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MOTOR IMAGERY BEYOND THE MOTOR REPERTOIRE: ACTIVITY IN THE PRIMARY VISUAL CORTEX DURING KINESTHETIC MOTOR IMAGERY OF DIFFICULT WHOLE BODY MOVEMENTS

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Abstract—To elucidate the neural substrate associated with 8 capabilities for kinesthetic motor imagery of difficult wholebody movements, we measured brain activity during a trial involving both kinesthetic motor imagery and action observation as well as during a trial with action observation alone. Brain activity was assessed with functional magnetic resonance imaging (fMRI). Nineteen participants imagined three types of whole-body movements with the horizontal bar: the giant swing, kip, and chin-up during action observation. No participant had previously tried to perform the giant swing. The vividness of kinesthetic motor imagery as assessed by questionnaire was highest for the chin-up, less for the kip and lowest for the giant swing. Activity in the primary visual cortex (V1) during kinesthetic motor imagery with action observation minus that during action observation alone was significantly greater in the giant swing condition than in the chin-up condition within participants. Across participants, V1 activity of kinesthetic motor imagery of the kip during action observation minus that during action observation alone was negatively correlated with vividness of the kip imagery. These results suggest that activity in V1 is dependent upon the capability of kinesthetic motor imagery for difficult whole-body movements. Since V1 activity is likely related to the creation of a visual image, we speculate that visual motor imagery is recruited unintentionally for the less vivid kinesthetic motor imagery of difficult whole-body movements. © 2015 The Authors. Published by Elsevier Ltd. on behalf of IBRO. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/ licenses/by-nc-nd/4.0/).

Key words: Brodmann's area 17, visual imagery, FMRI, action observation.

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INTRODUCTION

Motor imagery is defined as the mental execution of an action without any overt movement or muscle activation (Jeannerod, 2001). Motor imagery training has been shown to be effective for improving motor skills (Feltz and Landers, 1983; Pascual-Leone et al., 1995; Allami et al., 2008), and is widely used in sports as well as for the recovery of function following motor impairment (Lotze and Halsband, 2006; Mizuguchi et al., 2012). Since the effect of motor imagery training is dependent upon a person's capability for motor imagery (Isaac, 1992; Mulder et al., 2004), evaluation of motor imagery capability is an important aspect in the prediction of the efficacy of training effects.

It has been suggested that the capability of motor 24 imagery of hand movement is associated with the 25 intensity of activity in the premotor cortex (PM) (Guillot 26 et al., 2008). Studies using transcranial magnetic stimula-27 tion (TMS) also support this finding: Enhancement of cor-28 ticospinal excitability is correlated with the vividness of 29 motor imagery of hand movements (Lebon et al., 2012; 30 Williams et al., 2012). Previous studies suggest that brain 31 activity during motor imagery of difficult, complex whole-32 body movements is different from that of hand move-33 ments (Szameitat et al., 2007; Olsson et al., 2008; Wei 34 and Luo, 2010). For example, the supplementary motor 35 area (SMA) was activated during motor imagery of hand 36 movements (Kuhtz-Buschbeck et al., 2003; Lacourse 37 et al., 2005), and was not activated during motor imagery 38 of a high jump in novices (Olsson et al., 2008). Also, while 39 many TMS studies have demonstrated that the amplitude 40 of motor-evoked potentials increase during motor imagery 41 of hand movements (Fadiga et al., 1999; Mizuguchi et al., 42 2009, 2013a,b), this increase has not been observed dur-43 ing motor imagery of complex whole-body movements 44 such as tennis in novices (Fourkas et al., 2008). Thus, if 45 a person lacks a motor representation for a difficult 46 whole-body movement, he/she would not be able to 47 recruit motor-related regions during motor imagery. 48

Motor imagery can be divided into two categories: 49 kinesthetic motor imagery and visual motor imagery 50 (Roberts et al., 2008; Guillot et al., 2009). A previous 51 study suggested that visual motor imagery was easier to 52 create than kinesthetic motor imagery (Guillot et al., 53 2004). Interestingly, visual areas were activated during 54 motor imagery of a high jump in novices even when they 55 were asked to "feel" the high jump rather than "see" it 56

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Abbreviations: BA, Brodmann's area; BCI, brain computer interface; BOLD, blood oxygenation level dependent; fMRI, functional magnetic resonance imaging; IPL, inferior parietal lobule; PM, premotor cortex; SMA, supplemental motor area; SPL, superior parietal lobule; TMS, transcranial magnetic stimulation; V5, visual area 5; VMIQ, Vividness of Movement Imagery Questionnaire.

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(Olsson et al., 2008). Based on this result, we hypothe-57 size that visual motor imagery is recruited unintentionally 58 during awkward types of kinesthetic motor imagery. To 59 test this hypothesis, we analyzed brain activity during 60 kinesthetic motor imagery of difficult whole-body move-61 ments and focused our analysis on brain areas known 62 to be activated during visual motor imagery. We also eval-63 64 uated how the observed activity was related to the participants' overall capability for kinesthetic motor imagery. 65 We used the giant swing, the kip and the chin-up. The 66 giant swing represented a novel, particularly difficult 67 whole-body movement that none of the participants had 68 69 attempted to perform.

EXPERIMENTAL PROCEDURES

Participants 71

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Nineteen male participants (age: range 21-33 years old, 72 mean 24.3 ± 3.6 years old) participated in this study. 73 Seventeen of the participants were right-handed 74 according to the Edinburgh Inventory (Oldfield, 1971). 75 All participants had normal or corrected normal vision. 76 All participants received a detailed explanation of the 77 78 experimental procedures before the experiment, and written informed consent was obtained from all participants. 79 The study was approved by the Human Research Ethics 80 committee of Waseda University. 81

Procedure 82

83 We used three types of whole-body movement which all involved the use of a horizontal bar: (1) the giant swing, 84 (2) the kip, and (3) the chin-up (Fig. 1A). No participant 85 had ever tried to perform the giant swing (most difficult, 86 87 and essentially an impossible movement for the 88 participants). All participants were able to perform the chin-up (the easiest movement of the three). Eight of the 89 participants were able to perform the kip. The 90 91 experience involving the movements was confirmed verbally after the experiment. In the motor imagery 92 condition, to control the number of trials in the task and 93 to minimize the differences in the imaging of the same 94 movements across participants, the participants 95 observed a movie via a projector system with non-96 goggles (VisuaStimDigital, magnetic Resonance 97 Technology Co, USA) during motor imagery. The 98 participants were asked to imagine movements at the 99 same pace as the presented movements. Thus, brain 100 activity in the motor imagery conditions included activity 101 related to both motor imagery and action observation. To 102 103 subtract brain activity of action observation from the 104 motor imagery condition, the participants also conducted 105 an action observation condition. Thus, the participants performed under two conditions separately. In total, 106 then, the participants completed six different conditions. 107 In the action observation condition, the participants were 108 asked to only observe the presented movements, and to 109 not imagine any movement. Before performing the 110 functional magnetic resonance imaging (fMRI) scan, the 111 difference between kinesthetic motor imagery and visual 112 motor imagery (Roberts et al., 2008) was explained to 113

the participants. They were subsequently instructed to 114 imagine the presented movements using kinesthetic 115 motor imagery at the actor's pace and to not use visual 116 motor imagery in the motor imagery conditions. The partic-117 ipants were asked to maintain their gaze at the center of 118 the projection and to not alter it. The participants were also 119 asked to keep their muscles relaxed and to not think about 120 anything throughout the entire procedure. After each 121 motor imagery condition, we asked participants whether 122 kinesthetic motor imagery was used appropriately. 123

fMRI data acquisition and analysis

All images were acquired using a 1.5 T MR scanner with an 8-channel head coil (Signa, General Electric, WI, USA). Blood oxygenation level-dependent (BOLD) contrast functional images were acquired using T2*-128 weighted echo planar imaging (EPI)-free induction 129 decay (FID) sequences with the following parameters: 130 TR 3000 ms, TE 50 ms, FOV 22 cm × 22 cm, flip angle 131 90°, slice thickness 5 mm and gap 1 mm. The 132 orientation of the axial slices was parallel to the AC -PC line.

Four sessions of motor imagery with action 135 observation (motor imagery condition) and four sessions 136 of action observation condition were completed. For the 137 MRI scan, a session consisted of nine alternate 138 repetitions of the task (3 types of movement \times 3 139 repetitions) and rest periods. The order of the three 140 movements was randomized. The task and rest period 141 durations were both 30 s. A giant swing took 1.9 s, so 142 16 giant swings were observed per period. A kip took 143 6 s, so 5 kips were observed per period. A chin-up took 144 2.5 s, so 12 chin-ups were observed per period. In the 145 rest period, a static picture of the actor hanging on the 146 horizontal bar was observed. One session took 9 min 147 12 s. The first four volumes (12 s) of each fMRI session 148 were discarded because of unstable magnetization. The 149 order of sessions was randomized across participants. 150 The duration of the inter-session interval was 151 determined by each participant in order to ensure that 152 they were neither fatigued nor sleepy. The duration of 153 the inter-session interval was usually less than 5 min. 154 The entire experiment always took less than 2 h. 155

The raw data were analyzed utilizing Statistical Parametric Mapping (SPM8, Wellcome Department of Cognitive Neurology, London, UK) (Friston et al., 1994, 1995a,b) implemented in MATLAB (Mathworks, Sherborn, MA, USA). Realigned images were normalized to the standard space of the Montreal Neurological Institute brain (MNI brain). Smoothing was executed with an isotropic three-dimensional Gaussian filter with full-width at half-maximum (FWHM) of 8 mm. High-pass filters (128 s) were also applied and low-frequency noise and global changes in the signals were removed.

Statistical analysis was performed on two levels. A 167 first-level analysis was performed for each subject using 168 a general linear model. We constructed a statistical 169 parametric map of the *t*-statistic for the six simple 170 contrasts, (1) motor imagery of giant swing vs. rest, (2) 171 motor imagery of kip vs. rest, (3) motor imagery of 172 chin-up vs. rest, (4) action observation of giant swing 173

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