

# Benefits of Cycling with Functional Electrical Stimulation (FES)

CLINICAL RESEARCH SUMMARY

Everybody needs to stay active to stay healthy, as a lack of physical activity can lead to obesity, diabetes, cardiovascular disease, and even anxiety and depression. This is an even greater problem for millions of people around the world with disorders like spinal cord injury, stroke, multiple sclerosis, cerebral palsy, traumatic brain injury, and others with muscle weakness or paralysis, who find it nearly impossible to stay active and healthy because of their

limited mobility.

Decades of research have proven that people with paralysis who regularly participate in stationary cycling combined with functional electrical stimulation (FES) can gain tremendous benefits. FEScycling empowers people to stay active and healthy, despite muscle weakness or paralysis, by keeping their legs moving and helping them to activate their own muscles. The benefits of FES-cycling are essentially the same as the benefits of traditional, able-bodied cycling, with some unique benefits for people with paralysis.



Figure 1: Quadriplegic using the MyoCycle FES bike.

The following sections list the benefits, along with related research, that can be gained by using an FES bike for at least 30-60 minutes per day, 3 days per week. While most of the research focuses on people with spinal cord injury, the benefits for people with other paralyzing conditions are similar.



## PREVENT ATROPHY / BUILD MUSCLE

One of the biggest concerns following any injury is muscle loss (atrophy). Muscle atrophy can lead to weakness, poor self-image, lowered metabolism, and even pressure sores, since muscles help cushion skin and bones. Research shows that FES bikes can prevent and even reverse muscle atrophy by reactivating weak or paralyzed muscles to produce a functional motion. Just like with other forms of exercise, regularly using your muscles to do work against ever-increasing resistance causes them to grow, if you get proper rest and nutrition. FES bikes are no different.

Related Research: 2, 7, 12, 14, 15, 17, 19, 22, 23, 24, 25, 27, 29, 30, 32, 35, 36, 41, 43, 45, 46, 47, 48, 50, 52, 55, 57, 59, 60, 61

## **INCREASE STRENGTH**

Paralysis could be defined as a complete loss of strength, which is the ability to activate muscles to produce force. FES bikes activate paralyzed muscles, improving neuromuscular conditioning and forcing the muscles to adapt. Increased strength improves the functional capabilities of people with paralysis, contributing significantly to a better quality of life.

Related Research: 2, 3, 7, 8, 9, 15, 17, 22, 23, 28, 29, 30, 41, 43, 44, 45, 46, 47, 50, 53, 54, 55, 58, 60

#### **BUILD ENDURANCE**

Building endurance enables people with paralysis to be physically active for longer periods of time. Increasing the duration of an activity is just as important for health as increasing the intensity of the activity. FES bikes make it easy to progressively build endurance, especially in the legs, despite paralysis.

Related Research: 1, 2, 3, 4, 6, 7, 8, 9, 12, 13, 14, 15, 17, 18, 20, 21, 22, 23, 24, 25, 28, 29, 30, 32, 36, 38, 41, 43, 45, 52, 53, 54, 57

# **REGAIN SENSATION**

A healthy sense of touch and proprioception is necessary to prevent injury and to experience many of life's simple pleasures. There are many reports of FES users regaining sensation, even though the cause is still unknown. The probable cause is that FES can lower the activation threshold for neurons, making it easier for sensory circuits to communicate with the brain.

Related Research: 22, 28, 36, 47, 48



## **RECOVER FUNCTION**

Building strength and endurance and recovering sensation can all contribute to a recovery of functional capabilities. FES can also strengthen remaining connections and help build new connections in the nervous system through plasticity. As a result, studies with people with paralysis who used an FES bike often report that the subjects recovered function and were better able to perform activities of daily life.

Related Research: 2, 7, 17, 22, 23, 28, 36, 39, 43, 44, 47, 48, 50, 51, 52, 54, 56, 58, 60, 62

# **INCREASE/MAINTAIN RANGE OF MOTION**

FES bikes enable people with paralysis to move their limbs through a normal cycling range of motion, which is greater than the range of motion for walking. This passive motion, combined with the blood circulation effects of active muscle contractions, enable FES bikes to improve joint range of motion for people with paralysis.

Related Research: 2, 63

# INCREASE CYCLING POWER OUTPUT

FES bikes activate the muscles of the legs that contribute most to cycling: the quadriceps, hamstrings, and glutes. Building strength in these muscles through cycling enables those muscles to do more work, and consistent repetition improves the neural efficiency of the motion. The result is that people with paralysis who regularly use an FES bike can improve their cycling ability. This effect can even happen instantaneously, as the FES applied to the muscles can be felt, helping a person with sensation to coordinate their own volitional effort to improve their cycling performance.

Related Research: 1, 2, 3, 4, 5, 6, 7, 8, 9, 12, 13, 14, 15, 18, 20, 21, 24, 25, 27, 30, 32, 33, 36, 41, 43, 45, 46, 48, 53, 58, 60

#### **IMPROVE SELF-IMAGE**

Exercise in general can help people to build muscle and lose weight. Since an FES bike enables people with paralysis to exercise, it can help improve their self-image via the same mechanism: bigger muscles and less body fat.

Related Research: 22, 23, 43



## **IMPROVE QUALITY OF LIFE**

There are many different factors that contribute to quality of life. For people with paralysis, three major factors are functional ability, self-image, and health. Research has shown that FES bikes can improve all three of these factors. If an FES bike is used in a community setting, the social interaction alone can also improve quality of life.

Related Research: 2, 7, 22, 23, 28, 34, 43, 45, 47, 52, 56, 60, 61

## **RELAX MUSCLE SPASMS**

FES has the power to relax muscle spasms for hours after the FES has finished. This works because the FES fatigues the muscles and improves blood flow to them, altering their biomechanics and causing them to relax. FES bikes can do this for the muscles they stimulate and their antagonists, and as a result, subjects in studies have sometimes reported less reliance on anti-spasm medications.

Related Research: 2, 7, 22, 23, 34, 43, 47, 50, 52, 56, 63

## PREVENT BONE LOSS

People with paralysis often suffer from bone loss (osteopenia or osteoporosis) for the same reason astronauts in space do -- no load. When enough force is applied to a bone, microfractures occur that get repaired in a way that leaves the bones stronger. Without that force, bones resorb and lose their strength, ultimately increasing the risk for bone fractures. FES bikes activate muscles in the legs, causing the legs to cycle against a load, all of which applies force to the bones. Research has shown that FES cycling can increase bone density in key areas that are prone to fractures, making fractures less likely to occur.

Related Research: 6, 9, 11, 22, 23, 25, 32, 33, 35, 38, 42, 43, 45, 55, 59, 61

# **IMPROVE CARDIORESPIRATORY FITNESS**

When muscles do work, they demand oxygen. In response, the heart and lungs increase their activity to pump more oxygenated blood into the muscles. FES bikes have the same effect for people with paralysis, since they make the paralyzed muscles do work. Because the muscles in the legs are so large, this effect can be more significant than upper body exercise, making FES bikes great for improving cardiorespiratory fitness.

Related Research: 1, 3, 4, 5, 8, 12, 13, 16, 23, 29, 31, 33, 37, 40, 43, 45, 48, 49, 55, 56, 57, 60, 61



## IMPROVE BLOOD CIRCULATION

When muscles do work, a few things happen. They help to physically pump blood back to the heart via the veins, and they demand more oxygenated blood from the heart and lungs. FES bikes aid in this process by activating paralyzed muscles and increasing the activity in the circulatory system. The result is better blood circulation, especially through the legs, which can improve skin integrity, warm the legs up, and relax spasticity.

Related Research: 1, 3, 4, 5, 7, 10, 13, 14, 18, 20, 23, 27, 29, 31, 43, 45, 48, 49, 50, 53, 57, 61

# IMPROVE INSULIN SENSITIVITY / GLUCOSE TOLERANCE

Physical activity affects how the body regulates its insulin supply in response to glucose intake. For people with paralysis, this is especially important, because they are at higher risk for diabetes because of their inactivity. Research results suggest that FES bikes enable people with paralysis to stay active, improving their insulin/glucose dynamics, and potentially reducing their risk for diabetes.

Related Research: 19, 21, 36, 43, 45, 48

## **REFERENCES**

- 1. Pollack SF, Axen K, Spielholz N, Levin N, Haas F, Ragnarsson KT. Aerobic training effects of electrically induced lower extremity exercises in spinal cord injured people. Arch Phys Med Rehabil 1989; 70:214-19.
- 2. Bremner LA, Sloan KE, Day RE, Scull ER, Ackland T. A clinical exercise system for paraplegics using functional electrical stimulation. Paraplegia 1992; 30(9):647-55.
- 3. Faghri PD, Glaser RM, Figoni SF. Functional electrical stimulation leg cycle ergometer exercise: training effects on cardiorespiratory responses of spinal cord injured subjects at rest and during submaximal exercise. Arch Phys Med Rehabil 1992; 73:1085-93.
- 4. Petrofsky JS, Stacy R. The effect of training on endurance and the cardiovascular responses of individuals with paraplegia during dynamic exercise induced by functional electrical stimulation. Europ J Appl Physiol 1992; 64(6):487-92.
- 5. Figoni SF. Exercise responses and quadriplegia. Med Sci Sports Exerc 1993; 25(4):433-41.
- 6. Hangartner TN, Rodgers MM, Glaser RM, Barre PS. Tibial bone density loss in spinal cord injured patients: effects of FES exercise. J Rehabil Res Dev 1994; 31(1):50-61.
- 7. Sloan KE, Bremner LA, Byrne J, Day RE, Scull ER. Musculoskeletal effects of an electrical stimulation induced cycling programme in the spinal injured. Paraplegia 1994; 32(6):407-15.



- 8. Hooker SP, Scremin AM, Mutton DL, Kunkel CF, Cagle G. Peak and submaximal physiologic responses following electrical stimulation leg cycle ergometer training. J Rehabil Res Dev 1995; 32(4):361-6.
- 9. Bloomfield SA, Mysiw WJ, Jackson RD. Bone mass and endocrine adaptations to training in spinal cord injured individuals. Bone 1996; 19(1):61-8.
- 10. Nash MS, Montalvo BM, Applegate B. Lower-extremity blood flow and responses to occlusion ischemia differ in exercise-trained and sedentary tetraplegic persons. Arch Phys Med Rehabil 1996; 77(12):1260-5.
- 11. Mohr T, Podenphant J, Biering-Sorensen F, Galbo H, Thamsborg G, Kjaer M. Increased bone mineral density after prolonged electrically induced cycle training of paralyzed limbs in spinal cord injured man. Calcif Tissue Int 1997; 61(1):22-5.
- 12. Mohr T, Andersen JL, Biering-Sorensen F, Galbo H, Bangsbo J, Wagner A, Kjaer M. Long term adaptation to electrically induced cycle training in severe spinal cord injured individuals. Spinal Cord 1997; 35(1):1-16.
- 13. Mutton DL, Scremin AM, Barstow TJ, Scott MD, Kunkel CF, Cagle TG. Physiologic responses during functional electrical stimulation leg cycling and hybrid exercise in spinal cord injured subjects. Arch Phys Med Rehabil 1997; 78(7):712-8.
- 14. Chilibeck PD, Jeon J, Weiss C, Bell G, Burnham R. Histochemical changes in muscle of individuals with spinal cord injury following functional electrical stimulated exercise training. Spinal Cord 1999; 37(4):264-8.
- 15. Scremin AM, Kurta L, Gentili A, Wiseman B, Perell K, Kunkel C, Scremin OU. Increasing muscle mass in spinal cord injured persons with a functional electrical stimulation exercise program. Arch Phys Med Rehabil 1999; 80(12):1531-6.
- 16. Bhambhani Y, Tuchak C, Burnham R, Jeon J, Maikala R. Quadriceps muscle deoxygenation during functional electrical stimulation in adults with spinal cord injury. Spinal Cord 2000; 38(10):630-8.
- 17. Donaldson N, Perkins TA, Fitzwater R, Wood DE, Middleton F. FES cycling may promote recovery of leg function after incomplete spinal cord injury. Spinal Cord 2000; 38(11):680-2.
- 18. Gerrits HL, de Haan A, Sargeant AJ, van Langen H, Hopman MT. Peripheral vascular changes after electrically stimulated cycle training in people with spinal cord injury. Arch Phys Med Rehabil 2001; 82(6):832-9.
- 19. Mohr T, Dela F, Handberg A, Biering-Sorensen F, Galbo H, Kjaer M. Insulin action and long-term electrically induced training in individuals with spinal cord injuries. Med Sci Sports Exerc 2001; 33(8):1247-52.
- 20. Hopman MT, Groothuis JT, Flendrie M, Gerrits KH, Houtman S. Increased vascular resistance in paralyzed legs after spinal cord injury is reversible by training. J Appl Physiol 2002; 93(6):1966-72.



- 21. Jeon JY, Weiss CB, Steadward RD, Ryan E, Burnham RS, Bell G, Chilibeck P, Wheeler GD. Improved glucose tolerance and insulin sensitivity after electrical stimulation-assisted cycling in people with spinal cord injury. Spinal Cord 2002; 40(3):110-7.
- 22. McDonald JW, Becker D, Sadowsky CL, Jane JA Sr, Conturo TE, Schultz LM. Late recovery following spinal cord injury. Case report and review of the literature. J Neurosurg 2002; 97(2 Suppl):252-65.
- 23. Fitzwater R. A personal user's view of functional electrical stimulation cycling. Artif Organs 2002; 26(3):284-6.
- 24. Skold C, Lonn L, Harms-Ringdahl K, Hultling C, Levi R, Nash MS, Seiger A. Effects of functional electrical stimulation training for six months on body composition and spasticity in motor complete tetraplegic spinal cord-injured individuals. J Rehabil Med 2002; 34(1):25-32.
- 25. Chen S-C, Lai C-H, Chan WP, Huang M-H, Tsai H-W, Chen J-JJ. Increases in bone mineral density after functional electrical stimulation cycling exercises in spinal cord injured patients. Disability and Rehabilitation 2005; 27(22):1337-41.
- 26. Demchak TJ, Linderman JK, Mysiw WJ, Jackson R, Suun J, Devor ST. Effects of functional electric stimulation cycle ergometry training on lower limb musculature in acute SCI individuals. J Sports Sci Med 2005; 4(3):263-71.
- 27. Thijssen DH, Ellenkamp R, Smits P, Hopman MT. Rapid vascular adaptations to training and detraining in persons with spinal cord injury. Arch Phys Med Rehabil 2006; 87(4):474-81.
- 28. Backus D, Tefertiller CR. Functional stimulation for SCI. Physical Therapy Products, May 2007; 1-3.
- 29. Davis GM, Hamzaid NA, Fornusek C. Cardiorespiratory, metabolic, and biomechanical responses during functional electrical stimulation leg exercise: health and fitness benefits. Artif Organs 2008; 32(8):625-9.
- 30. Duffell LD, Donaldson Nde N, Perkins TA, Rushton DN, Hunt KJ, Kakebeeke TH, Newham DJ. Long-term intensive electrically stimulated cycling by spinal cord-injured people: effect on muscle properties and their relation to power output. Muscle Nerve 2008; 38(4):1304-11.
- 31. Fornusek C, Davis GM. Cardiovascular and metabolic responses during functional electric stimulation cycling at different cadences. Arch Phys Med Rehabil 2008; 89(4):719-25.
- 32. Frotzler A, Coupaud S, Perret C, Kakebeeke TH, Hunt KJ, Donaldson Nde N, Eser P. High-volume FES-cycling partially reverses bone loss in people with chronic spinal cord injury. Bone 2008; 43(1):169-76.



- 33. Kakebeeke TH, Hofer PJ, Frotzler A, Lechner HE, Hunt KJ, Perret C. Training and detraining of a tetraplegic subject: high-volume FES cycle training. Am J Phys Med Rehabil 2008; 87(1):56-64.
- 34. Krause P, Szecsi J, Straube A. Changes in spastic muscle tone increase in patients with spinal cord injury using functional electrical stimulation and passive leg movements. Clin Rehabil 2008; 22(7):627-34.
- 35. Frotzler A, Coupaud S, Perret C, Kakebeeke TH, Hunt KJ, Eser P. Effect of detraining on bone and muscle tissue in subjects with chronic spinal cord injury after a period of electrically-stimulated cycling: a small cohort study. J Rehabil Med 2009; 41:282-5.
- 36. Griffin L, Decker MJ, Hwang JY, Wang B, Kitchen K, Ding Z, Ivy JL. Functional electrical stimulation cycling improves body composition, metabolic and neural factors in persons with spinal cord injury. J Electromyogr Kinesiol 2009; 19(4):614-22.
- 37. Johnston TE, Smith BT, Mulcahey MJ, Betz RR, Lauer RT. A randomized controlled trial on the effects of cycling with and without electrical stimulation on cardiorespiratory and vascular health in children with spinal cord injury. Arch Phys Med Rehabil 2009; 90:1379-88.
- 38. Lai CH, Chang WH, Chan WP, Peng CW, Shen LK, Chen JJ, Chen SC. Effects of functional electrical stimulation cycling exercise on bone mineral density loss in the early stages of spinal cord injury. J Rehabil Med 2010; 42(2):150-4.
- 39. Ambrosini E, Ferrante S, Pedrocchi A, Ferrigno G, Molteni F. Cycling induced by electrical stimulation improves motor recovery in postacute hemiparetic patients: a randomized controlled trial. Stroke 2011; 42(4):1068-73.
- 40. Brurok B, Helgerud J, Karlsen T, Leivseth G, Hoff J. Effect of aerobic high-intensity hybrid training on stroke volume and peak oxygen consumption in men with spinal cord injury. Am J Phys Med Rehabil 2011; 90:407-14.
- 41. Johnston TE, Modlesky CM, Betz RR, Lauer RT. Muscle changes following cycling and/or electrical stimulation in pediatric spinal cord injury. Arch Phys Med Rehabil 2011; 92(12):1937-43.
- 42. Lauer RT, Smith BT, Mulcahey MJ, Betz RR, Johnston TE. Effects of cycling and/or electrical stimulation on bone mineral density in children with spinal cord injury. Spinal Cord 2011; 49:917-23.
- 43. Peng CW, Chen SC, Lai CH, Chen CJ, Chen CC, Mizrahi J, Handa Y. Clinical Benefits of Functional Electrical Stimulation Cycling Exercise for Subjects with Central Neurological Impairments. J Med Biol Eng 2011; 31(1):1-11.
- 44. Ambrosini E, Ferrante S, Ferrigno G, Molteni F, Pedrocchi A. Cycling induced by electrical stimulation improves muscle activation and symmetry during pedaling in hemiparetic patients. IEEE Trans Neural Syst Rehabil Eng 2012; 20(3):320-30.



- 45. Martin R, Sadowsky C, Obst K, Meyer B, McDonald J. Functional electrical stimulation in spinal cord injury: from theory to practice. Top Spinal Cord Inj Rehabil 2012; 18(1):28-33.
- 46. Fornusek C, Davis GM, Russold MF. Pilot study of the effect of low-cadence functional electrical stimulation cycling after spinal cord injury on thigh girth and strength. Arch Phys Med Rehabil 2013; 94(5):990-3.
- 47. Sadowsky CL, Hammond ER, Strohl AB, Commean PK, Eby SA, Damiano DL, Wingert JR, Bae KT8, McDonald JW. Lower extremity functional electrical stimulation cycling promotes physical and functional recovery in chronic spinal cord injury. J Spinal Cord Med 2013; 36(6):623-31.
- 48. Davis G, Hamzaid NA, Hasnan N. Functional electrical stimulation in clinical applications: Fitness and cardiovascular health. Conf Proc IFESS 2014.
- 49. Fornusek C, Gwinn TH, Heard R. Cardiorespiratory responses during functional electrical stimulation cycling and electrical stimulation isometric exercise. Spinal Cord 2014; 52:635-9.
- 50. Fornusek C, Hoang P. Neuromuscular electrical stimulation cycling exercise for persons with advanced multiple sclerosis. J Rehabil Med 2014; 46:698-702.
- 51. Hammond ER, Recio AC, Sadowsky CL, Becker D. Functional electrical stimulation as a component of activity-based restorative therapy may preserve function in persons with multiple sclerosis. The Journal of Spinal Cord Medicine 2015; 38(1):68-75.
- 52. Kuhn D, Leichtfried V, Schobersberger W. Four weeks of functional electrical stimulated cycling after spinal cord injury: a clinical cohort study. Int J Rehabil Res 2014; 37(3):243-50.
- 53. Reynolds MA, McCully K, Burdett B, Manella C, Hawkins L, Backus D. A pilot study: evaluation of the effect of functional electrical stimulation cycling on muscle metabolism in non-ambulatory people with multiple sclerosis. Arch Phys Med Rehabil 2014.
- 54. Matsunaga H, Otaka Y, Kondo K, Yamaguchi T, Liu M. The combined effects of pedaling exercise and therapeutic electrical stimulation on gait performance in stroke patients: a pilot study. Physical Therapy Japan 2013; 40(5):371-7.
- 55. Johnston TE, Forst N, Jones K, Backus D. Cycling with functional electrical stimulation after spinal cord injury: what's in it for me?
- 56. Yaşar E, Yılmaz B, Göktepe S, Kesikburun S. The effect of functional electrical stimulation cycling on late functional improvement in patients with chronic incomplete spinal cord injury. Spinal Cord 2015; 53(12):866-9.
- 57. Allison DJ, Chapman B, Wolfe D, Sequeira K, Hayes K, Ditor DS. Effects of a functional electrical stimulation-assisted cycling program on immune and cardiovascular health in persons with spinal cord injury. Top Spinal Cord Inj Rehabil 2016; 22(1):71-8.



- 58. Peri E, Ambrosini E, Pedrocchi A, Ferrigno G, Nava C, Longoni V, Monticone M, Ferrante S. Can FES-augmented active cycling training improve locomotion in post-acute elderly stroke patients? Eur J Transl Myol 2016; 26(3):187-92.
- 59. Dolbow DR, Gorgey AS, Khalil RK, Gater DR. Effects of a fifty-six month electrical stimulation cycling program after tetraplegia: case report. The Journal of Spinal Cord Medicine 2017; 40(4):485-8.
- 60. Stampas A, York HS. Is the routine use of a functional electrical stimulation cycle for lower-limb movement standard of care for acute spinal cord injury rehabilitation? PM&R 2017; 9:521-8.
- 61. Wilder RP, Jones EV, Wind TC, Edlich RF. A review on functional electrical stimulation cycle ergometer exercise for spinal cord injured patients. Journal of Long-Term Effects of Medical Implants 2017; 27(2-4):279-92.
- 62. Pilutti LA, Edwards T, Motl RW, Sebastiao E. Functional electrical stimulation cycling exercise in persons with multiple sclerosis: secondary effects on cognition, symptoms, and quality of life. International Journal of MS Care 2018; in-press.
- 63. Popovic-Maneski L, Aleksic A, Metani A, Bergeron V, Cobeljic R, Popovic DB. Assessment of spasticity by a pendulum test in SCI patients who exercise FES cycling or receive only conventional therapy. IEEE Trans Neural Sys Rehabil Eng 2018; 26(1):181-7.