

## *The Uninjured Hemisphere in Hemiplegia: Friend for some and Foe for others*

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a place of mind



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## **Interhemispheric Interactions after Stroke**

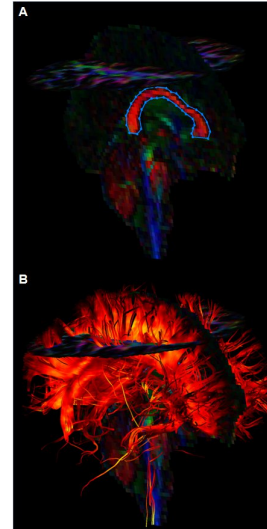
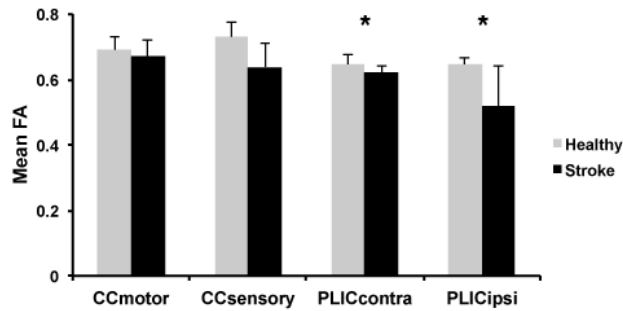


- Interactions between the two cerebral hemispheres are changed by stroke
  - Variability from person to person in how these changes manifest
- The cause(s) and functional significance of these shifts is not clear



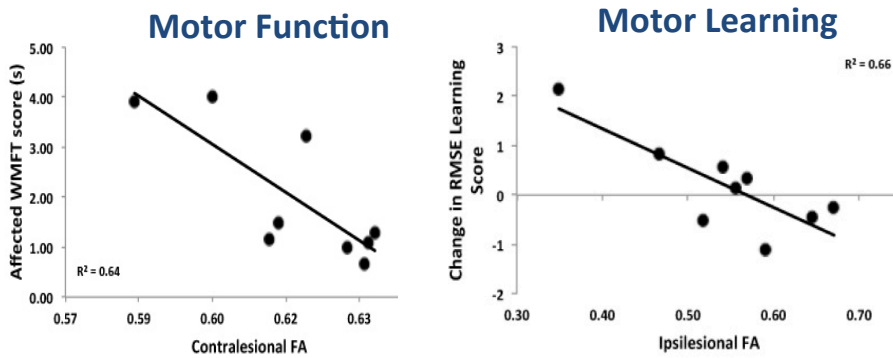
## White matter status after stroke

Widespread loss of white matter in both hemispheres after stroke



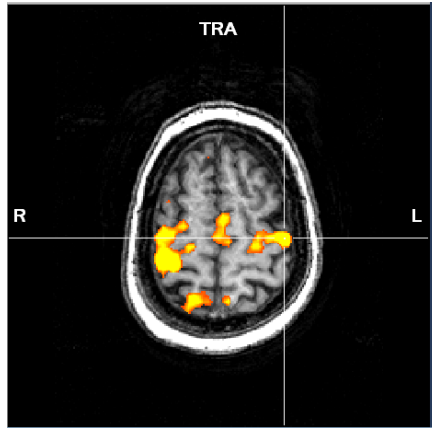
(Borich, Mang & Boyd, 2012; Mang, Borich & Boyd, 2015)

## White matter microstructure (FA) relates differently to motor function vs. learning in chronic stroke

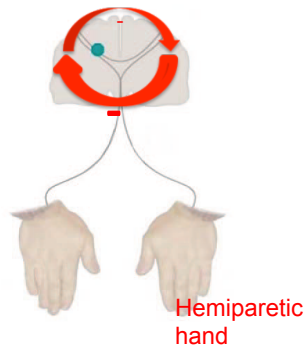


(Borich, Mang & Boyd, 2012; Borich, Brown & Boyd, 2013; Mang, Borich & Boyd, 2015)

## Altered M1-M1 inhibition after stroke

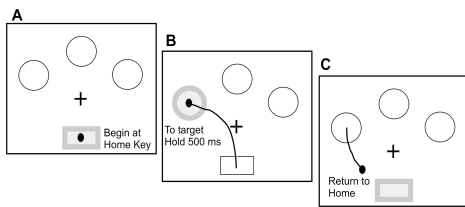
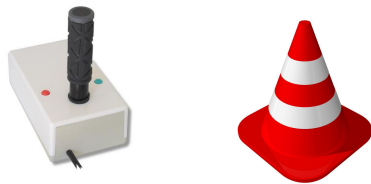


(Boyd et al., 2010)

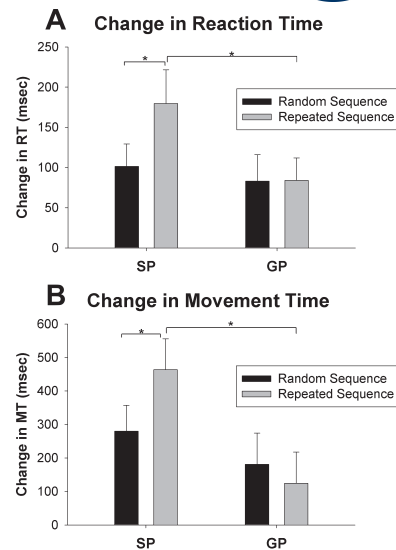


(Figure adapted from Murase et al., 2004)

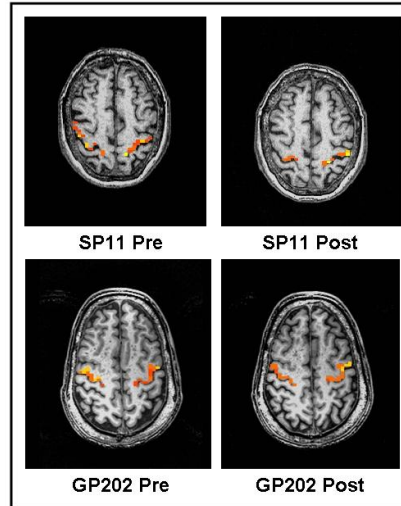
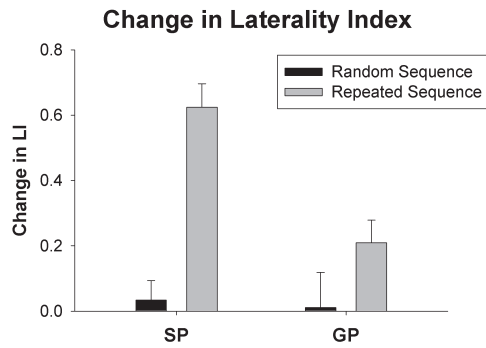
## Can the relationship between the two hemispheres be changed after stroke?



(Boyd et al., 2010)

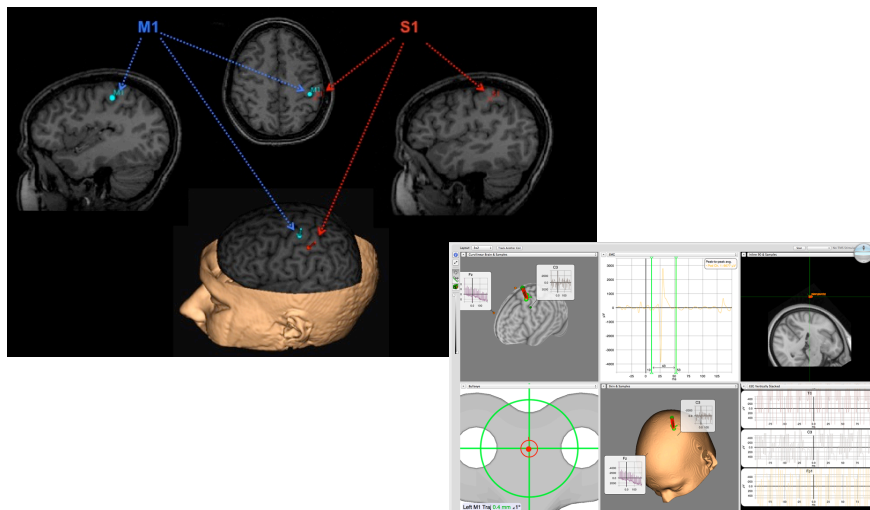


## Motor Learning alters patterns of brain activity in both motor cortices

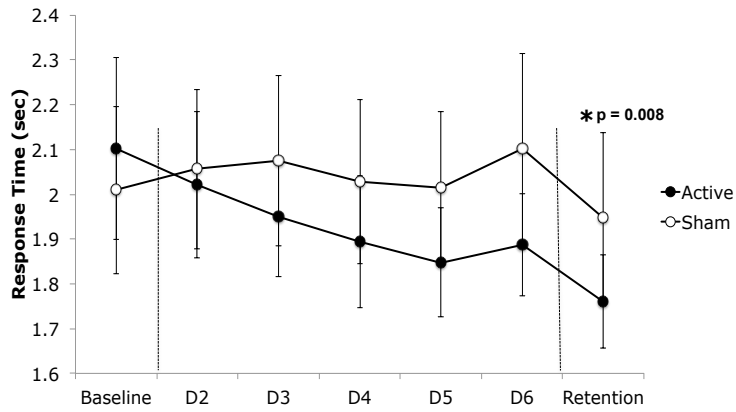
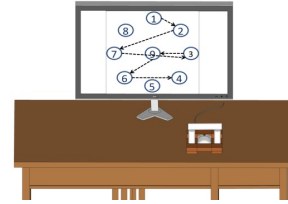


(Boyd et al., 2010)

## Using rTMS to probe intercortical relationships: What and where to stimulate?

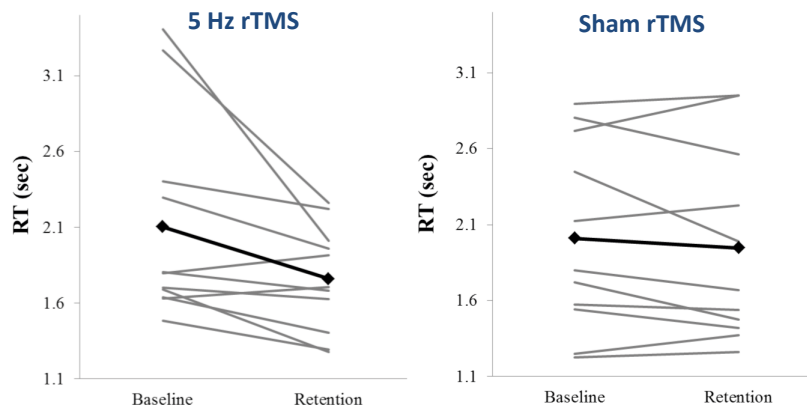


## 5 Hz rTMS over ipsilesional sensory cortex paired with practice facilitates motor learning



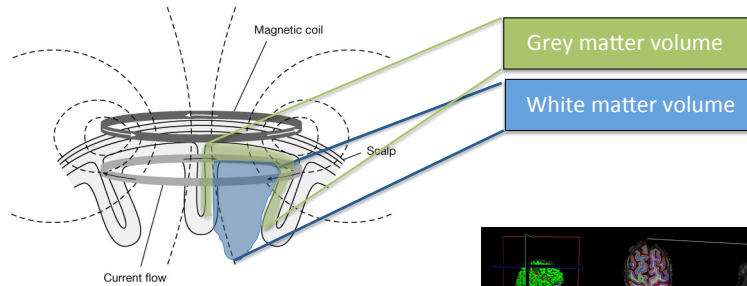
(Brodie, Meehan, Borich, Cheung, & Boyd, 2014)

## High degree of variability in response

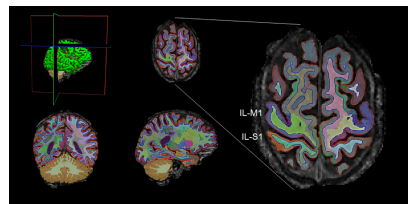


(Brodie, Meehan, Borich, Cheung, & Boyd, 2014)

## Is the effectiveness of 5Hz rTMS over ipsilesional S1 related to structural integrity?

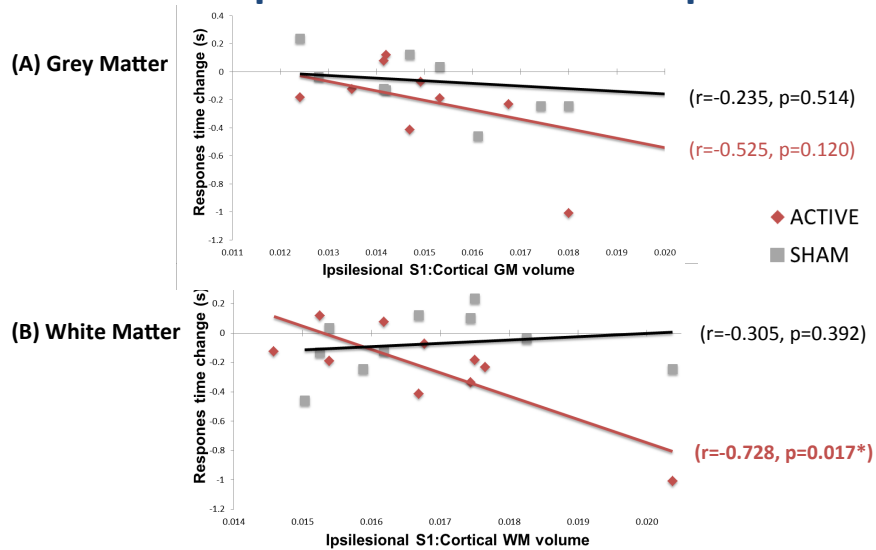


Pre & Postcentral gyri to Cortex ratio  
 = (Segmented Gyral volume) / (Total cortical volume)



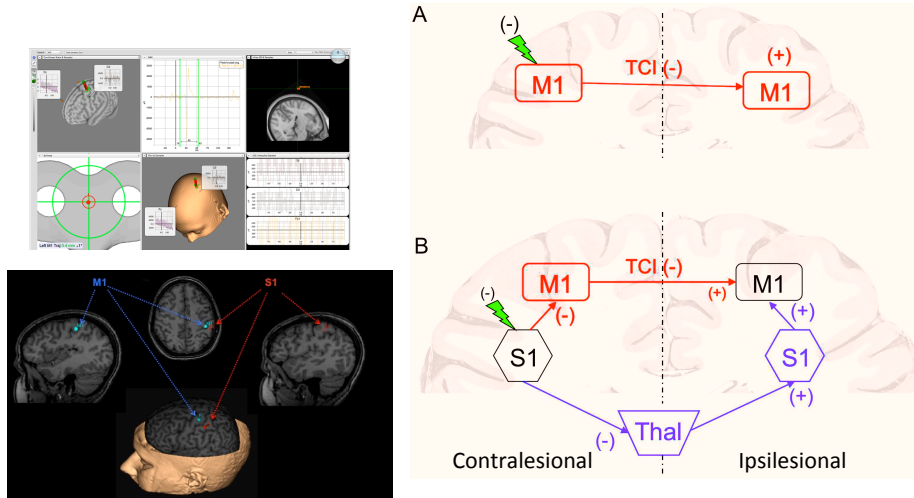
(Brodie, Borich & Boyd, 2014)

## Sensory Cortex White Matter Volume is related to response to 5 Hz rTMS + practice



(Brodie, Borich & Boyd, 2014)

## Using rTMS to probe intercortical relationships: What and where to stimulate?



## Combining data from both hemispheres and the callosum explains the most variability in function in chronic stroke



Hierarchical regression model statistics.

	Predictors	F statistic	p-Value	R <sup>2</sup>
<b>WMFT rate</b>				
Model 1	Age, PSD, L.vol	0.83	0.50	0.16
Model 2	1 + L-CST FA	4.14	0.03	0.58*
Model 3	2 + CCI tract FA	4.53	0.02	0.67*
Model 4	3 + NL-iSP <sub>mean</sub>	4.08	0.03	0.71*
<b>FM score</b>				
Model 1	Age, PSD, L.vol	1.05	0.41	0.19
Model 2	1 + L-CST FA	5.10	0.01	0.63*
Model 3	2 + CCI tract FA	6.57	0.01	0.75*
Model 4	3 + NL-iSP <sub>mean</sub>	8.44	<0.01	0.84*

(Mang, Brodie, Borich, Auriel & Boyd, 2015)



## Final Thoughts...



- Contralesional cortex is a foe for some but a friend to others
  - Severity / residual integrity
- A highly integrated network likely supports motor recovery after stroke
  - Structural, functional, physiological
- Best models for the network are not yet known
- May require individual or personalized stimulation or treatment approaches to positively shape this network to promote recovery
  - A one sized fits all approach will not work