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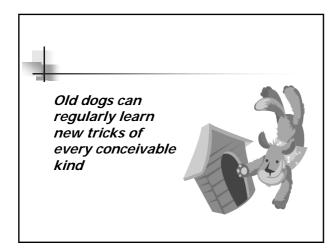
- What is Neuroplasticity?
- What parts of the brain have plasticity?
- Nature or Nurture?
- How does Neuroplasticity work?
- Does it help me learn or remember?
- Damaged or disabled, can it help?
- Can't last forever can it?
- The future & how it influences rehabilitation

What is Neuroplasticity?

- Brain's ability to process varied information & complex new experiences & to act & react in ever changing ways
- ~100 billion neurons constantly lay down new pathways for neural communication and to rearrange existing ones throughout life
- thereby aiding the processes of learning, memory and adaptation through new experience

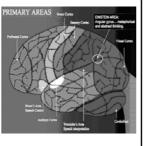
Without the ability to make functional changes.....

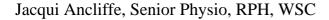
- Memorise a new fact
- Master a new skill
- Form a new memory
- Adjust to a new environment
- Recover from brain injuries
- Overcome cognitive disabilities



What parts of the brain have plasticity?

- Happens wherever neuro-processing occurs during a lifetime.
- Different structures & cells throughout the brain





Nature/Nurture debate

- Genetics New born brain flooded with new information
- receives input via sensory organs
 neurons send the information to the part of the brain best equipped to handle it
- each neuron must know something about the proper neural pathways to send information.

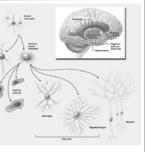


New born mental roadmap

 Each neuron develops an axon to send info & many dendrites to receive info – synapse

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 Basic directions for neurons to follow – roadmap & built major highways between the functional areas of the brain.



Nature / Nurture debate

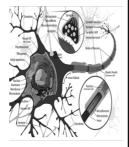
Environment

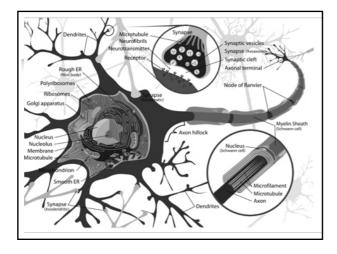
- Key role in forging a much denser, more complex network of interconnections – always under construction making transfer of information between neurons efficient & rich in situation specific detail.
- At birth, each neuron has approx
 2,500 connections by 2 or 3 15,000
 synapses declined by adulthood
 (ineffective or unused lost)

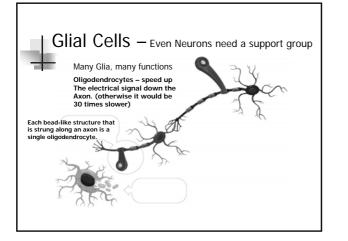


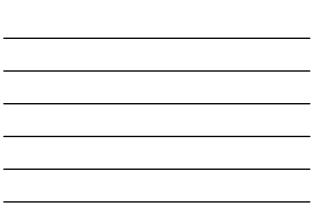
How does it work?

- Can delete old connections as fast as it creates new ones – synaptic pruning
- Neurons that are highly routed are preserved, strengthened & denser
- New skills require large collections of neurons to activate simultaneously
- More neurons activated the better we learn

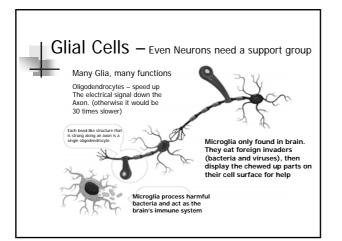




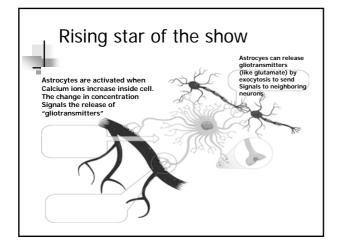




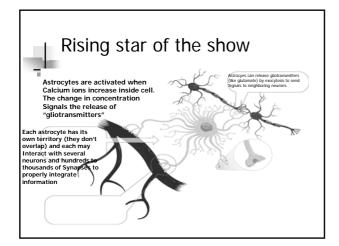
Jacqui Ancliffe, Senior Physio, RPH, WSC



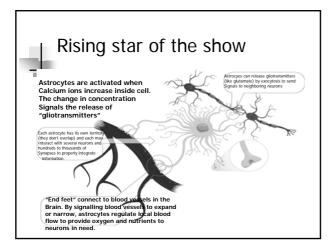




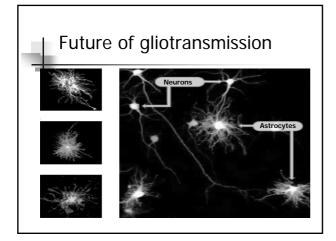












Future of gliotransmission

Evidence that astrocytes can alter how a neuron is built by directing where to make synapses or dendritic spines.

They can attract new cells to their territory (like immune cells & perhaps even adult stem cells) to repair any damage

Does it help me learn & remember?

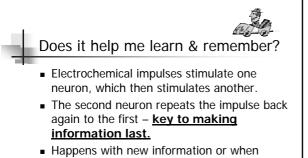
 New experience or novel information

Alteration of the structure of existing neuronal connections (makes them > efficient) OR forms brand new connections between neurons (↑ in synaptic density)

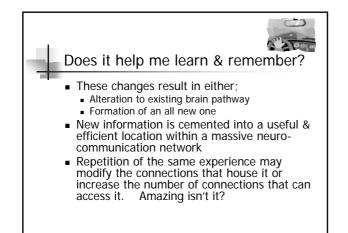
Enters short term memory (chemical & electrical process – synaptic transmission)

Deeper & more lasting structural changes are the result of pruning & routing





 Happens with new information or when experience is repeated often – 'neural echo' – leads to structural change that hard wire neural pathway of the brain



Damaged or disabled?

- Allows the brain to rebuild connections
- Allows us to compensate for irreparably damaged or dysfunctional neural pathways by strengthening or rerouting remaining ones.

Damaged or disabled?

- Functional map expansion healthy cells change shape & function to perform tasks by now damaged ones.
- Compensatory masquerade reorganise existing synaptic pathways to allow already constructed pathways close to damaged area respond to body's demands caused by loss of function in another area.

Damaged or disabled?

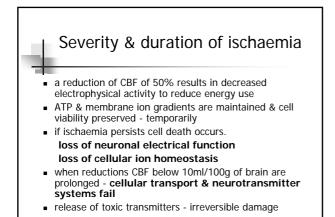
- Homologous region adoption allows one entire brain to take over the functions from another distant brain area
- Cross model reassignment allows replacement of one type of sensation to entirely replace another one eg Braille touch replaces vision in the brain

Metabolic effects of brain injury

- cerebral metabolism -1 demand for energy & uses glucose as its sole substrate
- neurons needs constant supply of ATP to maintain their integrity

keep K+ in & Ca2+ + Na+ out

- constant supply of oxygenated blood
- CBF is a measure of metabolism
- infarct is associated with reduced metabolic demand & low CBF
- low flow means a non functioning brain



Ischaemic Cerebral Oedema

- in minutes of onset of ischaemia cytotoxic cerebral oedema occurs as the result of cell membrane damage accumulation of water
 cortex & subcortex, grey > white
- after several days, breakdown of the blood brain barrier leads to vasogenic oedema - plasma constituents enter the brain extracellular space
 - white > grey
- fluid volume peaks 7 10 days & can remain detectable for 1/12

Ischaemic Penumbra

- \downarrow in CBF reaches critical threshold electrical activity is suppressed
- Further \downarrow in CBF another threshold is reached & critical cellular activity begins to break down
- Cells falling between these two thresholds make up the

"ischaemic penumbra" -not functioning but alive

Regeneration of CNS

- Positive influences adhesion molecules growth factors (GAP 43)
- Negative influences inhibitory molecules - paralysis of growth cones associated with CNS myelin & glial scar

Can't last forever... can it?

 The brain 'garden' never ceases being pruned and newly planted. It's an ongoing process of synaptic reformation and death – giving the brain it's

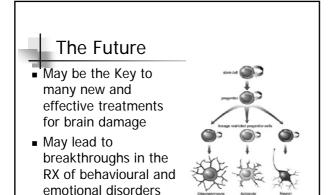
- ability to learn & remember
 to adapt to it's environment + challenges
- Acquire new knowledge & learn from fresh experiences.



Can't last forever... can it?

- The human brain can generate new brain <u>CELLS</u>
- New neurons can develop late into the life span to 70 yrs or more.
 <u>Use it or lose it</u>
- Stimulations and new experiences challenge the brain + exposure to what it already knows enables the brain better to retain adaptive flexibility, regenerative flexibility & capacity & remarkable efficiency through out life

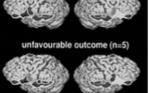


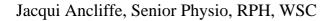


Plasticity & rehabilitation?



- Start early
- Intensity of Rx
- Task specific
- Goal directed
- Error free





Inpatient rehabilitation

Bed mobility Transfers Walking Dressing Feeding Activities Assist in the movement Don't allow compensation Practice, practice, practice Set common goals with patient & team

More on plasticity

 Theoretical basis for brain plasticity after a TBI Paul Bach-Y-Rita

Brain Injury, vol 17(8) 2003, 643-651