MyndMove

Redefining NeuroRehab

MyndMove™ is a non-invasive functional electrical stimulation (FES) therapy designed for patients with upper-limb paralysis following stroke or spinal cord injury. MyndMove™ therapy delivers significant lasting voluntary upper extremity function to maximize independence and enhance the quality of life.

MyndMove™ FES therapy has 8 channels and over 30 embedded protocols that allow clinicians to stimulate natural, purposeful, functional movements in patients. This dynamic therapy can treat the whole arm from shoulder to fingers. Combinations of reaching & grasping include:

- Lateral pinch
- Pinch grasp
- Palmar grasp
- Tripod grasp
- Lumbrical grasp
- Bilateral grasp
- Forward reach
- Side reach

The unique waveform shape and stimulation parameters generated by our proprietary device make the FES treatment well tolerated. Robust muscle contractions can be obtained with less power resulting in greater comfort for the patient and enhanced compliance.

MyndMove™ was developed based on a culmination of over a decade of laboratory and clinical research led by Dr. Milos R. Popovic, Director of the KITE Research Institute, Toronto Rehabilitation Institute-University Health Network and professor at University of Toronto, Canada.

Randomized Controlled Trials

(See reverse side)

Clinical Evidence

The randomized controlled trials (RCT) examined the effect of FES therapy using the MyndMove™ protocols. These trials demonstrated significant and lasting recovery of voluntary arm and hand movement. Patients participating in these trials represented those with some of the most severe deficits in motor function.

The effectiveness of MyndMove™ to improve arm and hand function have been studied in:

- individuals with C3-C7 incomplete SCI
- individuals with severe hemiplegia due to stroke

RCT: Stroke Rehabilitation

Design: Patients with severe upper extremity paralysis underwent 1-hour sessions of FES therapy (MyndMove™) or Conventional Occupational Therapy (Control) for 5 days a week for 12-16 weeks.

Results: MyndMove™ FES group improved significantly more than patients undergoing conventional occupational therapy for the same timeframe in: object manipulation, Barthel Index, Self-Care Functional Independence Measure (pictured), and Upper Extremity Fugl-Meyer scores.

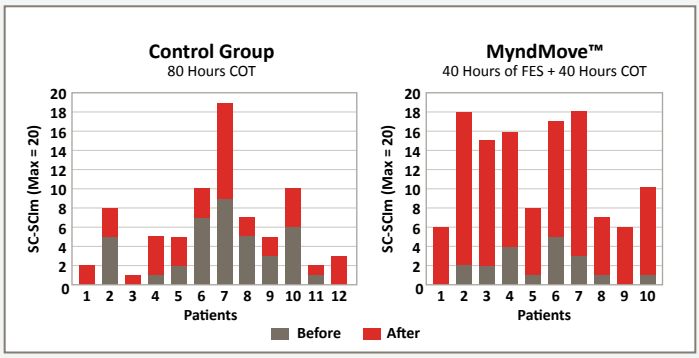
Self Care/ FIM Range	CONTROL (n=11)		MyndMove™ (n=10)	
	Before	After	Before	After
31-42				
21-30				
11-20				
6-30				

1. *Thrasher T.A. et al. Neurorehabilitation and Neural Repair. 2008;22(6):706-713.*
2. *Màrquez-Chin C. et al. Canadian Journal of Occupational Therapy. 2017;84(2):87-97.*

RCT: SCI Rehabilitation

Design: Patients underwent 40 hours of FES therapy (MyndMove™) + 40 hours of Conventional Occupational Therapy (COT) or 80 hours of COT (Control) for 5 days a week for 8 weeks.

Results: MyndMove™ FES group improved significantly more than patients in the conventional occupational therapy group in self-care SCIM scores. Studies have demonstrated that FES therapy using MyndMove™ protocols can lead to the lasting recovery of upper extremity function.



1. *Popovic M.R. et al. Neurorehabilitation and Neural Repair. 2011;25(5):433-442.*
2. *Kapadia N. et al. The Journal of Spinal Cord Medicine. 2014;37(6):734-743.*

Indications For Use

Functional Electrical Stimulation (FES)

Improvement of arm and hand function and active range of motion in patients with hemiplegia due to stroke or upper limb paralysis due to C3-TI spinal cord injury.

Neuromuscular Electrical Stimulation (NMES)

Maintenance and/or increase of arm and hand range of motion; prevention and/or retardation of disuse atrophy; increase in local blood circulation; reduction of muscle spasm; and re-education of muscles.

www.myndtec.com
1-888-363-0581 (Toll Free)
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Health Canada Approved | Santé Canada a Approuvé

FDA CLEARED