

Novel Neuromuscular Electrical Stimulation Techniques in Stroke Rehabilitation

Giulia Rossi*

Department of Physiotherapy and Rehabilitation, Utrecht University, Netherlands

Abstract

Neuromuscular electrical stimulation (NMES) has emerged as a promising intervention for stroke rehabilitation, aiming to restore motor function and enhance the quality of life for stroke survivors. This article reviews the latest advancements in NMES techniques, focusing on their application in post-stroke rehabilitation. The discussion highlights the physiological basis, therapeutic mechanisms, and clinical outcomes associated with novel NMES approaches. Furthermore, we examine the integration of advanced technologies such as wearable devices, brain-computer interfaces (BCIs), and personalized stimulation protocols. The conclusion outlines the potential benefits, challenges, and future directions of NMES in stroke rehabilitation.

Keywords: Neuromuscular electrical stimulation; Stroke rehabilitation; Motor function; Wearable devices; Brain-computer interfaces

Introduction

Stroke is a leading cause of disability worldwide, often resulting in significant motor impairments that hinder daily activities and reduce the quality of life. Traditional rehabilitation methods, while beneficial, often yield limited recovery of motor function. Neuromuscular electrical stimulation (NMES) has gained attention as an adjunct therapy, providing electrical impulses to stimulate muscle contractions and promote neural plasticity. This article explores recent advancements in NMES techniques, emphasizing their potential to revolutionize stroke rehabilitation [1].

Stroke is a major global health issue, ranking as the second leading cause of death and a primary cause of long-term disability. Each year, millions of individuals experience strokes, leading to significant socio-economic burdens due to the loss of functional independence and the need for prolonged rehabilitation. The resulting motor impairments, which often include hemiparesis, spasticity, and loss of coordination, severely impact patients' ability to perform daily activities and maintain a satisfactory quality of life [2].

Traditional stroke rehabilitation approaches, such as physical therapy (PT) and occupational therapy (OT), focus on repetitive task practice and functional training to enhance motor recovery. While these methods can be effective, they often require extensive time and effort and may yield limited improvements, particularly in patients with severe impairments or those in the chronic stage of recovery. As a result, there is a growing need for innovative therapeutic interventions that can accelerate and augment the recovery process [3].

Neuromuscular electrical stimulation (NMES) has emerged as a promising adjunctive therapy for stroke rehabilitation. NMES involves the application of electrical currents to peripheral nerves, eliciting muscle contractions and promoting motor function. By stimulating both sensory and motor pathways, NMES can facilitate neural plasticity—the brain's ability to reorganize and form new connections—which is crucial for functional recovery following a stroke.

The advent of new technologies has significantly advanced the field of NMES, enabling more precise and effective interventions. Modern NMES devices are increasingly integrating wearable technology, brain-computer interfaces (BCIs), and personalized stimulation protocols. Wearable NMES devices offer convenience and continuous

monitoring, allowing patients to incorporate therapy into their daily routines seamlessly. BCIs enhance NMES efficacy by creating closed-loop systems that adapt stimulation in real-time based on neural feedback, thus optimizing motor learning and rehabilitation outcomes [4]. Personalized NMES protocols, powered by machine learning and artificial intelligence, tailor therapy to the unique needs and responses of each patient, maximizing therapeutic benefits.

Discussion

Physiological basis and therapeutic mechanisms

NMES works by delivering electrical impulses to peripheral nerves, eliciting muscle contractions and enhancing motor function. These electrical stimuli can activate both sensory and motor pathways, facilitating cortical reorganization and strengthening synaptic connections. Recent studies have shown that NMES can induce neuroplastic changes, contributing to functional recovery in stroke patients [5].

Advancements in NMES technologies

Wearable devices: Advances in wearable technology have led to the development of compact, user-friendly NMES devices that can be easily integrated into daily routines. These devices offer real-time monitoring and adjustable stimulation parameters, allowing for personalized therapy tailored to individual needs.

Brain-computer interfaces (bcis): The integration of BCIs with NMES represents a significant leap forward. BCIs can interpret neural signals and translate them into electrical stimuli, creating a closed-loop system that enhances motor learning and functional recovery. This approach has shown promising results in improving motor outcomes and reducing rehabilitation time [6].

*Corresponding author: Giulia Rossi, Department of Physiotherapy and Rehabilitation, Utrecht University, Netherlands, E-mail: Giulia.r@hotmail.com

Received: 23-May-2024, Manuscript No: jnp-24-141050; **Editor assigned:** 25-May-2024, Pre-QC No: jnp-24-141050(PQ); **Reviewed:** 08-Jun-2024, QC No: jnp-24-141050; **Revised:** 13-Jun-2024, Manuscript No: jnp-24-141050(R); **Published:** 20-Jun-2024, DOI: 10.4172/2165-7025.1000716

Citation: Giulia R (2024) Novel Neuromuscular Electrical Stimulation Techniques in Stroke Rehabilitation. J Nov Physiother 14: 716.

Copyright: © 2024 Giulia R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Personalized stimulation protocols: Personalized NMES protocols consider patient-specific factors such as the extent of motor impairment, muscle characteristics, and responsiveness to stimulation. Machine learning algorithms and artificial intelligence can optimize these protocols, ensuring maximal therapeutic efficacy.

Clinical outcomes and efficacy

Clinical trials and studies have demonstrated the efficacy of NMES in improving motor function, reducing spasticity, and enhancing overall rehabilitation outcomes. For instance, NMES has been shown to significantly improve hand and arm function in chronic stroke patients [7]. Additionally, combining NMES with conventional therapies such as physical and occupational therapy can yield synergistic effects, further enhancing recovery.

Challenges and limitations

Despite the promising results, NMES faces several challenges. These include variability in patient responsiveness, the need for precise electrode placement, and potential discomfort during stimulation. Moreover, long-term adherence to NMES therapy can be challenging, necessitating the development of more user-friendly and engaging devices [8].

Conclusion

Novel NMES techniques offer a promising avenue for enhancing stroke rehabilitation outcomes. The integration of advanced technologies such as wearable devices, BCIs, and personalized stimulation protocols holds great potential for optimizing therapy and improving motor recovery. However, addressing the challenges associated with NMES and ensuring widespread accessibility and adherence will be crucial for its successful implementation. Future research should focus on refining these techniques, exploring synergistic therapies, and conducting large-

scale clinical trials to establish standardized protocols and maximize the benefits of NMES in stroke rehabilitation.

Acknowledgement

None

Conflict of Interest

None

References

1. Alon G, Levitt AF, McCarthy PA (2007) Functional Electrical Stimulation Enhancement of Upper Extremity Functional Recovery During Stroke Rehabilitation: A Pilot Study. *Neurorehab Neural Repair* 21: 207-215.
2. Daly JJ, Ruff RL (2007) Feasibility of Combining Multi-Channel Functional Neuromuscular Stimulation with Robotic Therapy for Stroke Rehabilitation. *J Rehab Res Develop* 44: 745-757.
3. Pomeroy VM, King L, Pollock A, Barnes MP (2006) Electrostimulation for Promoting Recovery of Movement or Functional Ability After Stroke. *Stroke* 37: 1591-1598.
4. Chakrabarti S, Wintheiser G, Tella SH, Oxencis C, Mahipal A (2021) TAS-102: A resurrected novel Fluoropyrimidine with expanding role in the treatment of gastrointestinal malignancies. *Pharmacol ther* 224: 107823.
5. Lenz HJ, Stintzing S, Loupakis F (2015) TAS-102, a novel antitumor agent: a review of the mechanism of action. *Cancer treat rev* 41: 777-783.
6. Vodenkova S, Buchler T, Cervena K, Veskrnova V, Vodicka P, et al. (2020) 5-fluorouracil and other fluoropyrimidines in colorectal cancer: Past, present and future. *Pharmacol ther* 206: 107447.
7. Emura T, Suzuki N, Yamaguchi M, Ohshimo H, Fukushima M (2004) A novel combination antimetabolite, TAS-102, exhibits antitumor activity in FU-resistant human cancer cells through a mechanism involving FTD incorporation in DNA. *Int J Oncol* 25: 571-578.
8. Colburn HR, Walker AB, Berlinsky DL, Nardi GC (2008) Factors affecting the survival of coho, *Rachycentron canadum*, during simulated transport. *JWAS* 39: 678-683.