Transcranial Magnetic Stimulation & Task Oriented Therapy

Non-Invasive Brain Stimulation and Human Motor Control Laboratory
Location: Burke Medical Research Institute (Building #1)

Dr. Dylan Edwards, PhD, Director- Non-Invasive Brain Stimulation & Human Motor Control Lab and Chief Executive Officer of The Restorative Neurology Clinic at Burke. Email: dje2002@med.cornell.edu

Zoe Tsagaris, MS, OTR/L- Study Coordinator and Clinical Research Therapist.
Phone: 914-597-2153; Email: kzt3001@med.cornell.edu

What Do We Do?

A trained therapist will deliver a 6 week (18 sessions) Occupational Therapy program for patients with upper extremity weakness/paresis, as a result of a stroke. Therapy sessions will be individualized to address each participant’s desired goals for recovery. Upon completion of the therapy program, follow-up assessments of function will be conducted at 1 week, 1 month, 3 months, and 6 months upon completion of the therapy program.

What Type of Brain Stimulation Will I Receive?

Transcranial Magnetic Stimulation (TMS) will be delivered by a specially trained professional.

TMS is a non-invasive technique that works by using a magnetic coil that when held over head, can change nerve cell activity over the surface of the brain. The stimulation creates a weak electrical current in the brain similar to when you voluntarily move a muscle. When applied repetitively, the stimulation can be used to excite or inhibit the activity of targeted neurons over time. An MRI is used to guide stimulation to ensure localized, specific treatment is delivered.

Please note: Everyone receives one on one therapy. Two out of three participants will receive active TMS and one in three will receive placebo TMS.

What Should I Expect at Each Treatment?

- Discussion with investigator regarding any changes in medical status, medications, or unusual symptoms since previous visit.
- 20 minutes of pre-functional, therapeutic activities
- 30 minutes of TMS treatment
- 60 minutes of Occupational Therapy

How Do Patients Qualify for this Study?

If you are 18+ years of age, have had a hemorrhagic or ischemic stroke suffered 3-12 months prior to the start of the study, have no other brain abnormalities by history, and experience one-sided stroke resulting in upper extremity paresis then you may qualify for the study.
How Much Does It Cost?

*FREE OF CHARGE*

Will I Receive Financial Compensation for my Time?

Participants will be compensated $240 for completing 24 visits of the study ($10 per visit). Following the final visit (6-month follow up), you will be given a one-time payment of $100 paid by check.

How Do I Enroll?

Completed packets can be mailed to:
Burke Medical Research Institute
Attn: Zoe Tsagaris/Nexstim
785 Mamaroneck Avenue
Building #1, Room H107
White Plains, NY 10605
OR Fax: 914-368-3117 Email: kzt3001@med.cornell.edu

*All patients can contact Zoe Tsagaris (contact info. listed above) with specific questions regarding the study or enrollment.

Timeline of Study

- Visit 1: Screening Visit – Determine if patient meets study requirements.
- Visit 2: Baseline Assessment – Evaluation of patient’s current level of function.
- Visit 3-20: TMS & Occupational Therapy (OT)
- Visit 21: End of OT. Assessment of functional progress made over course of treatment. Will take place 5-10 days after the last treatment session.
- Visit 22: Assessment of functional progress made since previous visit. Will take place 1 month following treatment.
- Visit 23: Assessment of functional progress made since previous visit. Will take place 3 months following treatment.
- Visit 24: Assessment of functional progress made since previous visit. Will take place 6 months following treatment.

If you are a stroke survivor, or know someone who has had a stroke, but do not qualify for this study, we ask that you still complete and send us your information. We offer other programs that you or someone you know may be eligible for.

Thank you!

V. 2- Sept 2014
PATIENT DEMOGRAPHIC INFORMATION

Patient Name: Address: Phone:

DOB/Age: Medical Record/ID #: Emergency Contact:

Please check off the following:
Are you a Veteran? ___ Yes ___ No
Handedness: ___ Right ___ Left
Body weakness: ___ Right ___ Left
Stroke Type: ___ Ischemic (Blood Clot) ___ Hemorrhagic
Stroke Date: ____________ Stroke Number: ___
Lesion location (if known): ___ Cortical ___ Subcortical ___ Mixed ___ Other

Admission Date to Clinical Trial:

Co-Morbid Diseases/Pertinent Medical Conditions:

Pharmacological Treatment/Medication: (Please list or provide a copy)

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<td>Current Alcohol Use</td>
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<td>Diabetes Type I or II</td>
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<td>Previous Stroke or TIA</td>
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<td>History of Seizure</td>
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<td>Injection of Phenol in Affected Upper Limb in the last 6 months</td>
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<td>Currently Receiving Physical, Speech, and/or Occupational Therapy Services</td>
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Diagnostic Testing (please circle one): CT Scan MRI Other
Transcranial Magnetic Stimulation (TMS) Screening Questionnaire

Participant Initials: ____________  Date: __/__/_____

Have you ever:

- Had TMS before?  ___ Yes  ___ No
- Had an adverse reaction to TMS?  ___ Yes  ___ No
- Had a seizure?  ___ Yes  ___ No
- Does anyone in your family have epilepsy?  ___ Yes  ___ No
- Had an unexplained loss of consciousness?  ___ Yes  ___ No
- Had a serious head injury?  ___ Yes  ___ No
- Had any other brain related, neurological illnesses?  ___ Yes  ___ No
- Do you suffer from frequent or severe headaches?  ___ Yes  ___ No
- Do you have any metal in your head (outside the mouth)?
  Ex: shrapnel, surgical clips, or fragments from welding  ___ Yes  ___ No
- Do you have any implanted medical devices?
  Ex: cardiac pacemakers or medical pumps  ___ Yes  ___ No

For any "Yes" responses, please provide detailed information below:

______________________________
Subject Signature  Date: __/__/_____

______________________________
Investigator Signature  Date: __/__/_____