

Introduction

- The neurophysiological pattern of cortical rhythms can be changed by an acute stroke.
- The ratio of lower-frequency activities to higher-frequency activities determines the degree of physical disability and the recovery potential of upper extremity motor functions in patients with acute stroke.
- However, there is a significant knowledge gap regarding the neurophysiological alterations and potential biomarkers in **patients with chronic stroke**. The current study aimed to:
- To investigate the resting-state cortical electroencephalogram (EEG) rhythms and networks in patients with chronic stroke.
- To examine their correlation with motor functions of the hemiplegic upper limb.

# Methods

- matched and 16 younger-age healthy controls.
- The EEG rhythmic powers were computed.
- Three graph theory-based EEG network metrics was calculated:
- (1) Network strength, which was calculated as the sum of the edge weights connected to the channels.
- (2) Clustering coefficient, which was a measure of functional segregation,
- (3) Global efficiency, which was a measure of functional integration.
- upper extremity scores (FMA-UE) and action research arm test (ARAT).

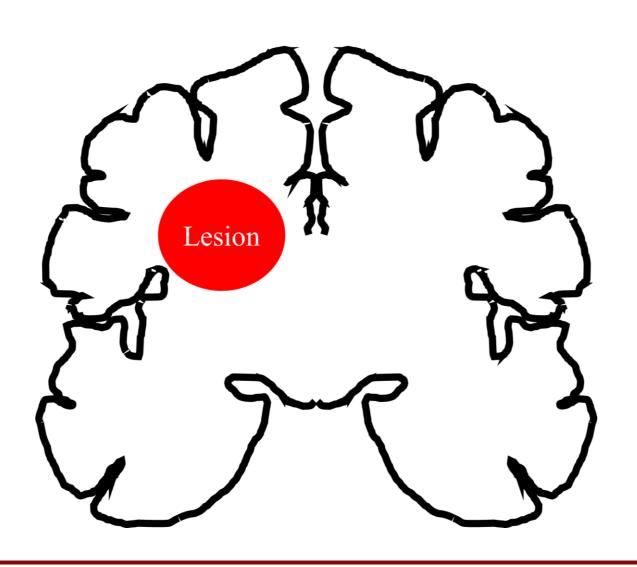
## Resting-State Cortical Electroencephalogram Rhythms and Network in Patients after Stroke

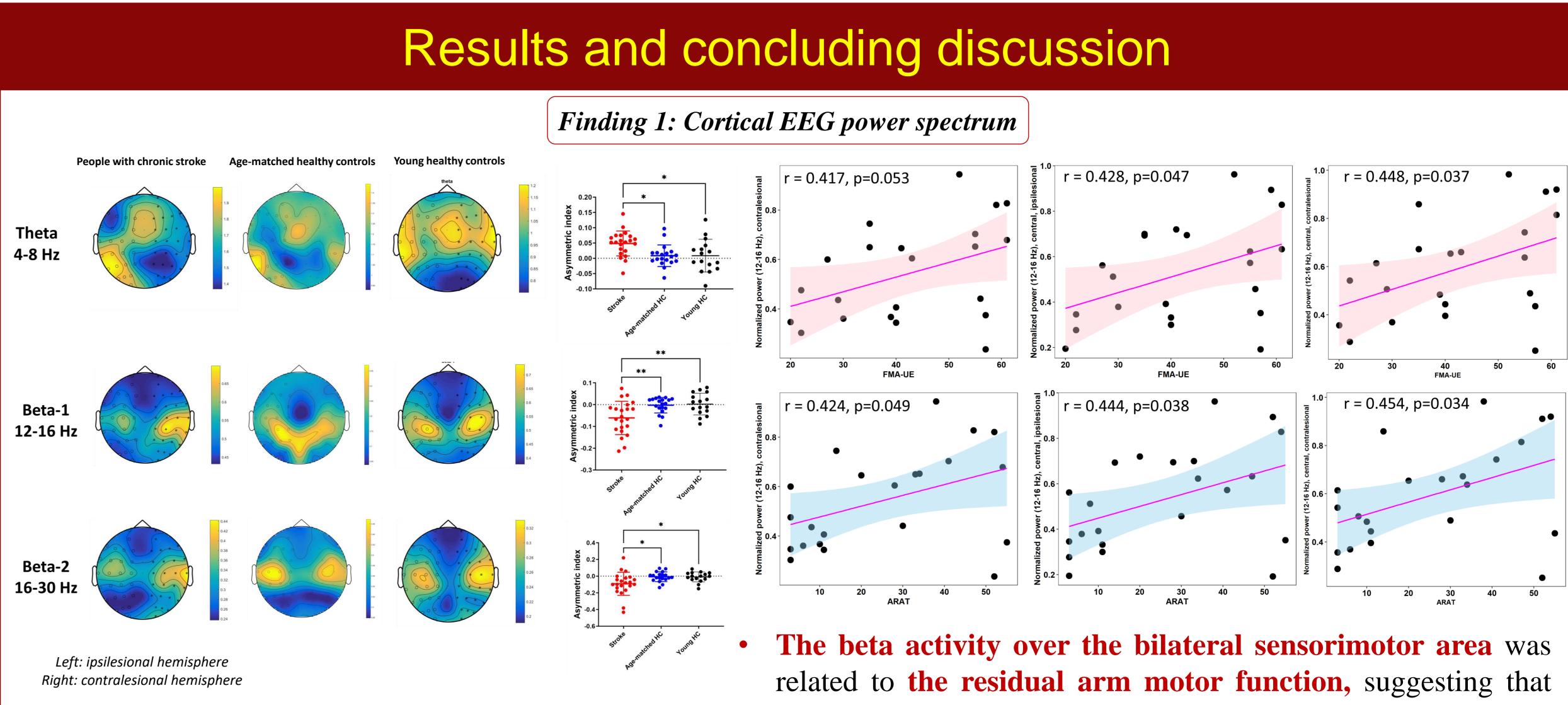
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Three-minute resting-state EEG data from 22 chronic stroke patients were compared to EEG data from 19 age-

Among patients with stroke, upper limb motor functions were evaluated using the Fugl-Meyer assessment-

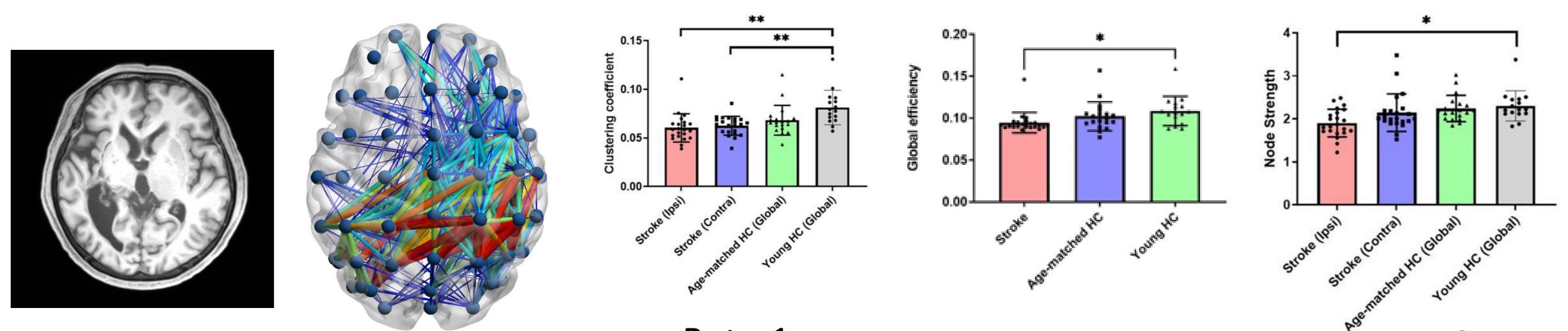






- Hemispheric asymmetry was observed in the theta and beta bands in patients with stroke, compared with that in healthy controls.
- The low-frequency oscillation is likely to be a pathological signature of stroke-related injury.

Finding 2: Cortical EEG networks



Beta-1

efficiency) and functional segregation (reduced clustering coefficient) in the whole-brain network.



the ipsilesional and contralesional sensorimotor areas may contribute to motor functioning in chronic stroke survivors.

This finding suggests a form of adaptive neuroplasticity in **bilateral sensorimotor oscillations**, where **both hemispheres** contribute to the motor functions of the paretic upper limb in patients with stroke.

Beta-1

Beta-2

The hemisphere affected by stroke exhibited reduced influence (reduced network strength and global