

Pan American Movement Disorders Clinical Neurophysiology Course

May 1-3, 2025 | BMO Education & Conference Centre

Overview of Basic and Advanced Neurophysiological techniques

Talyta Grippe, MD, PhD

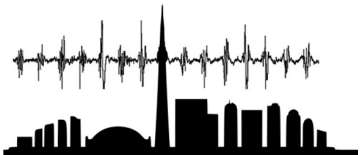
Movement Disorders Centre - Toronto Western Hospital



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Faculty/Presenter Disclosure

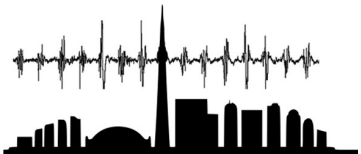
- Relationships with commercial interests:
 - None



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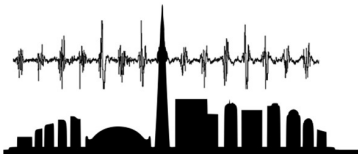
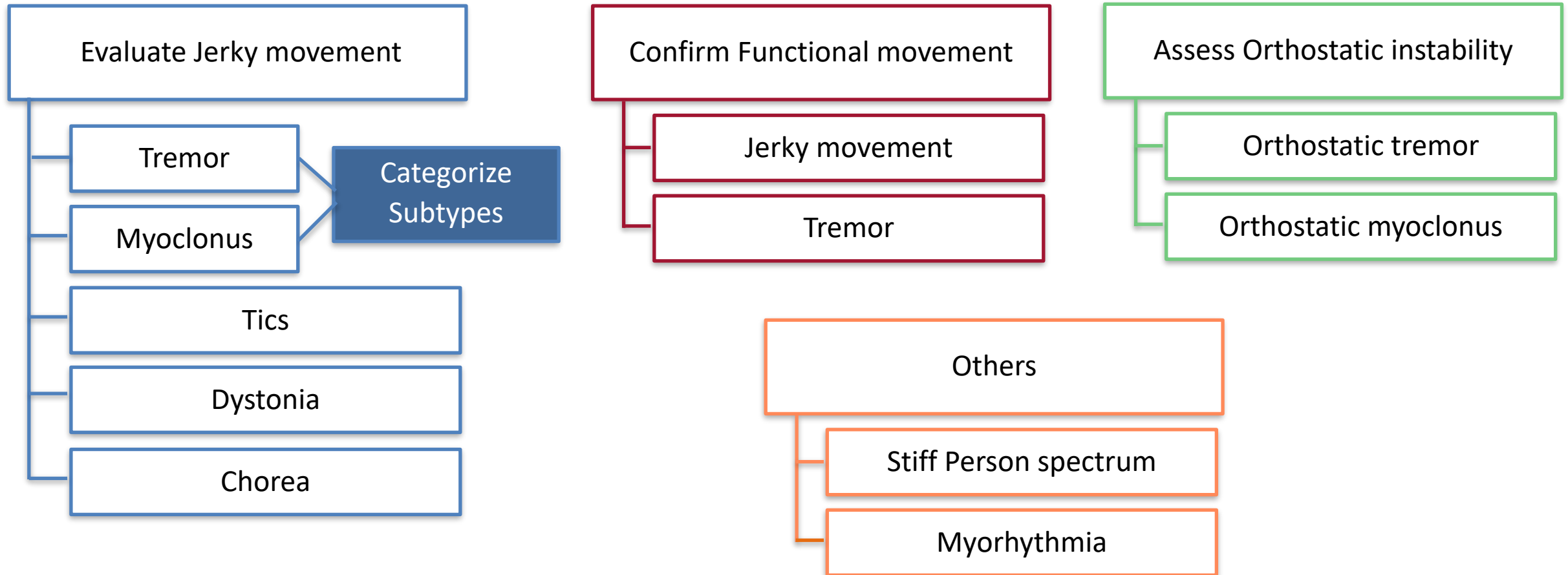
Disclosure of Commercial Support

- This program has received financial support from Abbvie, Ipsen, Natus, Cadwell and Medtronic in the form of sponsorship to support logistic costs.
- Potential for conflict(s) of interest:
 - None



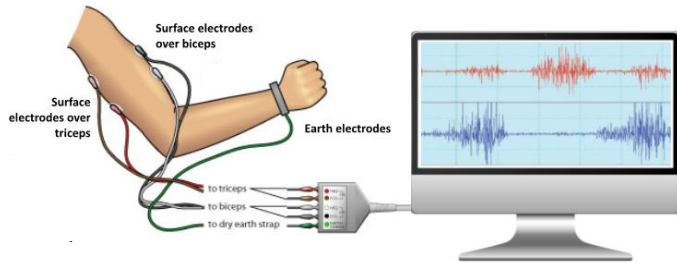
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Main Applications

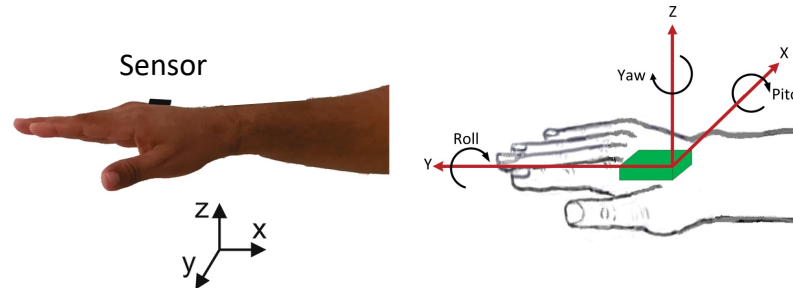


Basic Equipment

Surface EMG



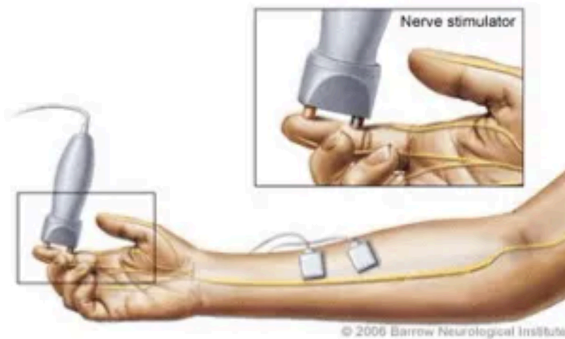
Accelerometer / Goniometer



Electroencephalography



Nerve/Electrical stimulation



Camera



Sound, metronome, Tuning fork, Cup, others



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Polymyography

- QUESTION: Tremor or myoclonus?

Surface EMG

Channels - Four to Sixteen

Muscle selection - Agonist/Antagonist, important to include muscles involved in the movement

Sampling rate - 1 - 4kHz

Filter - 20Hz - 250Hz/2.5kHz

Electrodes placement - Longitudinal axis, 2-4 cm apart

Belly - belly, if small muscle belly - tendon (avoid crosstalk)



Accelerometer

Triaxial vs. Uniaxial

Placement - Most affected body part, bone structure

Sampling rate - minimal 100Hz

Filter - 2 - 30Hz

Not equivalent to amplitude

Camera



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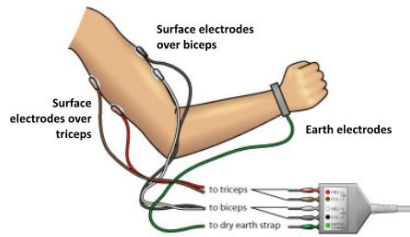
Vial F et. al. Clin Neurophysiol Pract. 2019

Chen KS et al. J Mov Disord. 2020

Polymyography

- QUESTION: Tremor or myoclonus?

Surface EMG



Channels (4 - 16)

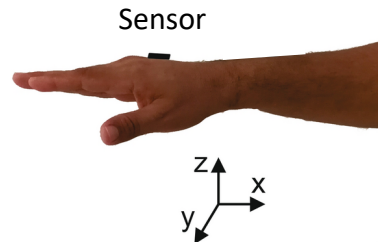
Electrodes placement

Muscle selection

Sampling rate and Filter



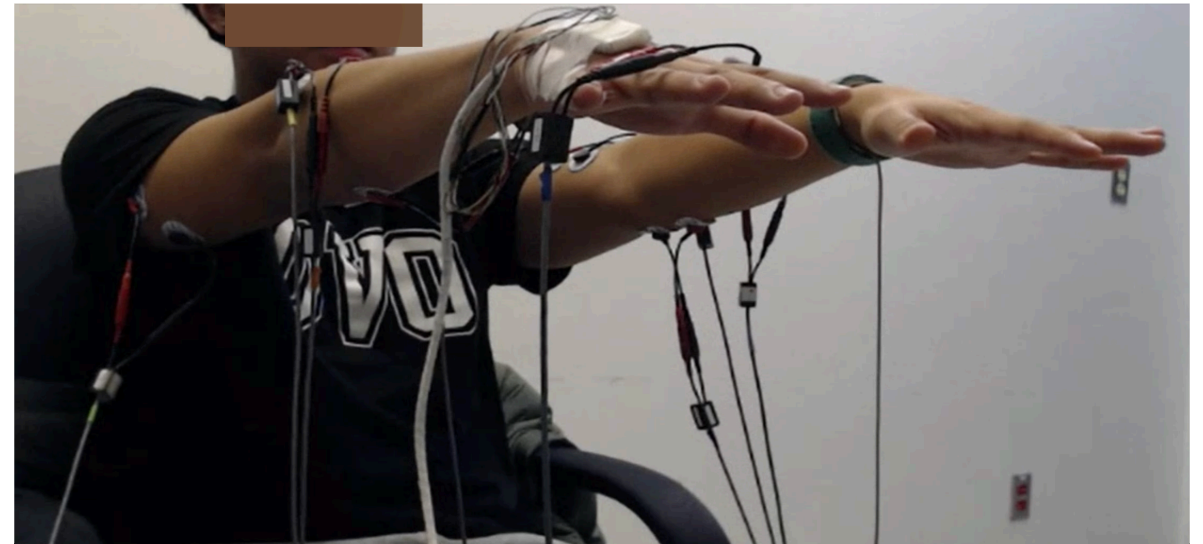
Accelerometer



Triaxial vs. Uniaxial

Placement

Not equivalent to amplitude

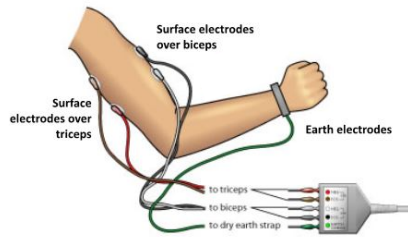


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Polymyography

- QUESTION: Tremor or myoclonus?

Surface EMG



Channels (4 - 16)

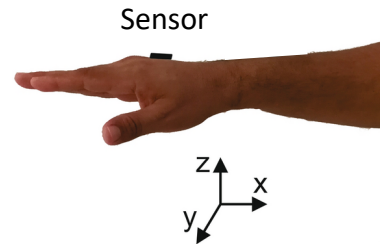
Electrodes placement

Muscle selection

Sampling rate and Filter



Accelerometer



Triaxial vs. Uniaxial

Placement

Not equivalent to amplitude

R Extensor carpi radialis



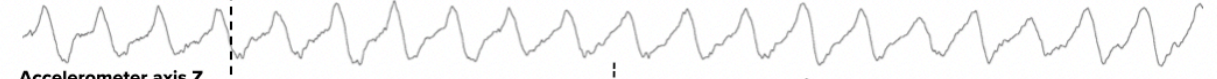
R Flexor carpi ulnaris



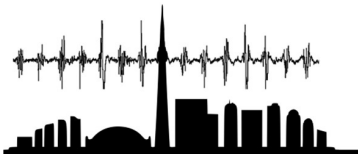
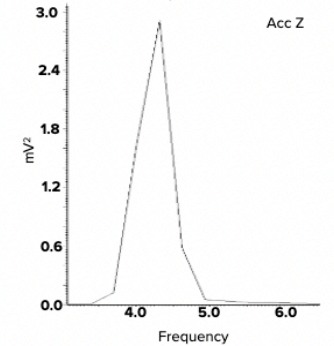
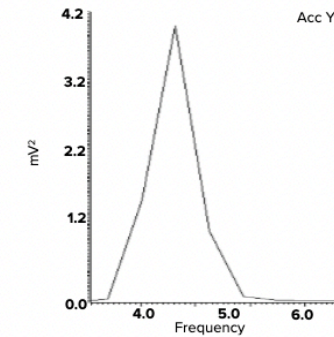
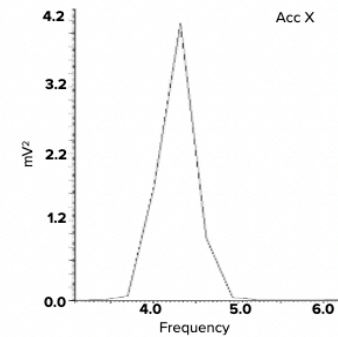
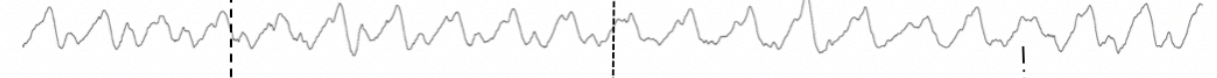
Accelerometer axis X



Accelerometer axis Y



Accelerometer axis Z



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Polymyography

- QUESTION: Tremor or myoclonus?

R Extensor carpi radialis



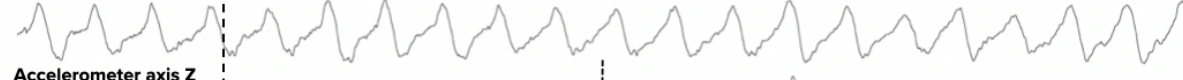
R Flexor carpi ulnaris



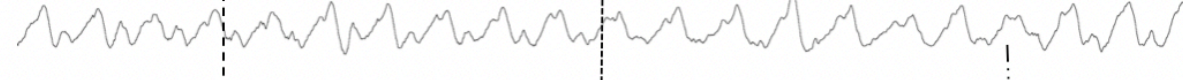
Accelerometer axis X



Accelerometer axis Y



Accelerometer axis Z

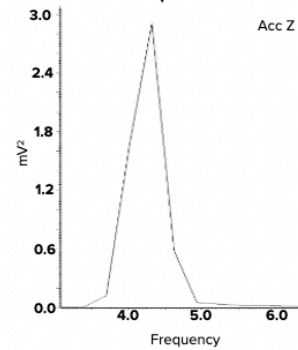
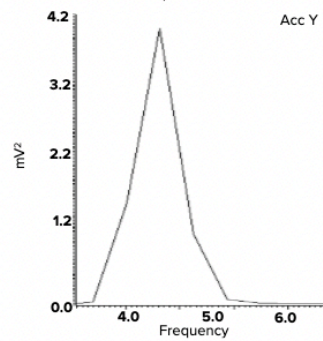
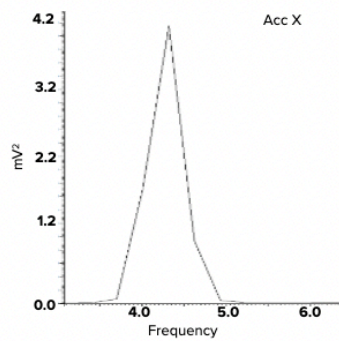


Pattern - Alternating

Burst duration

Tremor

Fourier transformation - Frequency
(narrow peak) - Rhythmic



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Polymyography

- QUESTION: Tremor or myoclonus?

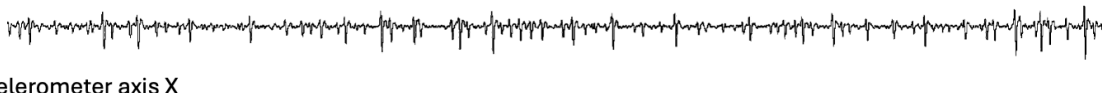
R Extensor digitorum brevis



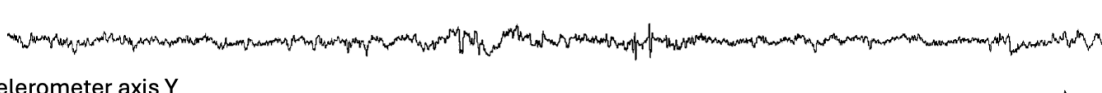
R Extensor digitorum brevis



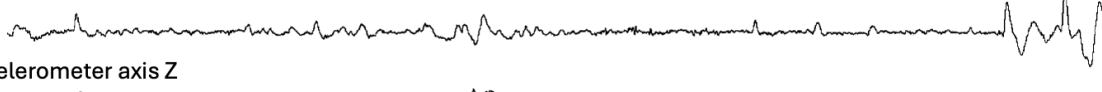
R Extensor digitorum brevis



Accelerometer axis X



Accelerometer axis Y



Accelerometer axis Z



Pattern - Irregular

Burst duration - 50 ms

More prominent distally

Myoclonus

No peak in Fourier Transformation



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Polymyography

- QUESTION: Functional tremor?

Surface EMG



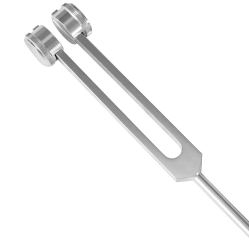
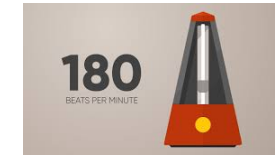
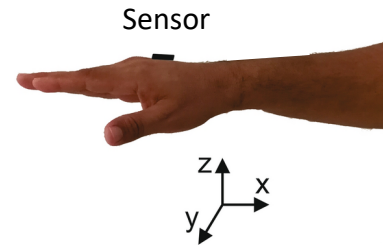
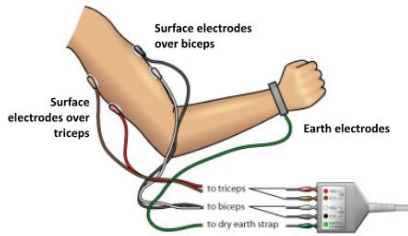
Accelerometer



Metronome / Tuning fork



Camera



Channels (4 - 16)

Electrodes placement

Muscle selection

Triaxial vs. Uniaxial

Placement

Not equivalent to amplitude

Evaluate tapping of contralateral hand -
Suppressibility/Entrainment

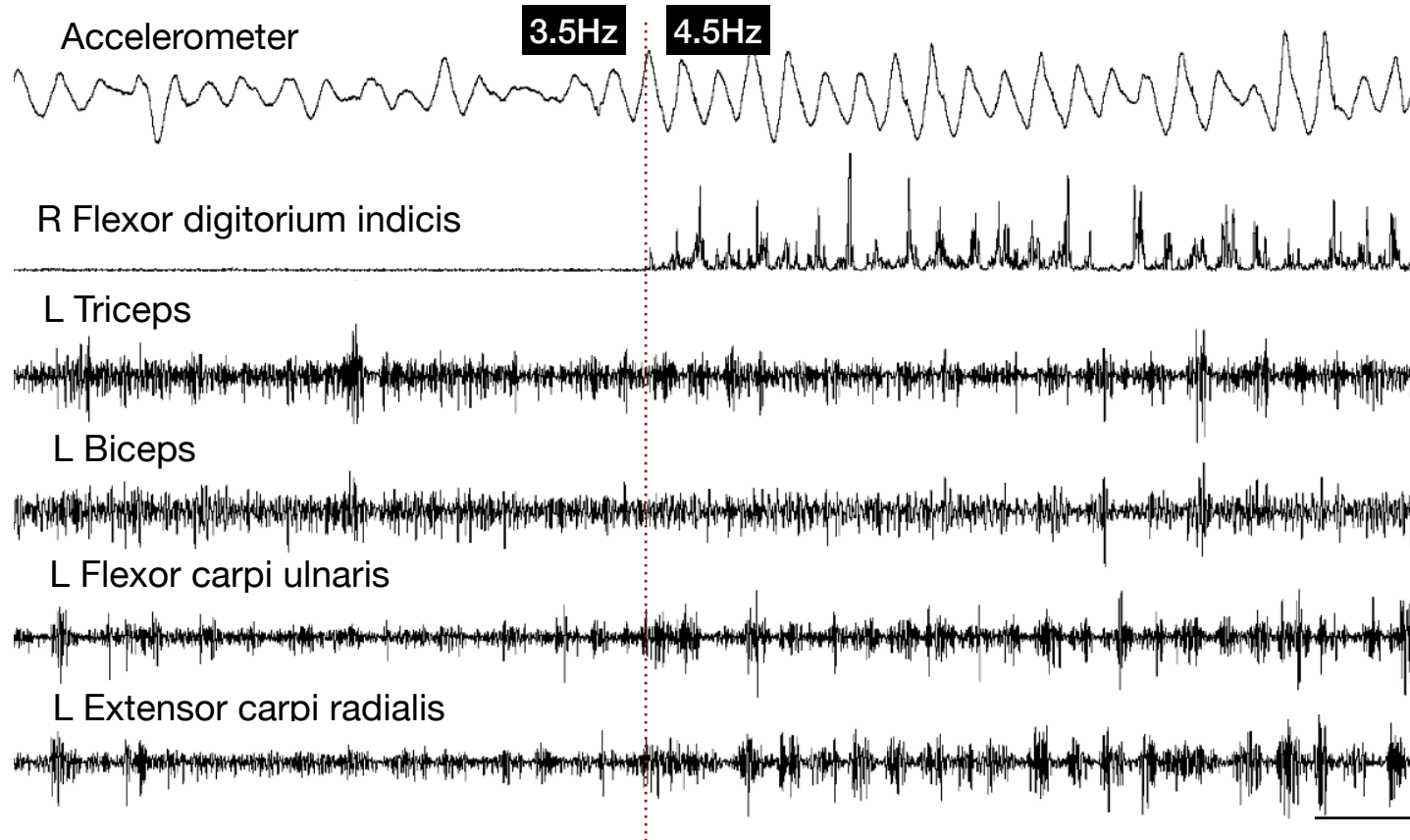
Placing tuning fork on the affected body part
Suggestibility



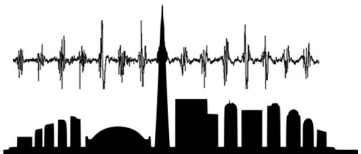
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Polymyography

- QUESTION: Functional tremor?



Entrainment



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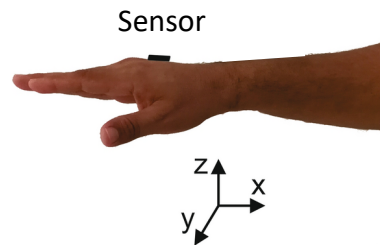
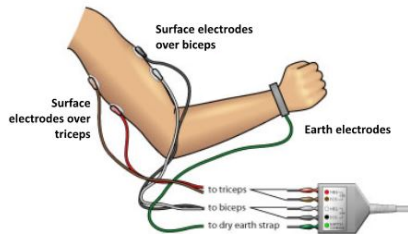
Polymyography

- QUESTION: Orthostatic tremor?

Surface EMG

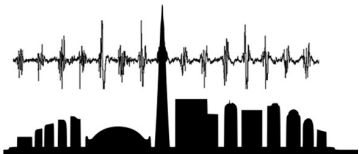
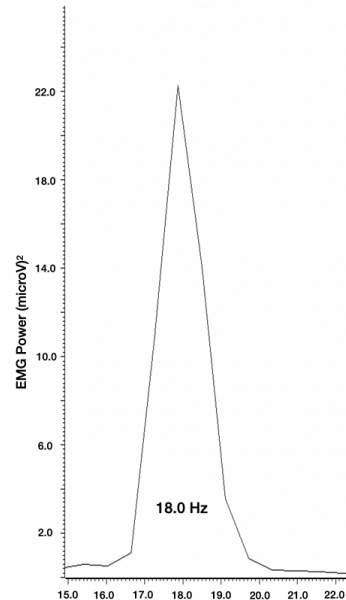
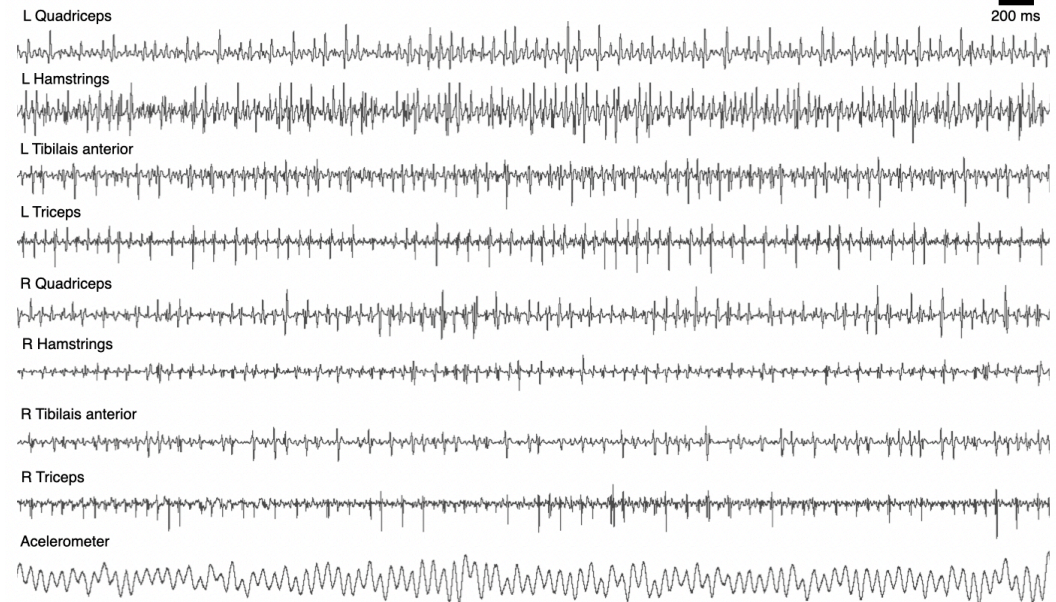


Accelerometer



Channels (4 - 16)
Electrodes placement
Muscle selection

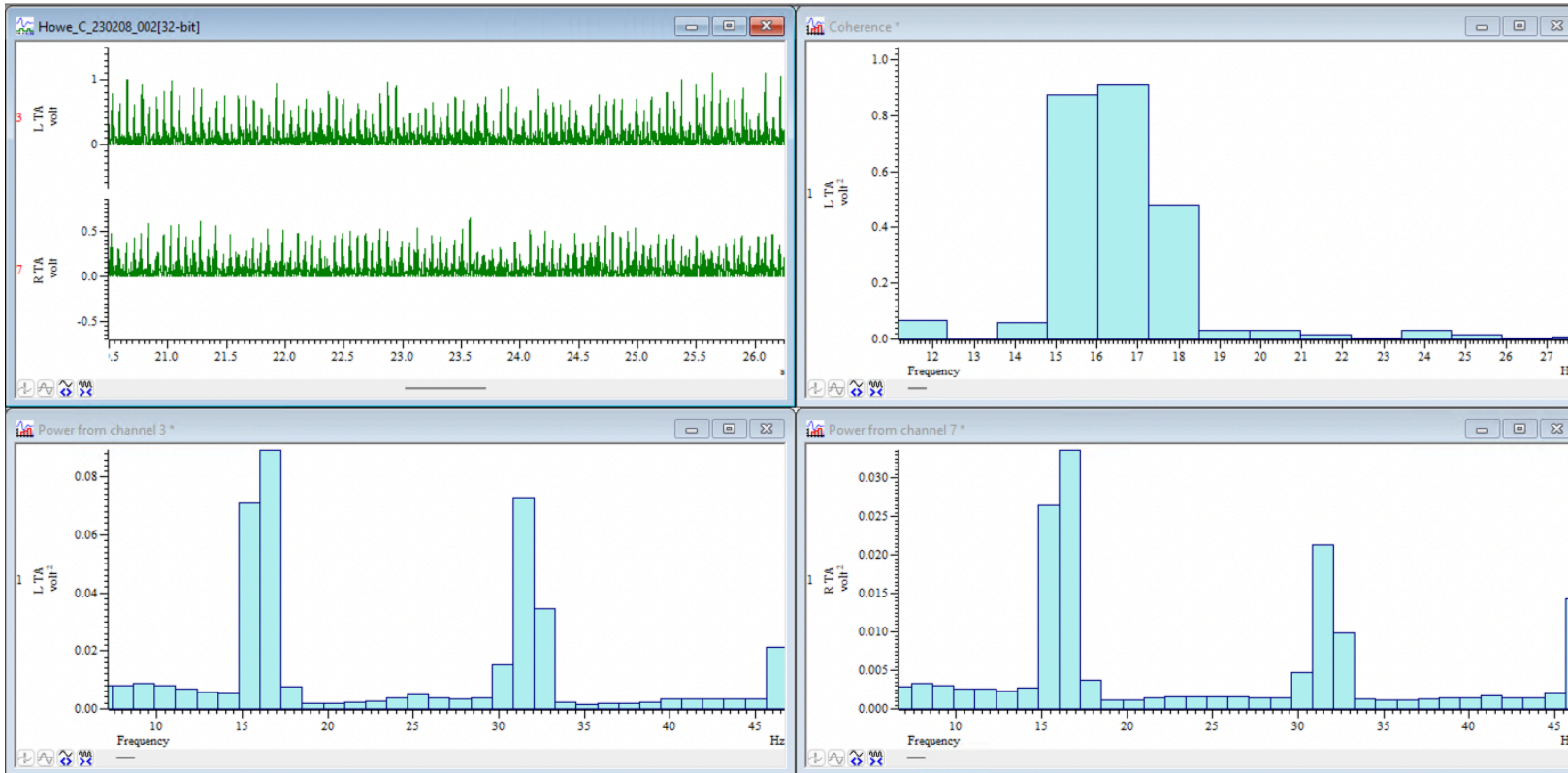
Triaxial vs. Uniaxial
Placement



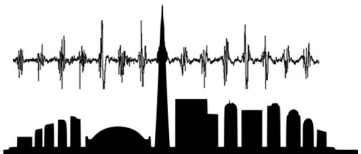
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Polymyography

- QUESTION: Orthostatic tremor?



High
coherence



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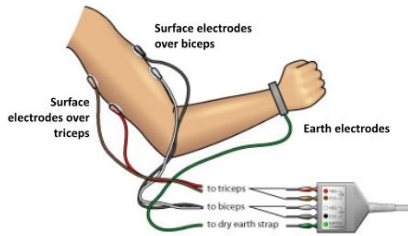
Polymyography /Sound

- QUESTION: Exaggerated startle reflex?

Surface EMG



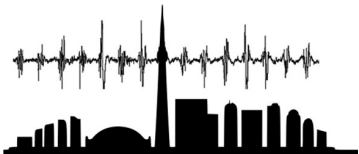
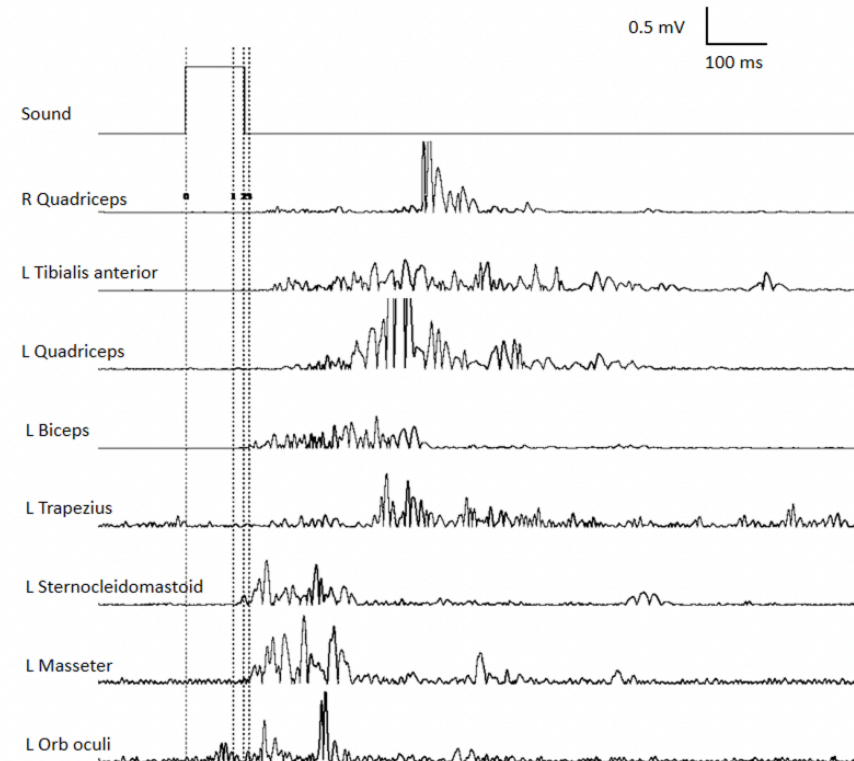
Sound



1000 Hz square wave, 50 ms
duration and 124 dB

Evaluate latency 30 - 200 ms,
duration (500ms)

Interval ~30s



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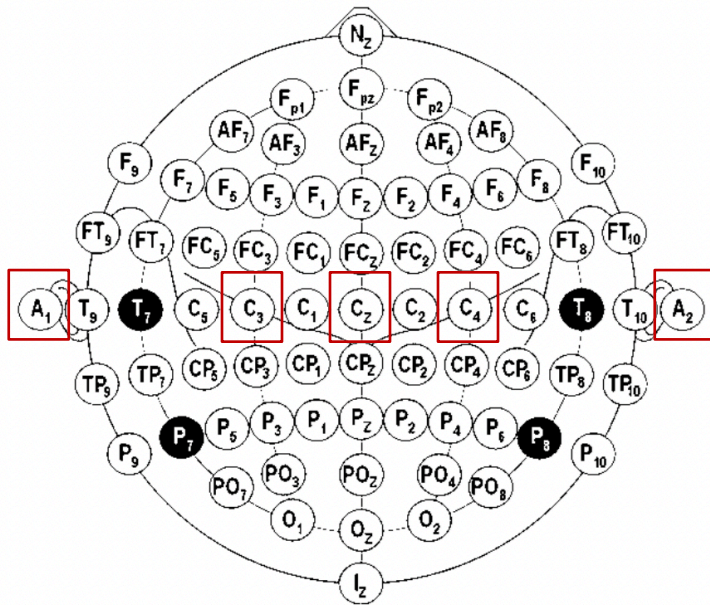
Dreissen YE, Bakker MJ, Koelman JH, Tijssen MA. Clin Neurophysiol. 2012

Brown P et al. Brain. 1991

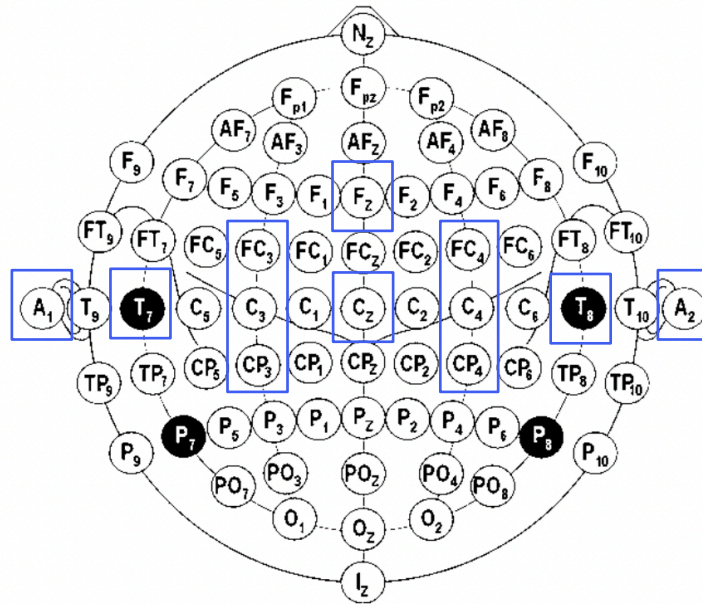
Valls-Solé J et al. Brain Res. 1997

EEG + EMG (BACKAVERAGING)

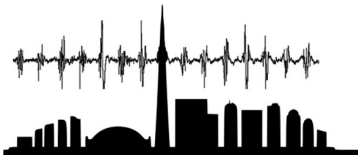
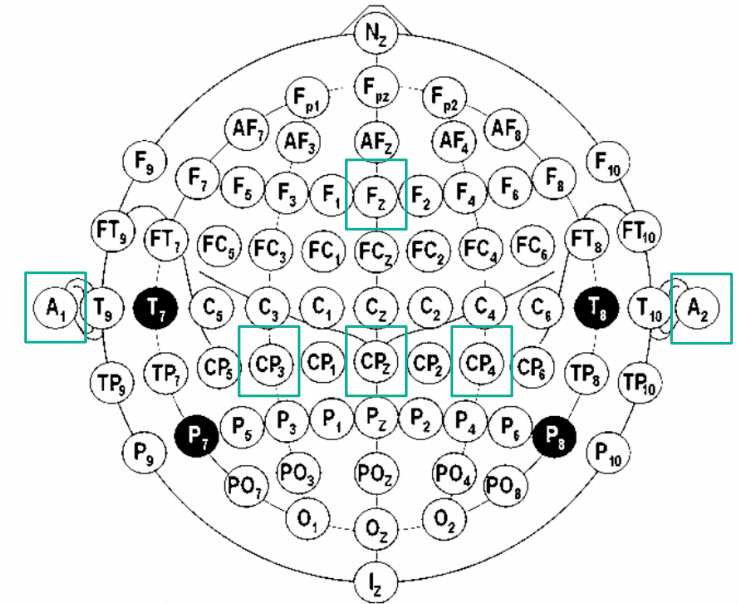
Premotor potential
Bereitschaftspotential



Cortical Transient

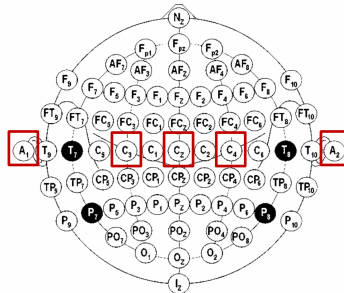


SSEP



EEG + EMG (BACKAVERAGING)

- QUESTION: Is this jerky movement functional?



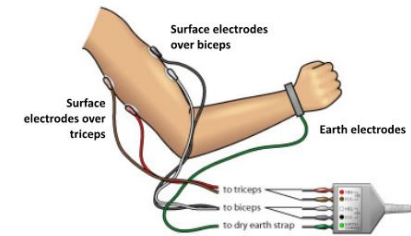
Filter (DC - 1000 Hz for collection, process can go to 30 Hz)

Sampling rate (2 - 10 KHz)

Attention to muscle artifact

Limitation - Time between movements

Ideal - more than 4.5 seconds



Filter 10 - 1000 Hz

4 channels or more

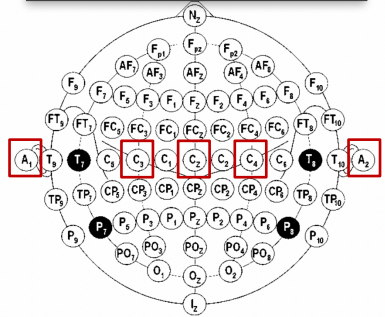
Muscle selection - Important to represent both sides

Can add orb oculi electrode

EEG + EMG (BACKAVERAGING)

- QUESTION: Is this jerky movement functional?

EEG



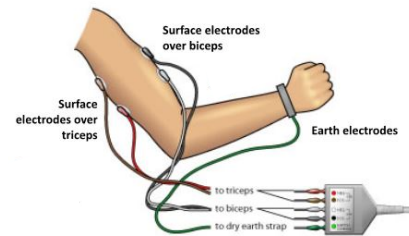
Filter

Sampling rate

Time between movements



Surface EMG

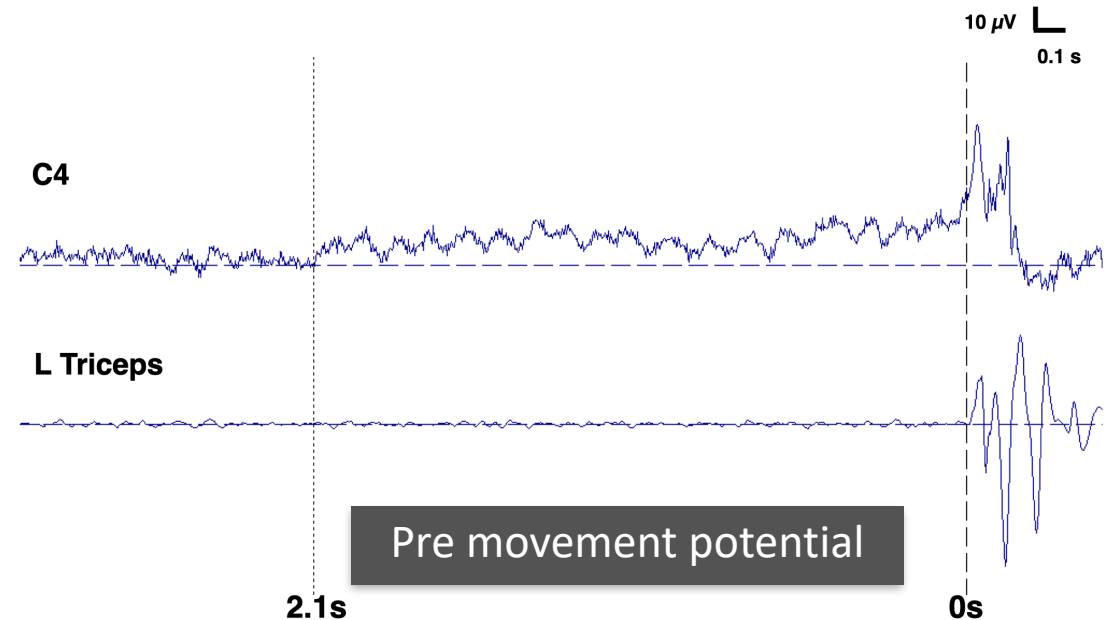


4 channels or more

Muscle selection

C4

L Triceps



Functional etiology

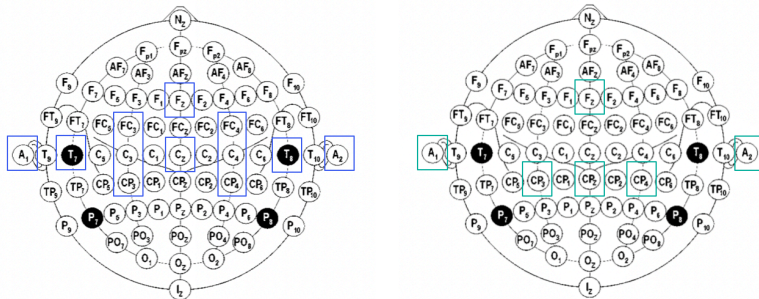


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EEG + EMG / Nerve stim

- QUESTION: Is this myoclonus cortical?

EEG - Cortical transient and SSEP



Filter - High band pass (0.01 - 1000 Hz)

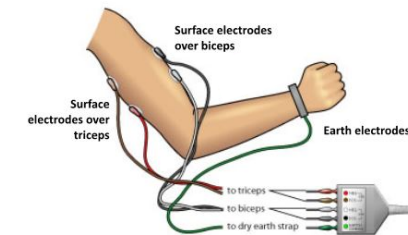
Sampling rate (2 - 10 KHz)

SSEP - 3 Hz stimulation at median on the most affected side (3 min)

Transient - amplified montage to increase sensitivity -
min 40 events



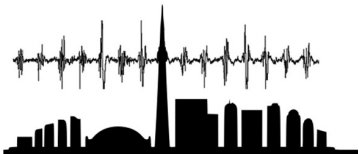
Surface EMG



4 channels or more

Muscle selection - Important to represent both sides and distal muscles

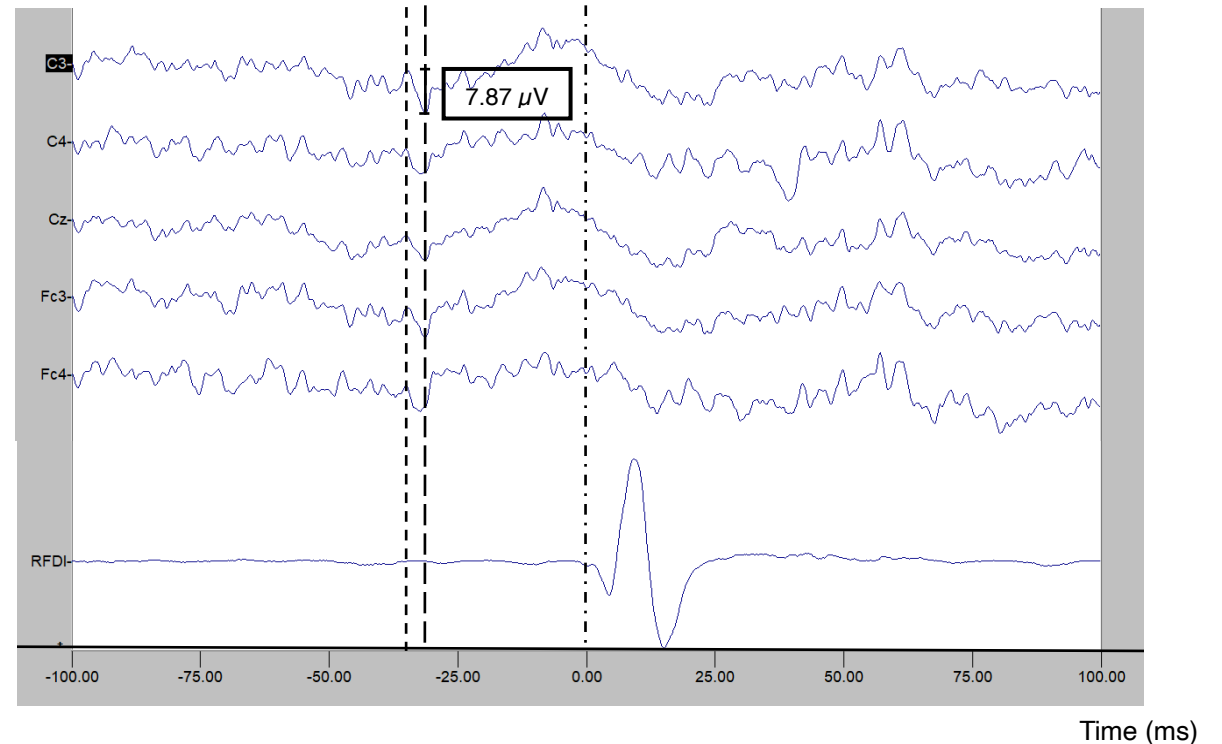
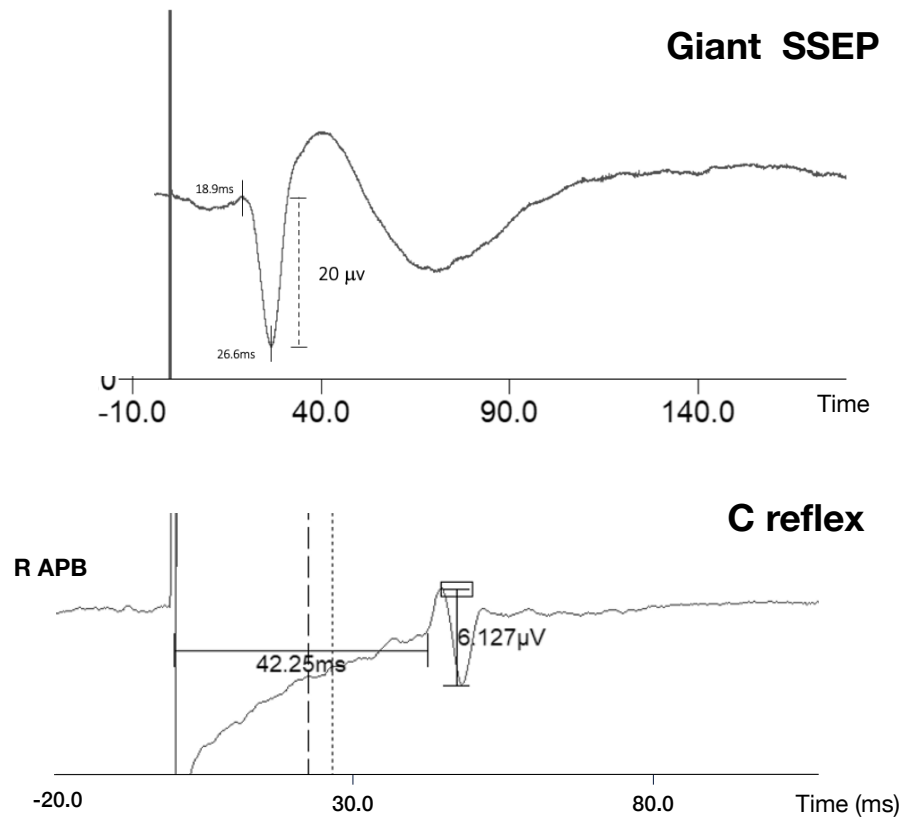
APB electrode to evaluate C Reflex during SSEP recording



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EEG + EMG / Nerve stim

- QUESTION: Is this myoclonus cortical?



Focal EEG transient 31ms before the myoclonus



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Cortical myoclonus

Electrical stimulation

- QUESTION: Confirm the diagnosis of Stiff person

Electrical stimulation - Exteroceptive reflex

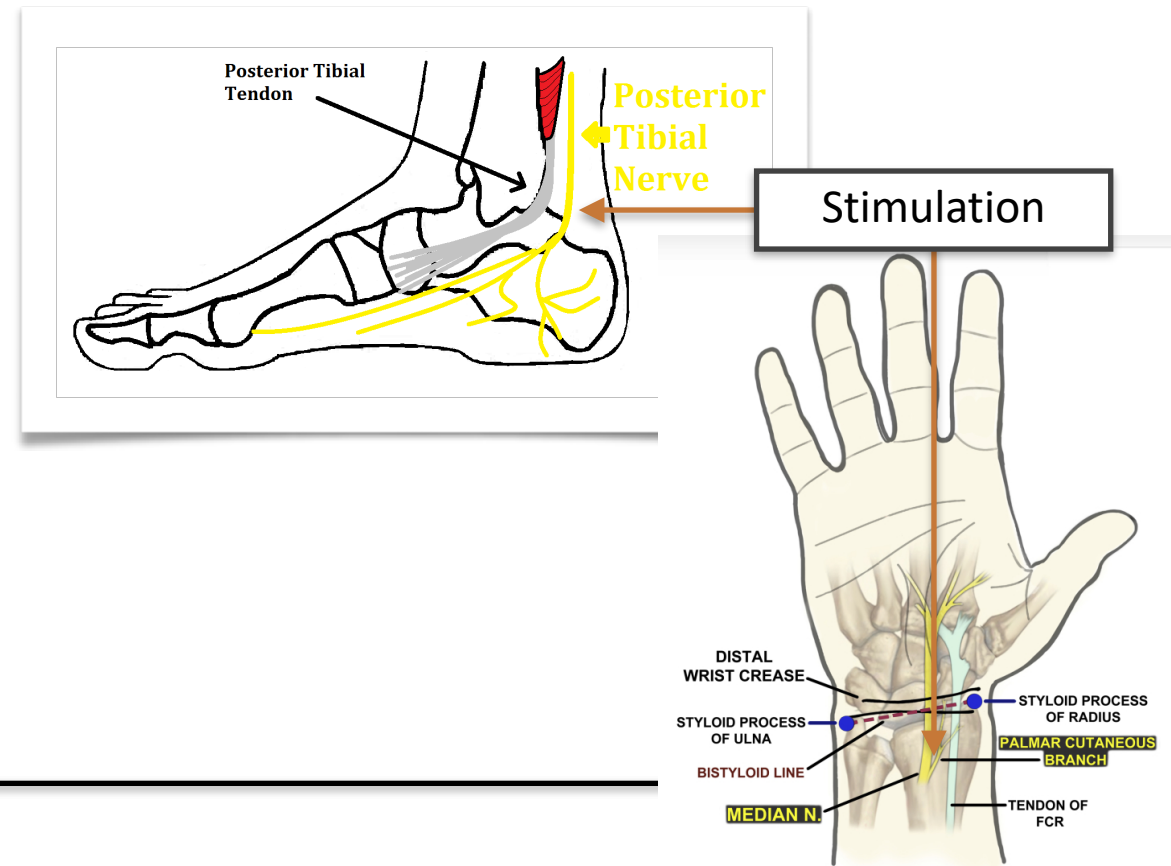
Median - Abductor pollicis brevis

Tibial posterior - Gastrocnemius

Rest and 20-30% muscle contraction

4 electrical stimuli at 500 Hz with an inter-train
interval of about 10 s

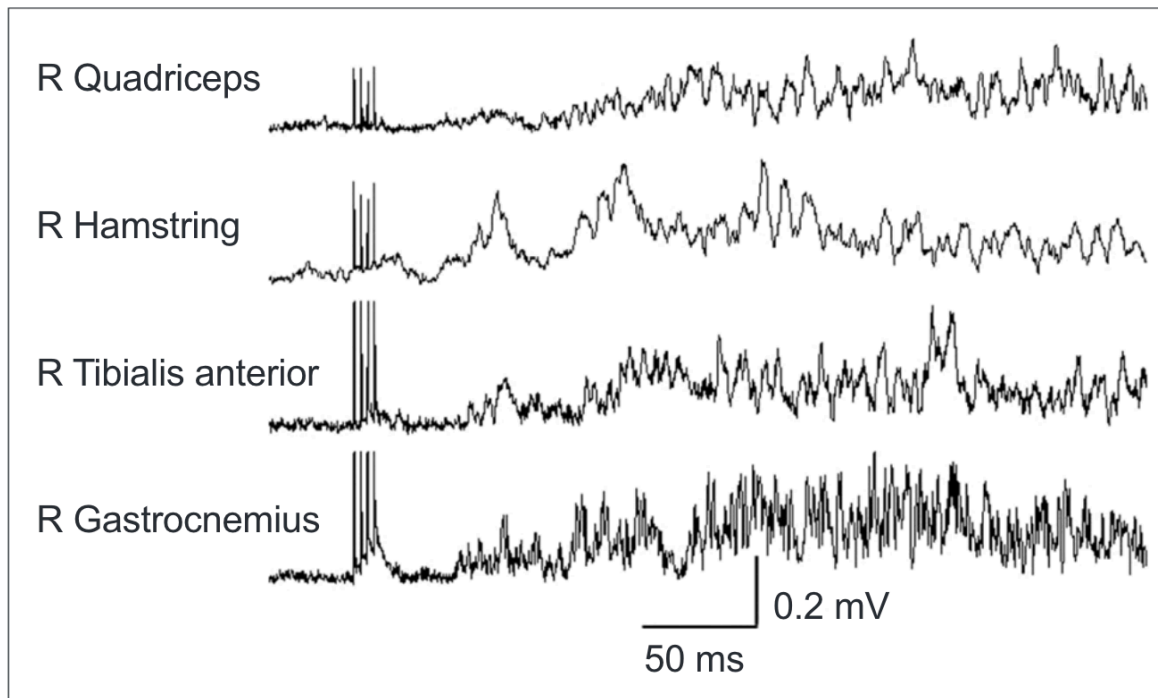
Stimulation strength is three times sensory threshold.



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Electrical stimulation

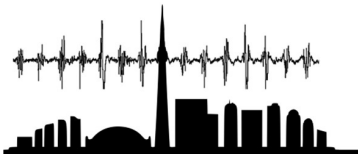
- QUESTION: Confirm the diagnosis of Stiff person



Brief initial response - 50 ms

Exaggerated second phase - more than 50 ms, up to 100 ms

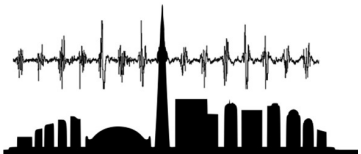
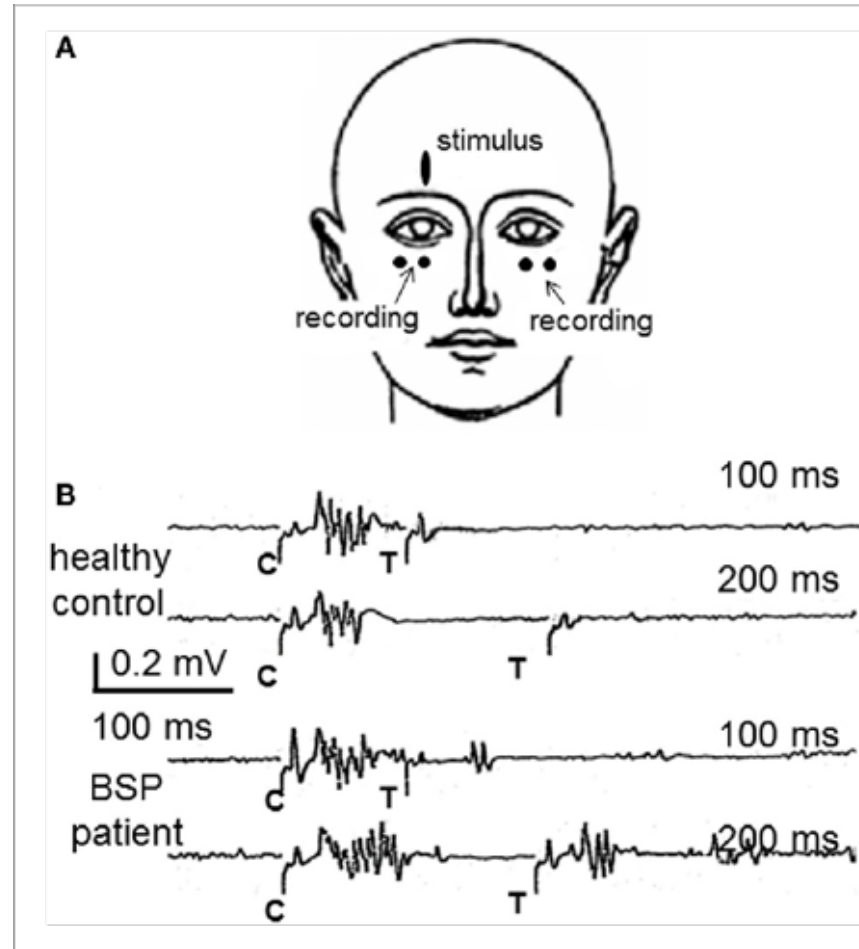
**Exaggerated
Exteroceptive response**



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Electrical stimulation

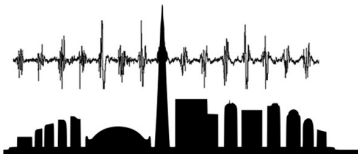
- Evaluate latency of the jerky movement
- Brainstem reflexes



Summary

- Most used techniques include
 - Surface EMG, Accelerometer, EEG, Nerve stimulation
- Camera is important to evaluation of the recordings offline
- Other equipment help with specific responses/protocol
 - Tuning fork, sound, metronome, reflex hammer, cup, etc.

Protocol should be tailored base on the clinical question



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Thank you!



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