

Exploring the instantaneous effects of tDCS on postural stability to improve stroke rehabilitation

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INTRODUCTION:



- Postural instability, balance problems and subsequent falls are very common after stroke.
- Restoration of adequate standing balance is a key factor in regaining independence and preventing fall-events.¹
- Transcranial direct current stimulation (tDCS) is a novel non-invasive technique.
- Proof of principle studies have shown that tDCS applied on the primary sensorimotor cortex can improve motor function in patients after stroke.²
- TDCS applied on the cerebellum during training could further optimize motor learning, thereby improving standing balance and functional outcome after stroke.

OBJECTIVE:

To assess the optimal stimulation paradigm and explore the effects of tDCS during active balance training on posturographical parameters in chronic stroke and healthy subjects, as a preparation for a Randomized Clinical Trial.

Patient

characteristics

gender	male
Age	56
Bamford classification	LACI
Affected side	right
Time after stroke	5.5 years
FM-LE (max. 34)	26
BBS (max. 56)	53

Table 1: FM-LE: Fugl-Meyer lower extremity, BBS: berg balance score, LACI: lacunar infarct

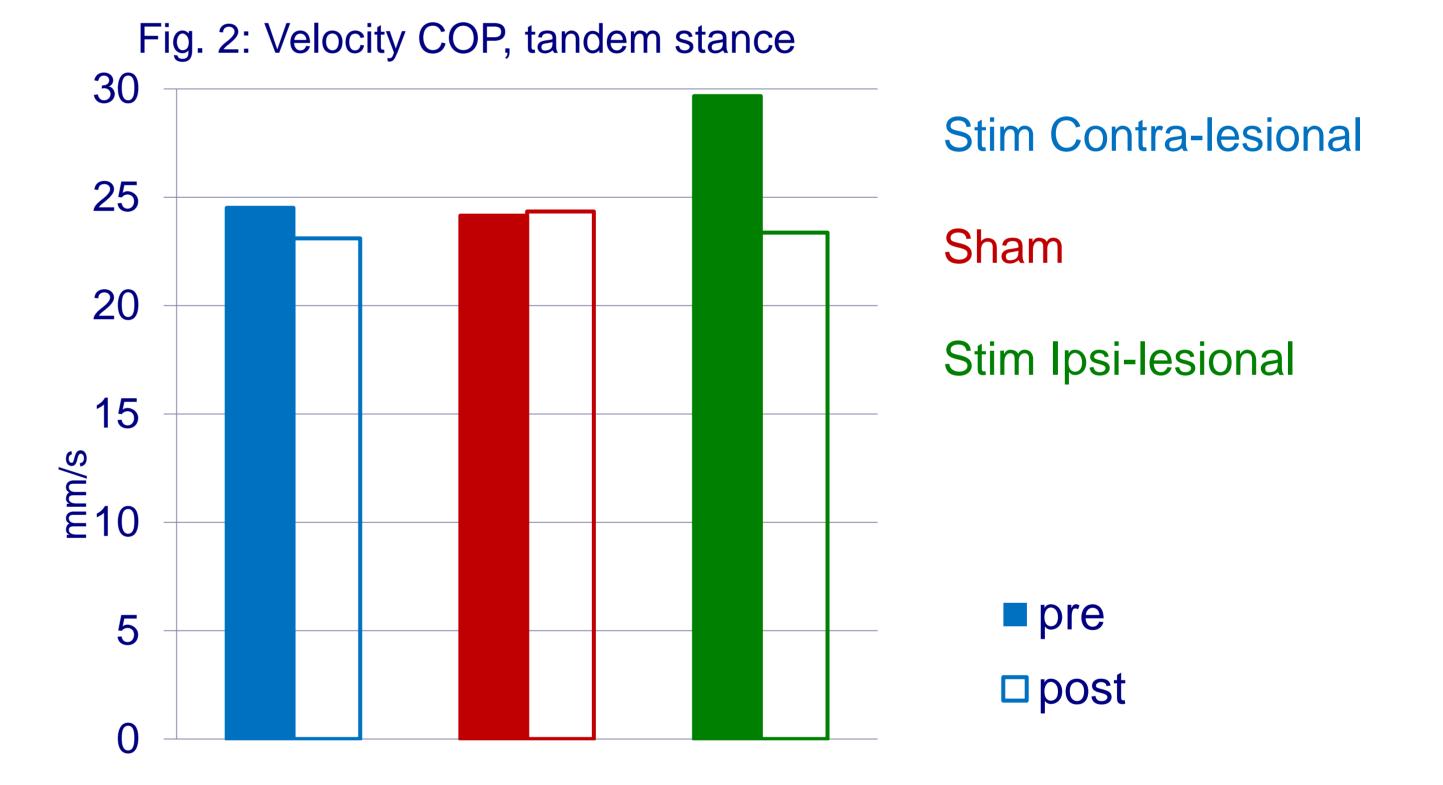


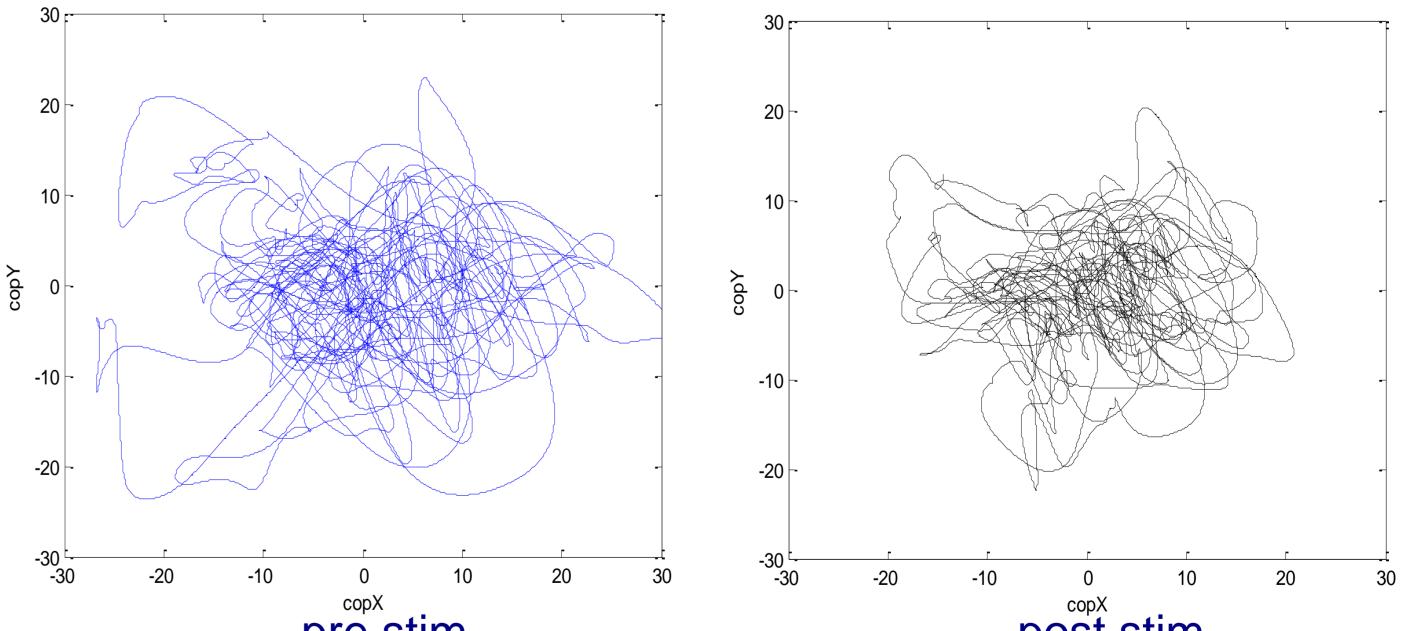


Fig. 1: the training task

METHODS:

One subject was measured on a forceplate in three different conditions (i.e. eyes open,

Fig. 3: COP in tandem stance (1 min), pre and post ipsi-lesional stimulation



eyes closed and tandem stance) before and after a single training session.

Training: lateral balance tracking task.

Cerebellum stimulation, 20 minutes:

- anodal tDCS (1.5 mA) ipsi-lesional
- anodal tDCS (1.5 mA) contra-lesional
- sham tDCS

<u>Outcome measure: medio lateral Center of</u> Pressure (COP) velocity.

pre stim

post stim

DISCUSSION:

The observed changes in COP parameters suggest an improvement in postural stability with ipsi-lesional stimulation. Cerebellar tDCS shows promise as a tool to improve balance stability when combined with a postural training task, encouraging research in chronic and sub-acute stroke patients.

Geurts et al., 2005, Gait Posture 22:267-281.
Reis, Fritsch, 2011, Curr Opin Neurol 24:590-596.

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