



# Theta Burst Stimulation for Hemiplegic Upper Extremity After Stroke: A Metaanalytic Review

Jack Jiaqi Zhang<sup>1</sup>, Youxin Sui<sup>1</sup>, Zhongfei Bai<sup>2</sup>, Kenneth NK Fong<sup>1</sup>,

<sup>1</sup>Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hung Hom, Hong Kong SAR, China <sup>2</sup>Shanghai YangZhi Rehabilitation Hospital (Shanghai Sunshine Rehabilitation Centre), School of Medicine, Tongji University, Shanghai, China Corresponding author: Jack Jiaqi Zhang, Research Assistant Professor, Department of Rehabilitation Sciences Email: jack-jiaqi.zhang@polyu.edu.hk

Watenabe et al., 2018 excitatory

Zhang et al;., 2022b excitatory

Zhang et al., 2022a

Khan et al., 2019

Heterogeneity: I<sup>2</sup>=76.15%

Test for overall effect: Z=2.923. P=0.003

0.199

0.004

0.000

Improved upper extremity impairment (measured by FMA-UE) was found after TBS

intervention compared to the sham stimulation (Hedge's g = 0.646, p = 0.003,  $I^2 = 76.15\%$ )

0.703

1.163

0.646



superior efficacy compared to

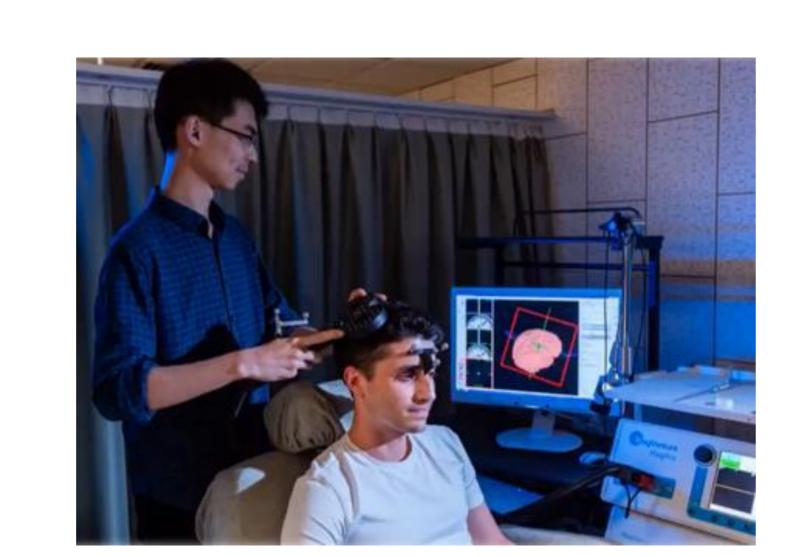
conventional 600-pulse protocols.

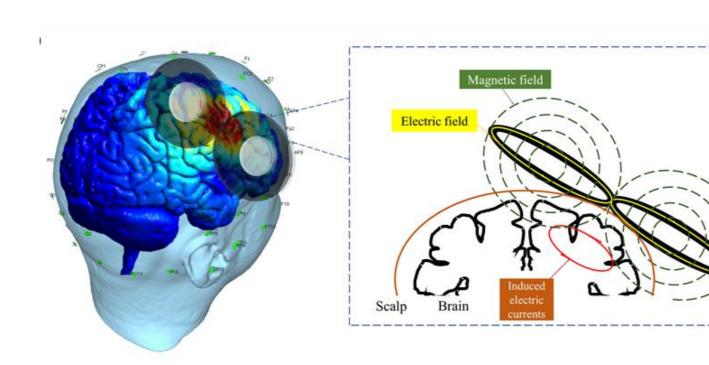
### Introduction

- Theta burst stimulation (TBS) is a patterned form of repetitive transcranial magnetic stimulation (rTMS).
- In clinical trials, TBS is now frequently used for stimulation-based brain priming before rehabilitation intervention to improve the readiness of the brain to re-learn motor skills during behavioral motor practice, thereby facilitating therapeutic benefits from upper extremity rehabilitation training for patients after stroke.



- 1) To evaluate the effects of different TBS protocols on **improving upper extremity motor impairment and functional activities** in patients with stroke using meta-analyses.
- 2) To identify any significant associations between various TBS parameters, patient demographics, clinical profiles, and effect sizes using subgroup analyses and meta-regression.





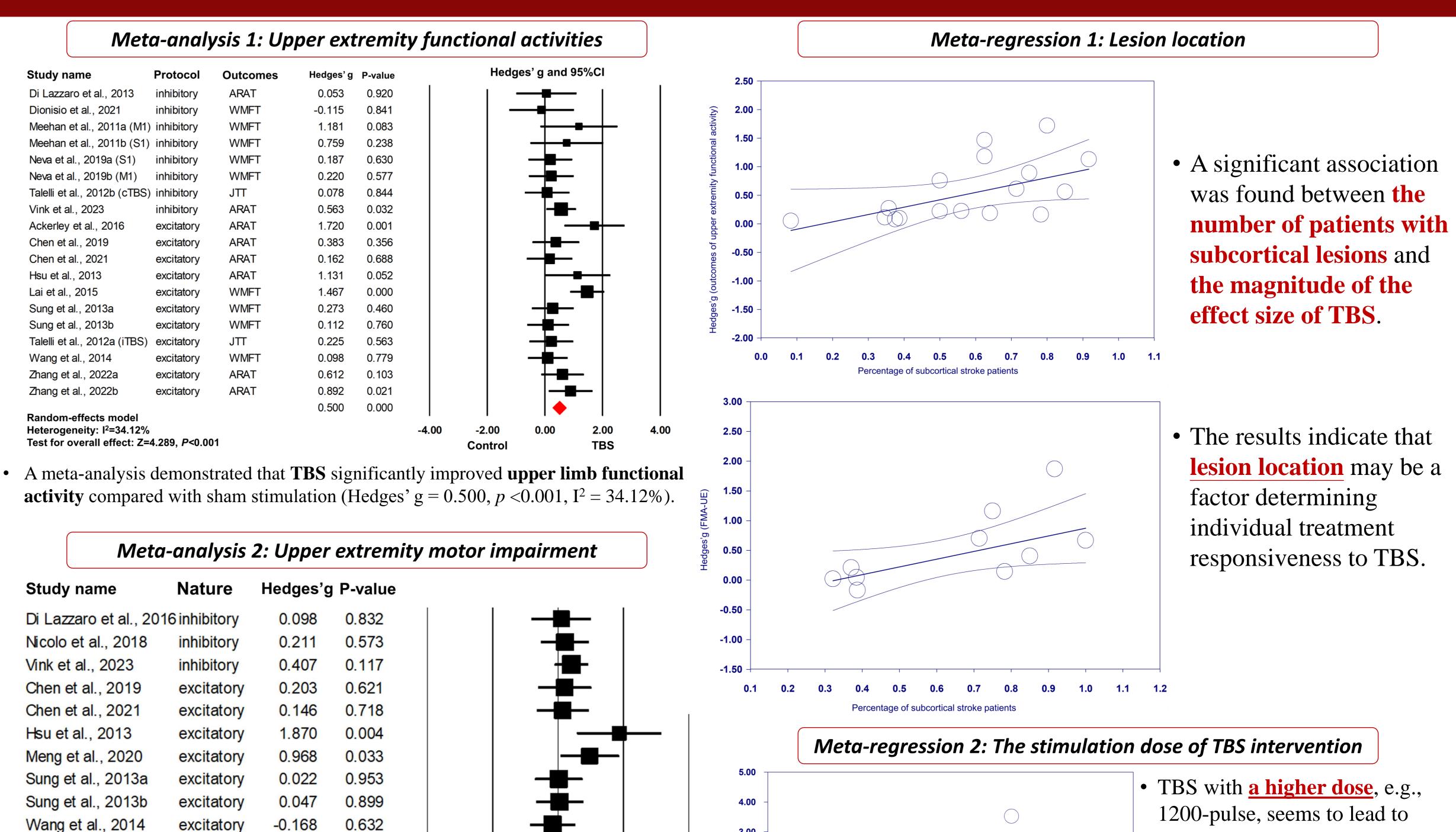
#### Methods

• A literature search was conducted for studies published between January 1, 2000, to August 29, 2023, which were indexed in four databases: PubMed, EMBASE, Web of Science, and Medline.

We followed the PICOS framework for the inclusion of studies:

- Population (P): Studies that included adult participants diagnosed with stroke.
- Intervention (I): Interventions that used TBS applied to the primary motor cortex (M1) cortical representations of the proximal or distal upper extremity.
- Comparison (C): Sham TBS or no stimulation control.
- Outcomes (O): Studies that provided at least one outcome assessing upper limb motor impairment, functional activity, or neural functions (neurophysiological or neuroimaging outcomes).
- Study design (S): Randomized or pseudorandomized controlled trials with either a parallel or crossover design.
- Meta-analysis: Hedges' g and 95% confidence interval (CI) were computed for all meta-analyses.
- <u>Meta-regression</u>: Univariate meta-regression was performed with various patients' demographics, clinical information, as well as TBS parameters.

### Results



## Conclusion

TBS is an efficacious brain stimulation therapy that enhances the therapeutic benefits of poststroke upper extremity rehabilitation training. Stroke patients with a preserved cortex show better responsiveness to TBS. TBS protocols using a higher dose may have superior efficacy.