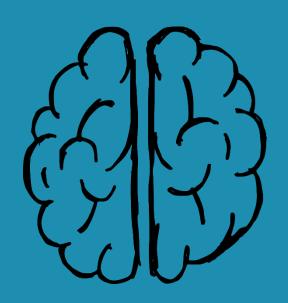




NEUROLOGICAL FACTORS DETERMINING VISUAL DEFICITS AND VISUOMOTOR CONTROL IN CHILDREN WITH UNILATERAL CEREBRAL PALSY



PhD Student: Monica Crotti

Supervisors: Els Ortibus

Co-supervisors: Hilde Feys and Lisa Mailleux

Mentor: Nofar Ben Itzhak

Locomotor and Neurological Disorders Group Department of Development and Regeneration KU Leuven, Belgium

CONTENT





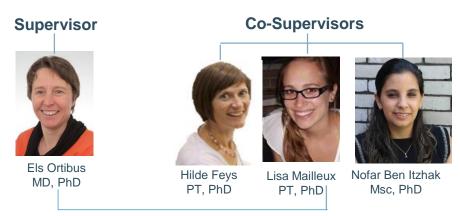
ITN PARENT Project



PremAtuRe nEwborn motor and cogNitive impairmenTs: Early diagnosis



Innovative training context for 15 Early Stage Researchers



PhD Researcher







FWO Project

Supervisors And Co-supervisors

PhD Researchers



Monica Crotti







Lisa Decraene FWO project





Lize Kleeren

Departmental financing



Focus of the PhD

- Visual deficits
- Visuomotor and bimanual motor control
- Bimanual motor control
- Mirror movements
- Proprioception
- Somatosensory
- Training program









What is Cerebral Palsy?

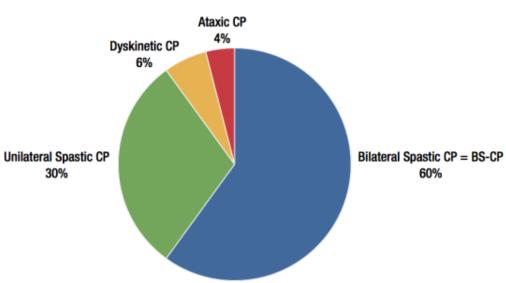
- Permanent, non-progressive disorder
- Due to brain damage [=cerebral]
- It is the most common cause of childhood motor disability



Different motor types [=palsy]

- ATAXIC (4%)
- DYSKENETIC (6%)
- SPASTIC
 - Unilateral (30%)
 - Bilateral (60%)

Distribution of CP subtypes



https://eu-rd-platform.jrc.ec.europa.eu/scpe_en





CP pathogenesis

MALFORMATION

Basic neural architecture damage

PERIVENTRICULAR LESION

Damage to the white matter tracts

CORTICAL – SUBCORTICAL

Grey matter damage

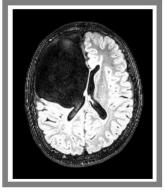




Maldevelopments



Periventricular white matter lesions



Cortical and deep grey matter lesions



Cortical and deep grey matter lesions

1st and 2nd trimester

Early 3rd trimester

Late 3rd trimester

PREGNANCY

28 days postnatally2-3 years of life



https://eu-rd-platform.jrc.ec.europa.eu/scpe_en

ACQUIRED CP





Unilateral Spastic Cerebral Palsy - uCP

- > It accounts for 30% of all cases
- ➤ Majority of studies focused on motor task



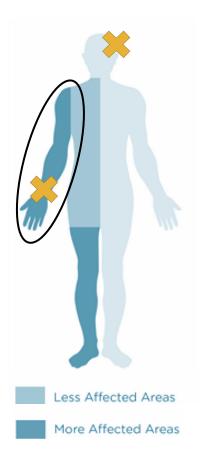
Unimanual motor tasks

→irregular movement of the **impaired arm**



Bimanual motor control

→ impaired movements when both arms/hands need to be coordinated



Hung et al. (2004); van Thiel et al. (2000); Mackey et al. (2006); Ronnqvist & Rosblad (2007); Chang et al. (2005)



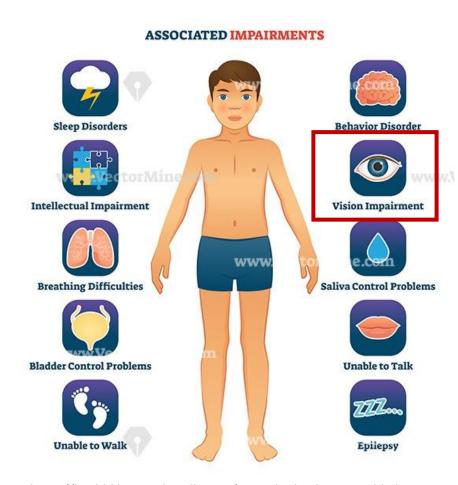


Comorbidities in uCP

- Visual comorbidities
- 50% visual impairment
- 11% severe visual difficulties Galli et al. (2008), Fazzi et al. (2012)
- Vision is crucial in planning movements
- Vision affects everyday life activity
- Eye movements support accurate hand movements

de Brouwer et al. (2021)

Lack of research on how visual deficits impact on bimanual functions in uCP



https://healthlibrary.askapollo.com/is-cerebral-palsy-reversible-know-the-facts/



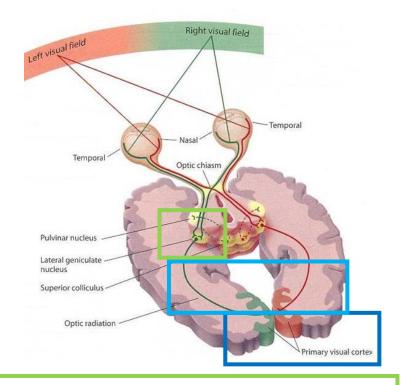


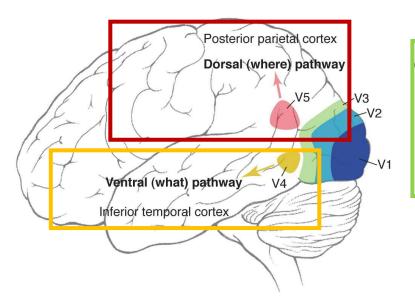
Visual system

a. Primary cortex (V1)

b. Extrastriate pathways

- Dorsal stream
 - parietal lobe
 - spatial and motion information
- Ventral stream
 - temporal lobe
 - recognizing shapes and objects





c. Midbrain structures

- Superior colliculus → to control eye movements
- Pulvinar → information transmission to and from the cortex

https://www.online-sciences.com/medecine/visual-pathway-functions-of-neurons-in-primary-visual-cortex-analysis-of-visual-information/



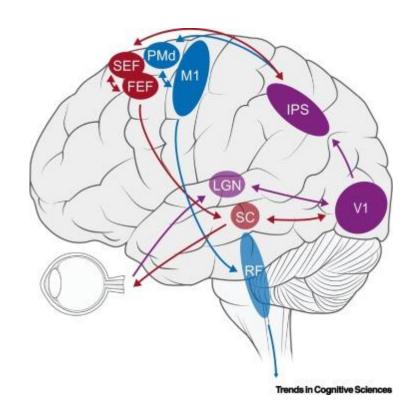


Vision and motor control in the brain

- Occipital cortex → visual information
- Parietal and frontal cortices → to transform visual information into a motor plan
- **Brainstem** → to the eye muscles and spinal cord for movement execution

Eye -hand interactions

- 1. Posterior parietal cortex
- 2. Superior colliculus (SC)
- → target selection for action



de Brouwer et al. (2021)



Eye movements

Saccades

- o rapid
- stationary targets
- voluntary or involuntary (reflex)
- o no corrections



FEF

Smooth pursuit

- slower
- moving stimulus on the fovea
- voluntary control
- corrected by visual feedback

Stops scanning of the scene

PON

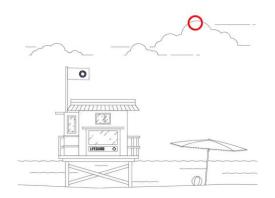
Brain information processing

SEF

CN

LIP

VPF



https://pupil-labs.com/blog/news/what-is-eye-tracking/

de Brouwer et al. (2021)





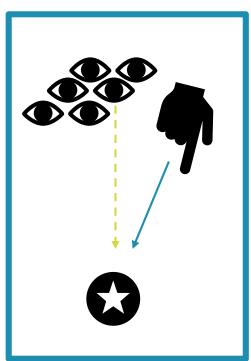
Vision and motor control – terminology

Eye movements

- Anticipatory Gaze Time: Time between appearance of a starting stimulus and first gaze at the stimulus
- Movement Onset Asynchrony (MOA): Time between the first gaze to the starting stimulus and hand initiation
- Frequency of gaze shift: Number of times the gaze moved in each sequence of movement

Action execution

Movement time (MT): Time to complete each movement sequence



Saavedra et al. (2009)

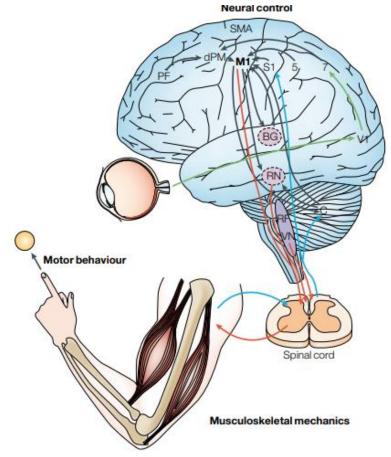




Vision and motor control

- 1. Eye fixation on the target
- 2. Saccadic eye movement to the target
- 3. Hand movement
- → Vision precedes hand movements
- → Vision is a precursor of goal-directed actions. → "forward planning"
- → movement errors occur when visual feedback is distorted

Vision is crucial in planning and performing movements



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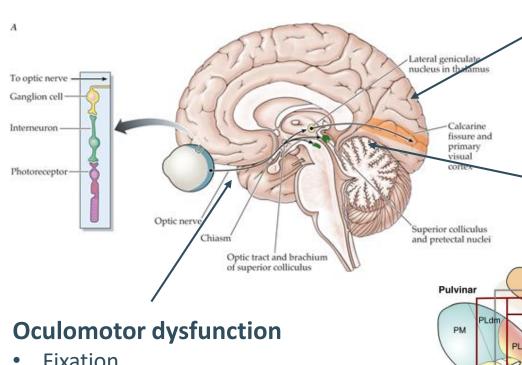
Nature Reviews | Neuroscience

Bekkering et al. (1995), Bagesteiro et al (2006)





Visual deficit in CP



Visual associative areas

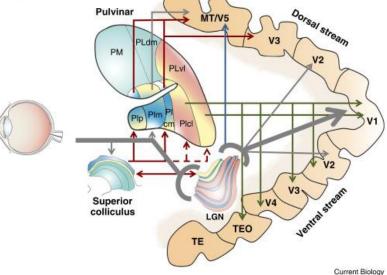
- Visual perception
- Visual-motor integration

Geniculostriate pathway

- Visual acuity
- Contrast sensitivity
- Stereopsis
- Visual field reduction
- Optokinetic nystagmus

- **Fixation**
- Saccades
- **Pursuit**
- **Strabismus**
- **Nystagmus**

Fazzi et al. (2012)

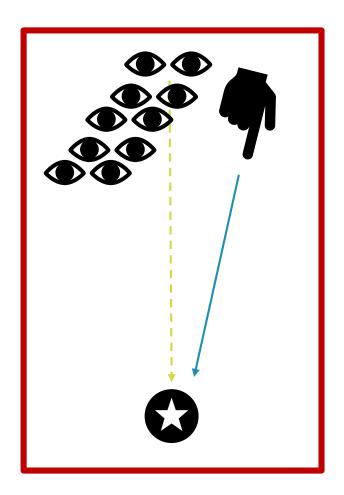






Vision and motor control in CP

- Prolonged anticipatory gaze timing
- Prolonged MOA
- → impaired temporal coupling between eye and hand
- Increased frequency of gaze shift
- → lack of smooth pursuit movements
- → indicator of planning deficits
- Increased MT
- → deficits in the anticipatory vision
- → impaired visuomotor coordination



Saavedra et al. (2009), Surkar et al (2018)





What is missing?



- Eye-hand coordination is crucial for forward planning
- Studies on the role of vision on BMC deficits in children with uCP are
 - Limited to object grasp/manipulation
 - Mainly on unimanual functions
 - Mainly in an experimental setting

Swati et al. (2018); Saavedra et al. (2009), Surkar et al (2018)



? Which is the impact of visual and oculomotor impairments on BMC in uCP

→ Importance for therapeutic interventions on improving visuomotor coordination

















50 unilateral Cerabral Palsy (uCP)

Age between 7 and 15

50 matched typically developing children (TDC)

Individual matching based on

- Age (± 6M difference with CP child)
- Sex





Objectives

PART 1: Comprehensive assessment of behavioural visual function

- A. In-depth investigation of visual functions in both uCP and TDC
- B. Relations between clinical visual assessments and neuroimaging parameters (Systematic Review)

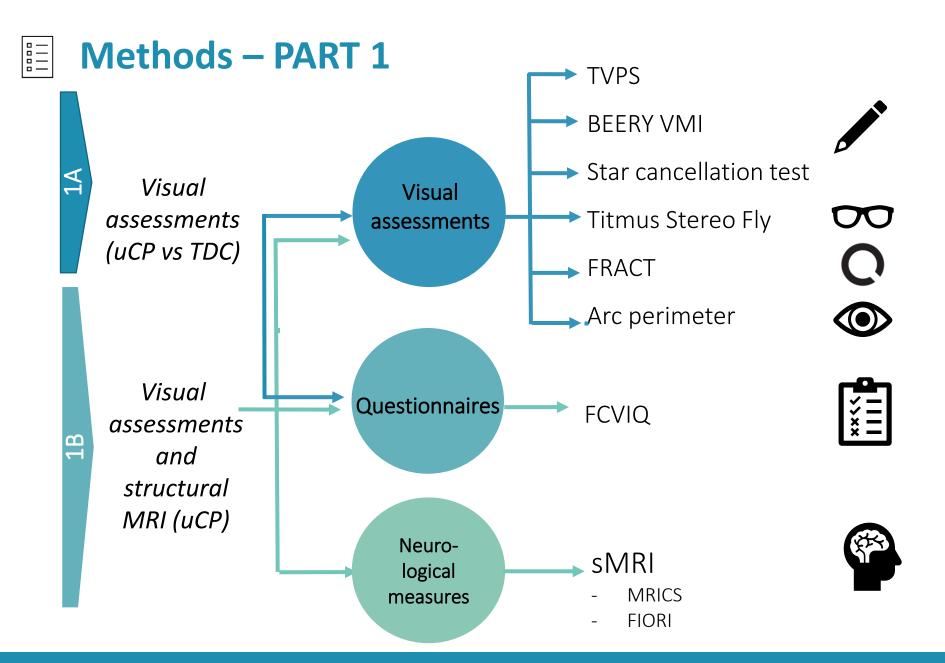
PART 2: Influence of visual function on bimanual measures

- A. In-depth investigation of gaze using gaze-tracking system and KINARM Exoskeleton for bimanual motor control (BMC) in uCP and TDC
- B. Relation between visual measures, BMC and functional hand use (uCP)

<u>PART 3:</u> Influence of neurological factors on visual and visuomotor control deficits

- A. In-depth investigation of DWI data of the visual tracts in uCP
- B. Relations between MRI data, clinical visual assessment and bimanual motor control tasks in uCP

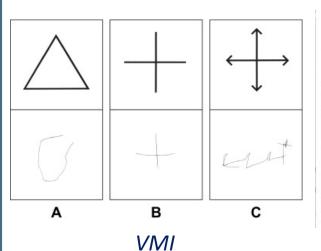


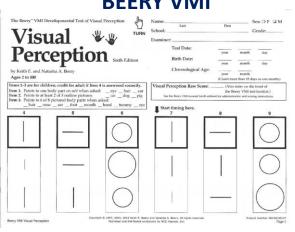


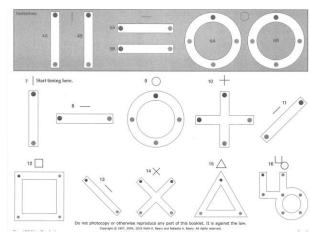


Methods - visual assessments



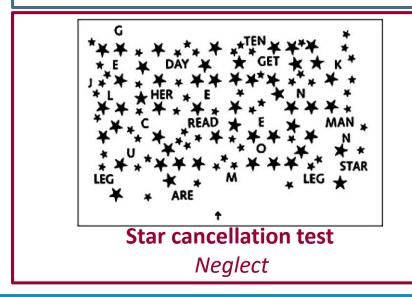


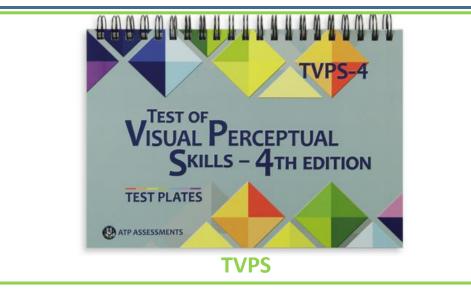




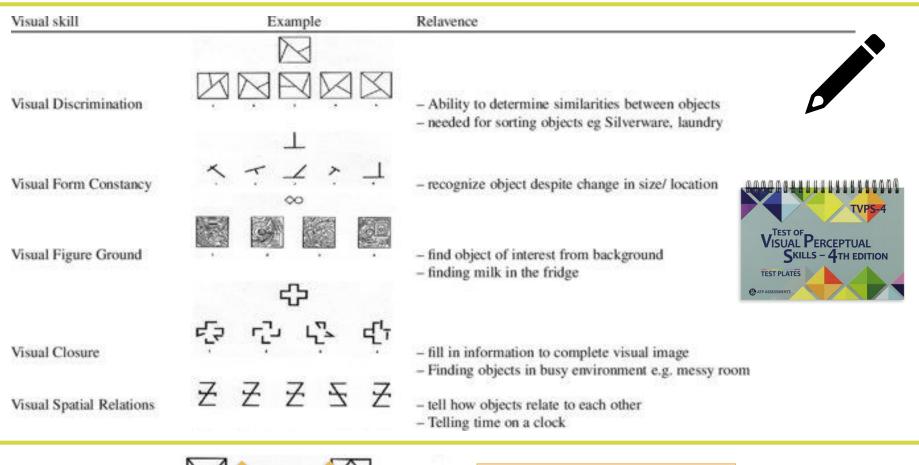
Visual Perception

Motor coordination









Visual Memory





- recall a visus
- recognizing
- Time constraints
- Fatigue and tiredness left in a room
- recall a visu.
- phone numbers/ spelling

Martin, N. A. (2017)





Methods - visual assessments



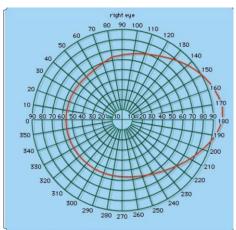
Stereopsis (3D)



Arc perimeter *Visual field*



FRACTVisual acuity





25



Methods - Flemish Cerebral Visual Impairment Questionnaire



Daily life visual behaviour screening tool

- 46-item binary (yes-no)
- Filled by caregivers
- 5 factors
- 1. Object and face processing impairment
- 2. Visual (dis)interest
- 3. Clutter and distance viewing impairments
- 4. Moving in space impairments
- 5. Anxiety-related behaviour

Jaam :	
eboortedatum :	
el:	

Datum waarop lijst is ingevuld

Vragenlijst CVI Kinderen

voor ouder, leerkracht, opvoeder, therapeut

Kruis	de	kenmerken	aan	die	U	herkent	!

1. 0 0	Oogcontact afwezig Kan niet gericht kijken naar personen, voorwerpen Houdt het hoofd soms scheef om iets te bekijken Staart vaak naar lichtbronnen (lichten, open ramen)
	Valt gemakkelijk over duidelijk zichtbare voorwerpen Vindt zijn speelgoed niet gemakkelijk terug als hij iets laat vallen Botst gemakkelijk ergens tegen aan Merkt enkel dingen op die rechtvoor,centraal worden aangeboden
000000	Kan niet langdurig naar een voorwerp of een persoon kijken Aandacht is wisselend van moment tot moment of van dag tot dag Geeft vlug zijn spelactiviteit op Heeft meer tijd nodig dan je normaal zou verwachten om een voorwerp te bekijken Bekijkt niet spontaan een voorwerp , verkent niet spontaan de ruimte Er is aansporing nodig om een voorwerp te bekijken, of om de ruimte te verkennen Meer speelgoed verstoort de aandacht Voorwerpen worden bekeken op korte werkafstand Zit vlak voor tv
	Niet vertrouwde omgeving maakt bang, onrustig (winkel, straat) Vindt zijn ouders niet terug wanneer zij verderaf staan Blijft in niet gekende omgeving in de buurt van de ouders

Ben Itzhak et al. (2020)





Methods – MRI Classification System



From Surveillance of Cerebral Palsy in Europe (SCPE)

Α	Maldevelopments		(a) 04
	A1 Disorders of cortical formation (proliferation and/or migration and/or organization)		
	A2 Other maldevelopments (among others: holoprosencephaly. Dandy-Walker malformation, corpus callosum agenesis, cerebellar hypoplasia)	Α	ALL MAN
В	Predominant white matter injury		Maldevelopments
	B1 Periventricular leucomalacia (PVL) (mild / severe)		A52870
	B2 Sequelae of intraventricular hemorrhage (IVH) or periventricular haemorrhagic infarction (PVHI)	В	
	B3 Combination of PVL and IVH sequelae		
С	Predominant grey matter injury		Periventricular white
	C1 Basal ganglia/thalamus (mild/moderate/severe)	C	matter lesions
	C2 Cortico-subcortical lesions only (watershed lesions in parasagittal distribution/multicystic encephalomalacia) not covered under C3		
	C3 Arterial infarctions (middle cerebral artery/other)		
D	Miscellaneous (examples: cerebellar atrophy, cerebral atrophy, delayed myelination, ventriculomegaly not covered under B, haemorrhage not covered under B, brainstem lesions, calcifications)		Cortical and deep grey matter lesions

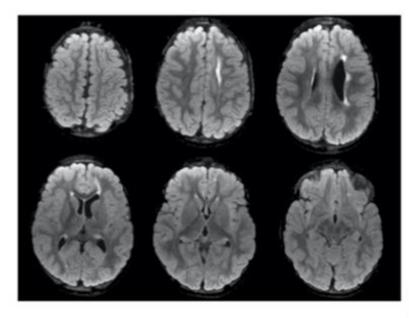
Himmelmann et al. (2017)

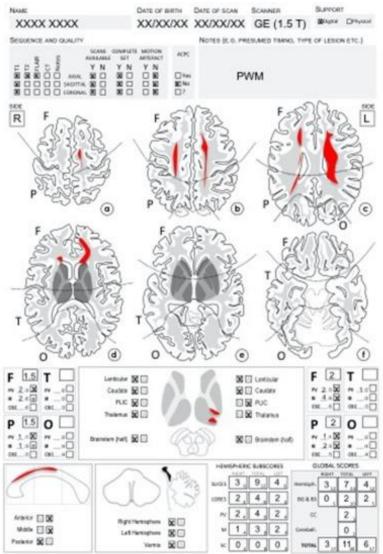




Methods – Fiori scale





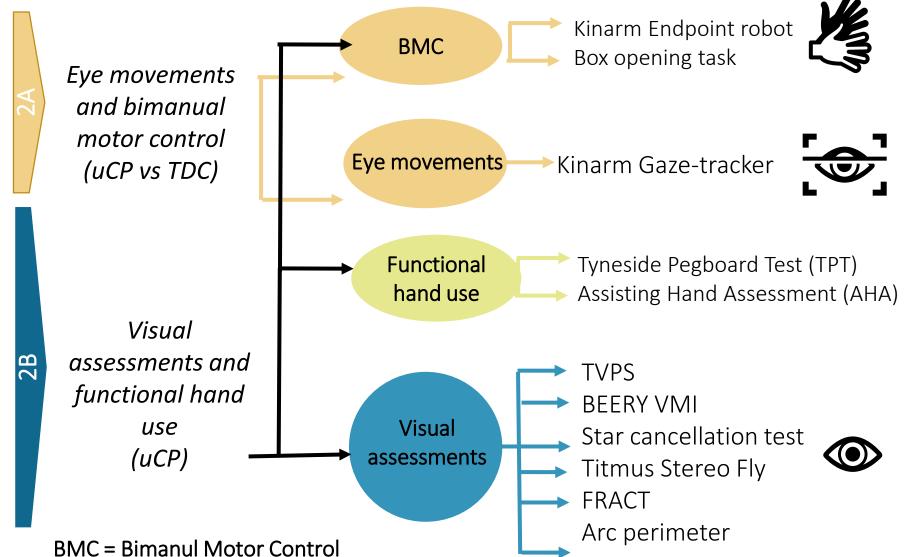


Fiori et al. (2014), Tinelli et al. (2020)





Methods – PART 2



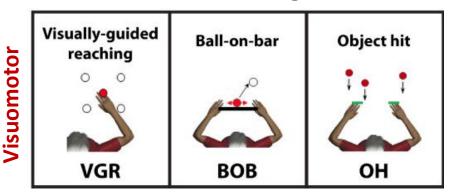




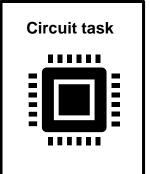
Methods – Bimanual motor control



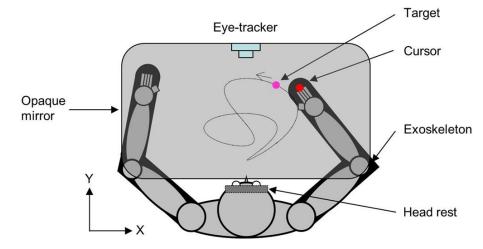
Kinarm Exoskeleton + gaze-tracker



Bimanual coordination





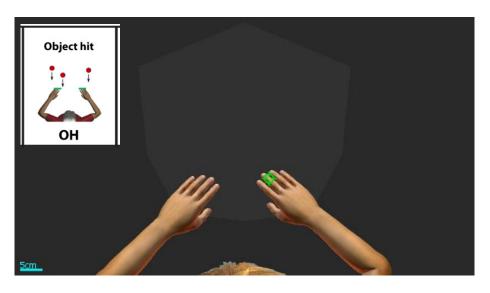




Kinarm Exoskeleton TASKS











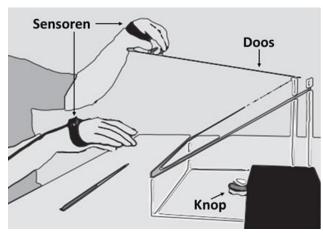


Functional hand use

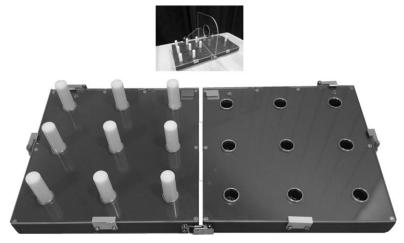
Methods – Bimanual measures



Bimanual motor control



Box opening task

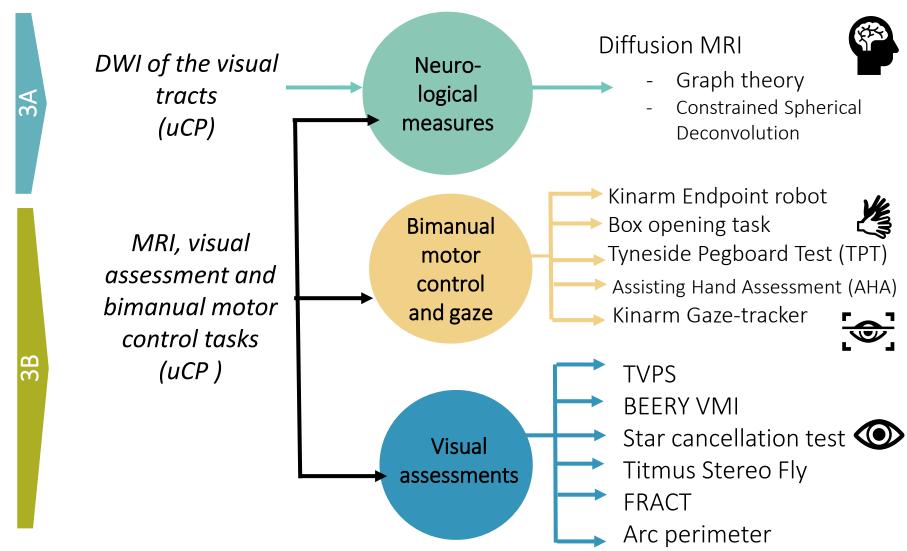


Tyneside Pegboard Test (TPT)



Assisting Hand Assessment (AHA)

Methods – PART 3





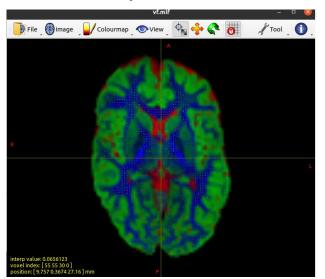


Methods – Diffusion MRI

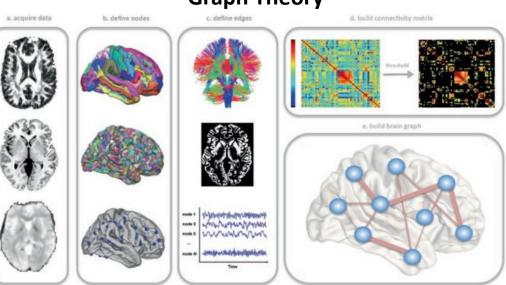




Constrained Spherical Deconvolution



Graph Theory



Fornito et al. (2016)





Methods – MRI lesion segmentation

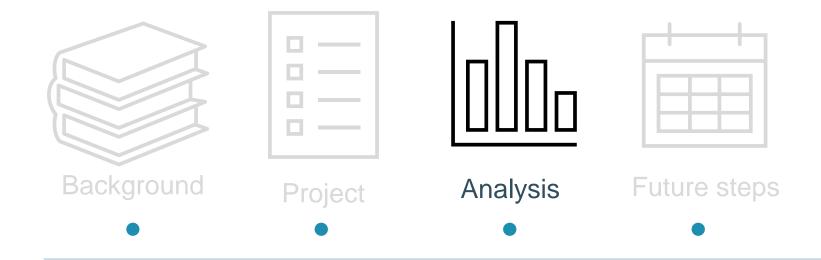


Lesion segmentation to develop automatic classification



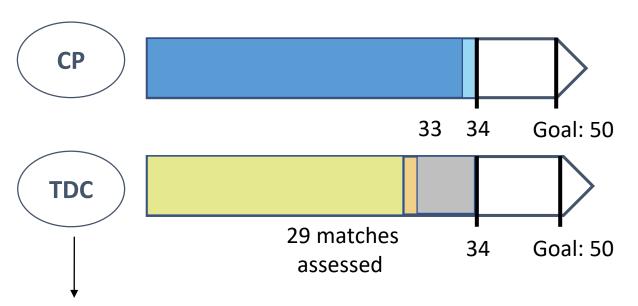






Assessments – March 2022

SAMPLE: uCP and TDC – 7/15 y.o.



Individual matching based on

- Age (± 6M difference with CP child)
- Sex

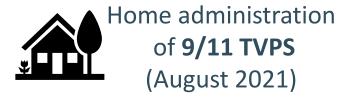
СРВ	TDC matched
CPB 01	TDC_01
CPB_02	TDC_08
CPB_03	TDC_23
CPB_04	TDC_42
CPB_05	TDC_12
CPB_06	TDC_27
CPB_07	
CPB_08	
CPB_09	TDC_30
CPB_10	TDC_04
CPB_11	TDC_05
CPB_12	TDC_19
CPB_13	TDC_32
CPB_14	TDC_34
CPB_15	TDC_25
CPB_16	TDC_03
CPB_17	TDC_36
CPB_18	TDC_28
CPB_19	TDC_17
CPB_20	TDC_38
CPB_21	TDC_09
CPB_22	TDC_31
CPB_23	TDC_40
CPB_24	TDC_37
CPB_25	TDC_33
CPB_26	TDC_07
CPB_27	TDC_29 TDC_39
CPB_28	TDC_39
CPB_29 CPB_30	
CPB_30 CPB_31	TDC_41 TDC_21
CPB_32	TDC_21
CPB_32	100_13
CPB_34	
01-0_04	





Missing data

Data type	Assessme	#	
Bimanual motor	KINARM		1
control	Box opening task		7
Neurological	MRI		8
Visual	TVPS		2







Preliminary analysis – clinical measures uCP

Data	Cut-off	Total data	# <cut-off< th=""><th>% impaired uCP</th></cut-off<>	% impaired uCP
TVPS_DIS	<9 perc	29	9	31
TVPS_SPA	<9 perc	29	7	24
TVPS_CON	<9 perc	29	6	21
TVPS_FGR	<9 perc	29	8	28
TVPS_CLO	<9 perc	29	9	31
Beery_VMI	<9 perc	29	11	38
Beery_VP	<9 perc	30	9	30
Beery_MC	<9 perc	30	19	63
FRACT_both	< 0.4 VA	25	1	4
FRACT_Right	< 0.4 VA	25	1	4
FRACT_Left	< 0.4 VA	25	2	8
Arc_R.nas	< 60	30	24	80
Arc_R.lat	< 90	30	25	83
Arc_R.up	< 60	30	28	93
Arc_R.down	< 70	30	26	87
Arc_L.nas	< 60	30	24	80
Arc_L.lat	< 90	30	25	83
Arc_L.up	< 60	30	29	97
Arc_L.down	< 70	30	27	90

TVPS

• Scored 29/33

BEERY

• Scored 30/33

FRACT

• Scored 25/33

ARC PERIMETER

• Scored 26/33

Menken et al. (1987); Tsai et al. (2009); Jongmans et al. (1996); Kozeis et al. (2007)





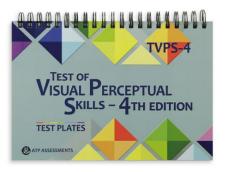
Preliminary analysis

PART 1: Visual functions

Clinical visual assessments in uCP

Relation between TVPS and FCVIQ?

- \rightarrow SPSS and R analysis
- Normality of data (SPSS)
- Non-parametric Spearman correlation (SPSS)
- Scatterplot results in R



TVPS subtest

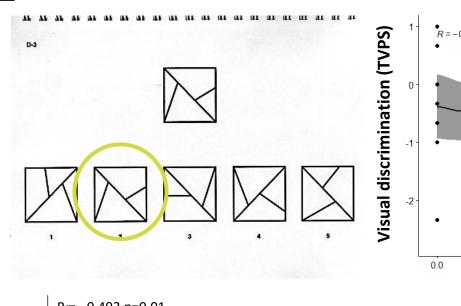
- Visual discrimination
- Visual spatial relations
- Visual form constancy
- Visual figure-ground
- Visual closure

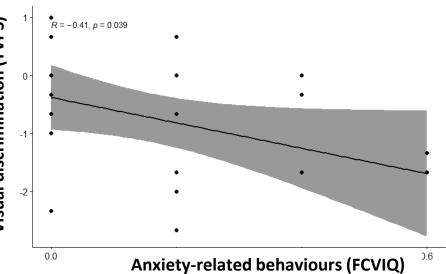
FCVIQ factors

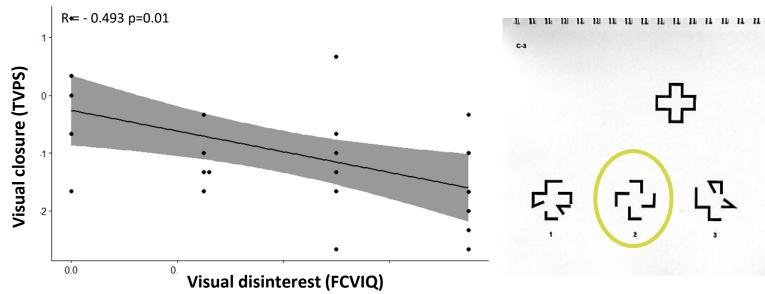
- Object and face processing impairments
- 2. Visual (dis)interest
- 3. Clutter and distance viewing *impairments*
- Moving in space impairments
- Anxiety-related behaviour



Preliminary analysis - Correlation results



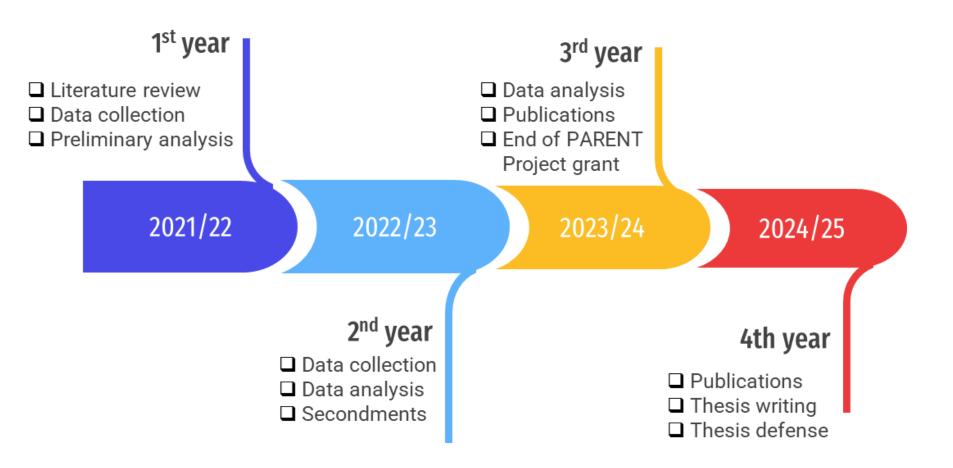








Project goals





Future research steps

Ongoing

- Assessments uCP/TDC
- Analysis of visual assessments (uCP/TDC) and sMRI scoring (uCP)
- Lesion segmentation (collab with Icometrix)
- Systematic Review (medicine master student)

From the summer

DWI analysis

- Preprocessing with MRTRix
- Graph theory/CSD

January 2023

Gaze-tracker





→ ITN Training schools

- 1st Training School Cadiz, October 2021
- 2nd Training School Leuven, 31.03.2022/02.04.2022
- 3rd Training School Lubjana, September 2022









→ ITN secondments



UNIVERSIDAD DE CADIZ





GPI SPA

1. UN

- **Neurological assessments** OŁ and analysis - link with visual test
 - Pediatrics MRI classification (manual and automatic)
 - ROI analysis and TDST analysis of DTI
 - Possibility to join clinical visits
 - Integration of visual assessment / questionnaires of our

Eye-tracker assessment and analysis

2. UN

3. GPI -

Obj

- **Objectives**
 - Eye-tracker technology in children
 - Eye-tracker analysis techniques

Al technology: integration of different

assessments

accern recognition analysis implemented on chinear data

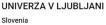










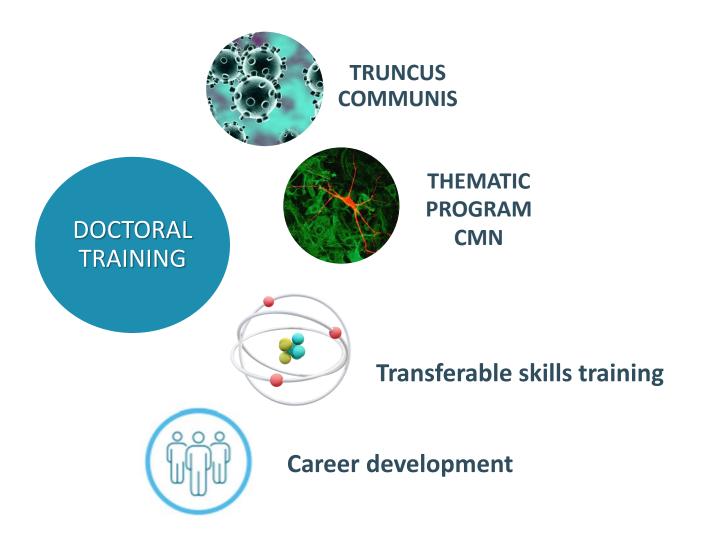


WERSITE

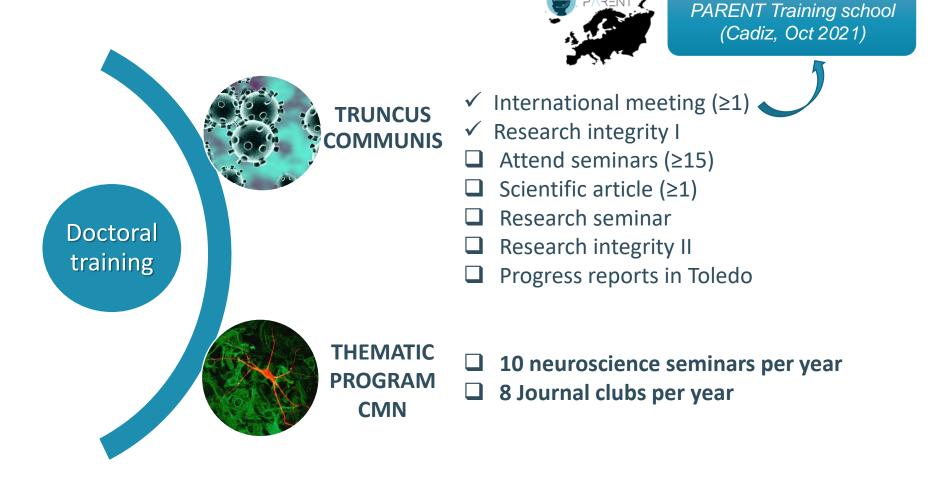




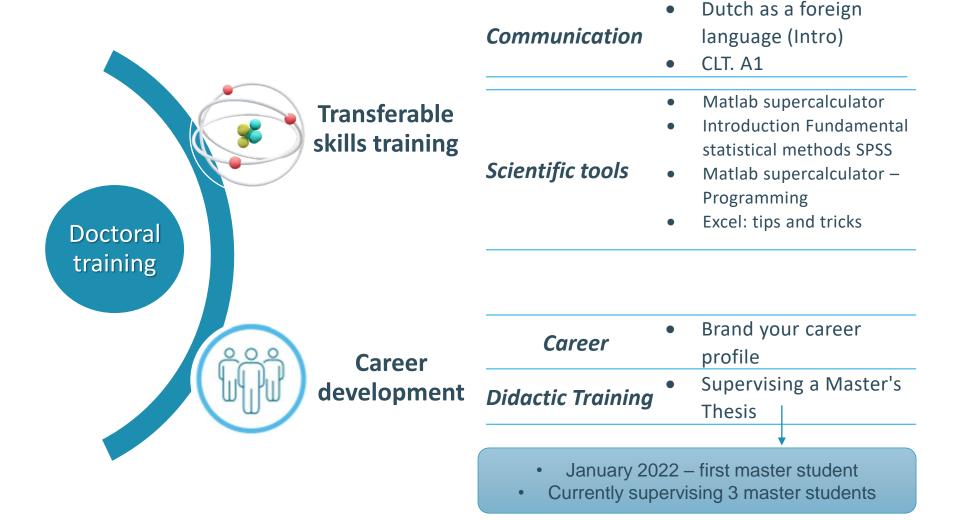
PhD requirements



PhD requirements



PhD requirements





Achievements

✓ First author publication – *January 2022*

Crotti, M., Koschutnig, K., & Wriessnegger, S. C. (2022). Handedness impacts the neural correlates of kinesthetic motor imagery and execution: A FMRI study. Journal of Neuroscience Research.



RESEARCH ARTICLE | ① Open Access | ② (*) (=) ⑤



Handedness impacts the neural correlates of kinesthetic motor imagery and execution: A FMRI study

Monica Crotti, Karl Koschutnig, Selina Christin Wriessnegger ⋈

First published: 03 January 2022 | https://doi.org/10.1002/jnr.25003

Poster presentation accepted – *EACD 2022* (Barcelona, Spain)

The relation between visuoperceptual impairments and visual behaviour in daily life in children with unilateral cerebral palsy





34TH ANNUAL MEETING European Academy of Childhood Disability





PhD requirements – further courses/events

Month	Course	Date	Institution
Mar-22	Writing Skills for Biomedical Researchers course	15.03.22 22.03.22 29.03.22	KU Leuven
	23ThingsInternartional https://www.23thingsinternational.com/things	14.03.22	Several partenrs
	Creating effective poster presentation	21.03.22	Dr Jean-luc Doumont
ITN Training	Poster presentation practice and feedback	31.02.22	KU Leuven
school Leuven	Writing skills – feedback	02.04.22	KU Leuven
Apr-22	Deliver your presentation remotely	29.04.22	Dr Jean-luc Doumont
May-22	Systematic review	9-11.05.22	KU Leuven
Jun-22	Poster presentation course	03.06.22	KU Leuven



34TH ANNUAL MEETING European Academy of Childhood Disability

Il Jornadas multidisciplinares de Sociedades Científicas Españolas relacionadas con la discapacidad infantil "Networking knowledge into actions"

BARCELONA 18-21 MAY www.eacd2022.com



17/22.05 - Barcelona 22.05/29.05 - Cadiz



UNIVERSIDAD DE CADIZ Spain wessire





Thank you for your attention

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Missing data

PART 2: Influence of visual function on BMC

A. Eye Gaze-tracking and Kinarm Exoskeleton in uCP and TDC

 \Rightarrow uCP: 29 children

⇒TDC: 35 children

B. Relation between visual measures and bimanual motor control (both uCP and TDC)

⇒ uCP: 22 children

 \Rightarrow TDC: 35 children





Missing data

<u>PART 3:</u> Influence of neurological factors on visual and visuomotor control deficits

B. Relations between MRI data, clinical visual assessment and bimanual motor control tasks in uCP

 \Rightarrow Box opening : 23 uCP

⇒ Kinarm: 29 uCP

⇒ Visual functions : 29 u CP

⇒ MRI : 24 uCP

 \Rightarrow TMS (?)

---- complete dataset uCP

