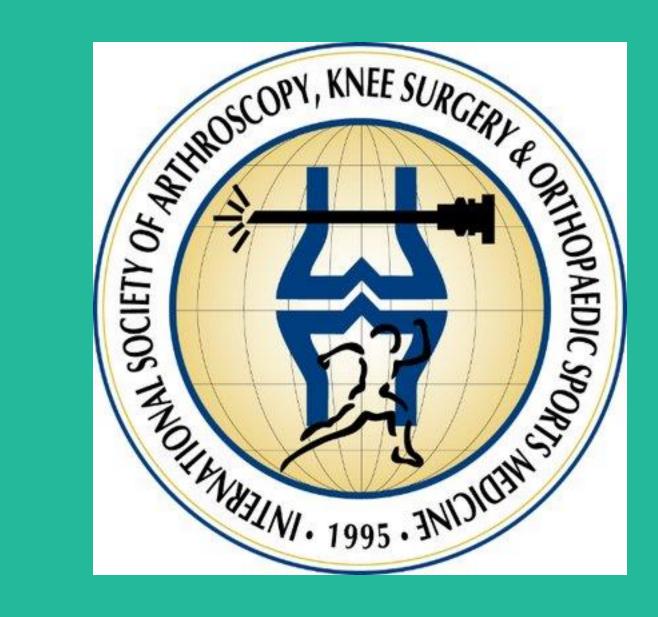


# ORUSH.

# Neurofeedback Visualization Training Through a Brain Computer Interface to Optimize Muscle Activation Following Femoroacetabular Impingement Hip Arthroscopy



Brian Forsythe MD, Camden Bohn BA, Catherine Hand BS, Josh Chang BS, Daanish Khazi-Syed BS, Jourdan Michael Cancienne MD, Jorge Chahla MD PhD, Shane Nho MD MS

### **BACKGROUND**

- Femoroacetabular impingement (FAI) is a condition involving abnormal contact between the femoral head and acetabulum, often requiring arthroscopic intervention.
- Postoperative patients frequently experience muscle weakness due to changes in motor cortex and corticospinal tract function.
- A key barrier to recovery is arthrogenic muscle inhibition
   (AMI) a neural phenomenon that prevents voluntary activation of affected muscle groups despite full structural healing.
- Standard rehabilitation may be limited in addressing these neuroplastic changes.
- Neurofeedback Visualization Training (NFVT), via a noninvasive brain-computer interface (BCI), may help bypass this inhibition and promote motor reactivation.

# **PURPOSE**

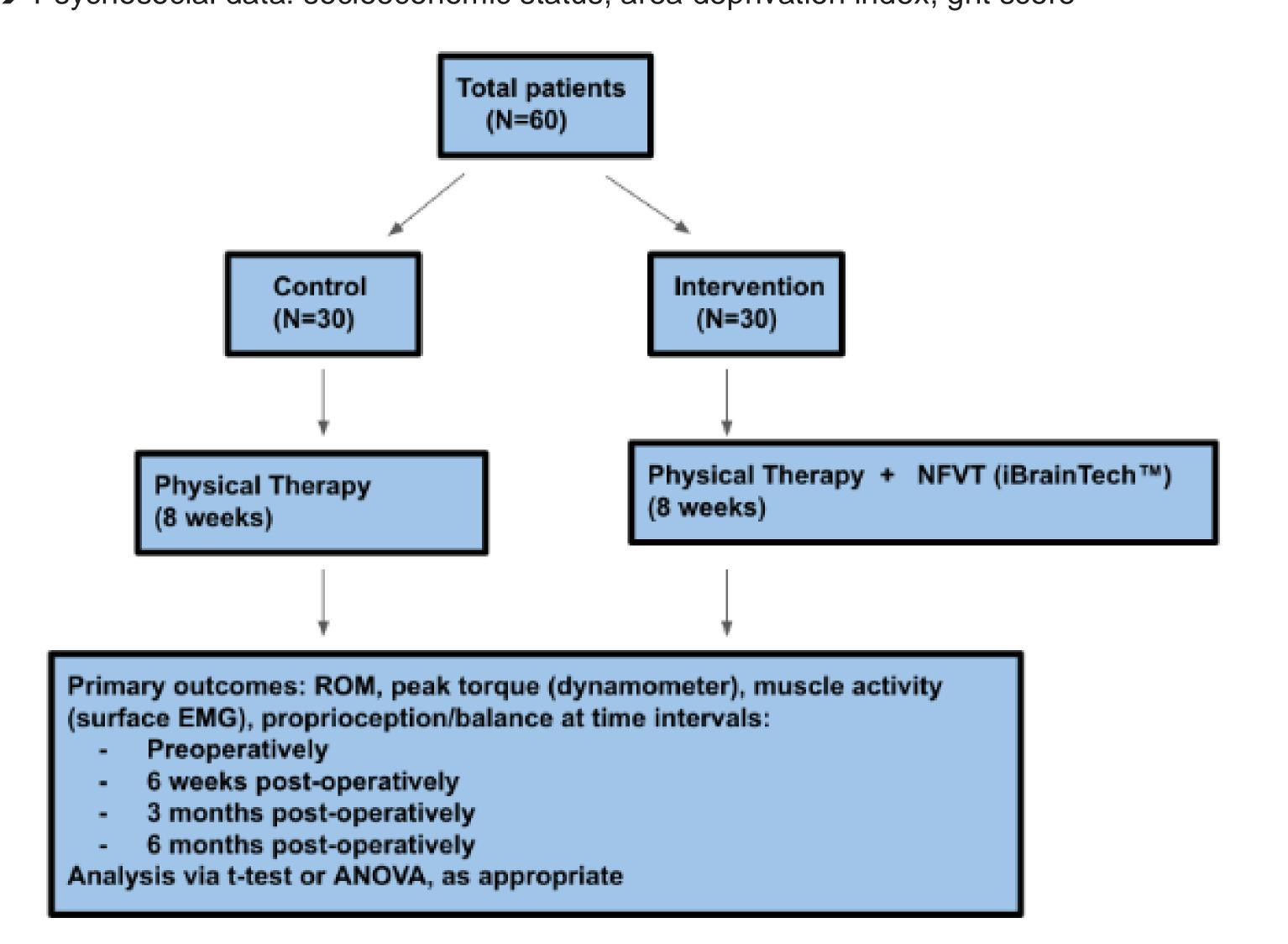
This study evaluates whether NFVT using BCI can improve muscle activation following FAI hip arthroscopy.

Investigate the effects of NFVT on:

- Strength recovery
- → Neuromuscular control
- → Functional movement mechanics
- → Determine if NFVT can accelerate rehabilitation and mitigate AMI in FAI patients.

# **METHODS**

- Study Design: IRB-approved, randomized, single-masked, controlled trial.
- NFVT protocol: EEG-based visualization of hip-focused rehab movements with real-time neurofeedback to activate the motor cortex.
- Primary outcomes:
- → Hip flexor/extensor and abductor/adductor strength via isometric/isokinetic testing (e.g. Biodex).
- → Muscle activation via surface EMG during controlled movements.
- → 3D motion analysis of gait, squat, lunge, and single-leg tasks at 700 Hz.
- Secondary outcomes:
- → PROMs (e.g. HOS, iHOT, TSK-11) at baseline, 8w, 16w, 6mo, 12mo, 24mo
- → Psychosocial data: socioeconomic status, area deprivation index, grit score



# RESULTS

- Patient enrollment will begin in April 2025.
- Preliminary outcomes will be presented as patients reach postoperative milestones.
- Hypothesis: NFVT will result in:
  - → Earlier recovery of muscle activation
  - Higher EMG activity
  - Greater strength restoration
  - → Enhanced functional biomechanics

## **DISCUSSION**

- FAI patients often struggle with regaining neuromuscular control due to AMI.
- NFVT may serve as a breakthrough adjunct to traditional PT by retraining the brain-muscle connection.
- If effective, NFVT could:
- → Enhance rehab time
- → Improve long-term hip function
- → Reduce risk of compensatory movement patterns
- → Understanding and targeting AMI could transform postoperative protocols in hip preservation surgery.