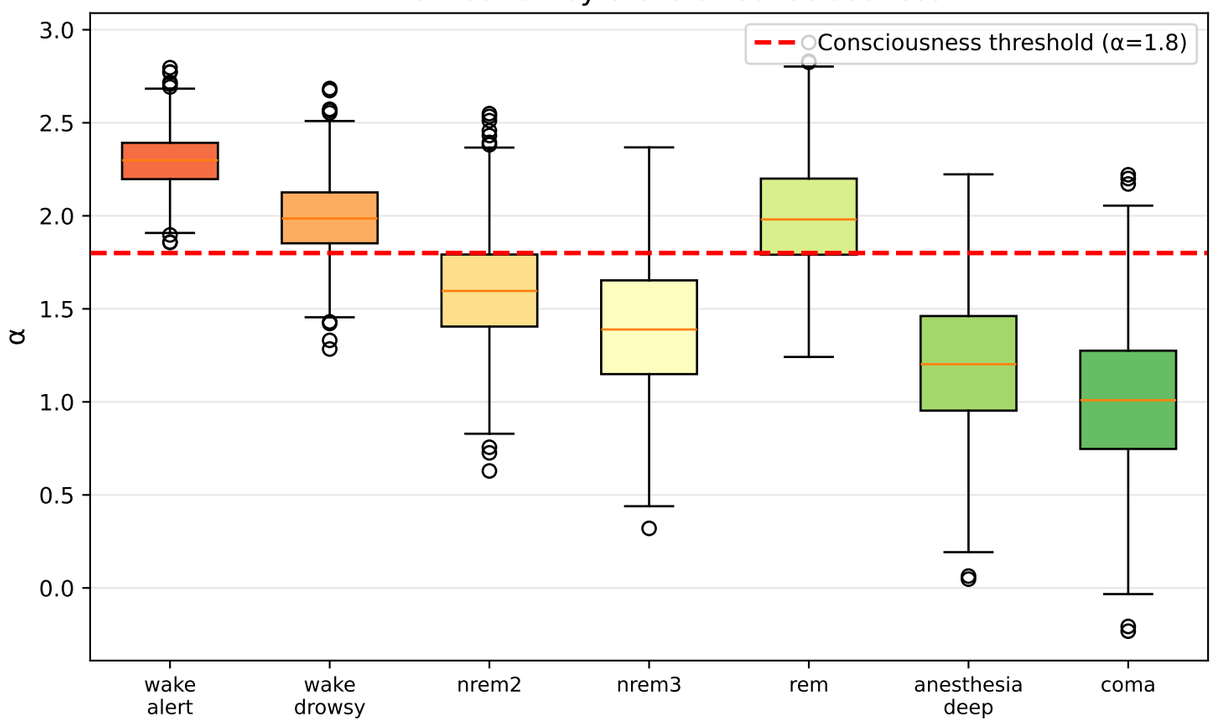

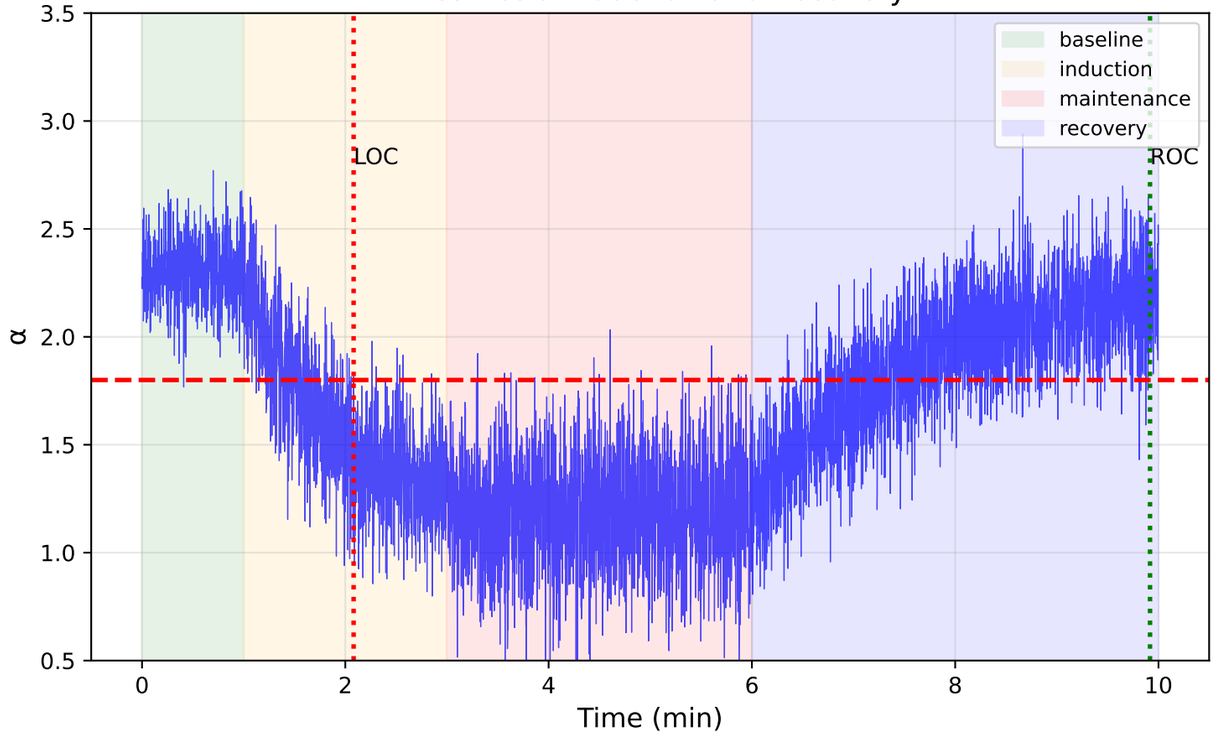

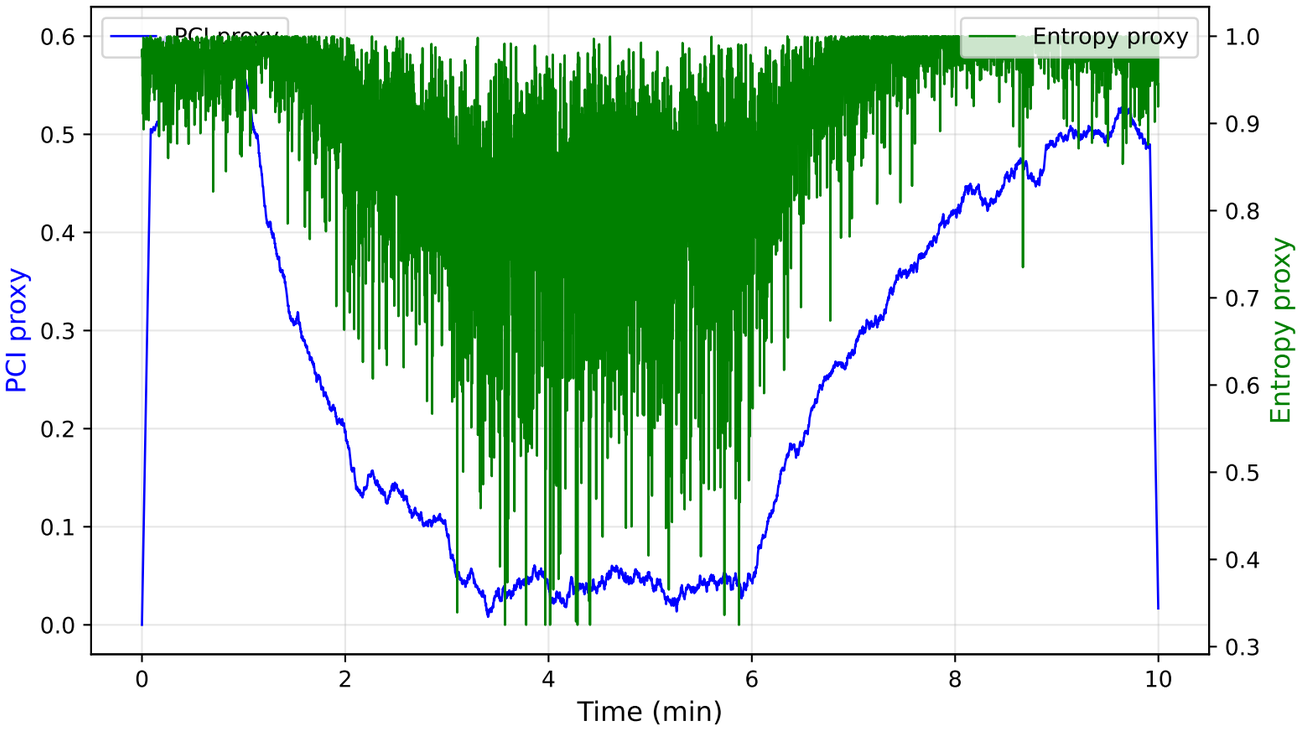

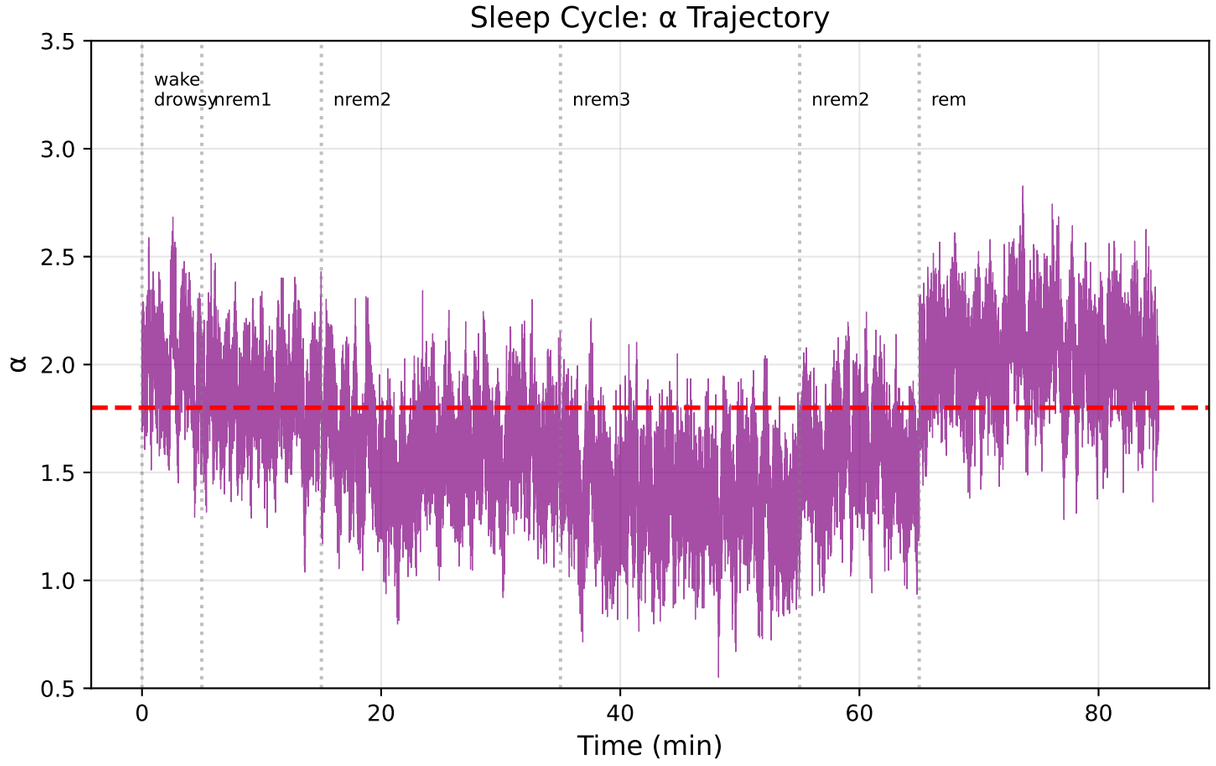

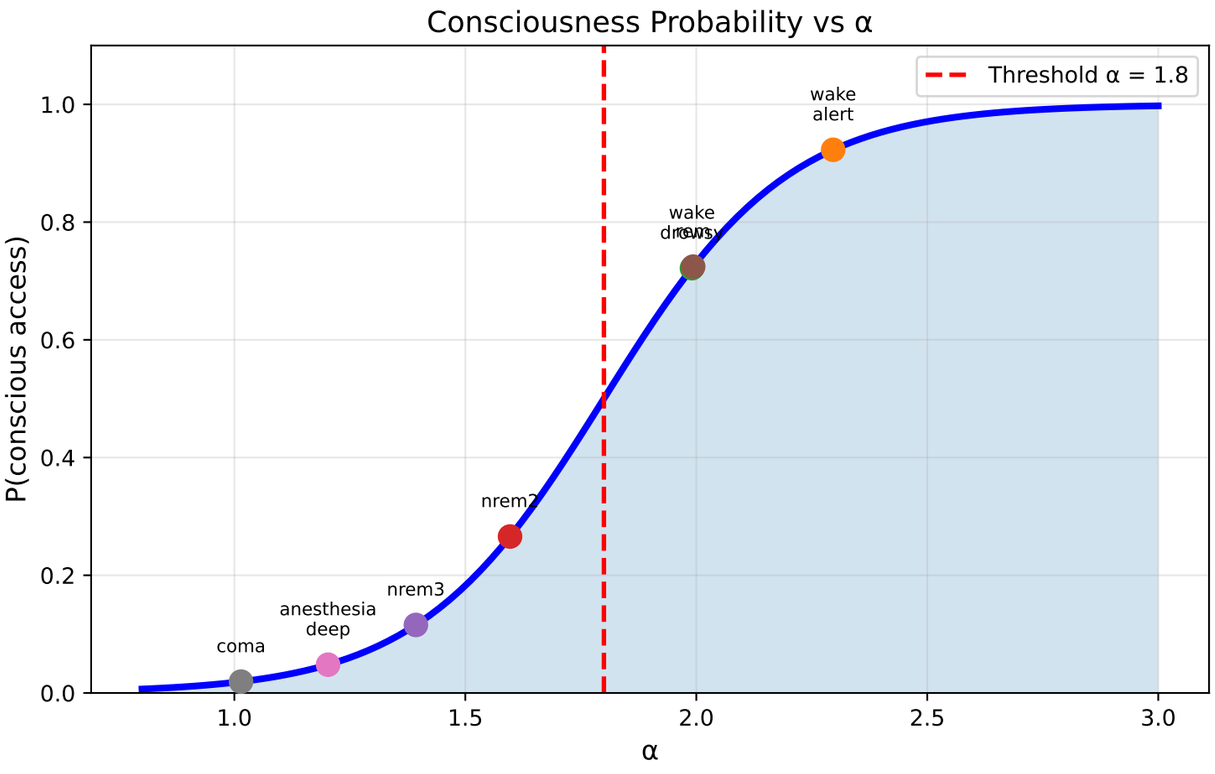


```
RTM-NEURO CONSCIOUSNESS MODEL SUMMARY

CENTRAL HYPOTHESIS

Conscious access requires α > 1.8 (threshold)
maintained stably across cortical scales.

STATE MAPPING

Wake alert:      α ≈ 2.3    → P(conscious) ≈ 99%
Wake drowsy:     α ≈ 2.0    → P(conscious) ≈ 80%
NREM2:           α ≈ 1.6    → P(conscious) ≈ 20%
NREM3:           α ≈ 1.4    → P(conscious) ≈ 5%
REM:             α ≈ 2.0    → P(conscious) ≈ 75%
Deep anesthesia: α ≈ 1.2    → P(conscious) ≈ 1%

KEY PREDICTIONS

1. α drops BEFORE behavioral LOC during induction
2. Recovery shows hysteresis (slower than induction)
3. α correlates with but is not identical to PCI
4. Sleep stages map to discrete α bands
5. Disorders of consciousness show low/unstable α

FALSIFIABLE TESTS

• α predicts LOC timing better than spectral markers
• α shows state-specific distributions in NREM vs REM
• α adds predictive value over PCI for DoC outcome
```