









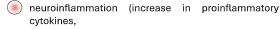
# Implementing Omics Technologies to Analyze Rehabilitation Strategies in Spinal Cord Injury

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# **Background**

pinal cord injury (SCI) can disrupt sensory, motor, and autonomic functions, significantly affecting recovery and quality of life.1 Despite advancements made, rehabilitation remains limited due to the complexity of neuronal regeneration and plasticity.2 Omics-based approaches (genomics, epigenomics, metagenomics, transcriptomics, proteomics, and metabolomics) can provide insights into the molecular mechanisms, such as:



metabolic shifts/ disorders,

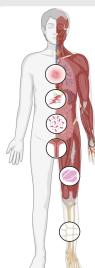
gut microbiota imbalance (increase of harmful taxa),

urinary tract infections,

loss of muscle mass (muscular atrophy),

loss of bone density (osteoporosis),

influencing rehabilitation outcomes.3



**Main Results** 

# **Objectives**

- Give a comprehensive overview of omics technologies used in analyzing rehabilitation interventions
- Effectiveness of different interventions in SCI rehabilitation, where omics technologies are used to assess biological changes triggered by rehabilitation strategies and assess molecular outcomes.

## **Methods**

Three databases (Embase, Medline, Web of Science) were searched. Two reviewers independently screened, extracted data and assessed risk of bias (RoB) (National Heart Lung and Blood Institute Quality Assessment Tool).

## Inclusion criteria:

omics; published in peer-reviewed journal

#### **Exclusion criteria:**

Animal studies, reviews, commentaries, and conference abstracts

## Literature research:

[@] 6,021 references retrieved, 🖹 136 full-text articles reviewed, ✓ 23 trials included (☆8 RCTs, ⇌ 5 non-RCTs, ☒ 10 pre-post trials); 🕂 96% moderate RoB.

#### Study characteristics: Molecular outcomes erventio Muscle Function 1 muscle oxidative capacity and mitochondrial biogenesis and oxidative 48% regulation (PGC-1α, NR4A3) ↑ muscle small molecule transport (FNDC5) muscle small molecule seeing muscle regeneration (Myogenin) 1 cardiorespiratory fitness (VO<sub>2</sub> max) 65% Exercise and electrical stimulation 1 insulin sensitivity (HOMA2-IR), ↓ markers of muscle atrophy (MSTN) Circadian Regulation & expression patterns ↑ body clock genes (PER1,PER2) **Neurological Recovery** neuronal plasticity (ERK1) metabolic support for nerve regeneration 1 motor index score (ASIA, ISNCSCI) (Acetone, Succinate, Isoleucine) 1 AIS grade conversion 13% ↓ uninhibited muscle contraction → Restoration of voluntary control Immune/ Inflammatory Function ↓ systemic inflammation 9% 13% ↓ urinary symptoms Metabolic Improvement ↑ oxidative stress balance (AOPP, GPx) c disuse-induced downregulation of metabolic genes ↓ energy metabolism (UCP2, UCP3) 22% Altering Microbiome ↑ Coprococcus, Bacteroides thetaiotaomicrom ↓ Akkermansia, Escherichia-Shigella ↓ urogenital symptoms

# Conclusion

- Omics technologies are increasingly used (2012: n = 2; 2025: n = 14)
  - Enable monitoring of biological adaptations
  - · Transcriptomics & metagenomics most used
- 🏂 Exercise & electrical stimulation drive muscle gene adaptation
- Microbiome shifts reduce inflammation
  - · Linked to better bowel and metabolic outcomes
- Epigenomics shows lasting molecular effects
  - · Suggests sustained adaptation potential

- 🥓 Proteomics & metabolomics detect systemic changes
  - Hormones & cell therapies → signature proteins/metabolites
- 🥘 Early molecular shifts can guide rehabilitation
  - · May forecast recovery ahead of clinical signs
  - Enable real-time intervention tuning
- Current evidence is promising but limited
  - Need for standardized (multi)-omics clinical trials

Most studies small, short, and high variability