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# Using tendinous vibration to explore posture, spatial orientation and gait in post-stroke population

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INVITED SEMINAR

UJM SAINT-ETIENNE, LABORATOIRE INTERUNIVERSITAIRE DE BIOLOGIE DE LA MOTRICITÉ

*October 15<sup>th</sup> 2020*

# Noémie Duclos



2006  
-  
2010

2010  
-  
2014

2015  
-  
2018

2018  
...

B.Sc. **Science and Technique of Physical and Sports Activities**  
*Adapted Physical Activities and Health*



**Physical Therapy State Diploma**



M.Sc. **Human Movement Sciences**



**Ph.D. Human Movement Sciences**



Postdoctoral fellowship **Rehabilitation Sciences**



Associate professor



Current affiliation:

Univ. Bordeaux, College of Health Sciences

*Institut universitaire des sciences de la réadaptation*

Univ. Bordeaux, INSERM, BPH, U1219,

*"Handicap, Activity, Cognition & Health" Team*

Activities and participation

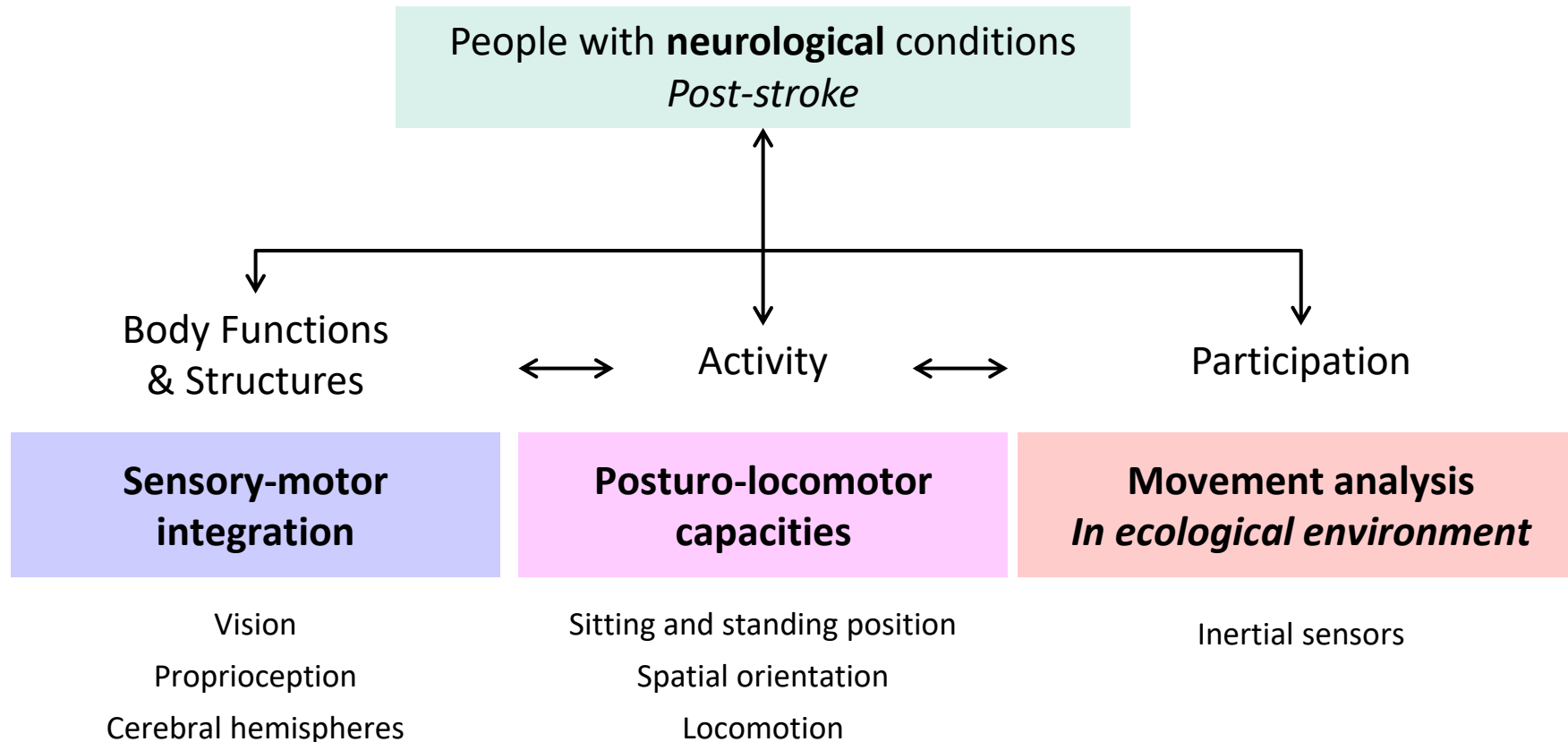
Non-pharmacological interventions  
and new technology

Rehabilitation

Psychology

# Fields of research

*International Classification of Functioning, Disability and Health*



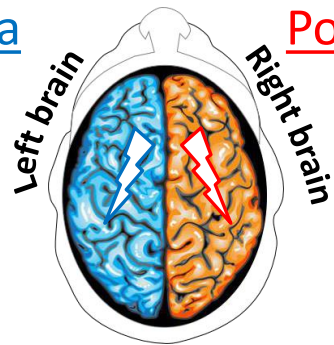
# Postural control in post-stroke population

Stroke → Brain damage → Contralesional deficits

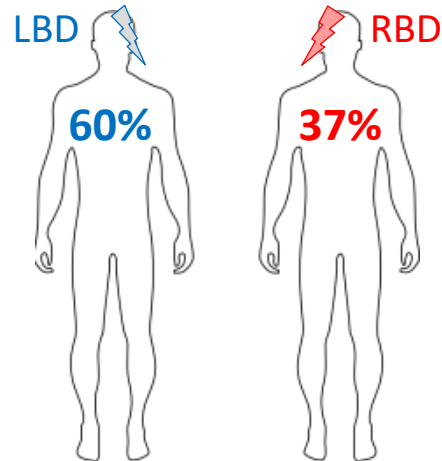
- Sensory deficits
- Motor deficits

Side of lesion → Typical clinical picture:

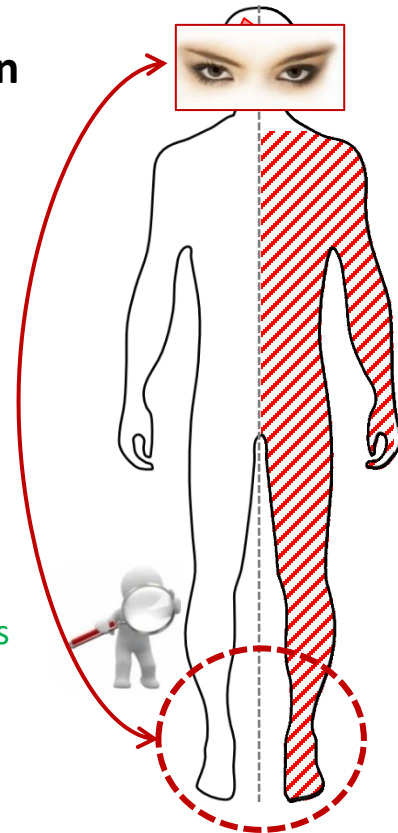
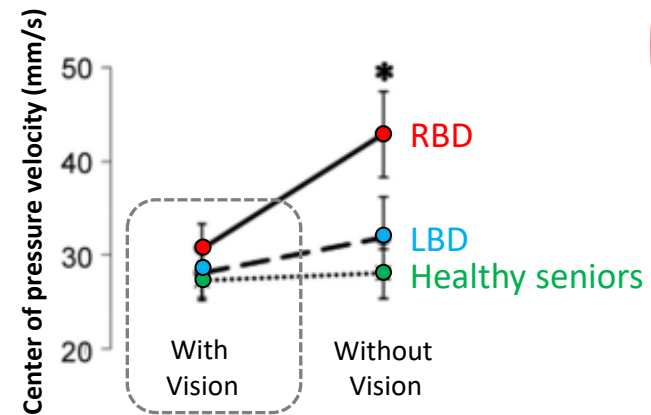
Aphasia



Postural instability



**Hemispheric specificity  
for visuo-proprioceptive integration  
& postural control?**



Bohannon RW, Smith MB, Larkin PA. Relationship between independent sitting balance and side of hemiparesis. *Phys Ther* 1986; 66: 944–5.

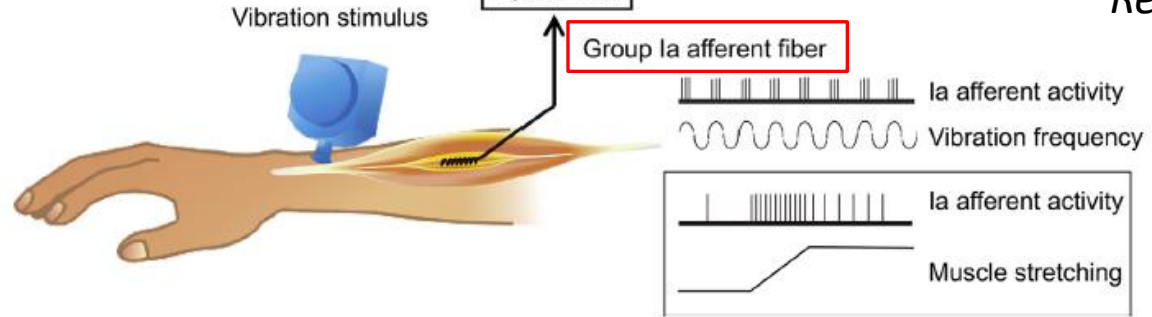
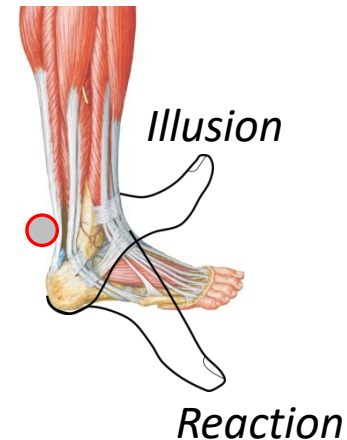
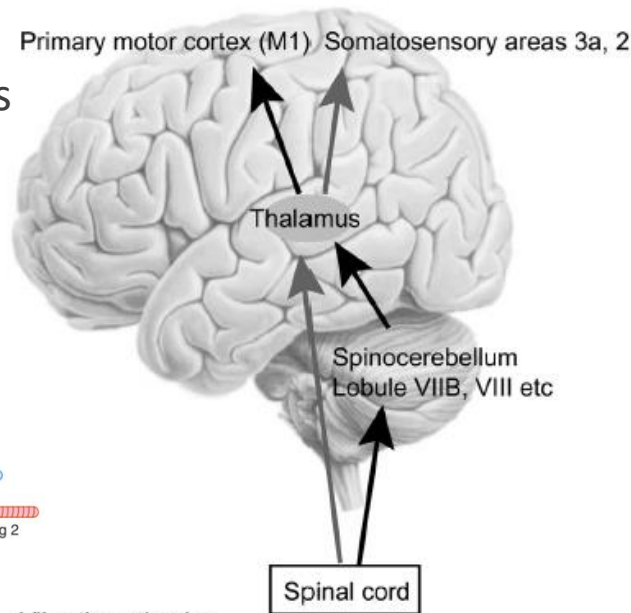
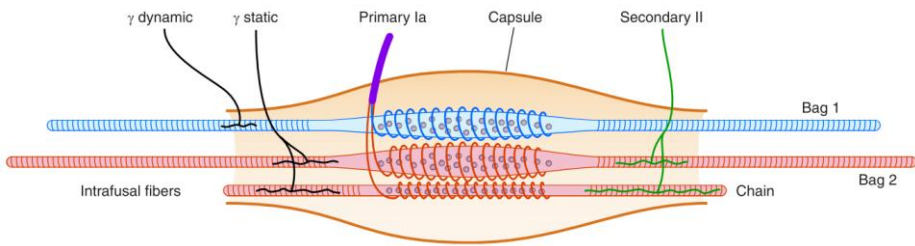
Laufer Y, Sivan D, Schwarzmann R, et al. Standing balance and functional recovery of patients with right and left hemiparesis in the early stages of rehabilitation. *Neurorehabil Neural Repair* 2003; 17: 207–13.

Manor B, Hu K, Zhao P, et al. Altered control of postural sway following cerebral infarction: a cross-sectional analysis. *Neurology* 2010; 74: 458–64.

# Manipulating proprioceptive information

## Vibration: *muscles / focal*

- Activation of the muscle spindles
- Primary (Ia) afferents



# Vibration and postural control

## Methodology

**Hypothesis:** The different effects of vibration on the paretic and non-paretic limbs would help to define the main cause of ill-adapted postural behavior after stroke

**S < G<sub>2</sub> > C<sub>3</sub> (\* 2)**

**LBD:** n = 14 / 66 (±11) years

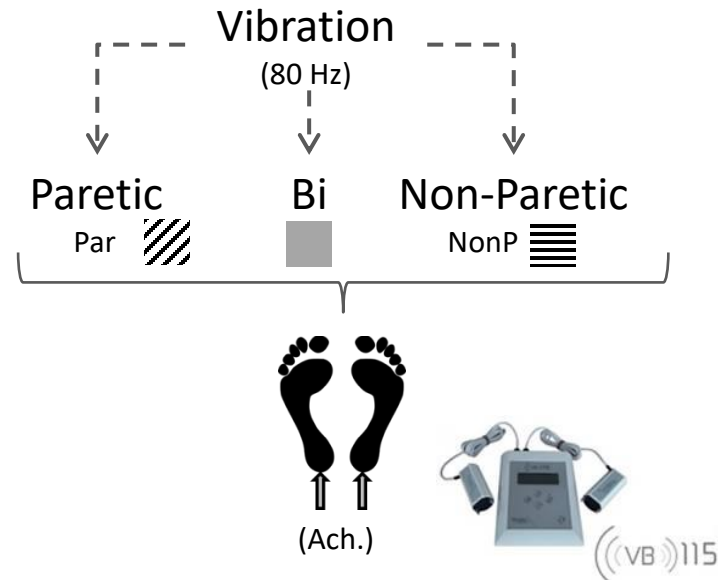
Time since stroke: 10 (±12) months

FIM score: 110 (±12) /126 pts

**RBD:** n = 12 / 69 (±13) years

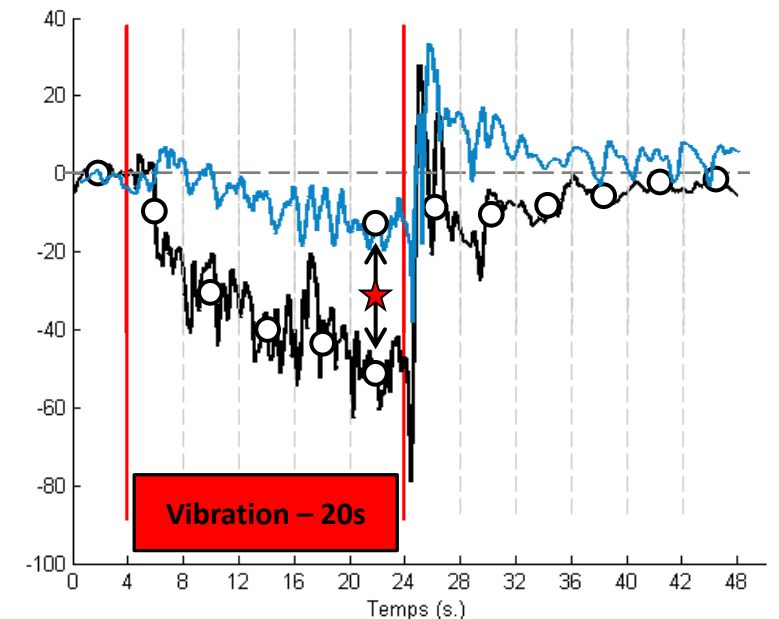
Time since stroke: 10 (±14) months

FIM score: 106 (±11) /126 pts

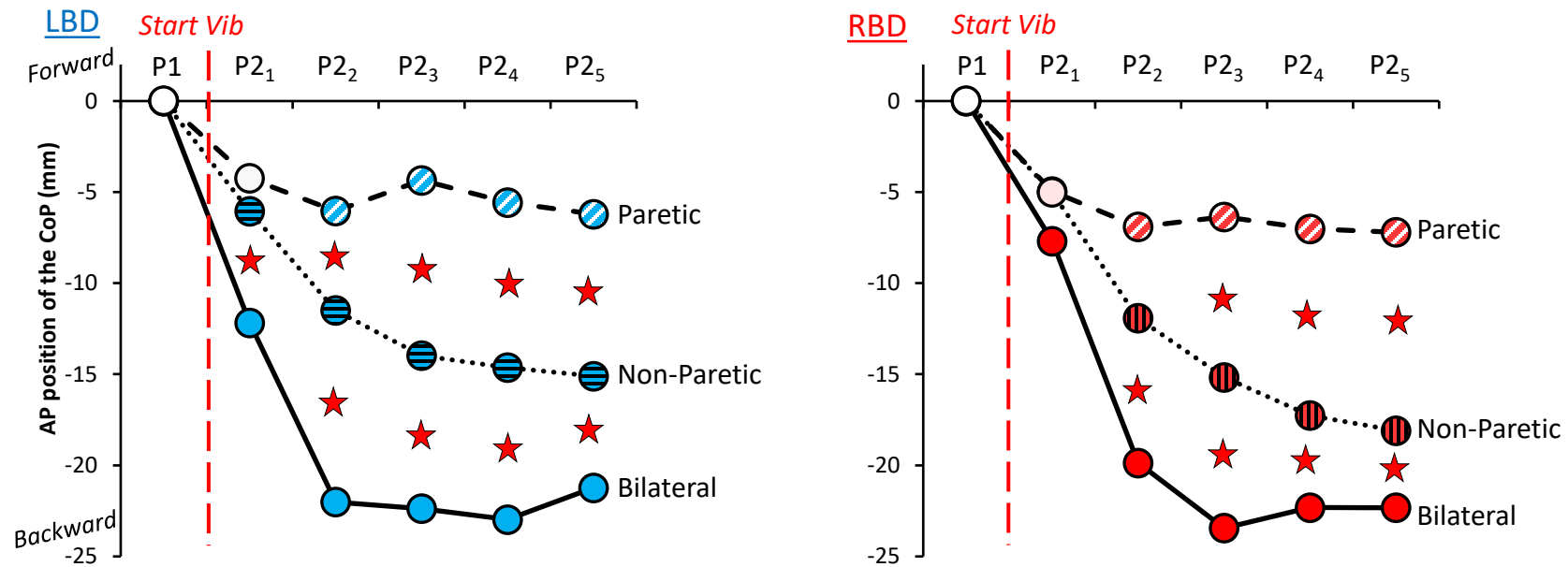


Upright – 48 seconds – without vision

- Force platform → Center of pressure (CoP)
- Data analysis: periods of 4 s
  - Mean antero-posterior position, and standard deviation
  - Velocity of the displacement



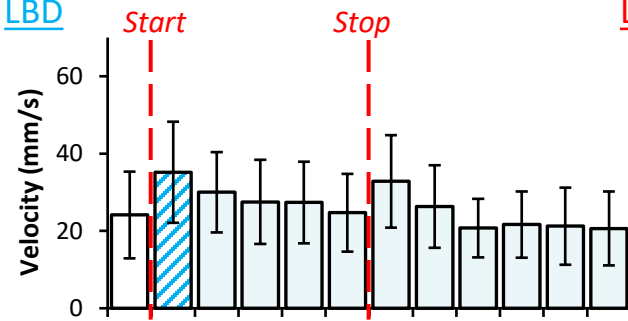
# Effects of Achilles vibration: *Backward displacement of the CoP*



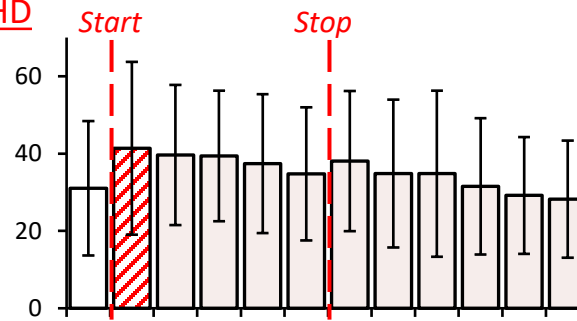
Backward displacement : Paretic < Non-Paretic → similar for both LBD & RBD groups

## Vibration on the **paretic** limb:

**LBD**



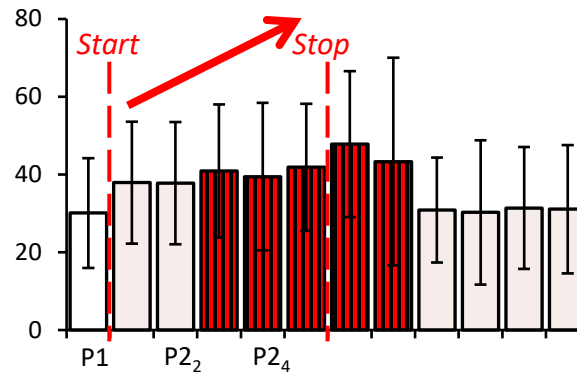
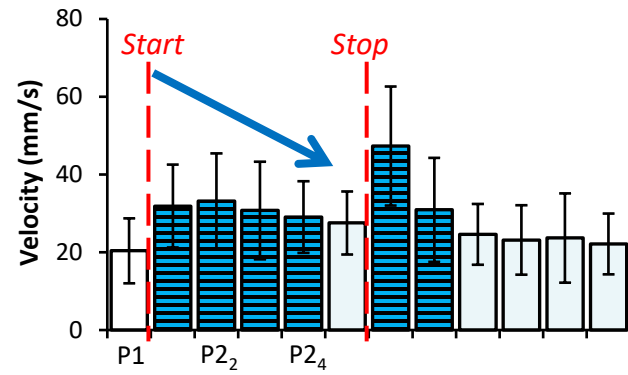
**LHD**



**Group effect : RBD > LBD**

Similar behavior  
for both groups

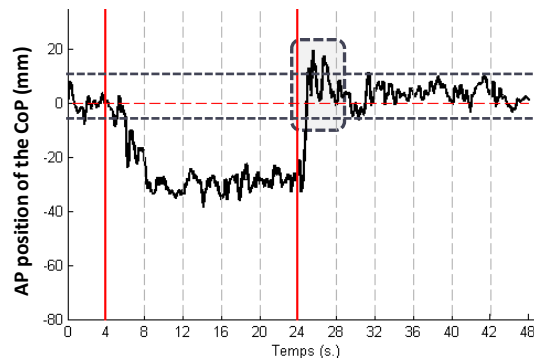
## Vibration on the **non-paretic** limb:



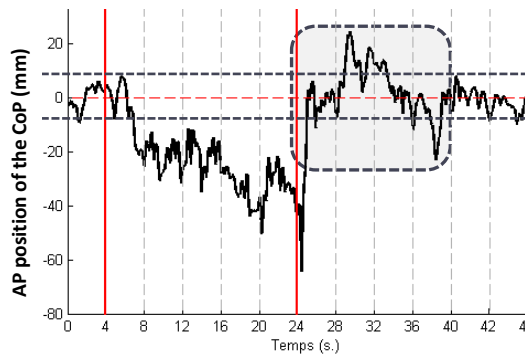
**Specific for each group**

**LBD** : ↘ destabilization

**RBD** : ↗ destabilization



Patient with **LBD** (Bi)



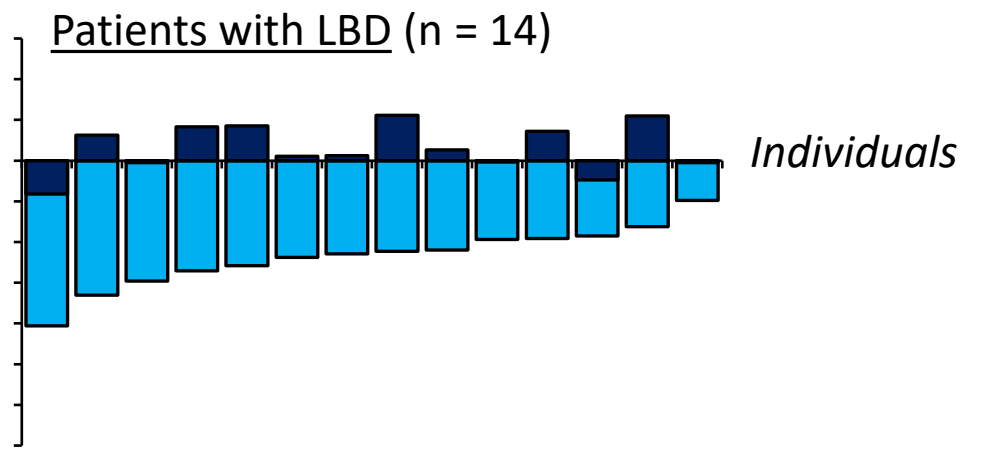
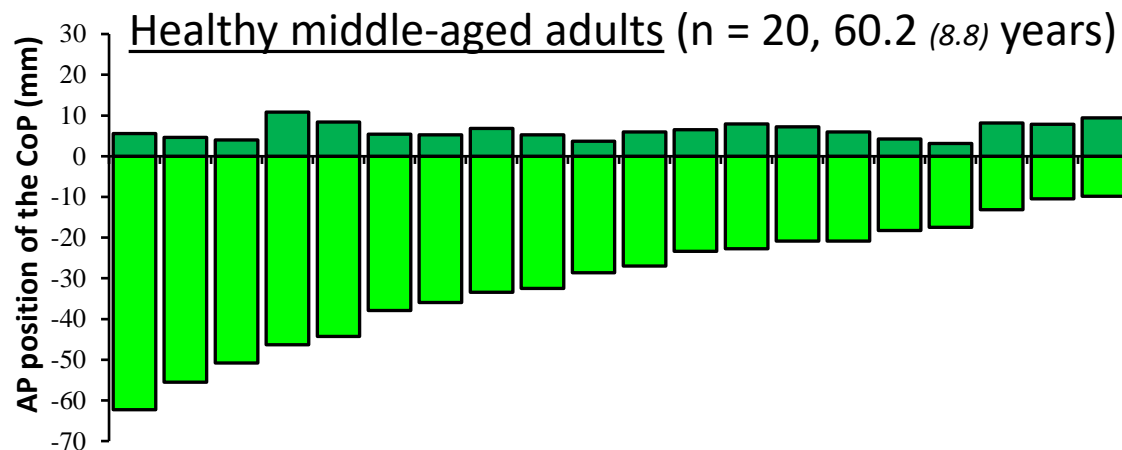
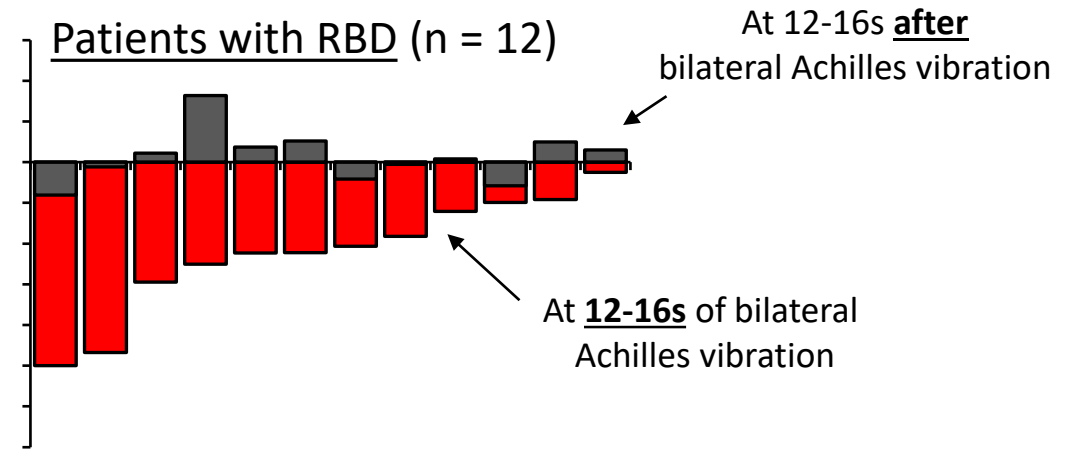
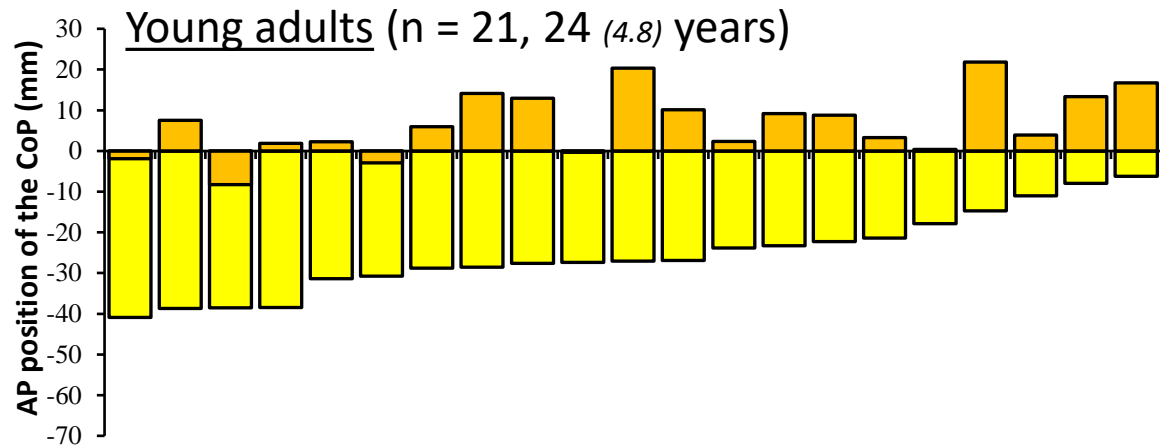
Patient with **RBD** (Bi)

Variability of the AP displacement

**RBD** → more time to regain stability

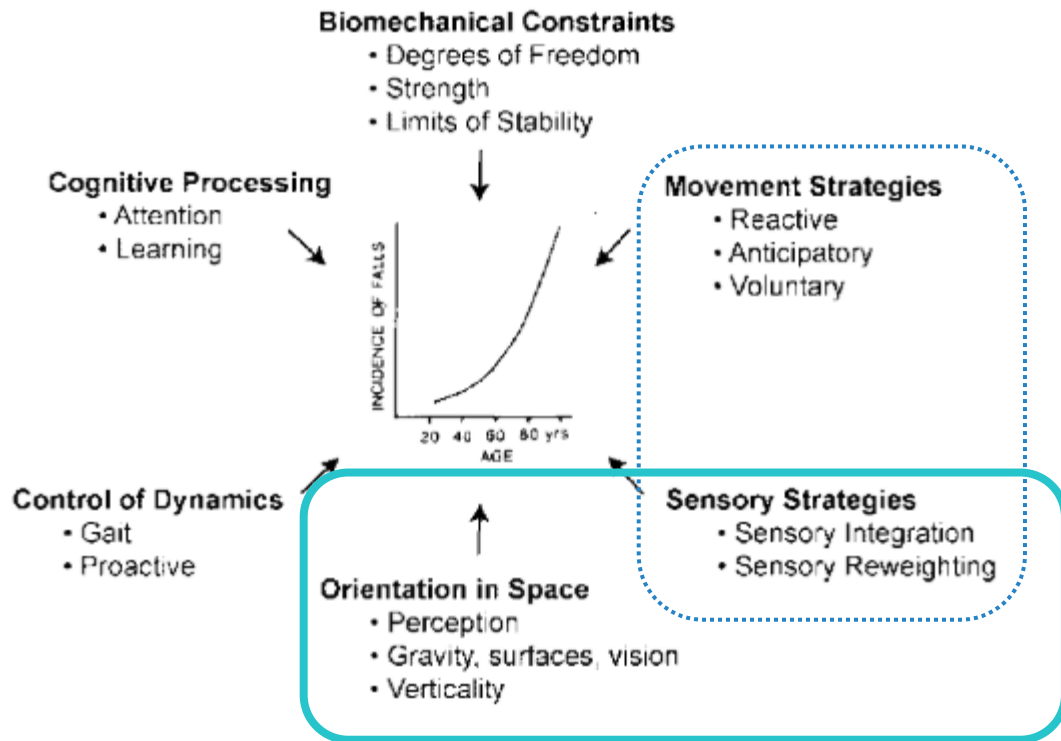


# Individual proprioceptive sensitivity for postural control



# Spatial orientation in post-stroke patients

## Resources Required for Postural Stability and Orientation



Stroke → Brain damage → Contralesional deficits

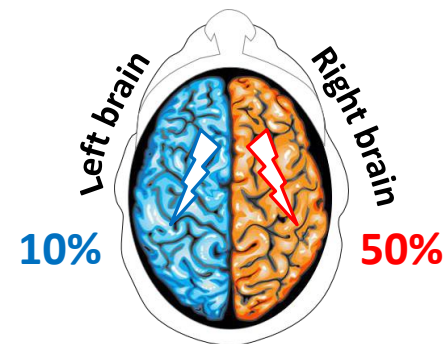
→ Sensory deficits

→ Motor deficits

→ **Perceptual** deficits

Side of lesion → Typical clinical picture:

Unilateral spatial neglect



“Difficulty in attending and responding to stimuli on the side of *space* or the *body* opposite to the lesion”

→ Not caused by an specific sensory or motor deficit

# Unilateral spatial neglect (USN)

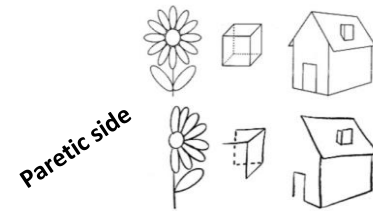
Associated with poor motor recovery, higher disability, and poor response to rehabilitation

Negative prognostic factor of functional recovery

Diagnosis

Treatment

**Complex and heterogenous syndrome**

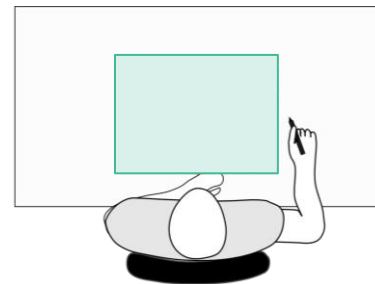


Allocentric reference (object-based)

Egocentric reference (body centered)

Peri-personal space (near)

Extra-personal space (far)



# Vibration and orientation

## *Research questions*

Allocentric reference

Egocentric reference

Peri-personal space

Influence of posterior neck muscles vibrations (NMV) on the performance in a visuo-spatial exploration test in post-stroke patients with NSU?

1. In **peri-personal** space?

- > In comparison with visual manipulation

*Duclos NC, Maynard L, Abbas D, Mesure S.*

2. In **far** space, during a mobility task (moving along a corridor)?

*Poncet F, Duclos NC, Azouvi P, Cybis W, Wanet MC, Duclos C*

Egocentric reference

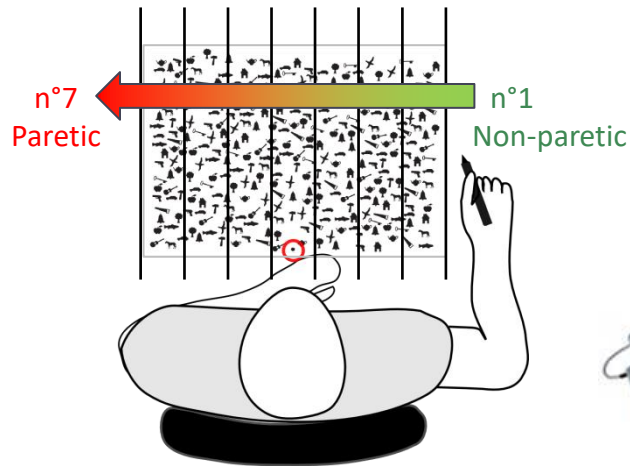
Extra-personal space

# Vibration and NSU in peri-personal space

## Methodology

### Population :

- Patients with RBD and LBD
  - Able to understand instructions
  - All signed an informed consent form



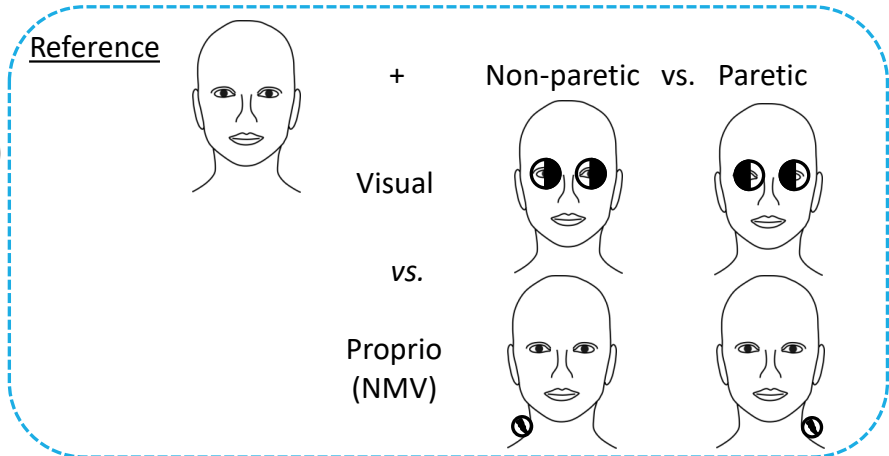
### Experimental set-up:

- Bells test (cancellation task)
  - « Circle all the bells dispersed on the sheet »
- A3 printed sheet
- 3 minutes
- 5 conditions:
  - Reference (without perturbation) → baseline performance → N+
  - 4 sensory conditions (visual/proprio)



### Data analysis:

- Measure of interest: circled bells
- Variables:
  - Total number of circled bells
  - Rate of occurrence of each sensory condition in minimal and maximal individual performances



# Vibration and NSU in extra-personal space

## *Methodology*

### Population:

- Patients RBDN+ and LBDN+
- Able to understand instructions
- All signed an informed consent form



### Experimental set-up:

- Moving along a corridor and detecting targets on the corridor walls
  - 9 magazine covers / wall
    - At 3 height levels (*Poncet et al.*)
  - Corridor: 2.30 meters wide, 20 meters long
- Conditions:
  - Without / with vibration
  - On **left** posterior neck muscles



### Data analysis:

- Measures:
  - Eye movements (*Tobii® Eye tracking system*)
  - Pointed magazine covers
- Variables:
  - Exploration time of each wall
  - Number of pointed covers on each wall



# Vibration and NSU in peri-personal space

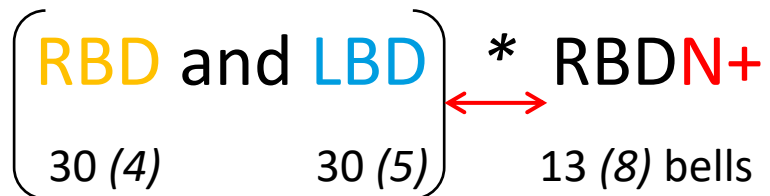
## Results

Population: n = 35

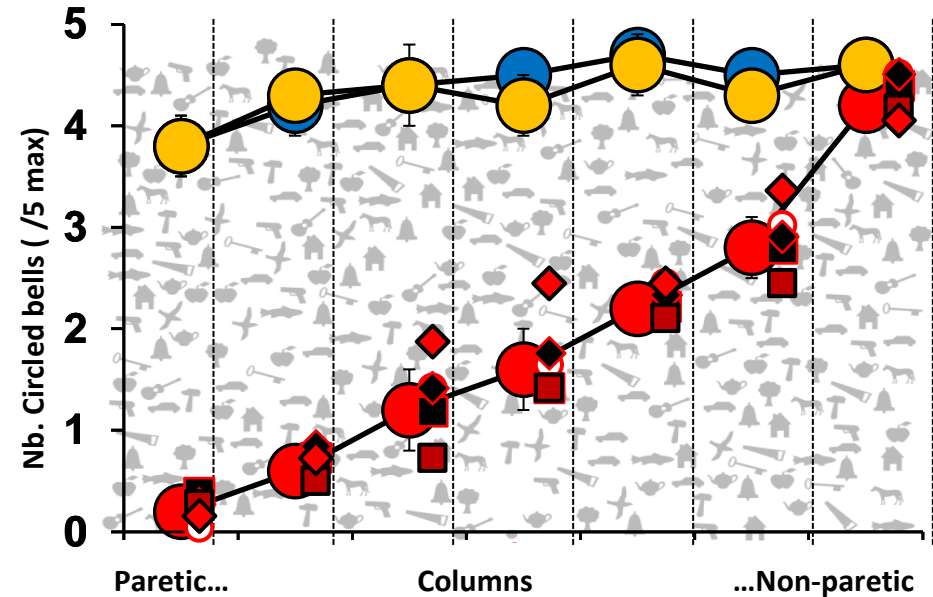
- **RBD**: n = 10; **LBD**: n = 14; **RBDN+**: n = 9
- **LBDN+**: n = 2, excluded from the analysis

Total number of circled bells:

- Main effect of Group: mean (SD)



- Circled bells dispersed over fewer columns for RBDN+
- No difference between sensory conditions



# Vibration and NSU in peri-personal space

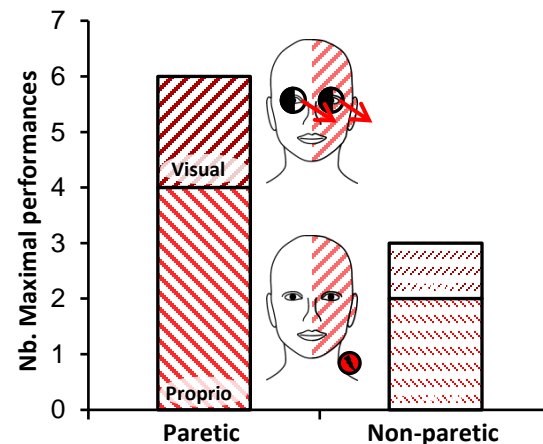
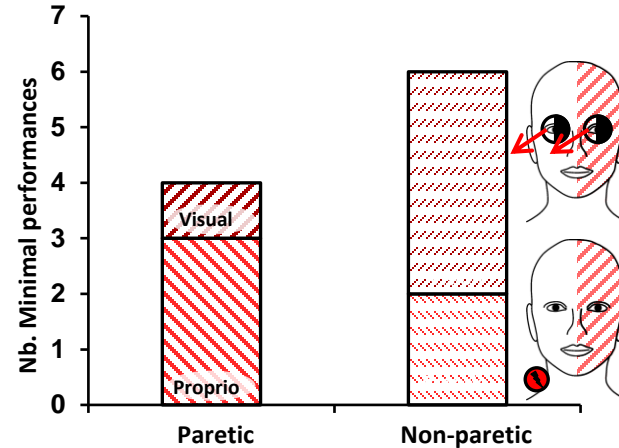
## *Results - at the individual level*

Sensory effects: individual-dependent

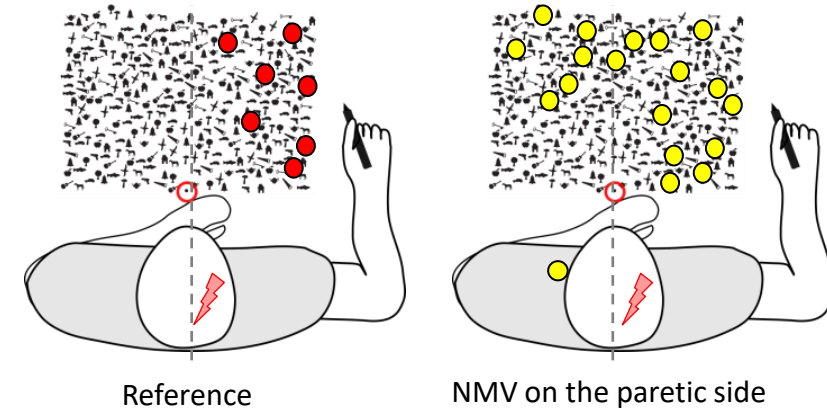
### RBDN+ :

#### Extreme performances

- Minimal individual performances
  - 2/3 during « non paretic » conditions
- Maximal individual performances
  - 2/3 during « paretic » conditions
    - 44% during NMV applied on the paretic side



Example for one RBDN+ patient, with a maximal individual performance during the condition with paretic NMV





# Vibration and NSU in extra-personal space

## Results

Population: n = 15

- **RBDN+**: n = 12
  - **LBDN+**: n = 3, excluded from the analysis

Time spend looking at each wall (% total time of visual exploration):

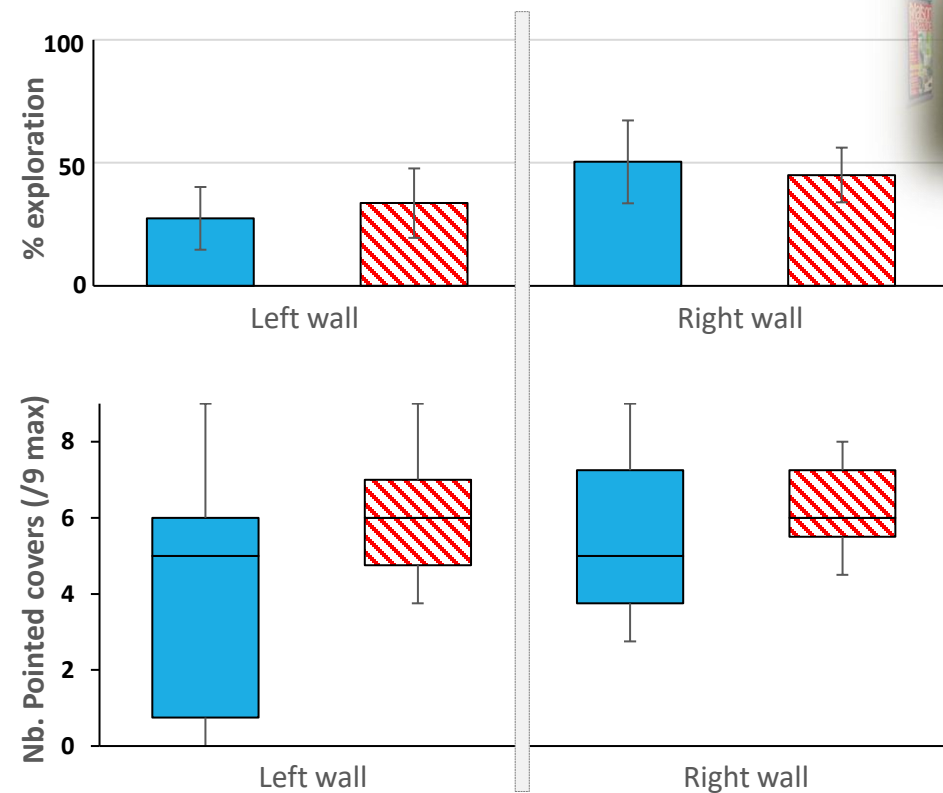
Mean (SD)

- Without vibration
- With vibration

Number of pointed covers on each wall:

Mediane (Q1,Q3)

- Without vibration
- With vibration



# Vibration and NSU in extra-personal space

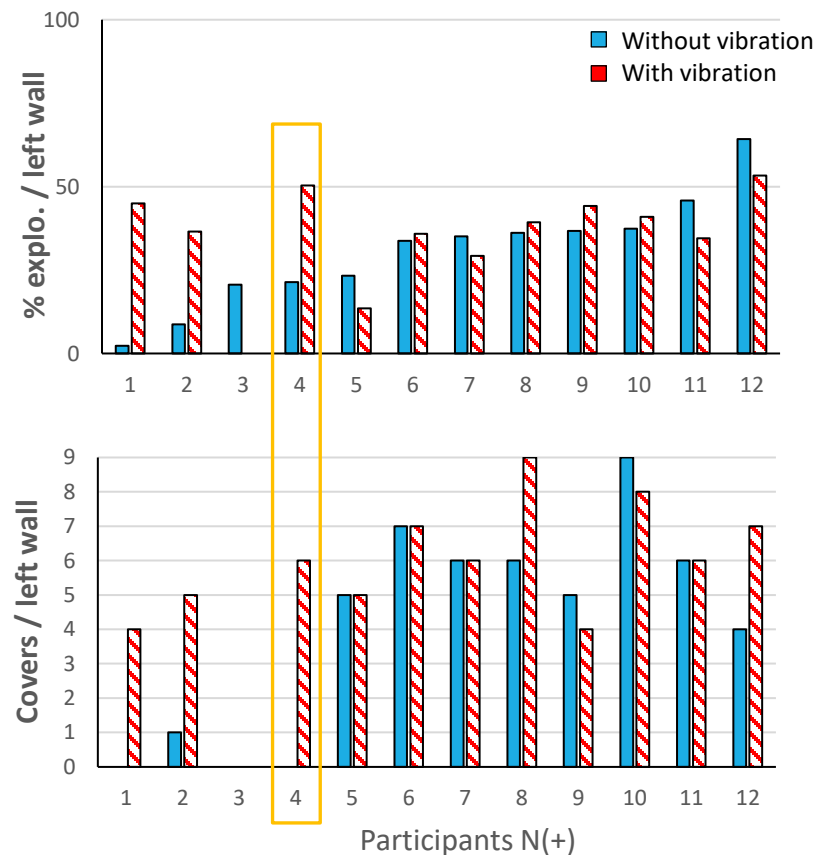
## *Results - at the individual level*

### Time spent looking at the left wall

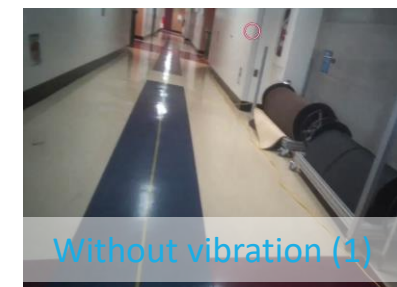
- **With vibration:**
  - ↗ for 7 participants RBDN+
  - $\geq +30\%$  for 3 participants RBDN+

### Number of pointed covers on the left wall:

- **With vibration:**
  - ↗ for 5 participants RBDN+
  - For 3 participants RBDN+:  
from 0 to  $\geq 4$  covers



### Example of eye-tracking recordings for one participant RBDN+



# Gait in post-stroke population

Stroke → Brain damage → Contralesional deficits

- Sensory deficits
- Motor deficits
- Balance deficits

Typical clinical picture:

Slow walking speed

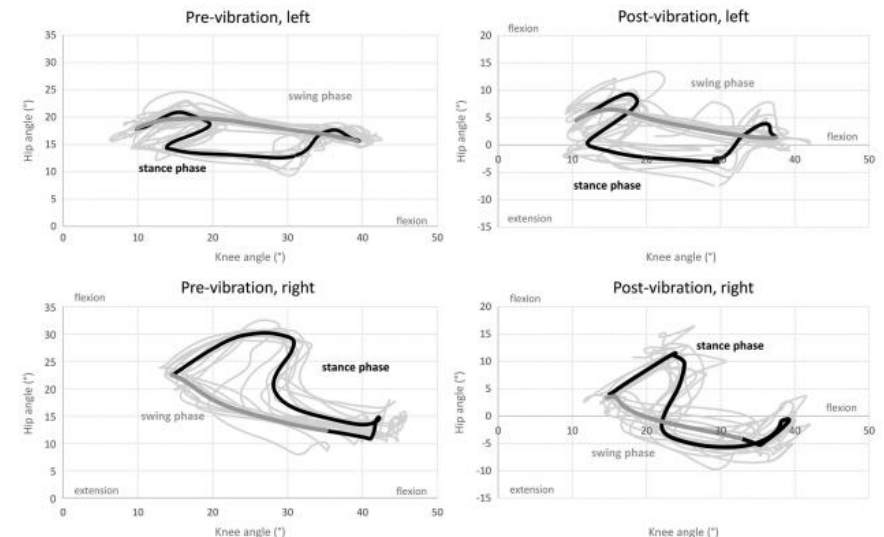
Locomotor asymmetry



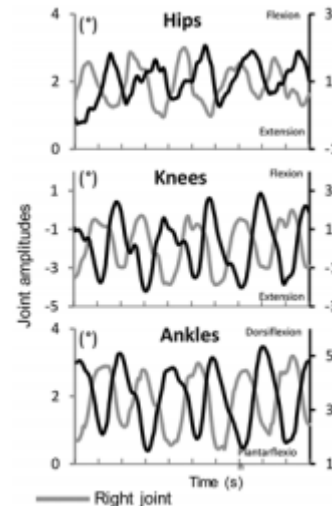
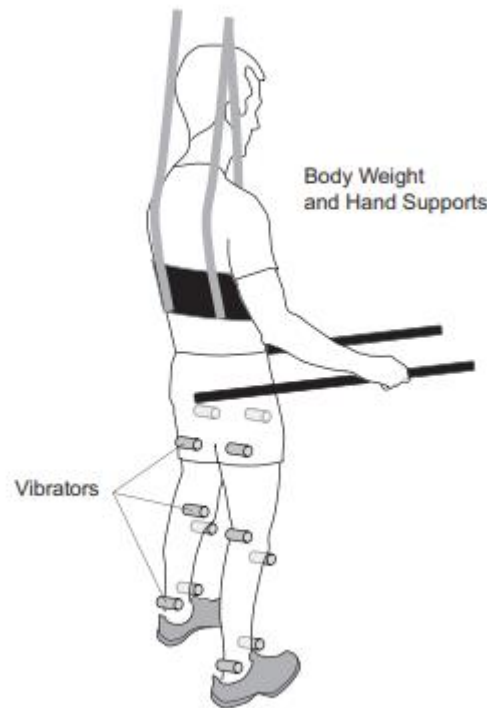
Are gait-like vibrations an appropriate sensory stimulation for gait training?

*Research leader: Duclos C.*

Preliminary evidence of a positive effect of patterned vibration training on gait abilities after spinal cord injury (*case report*)



# Complex muscle vibration to induce gait-like movements



## 2-second pattern:

- Small amplitude cyclical movements
  - Frequency corresponding to the cycle duration of the vibration patterns
- Alternated movements between the right and left lower limbs
  - Hip flexion + knee flexion + ankle dorsiflexion
    - Then reverse pattern

## Objectives:

1. To quantify the **perception of gait motion** during multiple gait-like vibrations in healthy participants
2. To determine how number of vibrated joints affect this perception

# Perception of gait motion

## Results

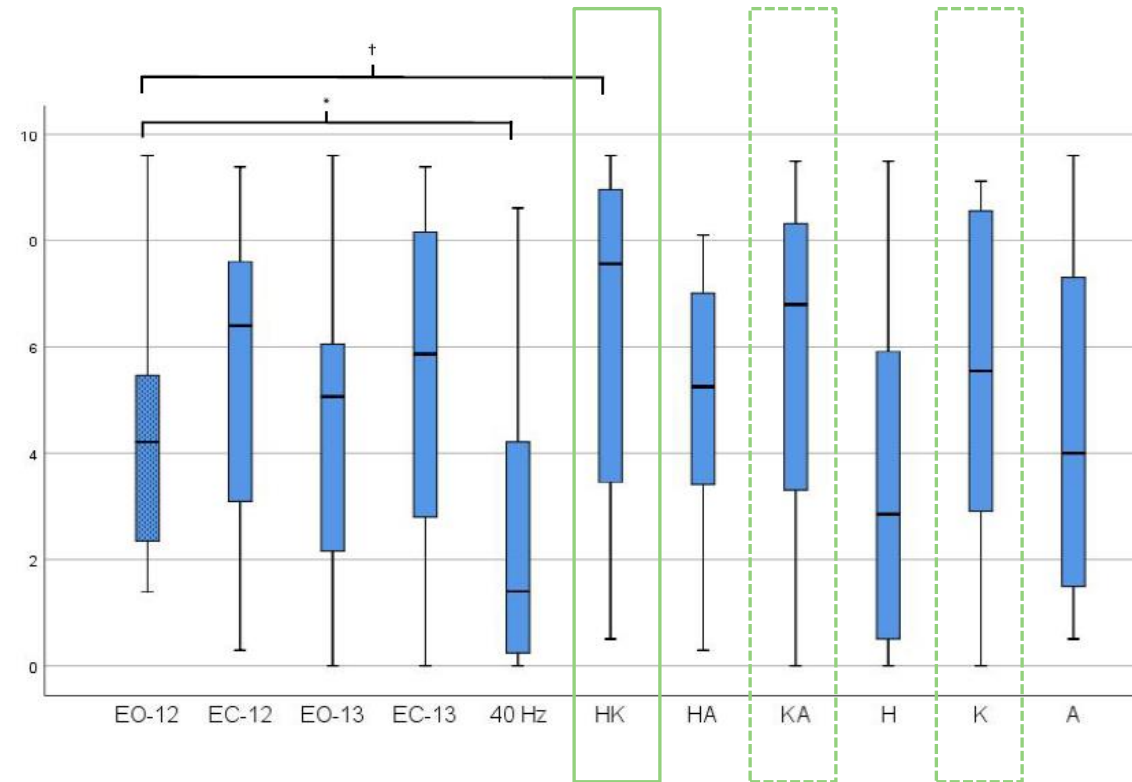
### Gait motion perception:

- Score VAS higher than 5/10 for at least one vibration condition
  - For all participants (n = 20) – except one participant

### Conditions:

- Knee stimulation: positive influence on gait motion perception
  - Associated with or without other joint stimulations
- High inter-individual variability +++

→ Should be considered to give participants the best perception of gait motion



# Conclusion and perspectives

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Tendon vibration used to explore 3 different sensory-motor activities

- Focal stimulation: placed on the side and on the muscles of interest
  - Depending on the population and the activity
- Non-invasive and « controllable » tool

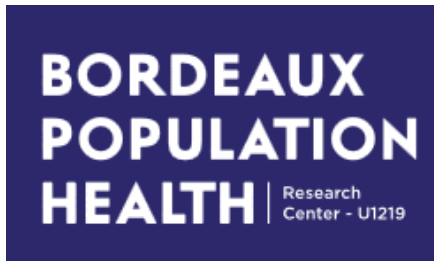
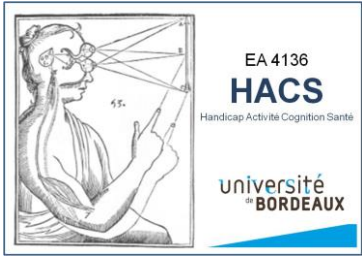
Effects during other activities?

- More ecological tasks: shopping, cooking...
  - In virtual reality and/or real life
- Prosthetic use of the vibration in real life

Equipment?

- Control, capacity to quickly change frequency
- Wearable

Generability of the results  
↔ Individual sensitivity?



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Thanks for your attention!

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USING TENDINOUS VIBRATION  
TO EXPLORE POSTURE, SPATIAL ORIENTATION AND GAIT  
IN POST-STROKE POPULATION