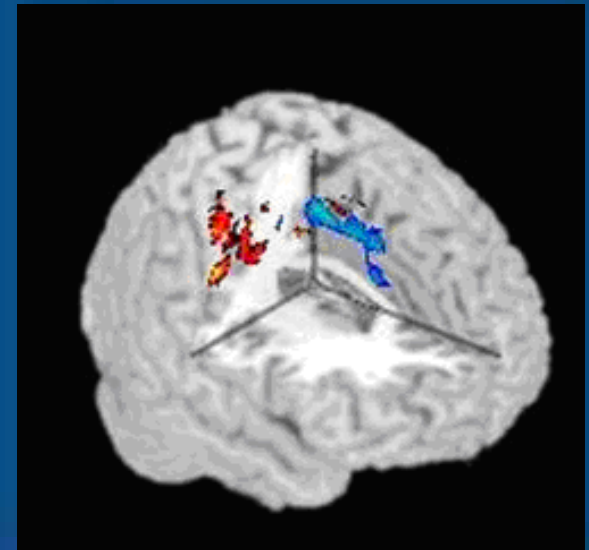
Technique sensitive to side and able accurately to localize sensorymotor areas

Blue right arm

Red left arm

Right arm $1 < Z < 4.42$

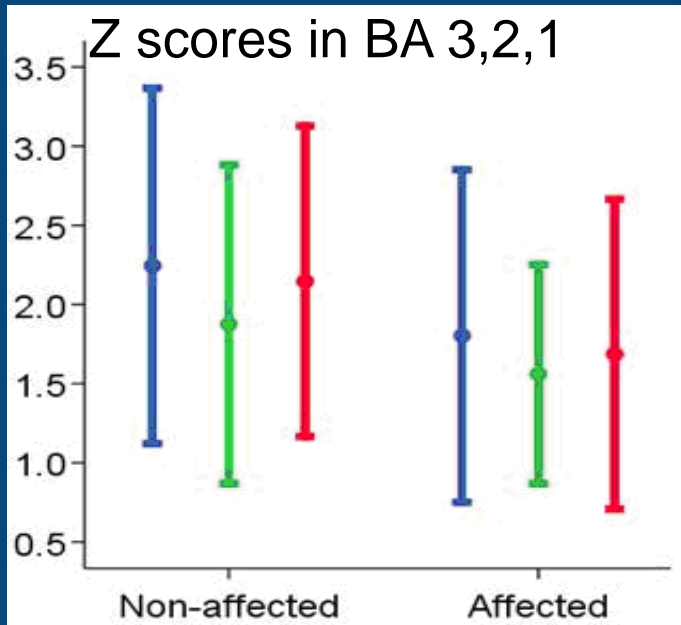
Left arm $1 < Z < 3.93$



Voxels shown on rendered image 6 voxels in depth

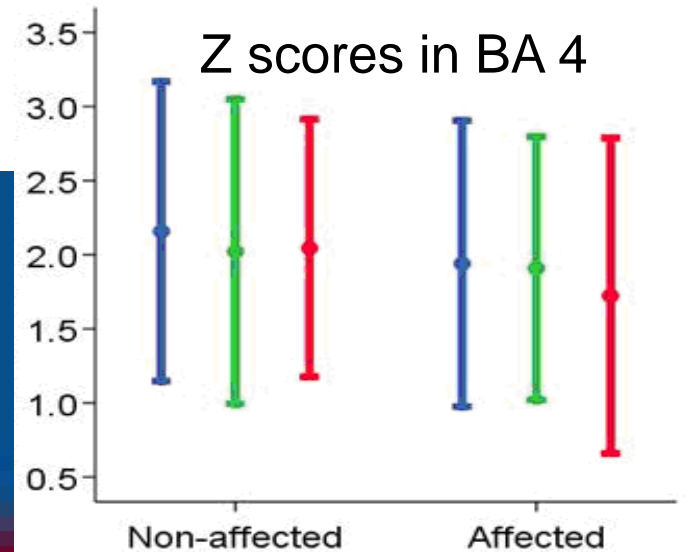


Results: fMRI speed and paresis



Technique relatively insensitive to speed and paretic condition across functional areas

Blue fast
Green medium
Red slow

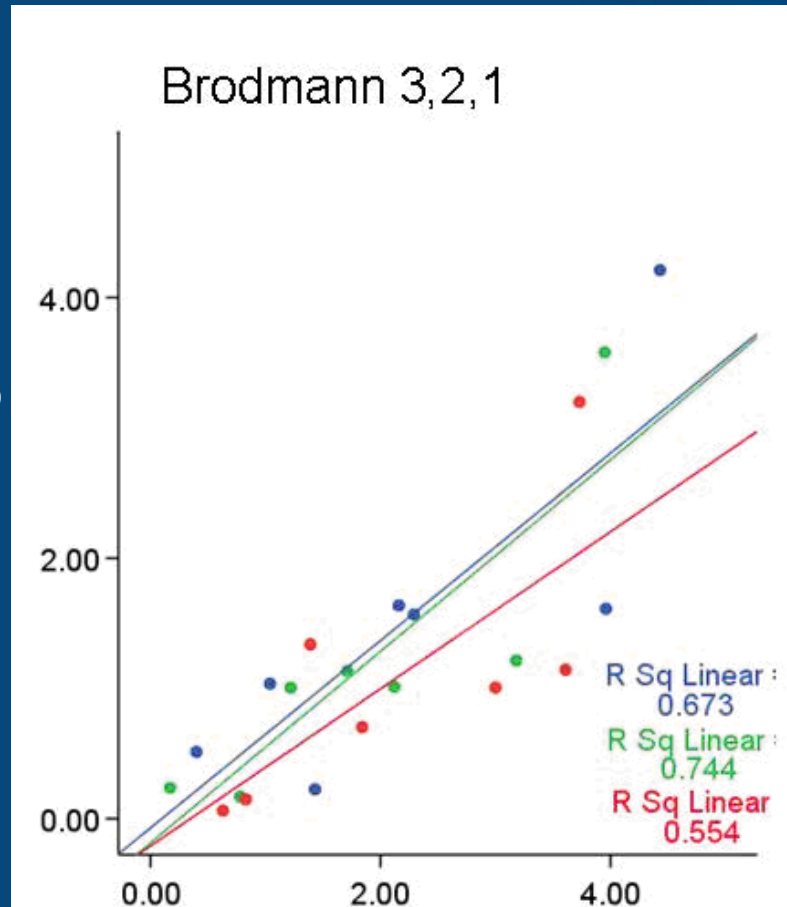


Trends not significant



Results: sEMG-fMRI correlation

Mean sEMG signal level



Mean Z scores

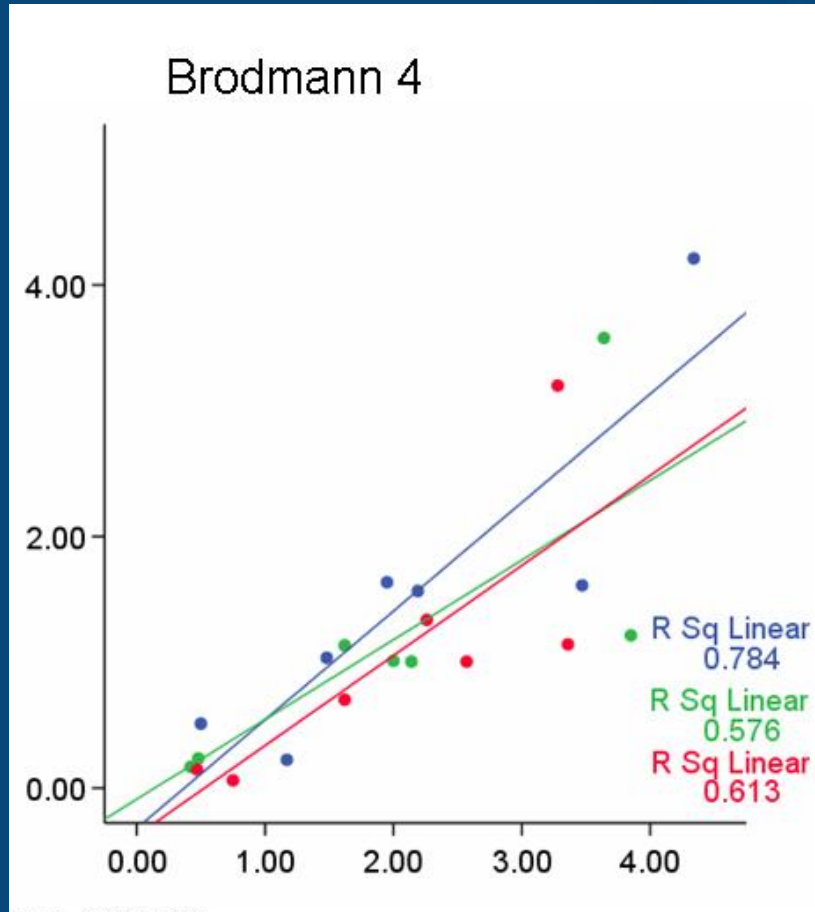
Non-affected arm

- Fast motor block (blue)
coefficient 0.82 ($p=0.024$)
- Medium motor block
(green)
coefficient 0.86 ($p=0.012$)
- Slow motor block
(red)
coefficient 0.75 ($p=0.055$)



Results: sEMG- fMRI correlation

Mean sEMG signal level



Mean Z scores

Non-affected arm

- Fast motor block (blue) coefficient 0.89 ($p=0.008$)
- Medium motor block (green) coefficient 0.76 ($p=0.048$)
- Slow motor block (red) coefficient 0.75 ($p=0.055$)

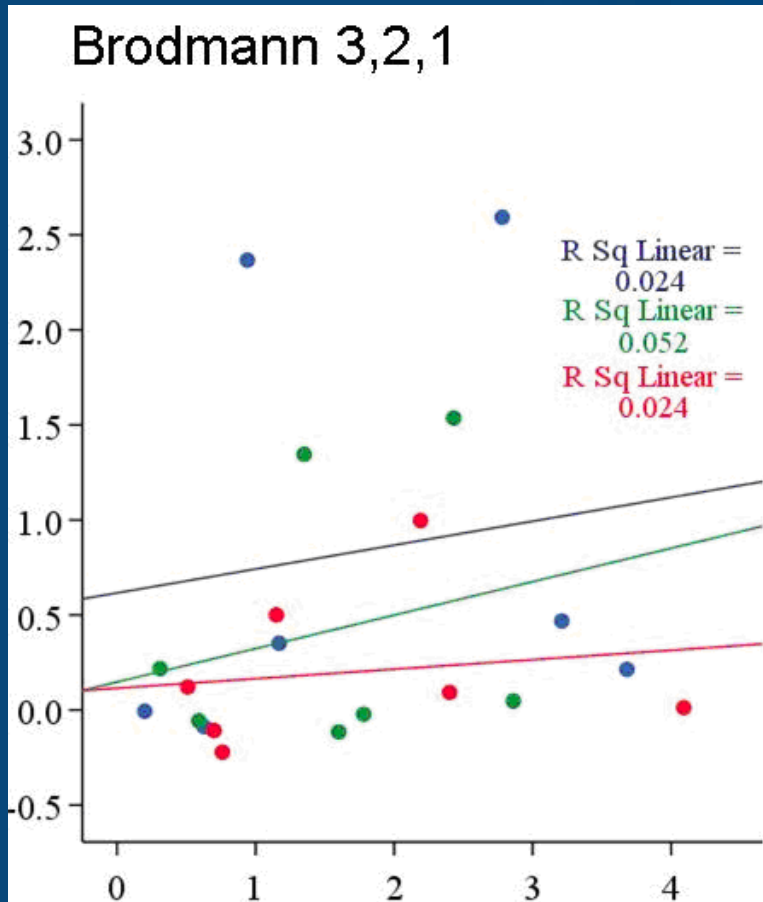


Results: sEMG fMRI correlation

Affected arm

- No significant correlations between the sEMG power and fMRI Z scores

Mean sEMG signal level



Mean Z scores



Conclusions

- The sEMG - evident speed effect and difference between the affected and non-affected arm
- FMRI - did not show the similar pattern → due to haemodynamical changes?
- The relationship was observed between sEMG and the imaging data in the non-affected side, and not in the affected side → due to changes in haemodynamics and in properties of the muscles?



Conclusions

- The haemodynamics in stroke patients is important factor to be considered, as this may influence the BOLD fMRI
- Due to these changes, the electromyographic-imaging relationship can be skewed from what is expected, as indicated in this study
- The fMRI is not yet ready to be used as the quantitative measure for certain performance parameters

