



Human locomotor adaptive learning is proportional to depression of cerebellar excitability

Journal:	<i>Cerebral Cortex</i>
Manuscript ID:	CerCor-2010-00801
Manuscript Type:	Original Articles
Date Submitted by the Author:	30-Sep-2010
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Keywords:	TMS, locomotion, adaptation, rehabilitation, cerebellum

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Running title: "Human adaptation correlates with cerebellar depression"

Journal Section: Behavioral/Systems/Cognitive

Number of Figures: 5

Supplemental materials: 1 table, 1 figure

Number of Pages: 23

Words: Abstract = 200, Introduction = 524, Discussion = 1603, Total = 5309

Keywords: TMS, locomotion, adaptation, rehabilitation, cerebellum

Acknowledgements: Supported by R21 HD060169, The Johns Hopkins Brain Science Institute, F31NS062503, R01HD040289, and R01HD053793.

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Abstract

Human locomotor adaptive learning is thought to involve the cerebellum, but the neurophysiological mechanisms underlying this process are not known. While animal research has pointed to depressive modulation of cerebellar outputs, a direct correlation between adaptive learning and cerebellar depression has never been demonstrated. Here, we used transcranial magnetic stimulation (TMS) to assess excitability changes occurring in the cerebellum and primary motor cortex (M1) after individuals learned a new locomotor pattern on a split-belt treadmill. To control for potential changes associated to task performance complexity, the same group of subjects was also assessed after performing two other locomotor tasks that did not elicit learning. We found that only adaptive learning resulted in reduction of cerebellar inhibition. This effect was strongly correlated with the magnitude of learning ($r=0.78$). In contrast, M1 excitability changes were not specific to learning, but rather occurred in association with task complexity performance. Our results demonstrate that locomotor adaptive learning in humans is proportional to cerebellar excitability depression. This finding supports the theory that adaptive learning is mediated, at least in part, by long-term depression in Purkinje cells. This knowledge opens the opportunity to target cerebellar processes with non-invasive brain stimulation to enhance motor learning.

Introduction

The human nervous system has the remarkable ability to control complex movements in the face of changing environmental demands, muscle fatigue, and even injury. Consider the ease with which we can transition from walking on a hard surface road to a soft sandy beach. We initially react to these types of demands and correct for unplanned disturbances. If the demands persist, it is more efficient to learn to predict the correct motor commands required under the new circumstances. The behavioral and neural mechanisms involved in this form of learning, commonly referred as adaptation or adaptive learning, are not fully understood. However, the adaptation process is thought to be dependent on the cerebellum and is especially important for this type of behavioral flexibility.

Adaptation has been defined as a trial-and-error short time-scale motor learning process that is used to adjust motor commands for new, predictable demands on a time scale of minutes to hours (Martin et al., 1996; Bastian, 2008). Behavioral studies of adaptation show that it is a ubiquitous process that affects virtually all kinds of movements, such as walking (Reisman et al., 2005b), standing (Kluzik et al., 2007), reaching (Shadmehr and Mussa-Ivaldi, 1994), and a variety of eye movements (Ito, 1998). It allows us to more effectively control movement by learning to anticipate perturbations that would normally interfere with a given movement.

Several lines of research have suggested that the cerebellum plays a crucial role in motor adaptation (Ito, 1982; Martin et al., 1996; Diedrichsen et al., 2005; Chen et al., 2006). People with cerebellar damage have difficulty adapting to novel environmental demands (Martin et al., 1996; Smith and Shadmehr, 2005; Morton and Bastian, 2006), whereas individuals with damage to other motor structures typically adapt normally (Weiner et al., 1983; Reisman et al., 2007). Neurophysiological studies in animals indicated that motor adaptation may be mediated, in part, via long term-depression (LTD) in cerebellar Purkinje cells (Gilbert and Thach, 1977; Medina and Lisberger, 2008). However, less is known about the underlying neural mechanisms by which humans adapt and no study has related the extent of cerebellar excitability changes to that of adaptive motor learning.

Here we used TMS to investigate the neurophysiological correlates specific to locomotor adaptation associated with the cerebellum, while controlling for changes related to complex motor performance. We used a well-studied split-belt walking adaptation task that is known to be cerebellum dependent (Morton and Bastian, 2006), and two control walking tasks. We hypothesized that adaptation in a split-belt walking paradigm would change the pattern of cerebellar-brain inhibition (CBI) normally seen using paired pulse TMS (Ugawa et al. 1995, Pinto

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3 and Chen, 2001). More specifically, we predicted a reduction in CBI, which is what would be expected if LTD
4 in Purkinje cells is a physiological mechanism involved in adaptive learning. If so, the magnitude of adaptation
5 should also correlate with a decrement in the amount of CBI measured with TMS. In contrast, we predicted that
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7 M1 excitability would increase non-specifically as a result of performing a complex motor task (i.e. walking in
8 a challenging task that does not require adaptation to a predictable perturbation), but not exclusively due to
9 adaptation.
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16 [Insert Figure 1 about here]

17 **Materials and Methods**

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19 Nine healthy subjects (3 female, 6 male) with no known neurological disorder participated in the main
20 experiment (mean age 23, range 19 to 25). A second group of six naïve healthy participants took part in an
21 additional experiment (all male). The investigation was approved by the Johns Hopkins University Institutional
22 Review Board. All methods conformed to the Declaration of Helsinki and all participants provided written
23 informed consent.
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30 *Experimental Design*

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32 Subjects in the main experiment participated in 3 separate randomized, cross-over, counterbalanced sessions. In
33 all sessions we tested excitability of M1, and cerebral-cerebellar connectivity before and after 20 minutes
34 walking on a custom split-belt treadmill (Woodway, WI, USA). This treadmill comprised two separate belts
35 driven by independent motors that allow independent speed control of each belt (leg) through a custom-written
36 computer interface in MATLAB (MathWorks). Sessions were separated by at least 1 week. During each session
37 participants were exposed to one of the different locomotor conditions (Figure 1):
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44 ***Split adaptation*** consisted of a 4 minutes baseline period of tied-belt walking at both slow (0.5 m/s) and fast
45 (1.5 m/s) speeds. After this, participants were exposed to a 10min adaptation period where one belt moved at
46 1.5 m/s and the other at 0.5 m/s. Split-belt walking initially disrupts coordination between the legs such that the
47 fast and slow leg steps are asymmetric and the fast leg's motion is phase advanced relative to that of the slow
48 leg. In other words, subjects walk with a 'limp'. We refer to the limb on the slow belt in the split-belt period as
49 the slow limb and the limb on the fast belt as the fast limb. The split-belt perturbation is predictable, so adaptive
50 mechanisms act to eliminate the limp in about ten minutes (Reisman et al., 2005b). Ten minutes into the
51 adaptation period a brief catch trial (10 seconds) with the belts tied at the same slow speed used at baseline was
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3 introduced to assess how much the subjects had learned. When subjects are re-exposed to tied-belt walking they
4 limp in the opposite way. This occurs because the newly adapted split-belt pattern is now being used for tied
5 belt walking, and demonstrates storage of the new locomotor pattern. Subsequent to this “catch trial” subjects
6 returned to the adaptation period for another 5 minutes (Figure 1a). Finally, and after the physiological
7 assessments were completed (see below), participants were exposed to a post-adaptation period (10 minutes)
8 where they walked with the belts tied at the slow speed.
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16 *The tied random* condition required walking for 20 minutes with both belts tied but moving at variable
17 unpredictable speeds changing every 3 seconds and centered around 1 m/s with a standard deviation of 0.8 m/s.
18 This task is more complex than walking at a constant speed, due to the sudden changes in walking speed.
19 Importantly, however, no adaptive learning can occur (i.e. learning to predict the split-belt perturbation) because
20 both legs always move in a symmetric pattern and the change in walking speed is randomly introduced (Figure
21 1b). *The tied constant* condition consisted of 20 minutes of walking with both belts moving at the same speed
22 of 1 m/s (Figure 1c). Again, there was no adaptation in this task since no perturbations were introduced.
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30 In all sessions, subjects wore a safety harness and were positioned in the middle of the treadmill with their arms
31 folded across their chest. They were instructed not look down at the belts when walking on the treadmill and
32 were allowed to watch television. TMS measurements were performed before baseline walking and
33 immediately after the entire adaptation period (including the 5 minutes of adaptation after presentation of a
34 “catch trial period”) in the split-belt condition, and before and after the walking in the tied random or tied
35 constant condition.
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43 [Insert Figure 1 about here]

44 *Electromyography*

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46 We recorded subjects EMG using a bipolar electrode configuration and 3M Red Dot surface Ag/AgCl EMG
47 electrodes (3M, St. Paul MN) placed over the dominant tibialis anterior muscle belly (TA). The ground
48 electrode was placed over the right external malleolus. EMG data were sampled at 2000 Hz, amplified (1000)
49 and band-pass-filtered (10 -500 Hz) using an amplifier (Motion Lab Systems, Baton Rouge). EMG and
50 stimulator trigger pulse data were recorded using Spike2 software (Cambridge Electronic Design, UK). Prior to
51 the initiation of the study we measured the amplitude of TA EMG activity during 3 maximum voluntary
52 contractions (MVC) performed against resistance allowing for a brief rest period in between. During all
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3 excitability measures, subjects were instructed to maintain a contraction of the TA at 20% of their MVC using
4 visual feedback (Madhavan and Stinear). Using a custom written Spike2 script, TMS pulses were triggered only
5 when the EMG activity was in the target range ($20 \pm 1\%$ of MVC). All data was stored on a computer for off-
6 line analysis using a custom Matlab program (MathWorks, MA, USA).
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10 11 12 *Measures of cerebellar excitability*

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14 In each session we determined cerebellar excitability by assessing cerebellar-brain-inhibition (CBI) before and
15 after the performance of the locomotor tasks. To this end, we delivered TMS using a Magstim double-cone coil
16 (110mm mean diameter, Magstim, Whitland, UK) centered over the cerebellar cortex ipsilateral to the target
17 muscle and 3cm lateral to the inion on the line joining the inion and the external auditory meatus (Figure 1d).
18 The coil was oriented to induce an inferior-superior current flow in cortex. Similar to previous studies, we
19 assessed CBI by independently triggering a TMS conditioning stimulus (CS) over the cerebellar cortex
20 ipsilateral to the fast leg 5ms prior to a test stimulus (TS) over the contralateral M1 (Figure 1e) (Ugawa et al.,
21 1995b, 1999; Pinto and Chen, 2001; Daskalakis et al., 2004, Galea et al 2009). We gave 10 CS+TS stimuli to
22 measure CBI along with 10 unconditioned TS stimuli in a random order. CBI was calculated for each subject
23 by measuring the percent change of the mean motor evoked potential (MEP) amplitude in the CS+TS relative to
24 TS. To avoid direct activation of the corticospinal tract the intensity for cerebellar stimulation was set at 5%
25 below the brainstem active motor threshold (Fisher et al., 2009; Ugawa 2009). For this, the double cone coil was
26 placed over the inion and subjects pre-activated their tibialis anterior (TA), a muscle involved in the locomotor
27 tasks, at 20% of their maximum voluntary contraction. Threshold was defined as the nearest 5% stimulator
28 output that elicited a motor evoked potential (MEP) of 100 μ V in the pre-activated TA muscle in 5 out of 10
29 trials. When MEPs from brainstem stimulation could not be elicited in the TA (4 subjects), the CS intensity was
30 based on the brainstem threshold of the first dorsal interosseus (FDI) muscle. However, in 3 subjects the
31 brainstem threshold was not observed at 80% of the maximum stimulator output and therefore 70% intensity
32 was used for the CS. The MEP amplitudes of 10 single-pulse TMS responses over M1, as tested during M1
33 excitability measures (see below), and 10 paired-test plus conditioned responses were averaged before and after
34 walking in each session. The intensity of stimulation for the TS were adjusted to elicit similar MEP amplitudes
35 (mean stimulus intensity adjustment before and after walking were less than 1%).
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54 55 *Measures of primary motor cortex (M1) excitability*

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3 To assess M1 excitability we measured in each session the active motor threshold (aMT), MEP amplitude, short
4 intracortical inhibition (SICI) and facilitation (ICF) of the tibialis anterior. Thus, using a 70mm diameter figure-
5 of-eight coil we applied TMS over the motor cortex in each session. First we determined the optimal location of
6 the leg representation of the primary motor cortex (M1) to elicit MEP in the contralateral TA muscle (hot spot).
7 Then the aMT was defined as the lowest intensity of magnetic stimulation required to evoke 100 μ V MEPs in
8 five out of ten trials. After this, we established the stimulator intensity to obtain MEP of 1mV amplitude. Then,
9 SICI and ICF were assessed using paired pulse TMS with subthreshold CS at 80% of aMT intensity and
10 suprathreshold TS set to elicit \sim 1mV MEPs (Kujirai et al., 1993). SICI was tested with a 2ms inter-stimulus
11 interval and ICF with 12ms. After the locomotor tasks were completed, we assessed MEP amplitudes changes
12 by stimulating at the same intensity as used to elicit 1mV MEP at baseline. We also repeated the measures of
13 SICI and ICF, but for these the test stimulus intensity was adjusted to ensure that the MEP amplitudes remained
14 at the same size as before walking. For each measurement before and after the locomotor tasks, we recorded and
15 then averaged 10 MEPs.
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28 *Additional experimental session:*

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30 To further determine consistency of the cerebellar excitability changes observed in the main experiment, a
31 second group of individuals participated in a single session assessing excitability before and after locomotor
32 adaptation. Here, a naïve group of 6 healthy subjects were exposed to the split-adaptation walking task (see
33 experiment 1 methods for details). Before and after split adaptation we assessed CBI in the pre activated TA
34 muscle as previously described. Of note, in this addition session we were able to obtain brainstem active motor
35 threshold in all subjects.
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42 **Kinematic Data**

43 We collected kinematic data during walking at 100 Hz using Optotrak (Northwen Digital). We placed bilateral
44 infrared-emitting markers over the following joints: foot (fifth metatarsal head), ankle (lateral malleolus), knee
45 (lateral femoral epicondyle), hip (greater trochanter), pelvis (iliac crest) and shoulder (acrominion process). The
46 coordinate system was aligned such that the x axis was parallel to the treadmill belts, the y axis was parallel to
47 the vertical line, and the z axis was parallel to the horizontal line perpendicular to the x-y plane.
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55 **Data Processing and Analysis**

Motor evoked potentials

MEP amplitudes were measured peak-to-peak for each trial, and averaged before and after walking for each session. SICI, ICF and CBI were calculated as the ratio of the conditioned to the test MEP amplitudes. We also analyzed the pre-trigger root mean square EMG amplitude (40ms prior to stimulus onset) to compare the level of background activation between the baseline and post-walking TMS data.

Optotrack motion analysis data

Three-dimensional marker position data were low-pass filtered at 6 Hz. Custom software in MATLAB (Mathworks) was used for all analyses. Based on our previous work, we calculated spatial walking parameters that were expected to change using adaptive mechanisms (Reisman et al., 2005a). Specifically, we assessed step length symmetry as an indicator of adaptation. Each step length is calculated as the anterior-posterior distance between the ankle marker of each leg at heel strike of the leading leg; fast step length refers to the step length measured at fast leg heel strike and slow step length refers to the step length at slow leg heel-strike. Step symmetry (SS) was calculated as the difference in fast (SL_f) and slow (SL_s) step lengths, normalized to their sum to allow for comparisons across subjects of different sizes (Equation 1). We then calculated the magnitude of step symmetry for each pair of steps occurring during adaptation, the catch trial and of the after-effect during de-adaptation (Morton and Bastian, 2006).

Equation 1

$$SS = \frac{SL_f - SL_s}{SL_f + SL_s}$$

Statistical analysis

We use separate repeated measures ANOVA ($ANOVA_{RM}$) in MEP amplitude, SICI, ICF, and CBI with factors SESSION (tied constant, tied random, split adaptation) and TIME (pre-walking, post-walking). When significant differences were found, post hoc analyses were performed using paired t-tests. Data are expressed as mean \pm SEM, and effects were considered significant if $p < 0.05$.

To determine association between physiological changes and behavior, we performed correlation analysis between CBI and (1) step length symmetry for the catch trial, and (2) adaptation magnitude. Step length symmetry was calculated as the difference between the fast and slow step lengths divided by the sum of them.

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3 Magnitude of adaptation is the difference in the step symmetry for the first five steps of the adaptation period
4 and the last 30 seconds of the adaptation period.
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8 **Results**

9 *Locomotor Tasks*

10 All subjects completed the 3 sessions, and none experienced complications. During the split adaptation
11 condition, all subjects showed adaptation as demonstrated by large asymmetric step lengths early during the
12 adaptation period rapidly returning to baseline symmetry, and opposite asymmetry during the catch trial and
13 post-adaptation period (Figure 2a, supplemental fig. 1). In contrast, performance was more variable in the tied
14 random, but no signs of adaptation were present (i.e. sudden change in step symmetry that returns to baseline
15 over time, and or presence of after effects indicated by step symmetry changes in the opposite direction after the
16 perturbation is removed; Figure 2b). Finally, step lengths were symmetric in the tied constant condition with
17 little variation from step to step (Figure 2c). To quantify the degree of performance complexity we calculated
18 the step symmetry variance in each session. ANOVA showed a main effect of session ($F_{(2, 20)} = 23.4$, $p <$
19 0.001), with no post hoc difference between split adaptation and tied random ($p=0.18$, Figure 2d). However,
20 both split adaptation and tied random were different from tied constant ($p<0.001$). Thus, the complexity of the
21 task was similar in the split adaptation and tied random conditions, but larger than the tied constant condition.
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35 [Insert Figure 2 about here]
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38 *Adaptation, but not performance, modulates cerebellar excitability*

39 Adaptation to the split-belt condition reduced the magnitude of CBI, in the absence of similar changes in the
40 random perturbation and tied-belt walking sessions (Figures 3 and 4a). Since the cerebellum normally exerts an
41 inhibitory tone over M1, the hypothesized reduction in CBI as a consequence of learning would be reflected by
42 larger evoked potential amplitudes after the learning has occurred. Repeated measures ANOVA ($ANOVA_{RM}$)
43 revealed a significant effect of SESSION, TIME, and a TIME by SESSION interaction on CBI. Importantly,
44 the TIME by SESSION interaction indicated that CBI changed from pre split adaptation to post adaptation, but
45 not during the tied random or tied constant conditions (Supplemental Table). Paired t-tests revealed a significant
46 decrease of CBI, which is observed as an increase in MEP response to the CS+TS, after split adaptation (Figure
47 4a). This change in CBI was larger than that observed after the tied random session or tied constant session.
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3 Finally, the findings on CBI (CS+TS) were not due to simple modifications of TS MEP amplitudes
4 (Supplemental Table 1).
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12 Most importantly, the reduction in CBI following split-belt walking was strongly correlated with step symmetry
13 in the catch trial. The catch trial, brief return to tied belt condition, was used to assess how much of the new
14 locomotor pattern has been stored. Larger asymmetry indicates that more storage has occurred. Here, subjects
15 with more asymmetry during the catch trial also had larger reductions in CBI ($r = 0.78$; Figure 4b). Recall that
16 a reduction in CBI is what would be expected from depression of Purkinje cells excitability in cerebellar cortex.
17 We also found that the subjects who adapted the most during the split belt period (i.e. changed the most
18 throughout adaptation) showed the largest reduction of CBI ($r = 0.84$; Figure 4c). On the other hand, performing
19 similar correlation analysis between magnitude of adaptation and step symmetry in the tied random and
20 constant conditions did not show any significant differences. These findings are thus consistent with the
21 interpretation that the magnitude of CBI is related to the amount of adaptation.
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24 Finally, we evaluated cerebellar excitability changes before and after adaptation in an additional group of
25 individuals to determine reliability of the findings. Here, a separate group of subjects showed locomotor
26 adaptation as in experiment 1. Again, performance of this task resulted in a clear reduction of CBI in the TA
27 muscle, as found in experiment 1. Paired t-Test with factor TIME (pre, post adaptation) revealed a significant
28 effect of TIME on CBI ($p < 0.002$). Interestingly, the reduction in CBI following split-belt walking was also
29 strongly correlated with step symmetry in the catch trial and adaptation amount ($r = 0.93$, $r = 0.75$; Figure 4b
30 and c dark circles).
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47 *Task complexity, but not adaptation, affects primary motor cortex excitability*

48 Both split adaptation and tied random conditions caused significant changes in M1 excitability, whereas simple
49 tied belt walking did not. We determined M1 excitability in each session by assessing active motor threshold
50 (aMT), motor evoked potential amplitude (MEP), short intracortical inhibition (SICI) and intracortical
51 facilitation (ICF) of the fast leg tibialis anterior cortical representation using standard TMS procedures (see
52 methods). There was no change in motor threshold after split adaptation, tied random or tied constant walking
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3 conditions. We found that MEP amplitudes increased significantly over TIME (pre to post walking) but not
4 across all SESSIONS. There was a TIME by SESSION interaction, (Table 1) and post-hoc paired t-tests
5 revealed that the MEP increase over TIME was significant only during the split adaptation and the tied random
6 conditions (Figure 5a).
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11 We were able to obtain SICI in all sessions in only 8 out of the 9 subjects. ANOVA_{RM} showed significant
12 changes in SICI across TIME, but not SESSION; there was also a strong trend towards a TIME by SESSION
13 interaction ($p=0.06$; Supplemental Table; Figure 5b). Due to this trend, we performed exploratory post-hoc
14 paired t-tests, which revealed a significant reduction in SICI for the split adaptation and tied random conditions,
15 but not for the tied constant session. Thus, the SICI results largely paralleled the MEP amplitude findings. ICF
16 could only be assessed in all sessions on 5 subjects. ANOVA_{RM} revealed a significant change in ICF across
17 sessions, but no effect of TIME or TIME by SESSION interaction (Table 1; Figure 5c). Finally, although we
18 found changes in motor cortex excitability measures, correlation analysis did not reveal significant relationships
19 between these and the magnitude of locomotor adaptation.
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33 Discussion

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37 Our results show specific neurophysiological involvement of the cerebellum during locomotor adaptation in
38 humans. In particular, we found a reduction of the normal inhibitory tone the cerebellum exerts over the
39 primary motor cortex only as a consequence of learning a new locomotor pattern, but not during performance of
40 a complex locomotor task. This reduction of inhibition strongly correlated with the magnitude of adaptation; the
41 subjects who experienced the most adaptation (either assessed by improvement in symmetric walking during the
42 perturbation or magnitude of after effect when the perturbation was removed) had the largest reduction of
43 cerebellar brain inhibition. On the other hand, the changes in primary motor cortex excitability appeared to be
44 associated with performance of complex motor behavior rather than adaptive learning. In other words, we
45 dissociated neurophysiological changes due to locomotor adaptation from those related to complex motor
46 performance in humans.
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3 Previous lesion studies have shown that the cerebellum is important for adaptation. For example, healthy
4 individuals can adapt movements to predictable new demands, whereas patients with cerebellar disorders show
5 impairments in adapting and storing a new pattern (Weiner et al., 1983; Martin et al., 1996; Morton and Bastian,
6 2003; Tseng et al., 2007). Of particular relevance, our prior work has shown that the cerebellum is required for
7 adaptive learning of split-belt locomotion, but is not critical for reacting to changes in treadmill speeds using
8 feedback control (Morton and Bastian, 2006). Based on that result and the current findings, we suggest that the
9 cerebellum is most important for learning motor commands that anticipate a predictable change in the
10 environment, and less critical for reacting to unpredictable events.
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19 There is little information regarding the neurophysiological mechanisms by which humans adapt, and no direct
20 relationship between neural mechanisms and adaptive learning behaviors has been shown. Animal studies,
21 however, have indicated that the development of LTD in Purkinje cells is associated with adaptive learning
22 (Gilbert and Thach, 1977; Medina and Lisberger, 2008). Similarly, blocking cerebellar LTD abolishes
23 locomotor adaptation (Yanagihara and Kondo, 1996). Thus, in this study, we reasoned that if LTD is the
24 mechanism by which humans adapted their locomotor pattern, then the excitability of Purkinje cells as reflected
25 by CBI after adaptation should decrease in proportion to the extent of adaptation. Our results demonstrate this
26 relationship, and therefore support the hypothesis of LTD mediated cerebellar adaptive learning.
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35 Paired pulse TMS studies have described the existence at rest of a normal inhibitory tone that the cerebellum
36 exerts on the primary motor cortex (Ugawa et al., 1995a; Pinto and Chen, 2001; Daskalakis et al., 2004). In
37 these investigations, a conditioning pulse delivered over one cerebellar cortex 5-7msec prior to a test pulse over
38 the contralateral M1 results in smaller motor evoked potential amplitude in a hand muscle relative to single
39 TMS pulse over the same M1. The decreased MEP amplitudes reflect inhibition of M1. This effect has been
40 attributed to TMS activation of Purkinje cells resulting in inhibition of the dentate nucleus, which in turn has a
41 disynaptic excitatory connection through the ventral thalamus to the contralateral M1 (Ugawa et al., 1995b;
42 Middleton and Strick, 1999; Pinto and Chen, 2001; Daskalakis et al., 2004; Reis et al., 2008). Given this
43 pathway, we predicted that LTD changes in Purkinje cells after locomotor adaptation should result in decreased
44 activation of these cells when the conditioning TMS pulse is delivered over the cerebellum, thus reducing
45 inhibition of the dentate nucleus and ultimately not affecting the primary motor cortex (i.e. the test MEP
46 amplitudes are similar to the conditioned plus test MEP amplitudes). Alternatively, it is possible that LTD could
47 have occurred in the synapses between Purkinje cells and deep cerebellar nuclei. Indeed, our findings showing
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3 decreased CBI only after learning the new locomotor pattern suggest that LTD changes have occurred affecting
4 activation and or downstream transmission of Purkinje cell activity, and provides evidence of this process in
5 humans. The strong correlation between behavioral changes and the amount of CBI further support this idea;
6 those individuals adapting (delta between early and late adaptation) or storing (catch trial-adaptation) the new
7 locomotor pattern the most had the largest decrease of CBI.
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14 It is important to note that changes in the amount of inhibition of M1 via CBI are likely to be reflective of the
15 state of Purkinje cell excitability (Galea et al., 2009), but could also reflect changes anywhere along the
16 cerebellar-thalamo-cortical pathway. It is also important to note that the cerebellar-thalamo-cortical
17 connections may not be the only pathway utilized during locomotor adaptation. For instance, cerebellar
18 influences on brainstem motor pathways (i.e. vestibulospinal, reticulospinal) (Morton and Bastian, 2006) may
19 also be important for adapting this behavior. However, the possible participation of other circuits in mediating
20 the adaptation studied here in no way diminish the importance of the correlation found between the magnitude
21 of CBI and the degree of locomotor adaptation. Indeed, we replicated in a second group of healthy individuals
22 our main experimental findings demonstrating the robustness of the physiological and behavioral correlation.
23 M1 excitability, on the other hand, increased with split adaptation and tied random walking, but not with tied-
24 belt constant speed walking. These findings suggest that M1 changes are the result of complex motor
25 performance, similar to what has been observed in functional imaging studies, where more complex task
26 performance is associated with increased activation (Rao et al., 1993; Shibasaki et al., 1993). Similar
27 observations have also been made in a TMS study assessing performance of different complex hand tasks
28 (Tinazzi and Zanette, 1998). Interestingly, previous investigations have also shown an increase in M1
29 excitability associated with learning different upper or lower extremity tasks (i.e. piano sequence, wrist motions,
30 tracing with the foot), but no changes following passive training or repetition of non-skilled tasks (Pascual-
31 Leone et al., 1995; Lotze et al., 2003; Perez et al., 2004; Rosenkranz et al., 2007). However, since these studies
32 did not control for task performance complexity as a possible source of change in excitability, it remains an
33 open question whether the observed M1 changes were specific to task learning or increased task complexity.
34 The observed trend towards reduction of intracortical excitability in the split adaptation and tied random
35 sessions are likely related to strengthening the networks mediating complex task execution, rather than
36 mediating the acquisition of a new internal model, as only cerebellar excitability changes were specifically
37 found and correlated with adaptation to a new locomotor pattern. Indeed, modulation of SICI reflecting GABA
38 A neurotransmission (Ziemann et al., 1996; Ilic et al., 2002; Di Lazzaro et al., 2005a) is thought to be pivotal in
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3 M1 plasticity (Jacobs and Donoghue, 1991; Pascual-Leone et al., 1995; Bütefisch et al., 2000). Similar
4 reduction in SICI has also been observed in leg muscles following skilled training, but not un-skilled repetitive
5 movements (Perez et al., 2004) a finding consistent with our results showing no clear SICI changes following
6 regular tied-belt walking. These results suggest that during the performance of complex motor tasks reduction in
7 GABAergic inhibition may facilitate the strengthening of cortico-cortical connections.
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10 In contrast to SICI, intracortical facilitation did not change significantly following any of the three walking
11 tasks. ICF is known to be significantly weaker following tonic contraction than at rest (Ridding et al., 1995).
12 Thus, it is possible that subtle changes in facilitatory circuitry were masked by the muscle contraction required
13 during testing. Alternatively, it is possible that ICF does not reflect crucial changes related to motor
14 performance or adaptation, as suggested by others (Perez et al., 2004). In addition, it is possible that unlike
15 Oliveri et al. who found changes in ICF after cerebellar inhibition with repetitive TMS (Oliveri et al., 2005), we
16 did not find these changes due to our choice of measuring ICF at a 12msec interstimulus interval rather than
17 15msec. Finally, it is also possible that the lack of significant difference was due to small sample size.
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21 To our knowledge, this is the first time that CBI and its changes relative to motor behavior are reported for leg
22 muscles. We used a similar approach to study the leg cerebellar representation as has been previously done for
23 the hand. It should be noted that the leg representation is located immediately anterior to the hand (ref
24 Diedrichsen?). Therefore, some methodological issues of this study need to be considered. First, we used a
25 double cone coil to ensure that we reached the deeper leg representation. Second, in three subjects we could not
26 elicit brainstem MEPs in any of the three sessions. While not ideal, the consistency within each subject should
27 not produce the confound of changed excitability across sessions. Third, one of the main reasons to search for
28 brainstem MEPs is to avoid concerns of stimulating directly the corticospinal tract or other possible brainstem
29 pathways during cerebellar conditioning stimulation (Fisher et al., 2009; Ugawa 2009). Thus, it is unlikely that
30 other brainstem structures were stimulated when assessing CBI because we used intensities below brainstem
31 threshold and in few subjects we could not even elicit brainstem MEPs. Fourth, we found that our CBI
32 assessments were stable in 2 conditions (tied-walk and random-tied) and only changed after adaptation of split-
33 belt walking, a behaviorally specific effect. Thus, it is unlikely that the nature of inhibition (or lack of it)
34 originated from non-specific mechanisms, such as skin afferents from the neck (Gerschlagler et al., 2002) or
35 direct activation of the corticospinal tract (Fisher et al., 2009). Fifth, in this study we could not use a
36 neuronavigational system. Due to this limitation, we went to great lengths to mark the coil position on the scalp
37 of each subject using techniques that were used preceding the widespread use of neuronavigation technology.
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3 The data suggest that we did not introduce a consistent bias in coil position, since we had stable MEPs and CBI
4 assessments as mentioned above. Nonetheless, any potential variability due to coil localization should have
5 affected the 3 behavioral conditions equally.
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10 Our results have important ramifications for understanding neural mechanisms that may be involved in, or
11 facilitate rehabilitation. Strategies that promote and enhance adaptive learning and retention are of considerable
12 interest. The strong relationship between inhibition of cerebellar outputs and adaptation of a complex behavior
13 suggest that this mechanism may be useful for individuals with damage outside the cerebellum. Indeed, our
14 prior work has shown that while cerebellar damage impairs adaptive changes in split-belt locomotion (Morton
15 and Bastian, 2006), cerebral damage may not (Reisman et al., 2007). Individuals with cerebral damage can
16 show learned after-effects that improve the symmetry of stepping (Reisman et al., 2007), which is compelling
17 evidence that their compromised nervous systems are still able to learn a “normal” pattern of movement. Those
18 results combined with those of the current study suggest that the cerebellum may be an ideal site to stimulate
19 non-invasively during adaptive learning. As such, we have recently showed that transcranial direct current
20 stimulation is also capable of modulating cerebellar excitability (Galea et al., 2009), suggesting that this strategy
21 is plausible. In sum, understanding the neurophysiological underpinnings of motor adaptation will allow the
22 rational application of brain stimulation interventions to improve behavioral gains in patients with neurological
23 conditions.
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Figure captions

Figure 1 The figure shows the schematic representations of the experimental setup. Subjects participated in 3 different sessions. TMS measures were obtained before and after subjects walked in a split-belt treadmill with (A) belts moving at different speeds where the fast leg (grey line) moves 3 times faster than the slow leg (black line), split adaptation, (B) both belts moving at the same speed but with unpredictable speed changes, tied random, and (C) both belts moving at the same constant speed, tied constant. In the split adaptation session, symmetry was assessed at 2 different baseline speeds. Ten minutes into adaptation, a catch trial consisting of tying the belts at the same slow speed was introduced for 10s. After this subjects returned to the split adaptation condition for another 5min. (D) Representation of the TMS coils and positions used for the different excitability measures over the left leg representation of the primary motor cortex (M1; motor evoked potentials threshold and amplitude, MEP; short intracortical inhibition, SICI; intracortical facilitation, ICF) and over the right cerebellar cortex (cerebellar-brain inhibition, CBI). (E) Schematic representation of the CBI pathway and assessment. A conditioning TMS pulse is delivered over the right cerebellar hemisphere 5ms prior to a test pulse applied over the left M1. MEP amplitudes are recorded from the right tibialis anterior muscle during minimal muscle contraction.

Figure 2. Each graph shows single subject behavioral data describing the step length symmetry of sequential strides in each condition. (A) The rectangular dotted area demonstrates the step symmetry during the catch trial after 10 minutes of split adaptation; this reflects retention of the new locomotor pattern. (B) Note that during the tied random condition asymmetric steps were present. These occurred when there were transitions between speeds. (C) During the tied constant condition there is little variability in step symmetry. (D) Group data showing the step symmetry variance during each condition. Please note that variance during split adaptation and tied random conditions were similar and higher than tied constant condition. * $p < 0.05$.

Figure 3. The figure shows representative EMG traces depicting MEPs before and after performance of the behavioral tasks during test stimulation only (Test, TMS over M1, grey line) and cerebellar-brain inhibition assessment (CBI, conditioning pulse over right cerebellum and test pulse over left M1, black line). Please note the presence of cerebellar inhibition in all conditions at baseline (CBI MEP amplitudes are smaller than the Test M1 amplitudes) that is only reduced after split adaptation (CBI and Test amplitudes are similar), but not in tied constant and tied random conditions.

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3 **Figure 4.** (A) The histogram shows the mean CBI amplitudes during pre (white) and post (black) performance
4 under the different behavioral conditions relative to test (100%). Please note the significant reduction of CBI
5 only after split-adaptation but not in the other conditions. * $p < 0.01$. (B) The mean step-symmetry during the
6 catch trial, a measure indicative of retention of the new locomotor pattern, was strongly correlated with the
7 reduction in CBI, where subjects that learned more had greater reductions in CBI ($r = 0.78$). (C) The magnitude
8 of adaptation, a variable that reflects storing of the new pattern and calculated as the step symmetry delta from
9 the beginning of adaptation to the end, was also strongly correlated with the reduction in CBI ($r = 0.84$). Please
10 note that open circles represent the 9 subjects that participated in the main crossover designed study. Black
11 circles represent the 6 subjects who took part in the additional split adaptation session only.

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19 **Figure 5.** The histograms show measures of M1 excitability: MEP amplitude in millivolts (mV, A), short
20 intracortical inhibition (SICI, B) and intracortical facilitation (ICF, C). The latter two are calculated as the ratio
21 of the MEP amplitudes of conditioned over test MEP times 100, and expressed relative to the test MEP (100%).
22 MEP amplitudes increased significantly (* $p < 0.05$). Intracortical inhibition had a strong trend towards
23 significant reduction (ANOVA_{RM} $p = 0.06$) following split adaptation and tied random only, as demonstrated by
24 exploratory posthoc t-Tests (** $p < 0.05$). There were no significant changes in ICF.
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Table 1. Excitability values before (pre) and after (post) performance of the different locomotor tasks.

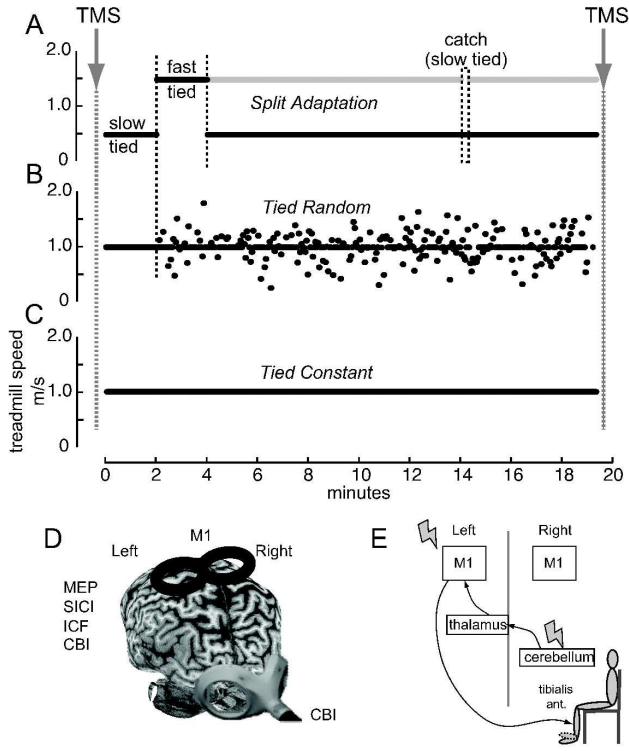
SESSION	Split Adaptation		Tied Random		Tied Constant		ANOVA _{RM}			Post-Hoc (pre to post)		
TIME	Pre	Post	Pre	Post	Pre	Post	TIME (pre, post)	SESSION	TIME x SESSION	Split-adapt	Tied-random	Tied-belt
Cerebellar Excitability												

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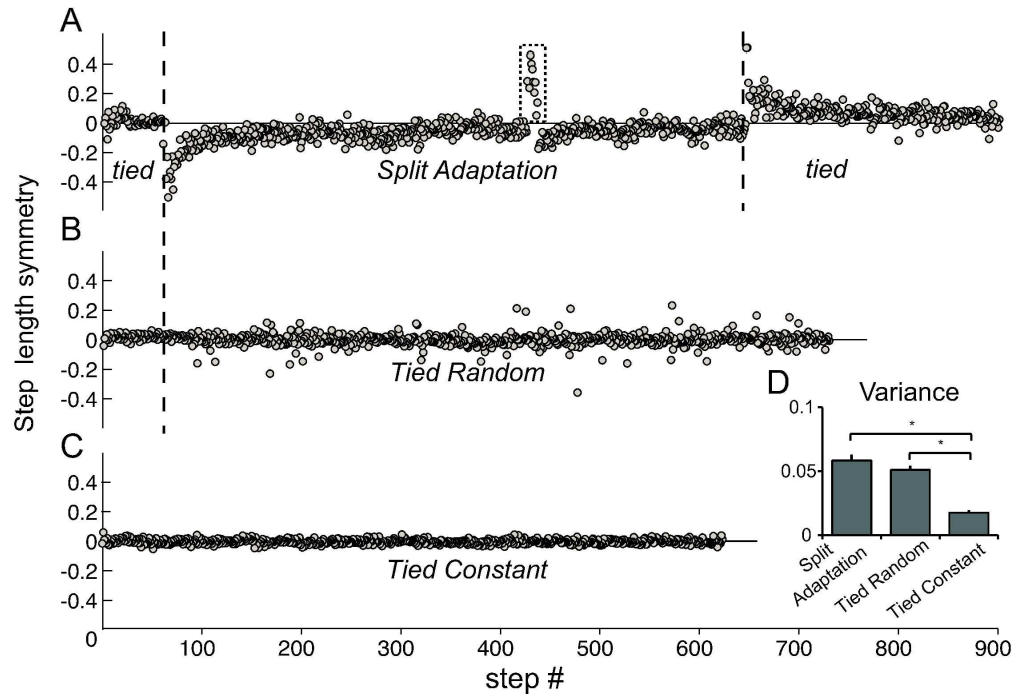
1	CBI (%)	78.1 ± 4.4	100.1 ± 6.2	70.1 ± 4.3	72.4 ± 5.8	82.1 ± 3.0	85.7 ± 3.8	$F_{(1,16)} = 10.8$	$F_{(2,16)} = 4.0$	$F_{(2,16)} = 7.7$	$t_{(8)} = -3.6$	$t_{(8)} = -0.9$	$t_{(8)} = 0.04$
2													
3								$p = 0.011$	$p = 0.039$	$p = 0.005$	$p = 0.007$	$p = 0.40$	$p = 0.97$
4													
5	TS MEP	1.43 ± 0.18	1.43 ± 0.17	1.53 ± 0.23	1.66 ± 0.22	1.25 ± 0.31	1.21 ± 0.23	$F_{(1,16)} = 0.4$	$F_{(2,16)} = 0.8$	$F_{(2,16)} = 1.1$	-	-	-
6													
7	(mV)							$p = 0.56$	$p = 0.42$	$p = 0.36$			
8													
9	M1												
10	Excitability												
11	aMT (%)	55	53	56	55	54	54	$F_{(1,16)} = 0.13$	$F_{(2,16)} =$	$F_{(2,16)} = 0.23$	-	-	-
12													
13								$p = 0.878$	0.26	$p = 0.80$			
14													
15									$p = 0.77$				
16													
17	MEP (mV)	0.93 ± 0.2	1.2 ± 0.2	1.1 ± 0.1	1.4 ± 0.2	1.0 ± 0.13	1.0 ± 0.11	$F_{(1,16)} = 25.2$	$F_{(2,16)} = 1.4$	$F_{(2,16)} = 6.1$	$t_{(8)} = -4.9$	$t_{(8)} = -5.38$	$t_{(8)} = 0.23$
18													
19								$p = 0.001$	$p = 0.29$	$p = 0.01$	$p = 0.001$	$p = 0.001$	$p = 0.82$
20													
21	SICI (%)	77.4 ± 6.5	100.2 ± 6.0	78.3 ± 4.9	101.5 ± 11.5	82.5 ± 2.9	83.9 ± 2.3	$F_{(1,14)} = 16.9$	$F_{(2,12)} =$	$F_{(2,12)} = 3.3$	$t_{(7)} = -2.8$	$t_{(7)} = -3.04$	$t_{(7)} = -0.005$
22													
23								$p = 0.004$	0.26	$p = 0.06$	$p = 0.016$	$p = 0.025$	$p = 0.996$
24													
25									$p = 0.78$				
26													
27	ICF (%)	148.9 ± 25.8	116 ± 8.3	117.8 ± 9.2	120.6 ± 10.3	141.7 ± 14.1	125.8 ± 9.3	$F_{(1,8)} = 4.8,$	$F_{(2,8)} = 5.4$	$F_{(2,8)} = 2.9$	-	-	-
28													
29								$p = 0.09$	$p = 0.03$	$p = 0.099$			
30													

Cerebellar brain inhibition (CBI), short intracortical inhibition (SICI) and intracortical facilitation (ICF) are presented as percent of the conditioned plus test stimuli (CS+TS) of the test stimulation over M1 alone. The test stimulus intensity during CBI measures was adjusted to maintain similar motor evoked potential amplitudes (TS MEP). MEP amplitudes from M1 were obtained separately from the SICI and ICF measures. Active motor threshold (aMT) units represent the percent of the stimulator output. Post hoc values were calculated using paired t-Test.

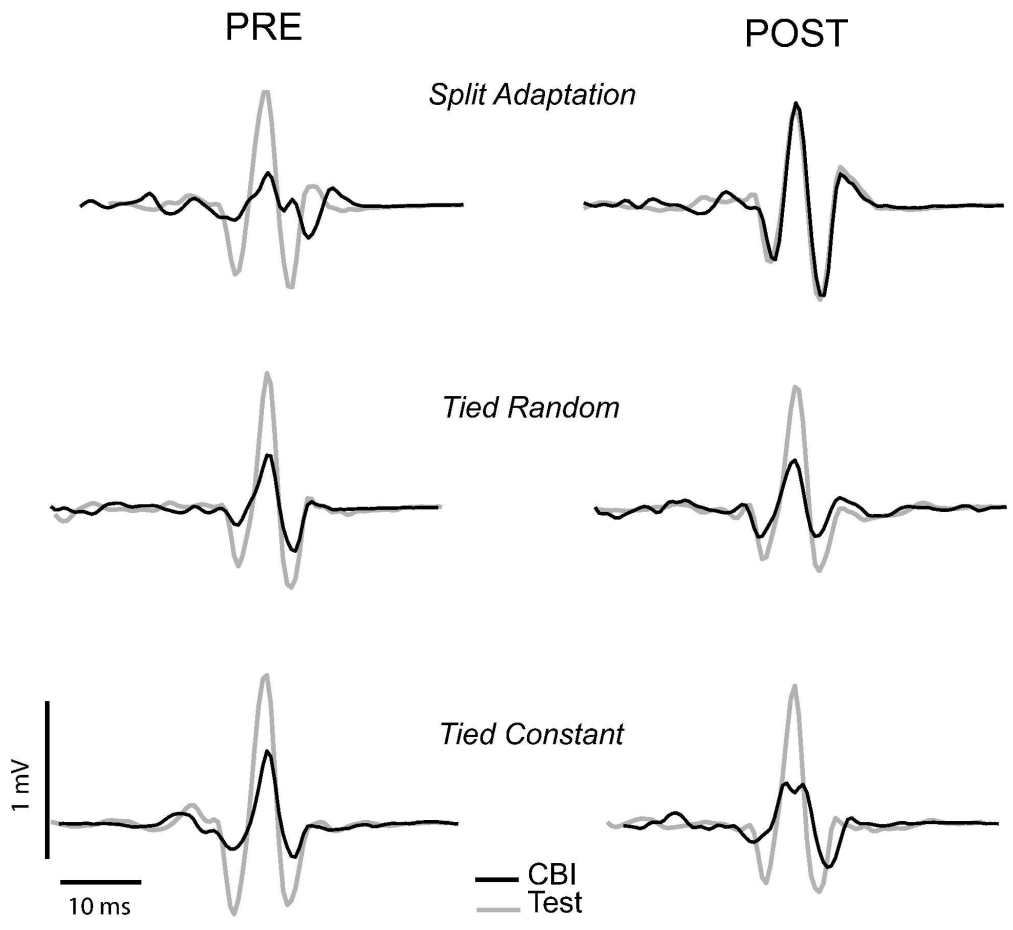
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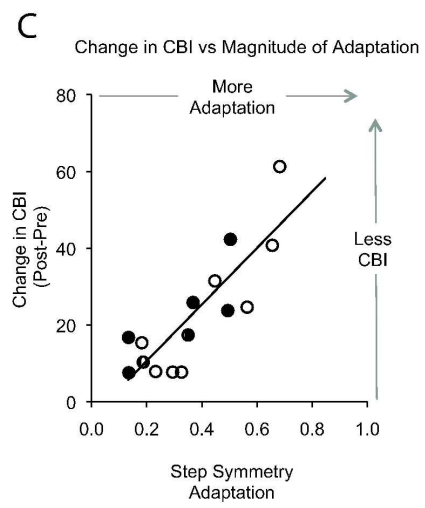
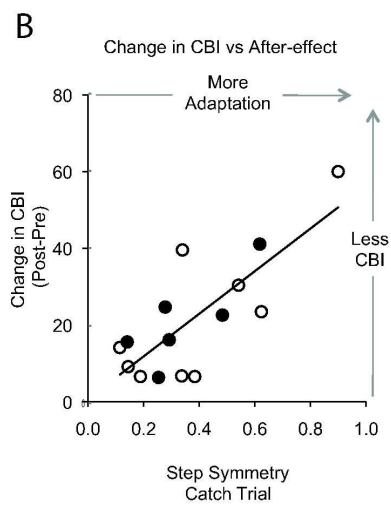
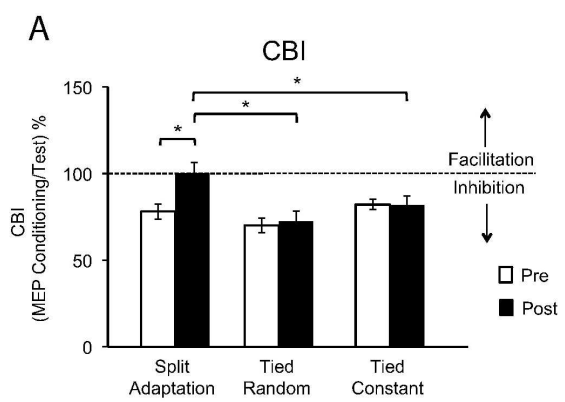
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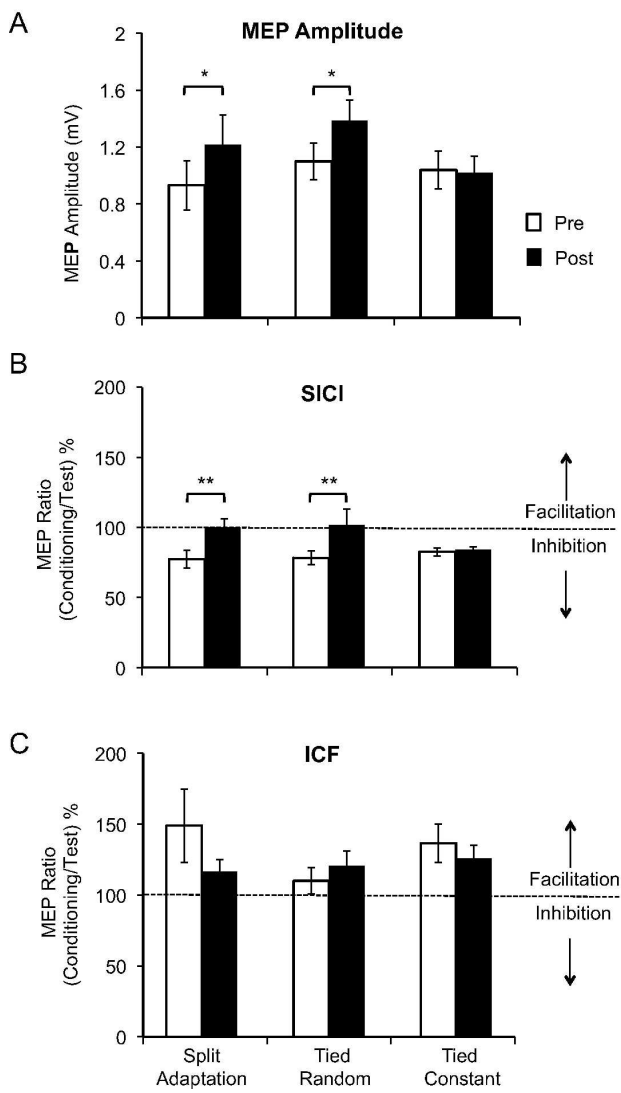
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222x243mm (600 x 600 DPI)