## How do you choose an appropriate electrotherapeutic current for a motor deficit? Voluntary muscle activation disorders Central nervous system may result from injury to (CNS) Peripheral nervous system Musculoskeletal system may cause may cause including Apraxia Incoordination Denervation Spasticity Soft tissue damage Muscular system treated by (tendons/ligaments/capsule) which can be Functional movements may cause Pathological synergy Control disorder rehabilitation Partial (agonist/antagonist) Total Muscle reflex inhibition by pain may be treated by Muscle weakness Muscle injury may be treated by may be treated by Complete Incomplete may be treated by movement against gravity movement Recruitment of the antagonist Inhibition of the agonist against gravity muscle Conventional Monophasic (of the spastic muscle) (spastic muscle) neuromuscular rectangular wave stimulation Nervous recruitment Monophasic Monophasic through triangular wave rectangular wave to recruit when adapted due to Mechanical vibration to function of the agonist muscle 20 passive contractions Nerve motor Muscular 40 active contractions point Pulse duration: duration of the rectangular/triangular impulsion Neurostimulation **Functional Electrical** Large area Mechanical vibration at or beyond the threshold of accommodation Deep muscles Stimulation of the antagonist Rest: 5000 ms of the antagonist muscle muscle Monophasic rectangular wave Superficial muscles Large muscle volume Small muscle or midplane large muscle Small muscle Activation of reciprocal Large muscles Small muscle inhibition on the agonist (spastic) muscle recruited by recruited by recruited by treated with treated with recruited with recruited with High voltage Bipolar Monopolar Russian current Bipolar (origin/insertion) (pencil electrode) (motor points) Conventional neuromuscular stimulation Pencil electrode ENDURANCE Strength Frequency: 50 Hz ON/OFF 1:5 Frequency: 20 Hz ON/OFF 1:2