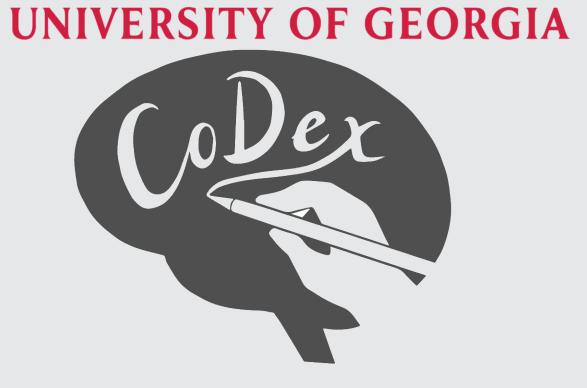


Department of Kinesiology Mary Frances Early College of Education Cognition and Dexterity Laboratory







National Institute of Neurological Disorders

Introduction

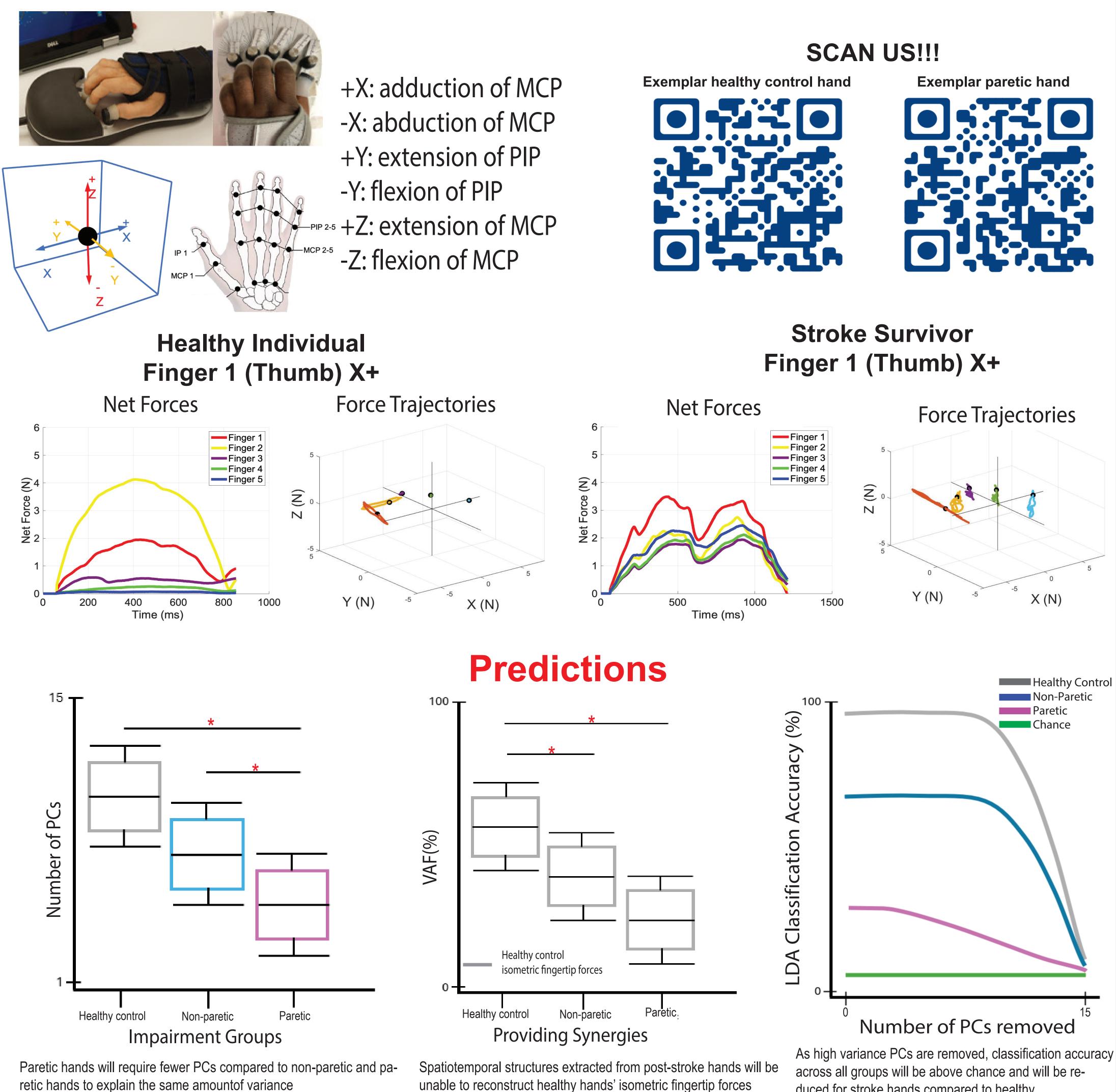
The complex, dynamic and variable nature of the human hand movement contributes to difficulties in injury assessment and design of effective rehabilitation strategies. Previous investigations into hand function have revealed much about the complexity of end-point hand postures (Yan & Bensmaia, 2020) and the loss of the complexity after stroke (Xu et al, 2021), but yet to explore the spatiotemporal structures of multi-finger coordination. Investigating these structures remains a challenge because it is difficult to quantify across individuals, diseases, and tasks.

Goal: To investigate the spatiotemporal structures underlying paretic hand movement by using Principal Component Analysis (PCA) and Linear Discriminant Analysis (LDA) to analyze trajectories of isometric fingertip forces.

Hypothesis: Spatiotemporal coordination structures underlying impaired finger individuation will show (1) Reduced complexity, (2) Reduced task relevant information, and (3) Altered spatiotemporal coordination structures compared to healthy controls' dominant hand.

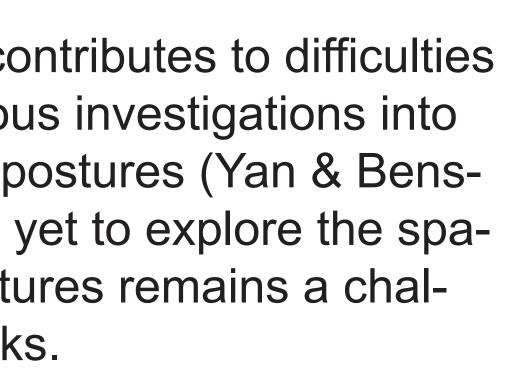
Methods

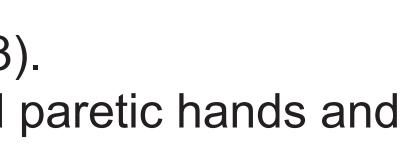
Participants: Healthy older adults (N=30) and individuals with stroke (N=13). 3D Isometric fingertip forces recorded from stroke survivors' non-paretic and paretic hands and healthy control's dominant hand.



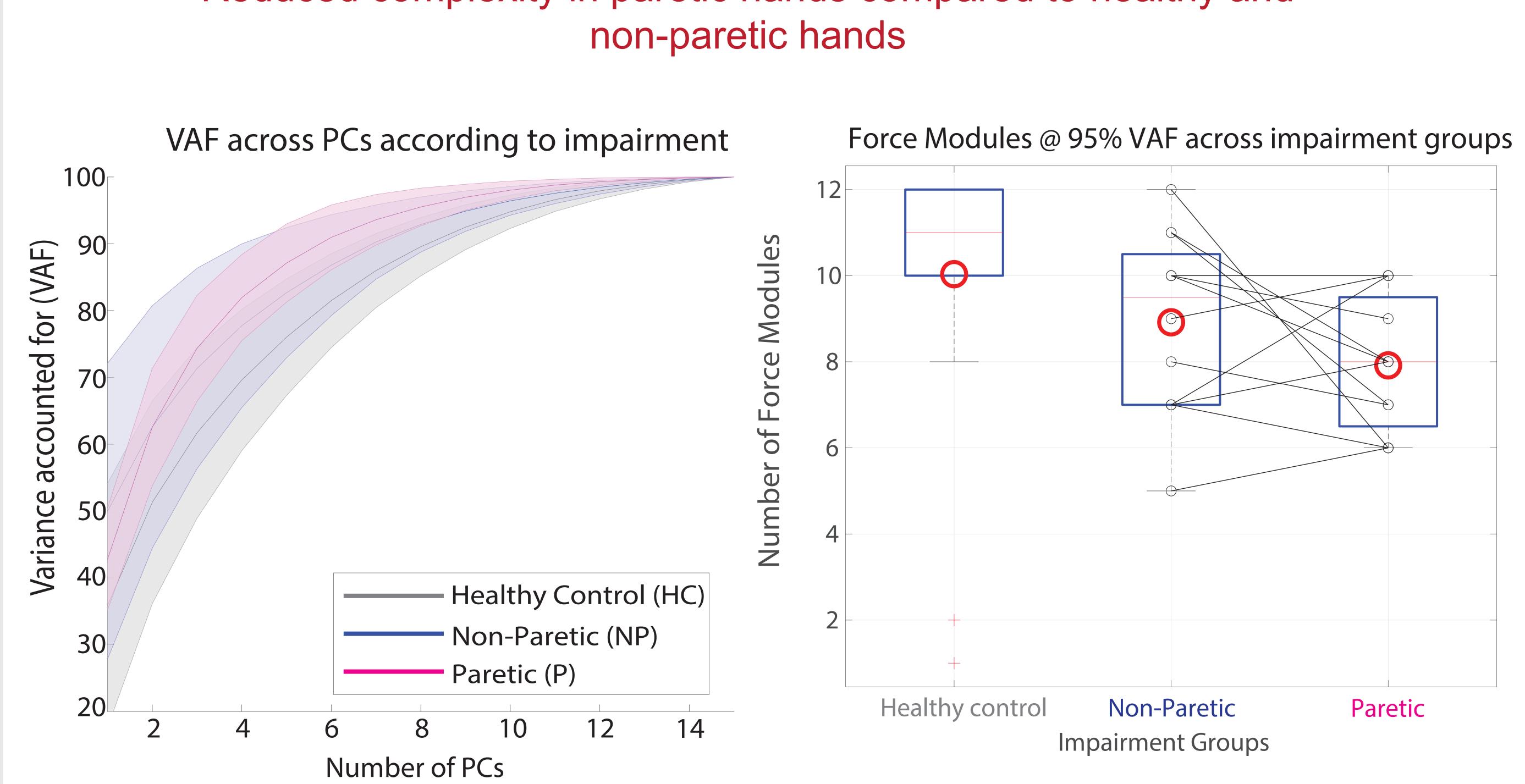
Reduced complexity, task-relevant information and altered spatiotemporal coordination in finger control after stroke

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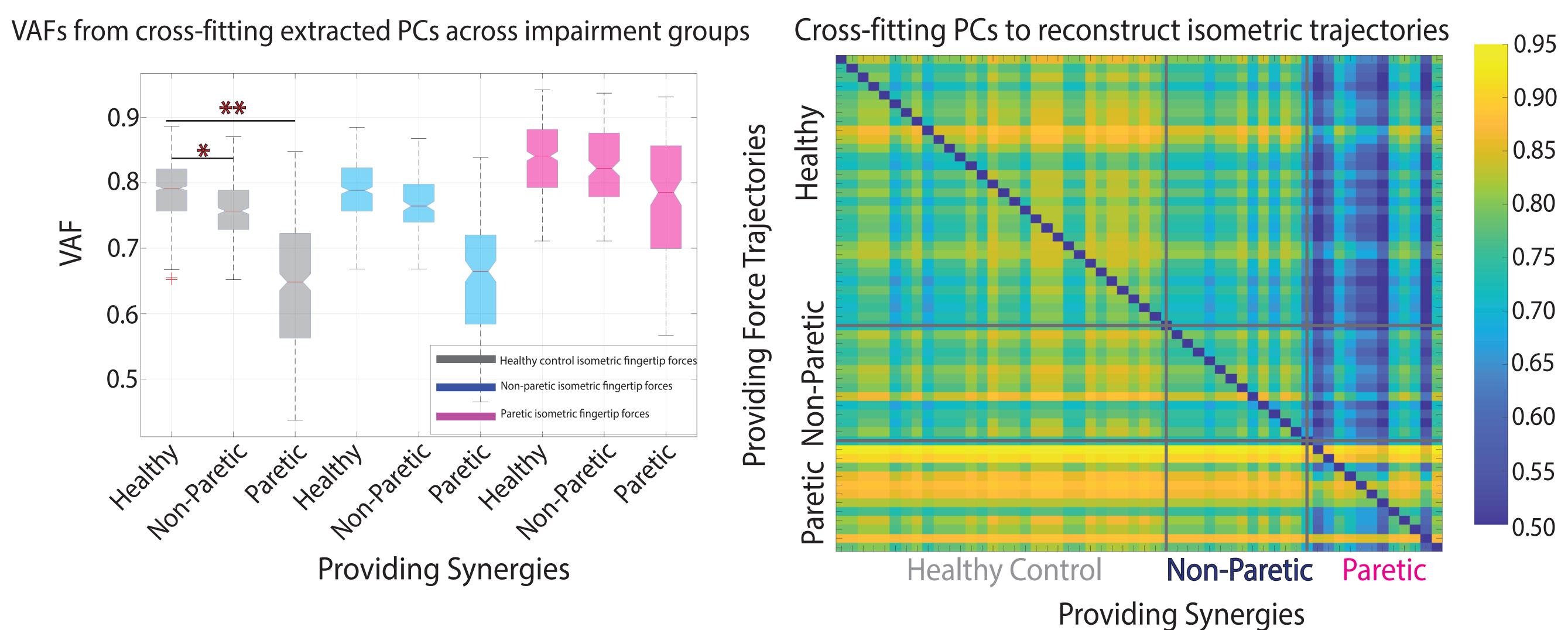


duced for stroke hands compared to healthy



Paretic hands (M = 7.92, SD = 1.56) required fewer Principal Components than healthy hands (M = 10.02, SD = 2.96) (p = 0.012) to explain 95% of variance in force trajectories.

Spatiotemporal structures underlying impaired finger individuation are altered post-stroke

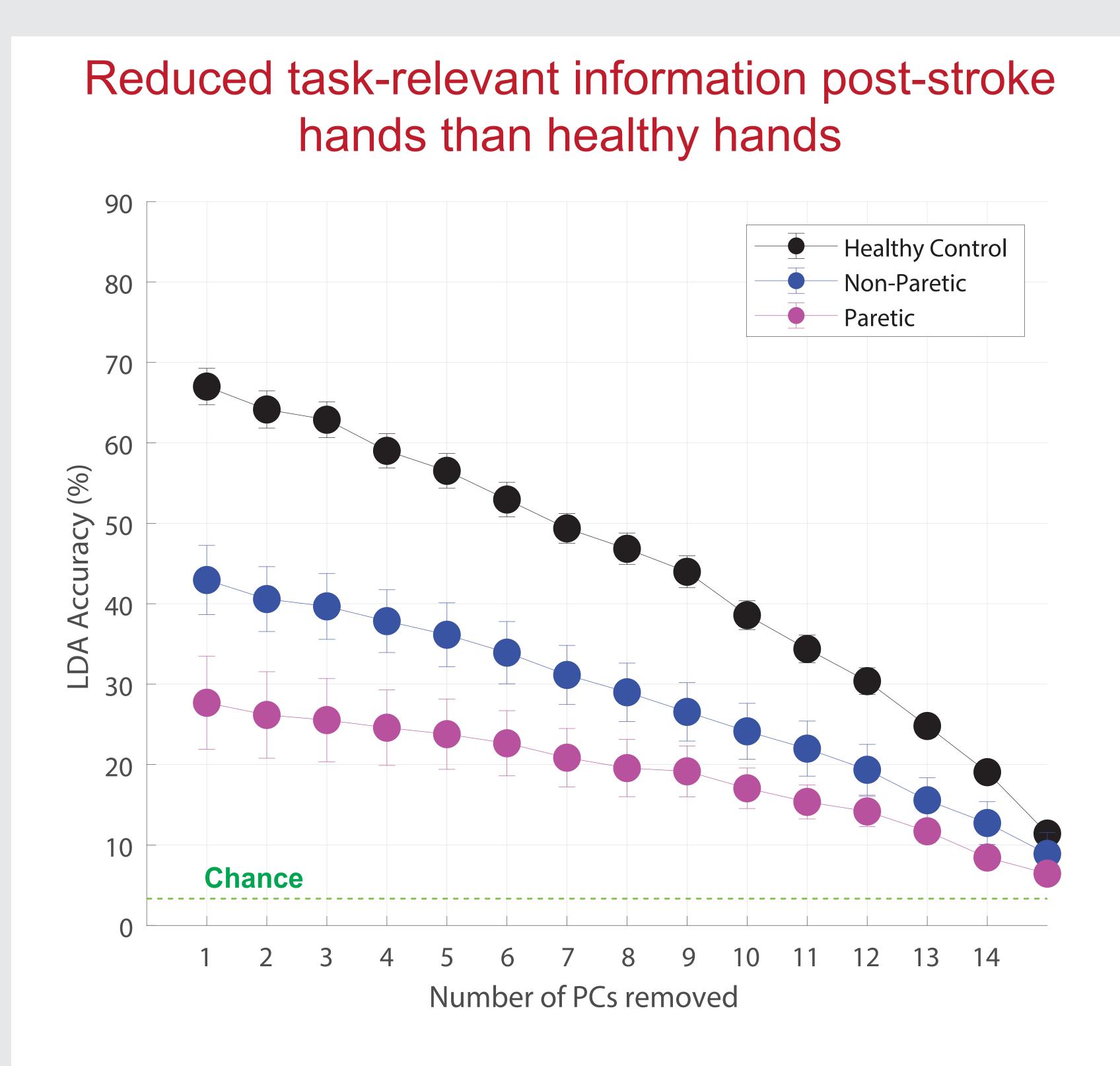


control: p = 0.046).

Reduced complexity in paretic hands compared to healthy and

Spatiotemporal coordination structures extracted from paretic and non-paretic hands were less able to reconstruct healthy controls' isometric fingertip force trajectories than structures extracted from healthy controls' dominant hands (paretic vs. healthy control: p < 0.001; non-paretic vs. healthy





-Classification accuracy across groups were above chance after gradual PC removal from the largest to the smallest VAF. -Reduced mean task classification accuracy for paretic hands compared to non-paretic hands (paretic vs non-paretic: p = 0.008) and healthy control (paretic vs. healthy control: p < 0.001), and non-paretic compared to healthy control (NP vs. HC: p = 0.005).

Discussions

Stroke reduces complexity, task-relevant movement, and alters spatiotemporal structure of isometric fingertip force coordination.

 Insights from this study serves as the foundation to further explore how spatiotemporal structures are altered post-stroke.

 These insights may help to further advance precise and personalized theraputics aimed at correcting impairments in the hand's spatiotemporal coordination.

• A limitation of this study is that does not consider alternative methods of extracting spatiotemporal coordination structures for linear behaviors (e.g. Non-negative Matrix Factorization) and non-linear methods (e.g. Autoencoders and Recurrent Neural Networks).

References

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