

Advanced Concepts on EEG and QEEG Assessment and Human Performance

International Symposium on Clinical Neuroscience – Feb 3-5, 2017

Linking Symptoms to qEEG Biomarkers and Neurofeedback

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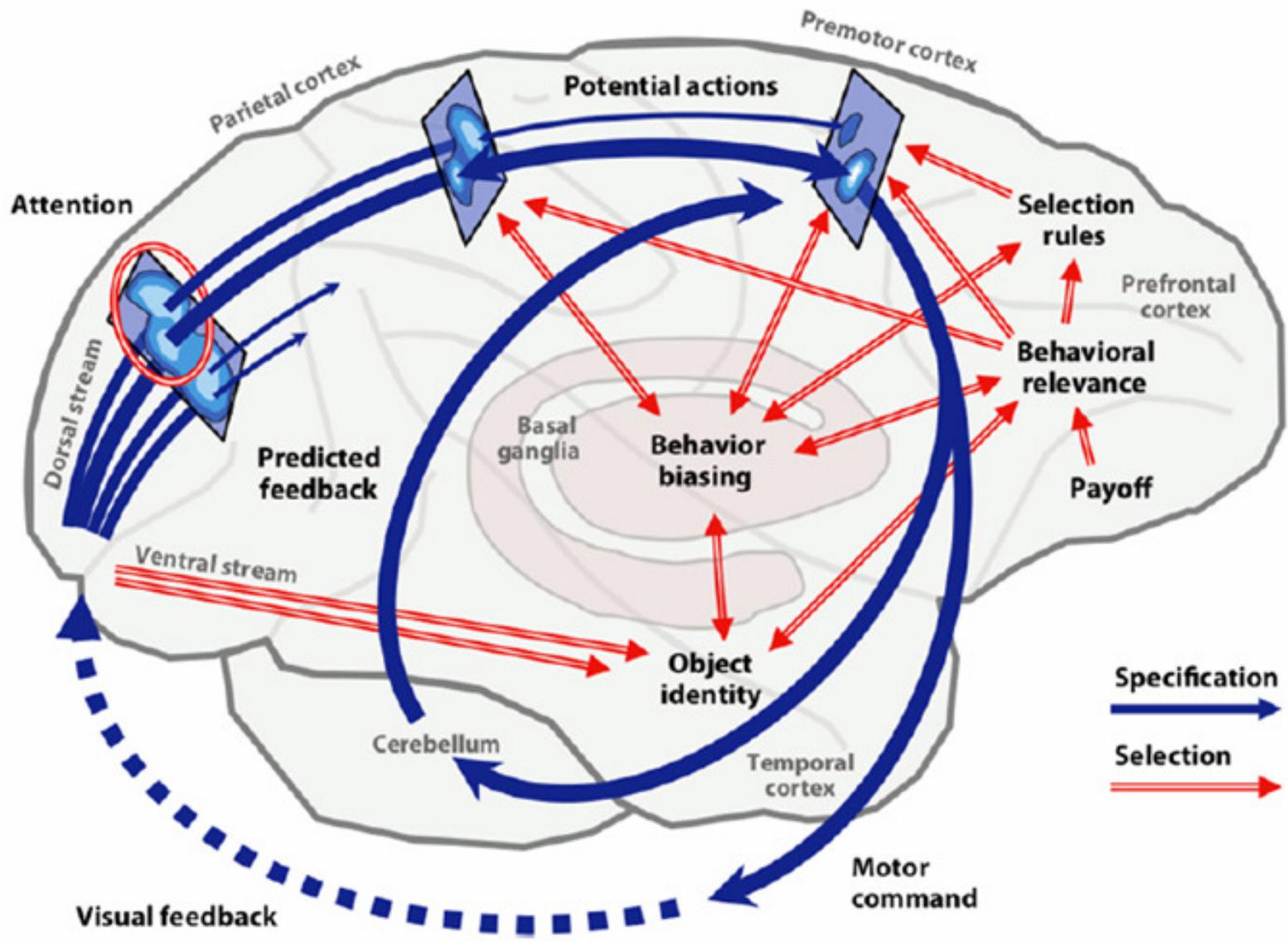
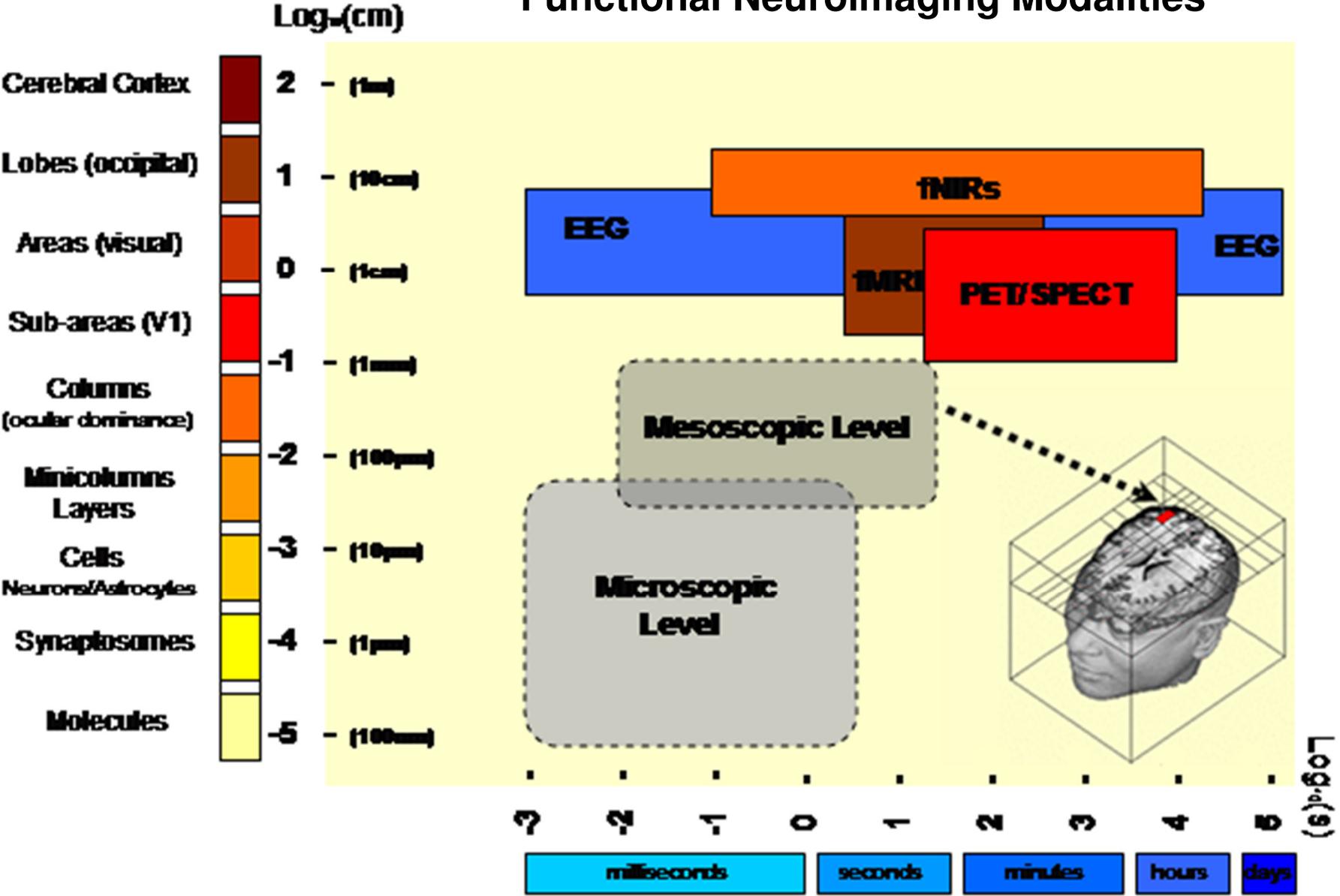
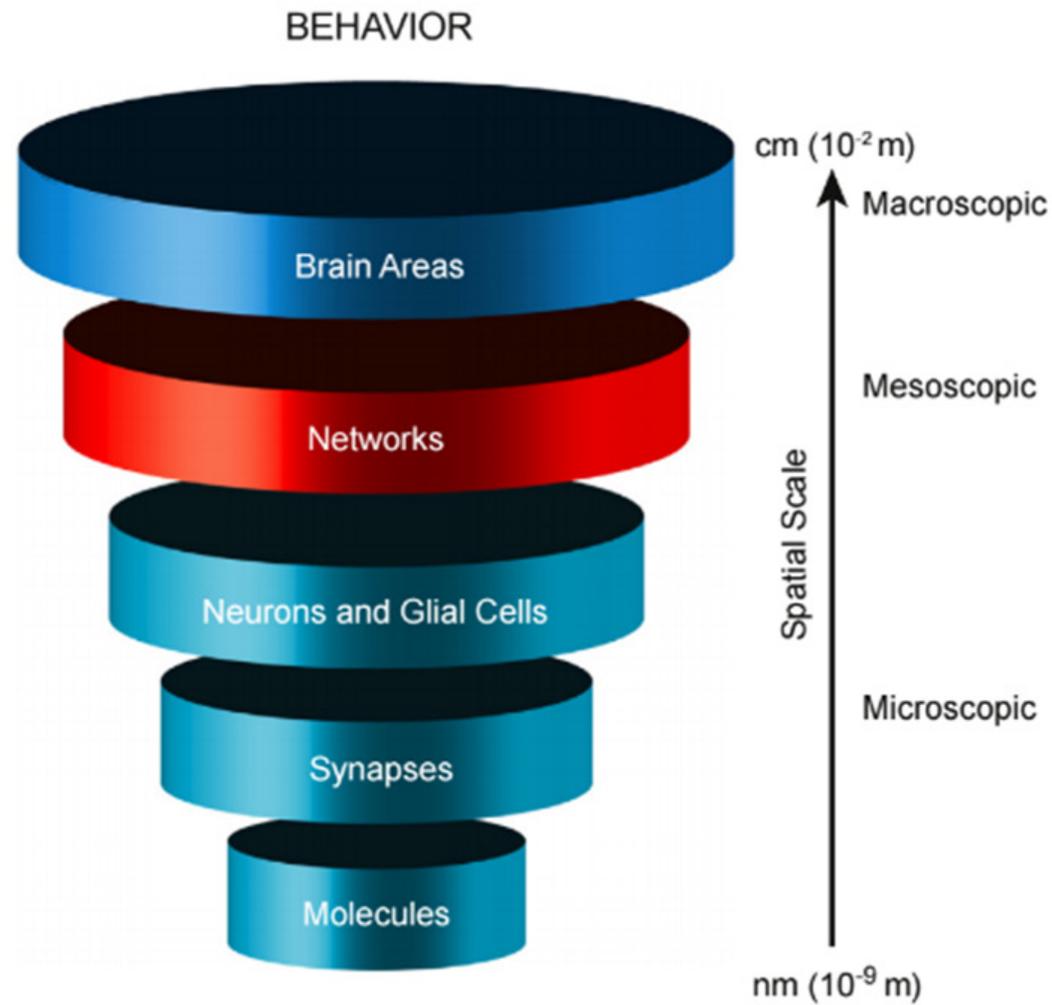


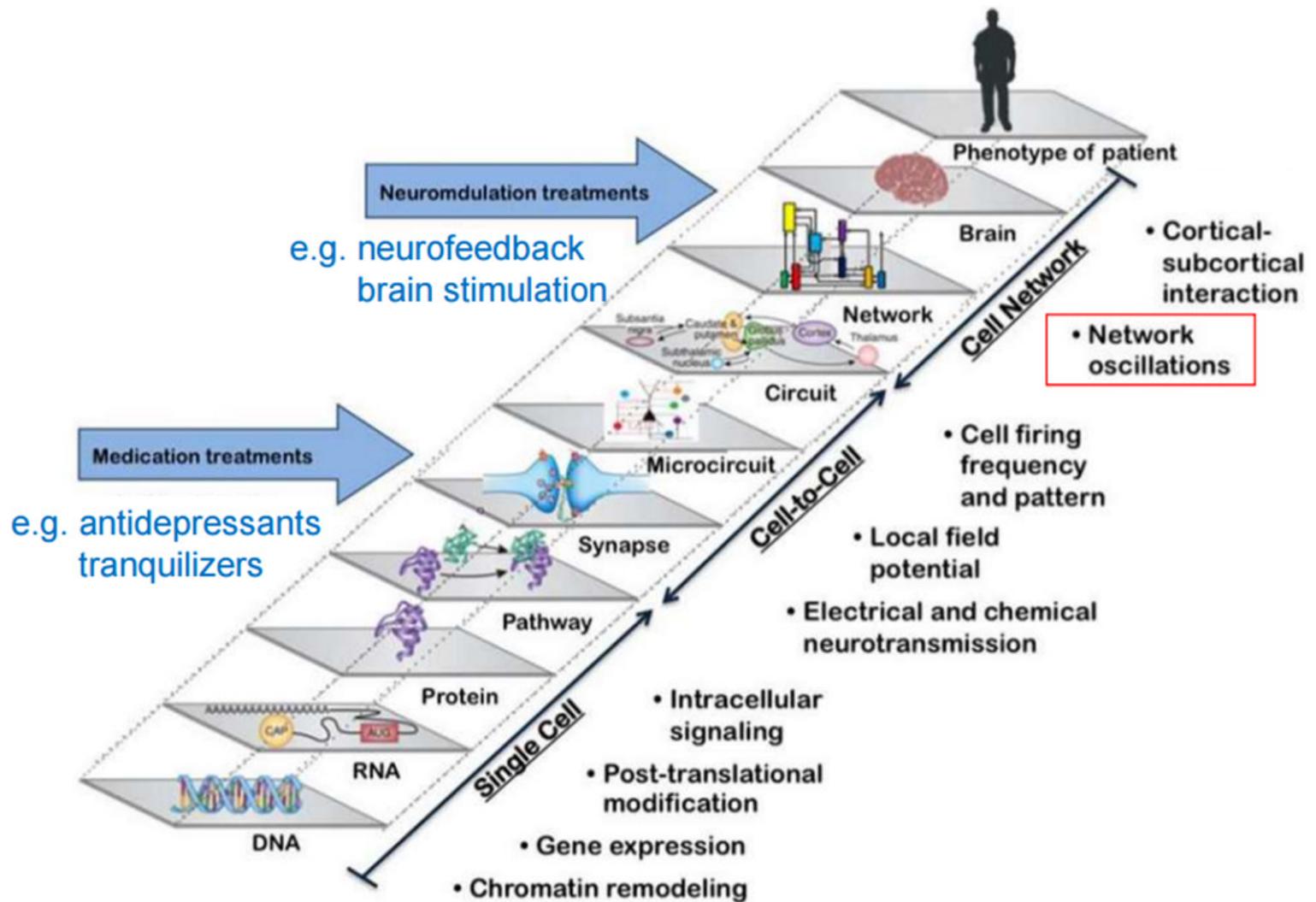
Illustration of brain information flow that can only be measured by the electroencephalogram using computers.
 Information flow – Millisecond Match-Mismatch From Rabinovich et al, 2012

Functional Neuroimaging Modalities

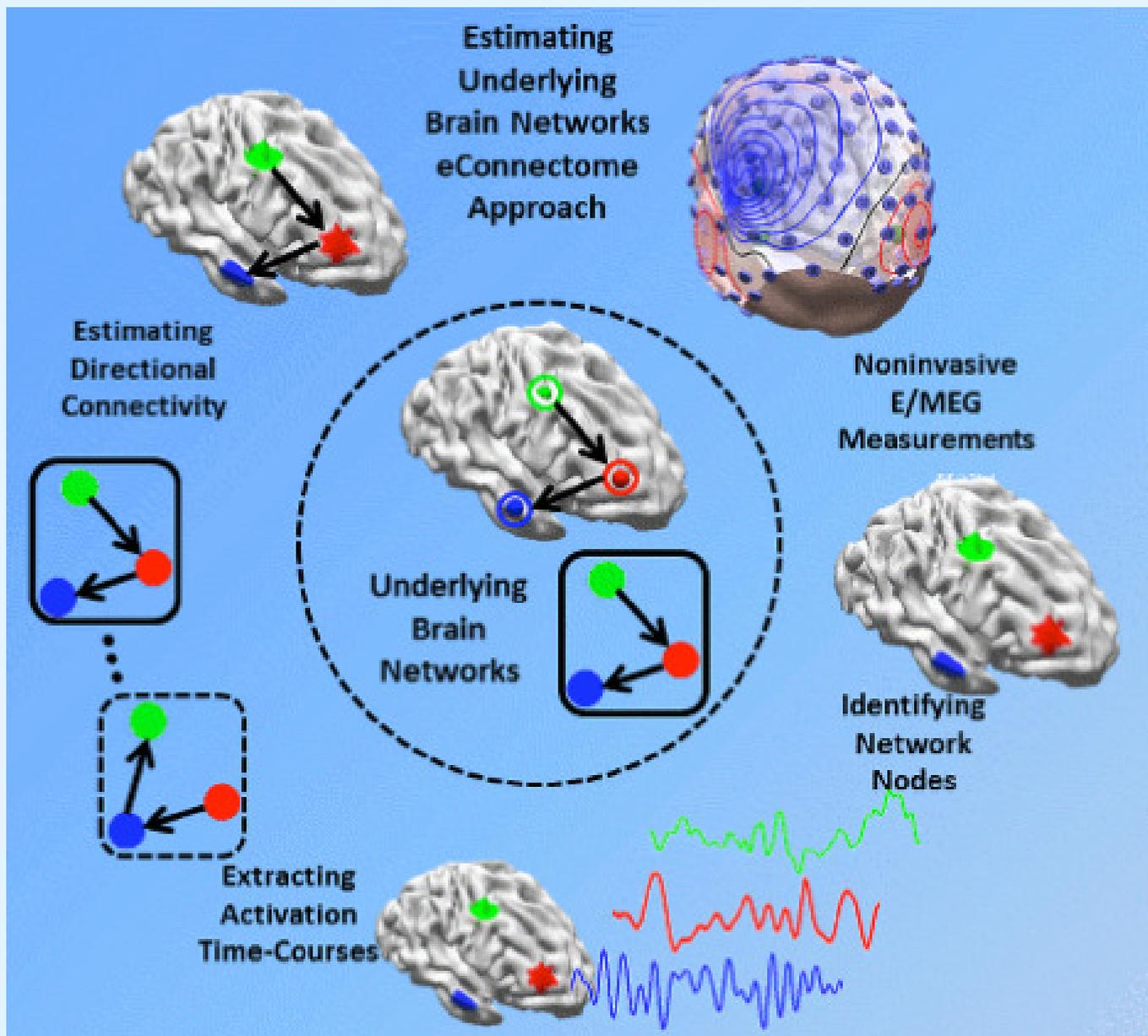




Frohlich, F., 2016. Network Neuroscience. Academic Press, NY



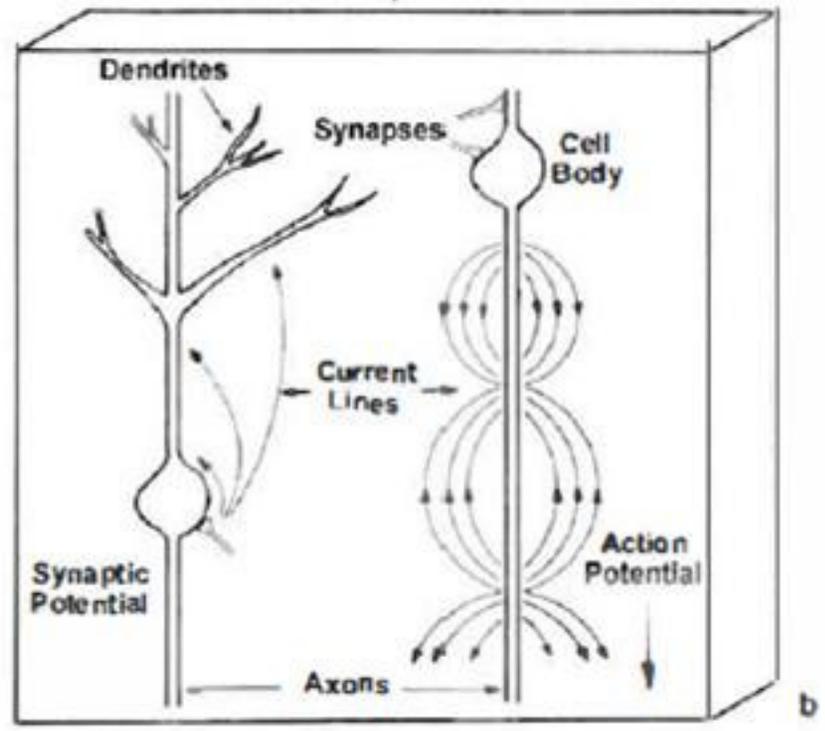
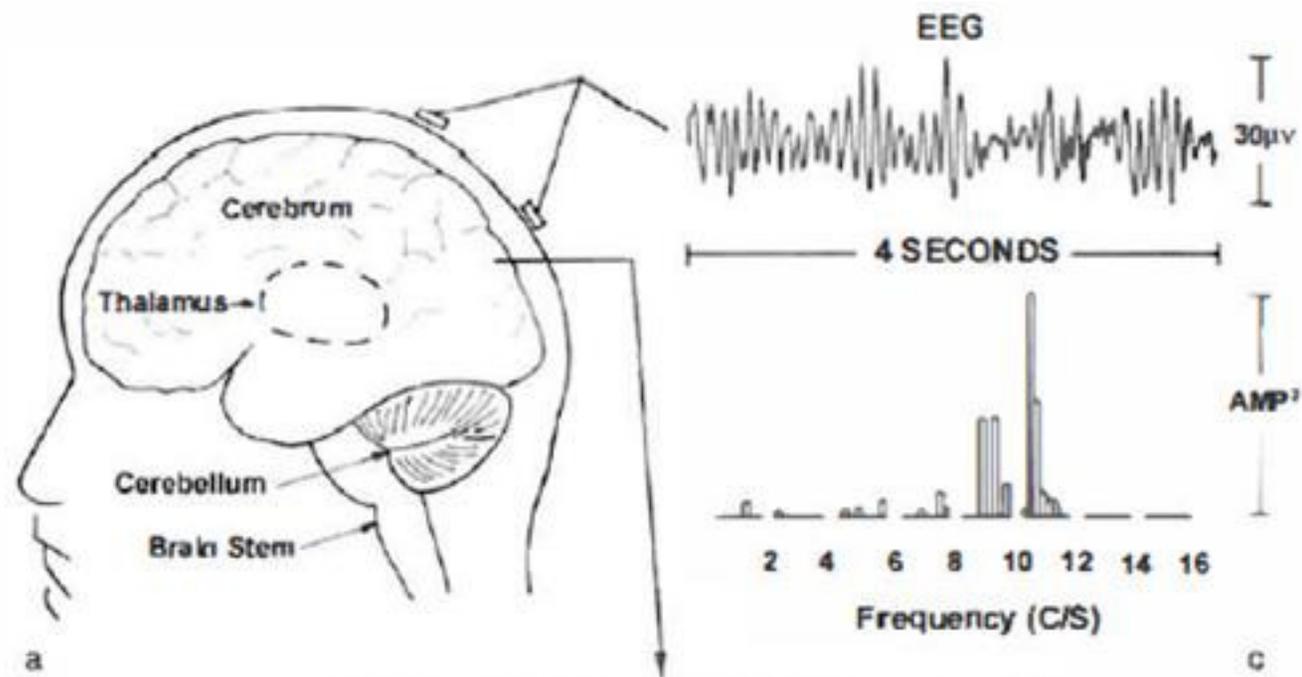
tuning-pathological-brain-oscillations-Thomas Ros-video -From Leuchter, 2015

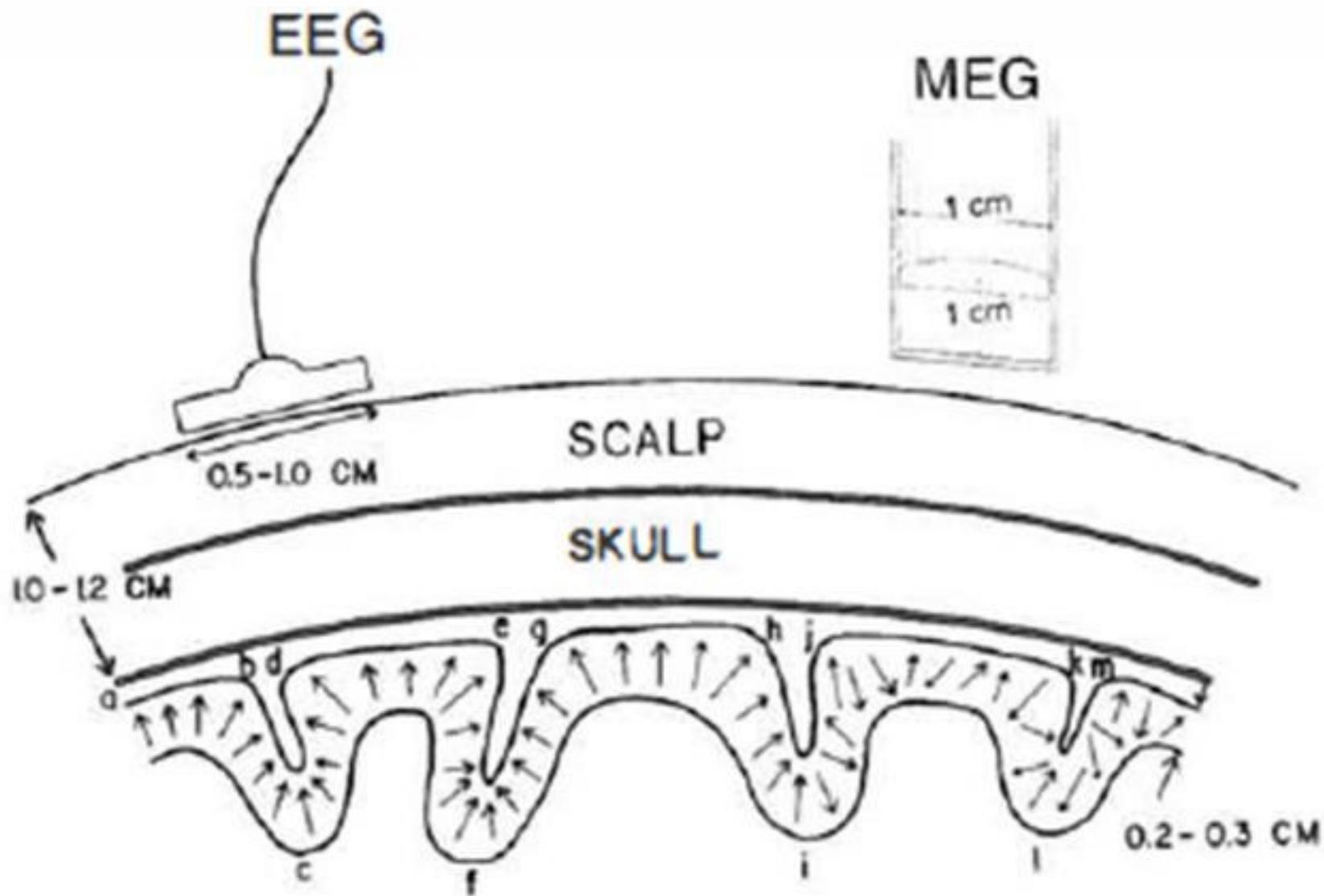


Noninvasive Electromagnetic Source Imaging and Granger Causality Analysis: An Electrophysiological Connectome (eConnectome) Approach *Abbas Sohrabpour, Shuai Ye, Gregory Worrell, Wenbo Zhang, Bin He*, University of Minnesota, USA, [Volume: 63, Issue:12, Pages:2474-2487, 2016](#)

Genesis of the Human Electroencephalogram - EEG

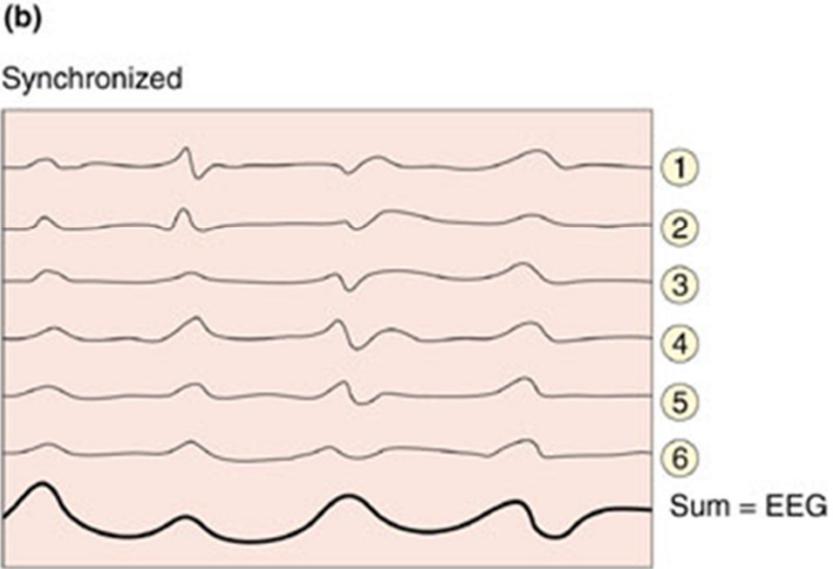
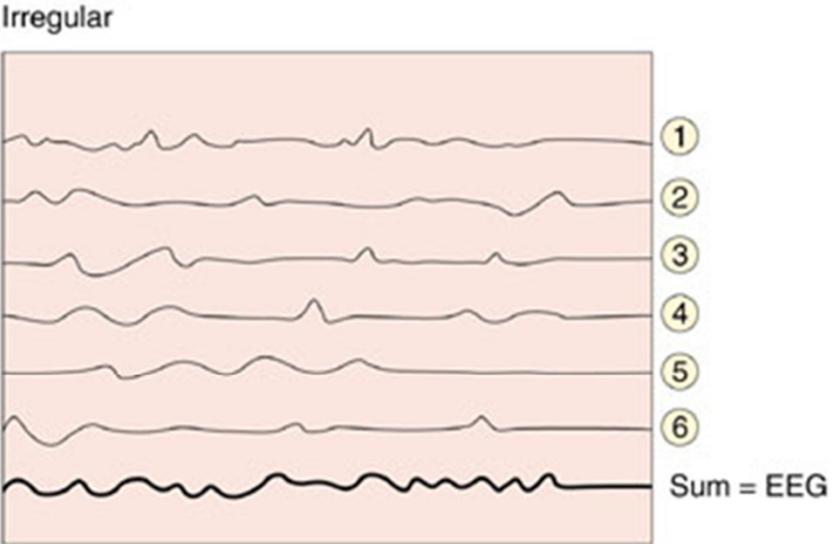
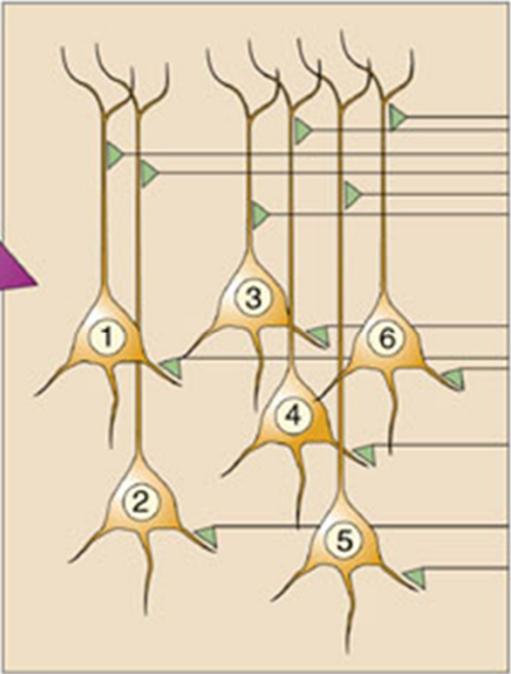
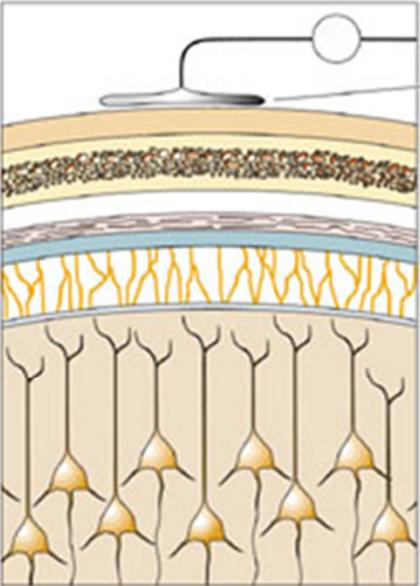
- 1- Pyramidal Neuron Dipoles**
- 2- Oscillations In an Approx. 2mm thick sheet**
- 3- Summated Local Field Potentials (LFP)**
- 4- Amplitude = Proportion of Synchronous/Square Root of Proportion of Asynchronous Generators**
- 5- Pacemakers and Resonance**



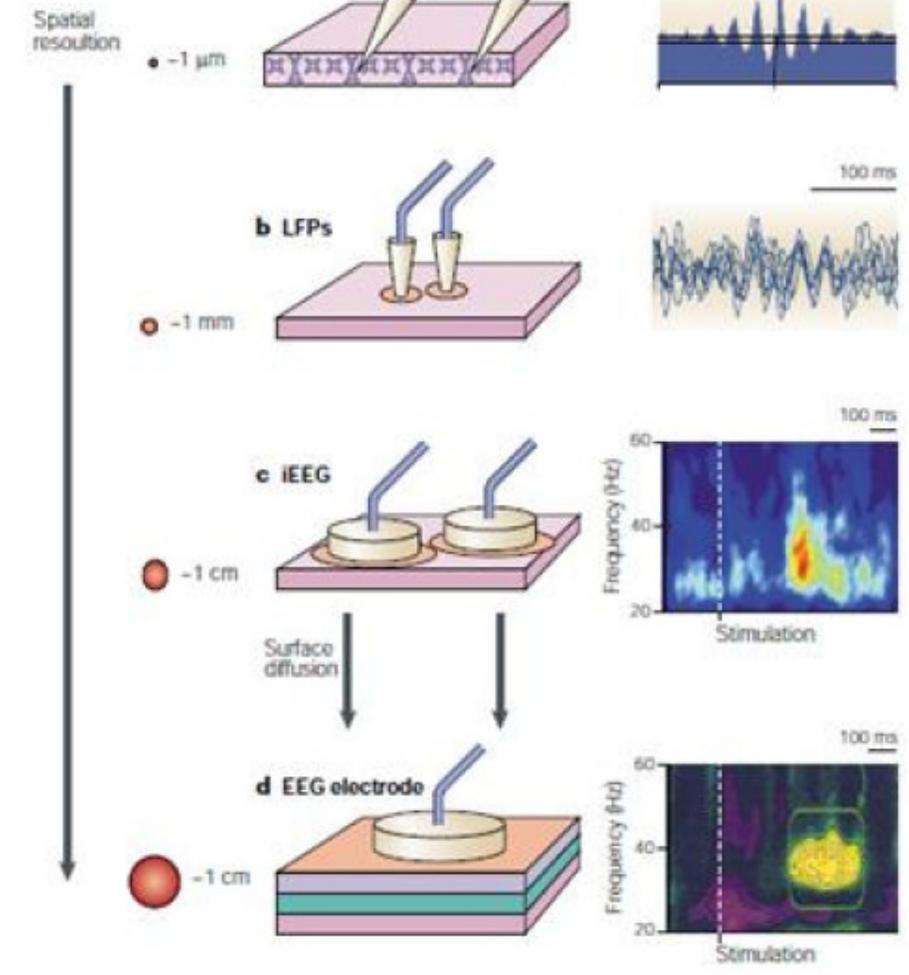


From Nunez, *Electrical Fields of the Brain*, Oxford Univ. Press, 1981

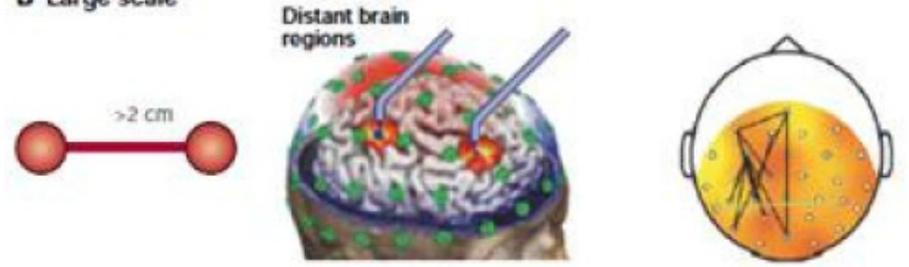
EEG = Summated Potentials at the Scalp



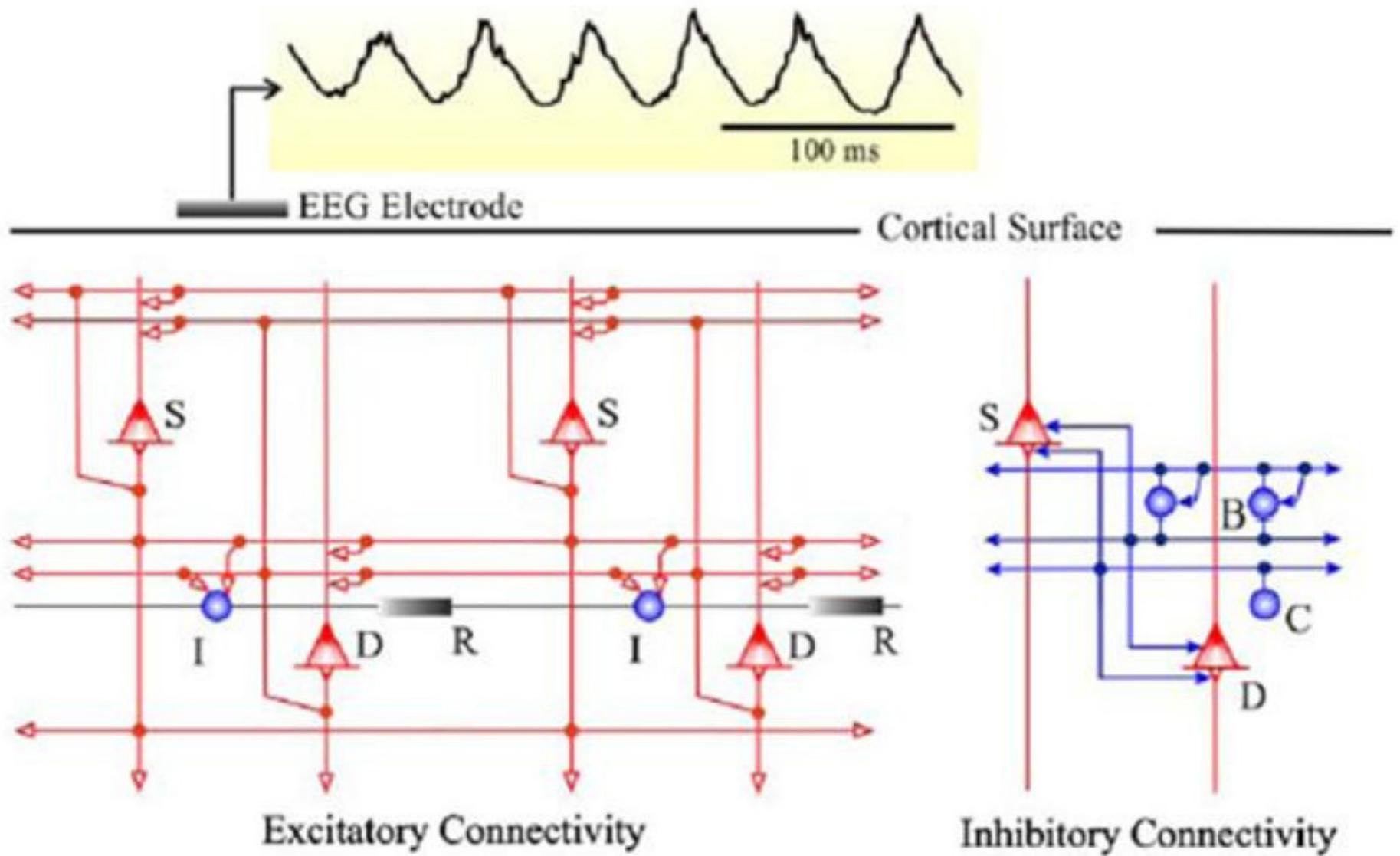
A Local scale



B Large scale

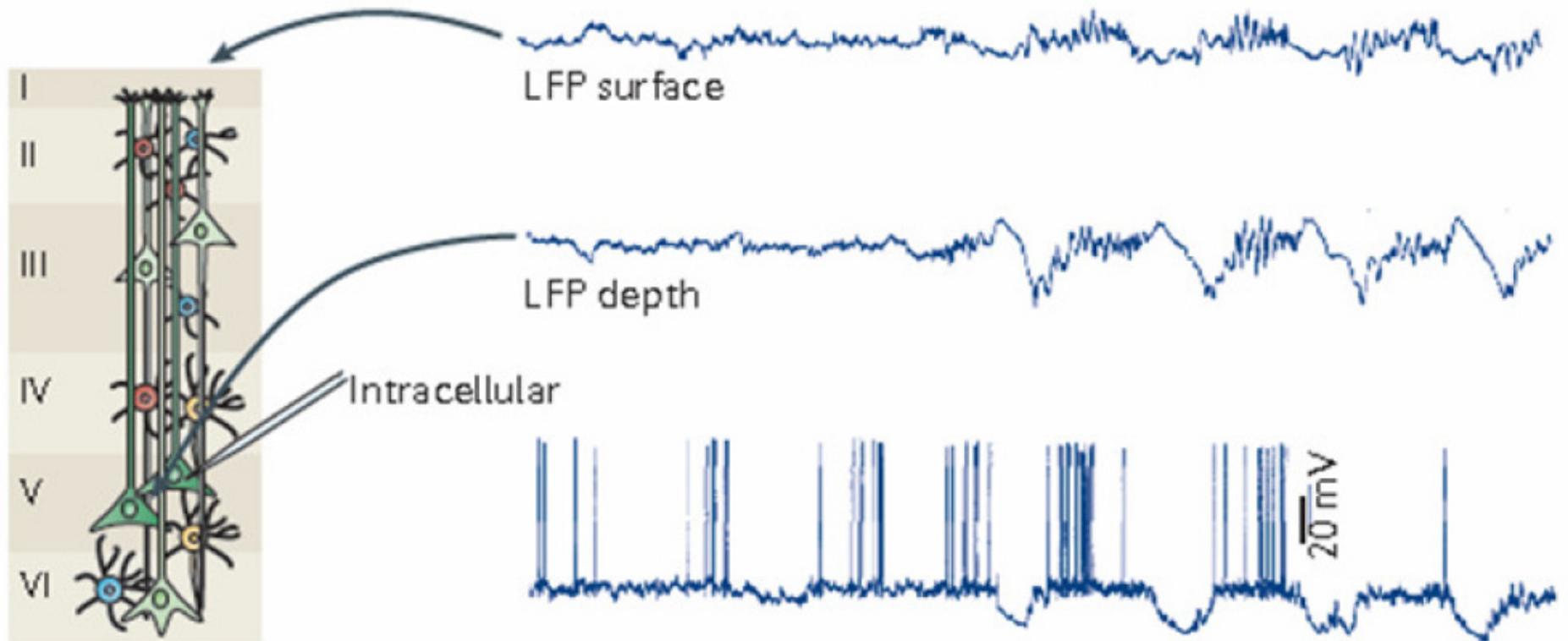


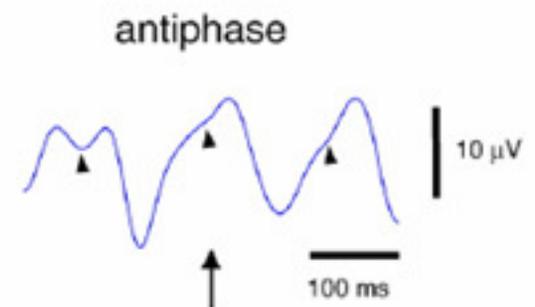
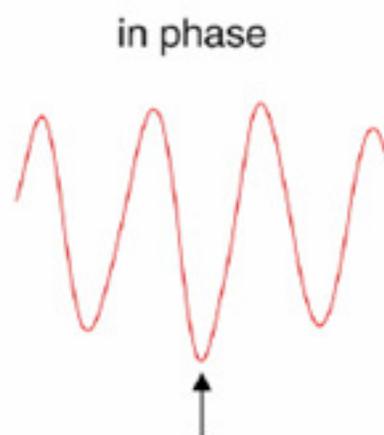
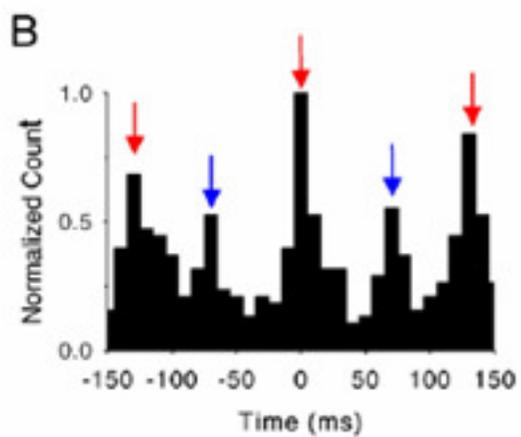
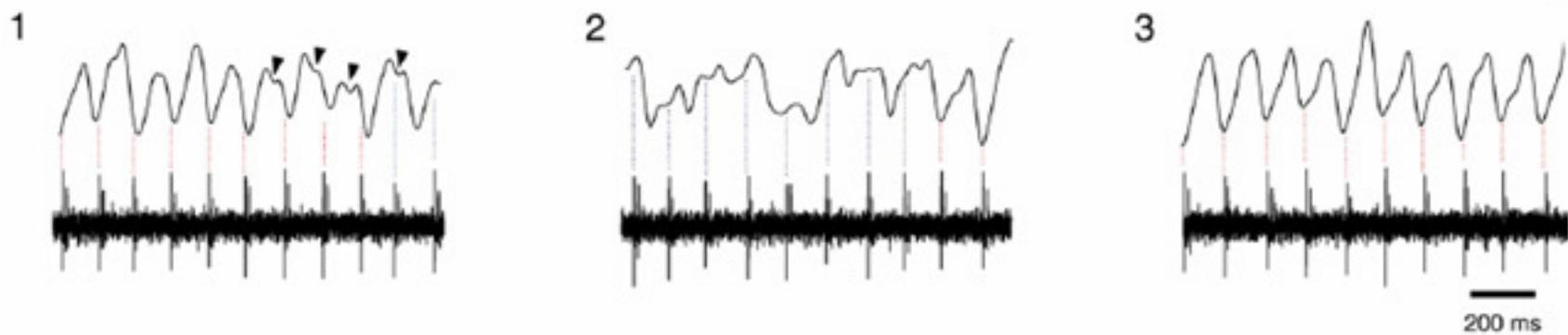
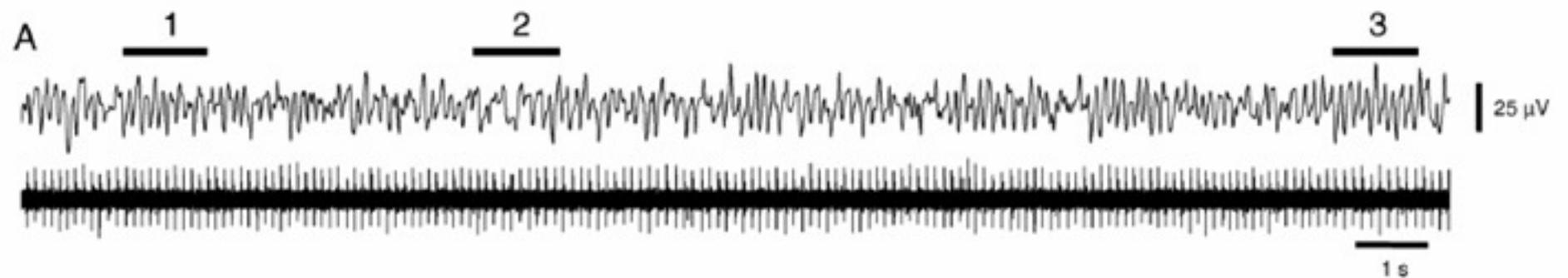
From Varela et al, 2001



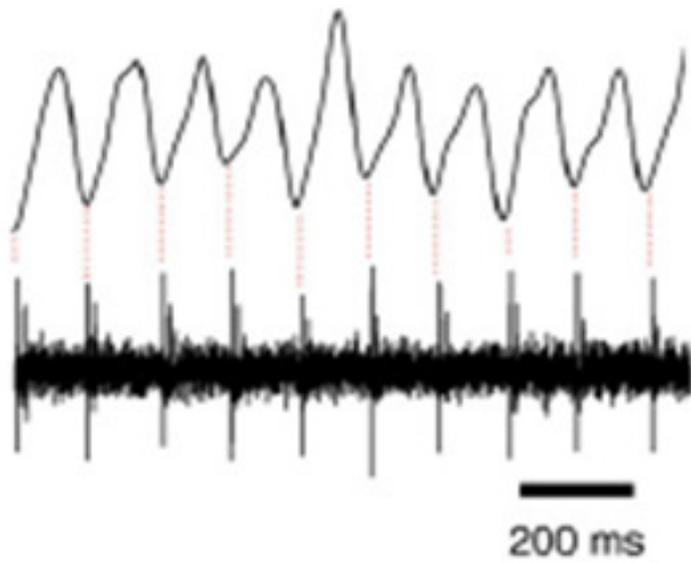
How Neurons are Selected For Brief Periods of Time

Shifting In-Phase vs Anti-Phase

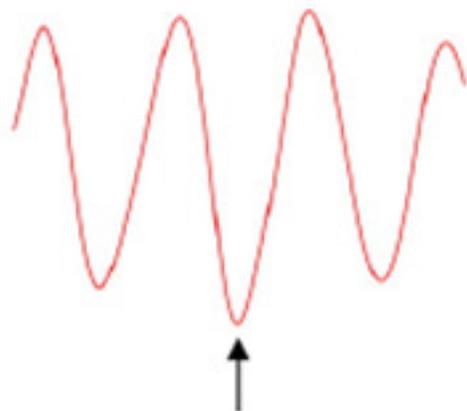




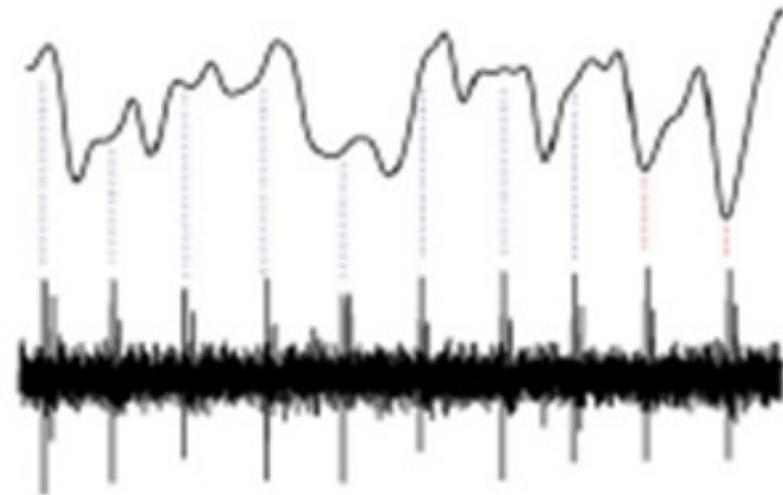
LFPs & In-Phase Action Potentials



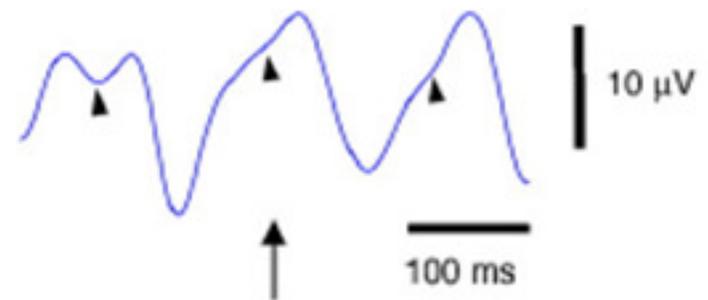
in phase

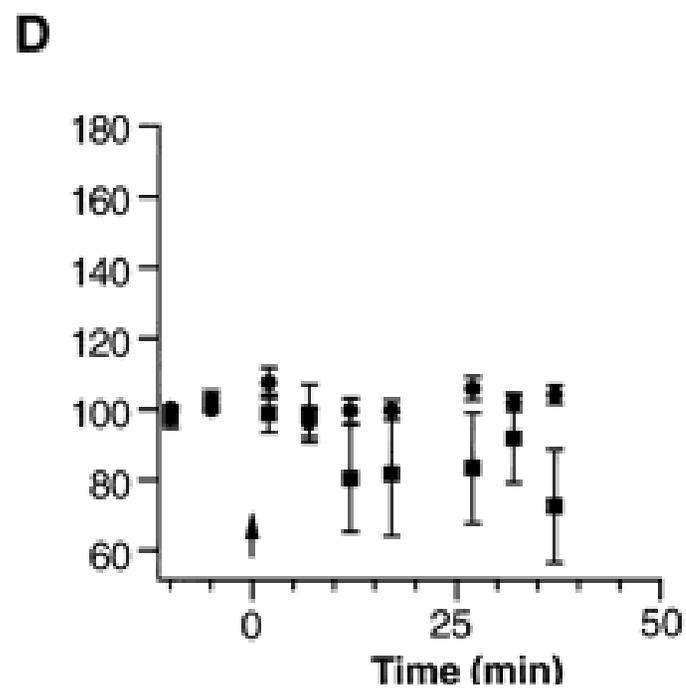
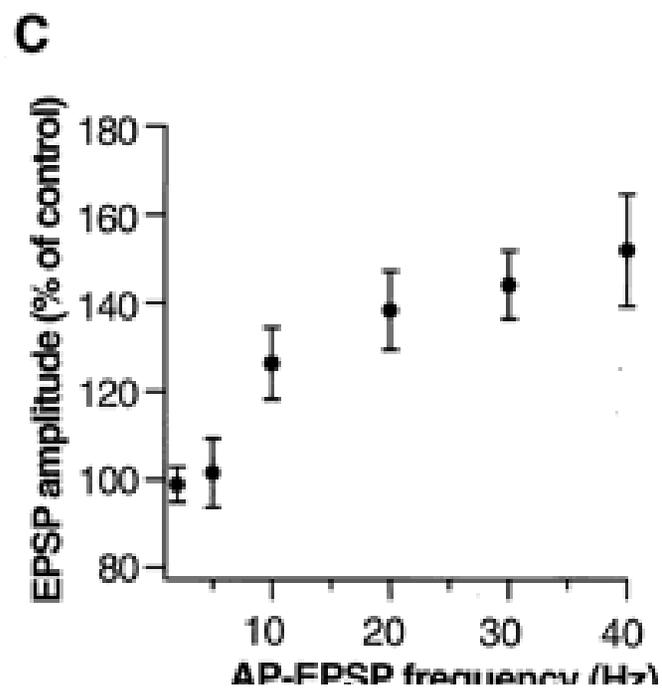
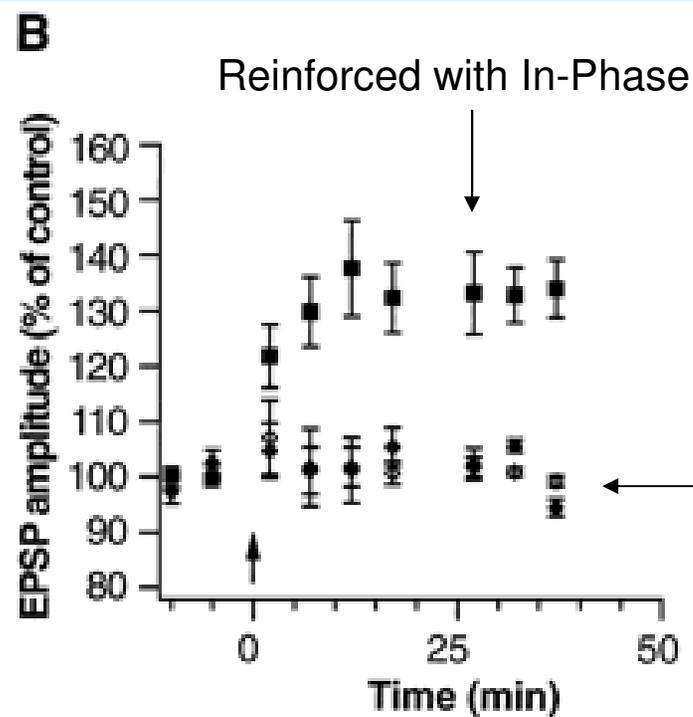
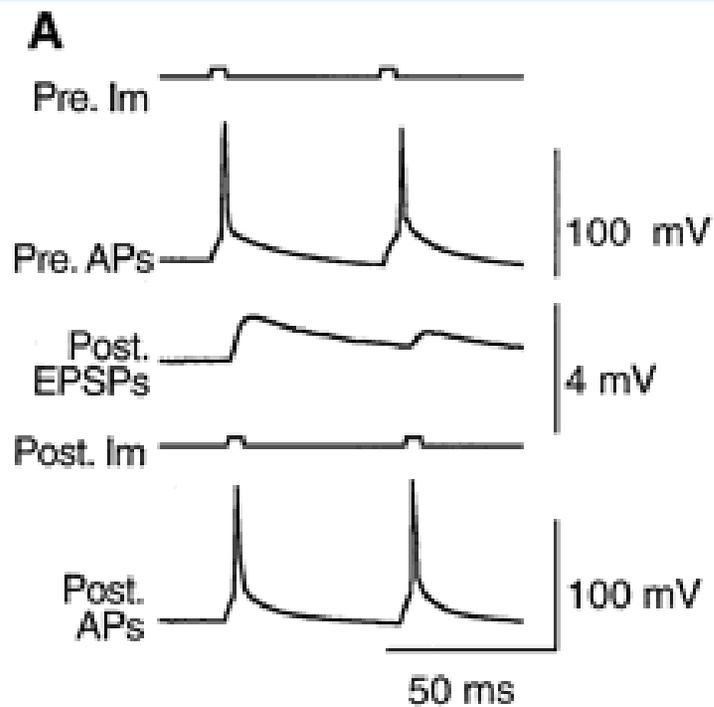


LFPs & Anti-Phase Action Potentials

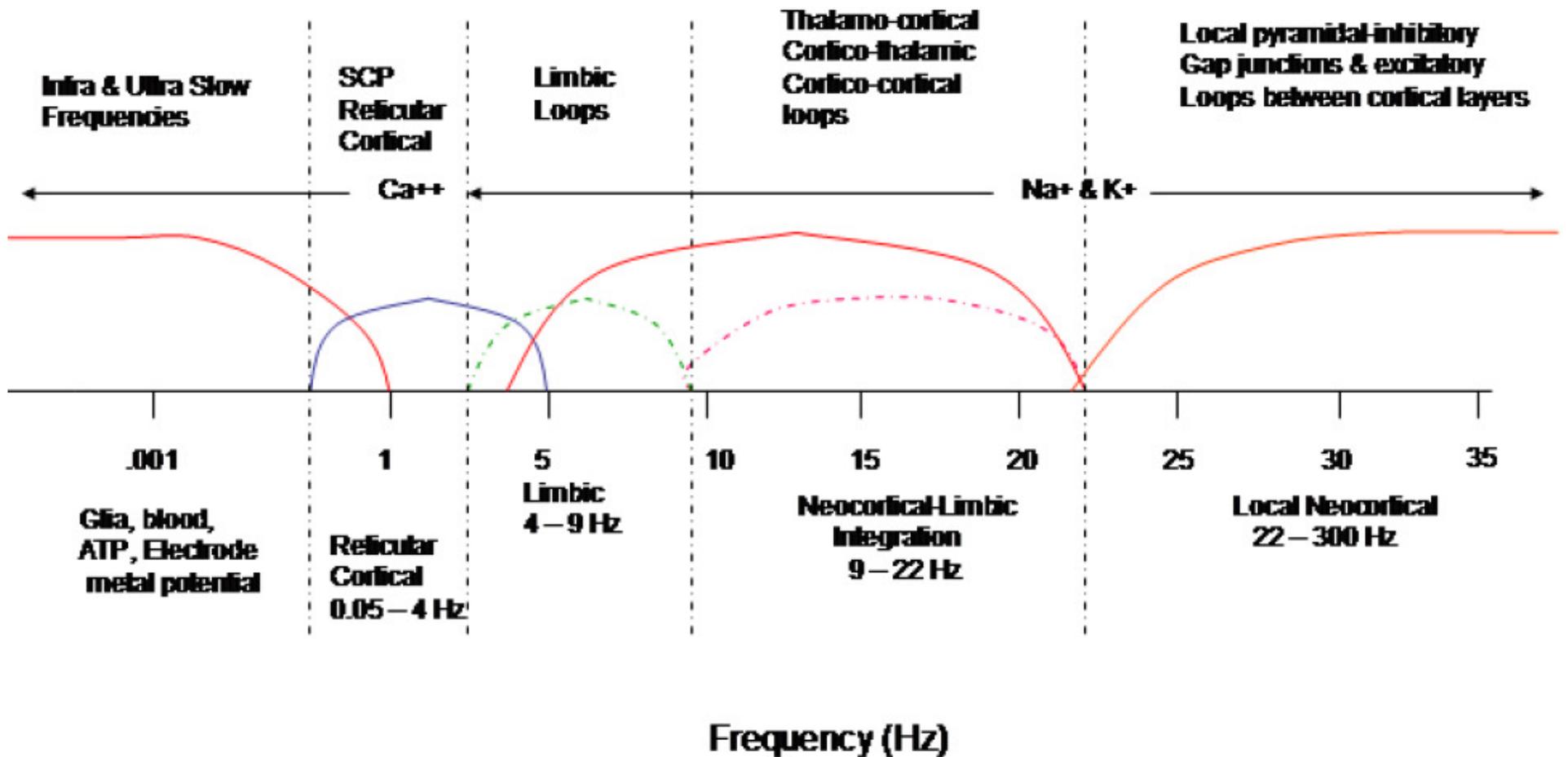


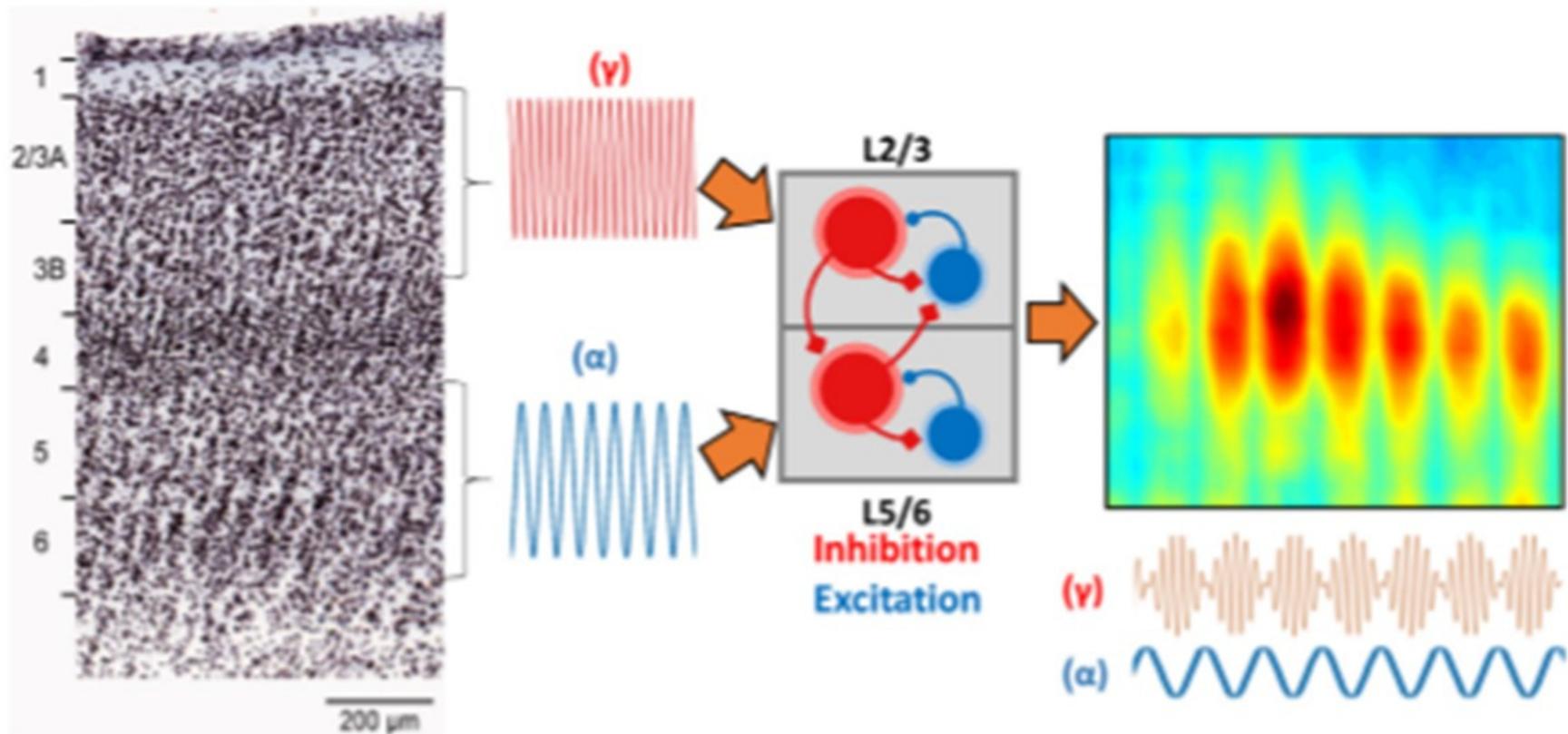
antiphase





Cross-Frequency Phase Lock and Phase Shift Spectrum

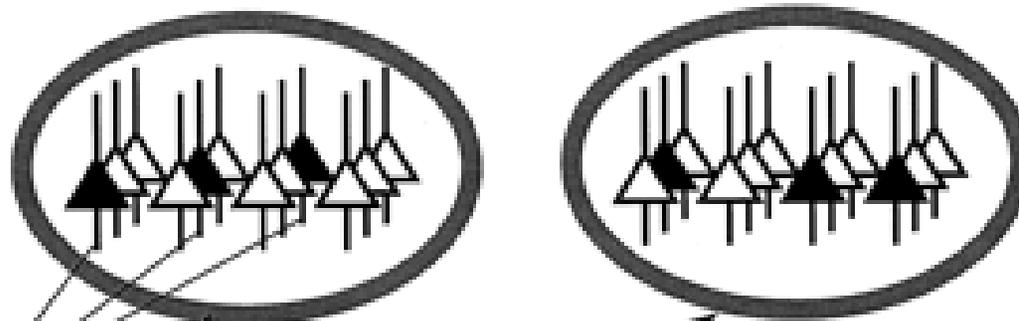




K. Kessler et al. J.; Neuroscience and Behavioral Reviews. 71(2016) 601-620

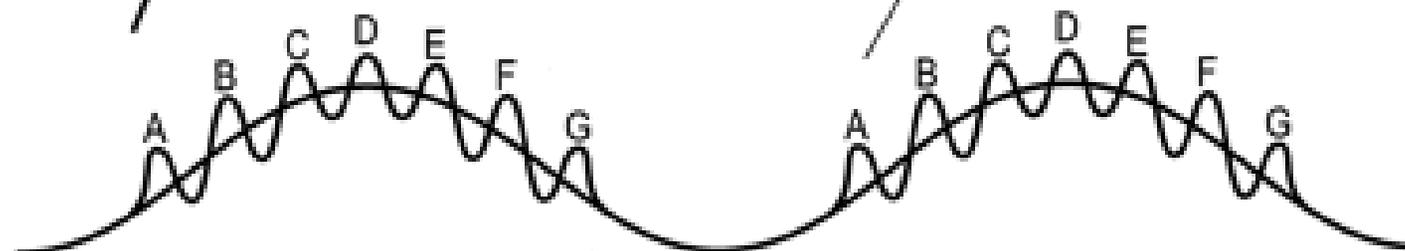
Neural code for Memory A

Neural code for Memory B



A memory is represented by a subset of pyramidal neurons firing in synchrony

Active memories are repeated each theta cycle



theta 4-10 Hz

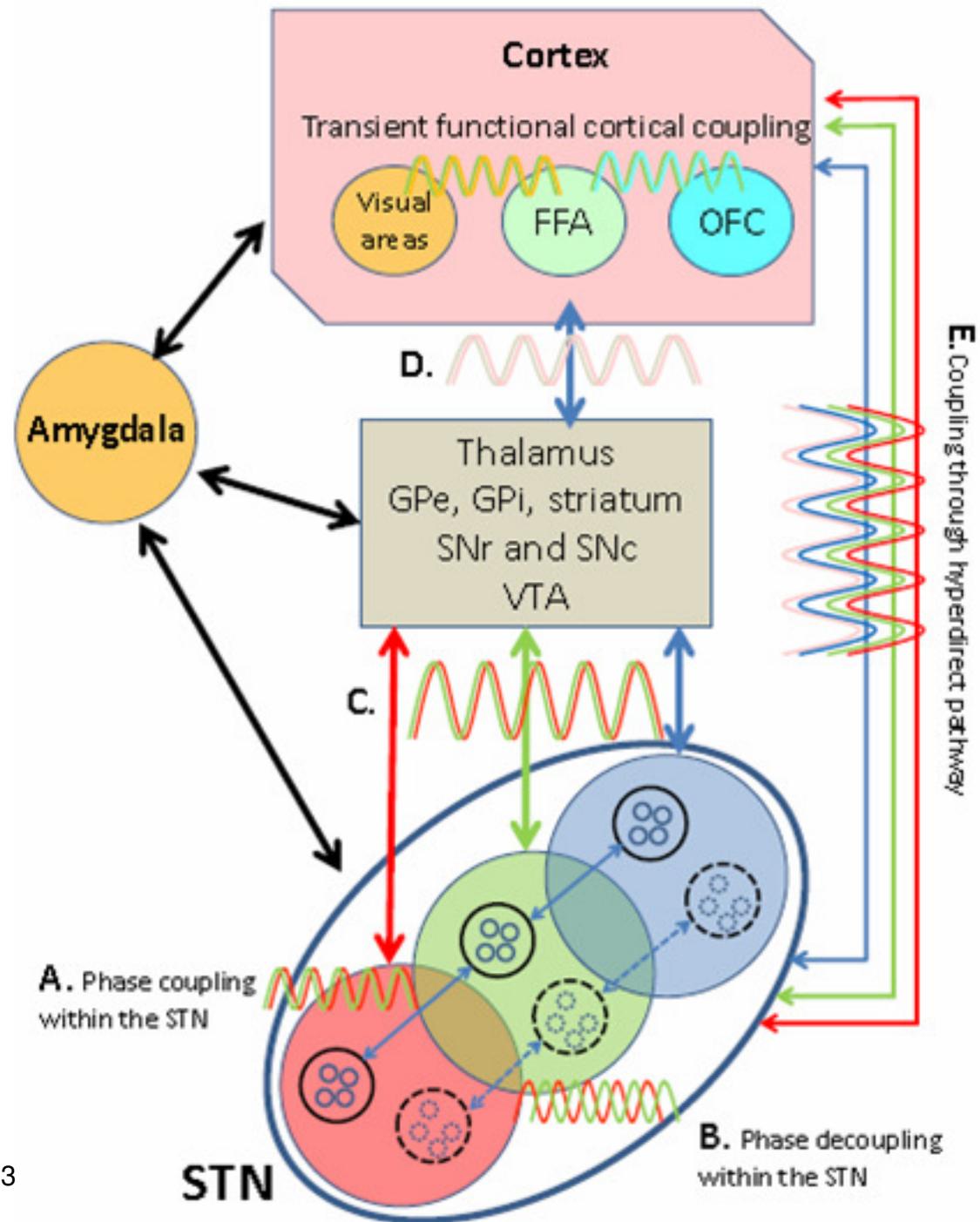


gamma 20-80 Hz



dead time = d

From Jensen, O., and Colgin, L.L. (2007)

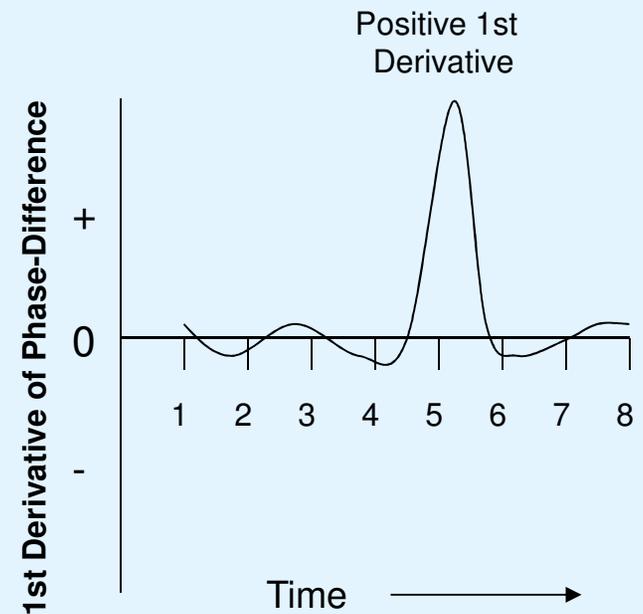
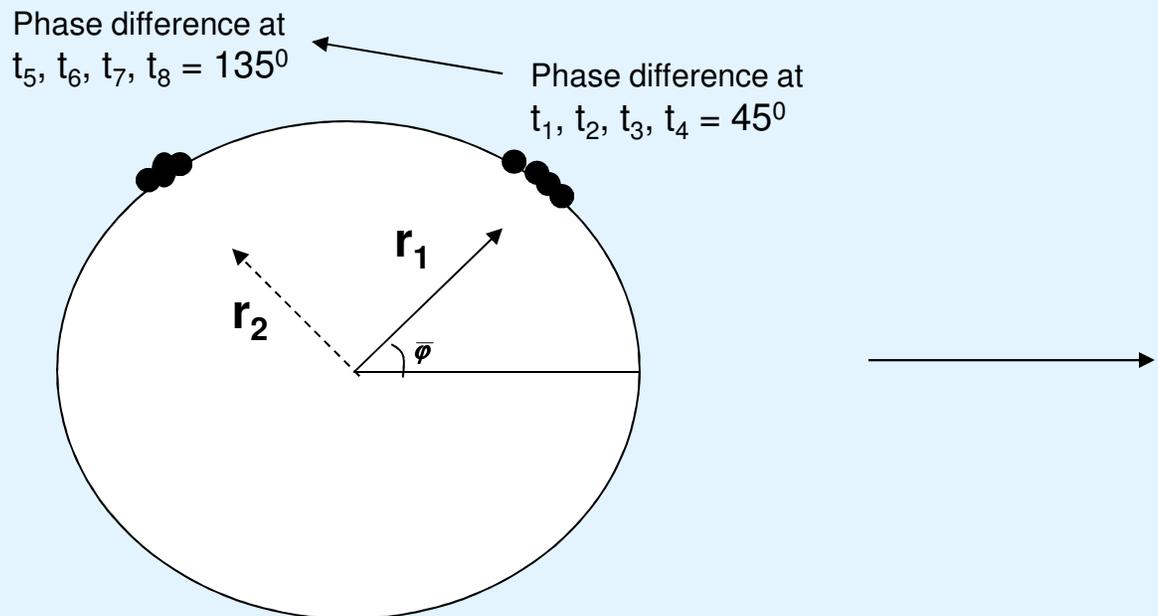
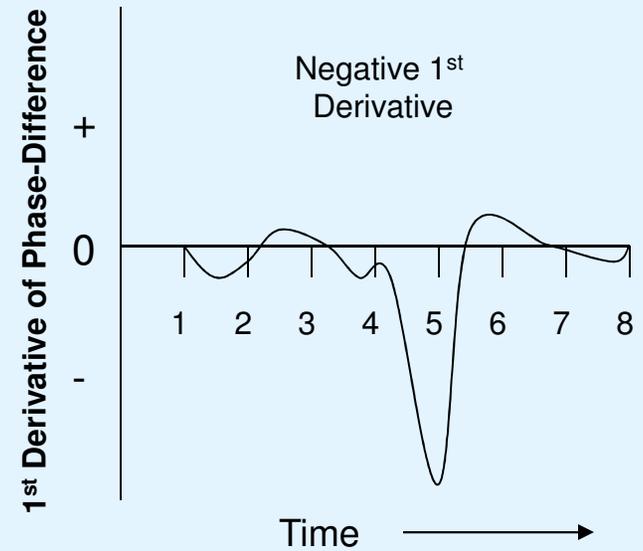
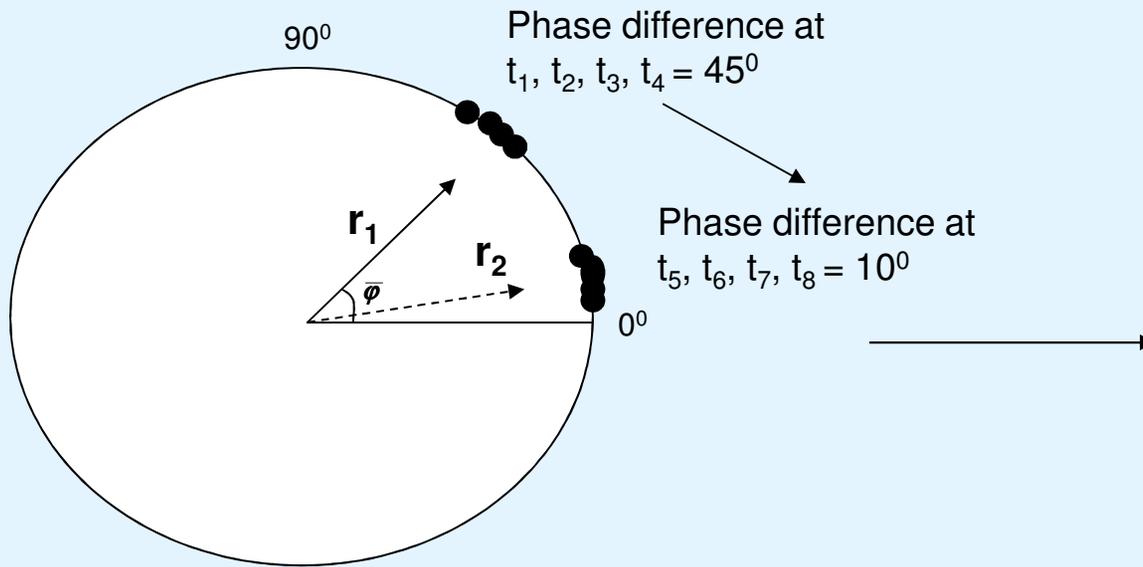


From Peron et al, 2013

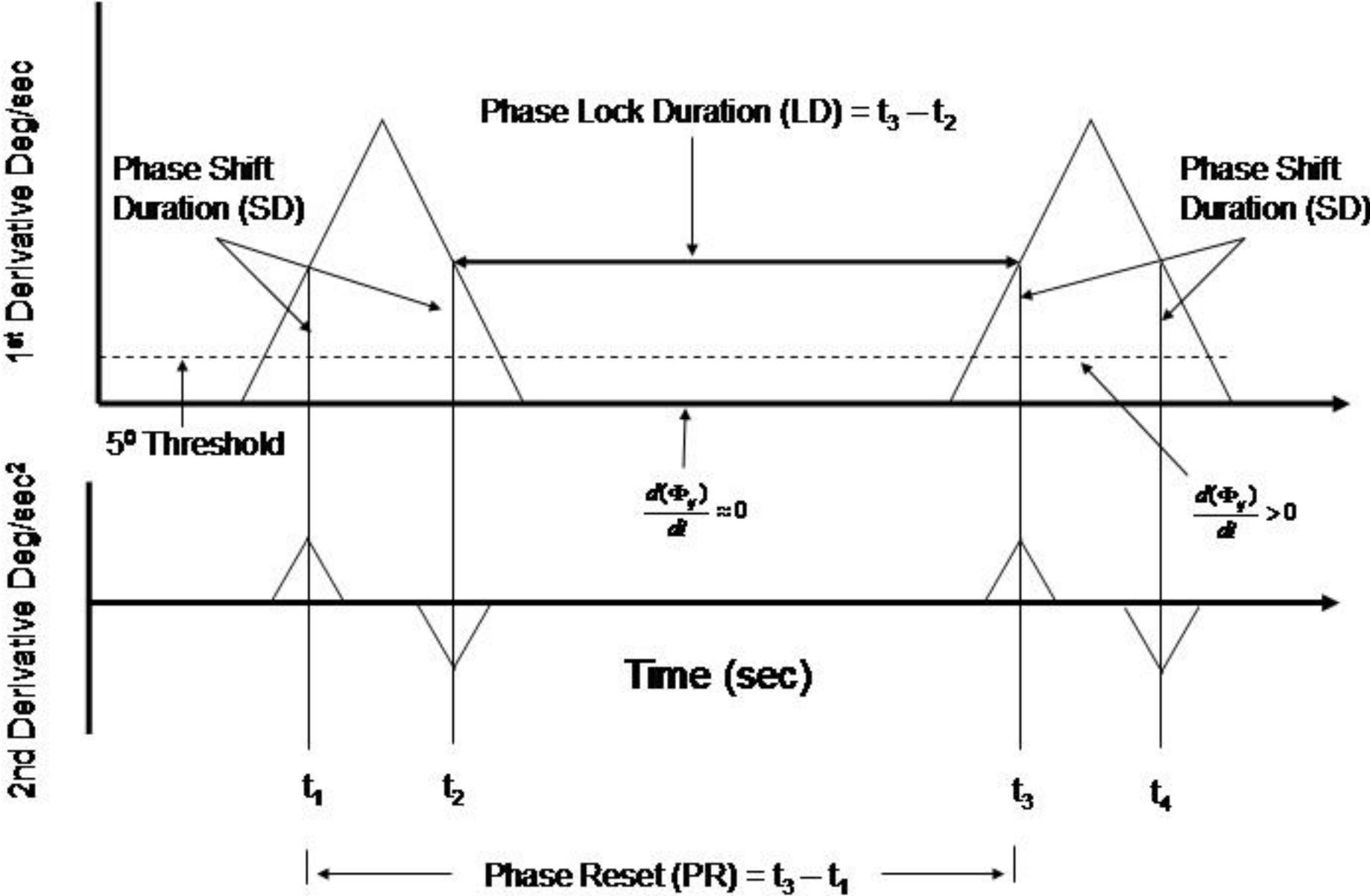
How to Measure Phase Shift and Phase Lock

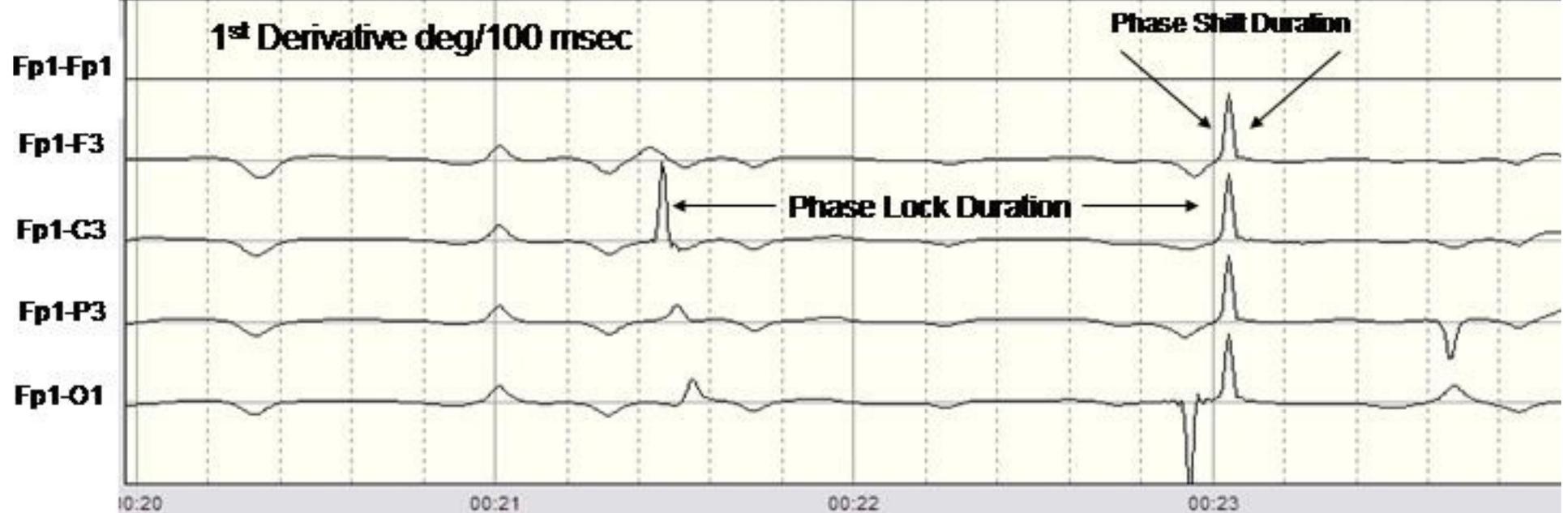
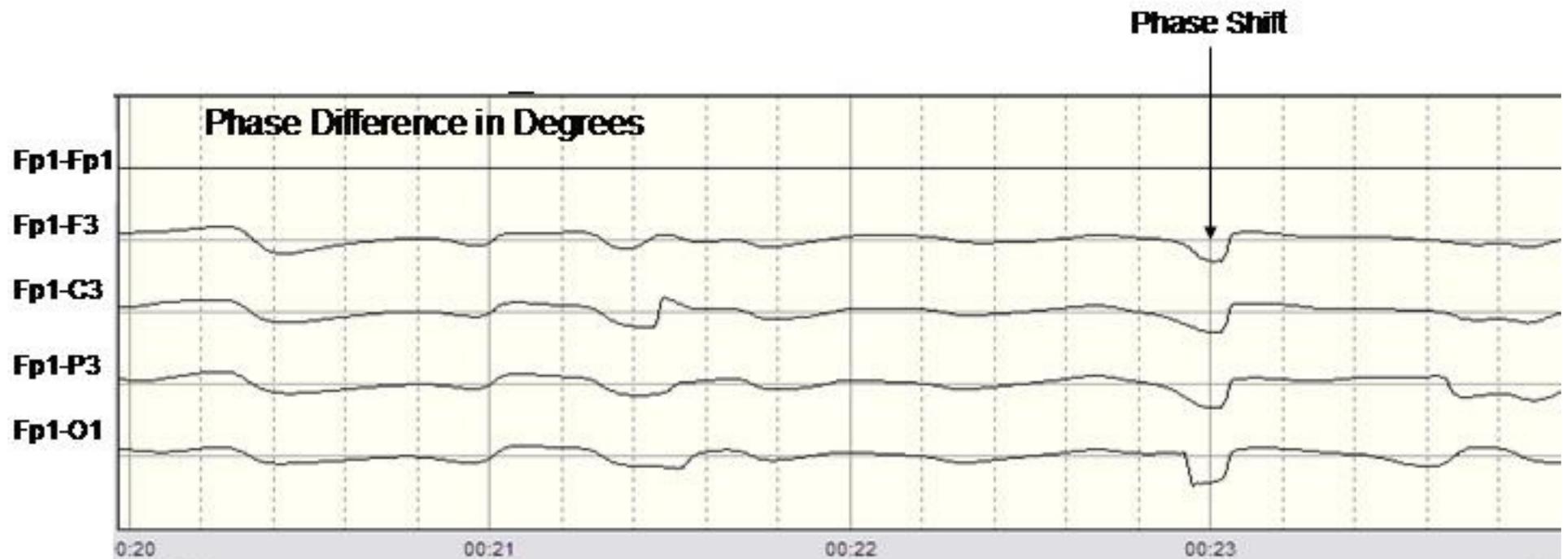
Phase Reset and Neural Resource Selection and Allocation

EEG Phase Reset as a Phase Transition in the Time Domain

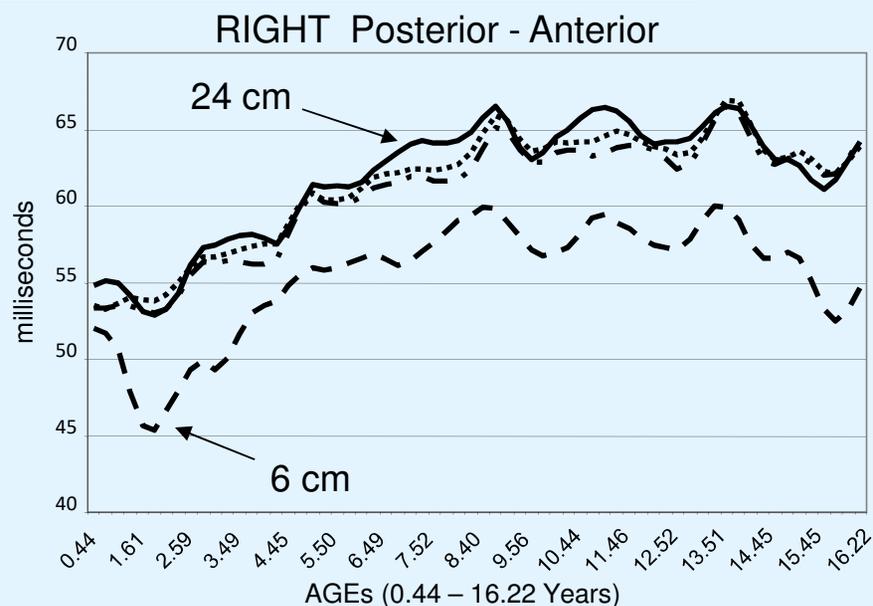
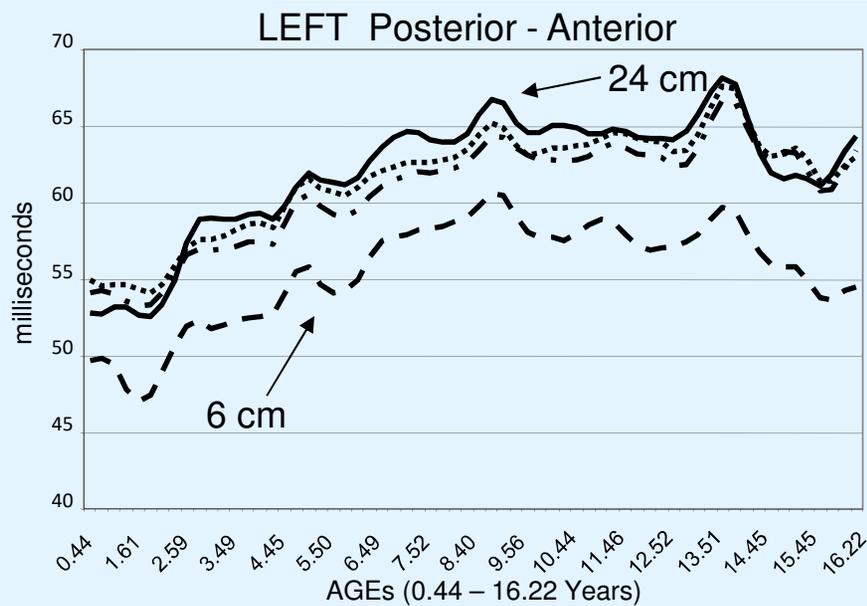
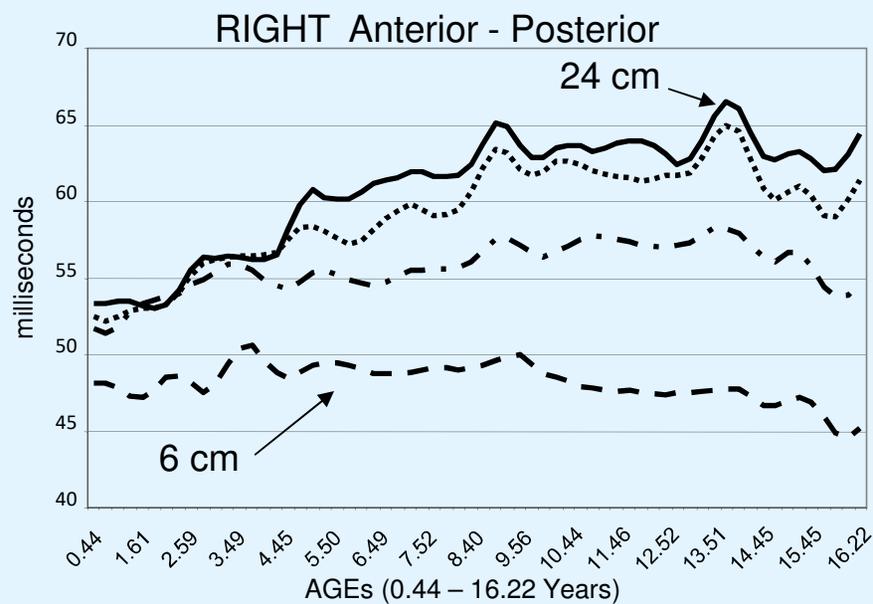
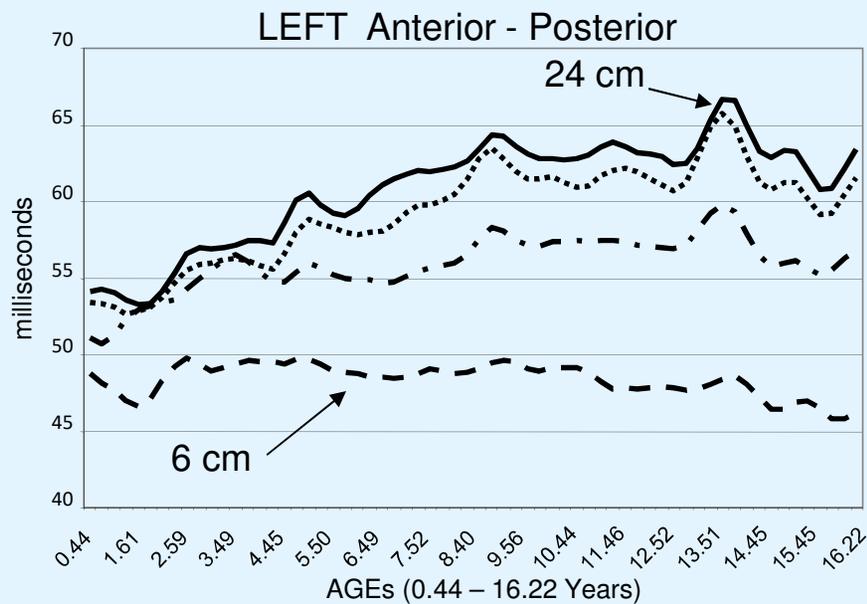


Phase Reset Metrics

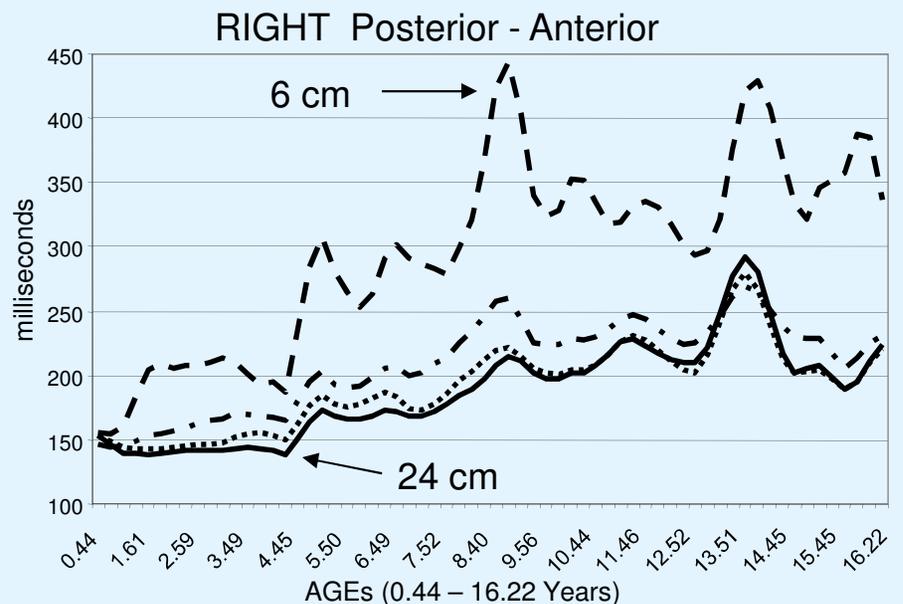
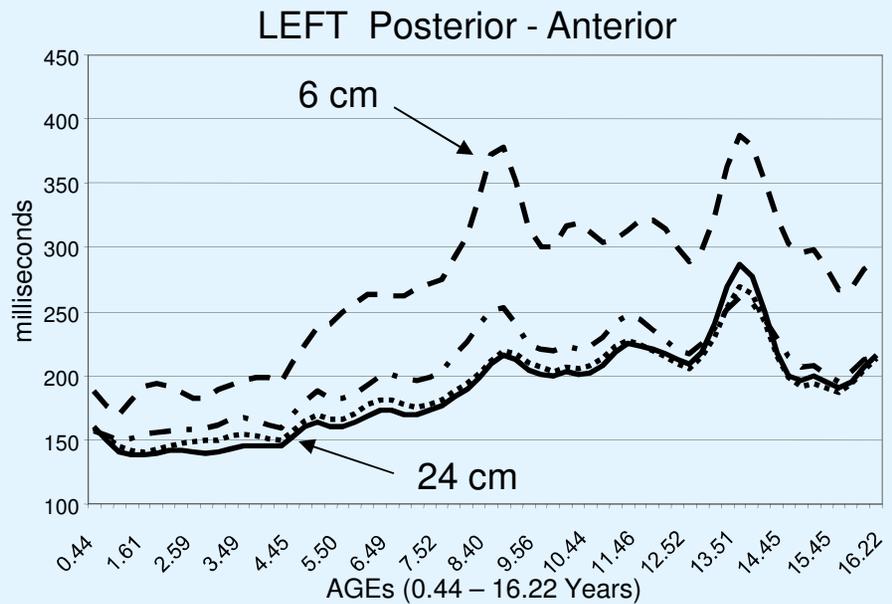
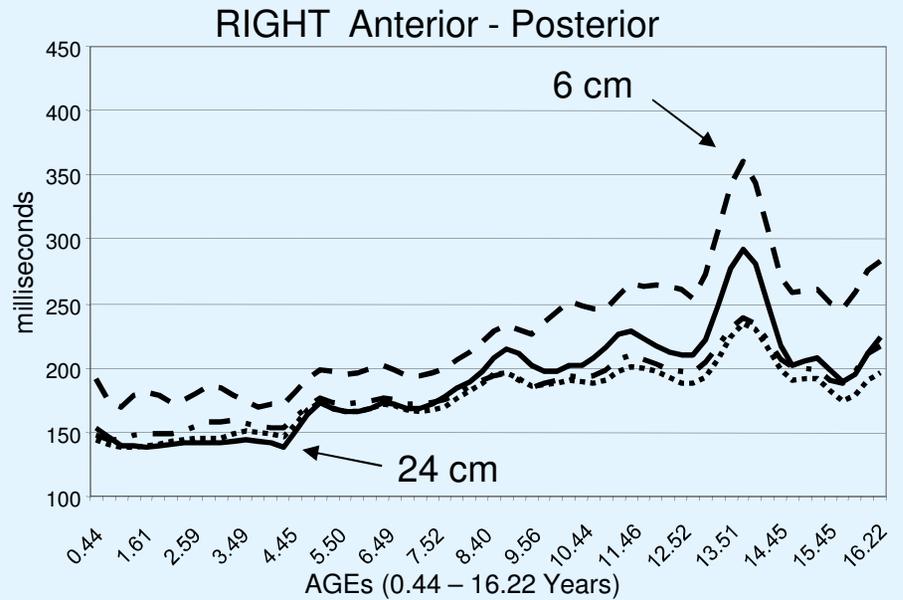
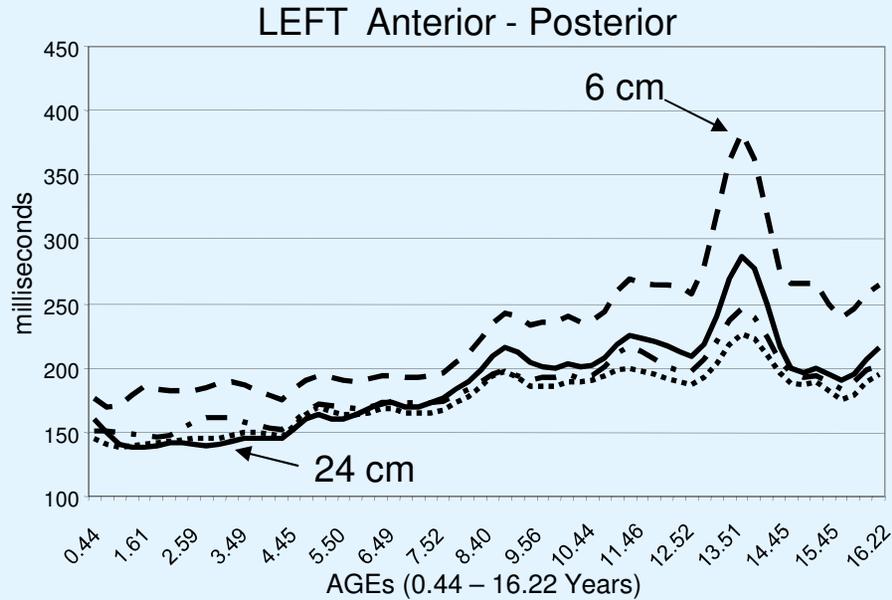




Development of Phase Shift Duration



Development of Phase Synchrony Interval



Published in NeuroImage – NeuroImage, 42(4): 1639-1653, 2008.

**INTELLIGENCE AND EEG PHASE RESET:
A TWO COMPARTMENTAL MODEL OF PHASE SHIFT AND LOCK**

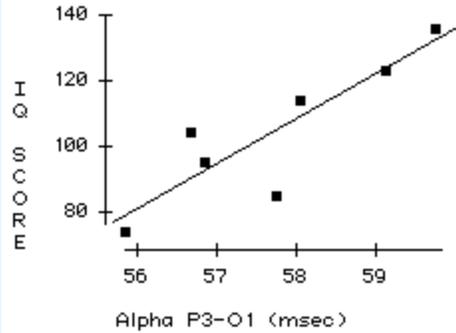
Thatcher, R. W. 1,2, North, D. M.1, and Biver, C. J.1

**EEG and Neuroimaging Laboratory, Applied Neuroscience Research Institute.
St. Petersburg, Fl1 and Department of Neurology, University of South Florida
College of Medicine, Tampa, Fl.2**

Regressions & Correlations of Phase Shift Duration Short Distances (6 cm)

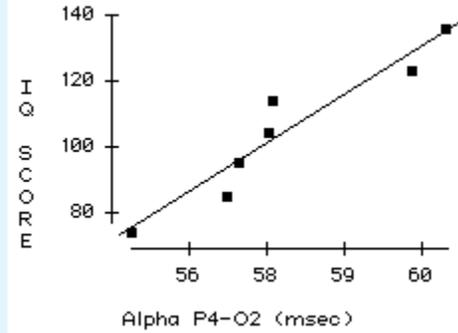
$$IQ = 78 + 13.78 \times (\text{msec})$$

$$r = .876 \text{ @ } p < .01$$



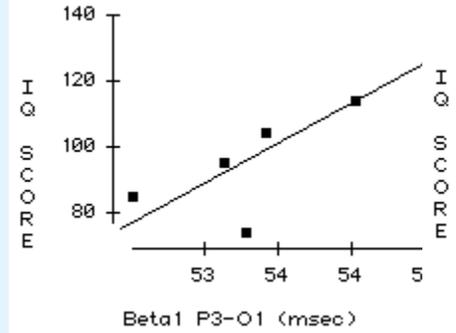
$$IQ = 70 + 11.85 \times (\text{msec})$$

$$r = .954 \text{ @ } p < .0001$$



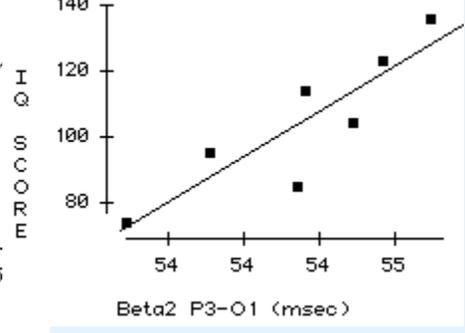
$$IQ = 75 + 24.45 \times (\text{msec})$$

$$r = .868 \text{ @ } p < .01$$



$$IQ = 68 + 34.40 \times (\text{msec})$$

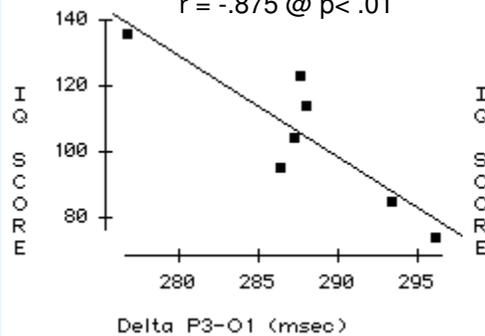
$$r = .874 \text{ @ } p < .01$$



Regressions & Correlations of Phase Locking Interval Short Distances (6 cm)

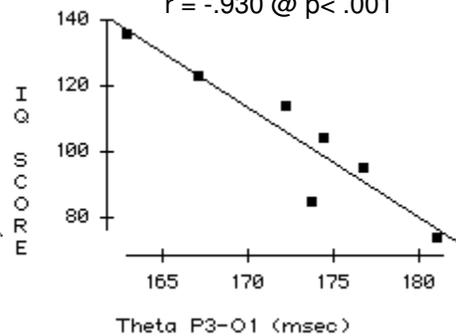
$$IQ = 143 - 3.11 \times (\text{msec})$$

$$r = -.875 \text{ @ } p < .01$$



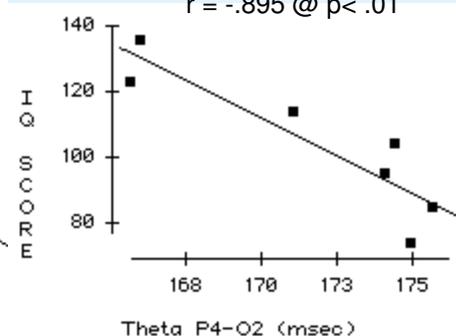
$$IQ = 142 - 3.36 \times (\text{msec})$$

$$r = -.930 \text{ @ } p < .001$$



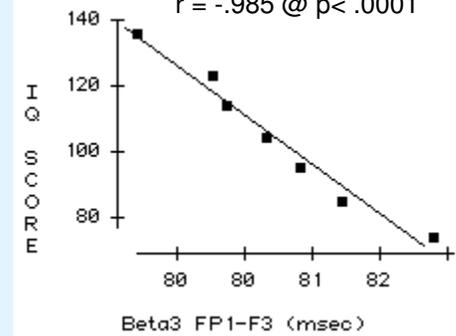
$$IQ = 132 - 4.57 \times (\text{msec})$$

$$r = -.895 \text{ @ } p < .01$$

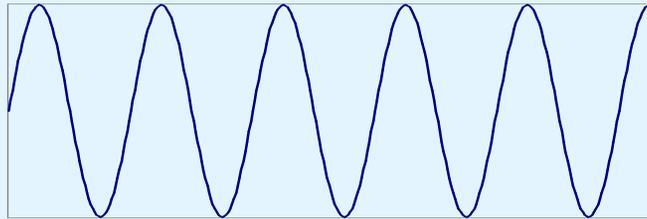


$$IQ = 140 - 20.08 \times (\text{msec})$$

$$r = -.985 \text{ @ } p < .0001$$

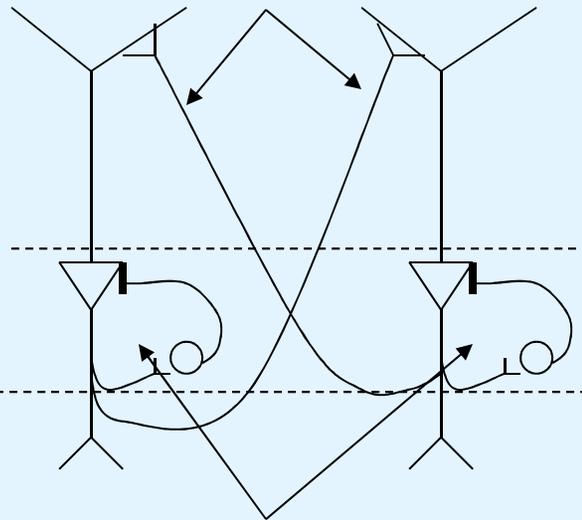


Pyramidal Cell Model of EEG Phase Reset and Full Scale I.Q.



LFP

Distant EPSP
Loop Connections LD



Average
EPSP
Duration

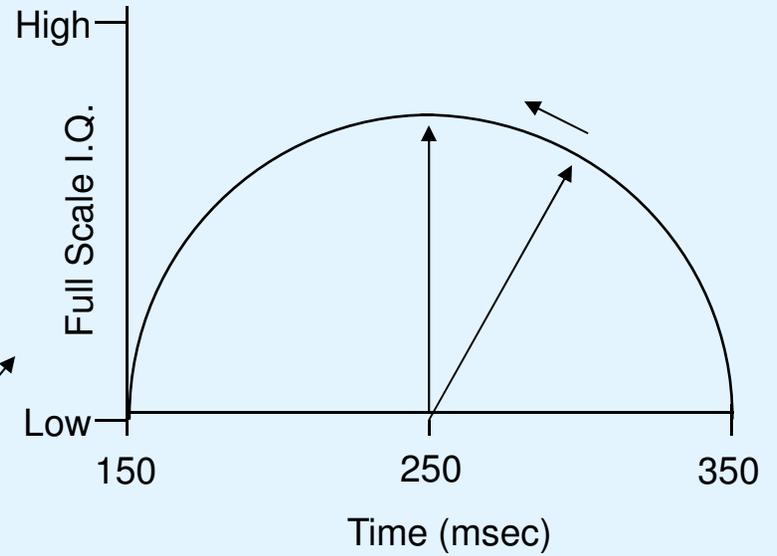
→ LD

Average
 $\Delta\Phi = \Theta_{LFP} - \Theta_{Pref}$

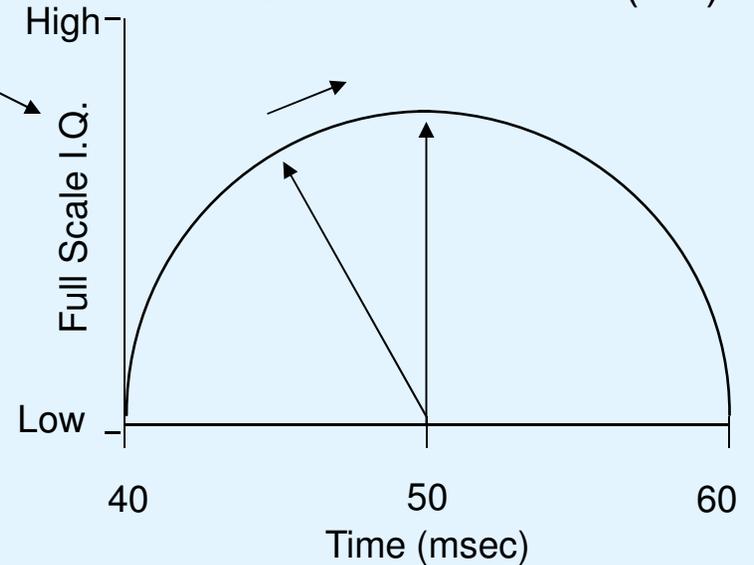
→ SD

Local IPSP
Connections
SD

Phase Lock Duration (LD)



Phase Shift Duration (SD)



SCIENTIFIC REPORTS



OPEN

Intelligence and eeg measures of information flow: efficiency and homeostatic neuroplasticity

R. W. Thatcher, E. Palmero-Soler, D. M. North & C. J. Biver

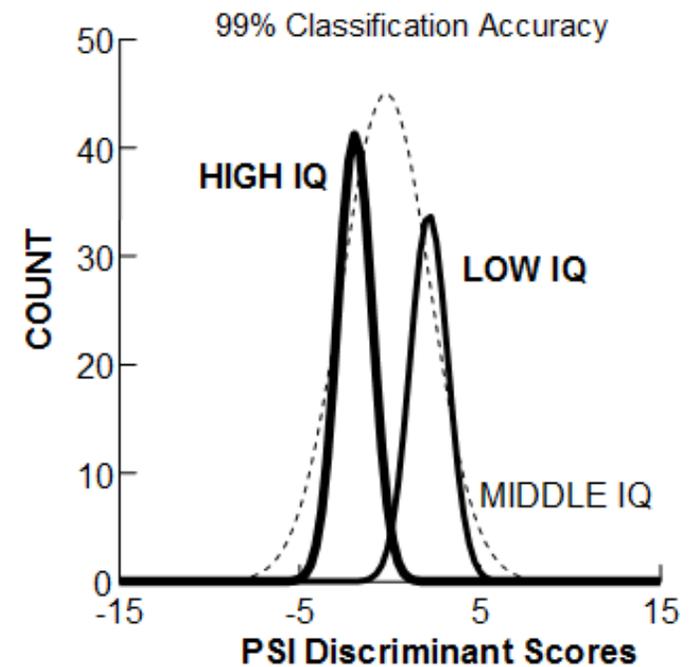
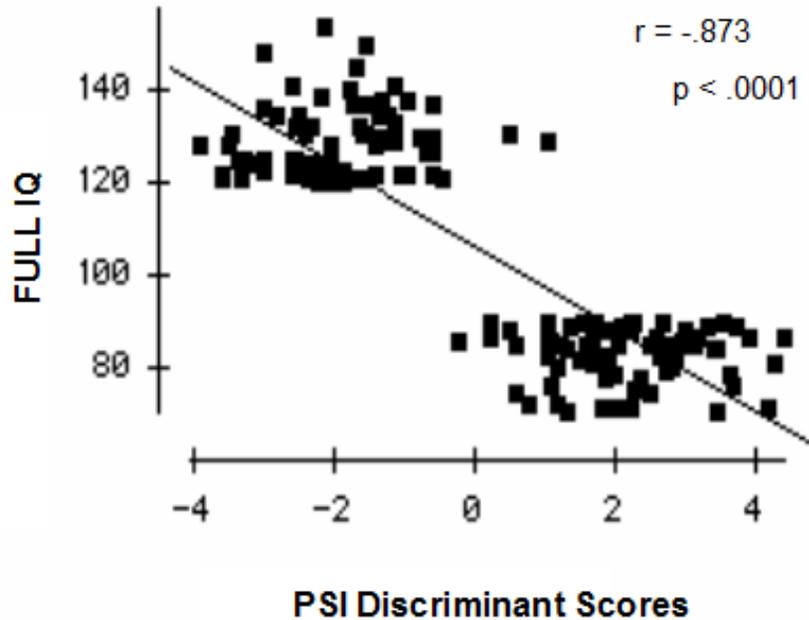
Received: 25 July 2016

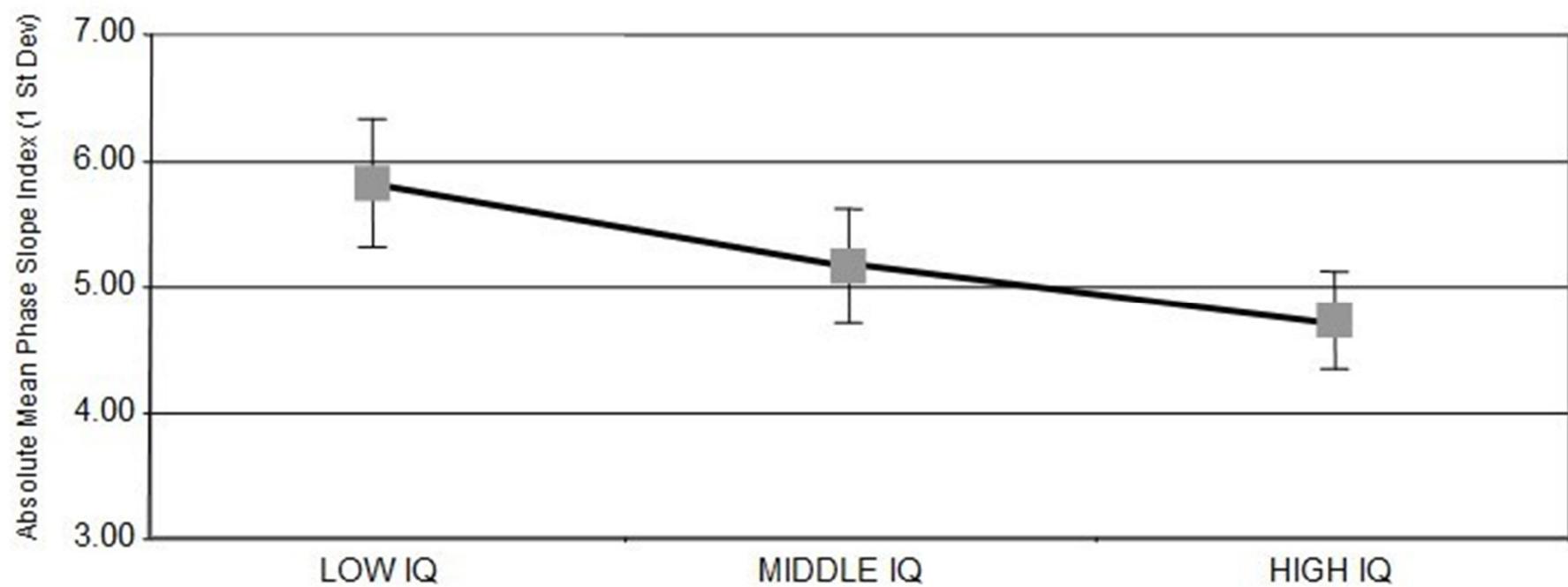
Accepted: 14 November 2016

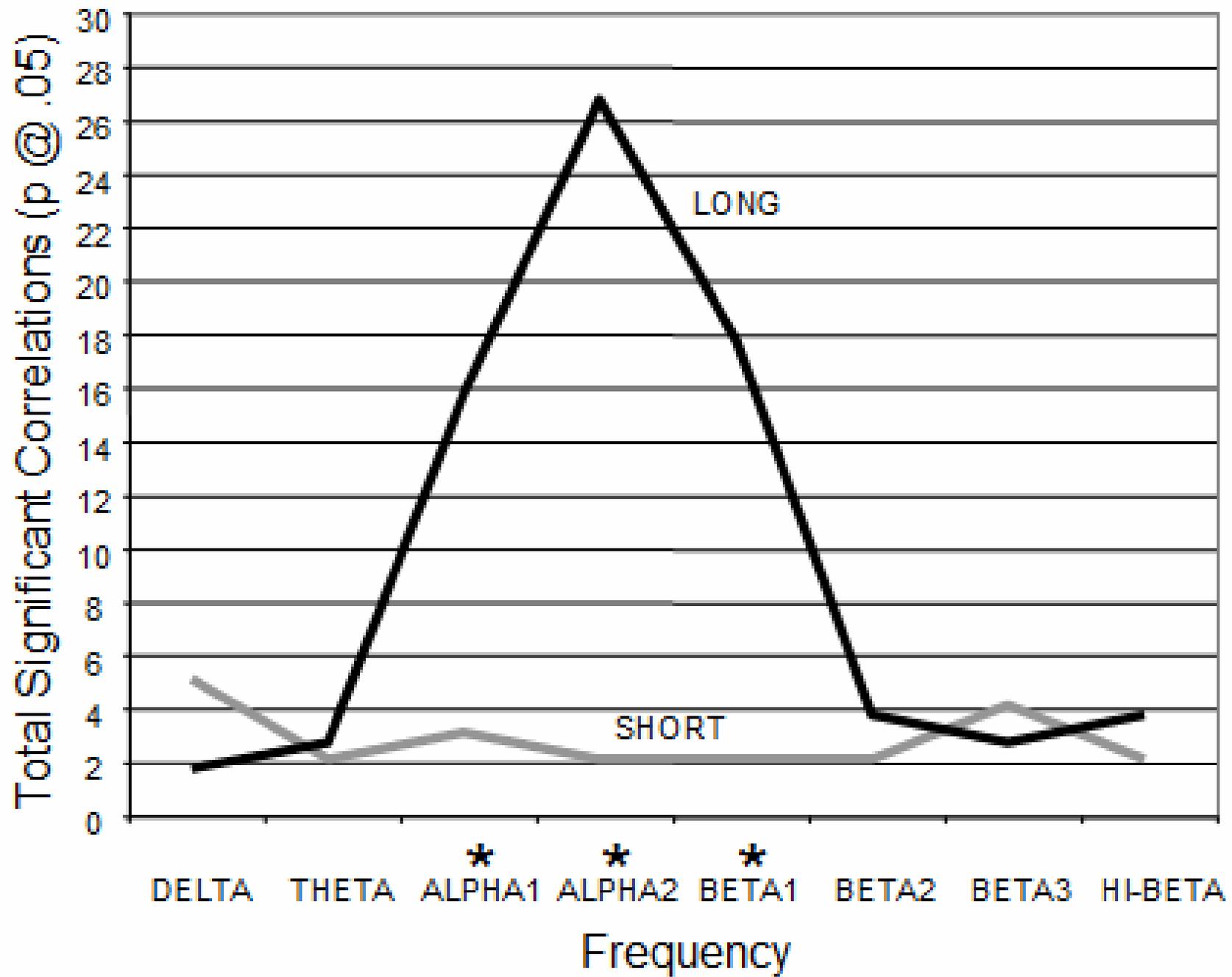
Published: 20 December 2016

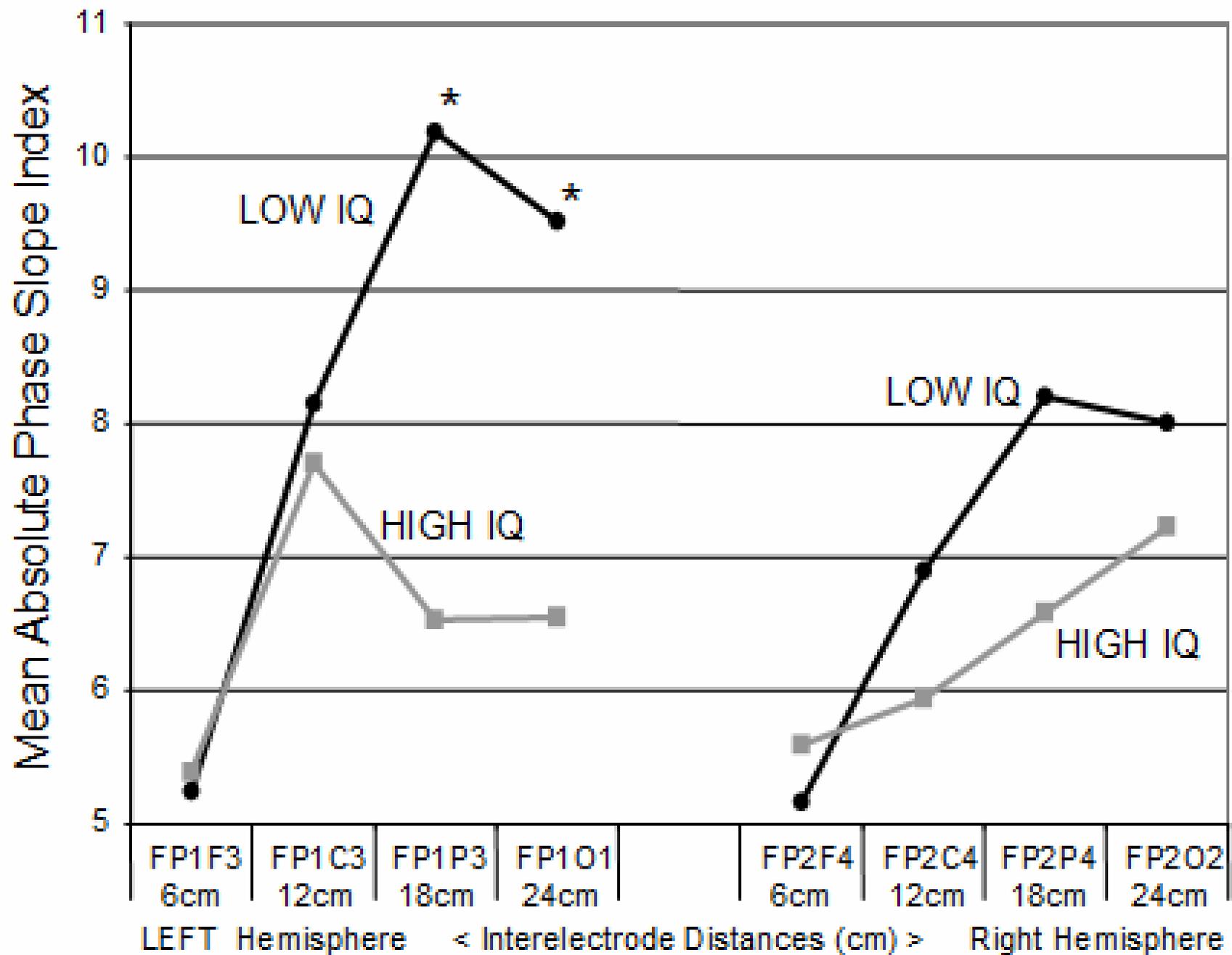
The purpose of this study was to explore the relationship between the magnitude of EEG information flow and intelligence. The electroencephalogram (EEG) was recorded from 19 scalp locations from 371 subjects ranging in age from 5 years to 17.6 years. The Wechsler Intelligence Scale for Children (WISC-R) was administered for individuals between 5 years of age and 16 years and the Wechsler Adult Intelligence Scale revised (WAIS-R) was administered to subjects older than 16 years to estimate I.Q. The phase slope index estimated the magnitude of information flow between all electrode combinations for difference frequency bands. Discriminant analyses were performed between high I.Q. (>120) and low I.Q. groups (<90). The magnitude of information flow was inversely related to I.Q. especially in the alpha and beta frequency bands. Long distance inter-electrode distances exhibited greater information flow than short inter-electrode distances. Frontal-parietal correlations were the most significant. It is concluded that higher I.Q. is related to increased efficiency of local information processing and reduced long distance compensatory dynamics that supports a small-world model of intelligence.

Discriminant Scores of the Magnitude of Phase Slope Index (PSI) with Full Scale IQ



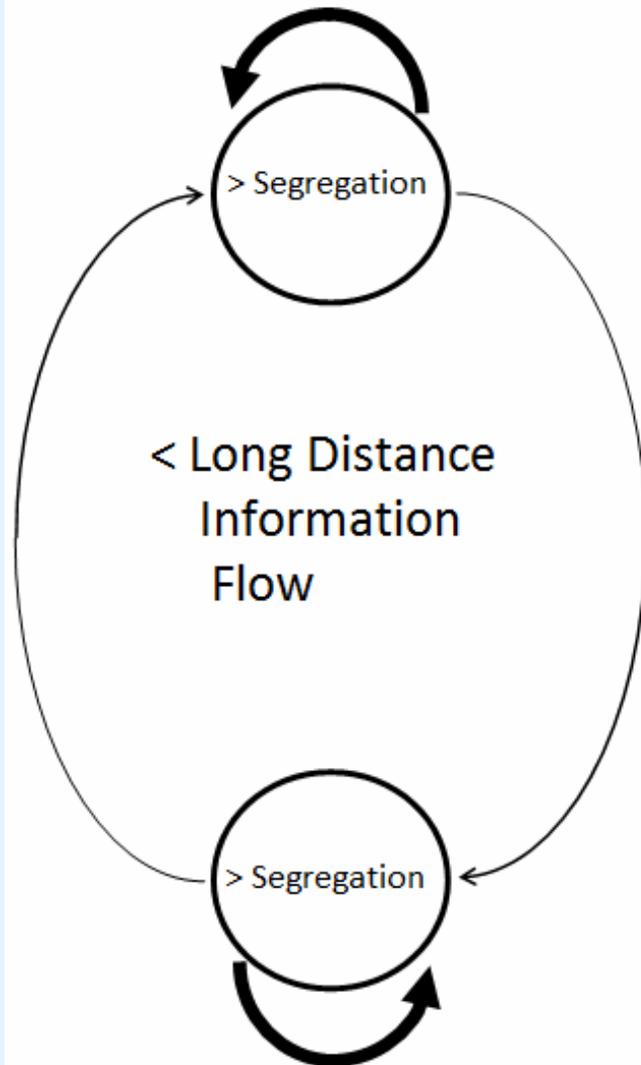






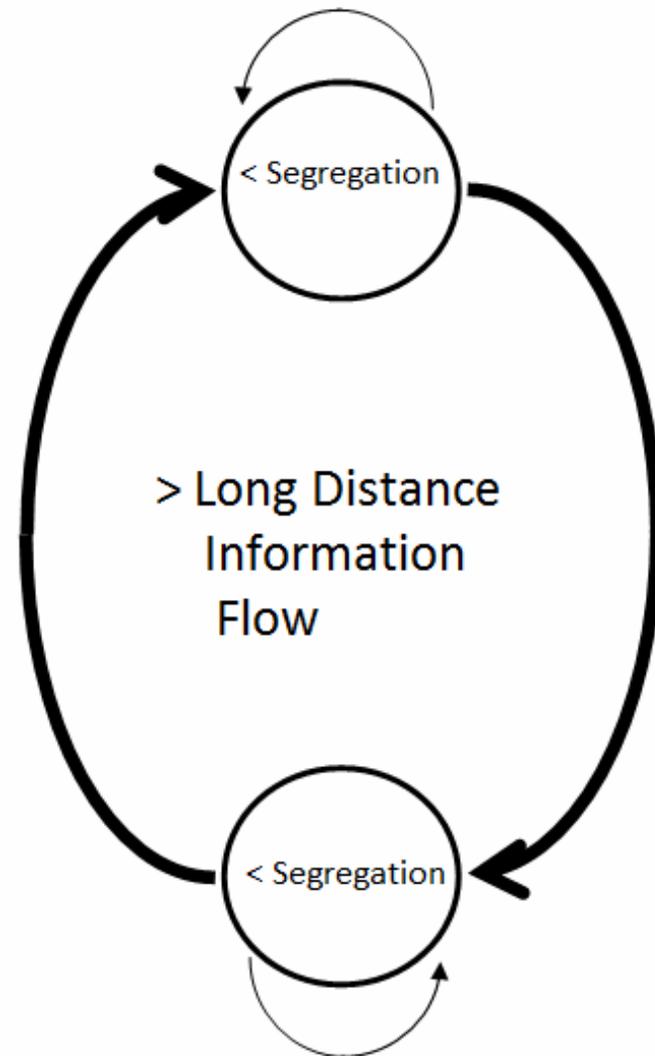
Higher I.Q.

- **Small-World**
- **Efficiency**



Lower I.Q.

- < **Small-World**
- < **Efficiency**

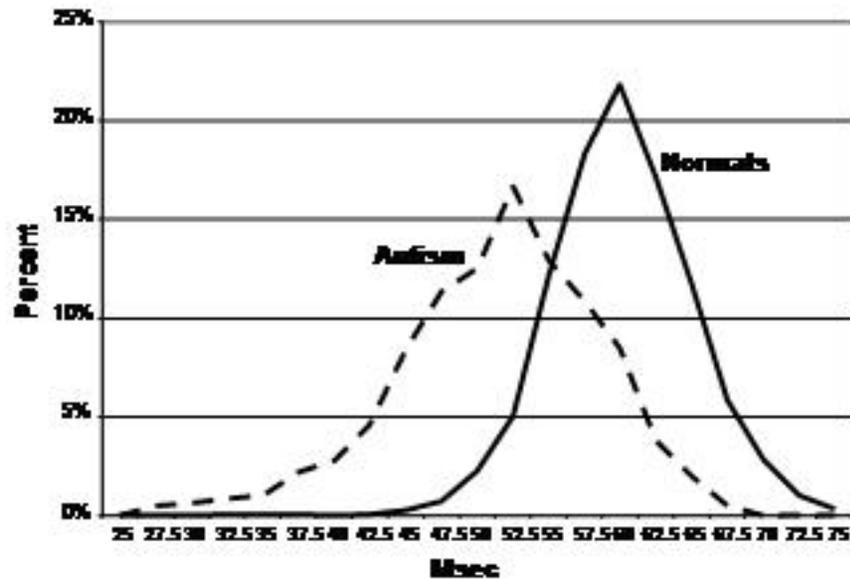


**AUTISM AND EEG PHASE RESET:
A UNIFIED THEORY OF DEFICIENT GABA MEDIATED INHIBITION IN
THALAMO-CORTICAL CONNECTIONS**

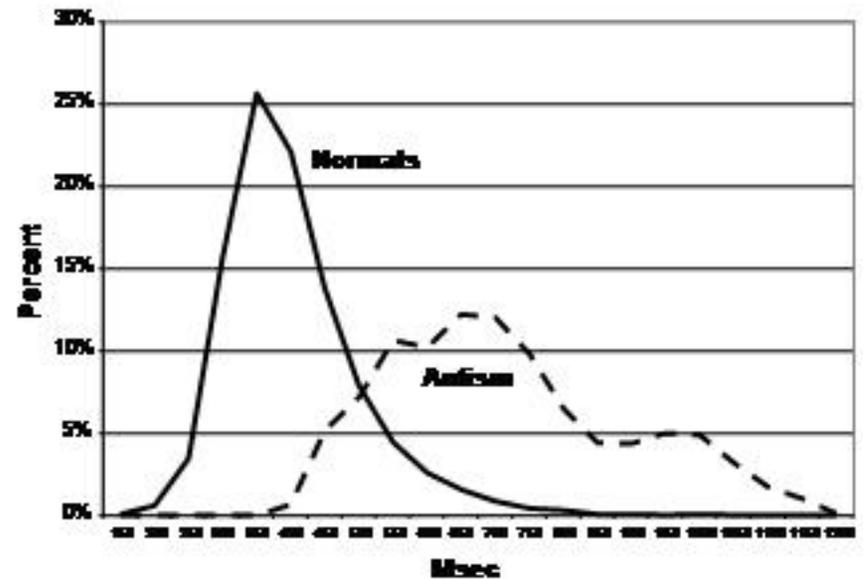
**Thatcher, R. W. 1,2, Phillip DeFina2, James Neurbrander2, North, D. M.1, and
Biver, C. J.1**

**EEG and Neuroimaging Laboratory, Applied Neuroscience Research
Institute., St. Petersburg, FL1 and the International Brain Research
Foundation, Menlo Park, NJ2**

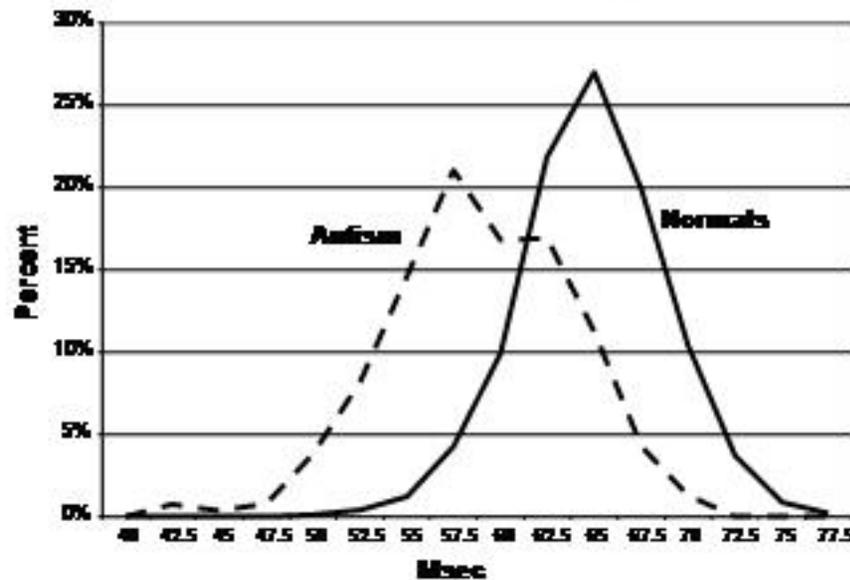
Alpha1 Shift Duration Short Distances



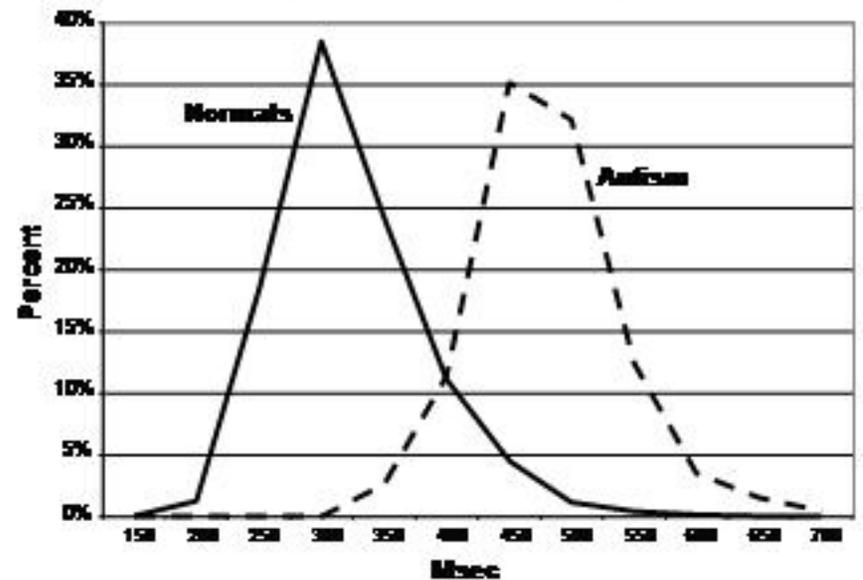
Alpha2 Lock Duration Short Distances



Alpha1 Shift Duration Long Distances



Alpha2 Lock Duration Long Distances



Electrical Neuroimaging of Functional Modules and Hubs as Measured by fMRI and PET

Phase Shift and Phase Lock Switch Dynamics that “Animate” Information Flow Within and Between Modules and Hubs

Brodmann Areas

Frontal Lobe
Thinking, Planning,
Motor execution,
Executive Functions,
Mood Control

Temporal Lobe
language function and
auditory perception
involved in long term
memory and emotion

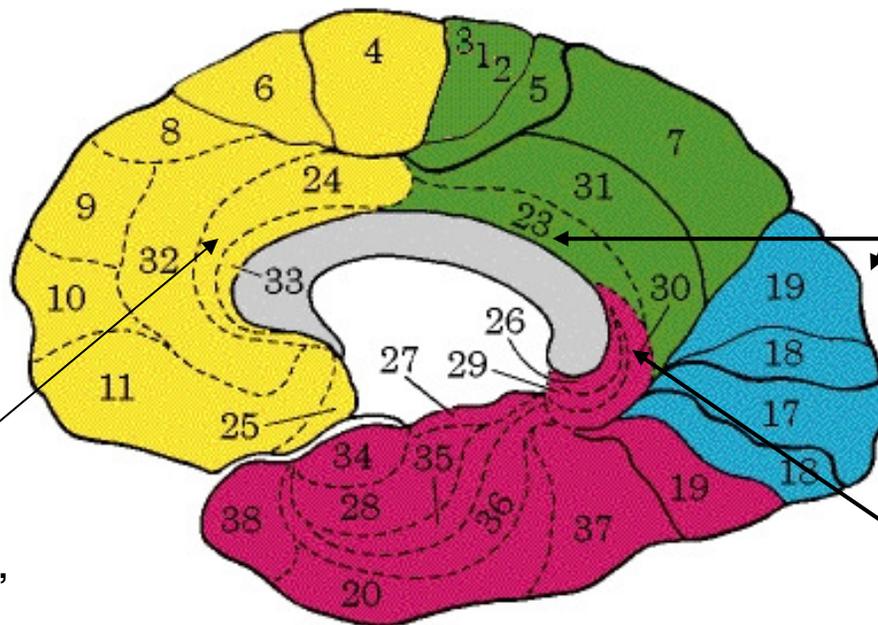
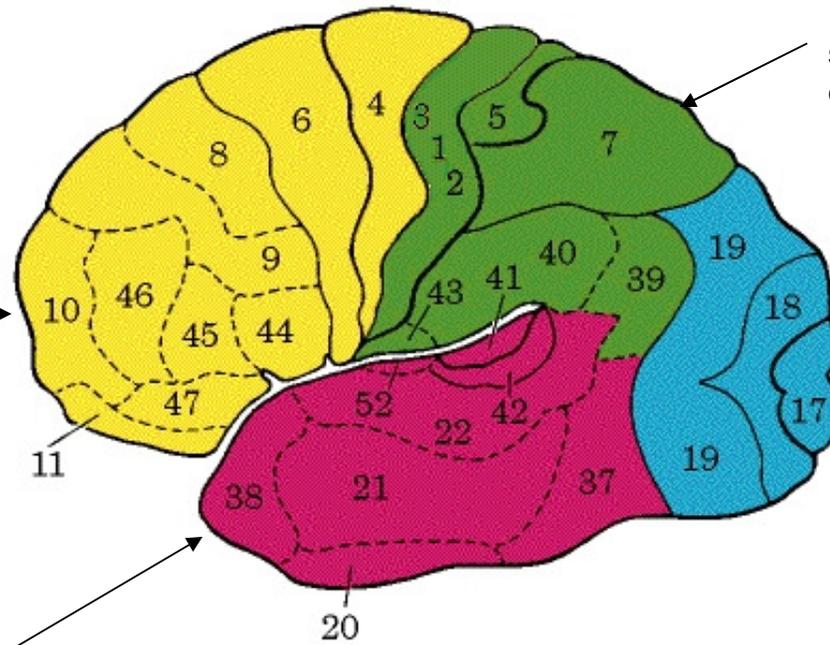
Anterior Cingulate Gyrus
Volitional movement, attention,
long term memory

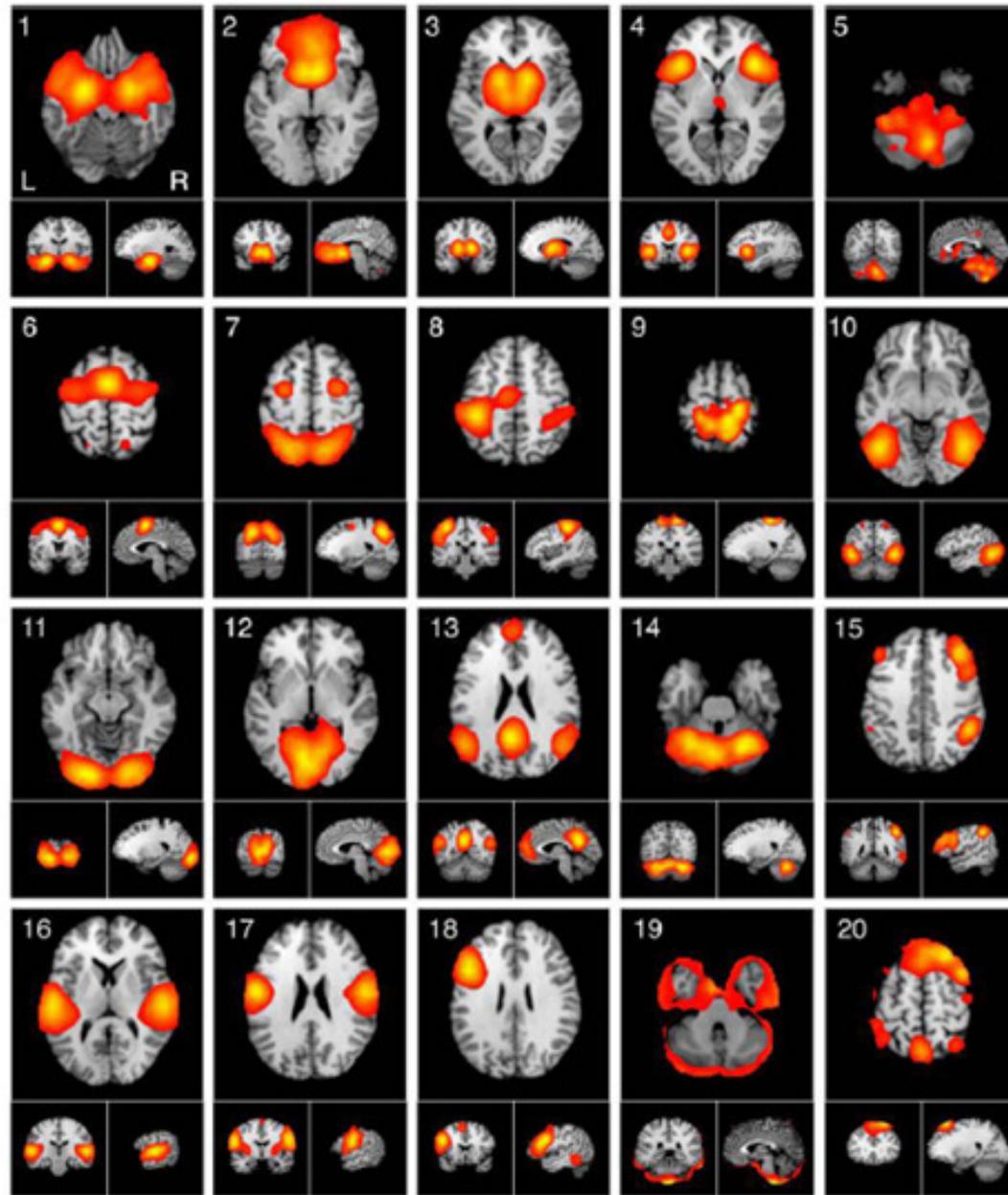
Parietal Lobe
somatosensory perception integration
of visual & somatospatial information

Occipital Lobe
Visual perception &
Spatial processing

Posterior Cingulate
attention, long-term
memory

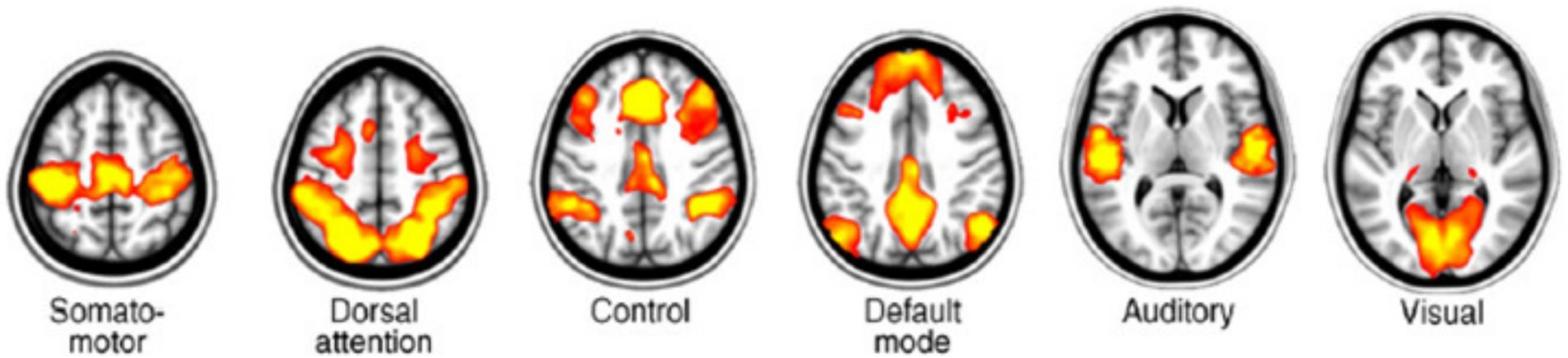
Parahippocampal Gyrus
Short-term memory, attention





Laird et al (2011) summarized the various "intrinsic connectivity networks" or ICNs into eighteen specific groupings based upon 30,000 fMRI and PET studies

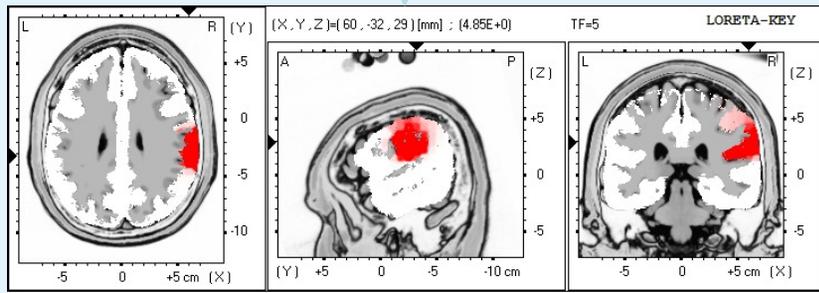
Six Functional Modules as Measured by fMRI



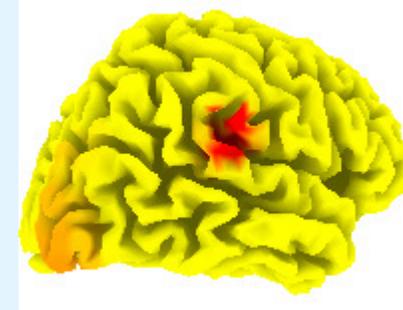
From Raichle, 2010

Electrical Neuroimaging and Cortical Source Localization

Horizontal, Sagittal & Coronal Views of a Single Slice



Cortical Surface Projection



Tomographic Slice Display

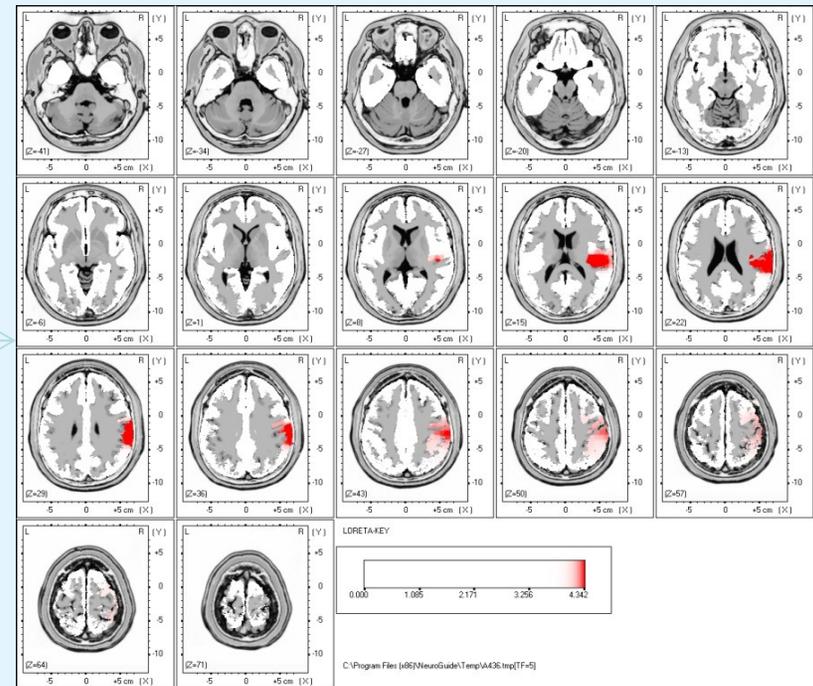


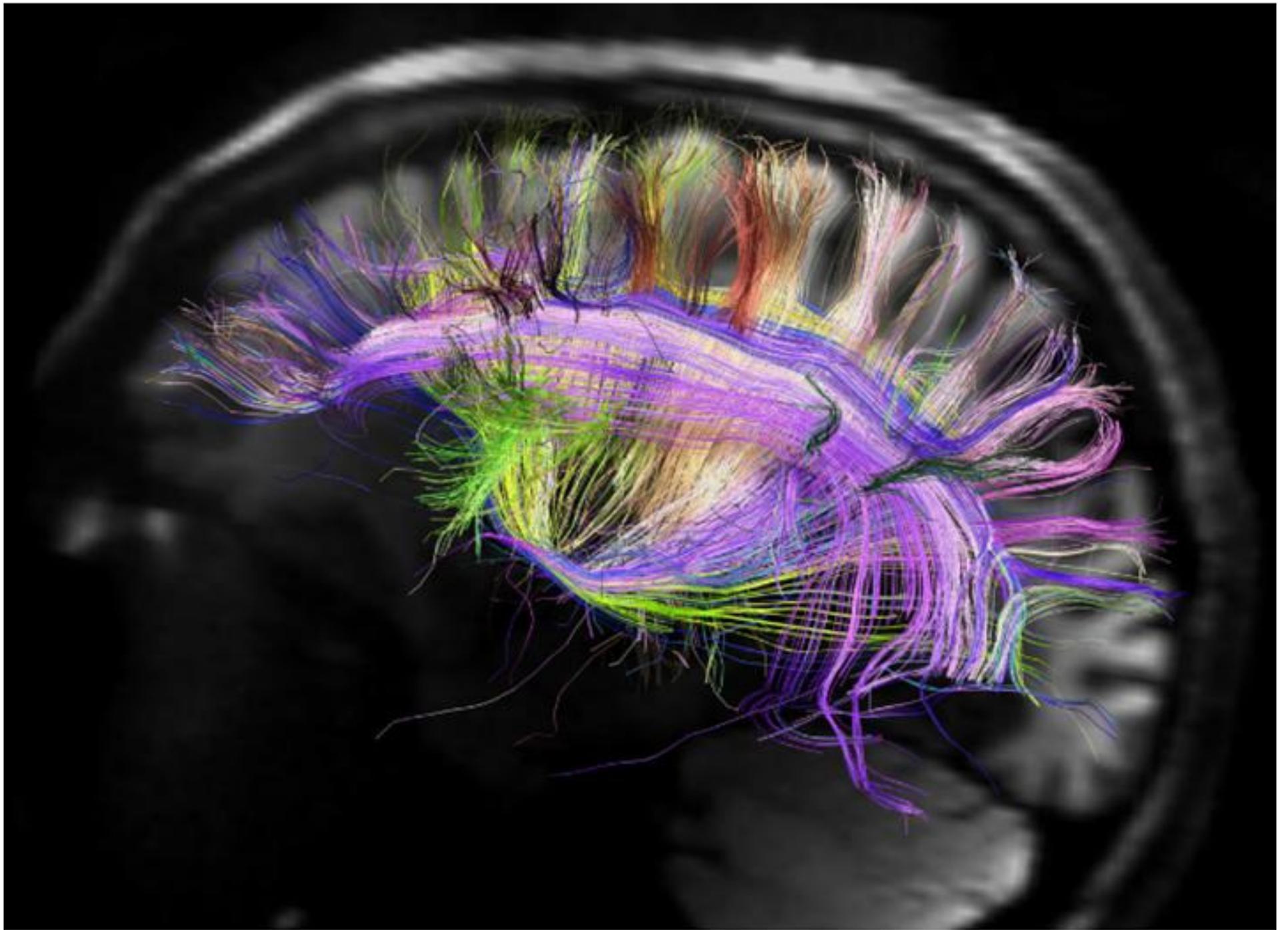
Table 5: Error measure EDI for the four inverse algorithms, with regularization, under four different noise levels: 25 dB, 15 dB, 10 dB and 5 dB. Each cell value gives the mean and standard deviation.

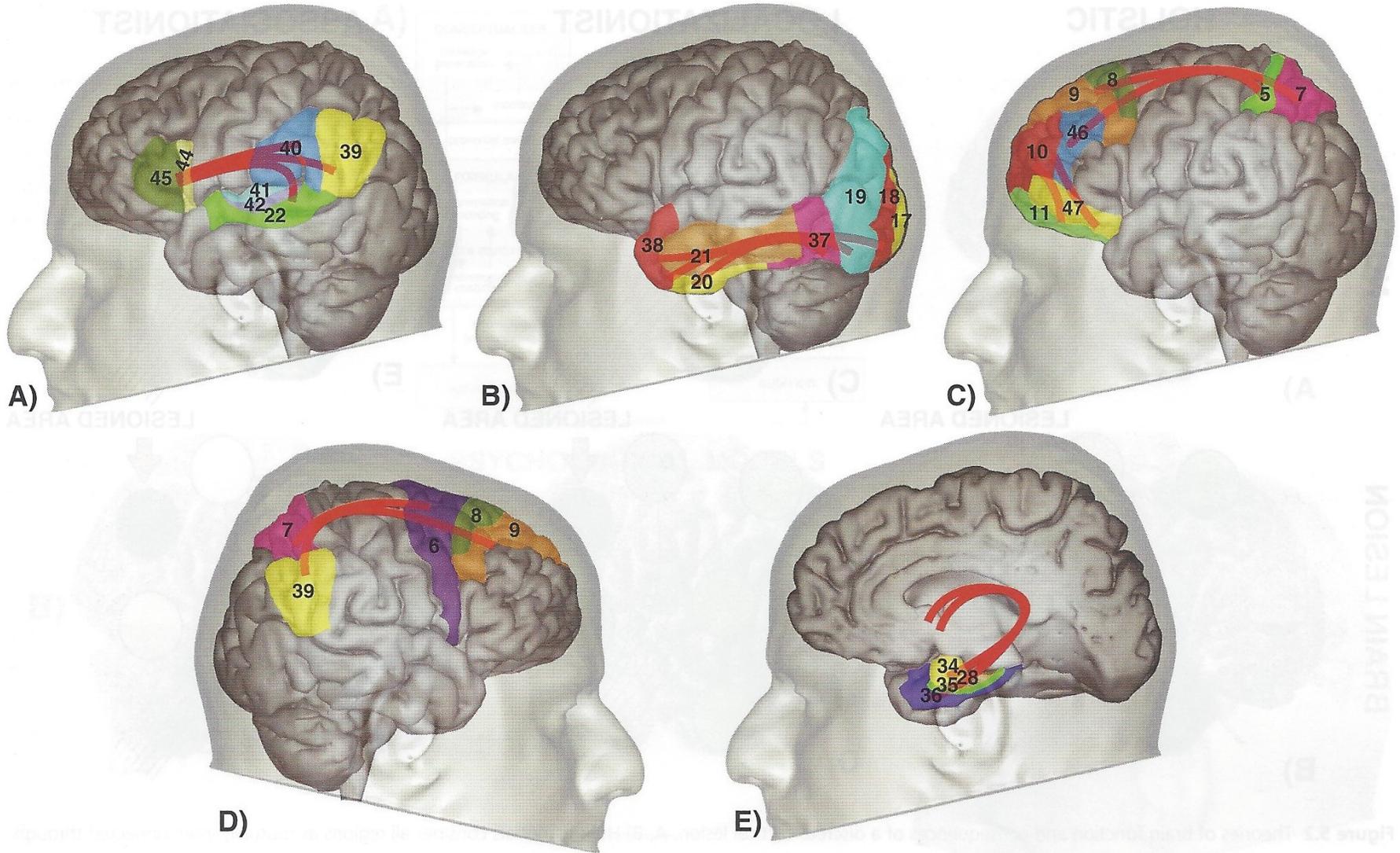
		EDI			
		Regularised			
SNR/dB		5	10	15	25
Layer					
WMN	Surface	3.46 ± 0.42	2.10 ± 0.28	1.34 ± 0.11	1.13 ± 0.03
	Middle	5.08 ± 0.50	3.94 ± 0.38	2.95 ± 0.21	2.40 ± 0.03
	Deep	5.91 ± 0.39	5.31 ± 0.36	4.61 ± 0.24	3.89 ± 0.15
sLORETA	Surface	0.99 ± 0.1	0.49 ± 0.08	0.11 ± 0.04	0.00 ± 0.00
	Middle	1.61 ± 0.13	0.84 ± 0.11	0.25 ± 0.07	0.00 ± 0.00
	Deep	1.79 ± 0.25	0.95 ± 0.16	0.39 ± 0.13	0.00 ± 0.00
LORETA	Surface	2.32 ± 0.08	2.18 ± 0.04	2.16 ± 0.03	2.21 ± 0.02
	Middle	1.51 ± 0.13	1.15 ± 0.08	0.95 ± 0.07	1.05 ± 0.06
	Deep	2.30 ± 0.21	1.81 ± 0.13	1.59 ± 0.11	1.53 ± 0.09
SLF	Surface	5.27 ± 0.30	4.50 ± 0.28	3.81 ± 0.20	2.98 ± 0.13
	Middle	4.53 ± 0.39	4.09 ± 0.35	3.50 ± 0.31	2.51 ± 0.15
	Deep	3.89 ± 0.55	3.70 ± 0.45	3.27 ± 0.48	1.73 ± 0.30

Electrical Neuroimaging – Assessment and Treatment

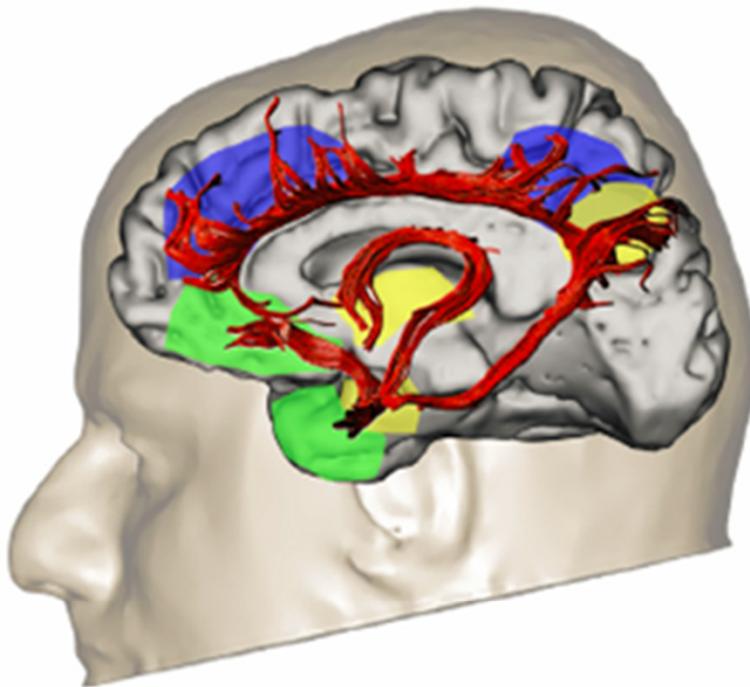
Advantages of Electrical Neuroimaging

- 1- Spatial Resolution – 1 cm to 3 cm**
- 2- Temporal Resolution – 1 msec**
- 3- Imaging of Current Sources**
- 4- Imaging of Network Connections**
- 5- Integration with DTI & fMRI (Brodmann Areas)**
- 6- Inexpensive (\$10,000 vs \$3,000,000)**
- 7- Dry Electrodes & Wireless Caps**
- 8- Portable**
- 9- Integration with Smart Phones & Tablets**
- 10- Can Assess & Treat in Real-Time¹**





From Catani and deShotten, 2012



■ hippocampal-diencephalic and parahippocampal-retrosplenial network

■ temporal-amygdala-orbitofrontal network

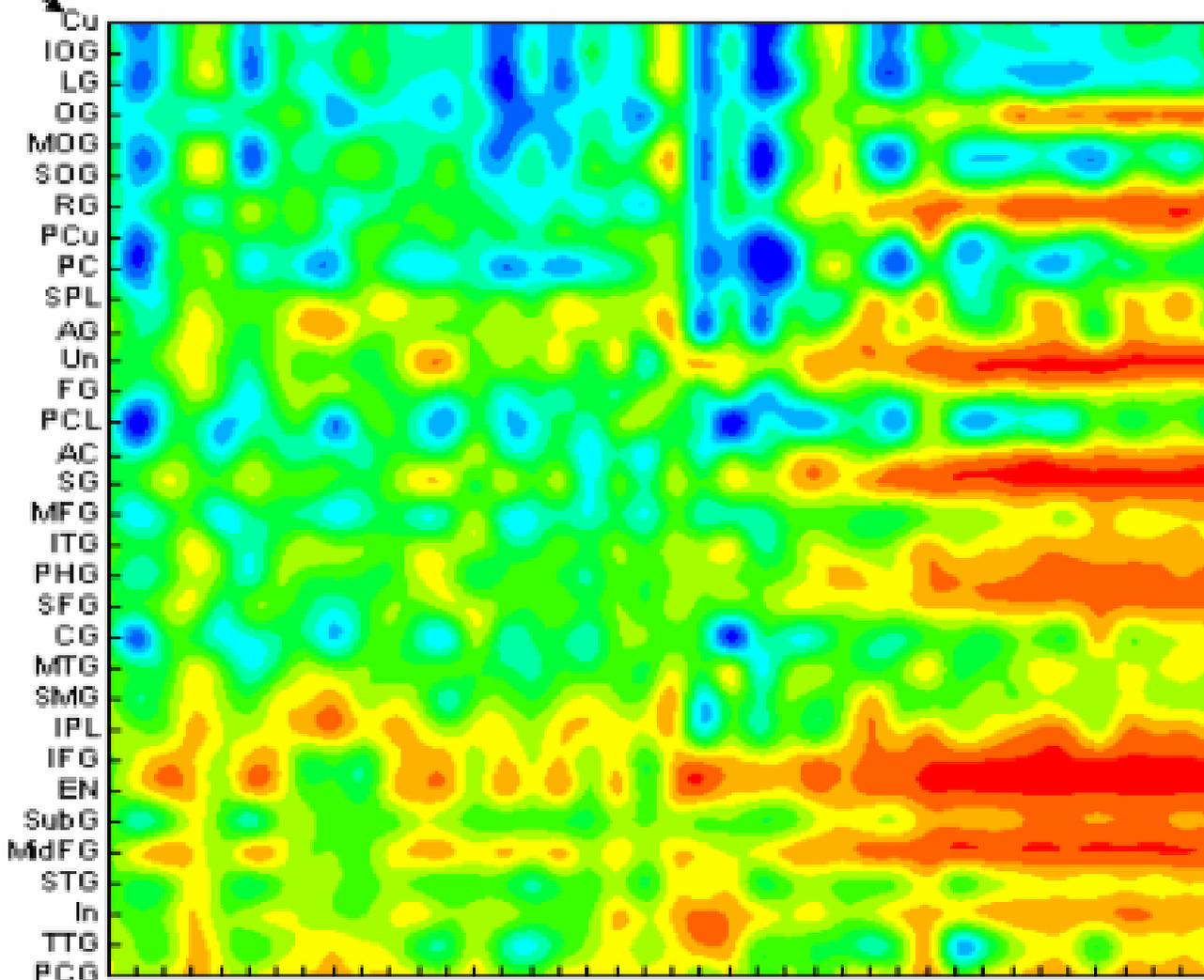
■ medial 'default network'

Network	Function	Disorder
Hippocampal-diencephalic and parahippocampal-retrosplenial	<ul style="list-style-type: none"> •memory •spatial orientation 	<ul style="list-style-type: none"> •Amnesias •Korsakoff's syndrome •Mild Cognitive impairment •Alzheimer's disease (early) •Balint syndrome
Temporo-amygdala-orbitofrontal	<ul style="list-style-type: none"> •Behavioural inhibition •Memory for temporally complex visual information •Olfactory-gustatory-visceral functions •Multimodal sensory integration •Object-reward association learning •Outcome monitoring 	<ul style="list-style-type: none"> •Alzheimer's Disease (advanced) •Semantic dementia •Klüver-Bucy syndrome •Temporal lobe epilepsy •Geschwind's syndromes •Psychopathy •Bipolar affective disorders
Dorsomedial default network	<ul style="list-style-type: none"> •Pain perception •Self-knowledge •Attention •Mentalizing •Empathy •Response selection and action monitoring •Autobiographical memory •Person perception 	<ul style="list-style-type: none"> •Depression •Autism •Schizophrenia •Obsessive compulsive disorder •Mild Cognitive Impairment •Alzheimer's Disease (early) •Attention Deficit Hyperactivity Disorder •Anxiety

Spatial Heterogeneity of Source Correlations

Cuneus
62.75 mm

Y-Axis - Ordered Distance mm



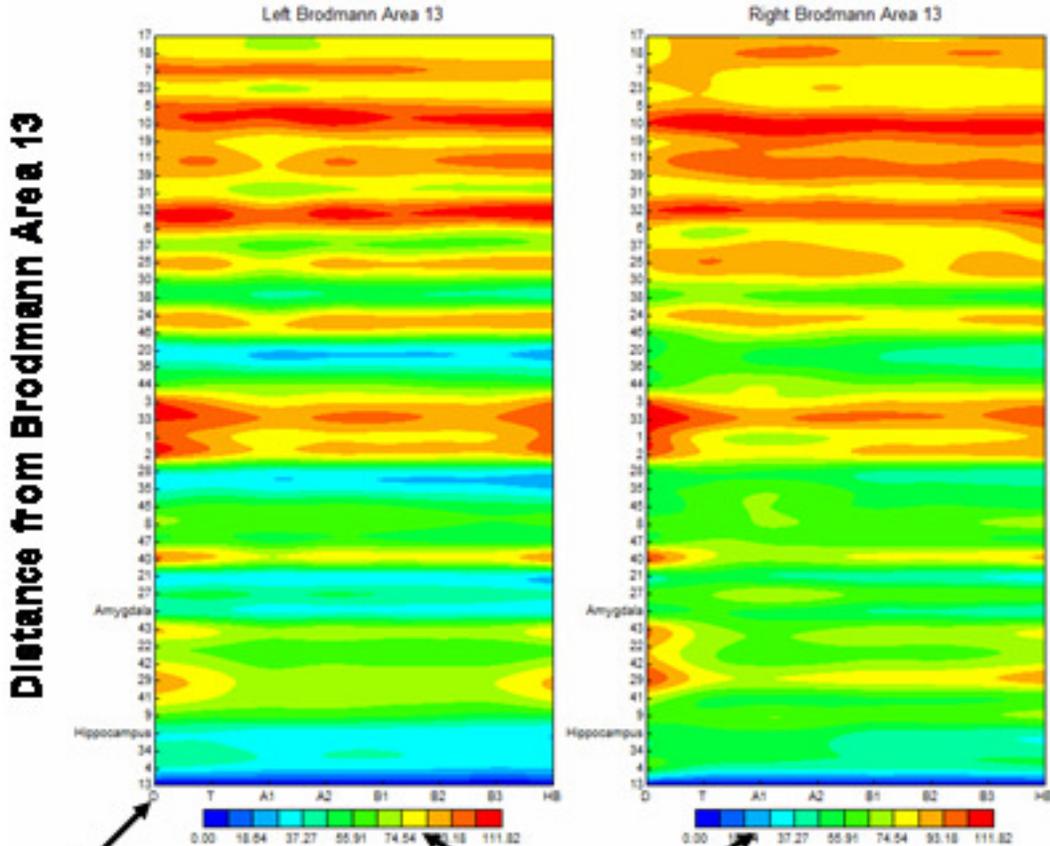
Hypothesized
'U' Shaped
Connections

Post Central
Gyrus 0 mm

Z-Axis - LORETA Source Correlations

X-Axis
Frequency 1 to 40 Hz

LORETA Absolute Phase



Frequency Bands
(Delta to Hi-Beta)

Phase Difference (Deg)
(short to long differences)

◆ **Human Brain Mapping 33:1062–1075 (2012)** ◆

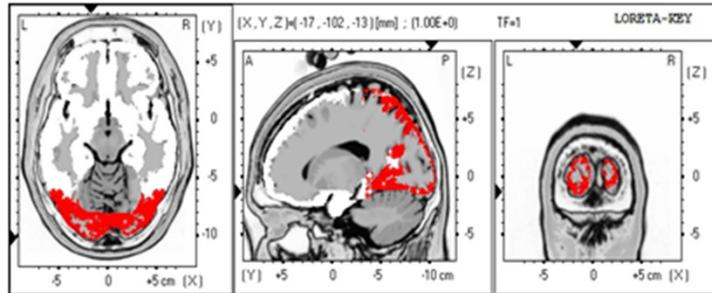
Diffusion Spectral Imaging Modules Correlate With EEG LORETA Neuroimaging Modules

Robert W. Thatcher,* Duane M. North, and Carl J. Biver

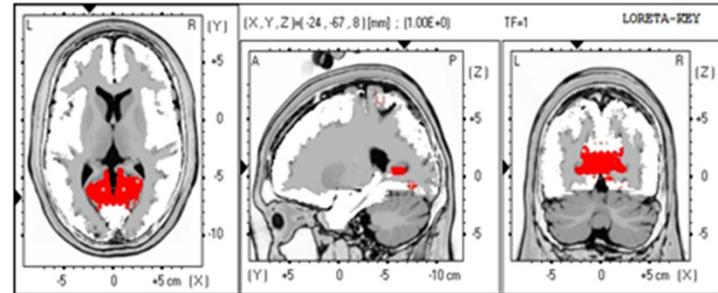
Correlations Between EEG Neuroimaging and Diffusion Spectral Imaging (DTI)

Hagmann et al. Modules

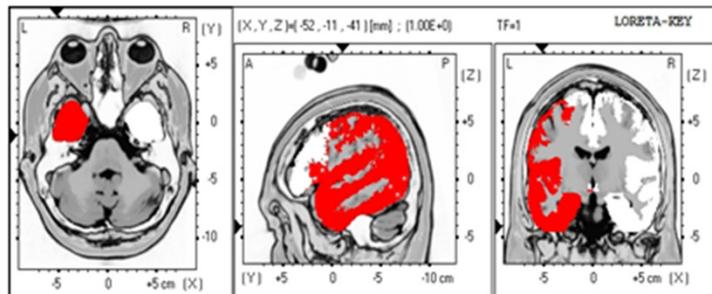
MOD 1



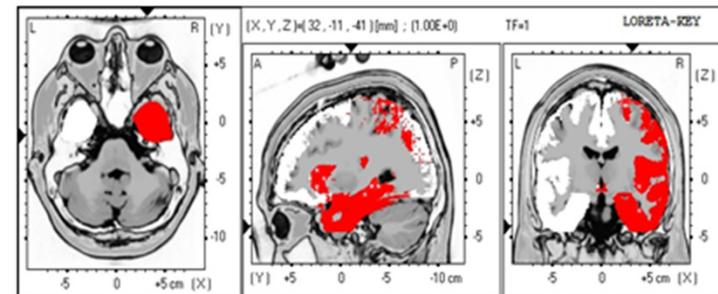
MOD 2



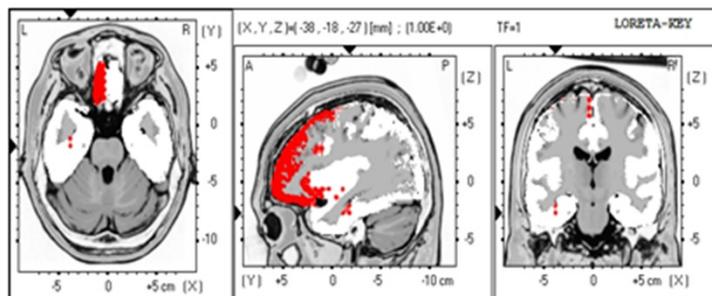
MOD 3



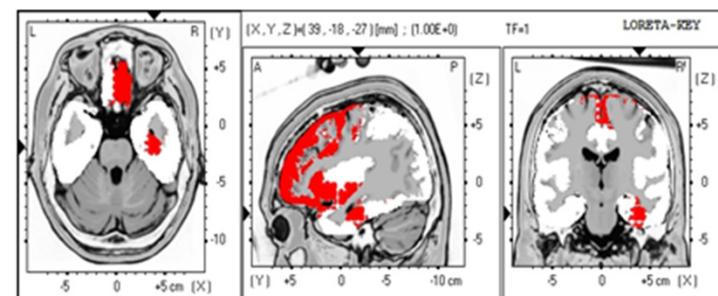
MOD 4

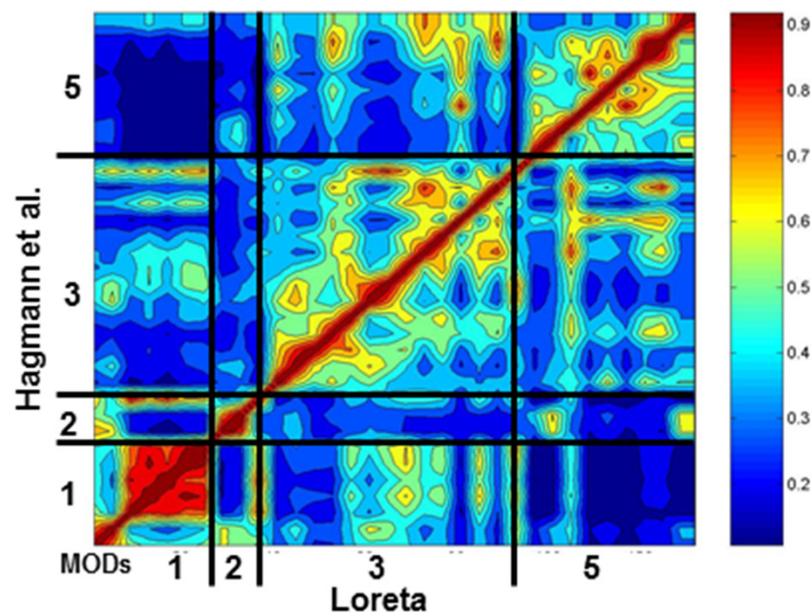
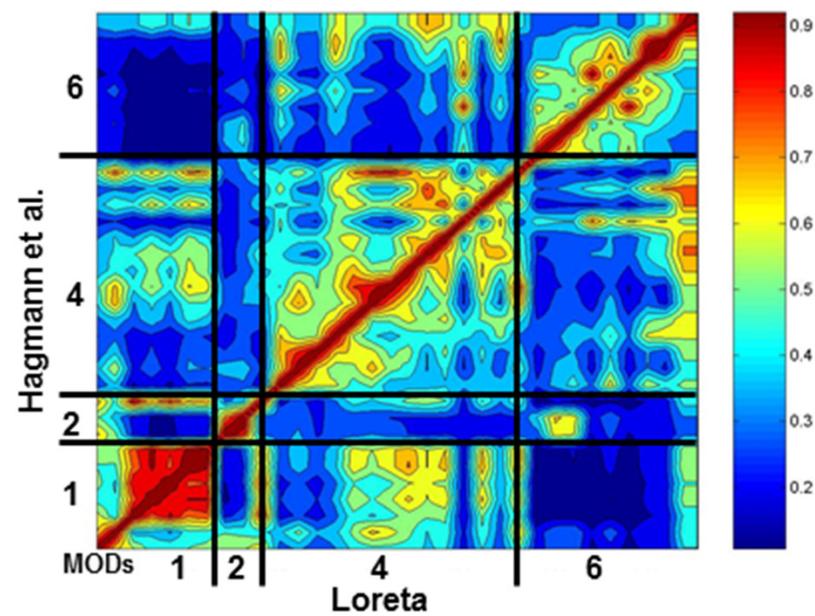
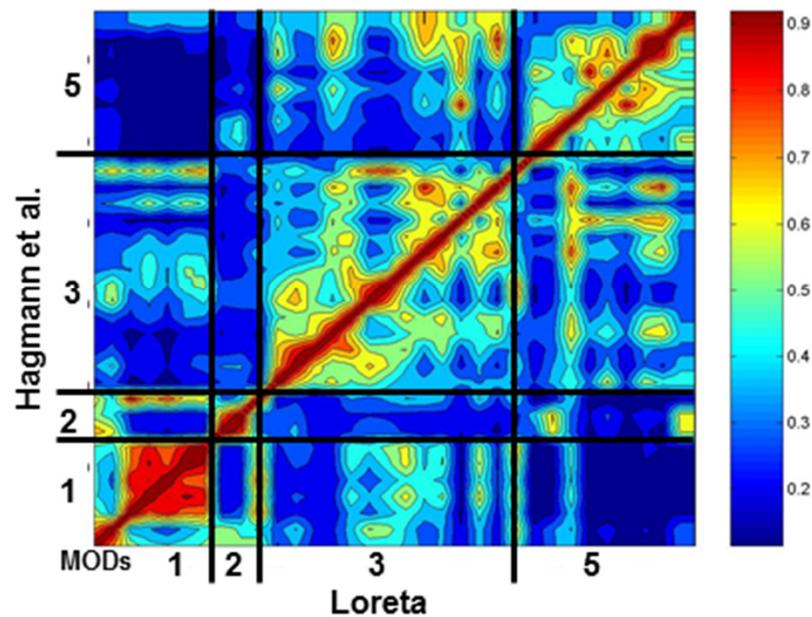
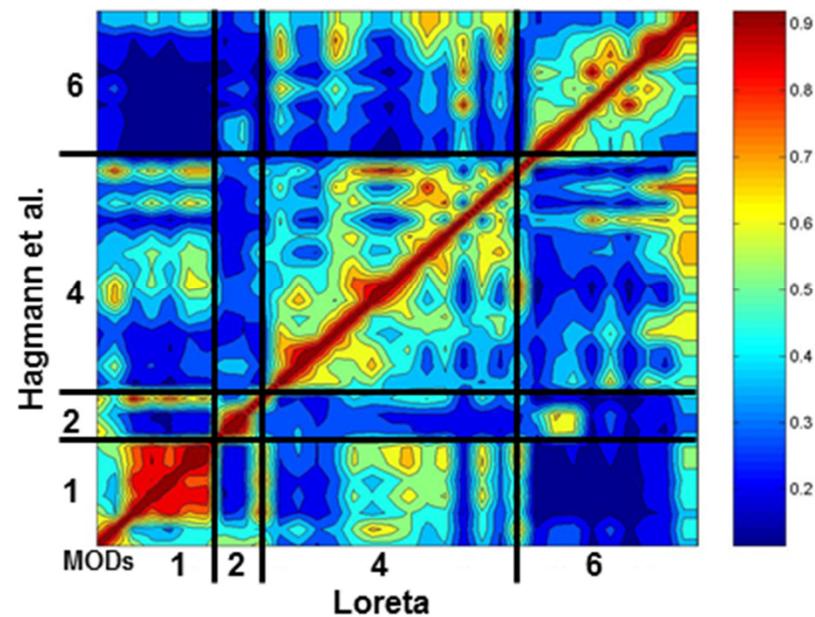


MOD 5



MOD 6



EC_LEFT**EC_RIGHT****EO_LEFT****EO_RIGHT**

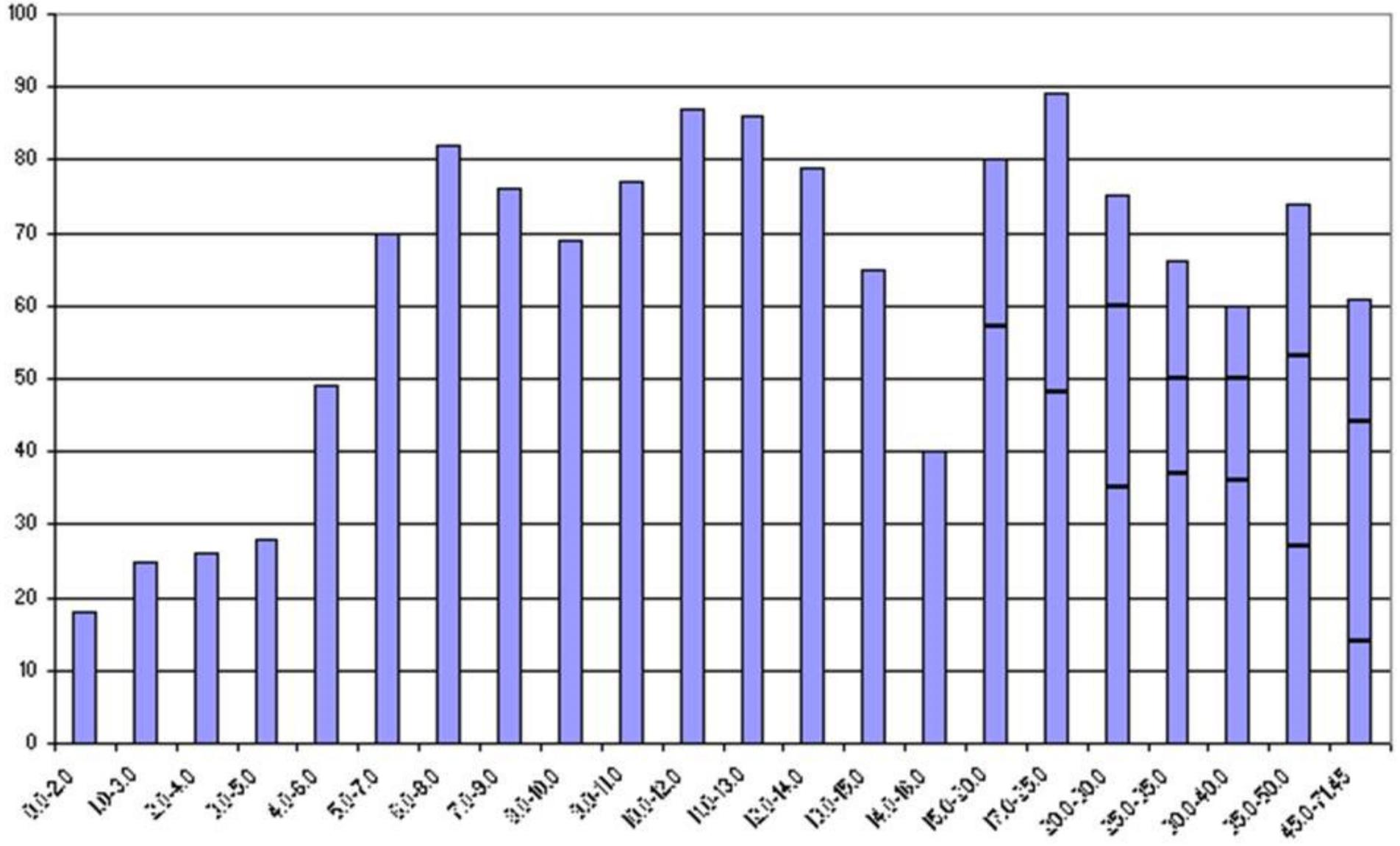
Published as a chapter in “Introduction to QEEG and Neurofeedback: Advanced Theory and Applications” Thomas Budzinsky, H. Budzinski, J. Evans and A. Abarbanel editors, Academic Press, San Diego, Calif, 2008.

HISTORY OF THE SCIENTIFIC STANDARDS OF QEEG NORMATIVE DATABASES

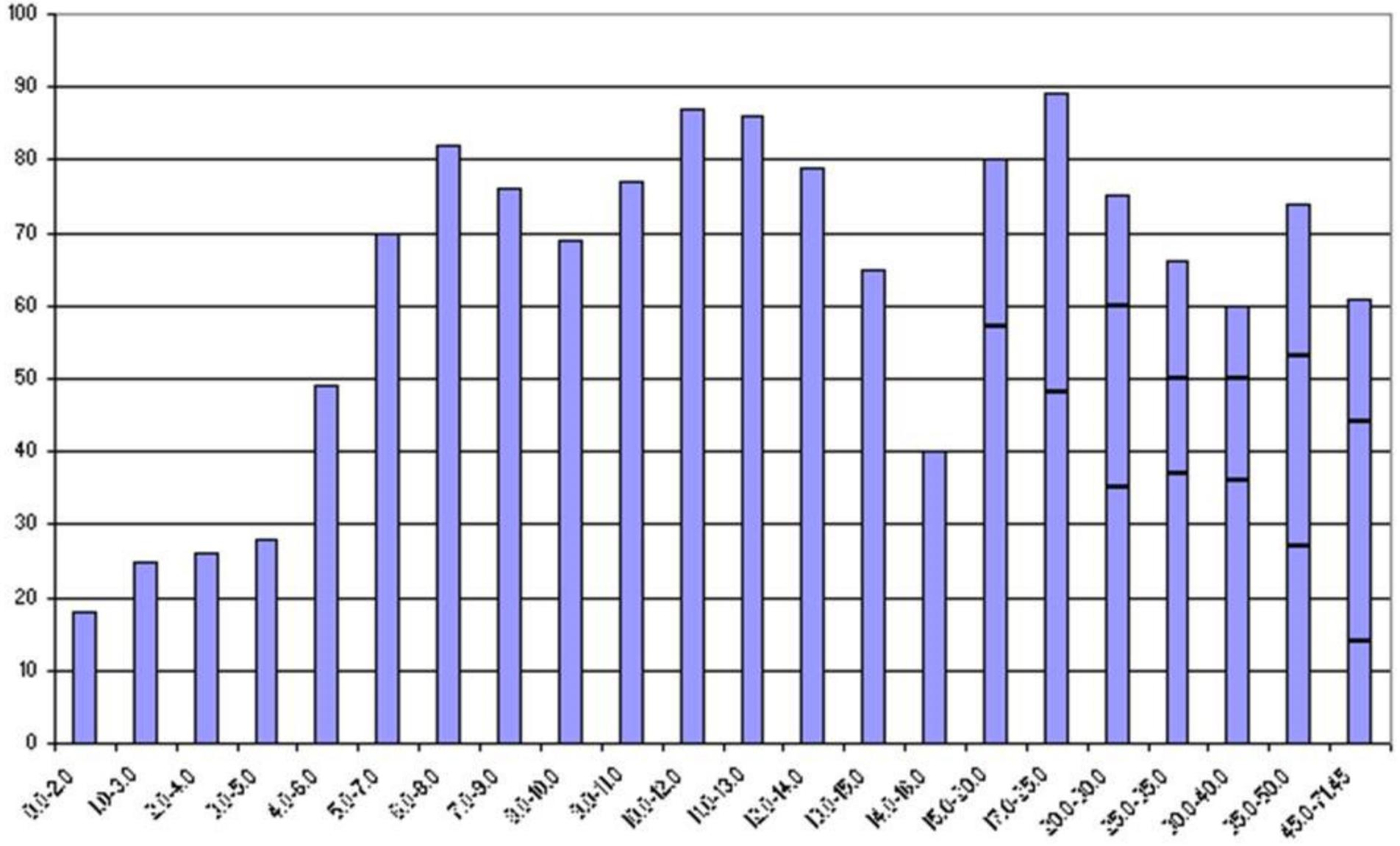
Thatcher, R.W. ^{1,2} and Lubar, J.F. ³

Department of Neurology, University of South Florida College of Medicine, Tampa, Fl.¹ and EEG and NeuroImaging Laboratory, Applied Neuroscience, Inc., St. Petersburg, Fl² , Brain Research and Neuropsychology Lab, University of Tennessee, Knoxville, TN³.

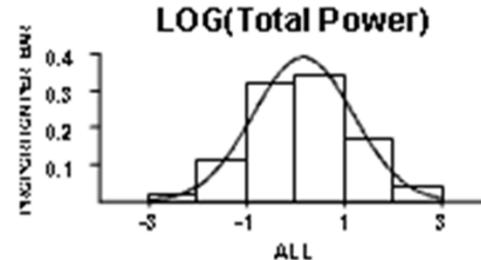
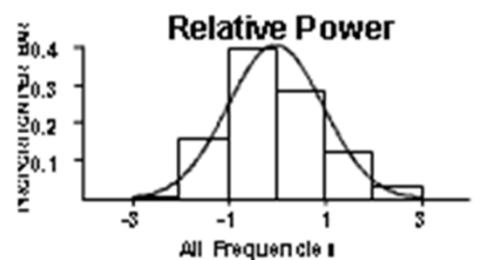
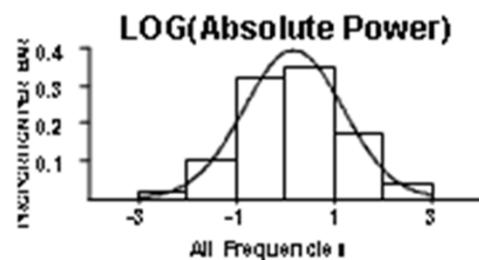
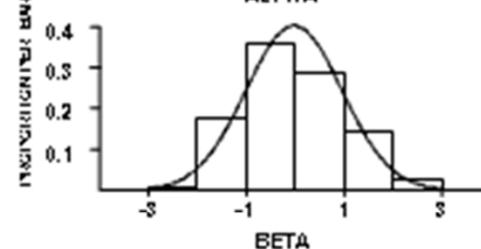
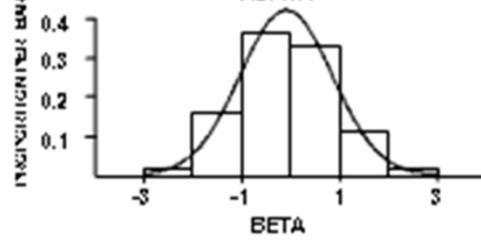
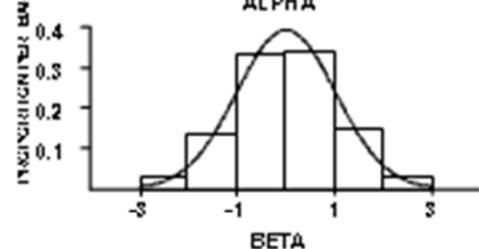
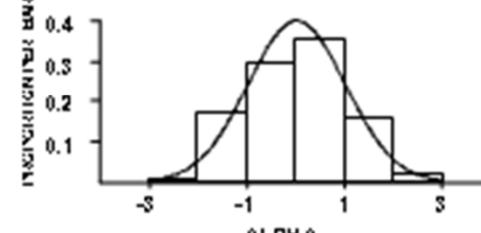
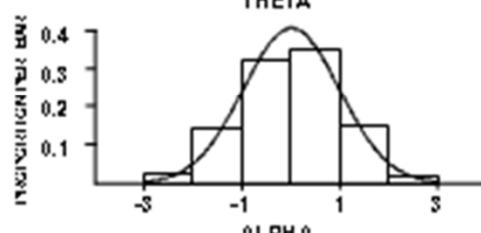
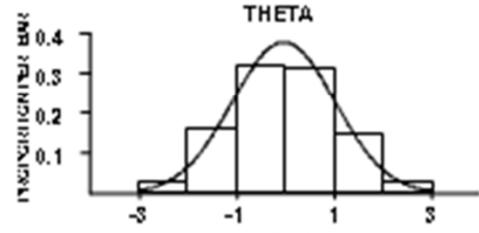
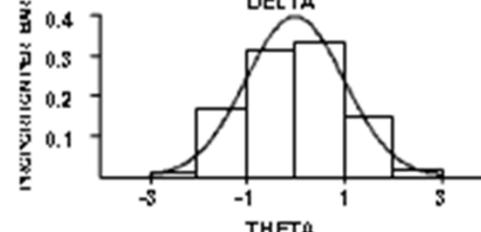
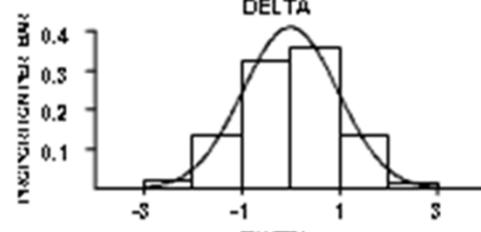
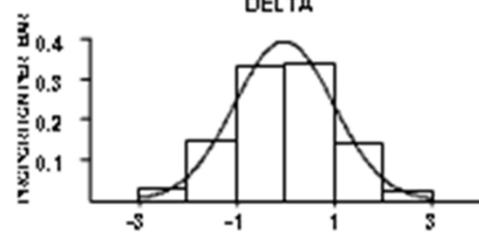
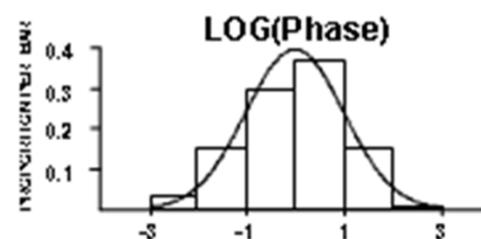
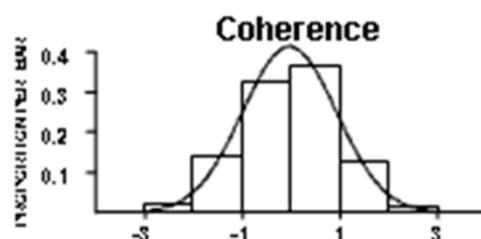
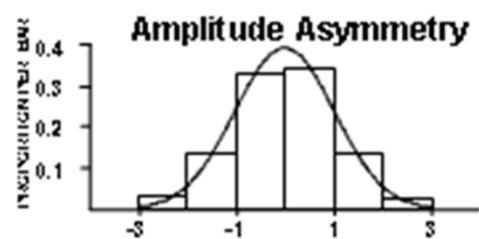
NORMATIVE DATABASE N = 727 Subjects as of 8/24/2011



NORMATIVE DATABASE N = 727 Subjects as of 8/24/2011

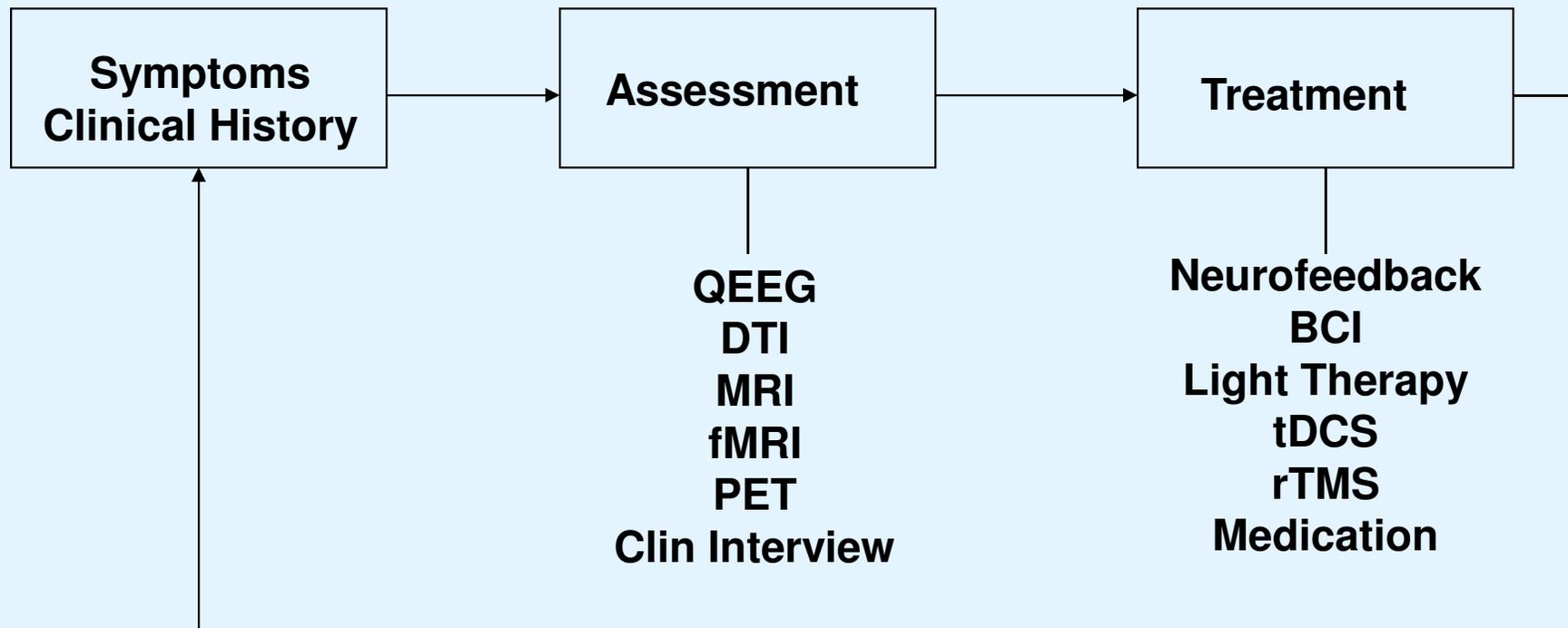


Cross-Validation Birth to 82 Year EEG Normative Database

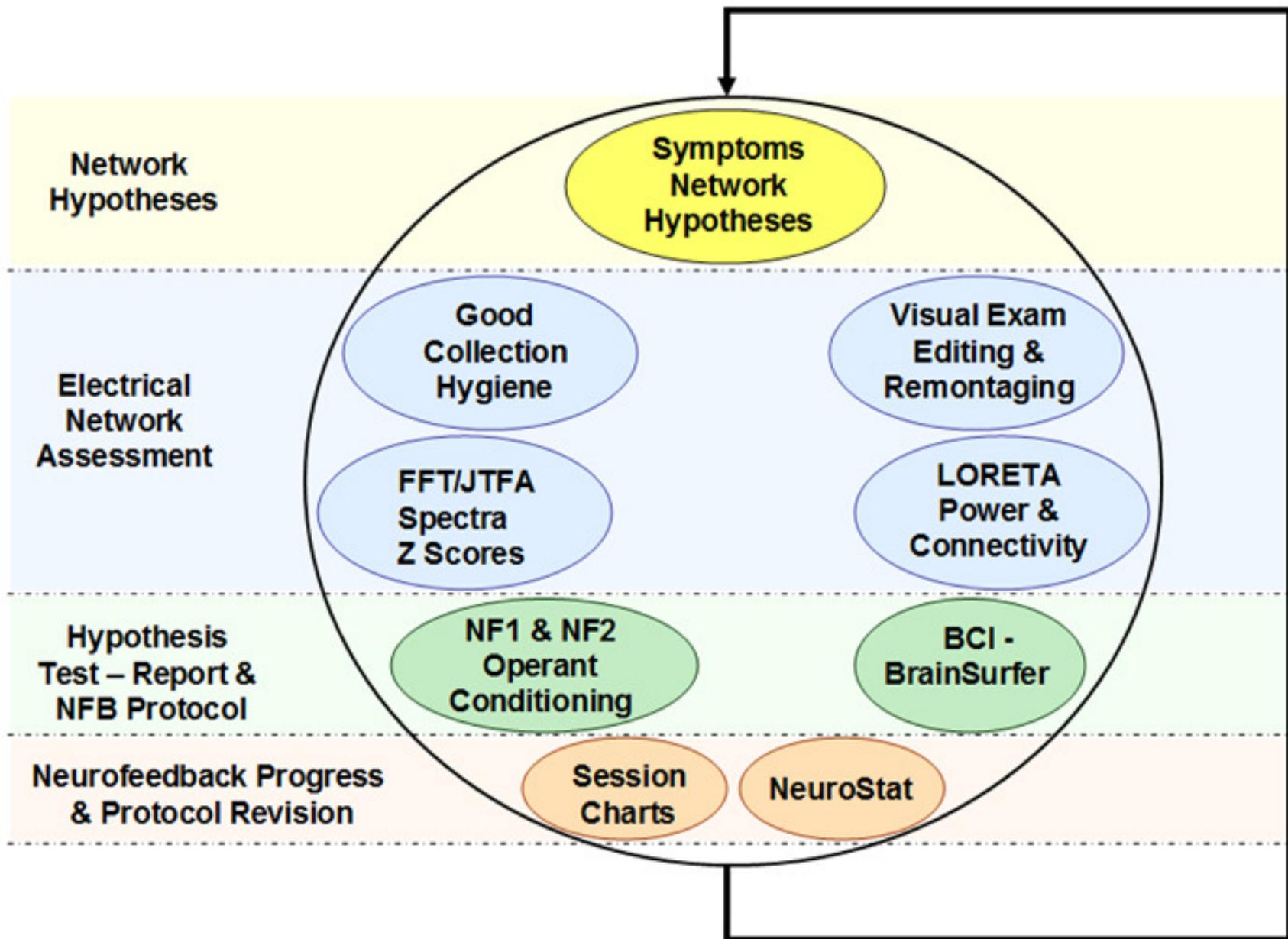


Essential Steps in Helping Patients with Neurological/Psychological Problems

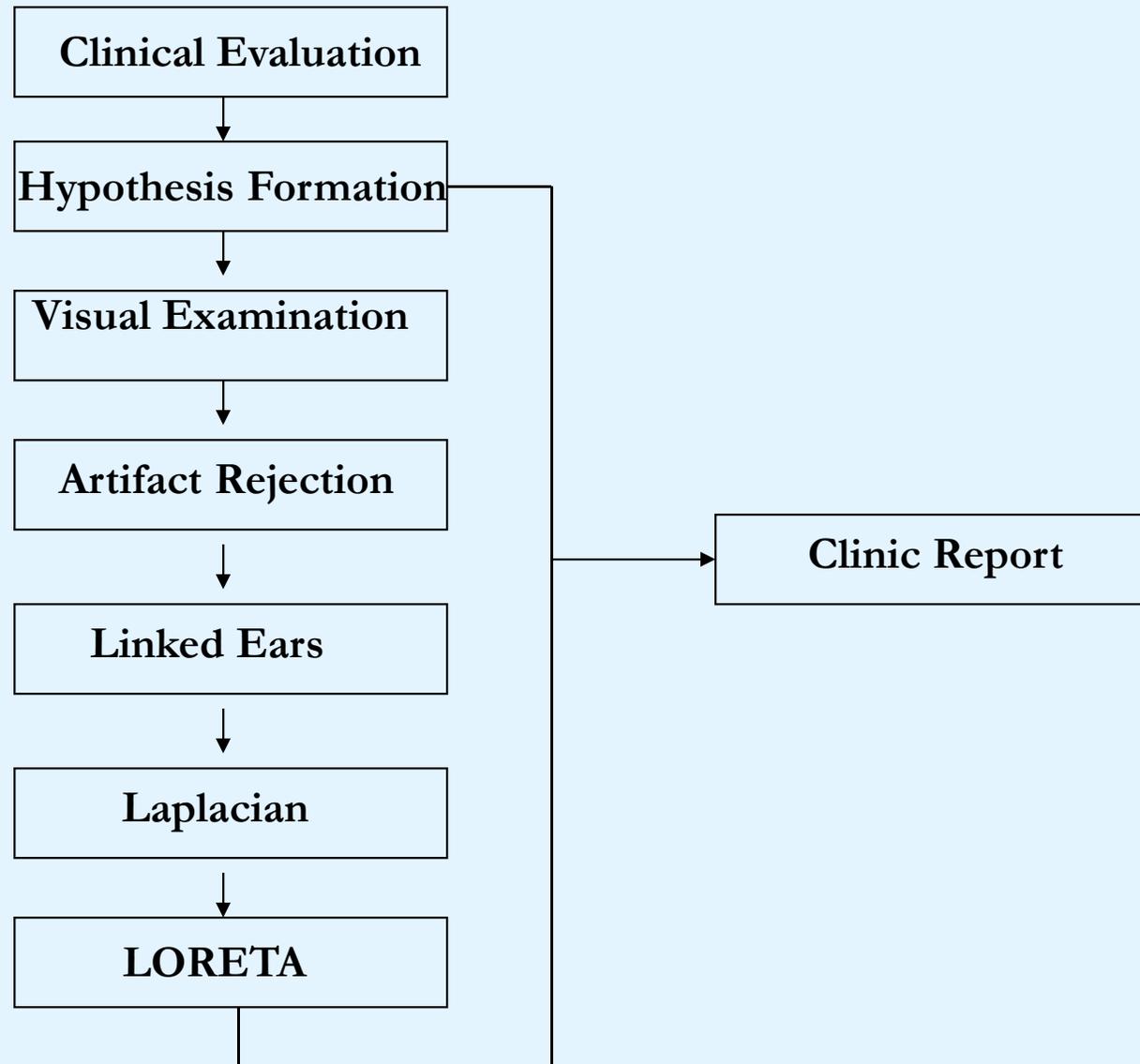
Assess, Address, Reassess ...



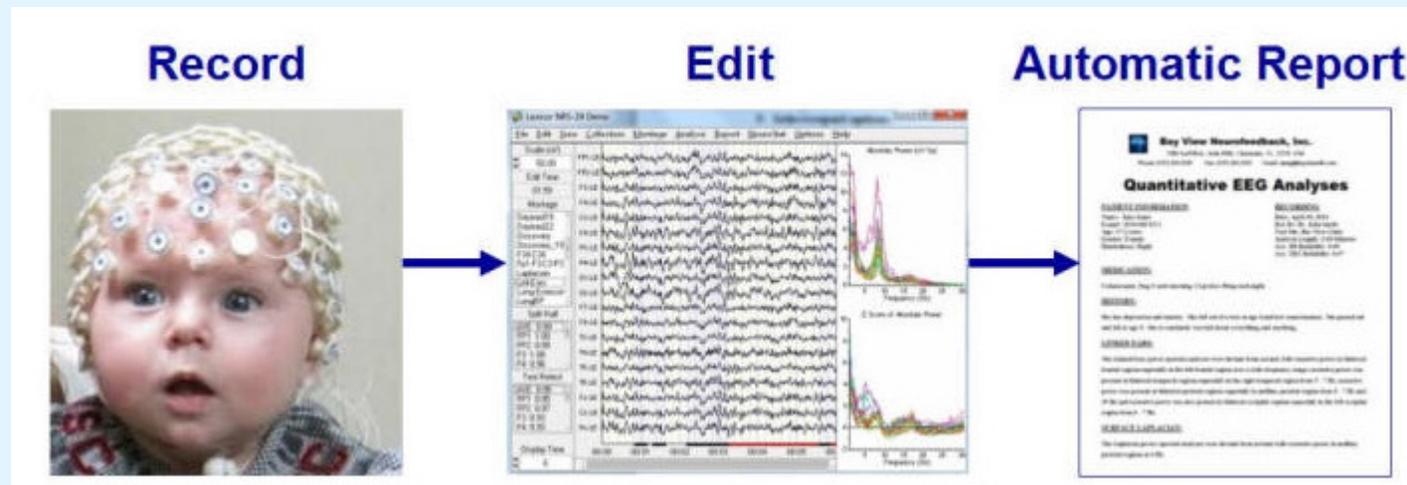
Linking Patient's Symptoms to Patient's Brain



QEEG Report Generation Sequence

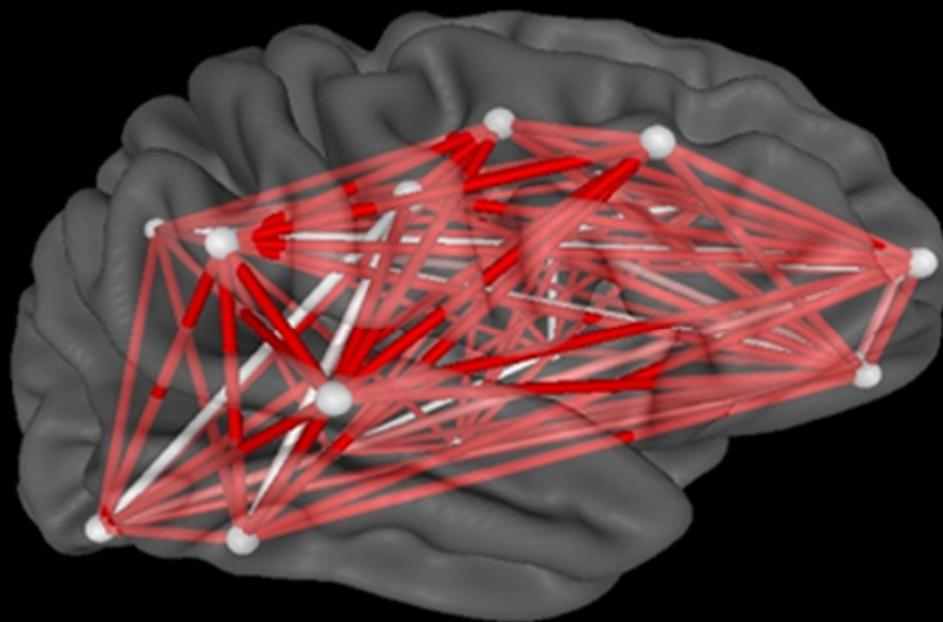


Automatic Clinical Report Writer (ACR)



- No Delays with Minimal Expense for a Professional Quality In-House QEEG Clinical Report
- Less than One Minute to Produce a Professional QEEG Clinical Report, in Microsoft Word format
 - ACR Provides: Empowerment, Simplicity, Accuracy & Efficiency!
- Get Valid Normative Database Comparisons using without Depending on Internet Q-EEG Report Services!
- Get Relevant Content and Displays, plus Helpful NFB Recommendations in Less than a Minute.
 - Increased Productivity by at Least 10 Fold, e.g. Ten Reports in an Hour!

NeuroLink by Applied Neuroscience, Inc



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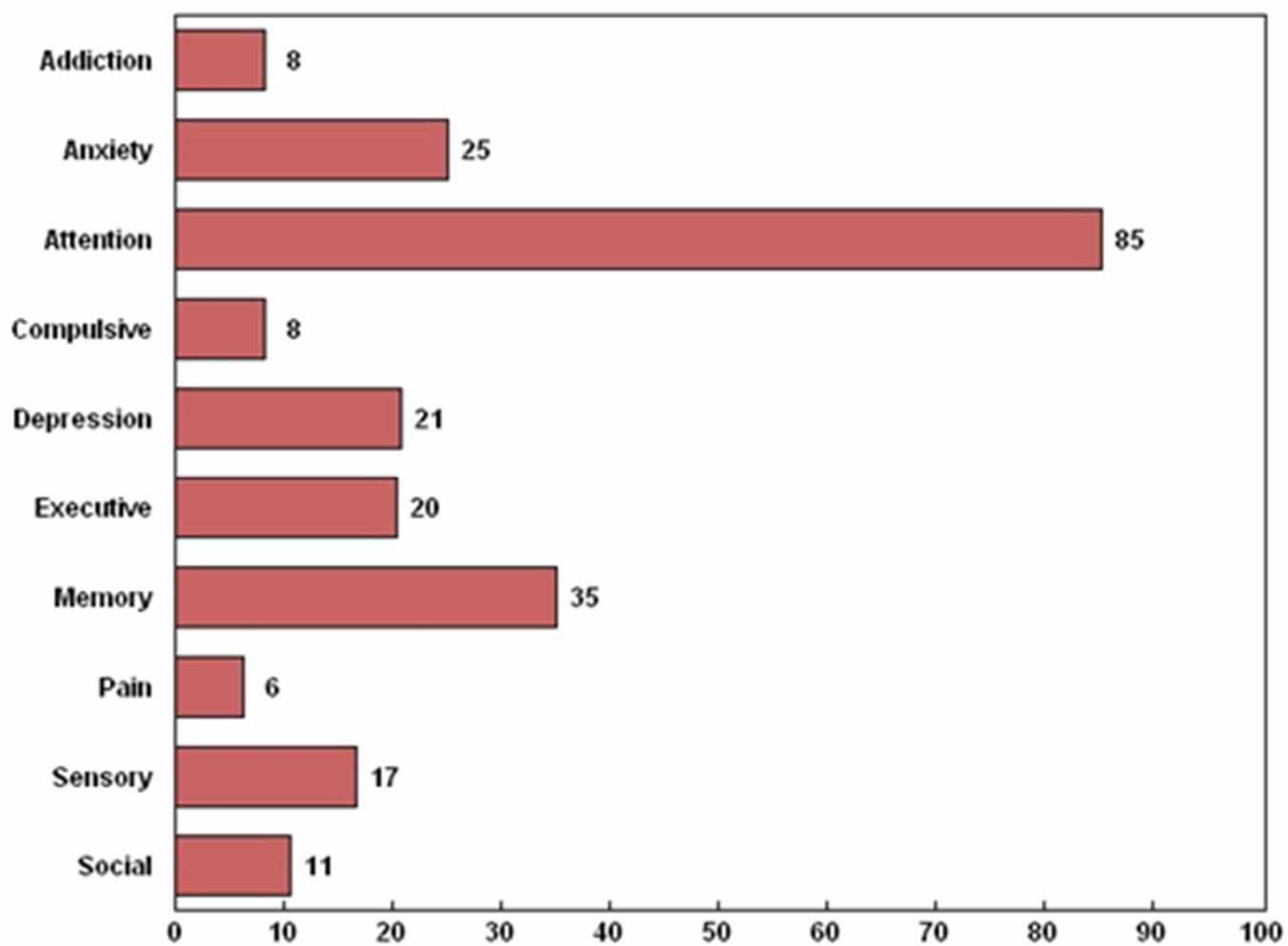
www.anineurolink.com

Press Any Key to Continue...

Subject ID: ID00001

Apr 16, 2015 04:22 pm

Severity Scores (%)



Help

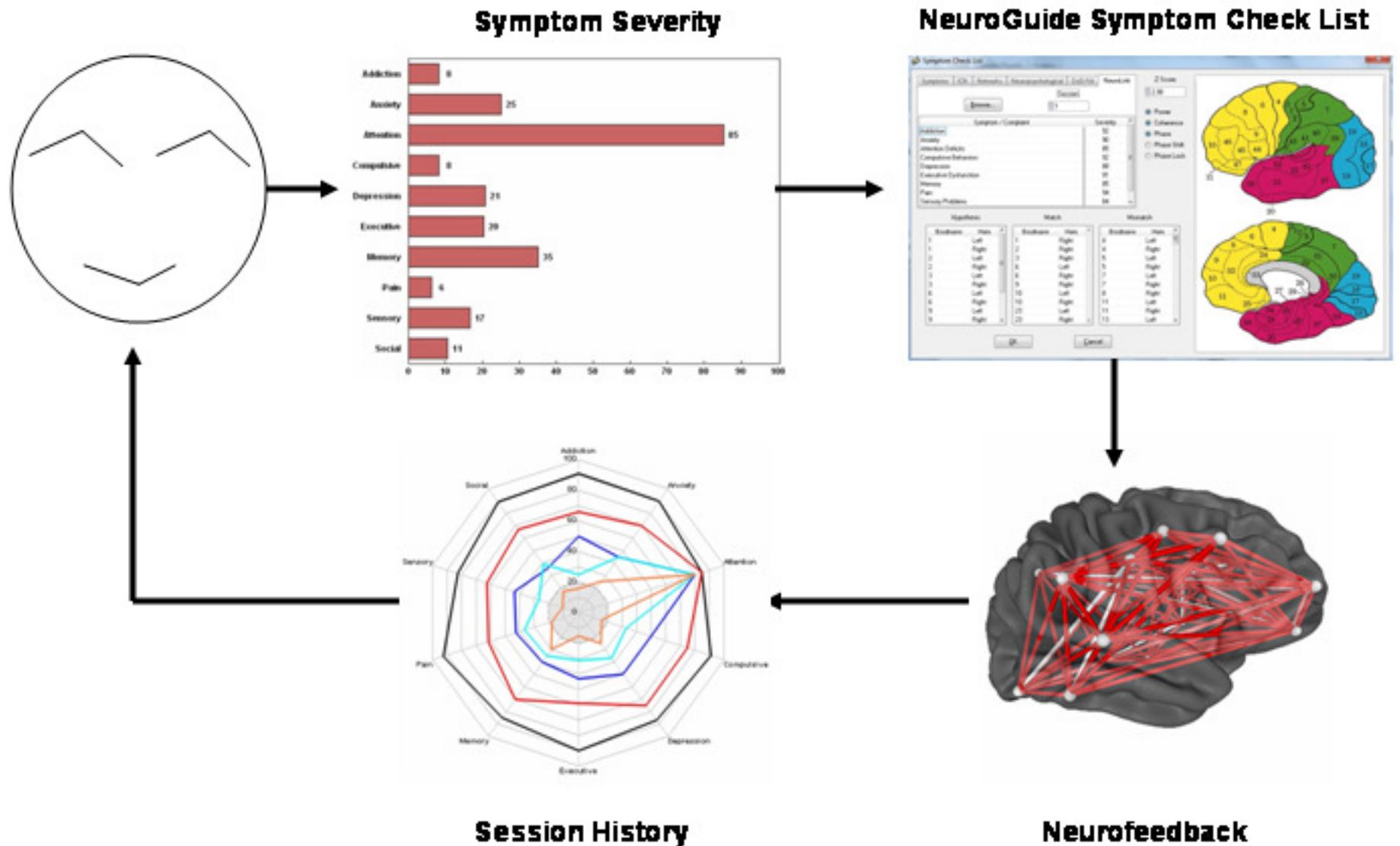
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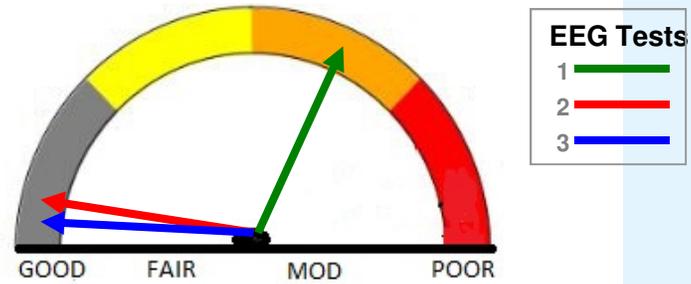
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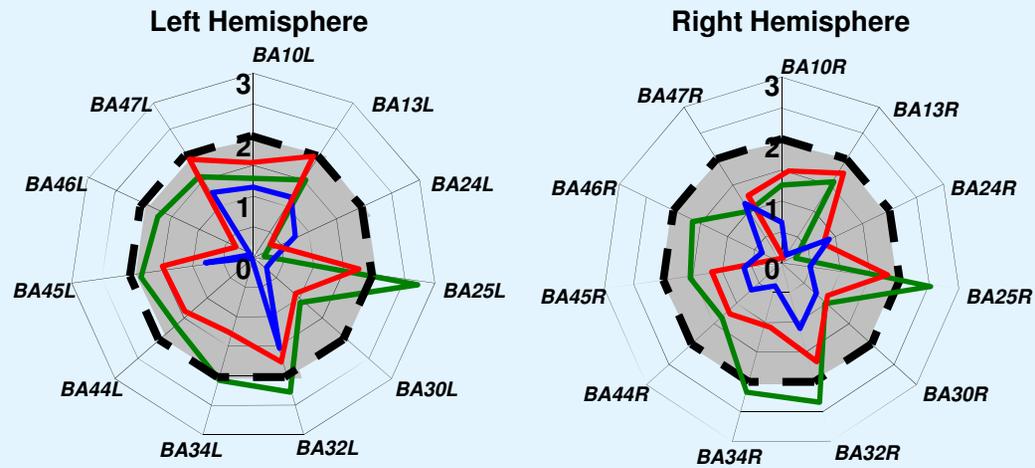
NeuroLink and NeuroGuide Integration – Linking Symptoms to the Brain



NeuroRehab Network Index



Addiction Network Z Scores

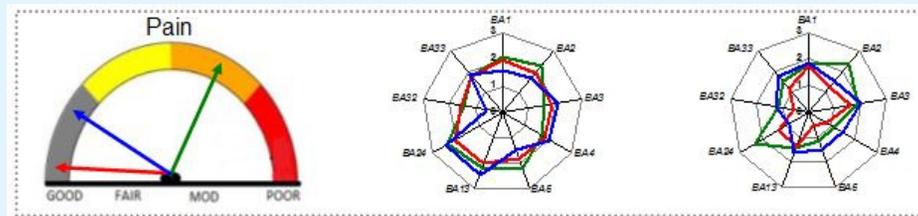
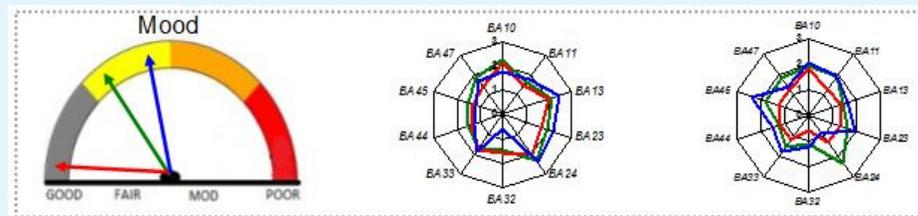
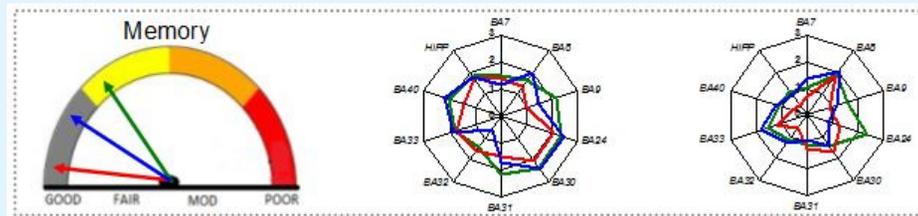
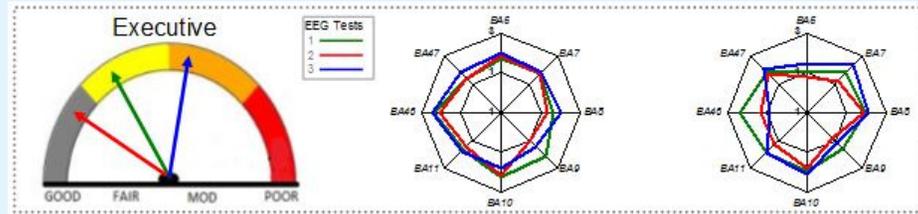


Rehabilitation History



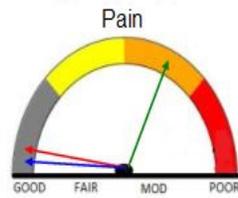
NeuroRehab Networks TM — Network Z Scores

Left Hemisphere — Right Hemisphere

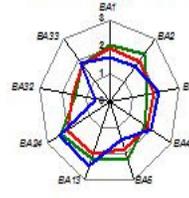


NeuroRehab Networks

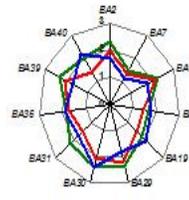
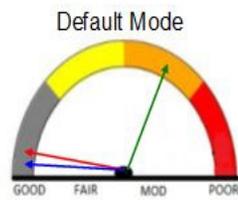
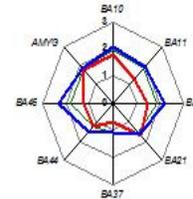
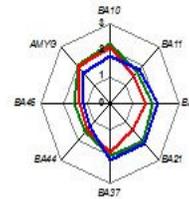
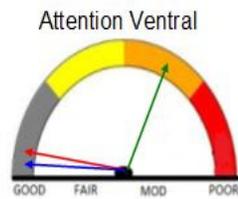
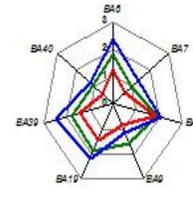
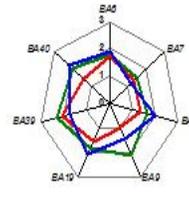
Network Z Scores



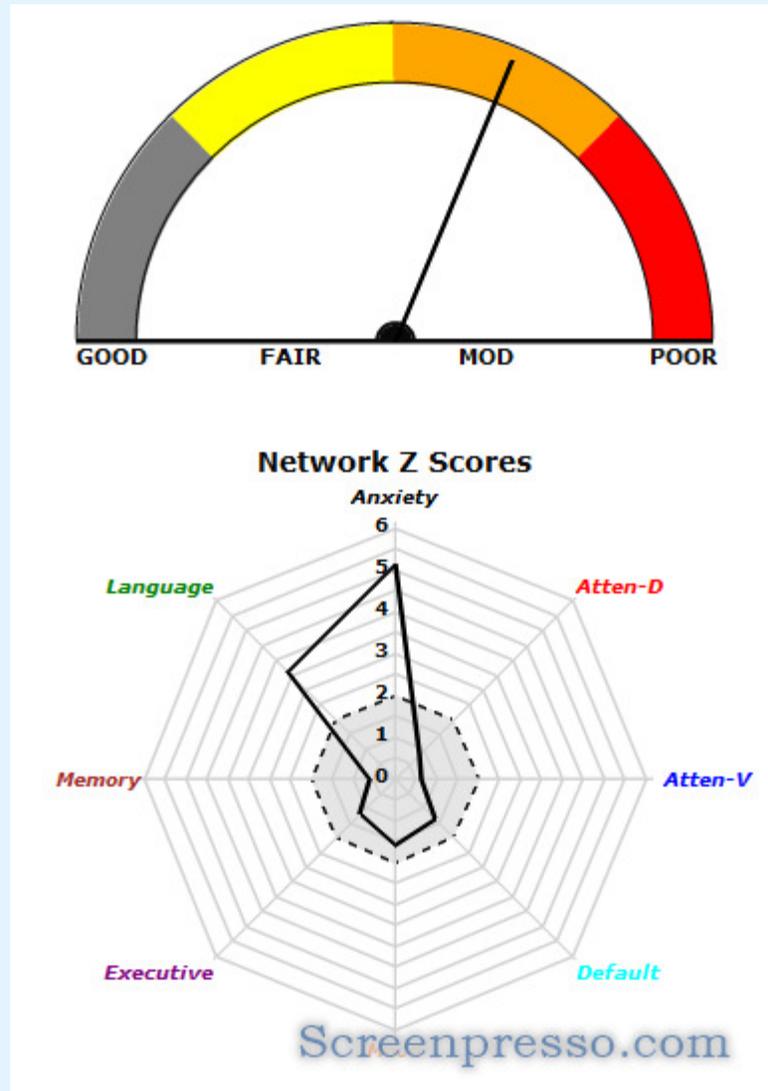
Left Hemisphere



Right Hemisphere



The BrainRehab Index



The BrainRehabilitator™

Portable System

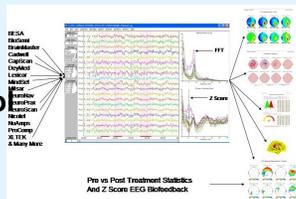
Assessment

Treatment

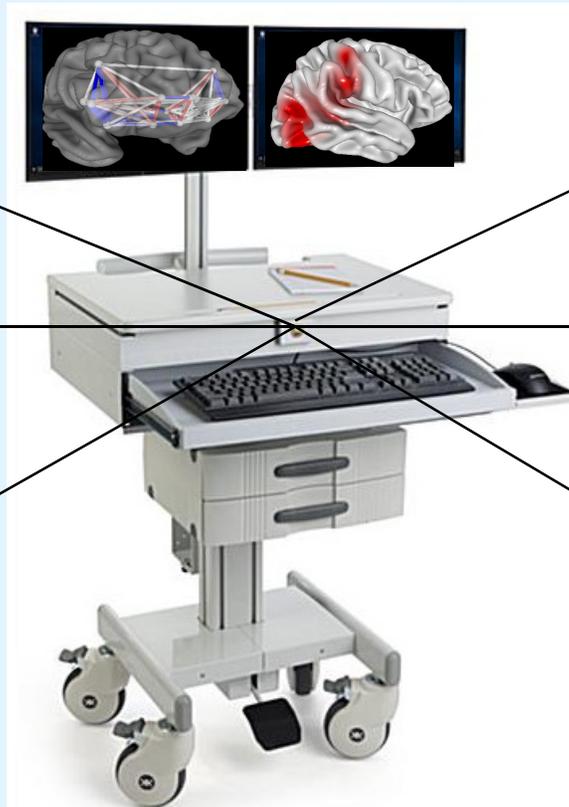
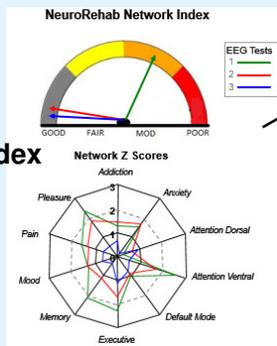
Dry EEG Headset



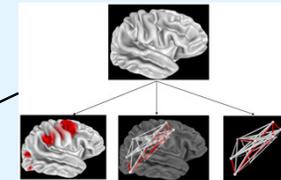
EEG Control



BrainRehab Index



NeuroFeedback

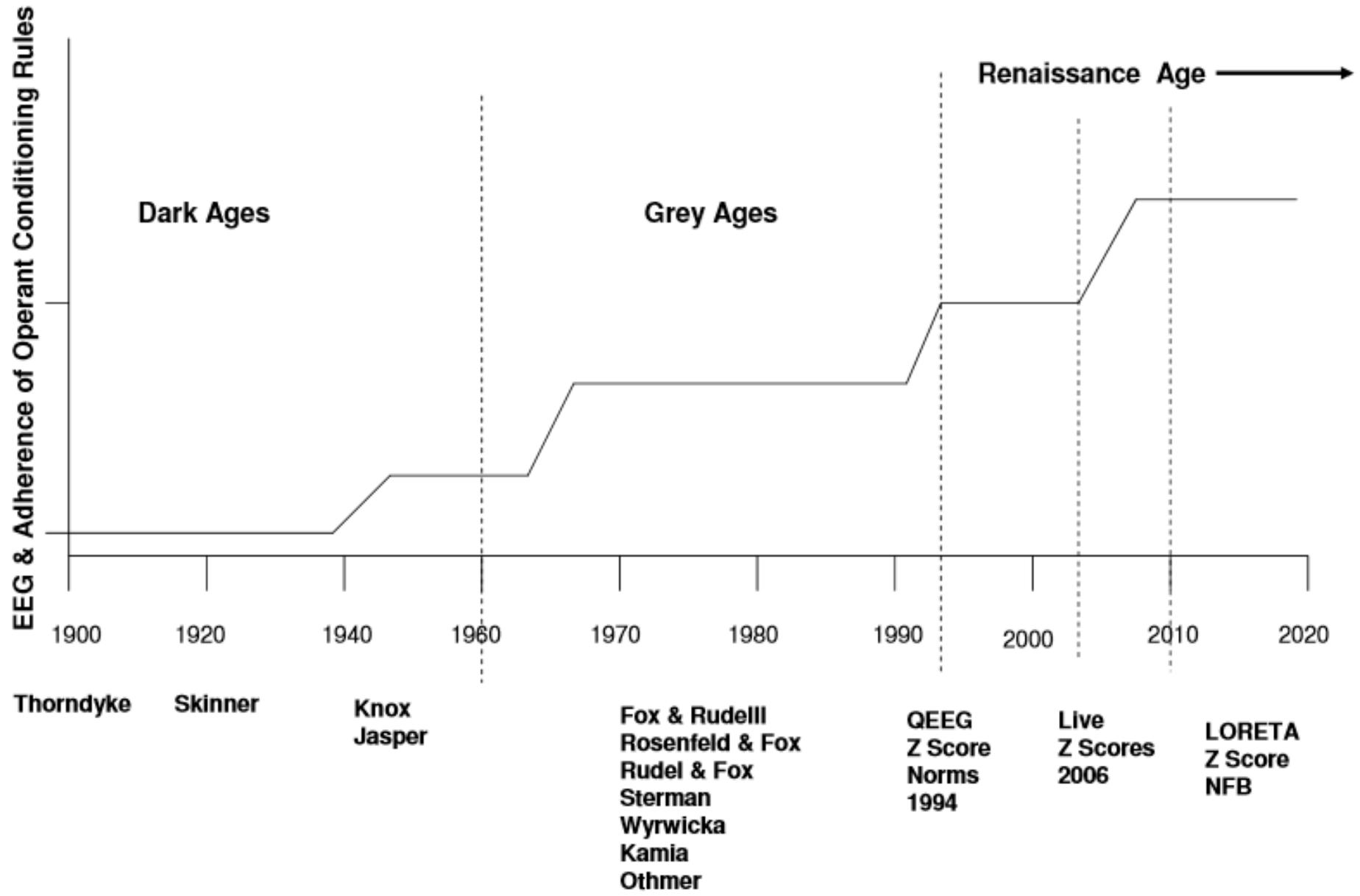


Photobiomodulation



Electrical Brain Stimulation tDCS





What is the Future for Z Score Neurofeedback?

1- Expanding Number of Clinicians Using Z Score NFB

2- Expanding Number of Metrics:

a- Effective Connectivity

b- Cross-Frequency Coherence

c- Cross-Frequency Effective Connectivity

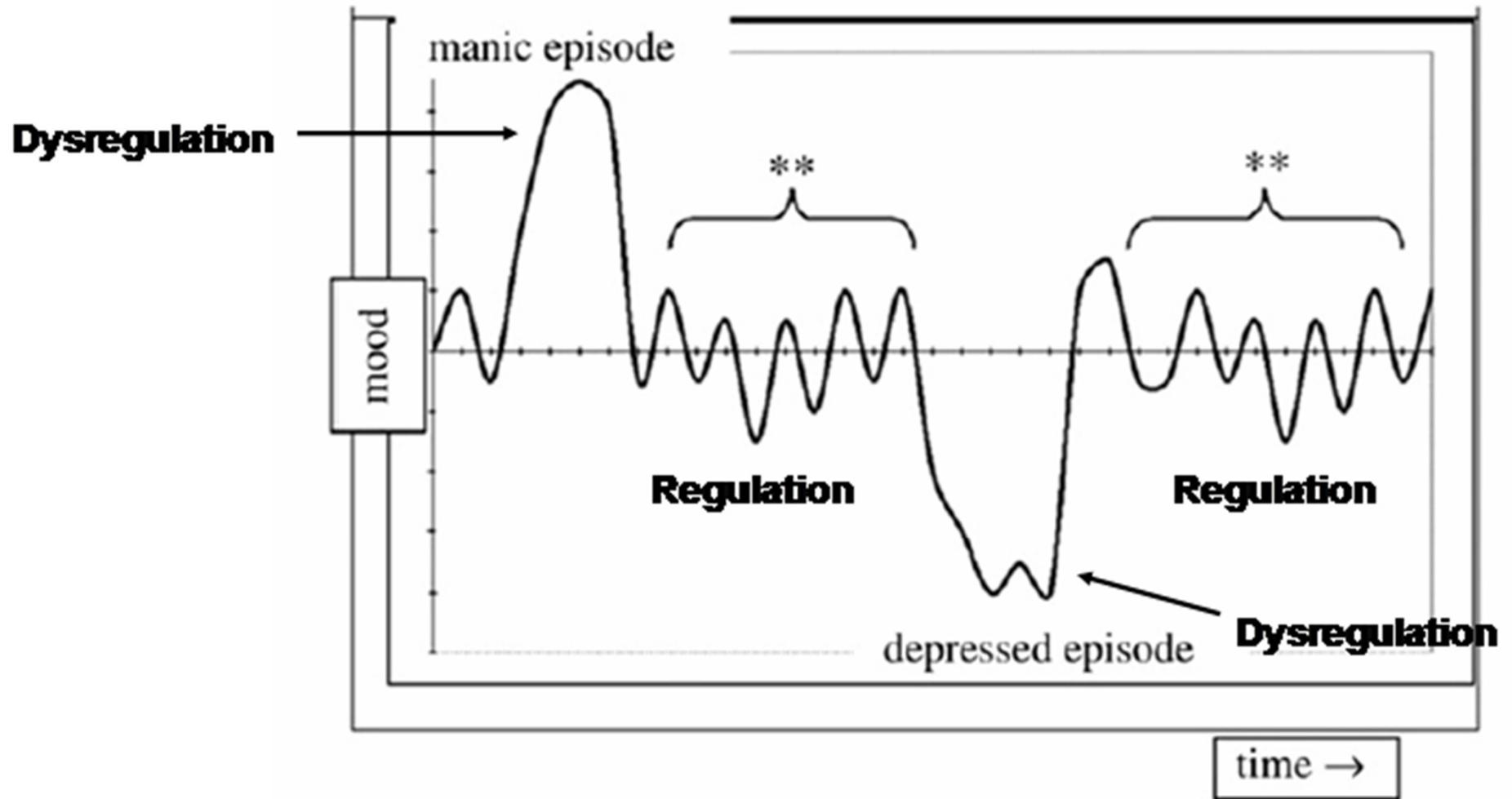
d- Phase Amplitude Cross-Frequency Coupling

e- swLORETA – Individualized MRI & NFB

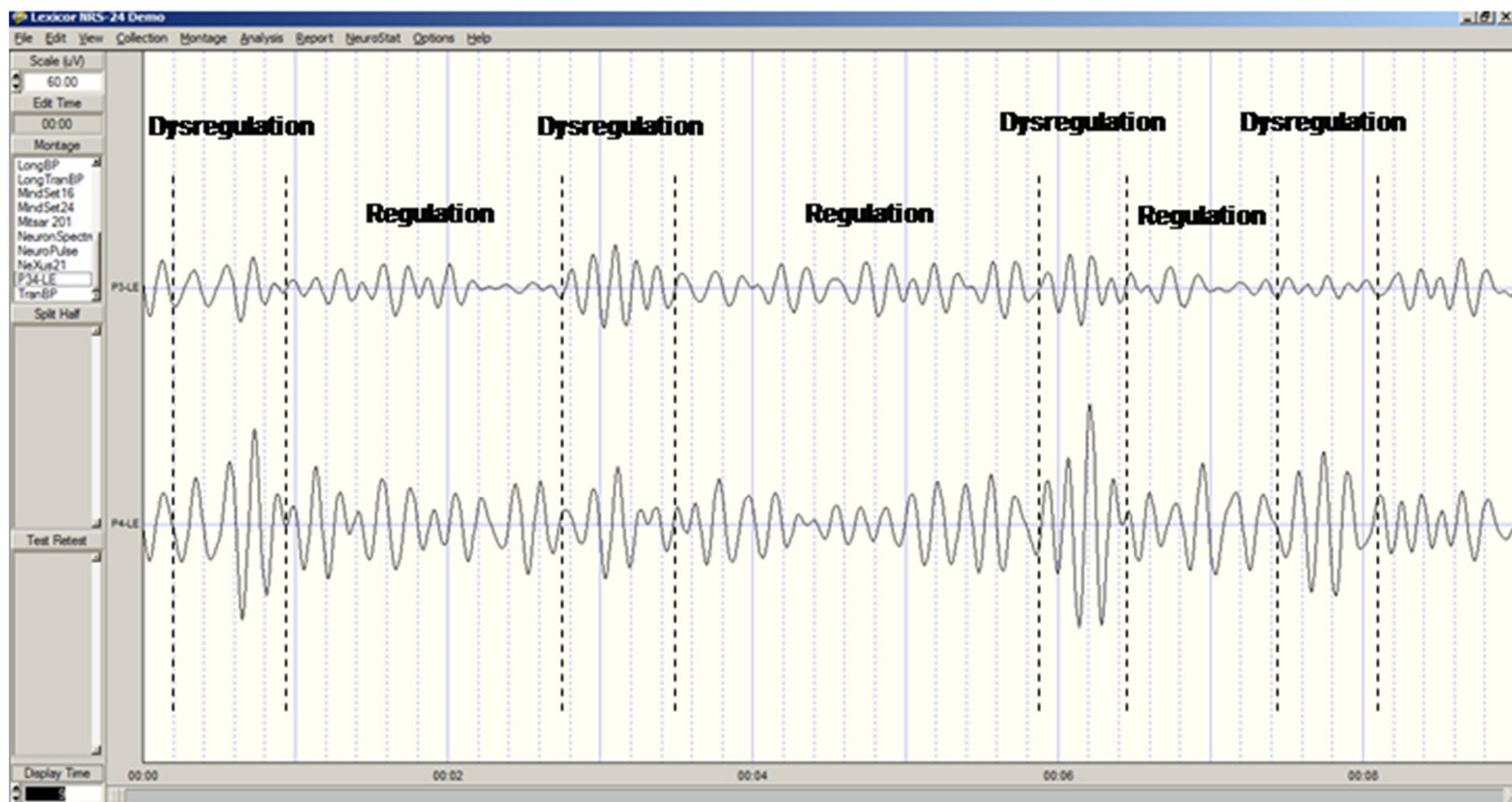
3- New Brain Imaging Technology

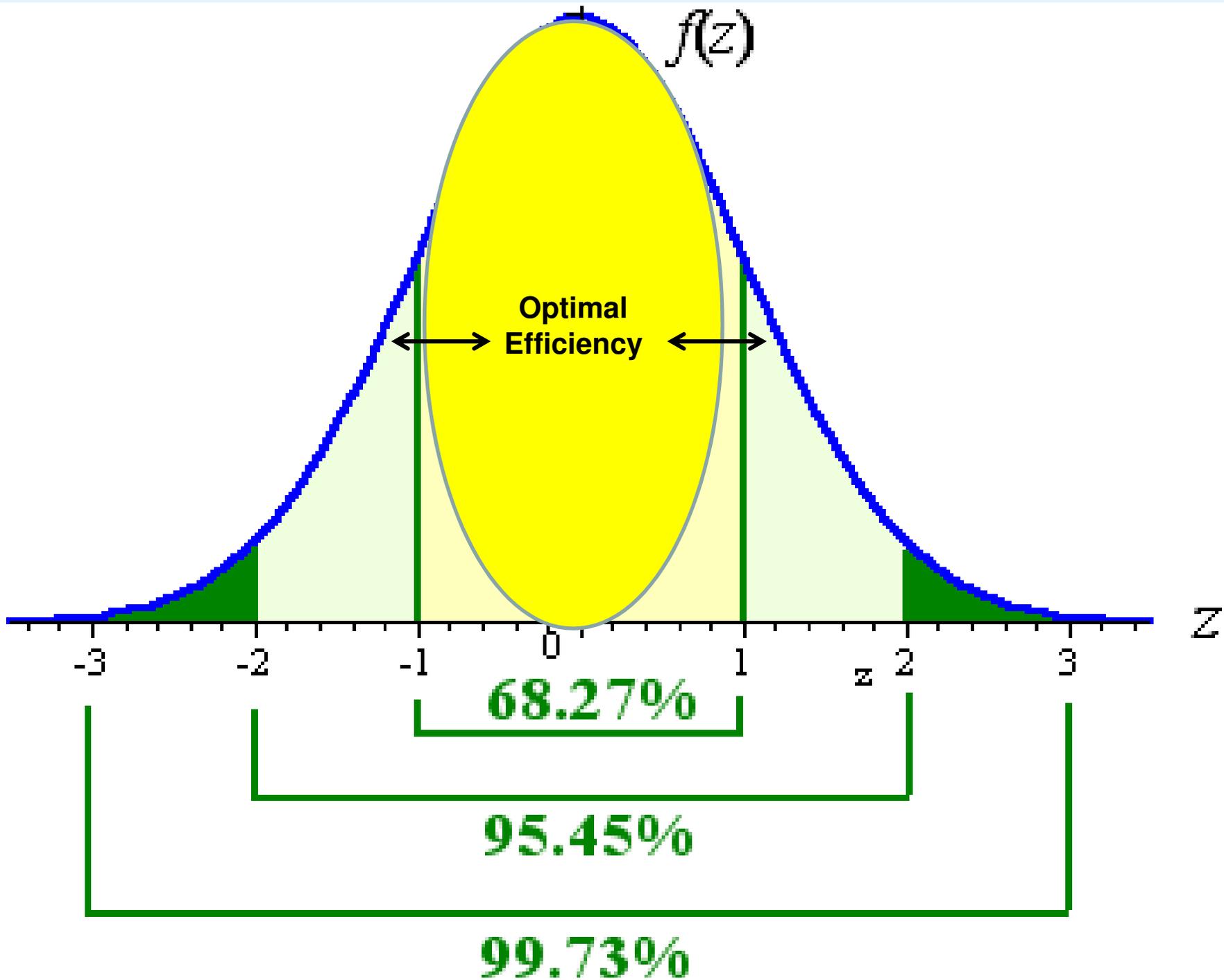
4- Smart Phone and Tablet Technology

Moment-to-Moment “Regulation” and “Dysregulation”

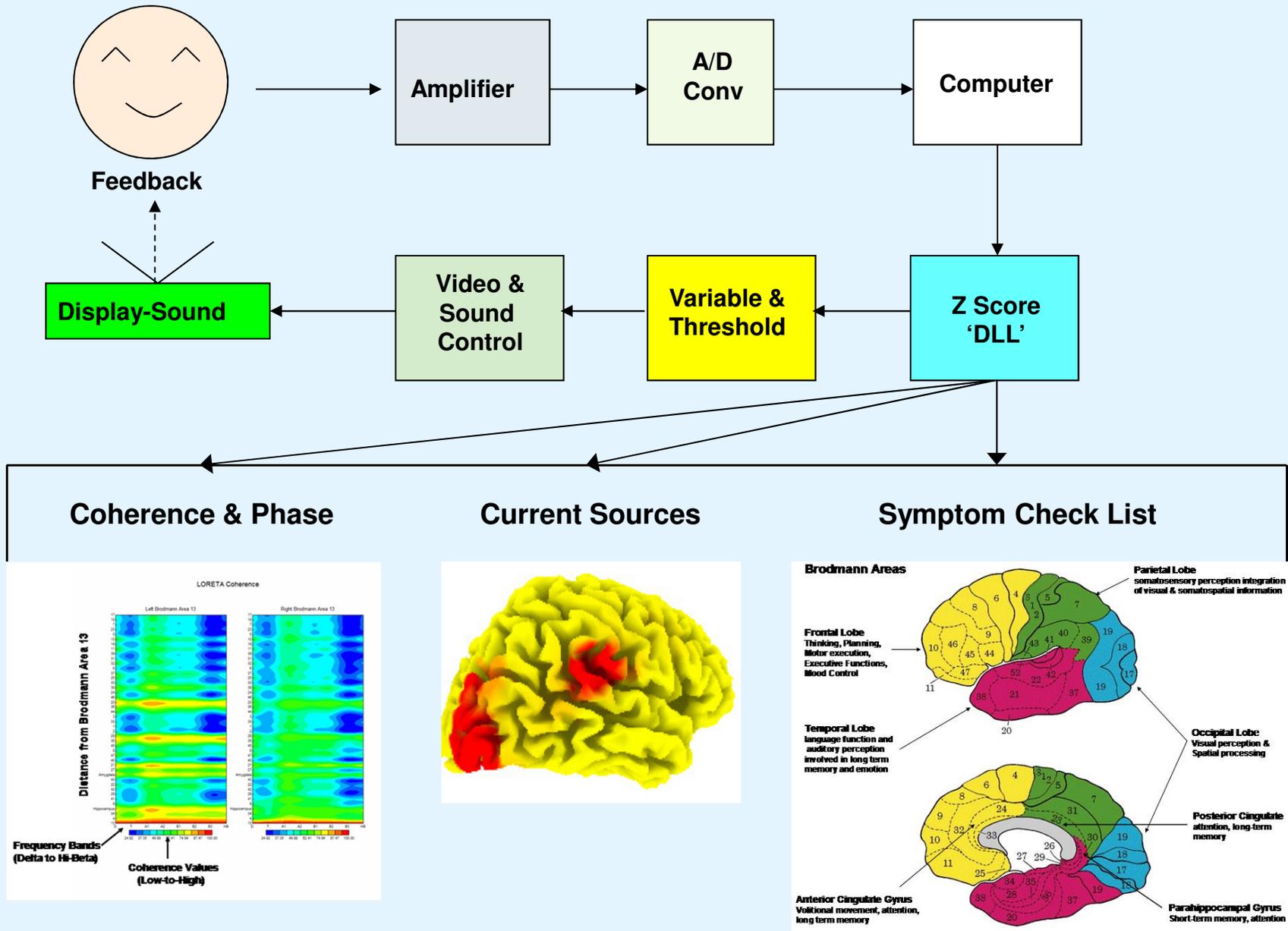


TBI Demo Right Parietal Lobe Alternating Degrees of Regulation Biofeedback's Goal is to Reduce the Frequency, Duration and Intensity of Dysregulation





Neuroimaging Neurofeedback - Fort Campbell



The impact of source-localized EEG phase neurofeedback on brain activity

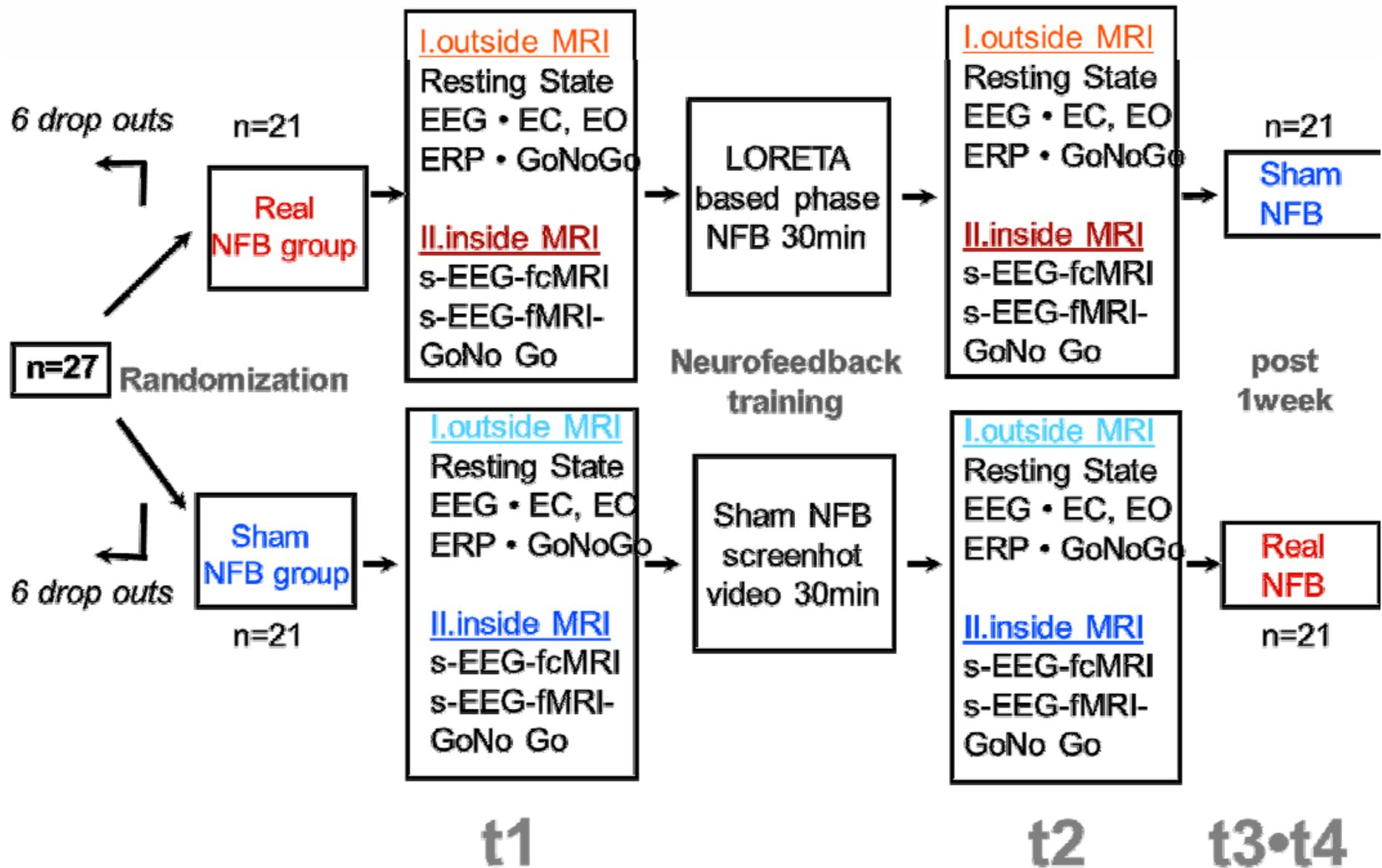
A double-blinded placebo-controlled study using simultaneously EEG-fMRI – preliminary results

Daniel Keeser

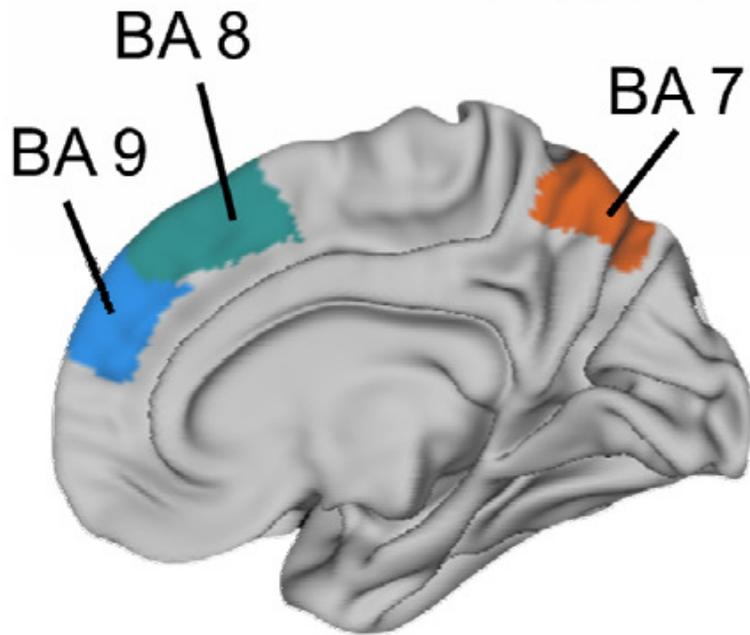
Valerie Kirsch, Boris Rauchmann, Brian Stamm, Paul Reidler, Robert Thatcher, Susanne Karch, Oliver Pogarell, Birgit Ertl-Wagner



s-EEG-fcMRI neurofeedback study design

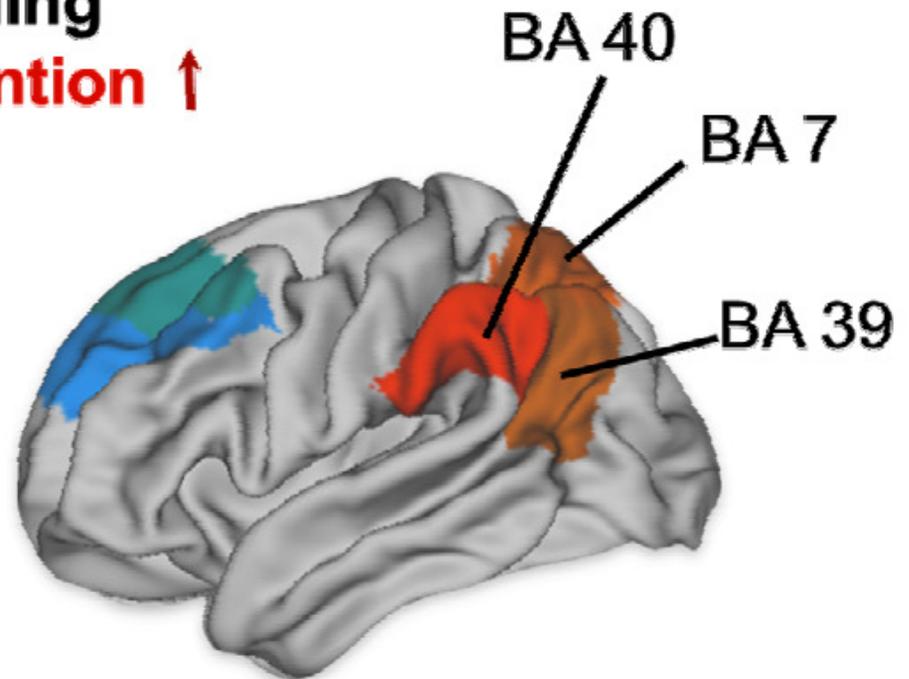
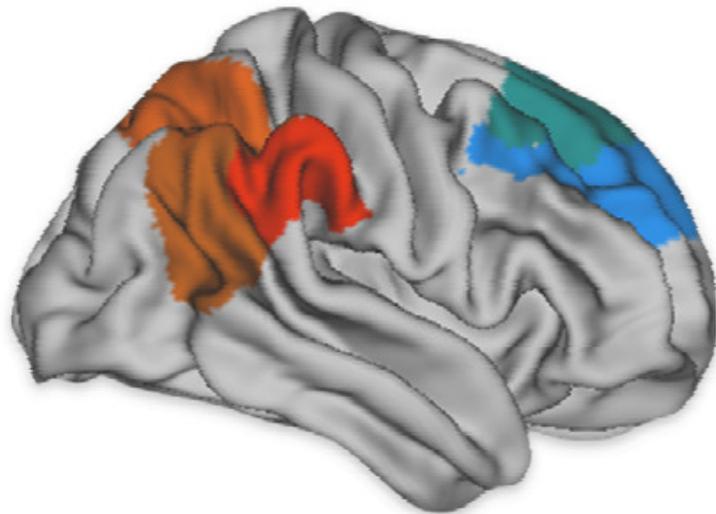


NFB protocol

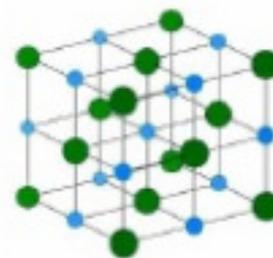
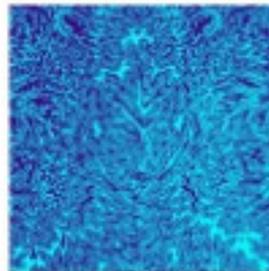
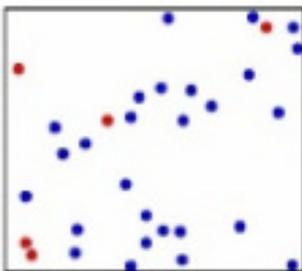
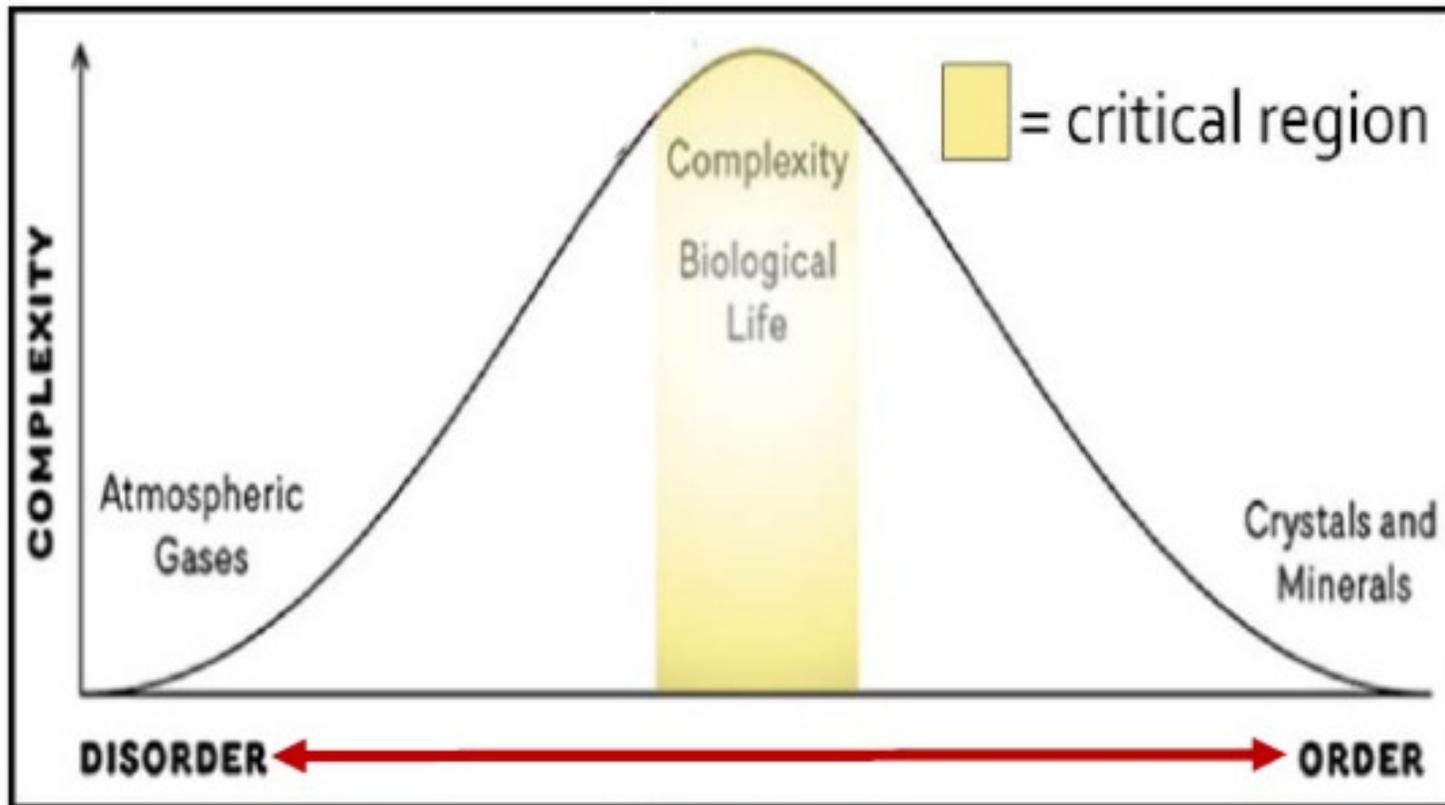


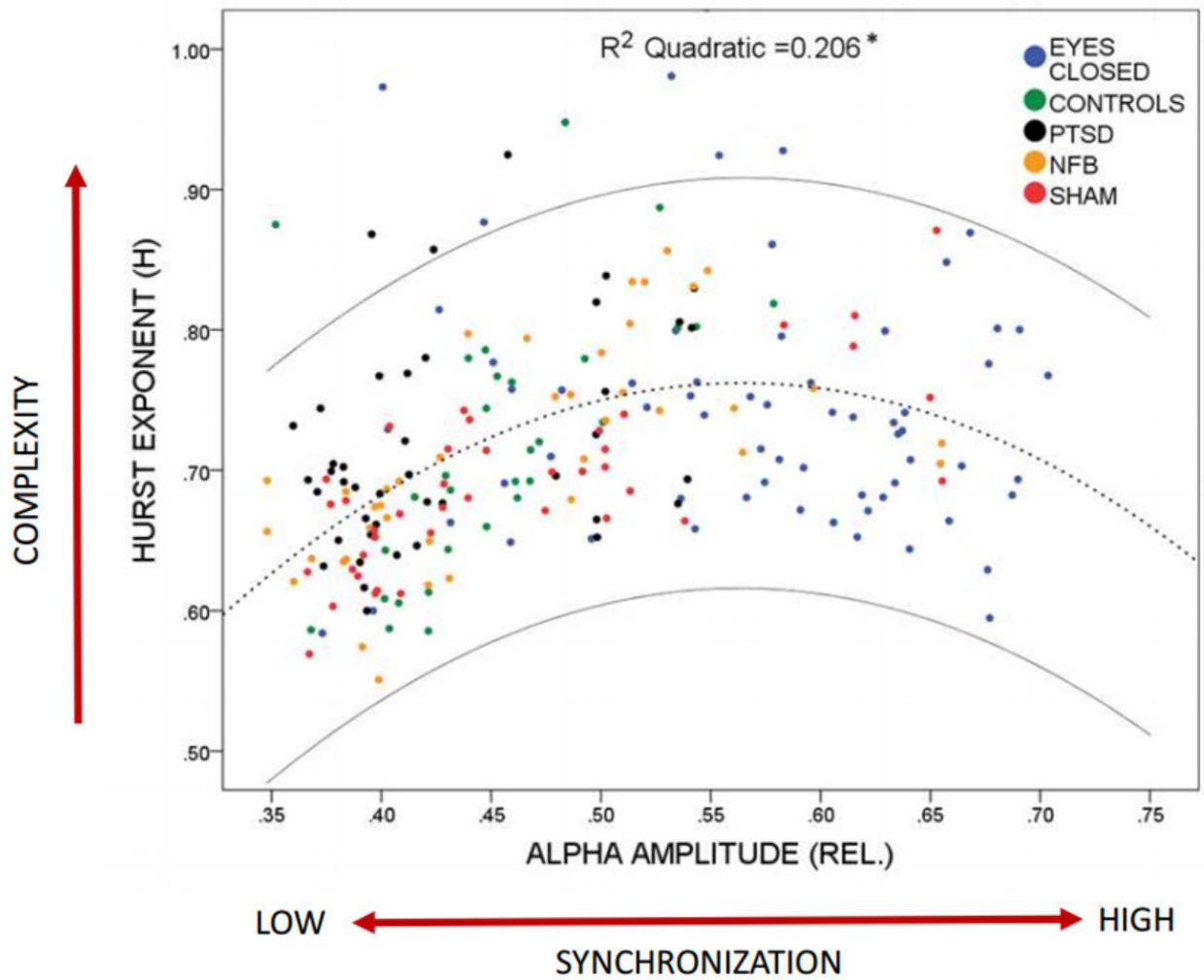
Alpha 1 (8-10 Hz)
Alpha 2 (10-12 Hz)
Beta 1 (12-15 Hz)

EEG phase
training
Attention ↑

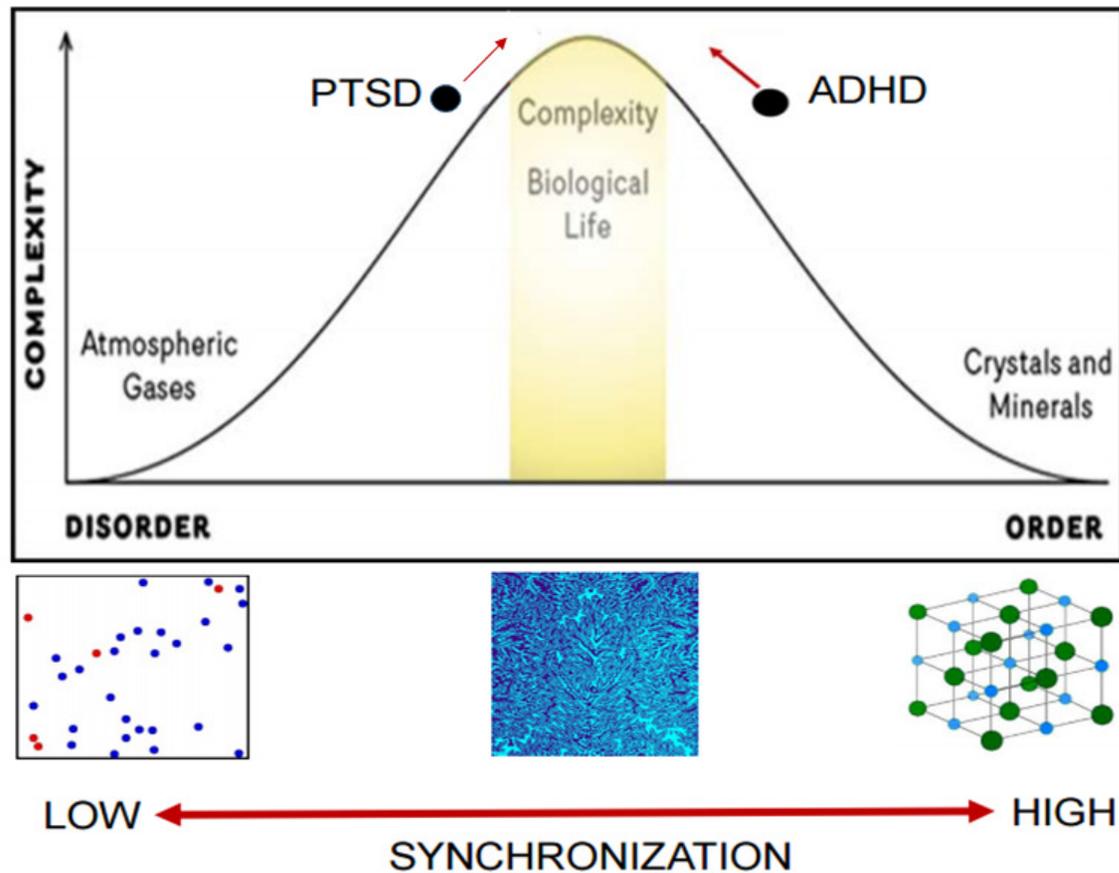


The Theory of Self-Organised Criticality





Self-Organised Criticality: a potential mechanism?





Tuning pathological brain oscillations with neurofeedback: a systems neuroscience framework

Tomas Ros^{1*}, Bernard J. Baars², Ruth A. Lanius³ and Patrik Vuilleumier¹

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² *Theoretical Neurobiology, The Neurosciences Institute, La Jolla, CA, USA*

³ *Department of Psychiatry, University of Western Ontario, London, ON, Canada*

Edited by:

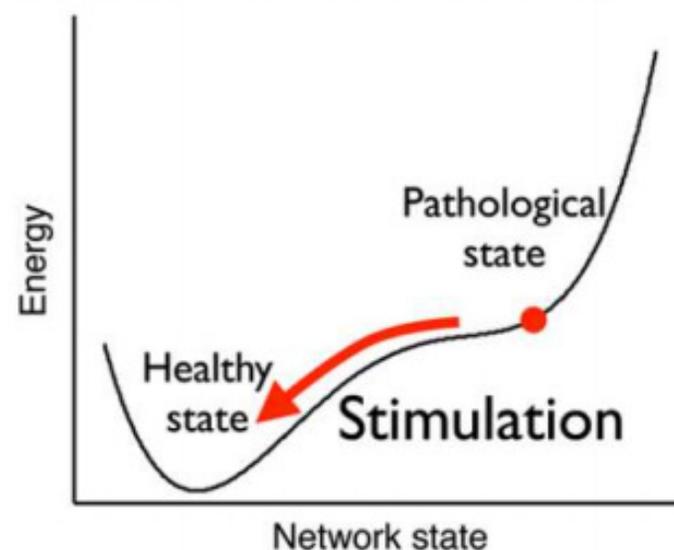
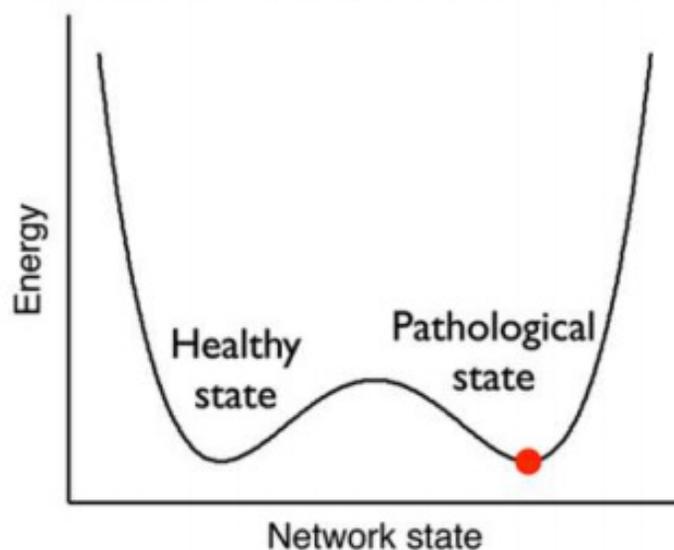
Martijn Arns, Research Institute
Brainclinics, Netherlands

Reviewed by:

Marco Congedo, CNRS, France
Hartmut Heinrich, University of
Erlangen-Nürnberg, Germany

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des Mines, Geneva 1202,
Switzerland
e-mail: dr.t.ros@gmail.com



Select a Network or Symptoms, Frequency and Metric

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Network		Severity			
Addiction	0				
Anxiety	0				
Attention - Dorsal	0				
Attention - Ventral	0				
Attention - Emotional	0				
Default Mode	0				
Executive Function	0				
Face, Object Recognition	0				
Language	0				
Memory - Emotion	0				
Mirror Neuron	0				
Mood	0				
Pain	0				
Pleasure	0				
Salience	0				
Schizophrenia	0				
Working Memory	0				
DTI - Frontal Limbic	0				
DTI - Frontal Occipital	0				
DTI - Frontal Parietal	0				
DTI - Frontal Temporal	0				
DTI - Local Frontal	0				
DTI - Local Limbic	0				
DTI - Local Occipital	0				
DTI - Local Parietal	0				
DTI - Local Temporal	0				
Hagmann Module 1 (Vision)	0				
Hagmann Module 2 (Attention, Working Memory)	0				
Hagmann Module 3 (Auditory, Language, Memory)	0				
Hagmann Module 4 (Auditory, Language, Memory)	0				
Hagmann Module 5 (Executive, Sequential Planning)	0				
Hagmann Module 6 (Executive, Social Skills)	0				
Isocortex Hippocampocentric	0				
Isocortex Olfactocentric	0				
Mesocortex Hippocampocentric	0				
Mesocortex Olfactocentric	0				
Mesulam - Emotional Memory	0				
Mesulam - Executive Function	0				
Mesulam - Face/Object Identification	0				
Mesulam - Language	0				
Mesulam - Spatial Attention	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Intrinsic Connectivity Network		Severity			
ICN 1 (Limbic, Medial-Temporal, Emotion)	0				
ICN 2 (Reward, Emotion)	0				
ICN 4 (Language, Executive)	0				
ICN 6 (Premotor, Supplemental Motor)	0				
ICN 7 (Visual-Spatial Processing)	0				
ICN 8, 17 (Primary Sensory Motor)	0				
ICN 9 (Parietal)	0				
ICN 10 (Picture Naming, Visual Tracking)	0				
ICN 11, 12 (Visual System)	0				
ICN 13 (Default Mode Network)	0				
ICN 15 (Right Hemisphere, Attention, Reasoning, Memory)	0				
ICN 16 (Auditory, Music)	0				
ICN 18 (Left Hemisphere, Language)	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Neuropsychological Diagnosis		Severity			
Agnosia of Action Apperceptive	0				
Agnosia of Action Associative	0				
Agnosia Auditory Apperceptive	0				
Agnosia Auditory Associative	0				
Agnosia Auditory Space	0				
Agnosia Prosopagnosia (Face)	0				
Agnosia Social Emotional	0				
Agnosia Social of Action - Theory of Mind	0				
Agnosia Somatosensory Autotopagnosia	0				
Agnosia Somatosensory Finger	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Symptom / Complaint		Severity			
Attention - Re-Experiences Intrusive Memories	0				
Attention - Emotional Numbing	0				
Attention - Distracting Pain	0				
Attention - Difficulty Multi-Tasking	0				
Attention - Worsens with Emotional Stress	0				
Attention - Dissociative Episodes	0				
Attention - Worsens With Withdrawal Symptoms	0				
Chronic Pain - Neuropathic	0				
Chronic Pain - Musculoskeletal	0				
Chronic Pain - Diffuse Pain (Entire Body)	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Symptom / Complaint		Severity			
Anosognosia - Denial of a Problem	0				
Anxiety	0				
Attention Deficits - Easily Distractable	0				
Auditory Sequencing Problems	0				
Balance Problems	0				
Blurred Vision	0				
Chronic Pain	0				
Compulsive Behaviors and/or Thoughts	0				
Concentration Problems	0				
Decreased Tactile or Skin Sensitivity	0				
Delusional	0				
Depression (Sad & Blue)	0				
Difficulty Comprehending Social Cues	0				
Dyscalcula - Problems Calculating	0				
Dyslexia - Letter Reversal	0				
Executive Function Problems	0				
Face Recognition Problems	0				
Failure to Initiate Actions	0				
Hyperactive and/or Agitation	0				
Impulsive Behaviors	0				
Insensitive to Others Emotional Expressions	0				
Insensitive to Other's Feelings	0				
Low Motivation	0				
Low Threshold for Anger & Loss of Control	0				
Migrane Headaches	0				
Mood Swings	0				
Multi-Tasking Problems	0				
Obsessive Thoughts about Self	0				
Obsessive Thoughts and/or Hyper Focused	0				
Oppositional Defiant Conduct	0				
Orientation in Space Problems	0				
Perception of Letters Problems	0				
Poor Judgement	0				
Poor Skilled Motor Movements	0				
Poor Social Skills	0				
Receptive Language Problems	0				
Recognizing Objects by Touch Problems	0				
Self-Esteem Problems	0				
Sequential Planning Problems	0				
Short-Term Memory Problems	0				
Slow Reader	0				
Slowness of Thought - Easily Confused	0				
Spatial Perception Problems	0				
Speech Articulation Problems	0				
Substance Abuse	0				
Symptoms of Fibromyalgia	0				
Word Finding Problems	0				

Z Score Neurofeedback Panel

Select Protocol, Session Rounds or Progress Tabs

Select Frequency Bands for 1 to 19 Channels & Combinations of Channels for Cross-Spectra

Select a Metric
(Power, Phase, Coherence, or Amplitude Asymmetry)

Select Montage
Linked Ears,
Average Reference
& Laplacian

Z Score Threshold
Reward if Less Than
or Greater Than

Event Integration
Interval (Variability)

Symptom Check List

Z Tunes is the
Reward Default

Save, Load
& Cancel

Begin or End
Session

Sound
On/Off

Visual Displays &
DVD & MM Players

The screenshot shows the 'Surface Neurofeedback' software window. It features several tabs: 'Protocol', 'Session Rounds', and 'Progress'. The 'Metric' section includes radio buttons for Absolute Power, Relative Power, Power Ratio, Amplitude Asymmetry, Coherence, Absolute Phase, Phase Shift, and Phase Lock. The 'Frequency' section includes radio buttons for Delta, Theta, Alpha, Beta, High Beta, Alpha 1, Alpha 2, Beta 1, Beta 2, Beta 3, D/T, D/A, D/B, D/HB, T/A, T/B, T/HB, A/B, A/HB, and B/HB. The 'Montage Reference' section includes radio buttons for Linked Ears, Average Reference, and Laplacian. Below these are input fields for 'Upper Z' (2.00), 'Lower Z' (-2.00), 'Metrics Selected' (130), 'Monitor' (1), 'Window' (0.25 sec), 'Method' (Z-Tunes), 'Display' (Cz Head), and 'Sound' (Off). At the bottom are buttons for 'Symptom Check List', 'Save', 'Load', 'Apply', 'Cancel', 'Reset', 'Begin Session', 'End Session', and 'Close'. On the right, the 'Auto Spectra Channels - Absolute Power' table is visible, with 'T6' selected in the 'Channels' column.

Channels	D	T			
FP1					
FP2					
F3					
F4					
C3					
C4					
P3					
P4					
O1					
O2					
F7					
F8					
T3					
T4					
T5					
T6	D				
Fz					
Cz					
Pz					

Neuroimaging Neurofeedback Symptom Check List

Click Symptoms or Neuropsychological Diagnoses or DoD/VA List or Networks & Severity

List of Matching Brodmann Areas

List of Symptoms

Anatomical Hypotheses

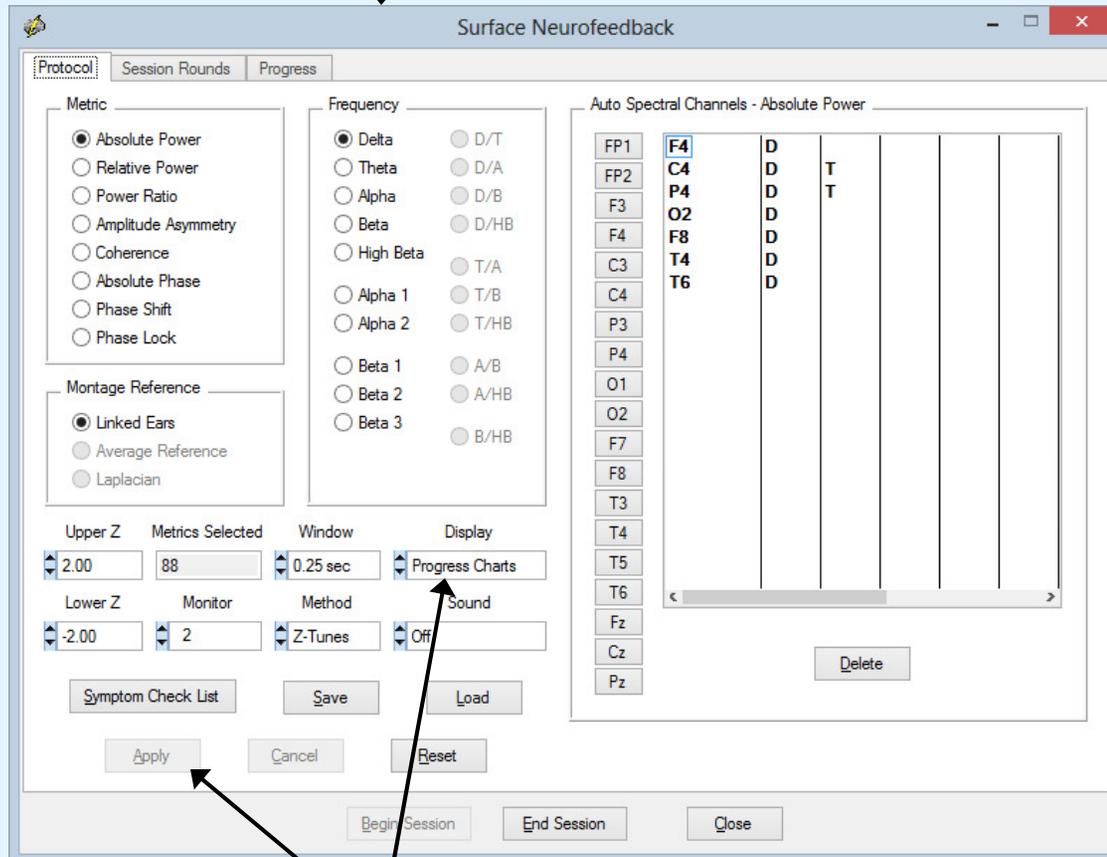
The screenshot shows the 'Symptom Check List' application window. It features a tabbed interface with 'Symptoms', 'Neuropsychological', 'DoD/VA', 'Networks', and 'ICN' tabs. The 'Symptoms' tab is active, displaying a list of symptoms and their severity scores. Below this is a section for 'Anatomical Hypotheses' with three columns: 'Hypothesis', 'Match', and 'Mismatch'. To the right of the software window, two brain maps are shown, illustrating the 'List of Matching Brodmann Areas' for the selected symptoms. The top map shows Brodmann areas 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. The bottom map shows Brodmann areas 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

Symptom / Complaint	Severity
Mood - Hyperarousal	0
Concussion - Difficulty Multi-Tasking	0
Concussion - Short-Term Memory Problems	0
Concussion - Difficulty Concentrating	10
Concussion - Sleep Problems	0
Concussion - Balance Problems	0
Concussion - Problems Controlling Anger	0
Concussion - Depressed Mood	0
PTSD - Hyperarousal	0
PTSD - Sudden Fear Reactions	0

Hypothesis		Match		Mismatch	
Brodmann	Hem	Brodmann	Hem	Brodmann	Hem
9	Left	9	Right	1	Right
9	Right	10	Left	2	Right
10	Left	10	Right	3	Right
10	Right	11	Left	4	Left
11	Left	11	Right	4	Right
11	Right	23	Left	5	Left
23	Left	23	Right	5	Right
23	Right	24	Left	6	Left
24	Left	24	Right	6	Right
24	Right	30	Left	7	Left

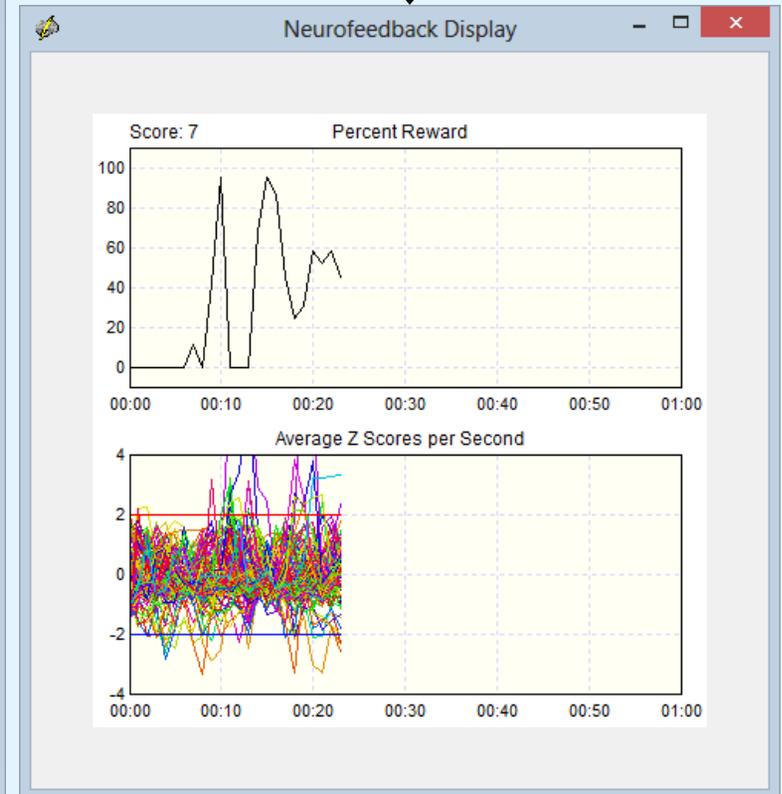
Use the Progress Chart as a Feedback Display

Neurofeedback Setup Panel



Select Progress Charts as Feedback to a Client and then Click Apply

Move the Display to the Client's Monitor



Move to the Client's Monitor

Progress Charts to be Monitored by the Clinician During Neurofeedback

Toggle Back & Forth between Protocol Window & Progress Charts

Red Mark Designates Settings Change

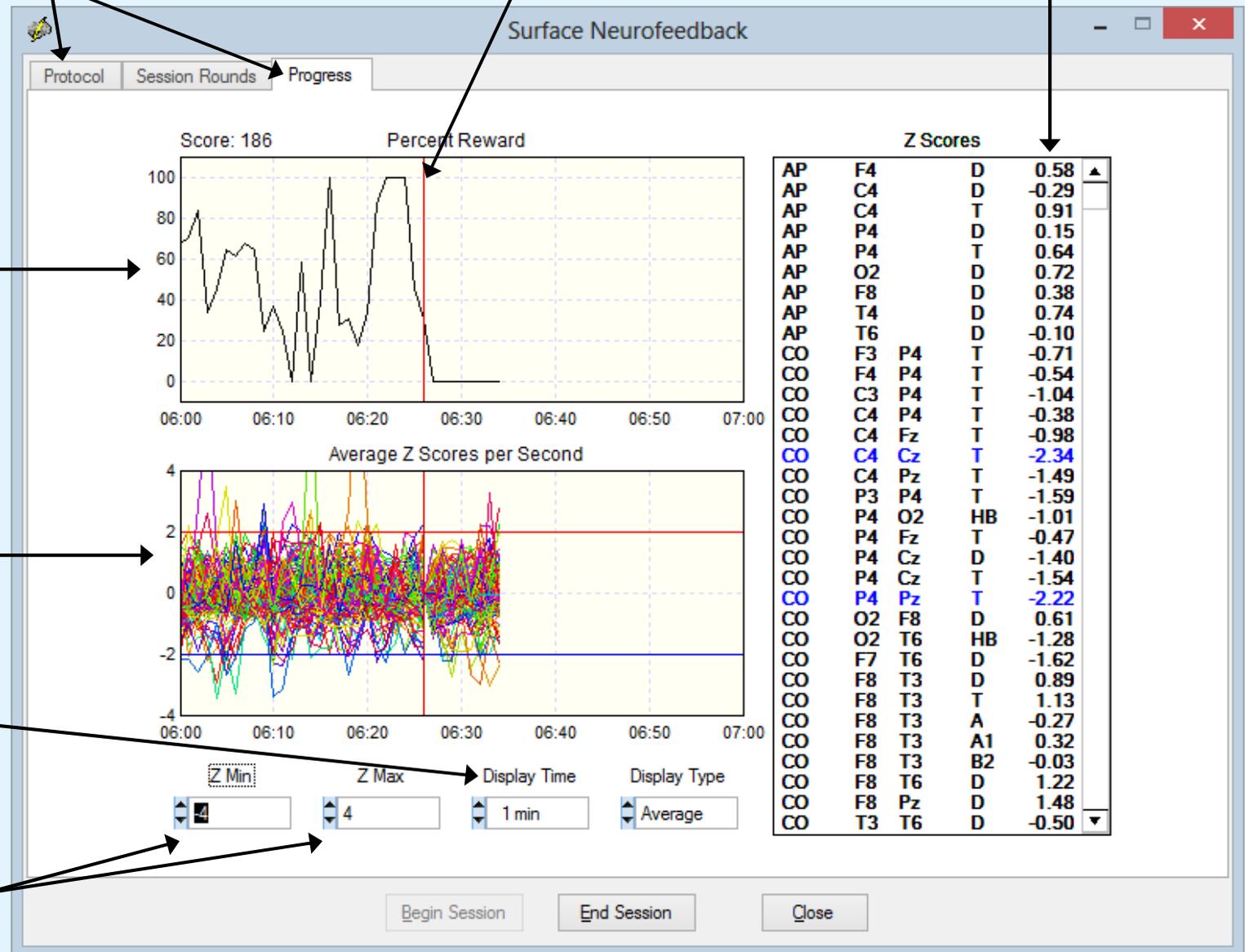
View Instantaneous Z Scores

Percentage of Time that a Reward was Delivered (per sec)

Average Z Scores Updated Each Second

Display Time Base 1 min to 30 min

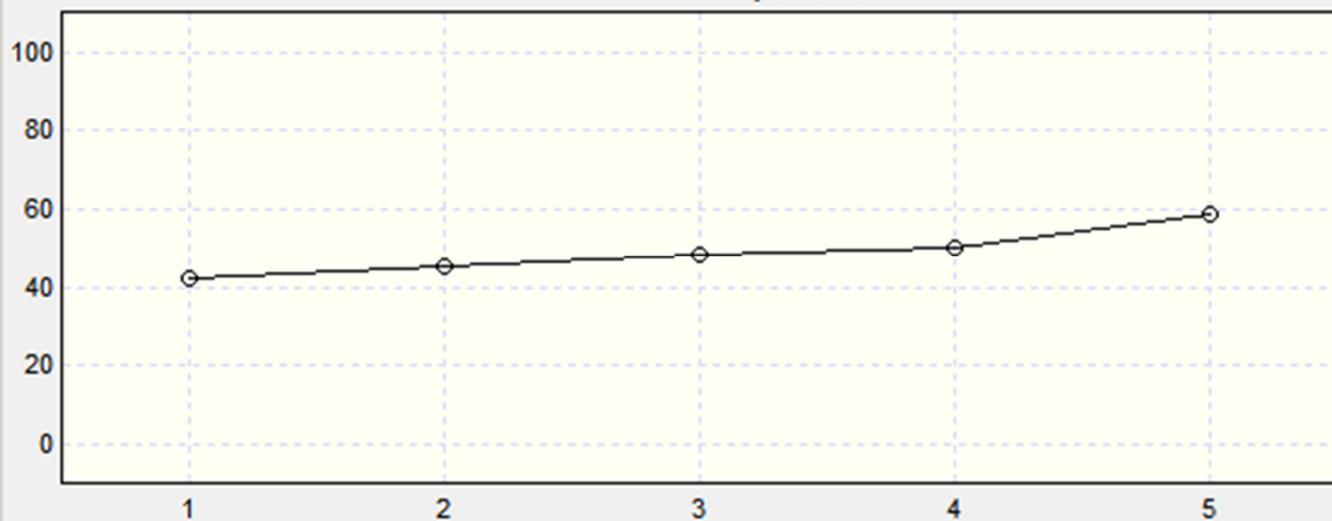
Z Score Range



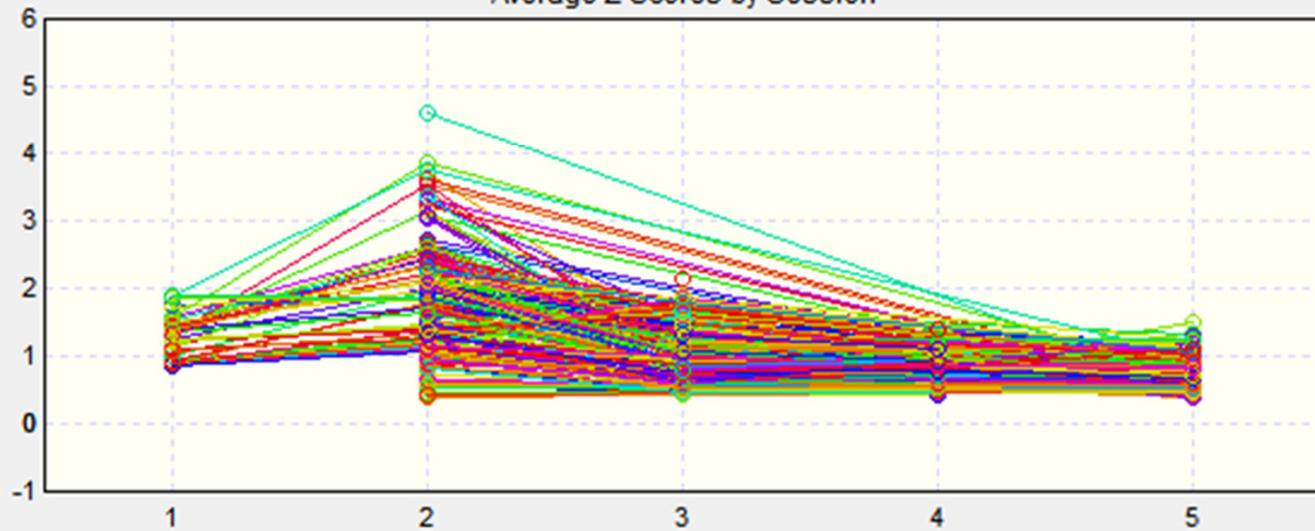
Plot Selections

Plotted Data

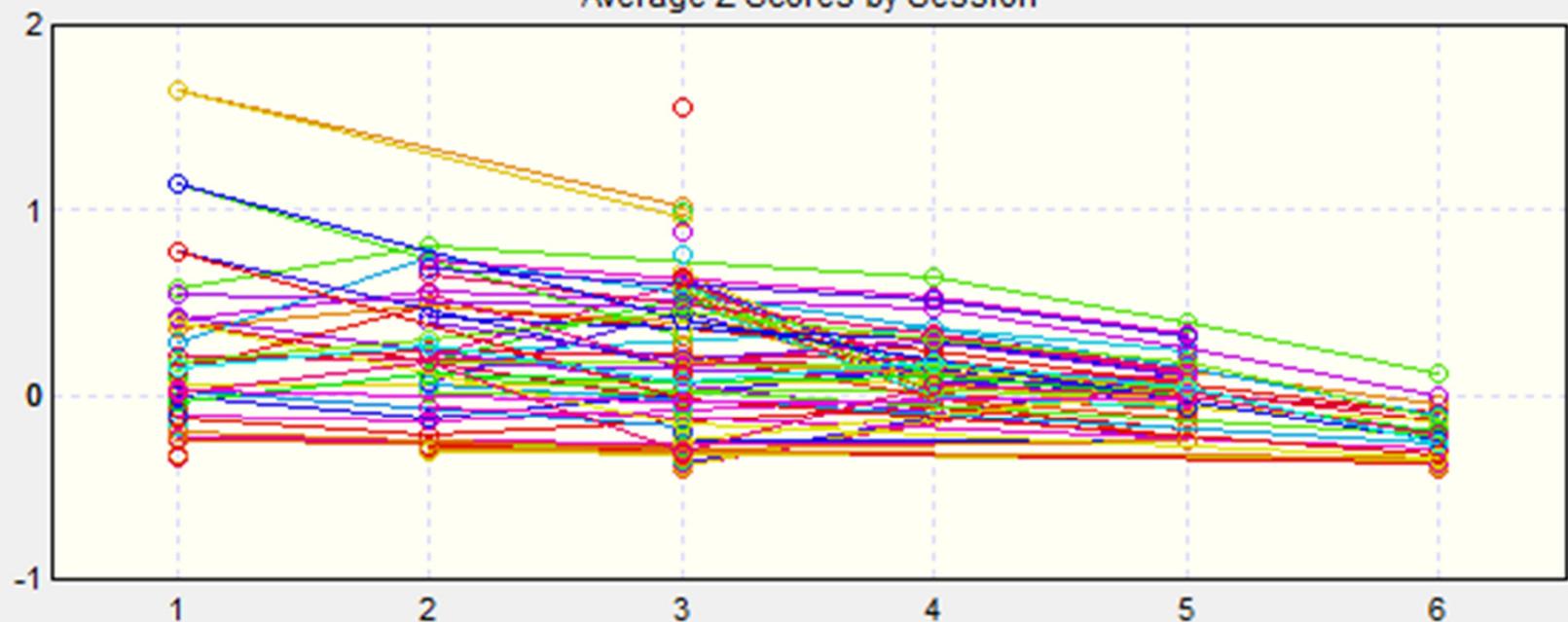
Percent Reward by Session



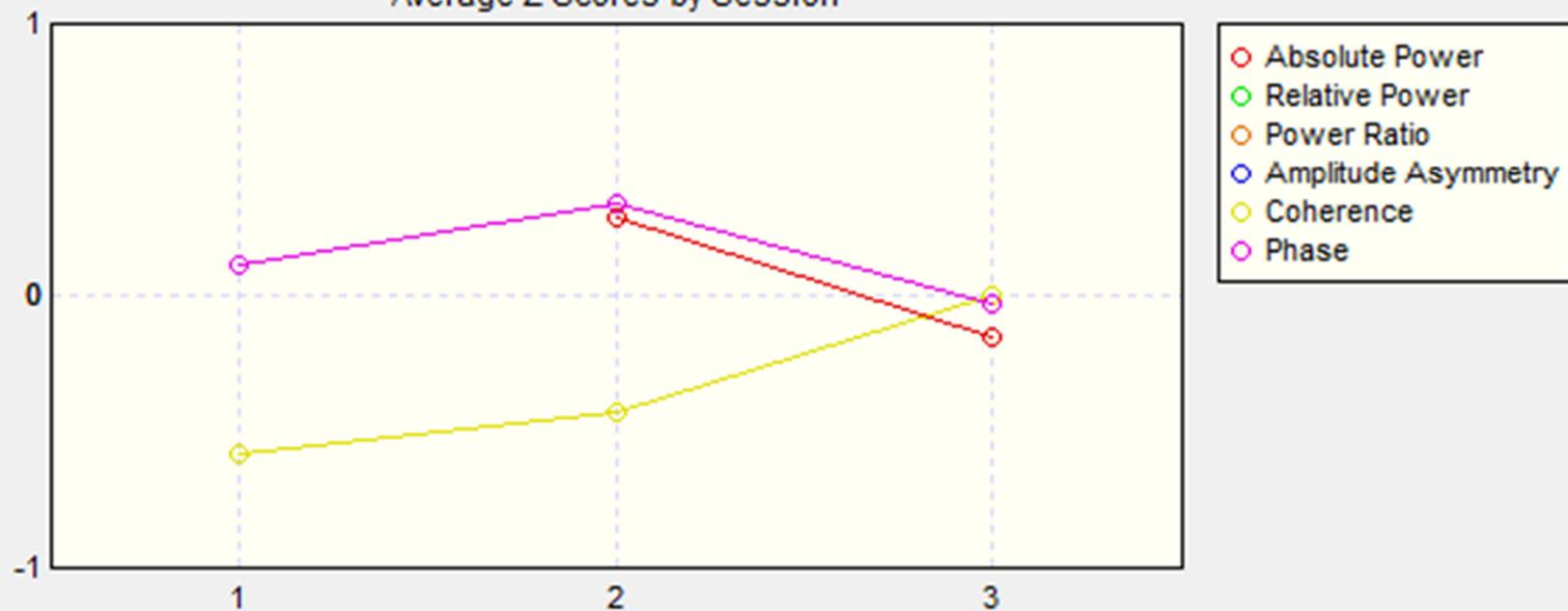
Average Z Scores by Session



Average Z Scores by Session



Average Z Scores by Session

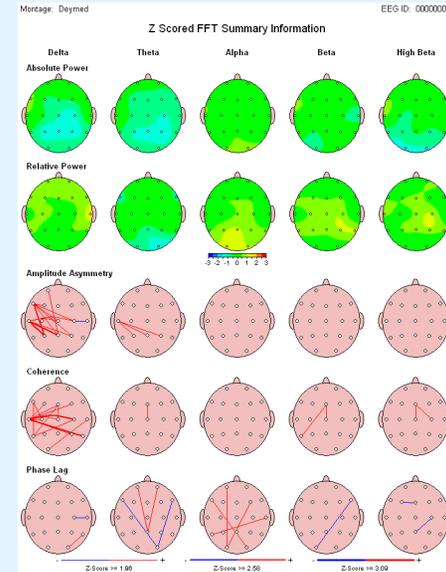
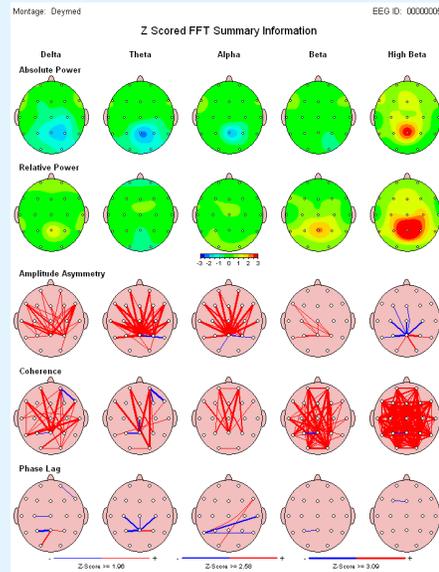


Examples of Surface EEG Changes After EEG Neurofeedback

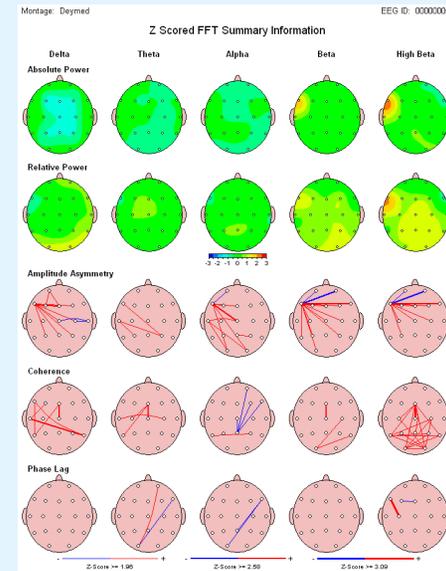
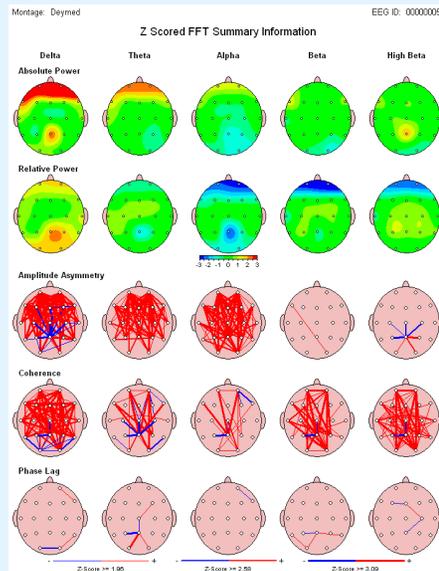
Pre-Treatment

Post – 10 Treatments

TBI Subject #1



TBI Subject #2

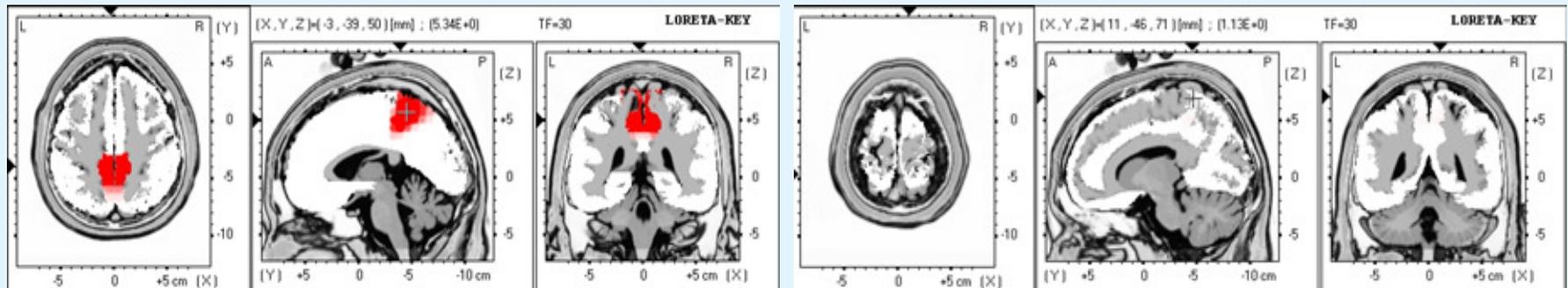


Examples of Electrical Neuroimaging After Neurofeedback

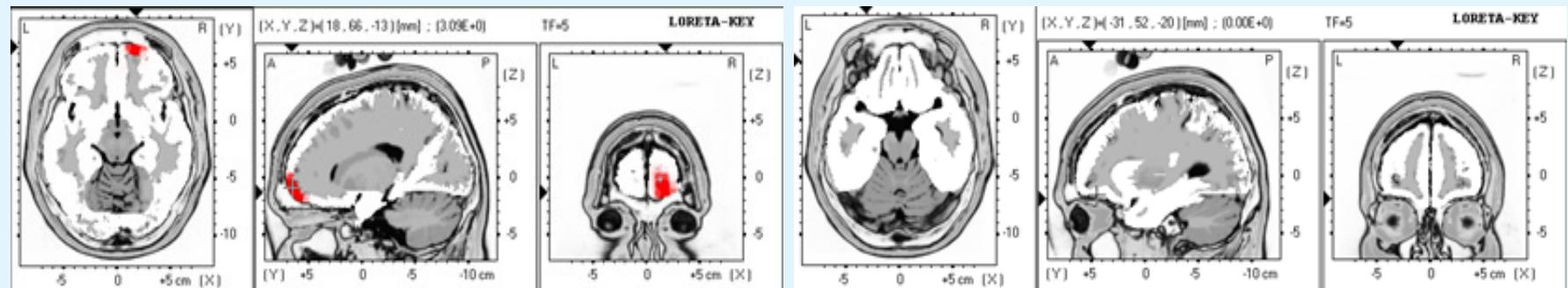
Pre-Treatment

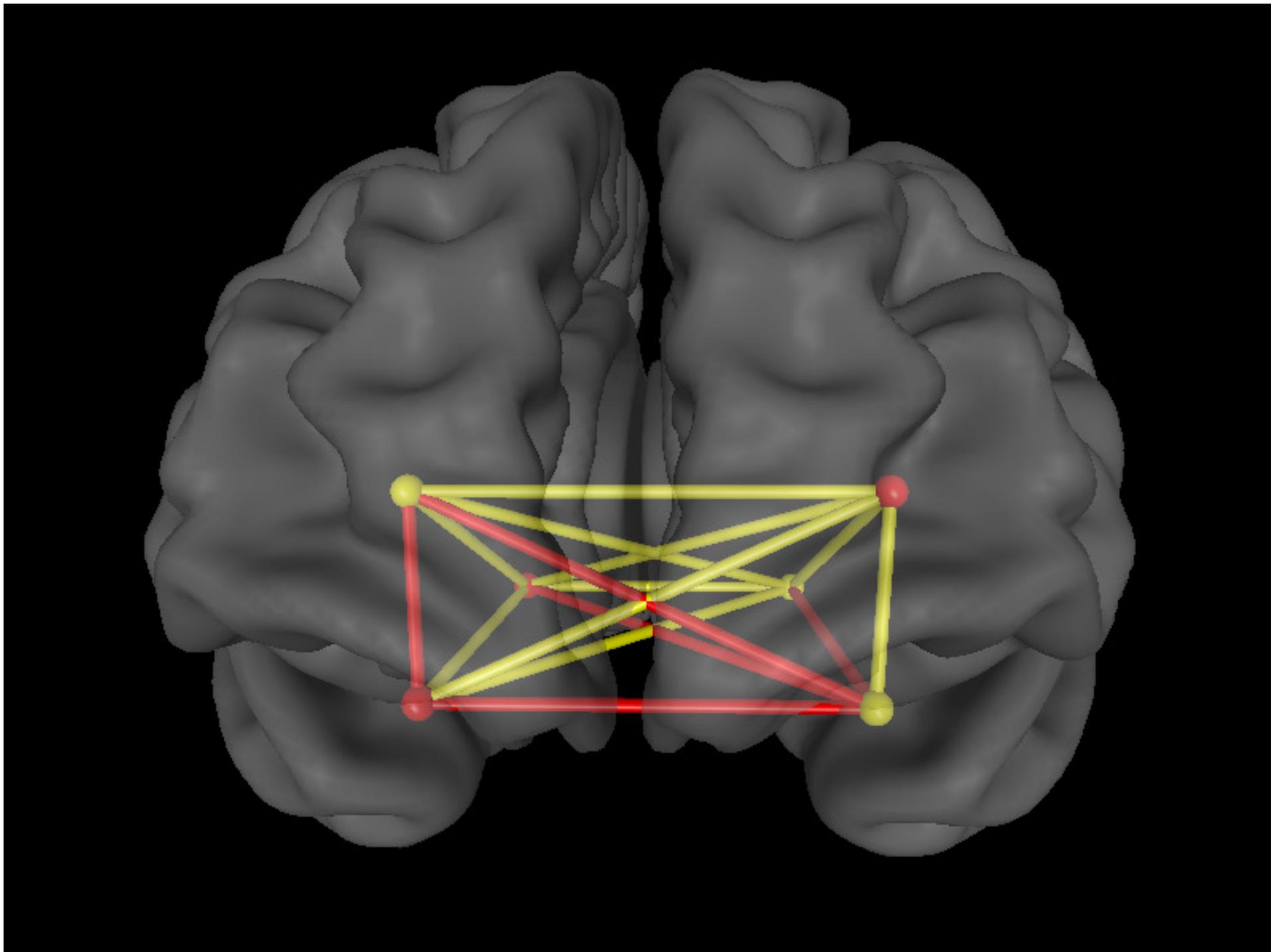
Post – 10 Treatments

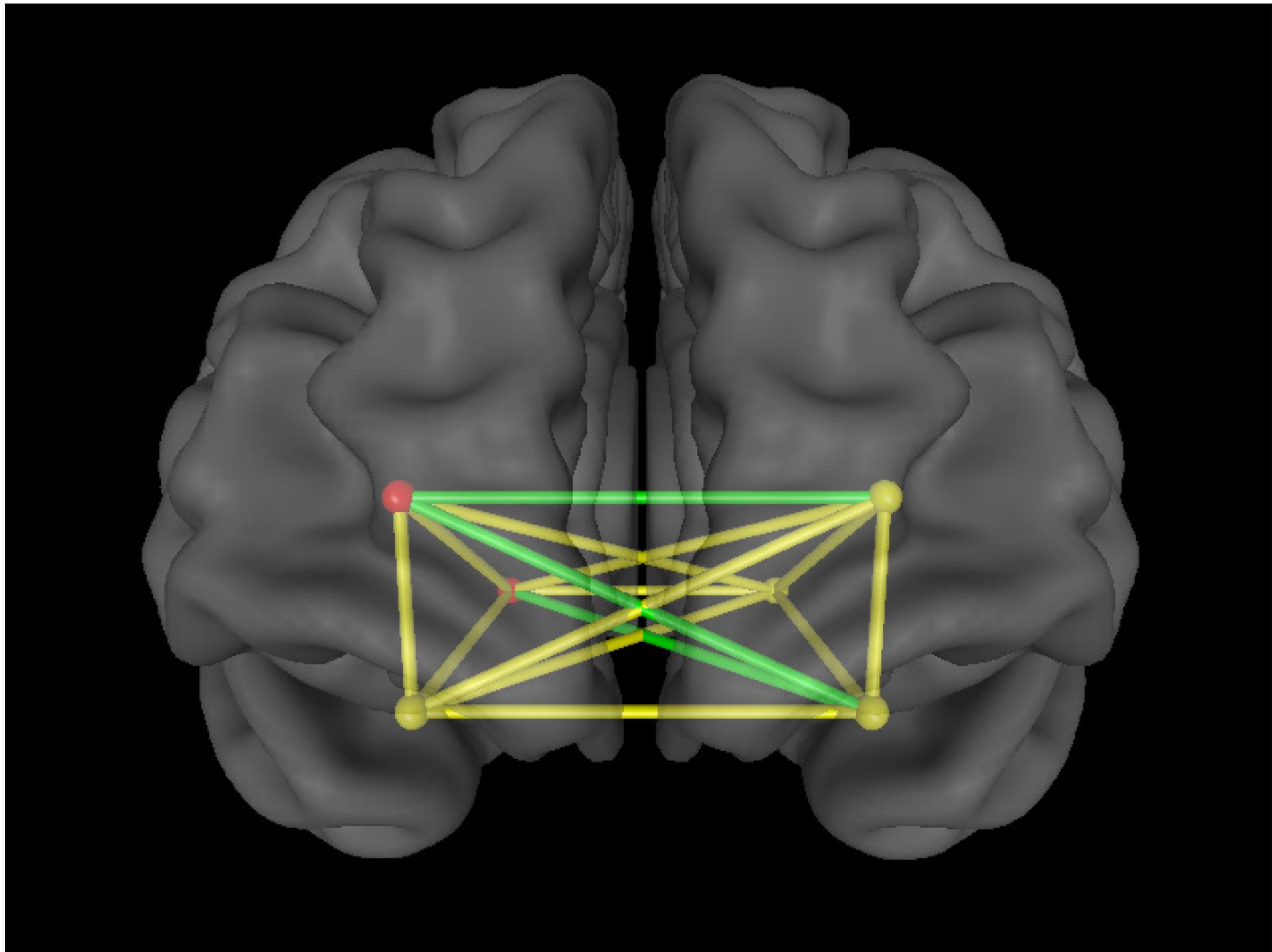
S #1

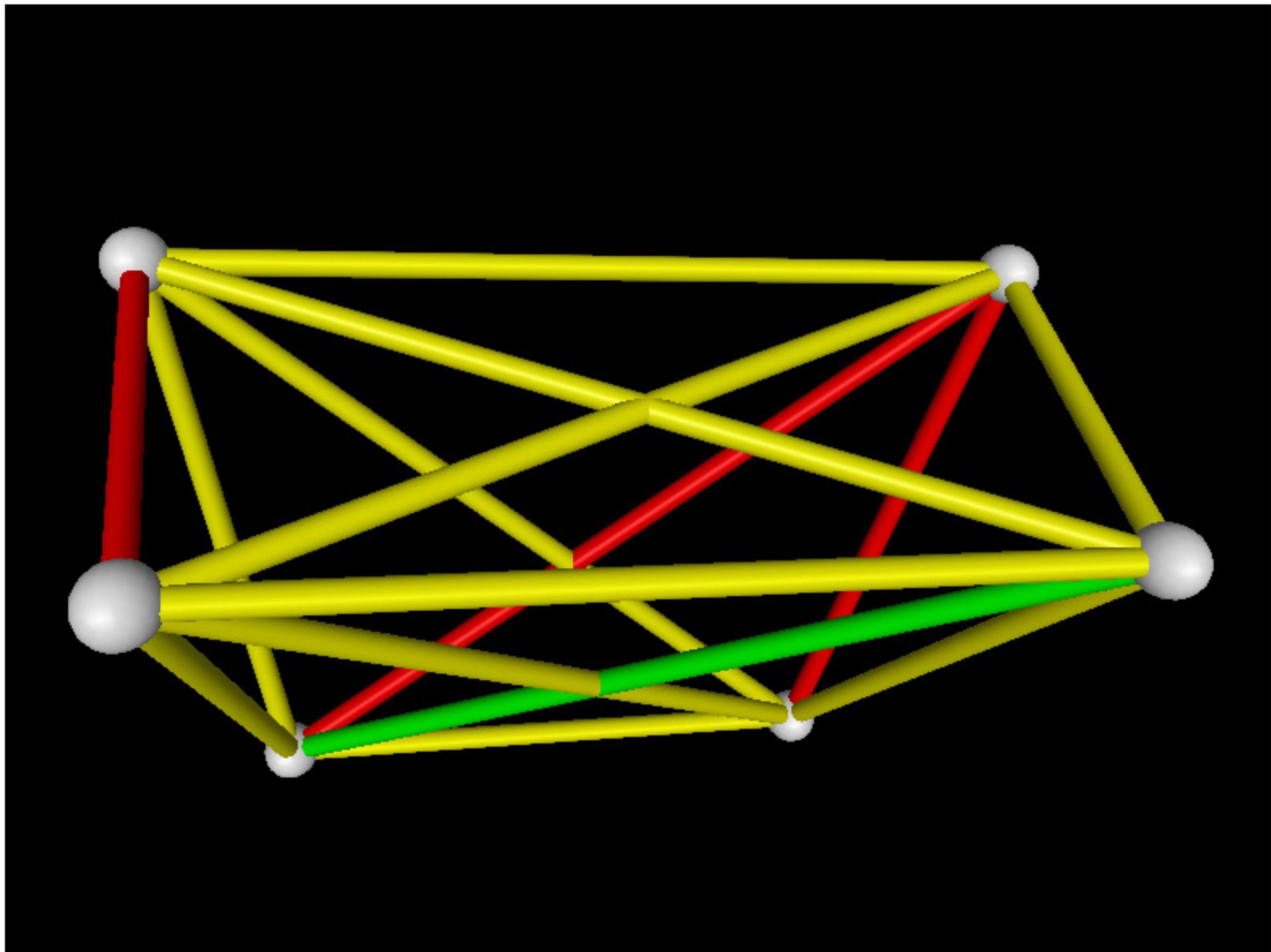


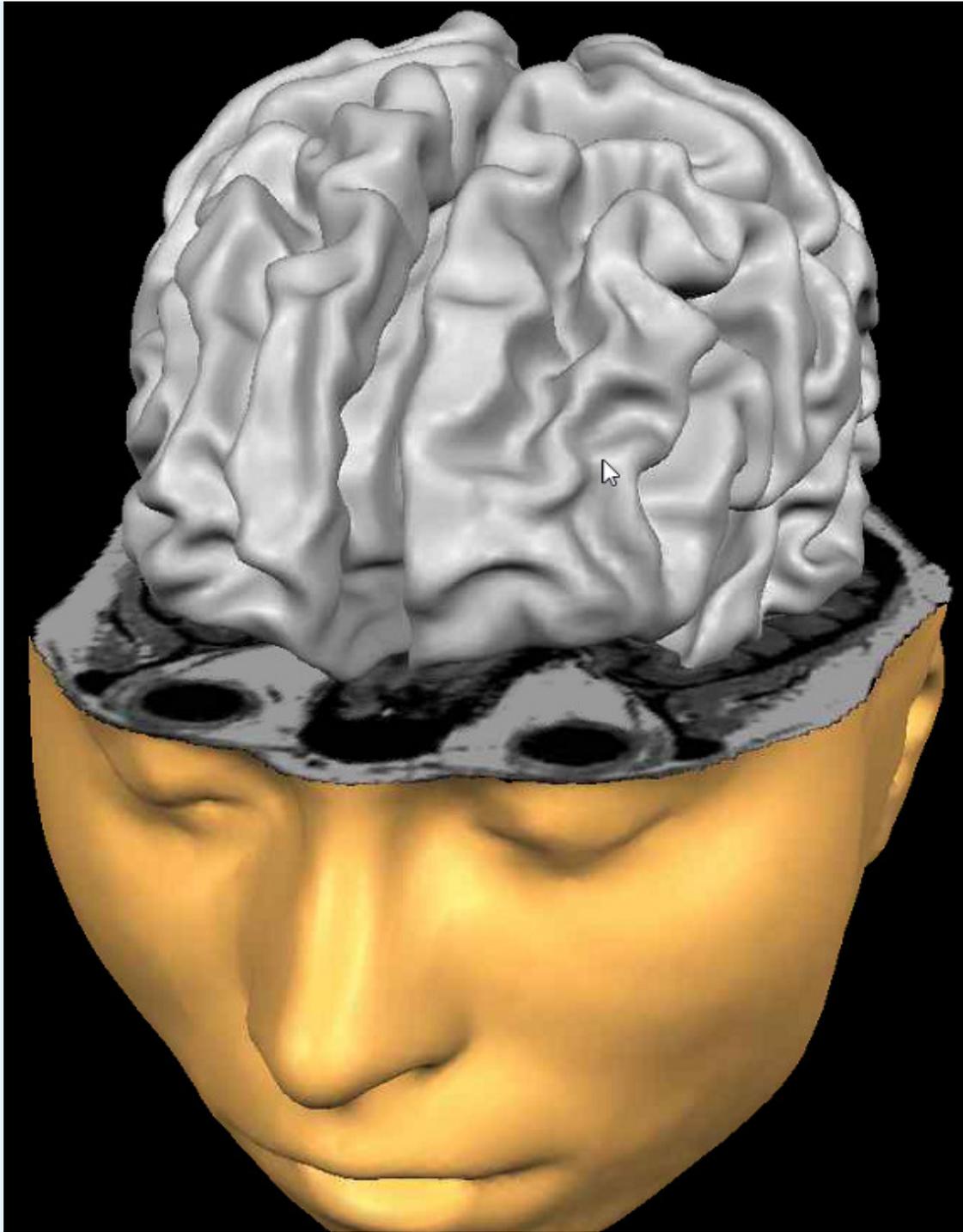
S #2













Advanced Concepts on EEG and QEEG Assessment and Human Performance

International Symposium on Clinical Neuroscience – Feb 3-5, 2017

Linking Symptoms to qEEG Biomarkers and Neurofeedback

Robert W. Thatcher, Ph.D.

**Applied Neuroscience, Inc.
8200 Bryan Dairy Rd., Suite 300
Largo, FL**



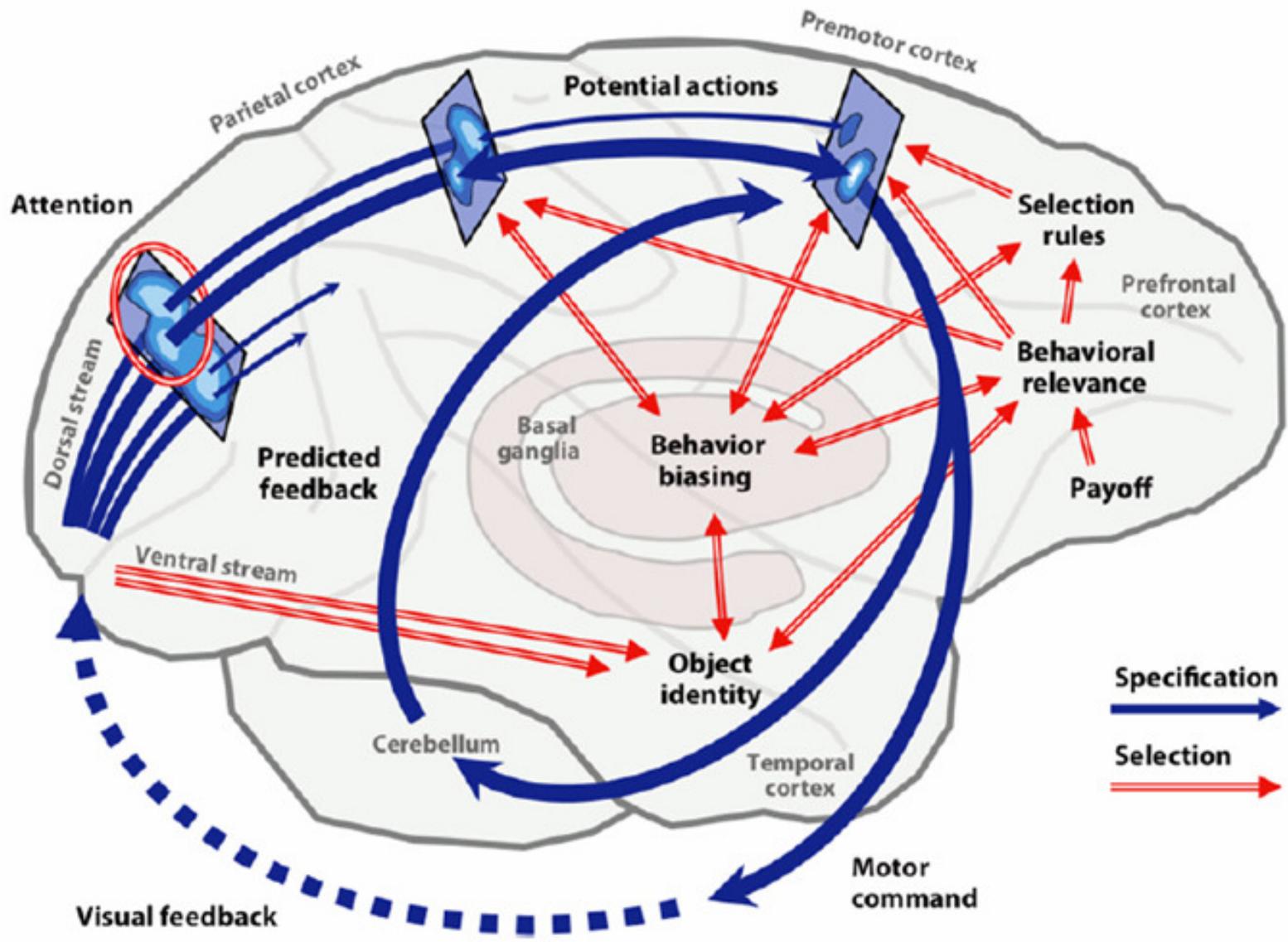
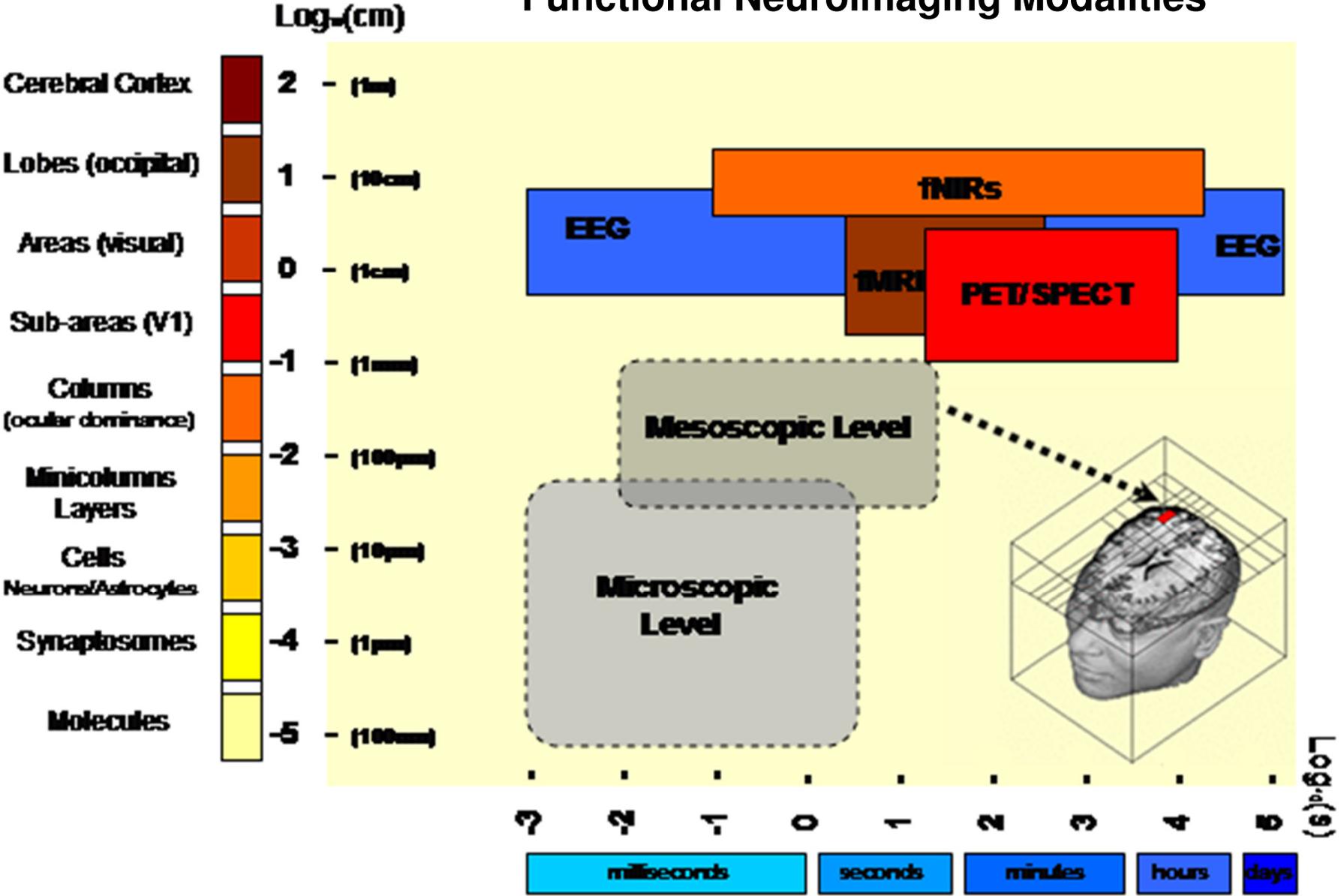
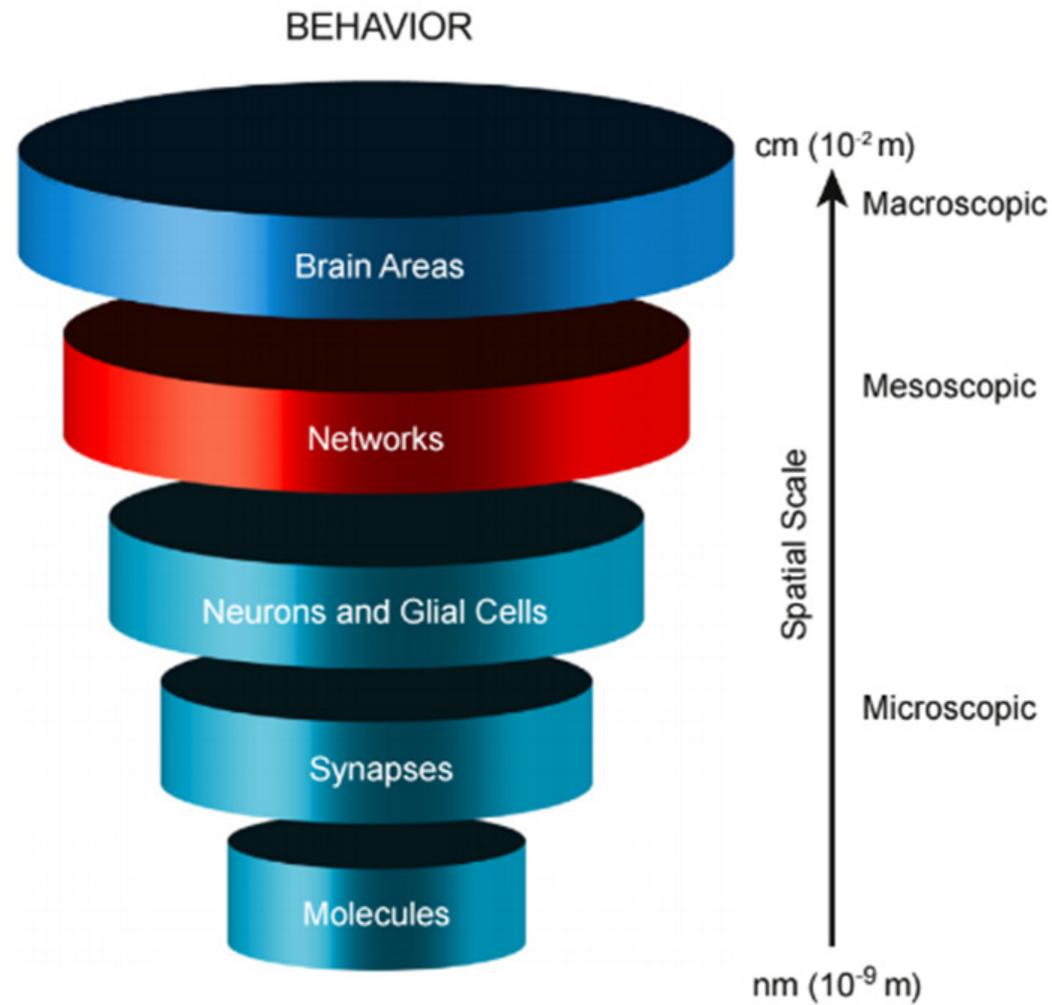


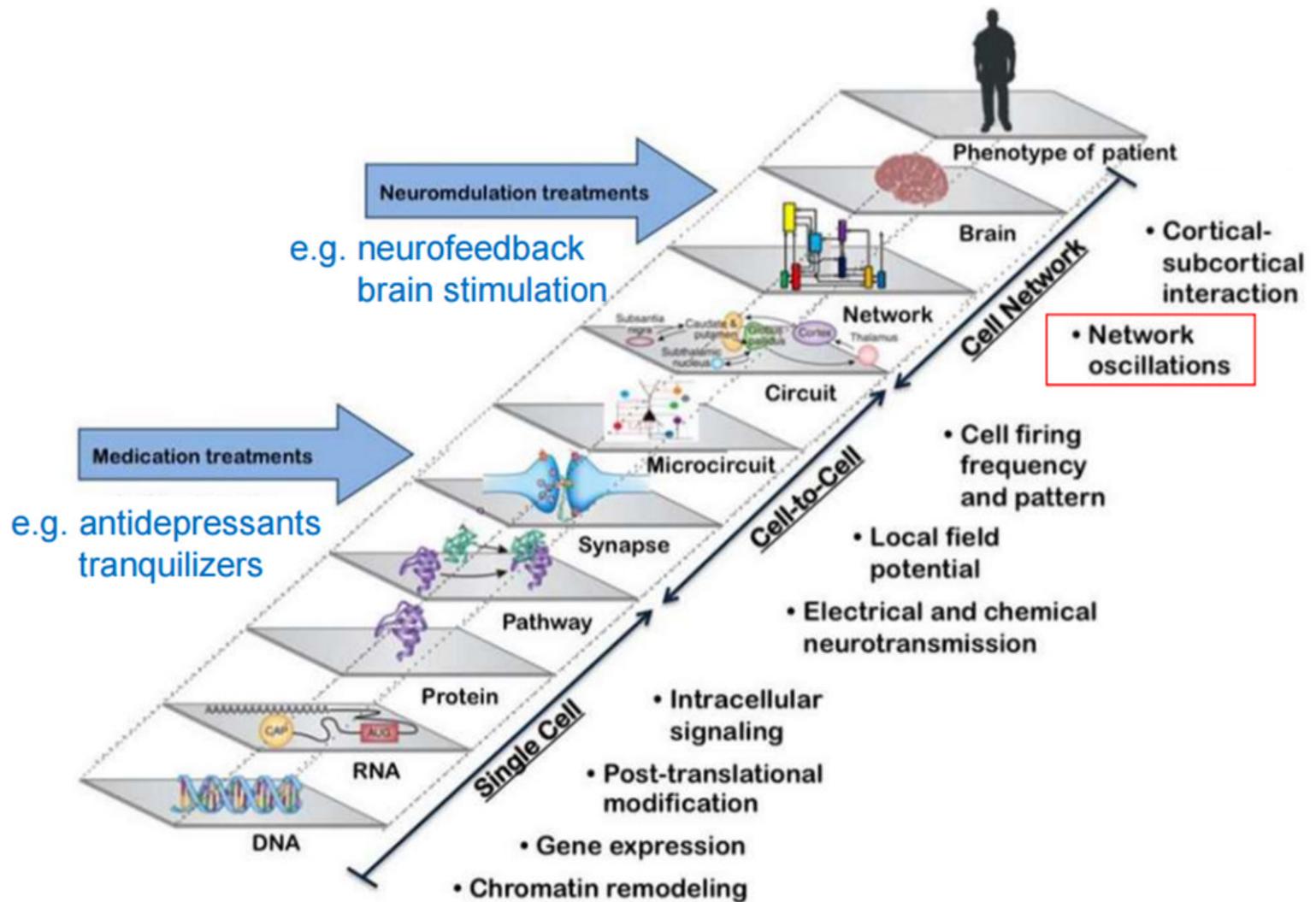
Illustration of brain information flow that can only be measured by the electroencephalogram using computers.
 Information flow – Millisecond Match-Mismatch From Rabinovich et al, 2012

Functional Neuroimaging Modalities

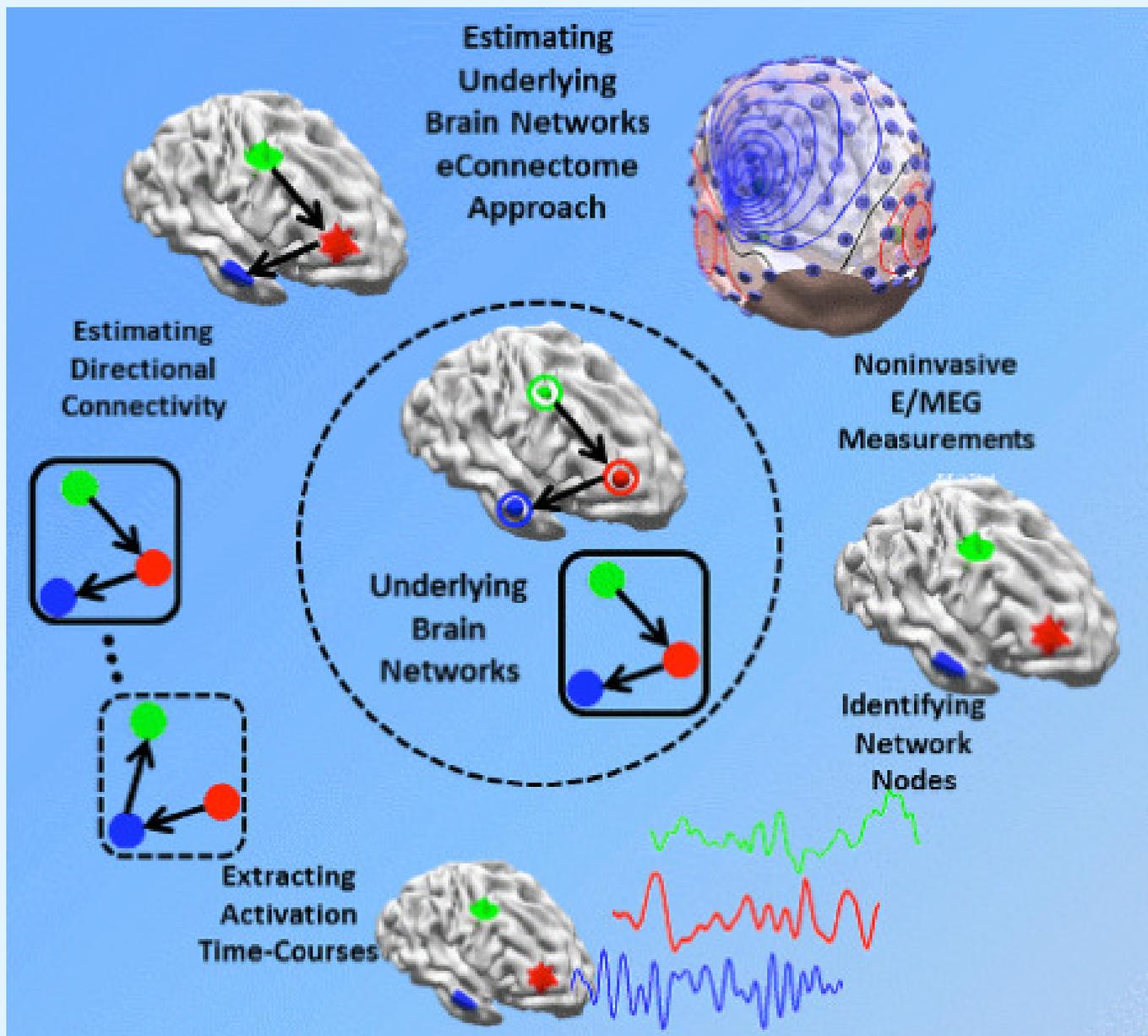




Frohlich, F., 2016. Network Neuroscience. Academic Press, NY



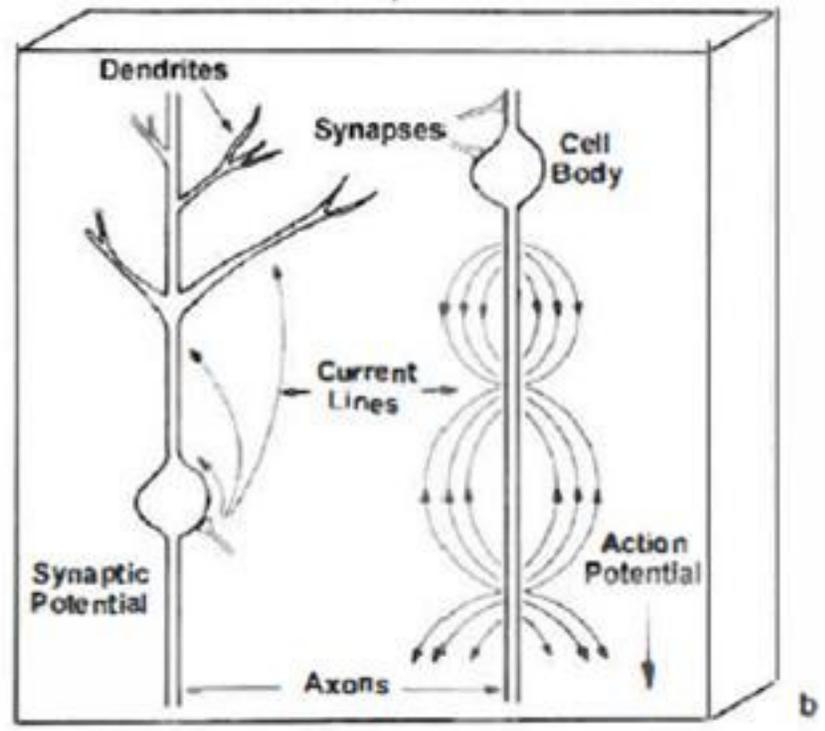
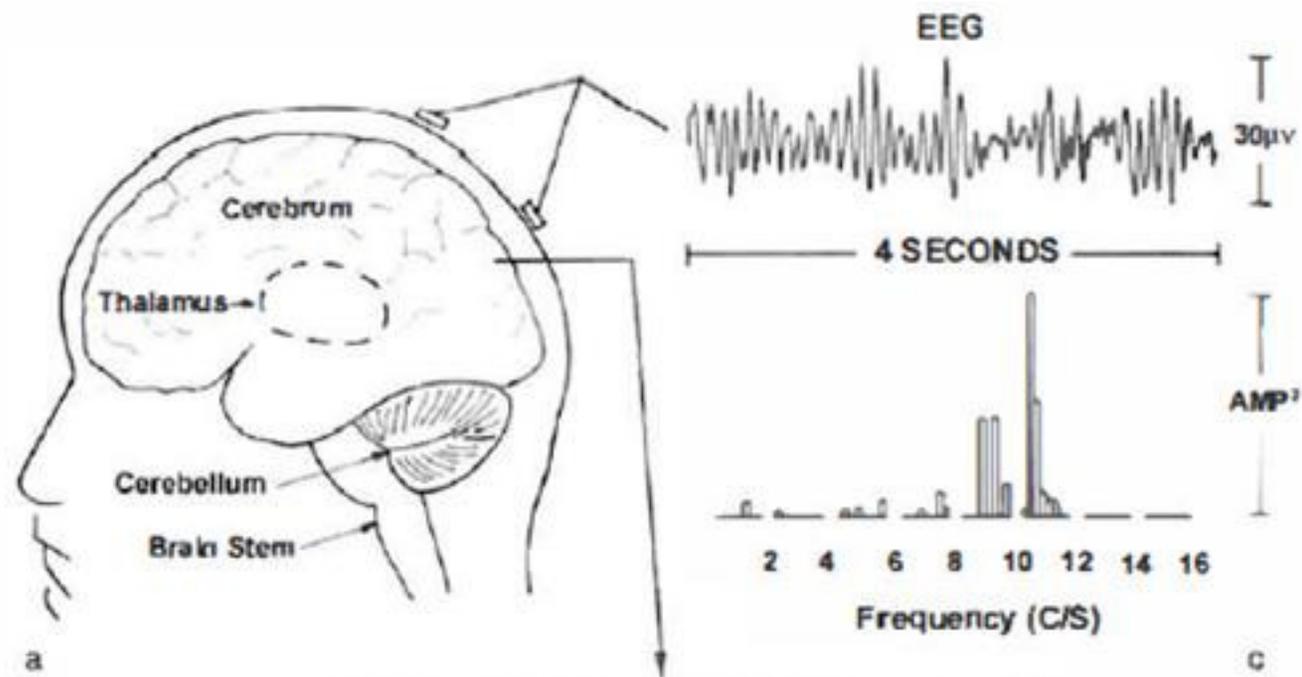
tuning-pathological-brain-oscillations-Thomas Ros-video -From Leuchter, 2015

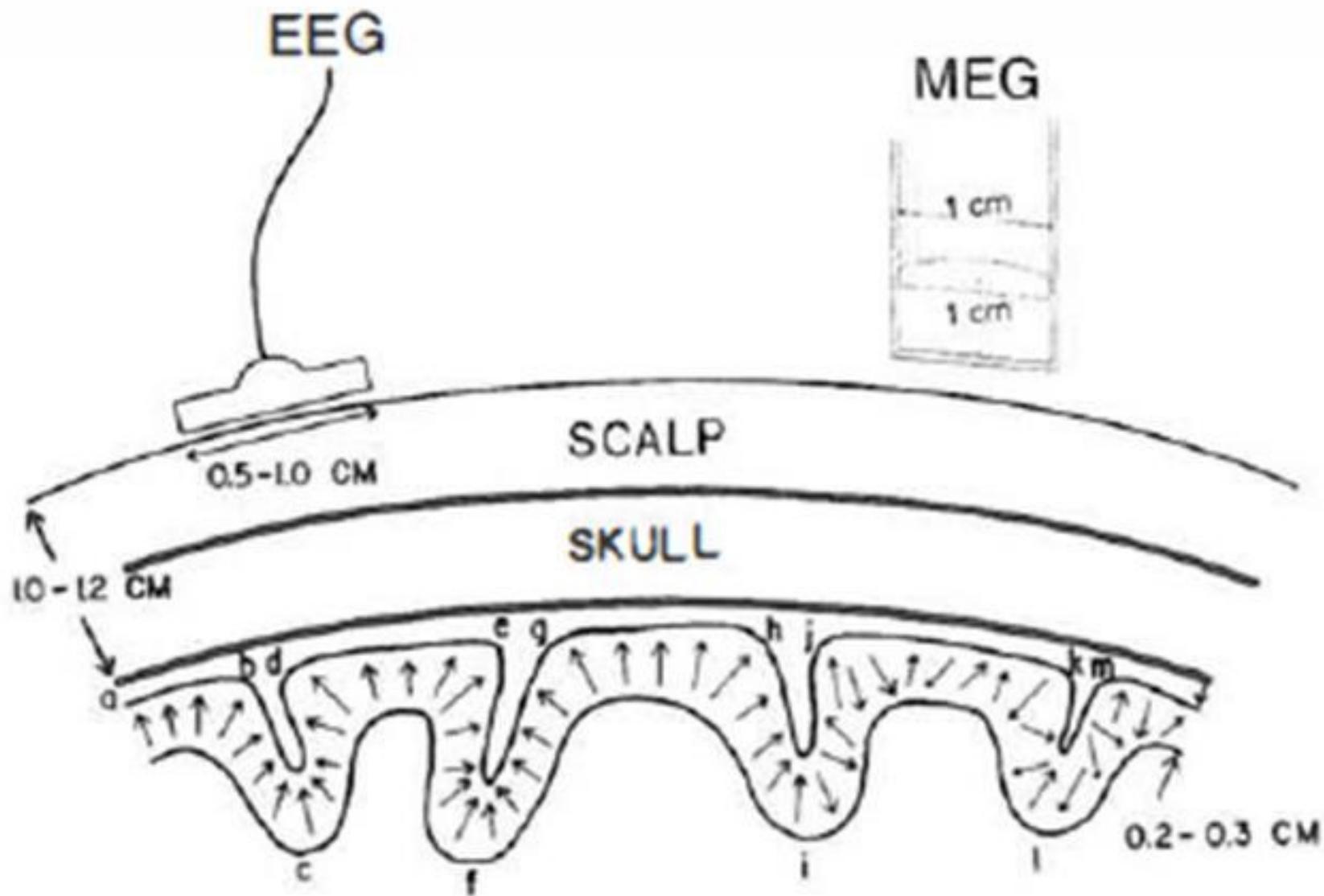


Noninvasive Electromagnetic Source Imaging and Granger Causality Analysis: An Electrophysiological Connectome (eConnectome) Approach *Abbas Sohrabpour, Shuai Ye, Gregory Worrell, Wenbo Zhang, Bin He*, University of Minnesota, USA, [Volume: 63, Issue:12, Pages:2474-2487, 2016](#)

Genesis of the Human Electroencephalogram - EEG

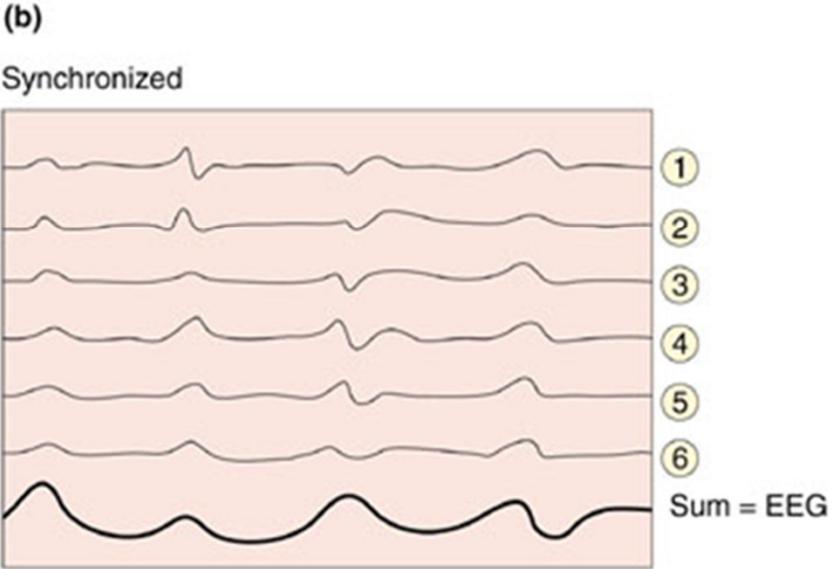
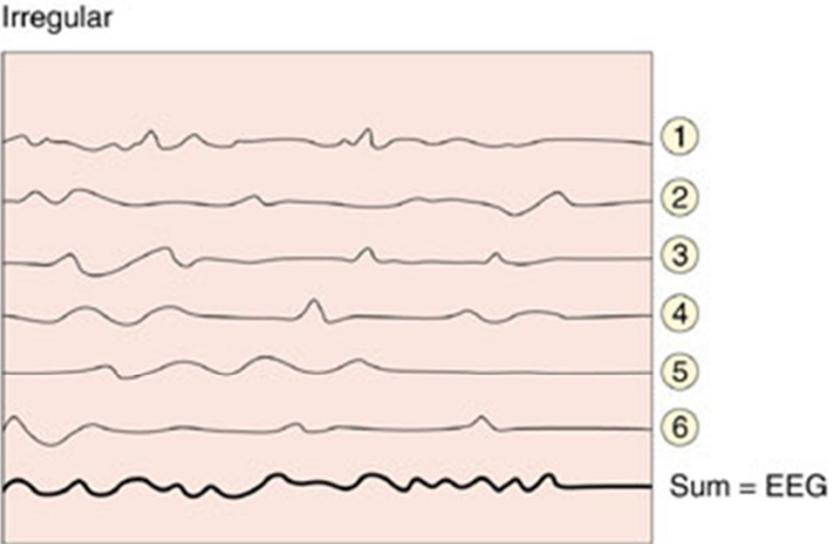
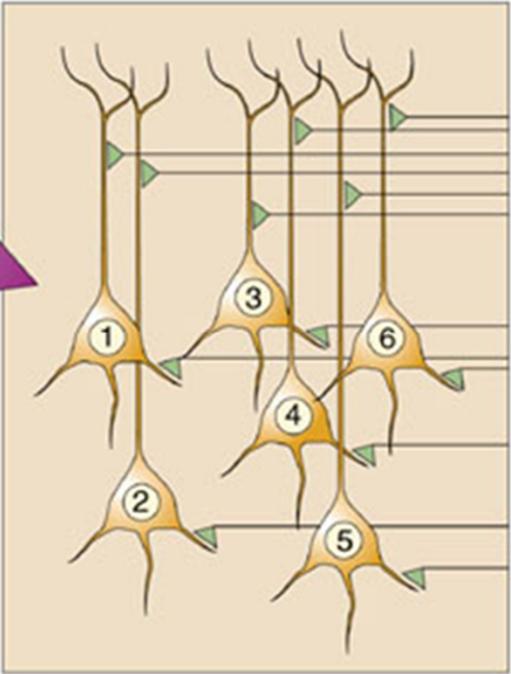
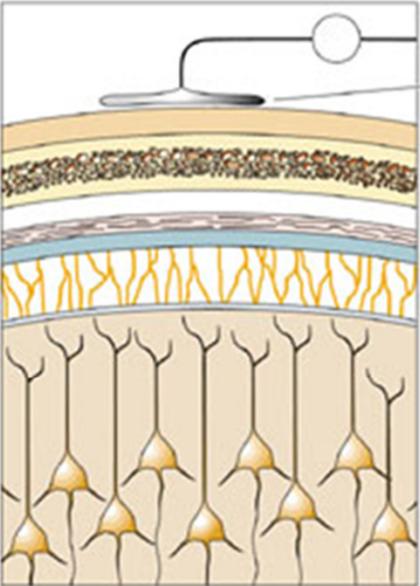
- 1- Pyramidal Neuron Dipoles**
- 2- Oscillations In an Approx. 2mm thick sheet**
- 3- Summated Local Field Potentials (LFP)**
- 4- Amplitude = Proportion of Synchronous/Square Root of Proportion of Asynchronous Generators**
- 5- Pacemakers and Resonance**



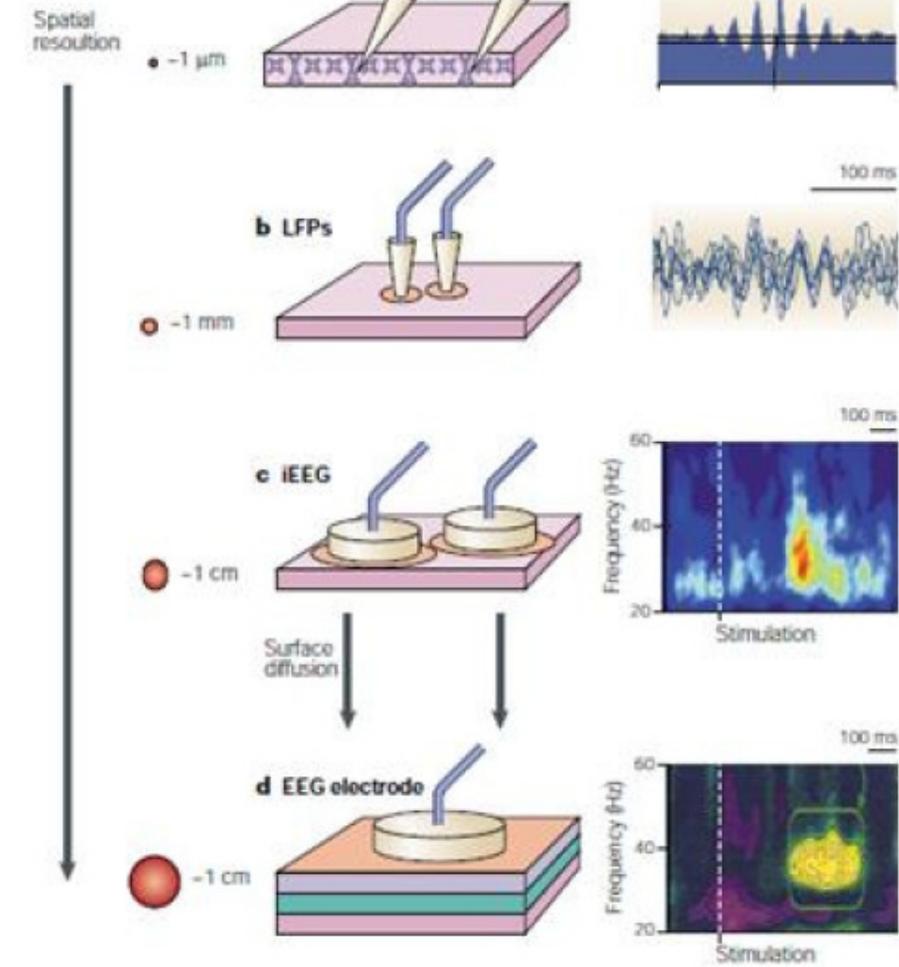


From Nunez, *Electrical Fields of the Brain*, Oxford Univ. Press, 1981

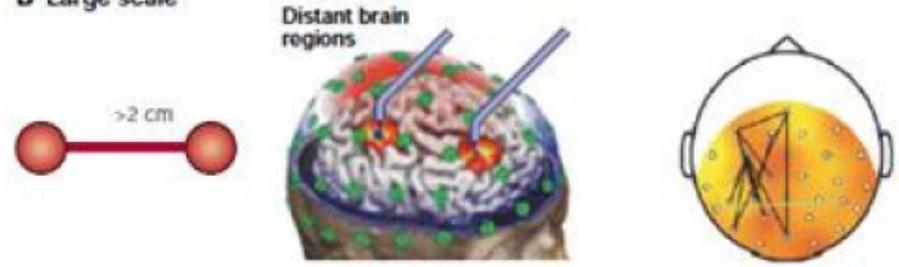
EEG = Summated Potentials at the Scalp



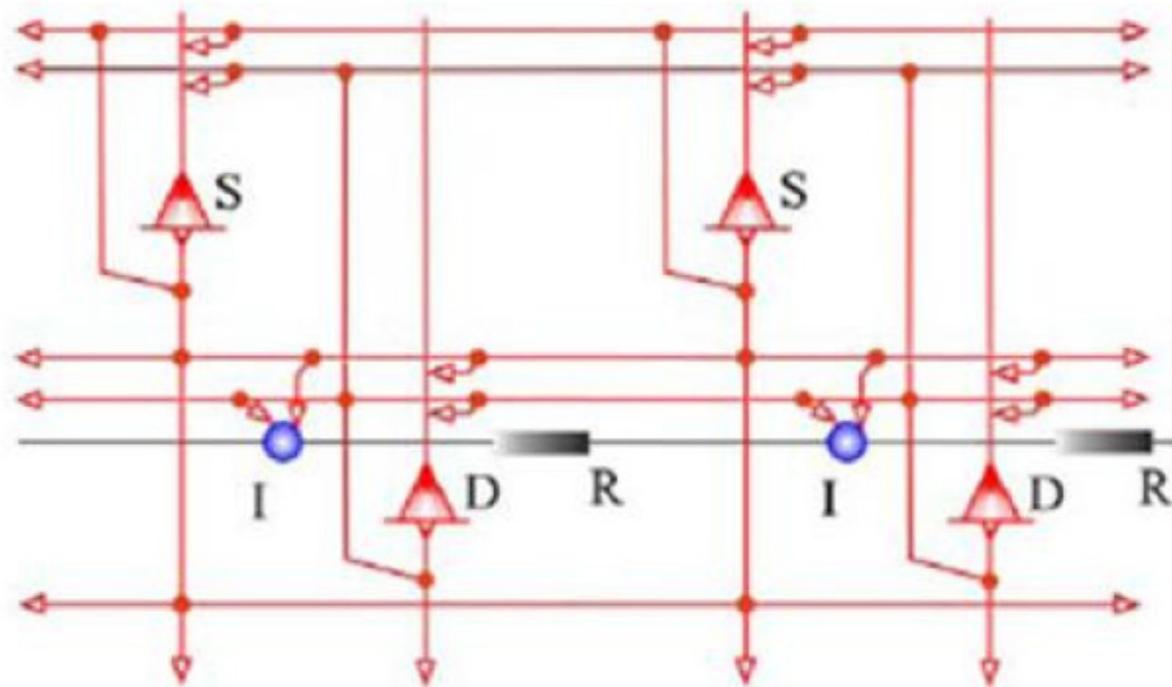
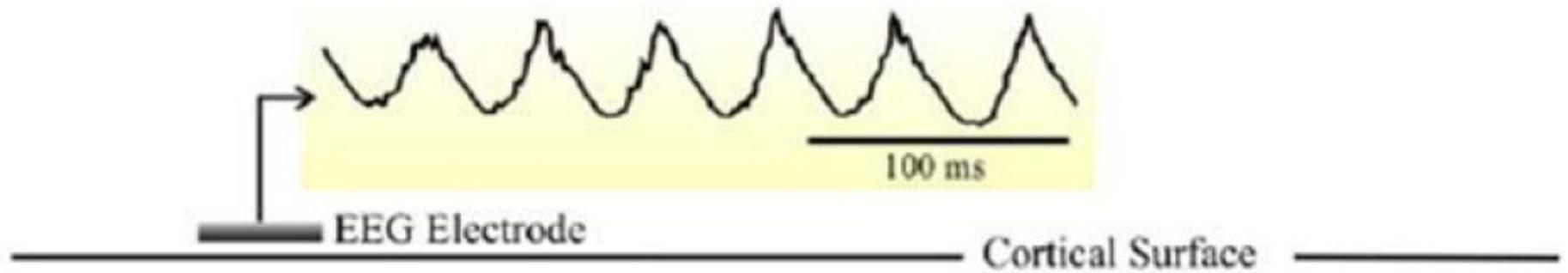
A Local scale



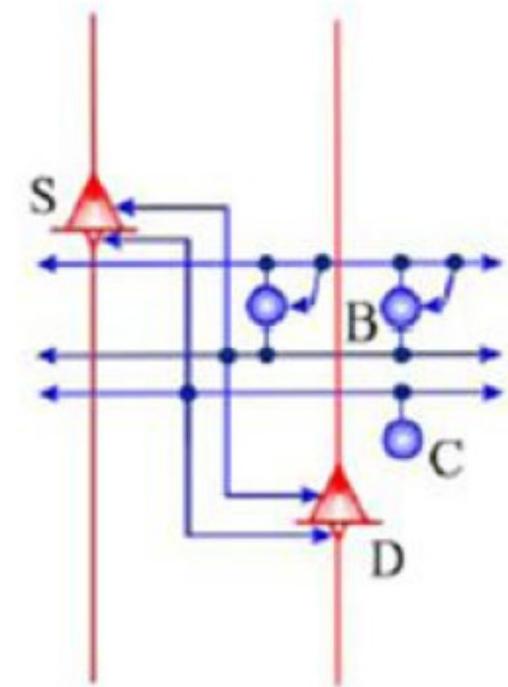
B Large scale



From Varela et al, 2001



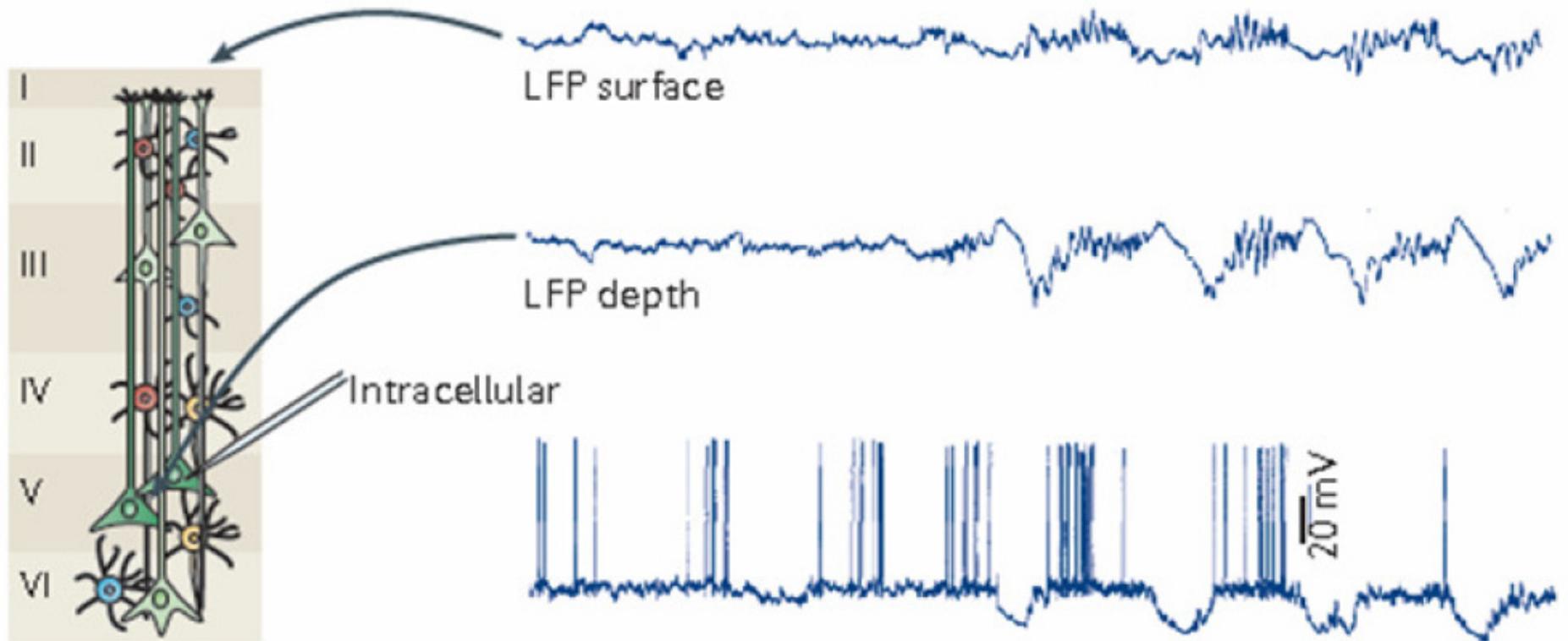
Excitatory Connectivity

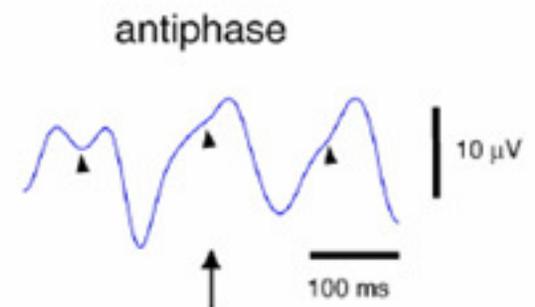
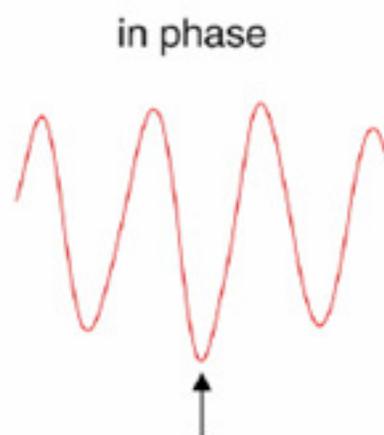
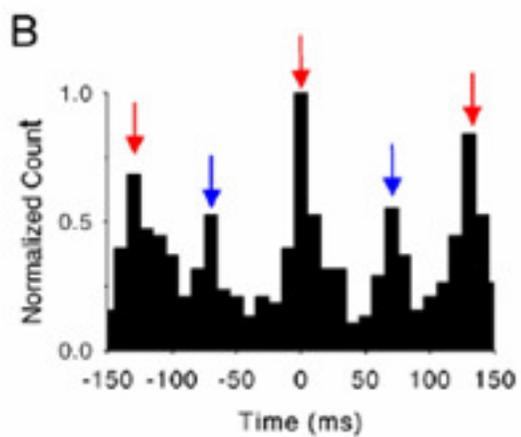
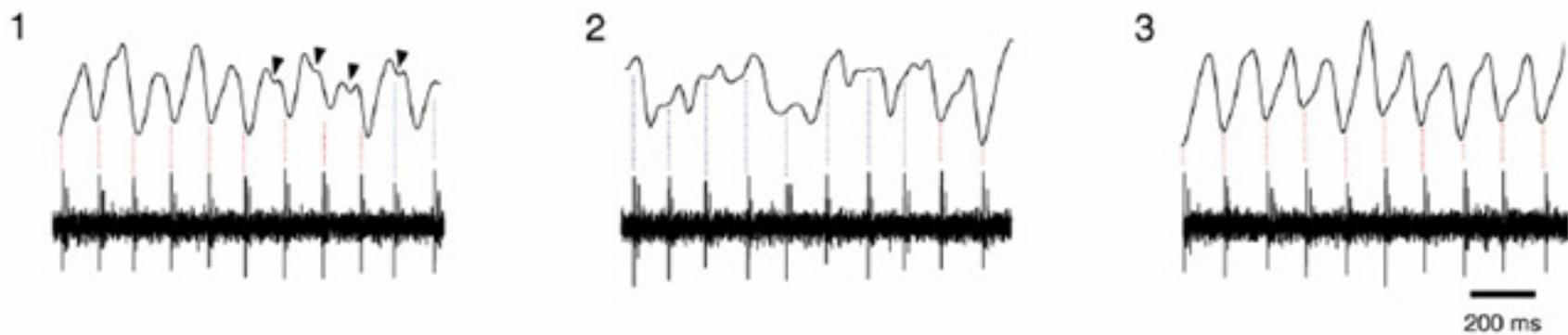
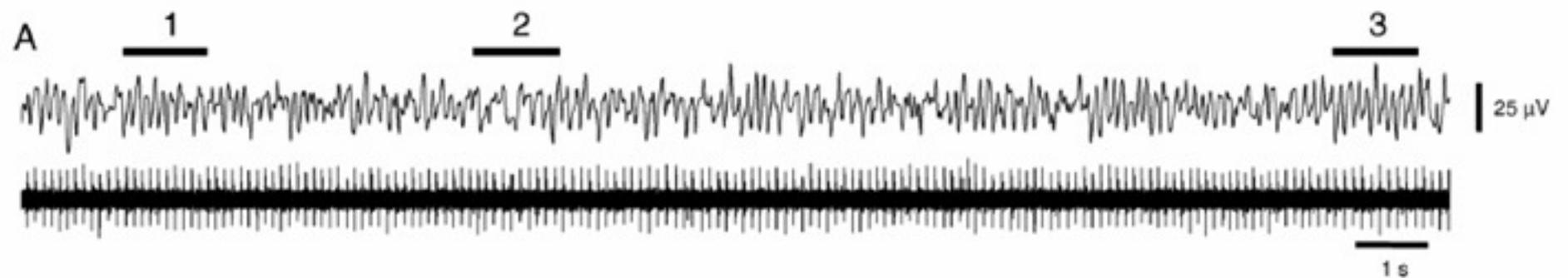


Inhibitory Connectivity

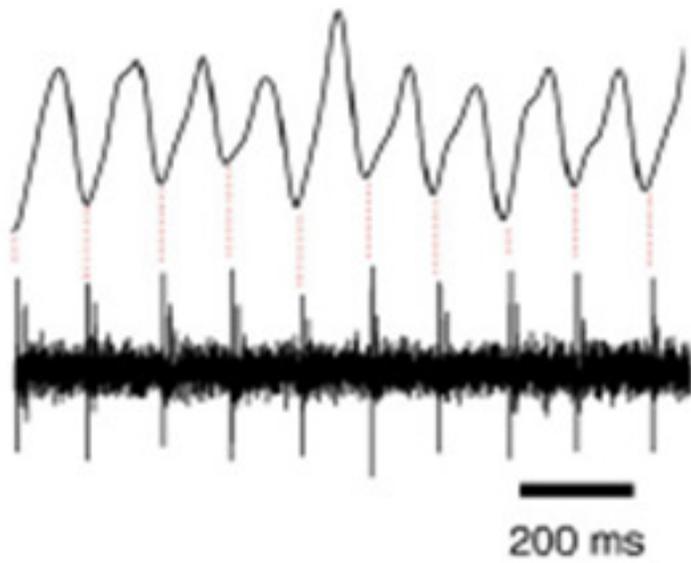
How Neurons are Selected For Brief Periods of Time

Shifting In-Phase vs Anti-Phase

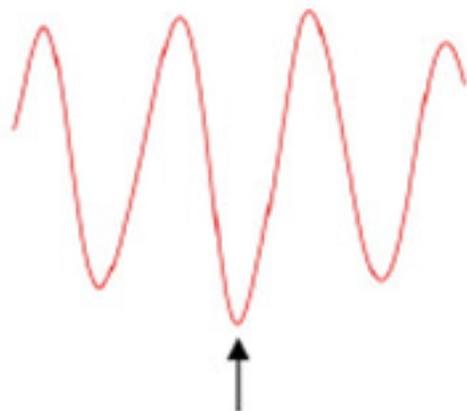




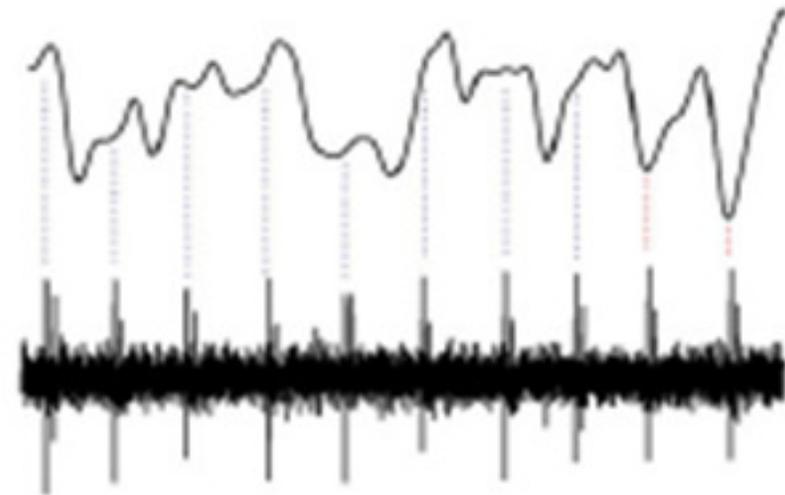
LFPs & In-Phase Action Potentials



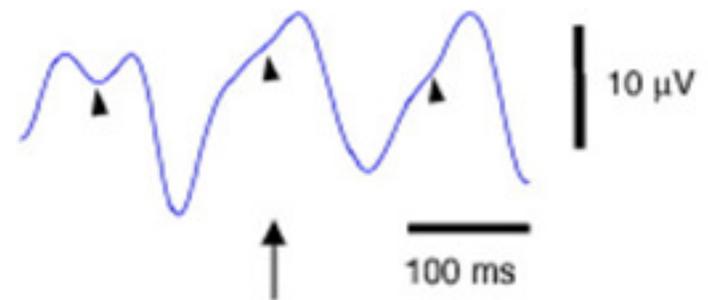
in phase

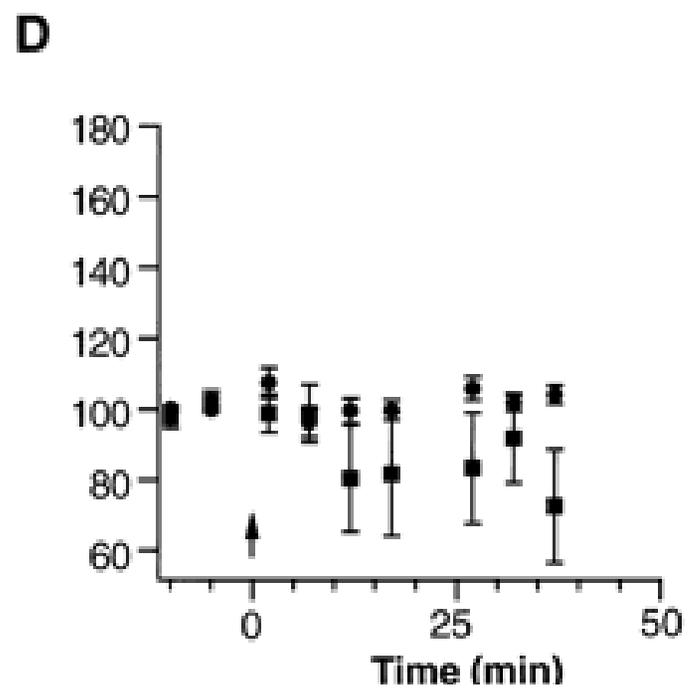
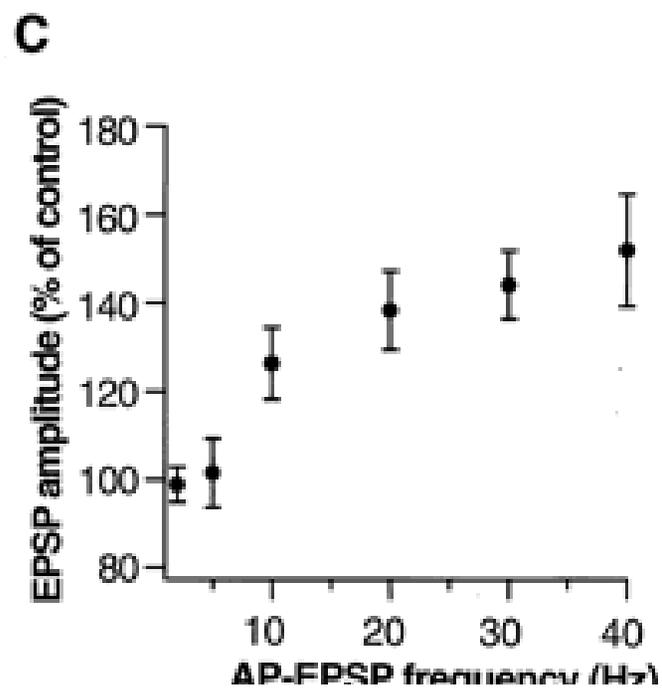
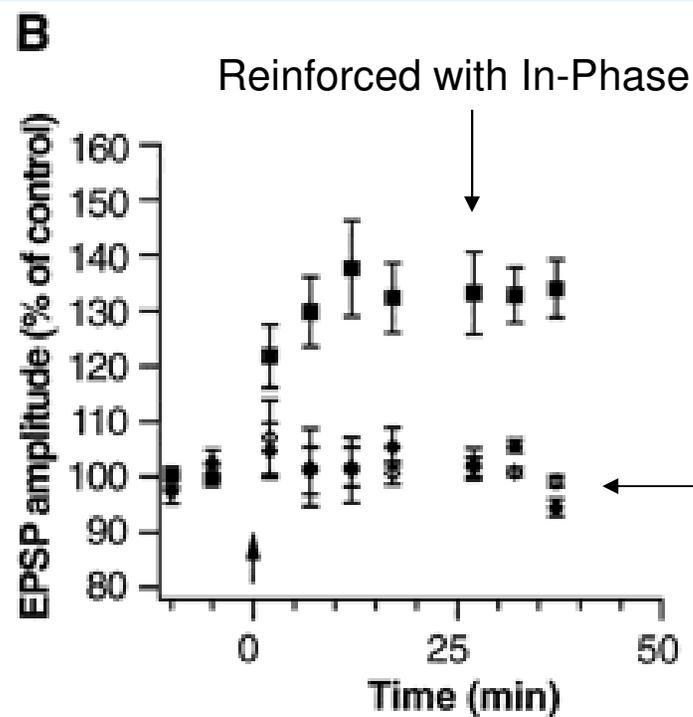
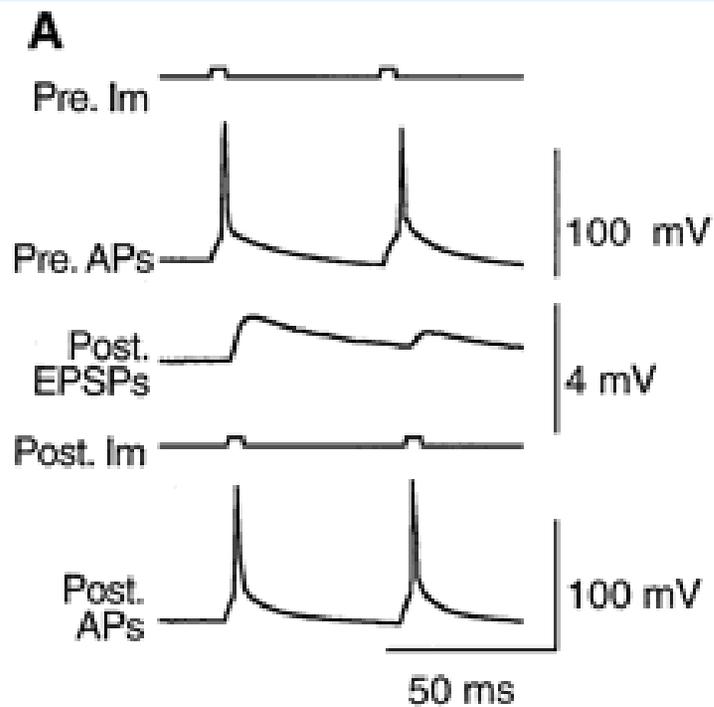


LFPs & Anti-Phase Action Potentials

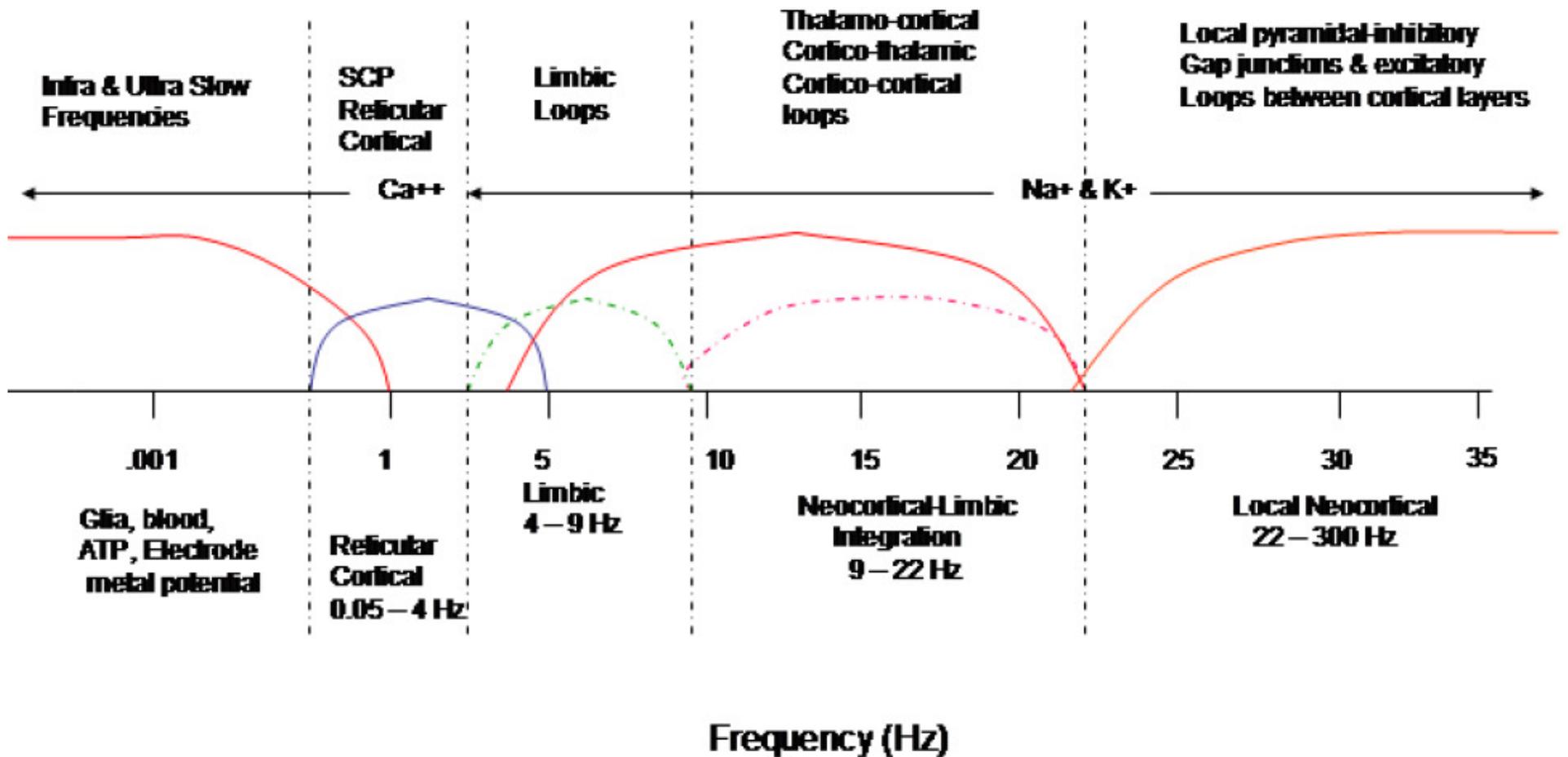


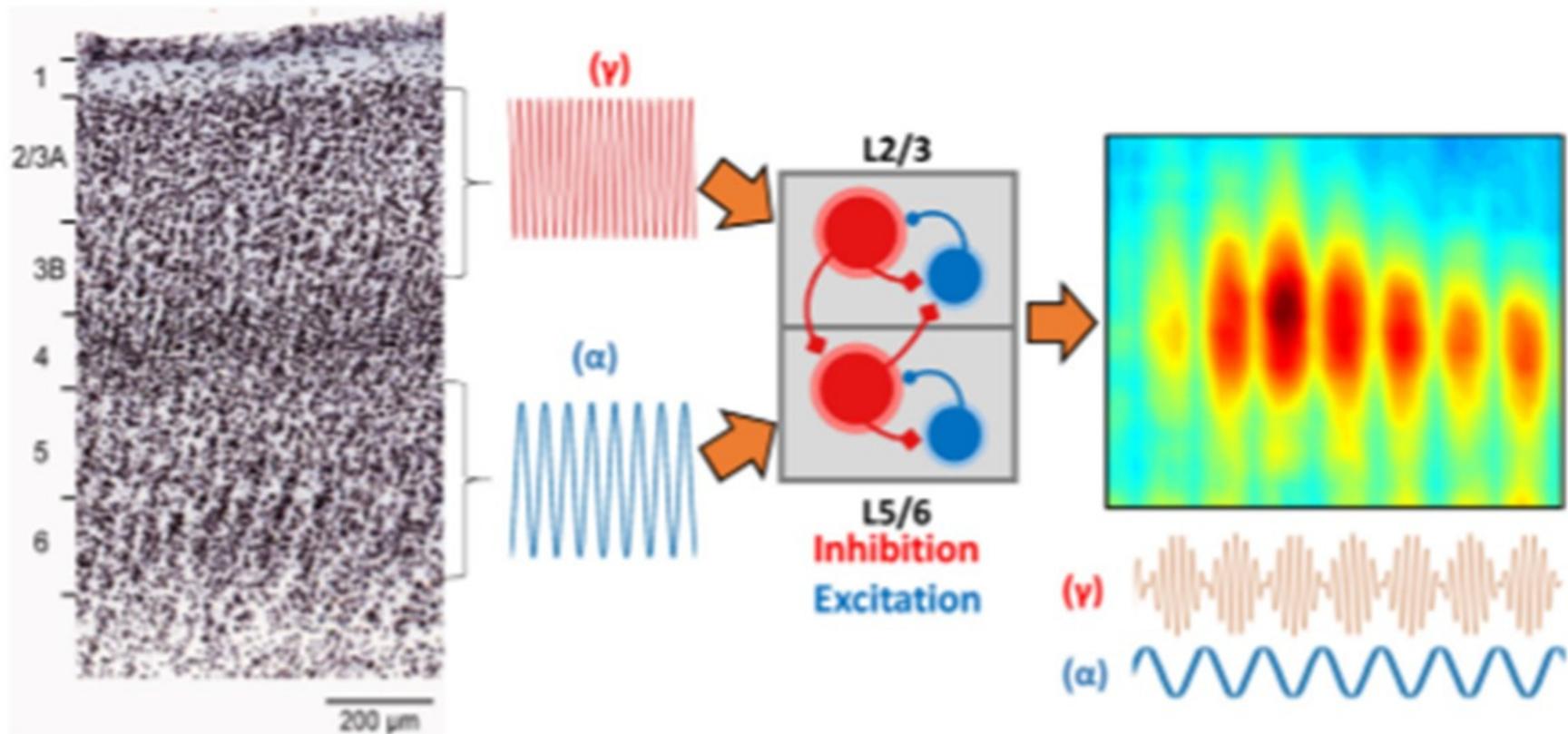
antiphase





Cross-Frequency Phase Lock and Phase Shift Spectrum

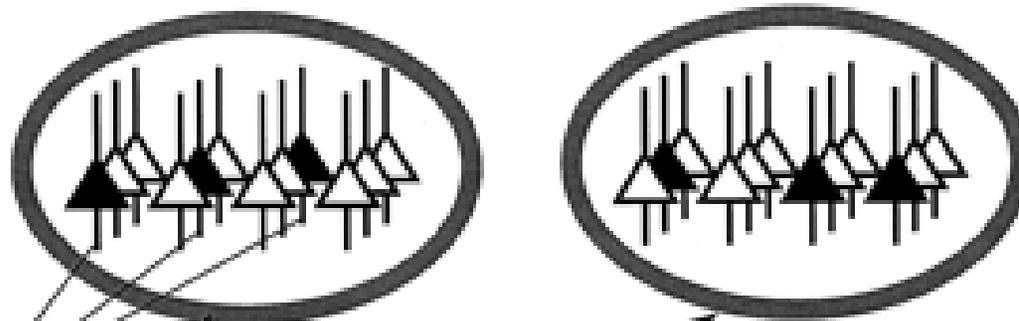




K. Kessler et al. J.; Neuroscience and Behavioral Reviews. 71(2016) 601-620

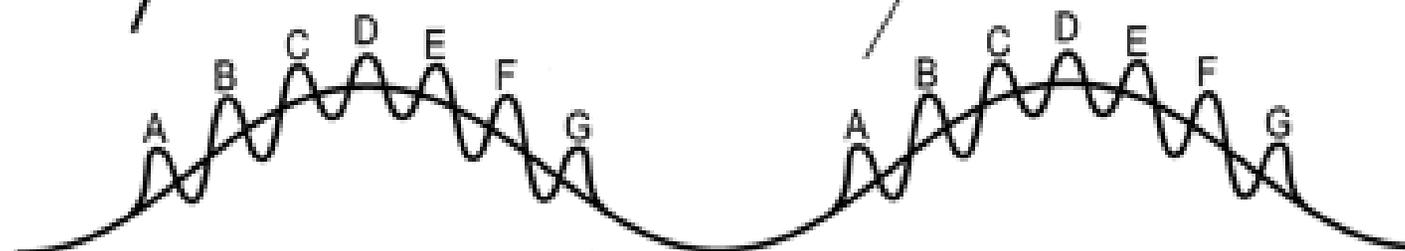
Neural code for Memory A

Neural code for Memory B



A memory is represented by a subset of pyramidal neurons firing in synchrony

Active memories are repeated each theta cycle



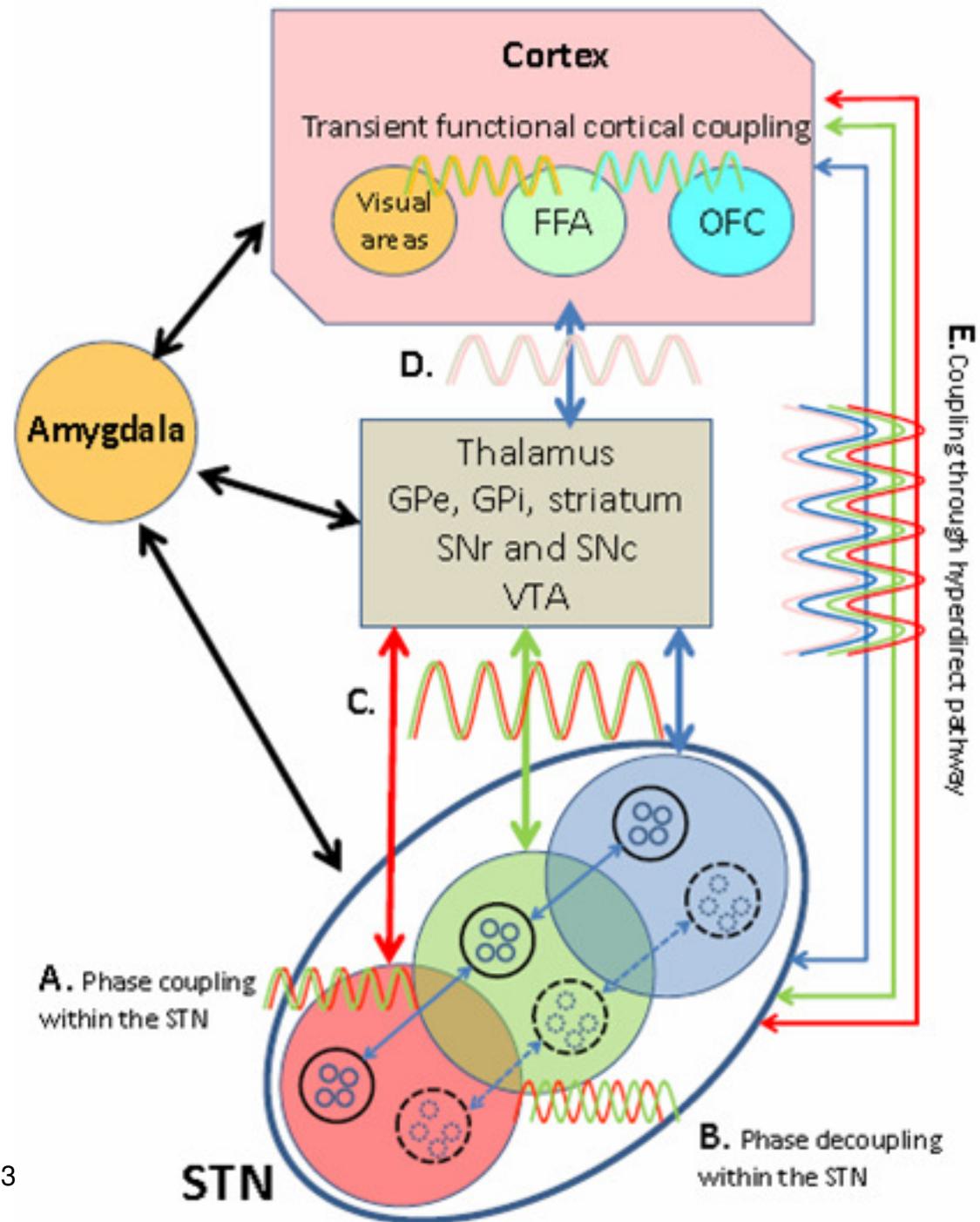
theta 4-10 Hz



gamma 20-80 Hz



dead time = d

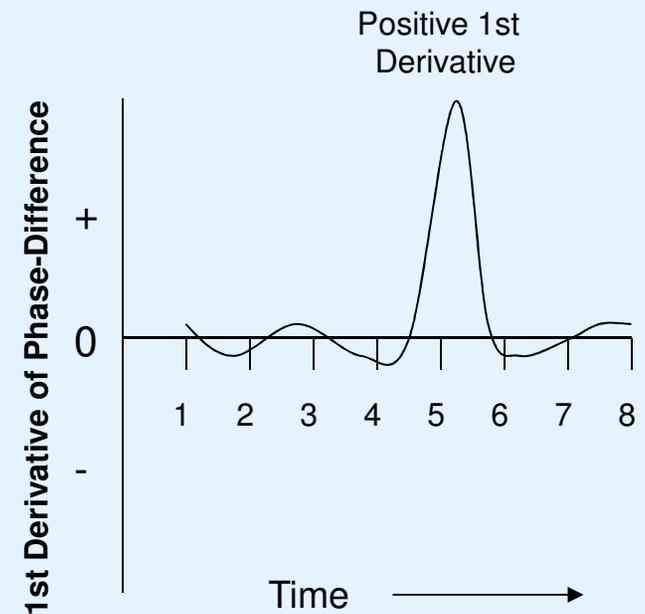
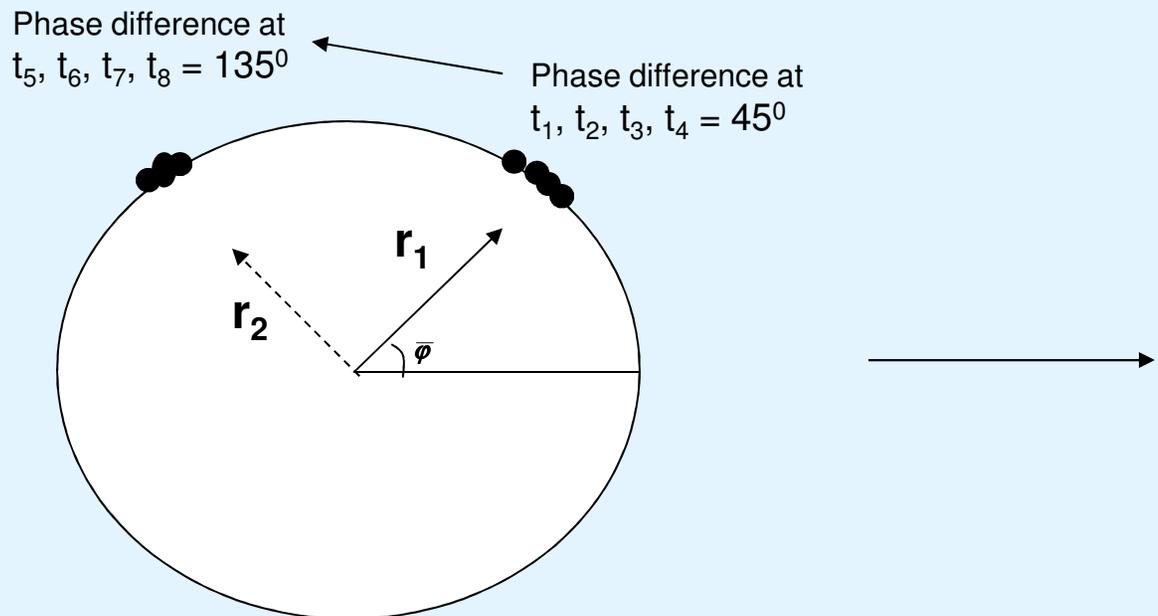
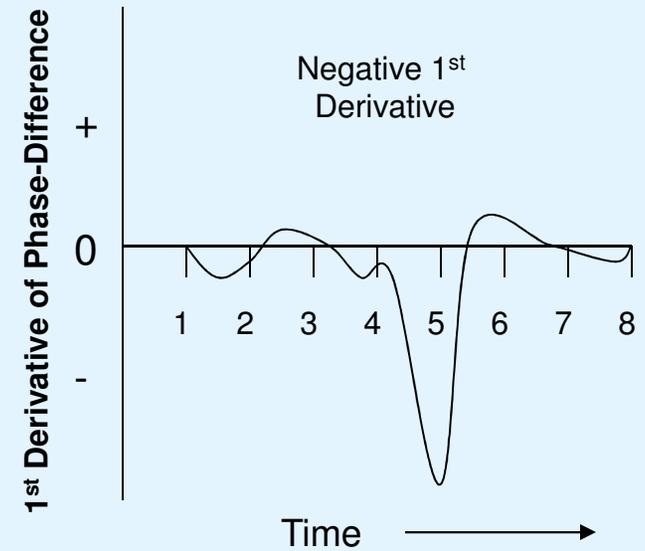
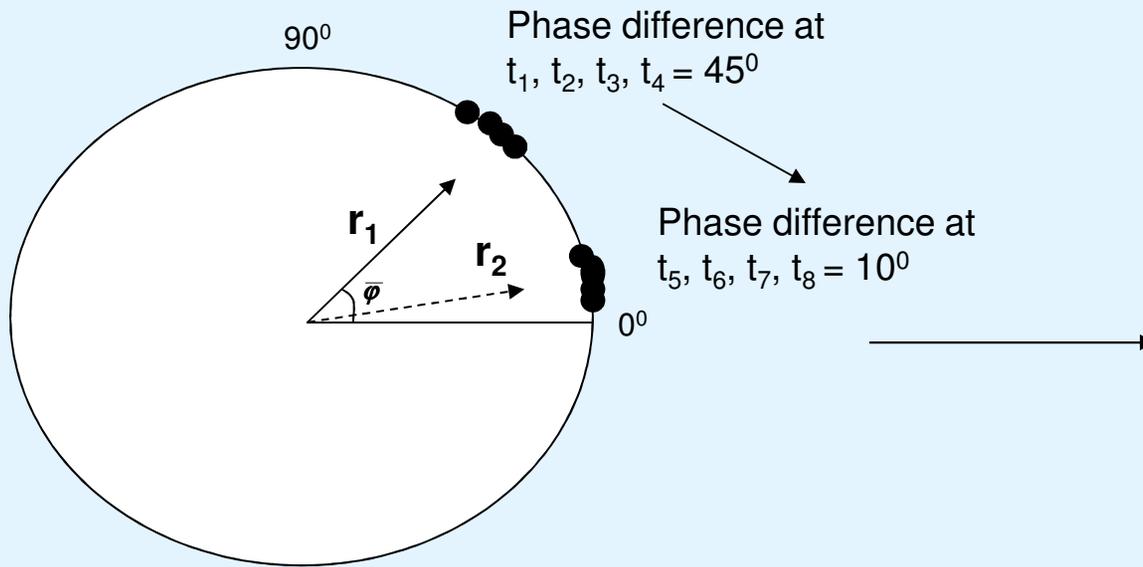


From Peron et al, 2013

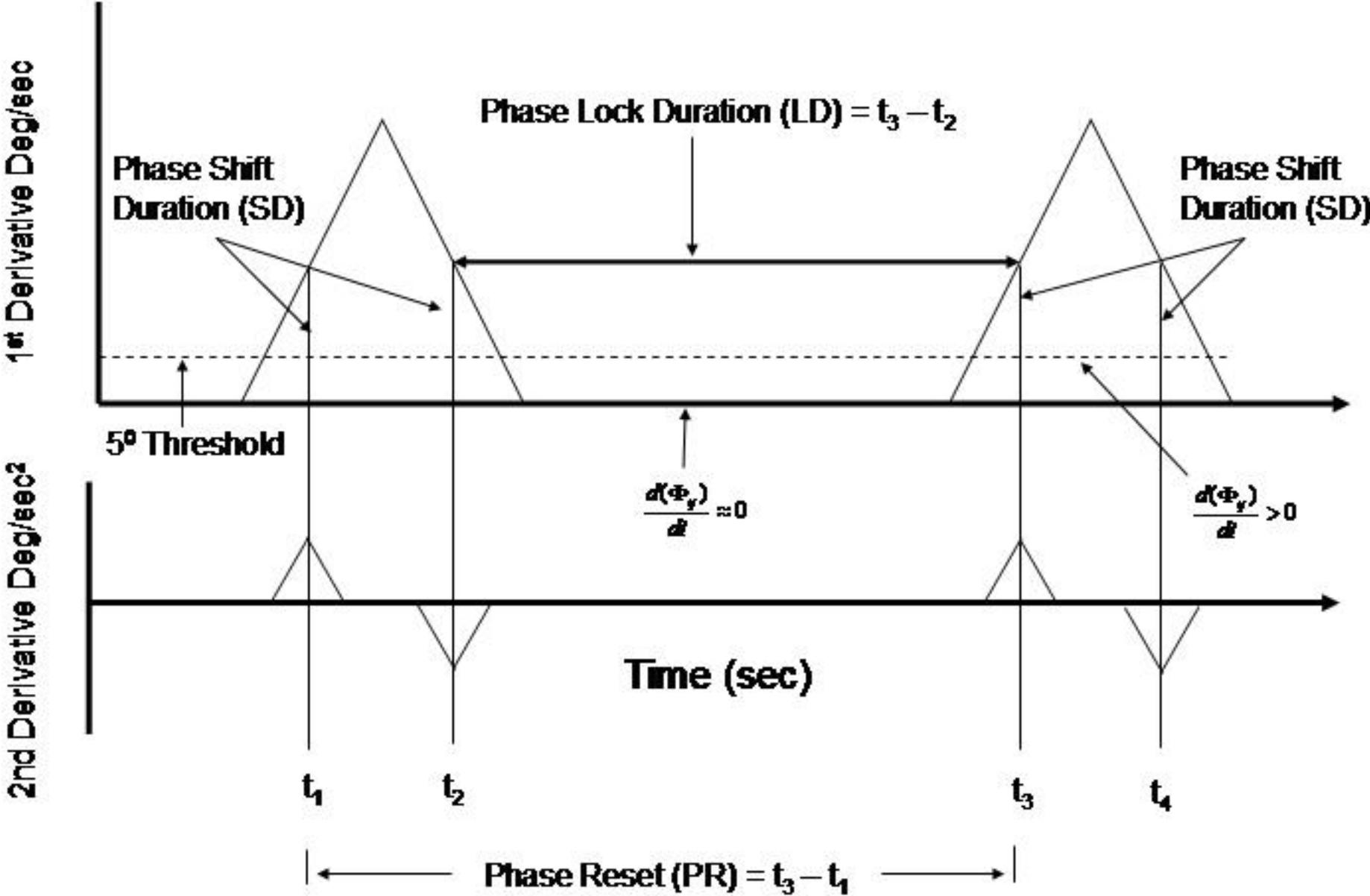
How to Measure Phase Shift and Phase Lock

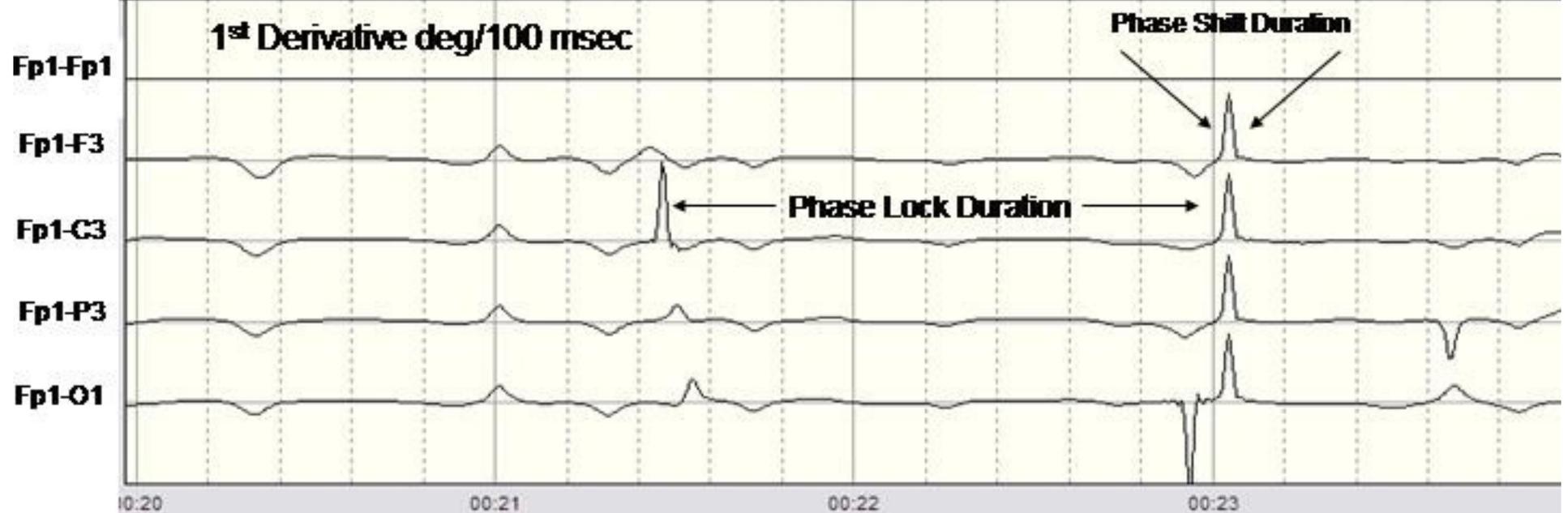
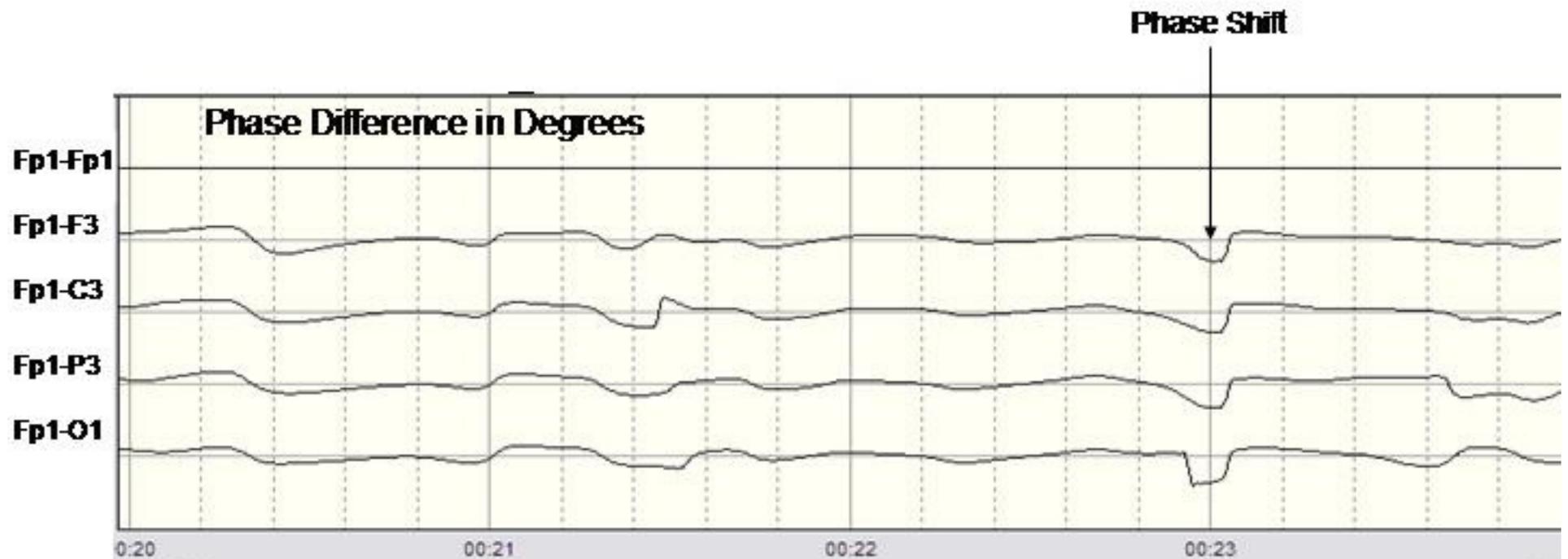
Phase Reset and Neural Resource Selection and Allocation

EEG Phase Reset as a Phase Transition in the Time Domain

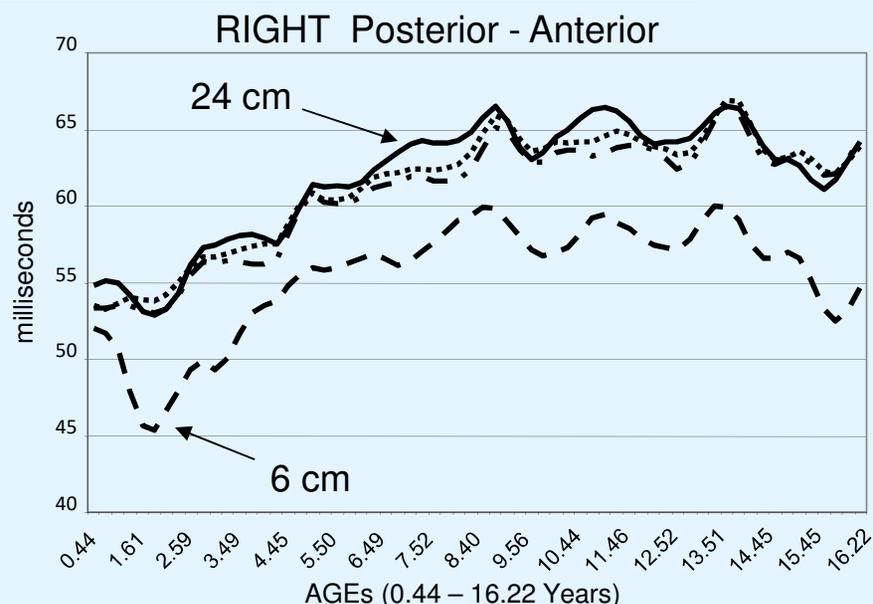
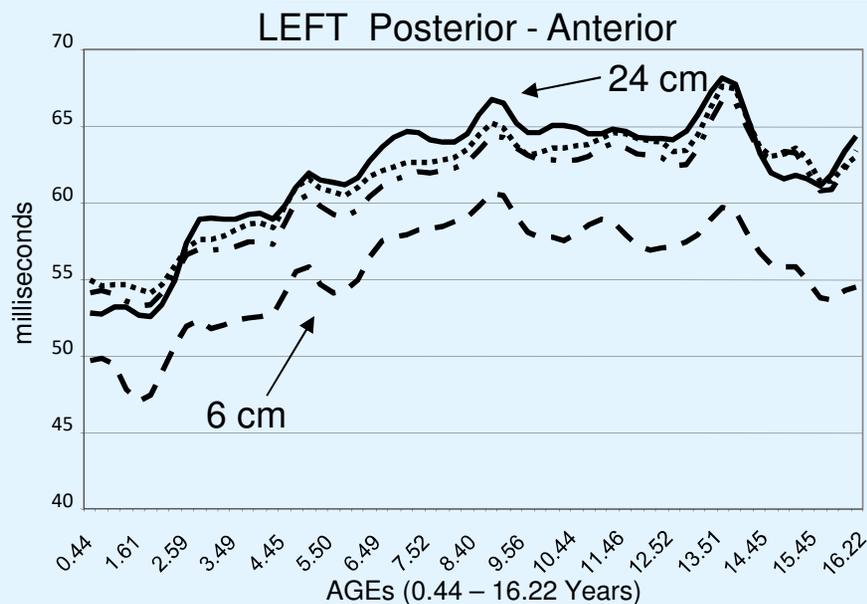
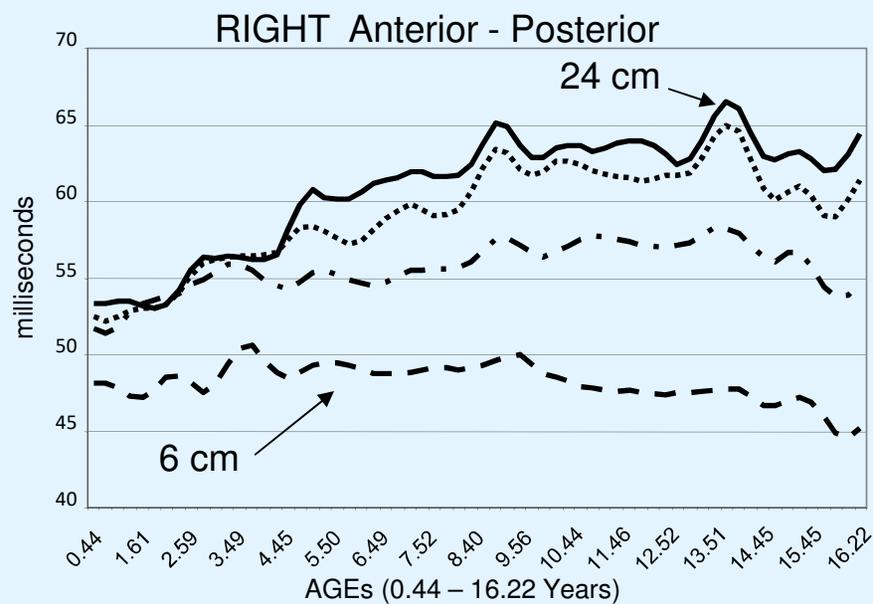
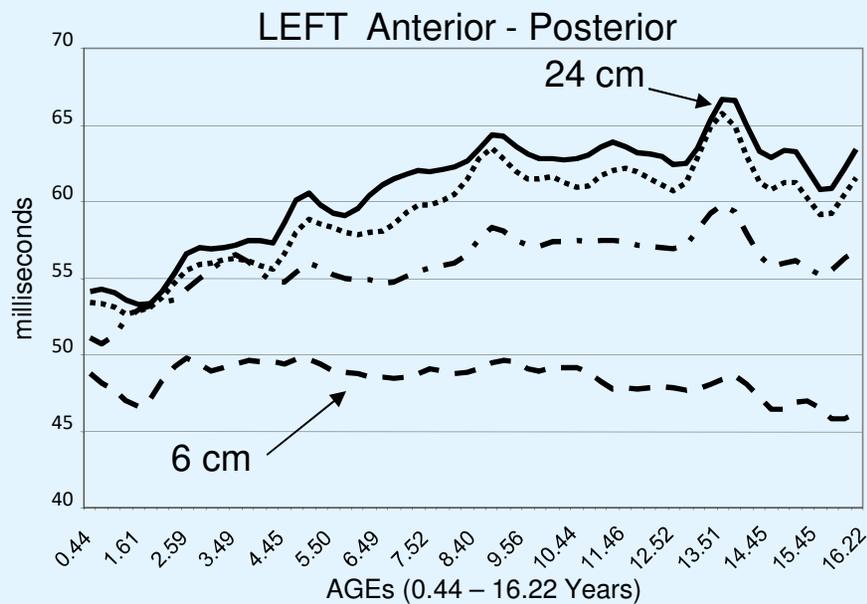


Phase Reset Metrics

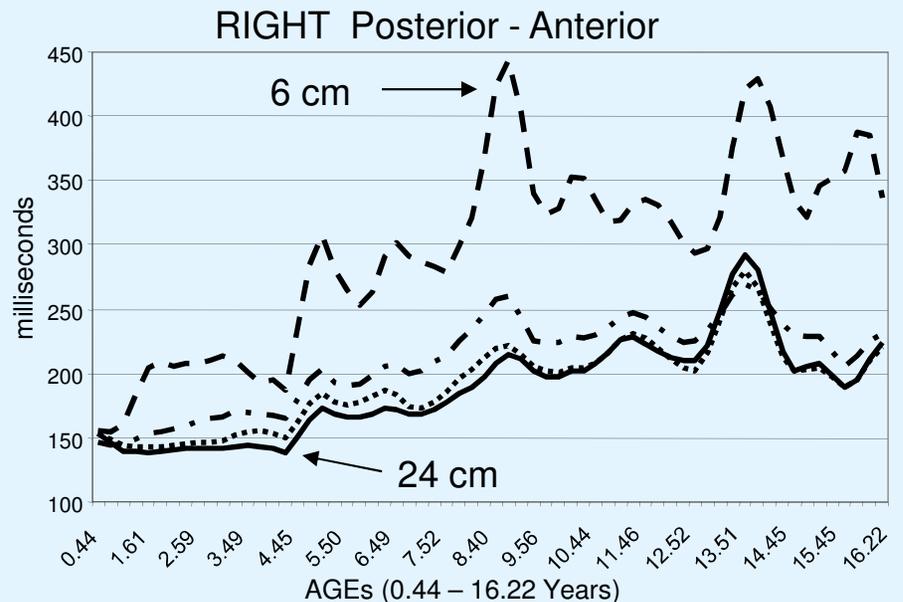
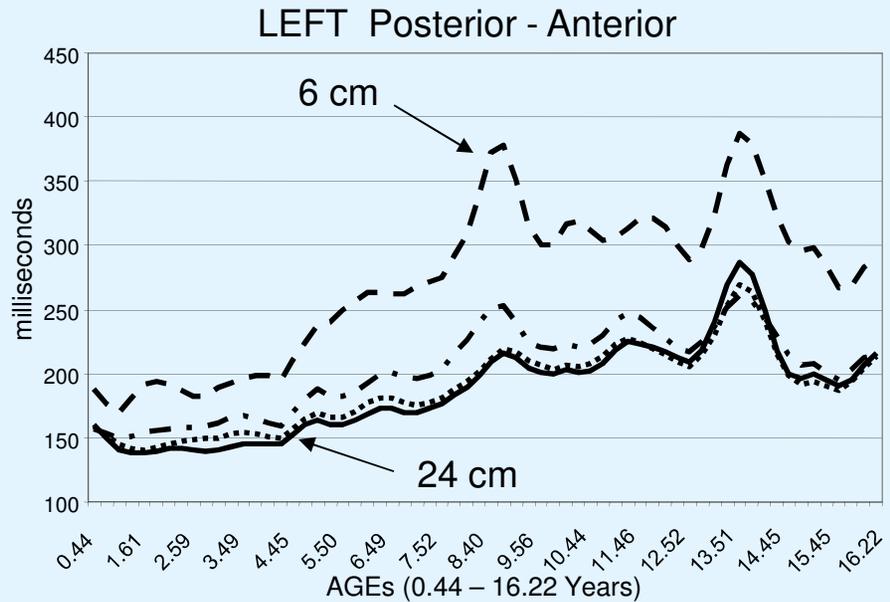
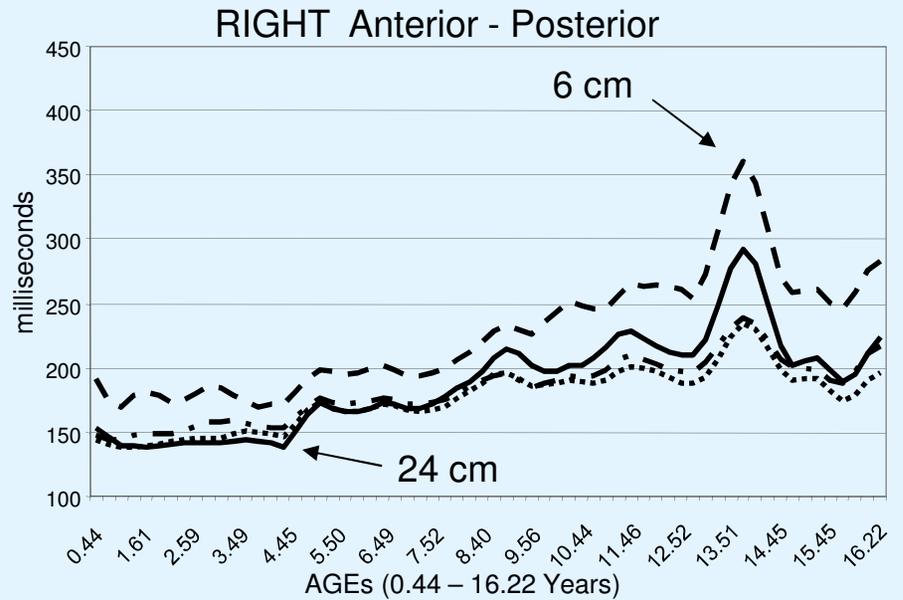
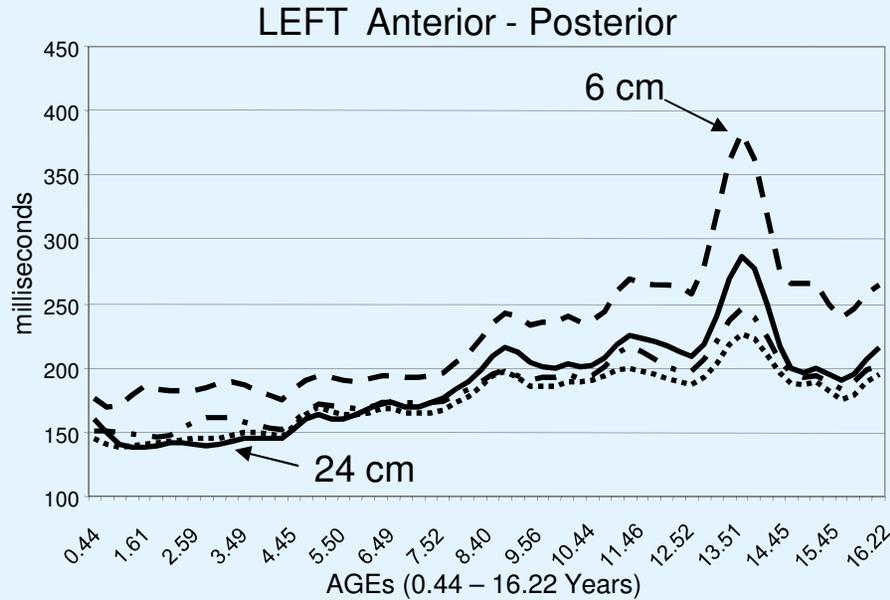




Development of Phase Shift Duration



Development of Phase Synchrony Interval



Published in NeuroImage – NeuroImage, 42(4): 1639-1653, 2008.

**INTELLIGENCE AND EEG PHASE RESET:
A TWO COMPARTMENTAL MODEL OF PHASE SHIFT AND LOCK**

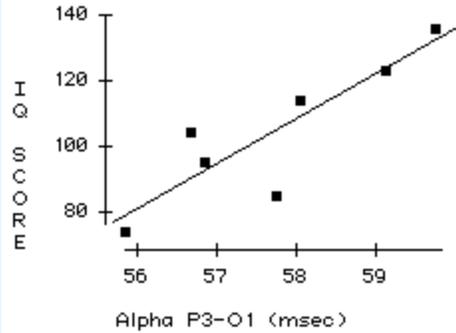
Thatcher, R. W. 1,2, North, D. M.1, and Biver, C. J.1

**EEG and Neuroimaging Laboratory, Applied Neuroscience Research Institute.
St. Petersburg, Fl1 and Department of Neurology, University of South Florida
College of Medicine, Tampa, Fl.2**

Regressions & Correlations of Phase Shift Duration Short Distances (6 cm)

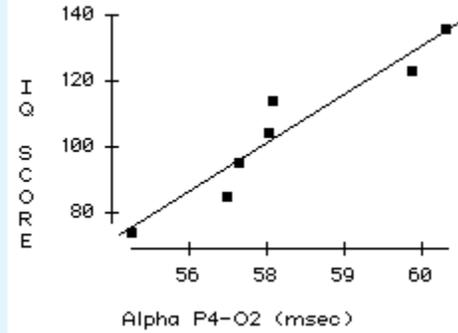
$$IQ = 78 + 13.78 \times (\text{msec})$$

$$r = .876 @ p < .01$$



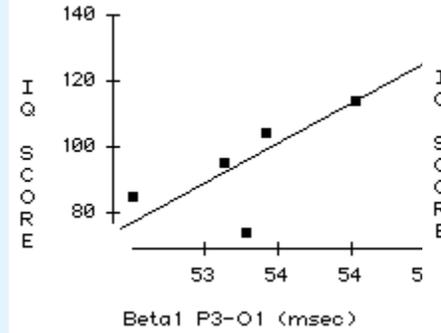
$$IQ = 70 + 11.85 \times (\text{msec})$$

$$r = .954 @ p < .0001$$



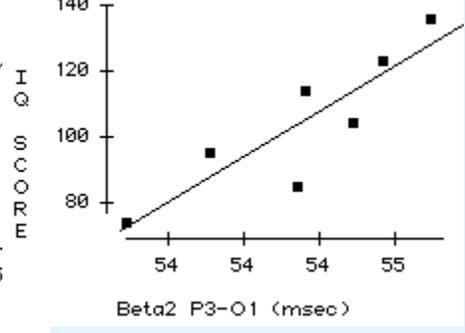
$$IQ = 75 + 24.45 \times (\text{msec})$$

$$r = .868 @ p < .01$$



$$IQ = 68 + 34.40 \times (\text{msec})$$

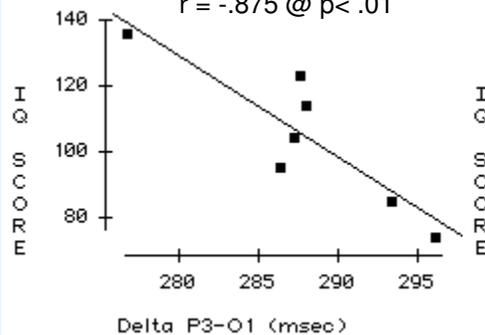
$$r = .874 @ p < .01$$



Regressions & Correlations of Phase Locking Interval Short Distances (6 cm)

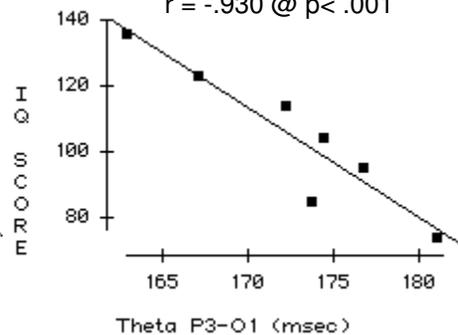
$$IQ = 143 - 3.11 \times (\text{msec})$$

$$r = -.875 @ p < .01$$



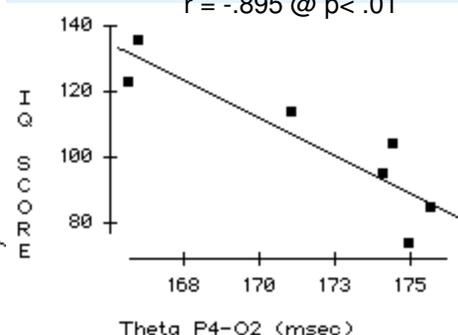
$$IQ = 142 - 3.36 \times (\text{msec})$$

$$r = -.930 @ p < .001$$



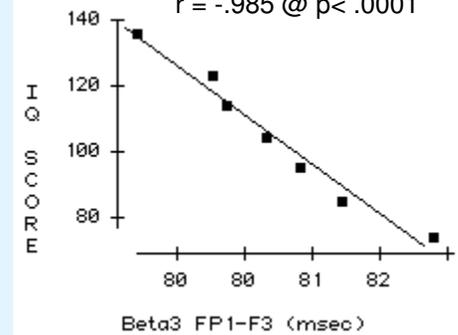
$$IQ = 132 - 4.57 \times (\text{msec})$$

$$r = -.895 @ p < .01$$

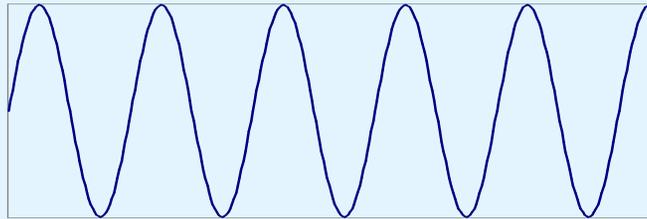


$$IQ = 140 - 20.08 \times (\text{msec})$$

$$r = -.985 @ p < .0001$$

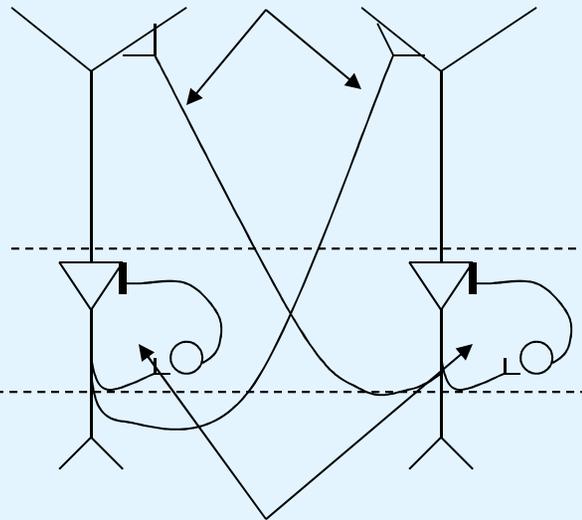


Pyramidal Cell Model of EEG Phase Reset and Full Scale I.Q.



LFP

Distant EPSP
Loop Connections LD



Average
EPSP
Duration

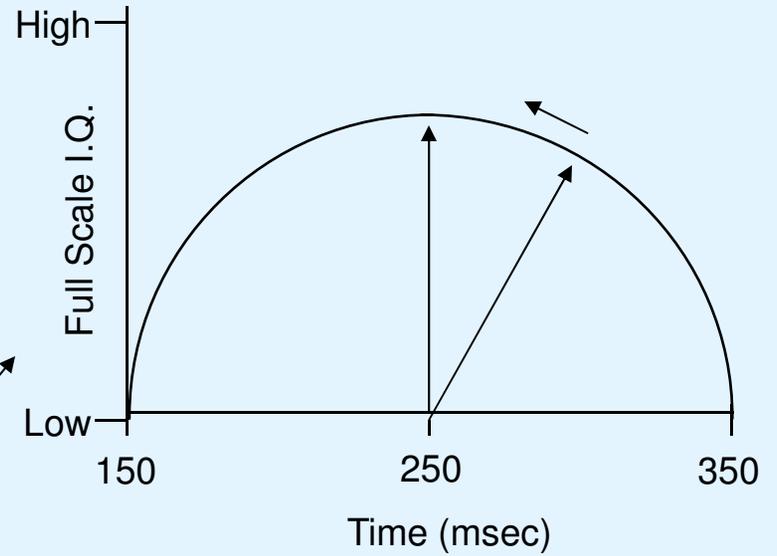
→ LD

Average
 $\Delta\Phi = \Theta_{LFP} - \Theta_{Pref}$

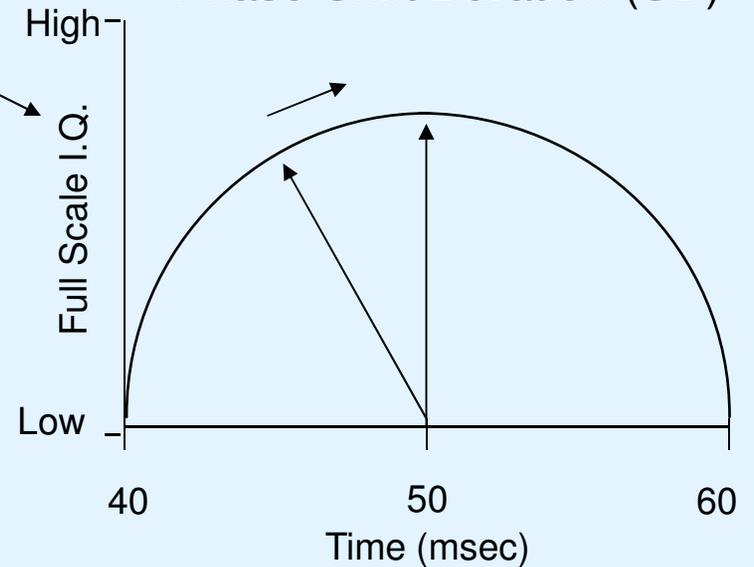
→ SD

Local IPSP
Connections
SD

Phase Lock Duration (LD)



Phase Shift Duration (SD)



SCIENTIFIC REPORTS



OPEN

Intelligence and eeg measures of information flow: efficiency and homeostatic neuroplasticity

R. W. Thatcher, E. Palmero-Soler, D. M. North & C. J. Biver

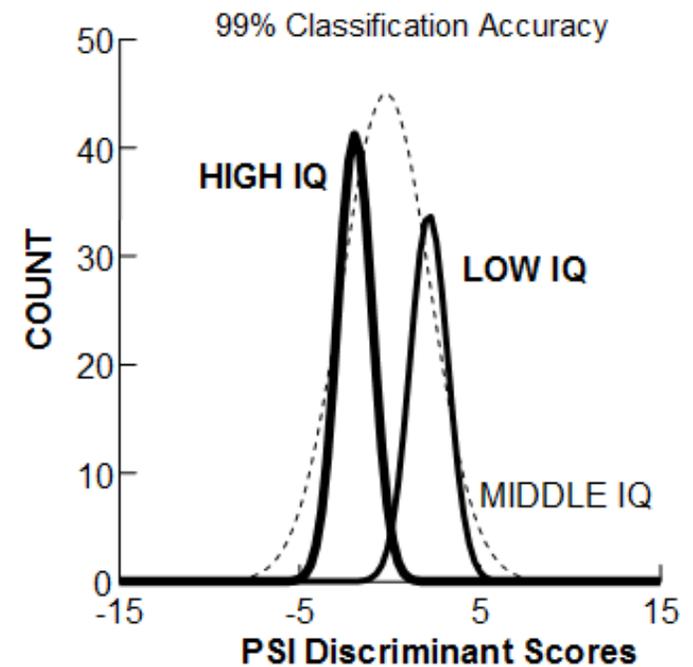
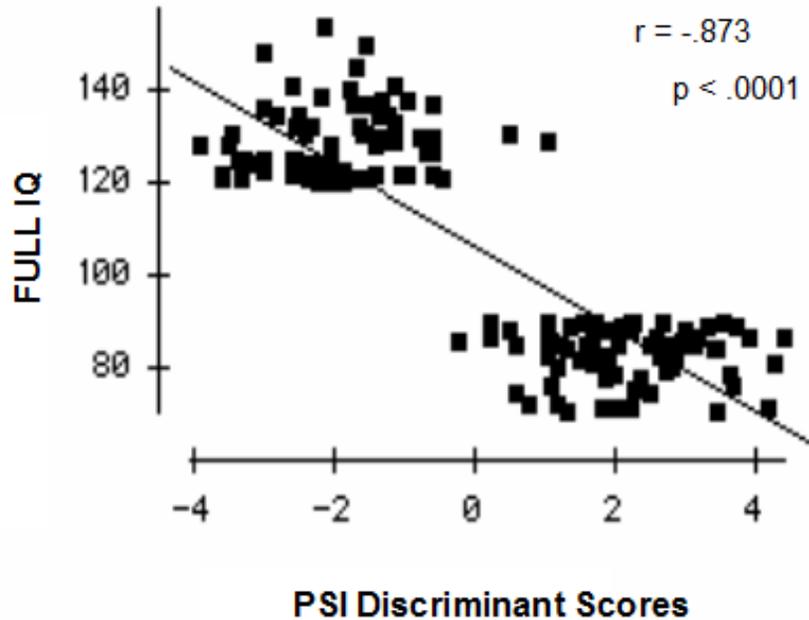
Received: 25 July 2016

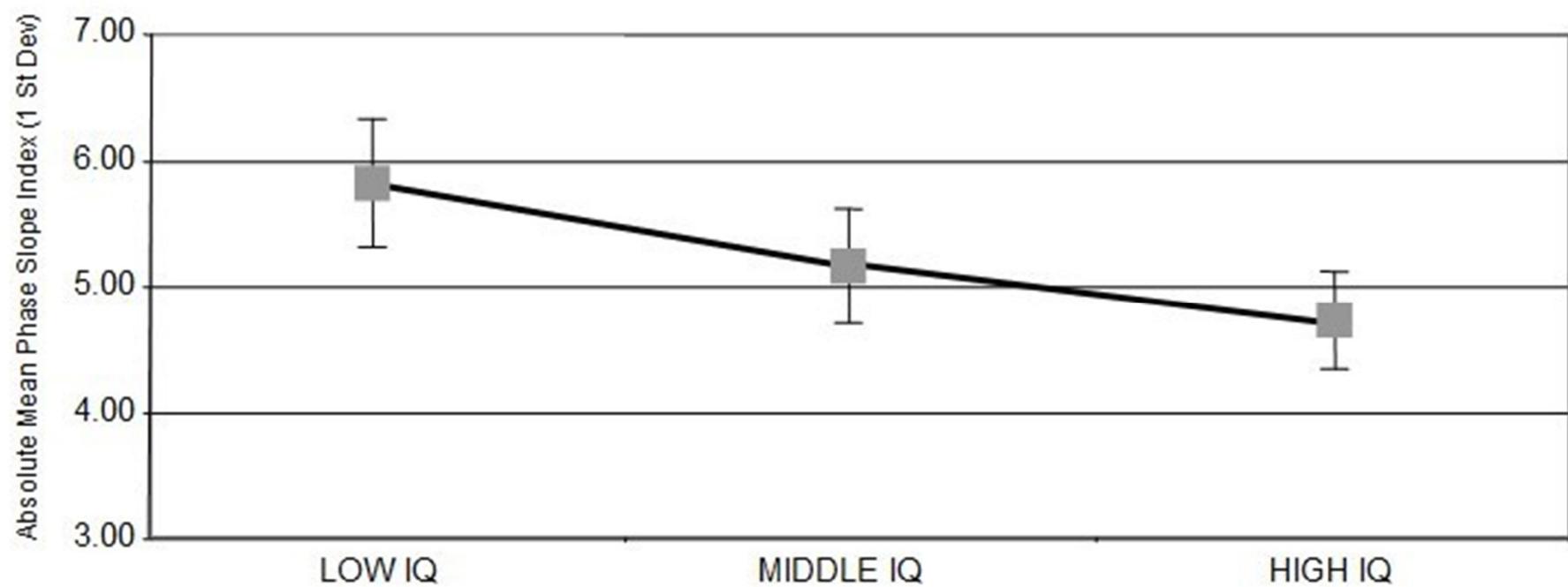
Accepted: 14 November 2016

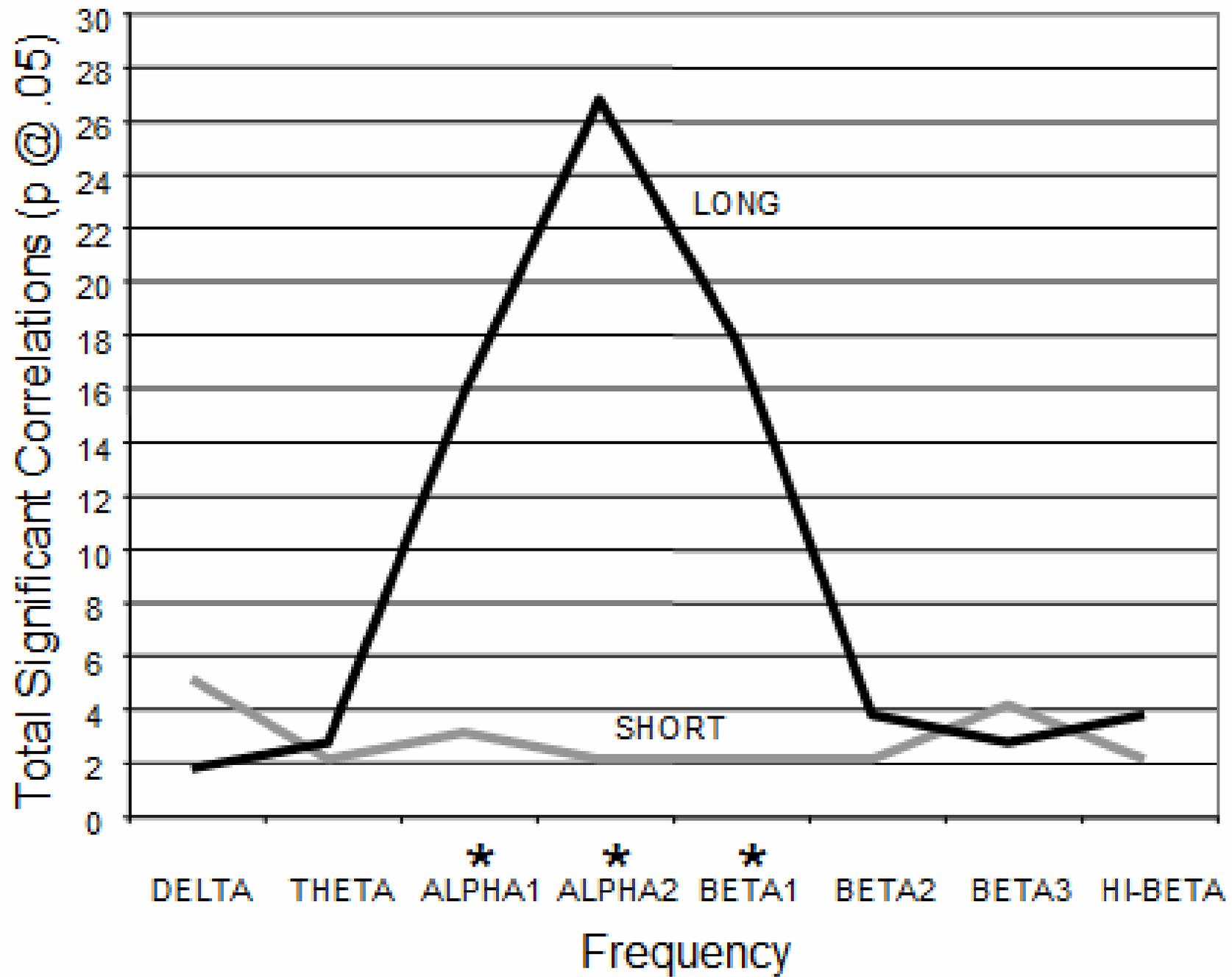
Published: 20 December 2016

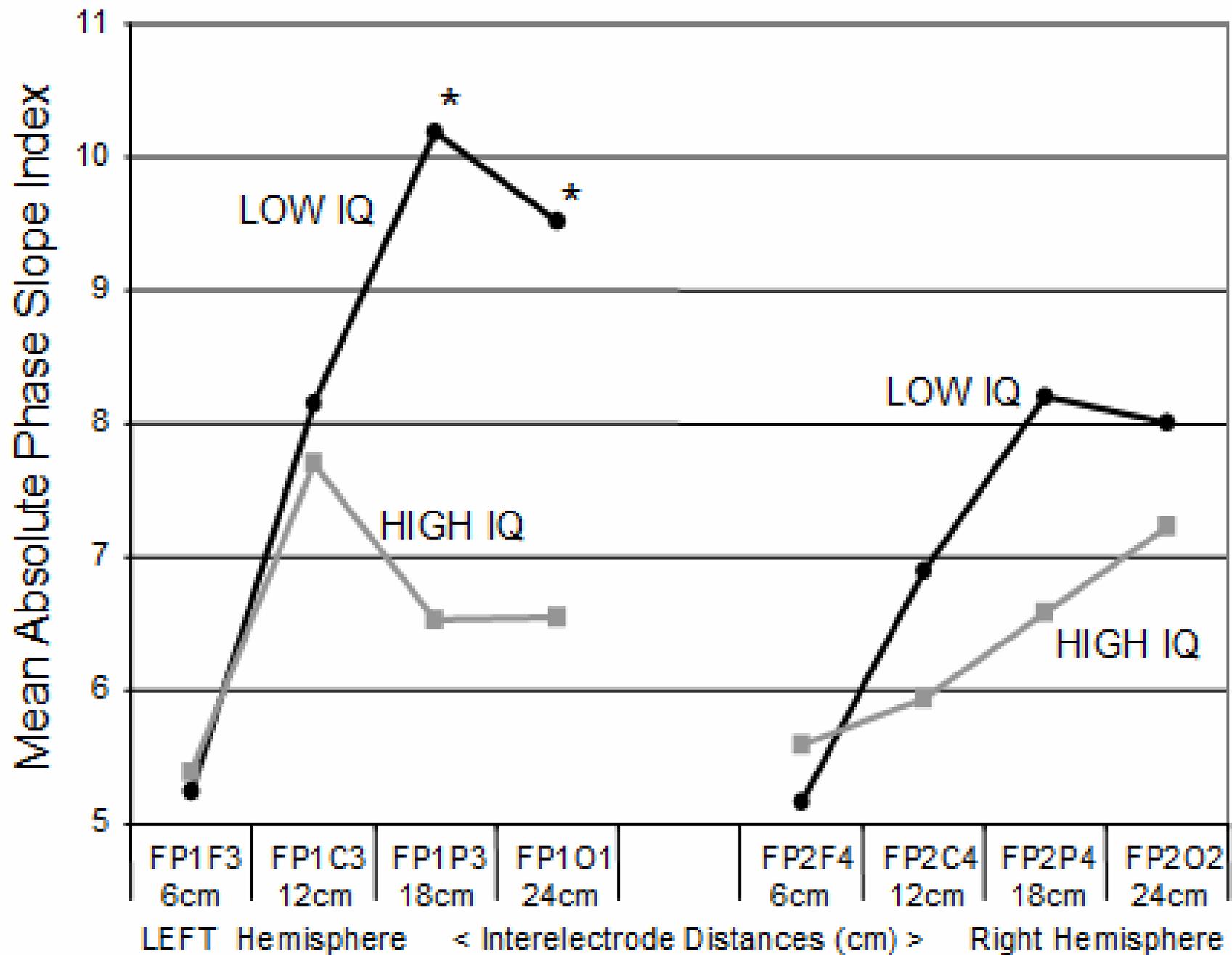
The purpose of this study was to explore the relationship between the magnitude of EEG information flow and intelligence. The electroencephalogram (EEG) was recorded from 19 scalp locations from 371 subjects ranging in age from 5 years to 17.6 years. The Wechsler Intelligence Scale for Children (WISC-R) was administered for individuals between 5 years of age and 16 years and the Wechsler Adult Intelligence Scale revised (WAIS-R) was administered to subjects older than 16 years to estimate I.Q. The phase slope index estimated the magnitude of information flow between all electrode combinations for difference frequency bands. Discriminant analyses were performed between high I.Q. (>120) and low I.Q. groups (<90). The magnitude of information flow was inversely related to I.Q. especially in the alpha and beta frequency bands. Long distance inter-electrode distances exhibited greater information flow than short inter-electrode distances. Frontal-parietal correlations were the most significant. It is concluded that higher I.Q. is related to increased efficiency of local information processing and reduced long distance compensatory dynamics that supports a small-world model of intelligence.

Discriminant Scores of the Magnitude of Phase Slope Index (PSI) with Full Scale IQ



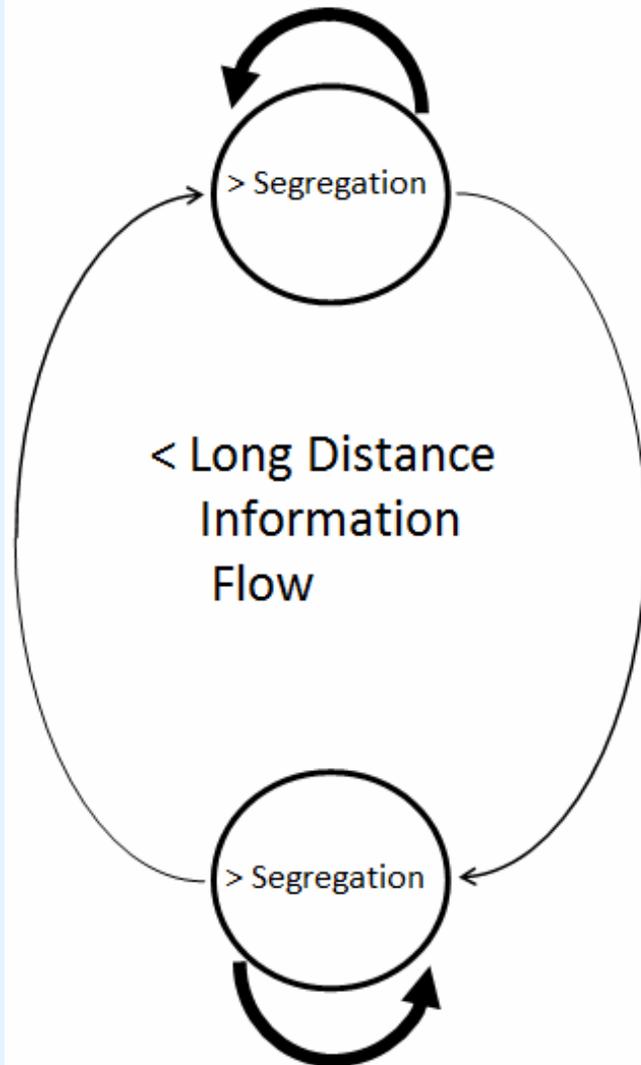






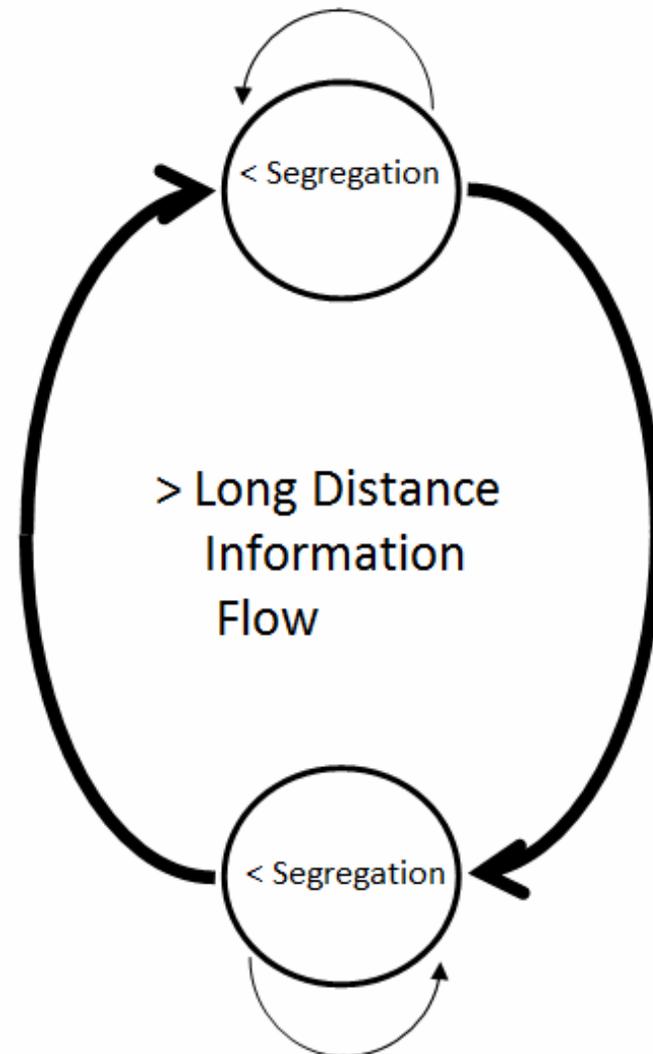
Higher I.Q.

- **Small-World**
- **Efficiency**



Lower I.Q.

- < **Small-World**
- < **Efficiency**

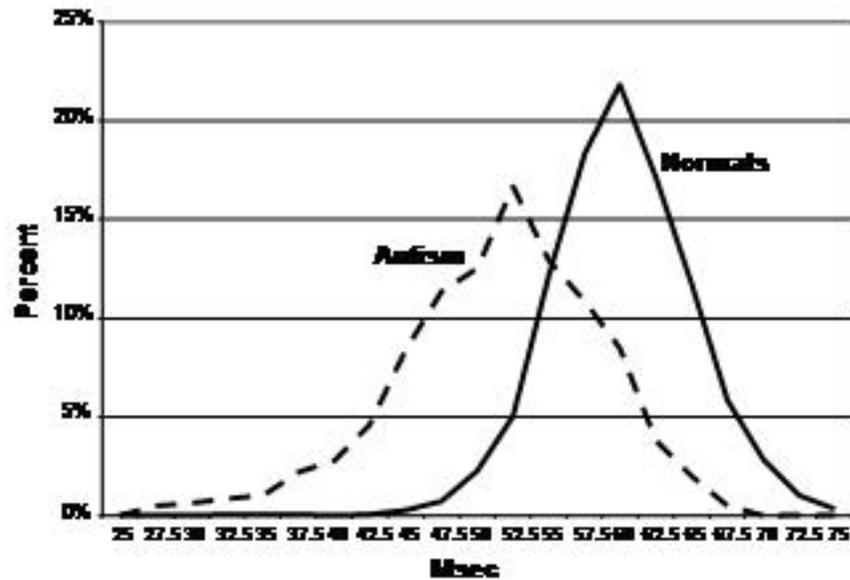


**AUTISM AND EEG PHASE RESET:
A UNIFIED THEORY OF DEFICIENT GABA MEDIATED INHIBITION IN
THALAMO-CORTICAL CONNECTIONS**

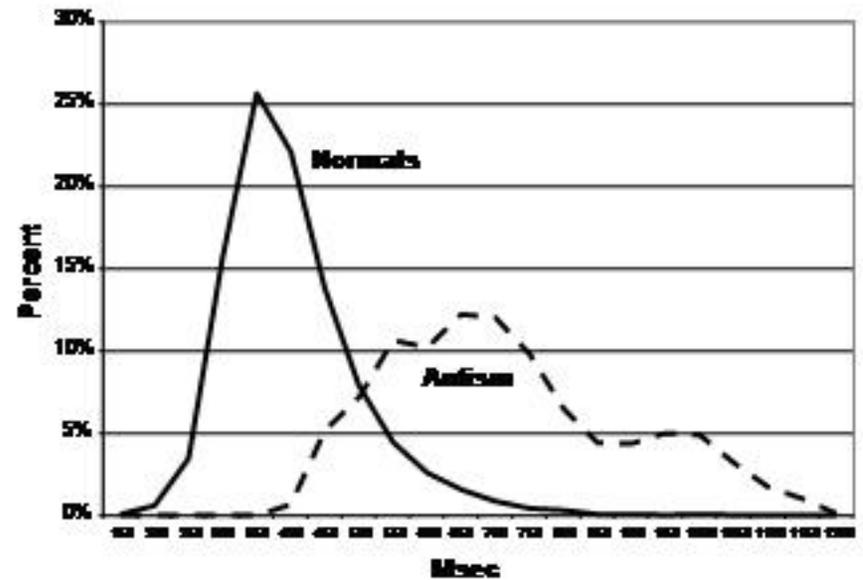
**Thatcher, R. W. 1,2, Phillip DeFina², James Neurbrander², North, D. M.¹, and
Biver, C. J.¹**

**EEG and Neuroimaging Laboratory, Applied Neuroscience Research
Institute., St. Petersburg, FL¹ and the International Brain Research
Foundation, Menlo Park, NJ²**

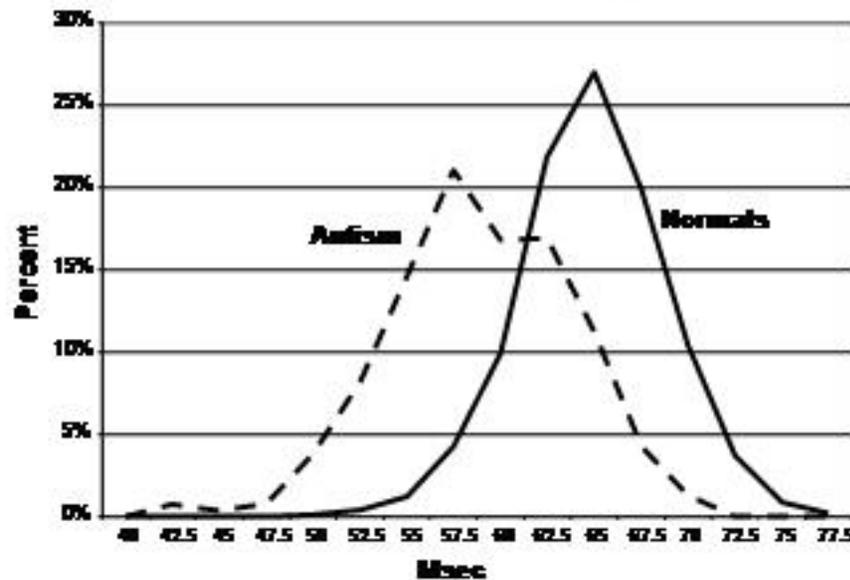
Alpha1 Shift Duration Short Distances



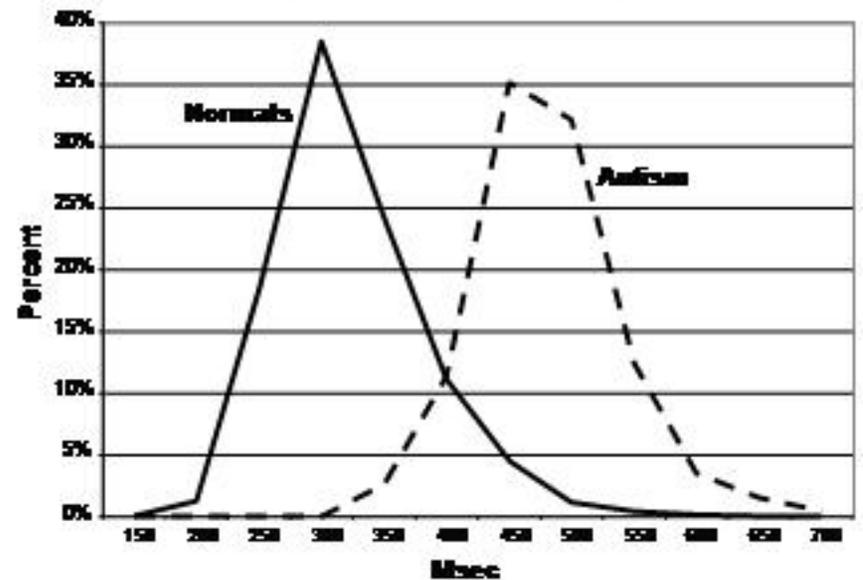
Alpha2 Lock Duration Short Distances



Alpha1 Shift Duration Long Distances



Alpha2 Lock Duration Long Distances



Electrical Neuroimaging of Functional Modules and Hubs as Measured by fMRI and PET

Phase Shift and Phase Lock Switch Dynamics that “Animate” Information Flow Within and Between Modules and Hubs

Brodmann Areas

Frontal Lobe
Thinking, Planning,
Motor execution,
Executive Functions,
Mood Control

Temporal Lobe
language function and
auditory perception
involved in long term
memory and emotion

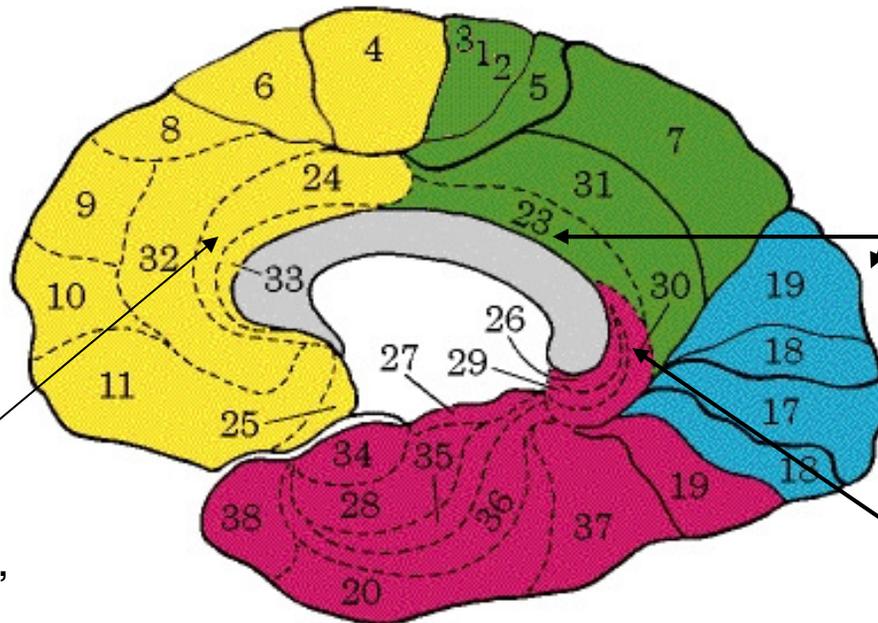
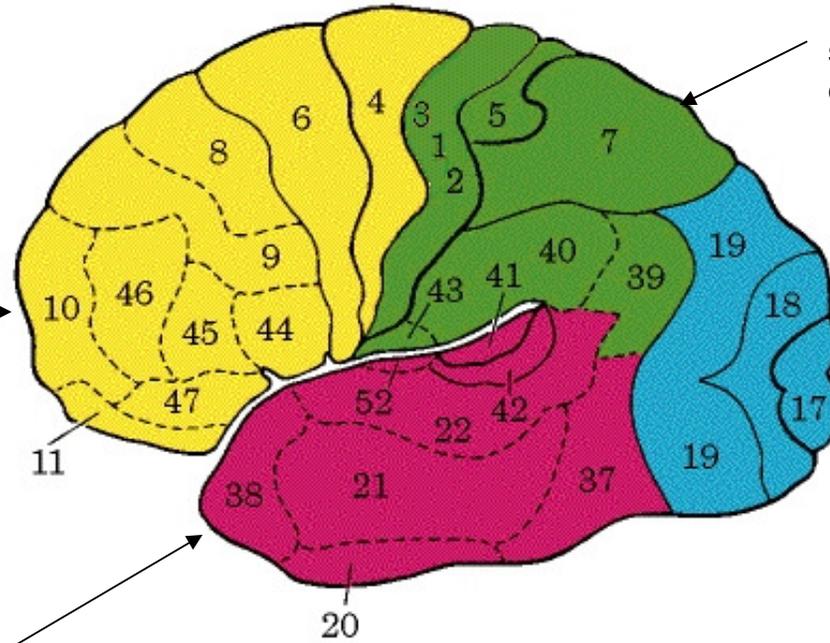
Anterior Cingulate Gyrus
Volitional movement, attention,
long term memory

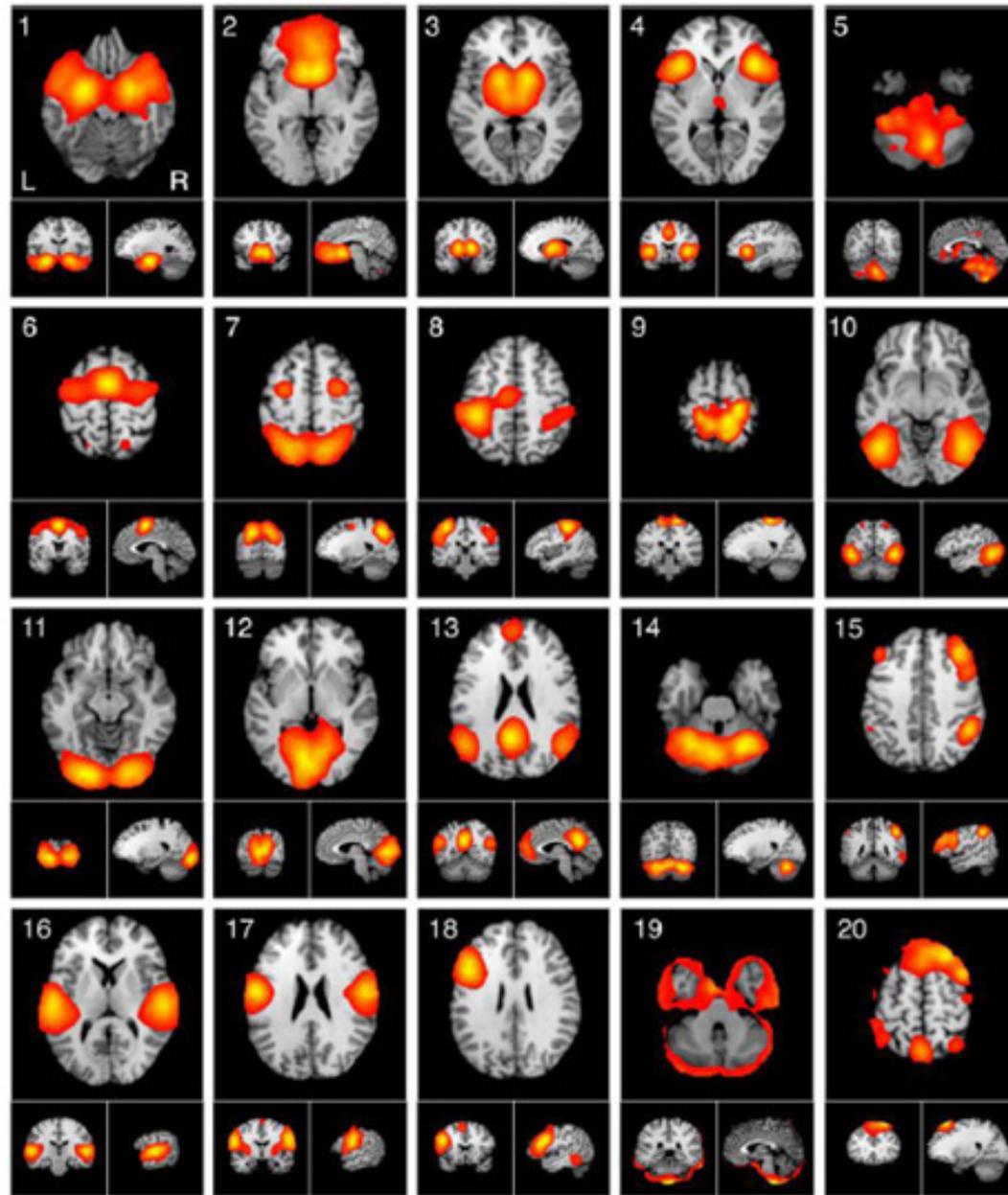
Parietal Lobe
somatosensory perception integration
of visual & somatospatial information

Occipital Lobe
Visual perception &
Spatial processing

Posterior Cingulate
attention, long-term
memory

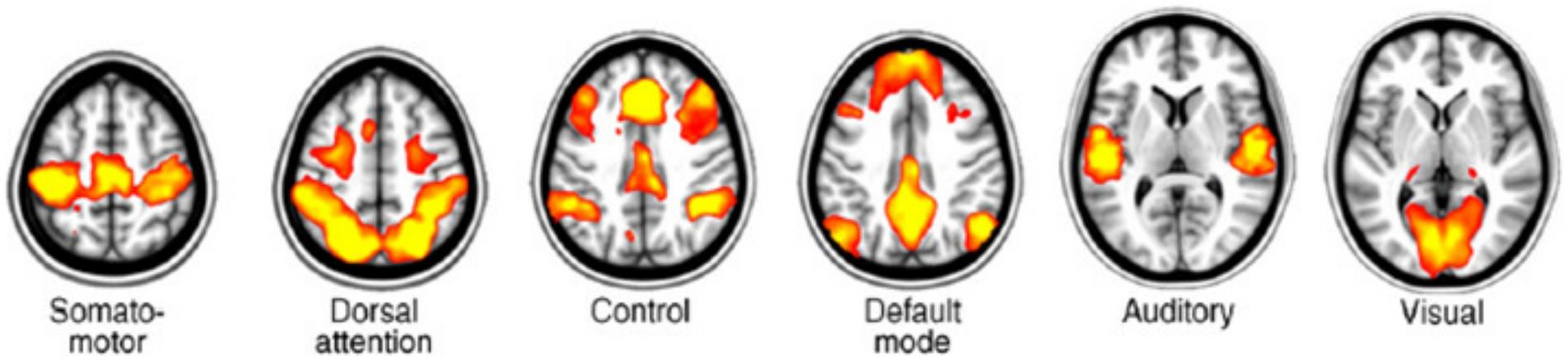
Parahippocampal Gyrus
Short-term memory, attention





Laird et al (2011) summarized the various "intrinsic connectivity networks" or ICNs into eighteen specific groupings based upon 30,000 fMRI and PET studies

Six Functional Modules as Measured by fMRI

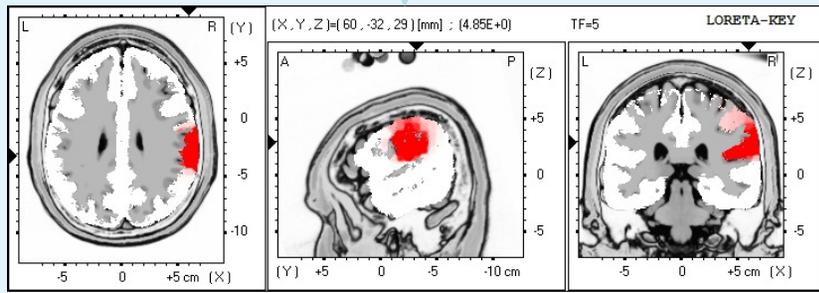


From Raichle, 2010

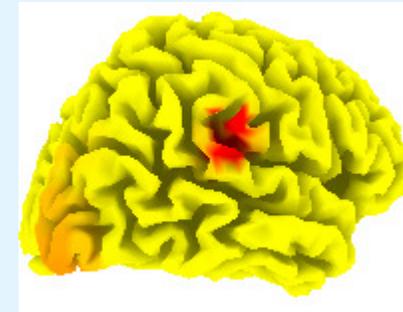
Electrical Neuroimaging and Cortical Source

Localization

Horizontal, Sagittal & Coronal Views of a Single Slice



Cortical Surface Projection



Tomographic Slice Display

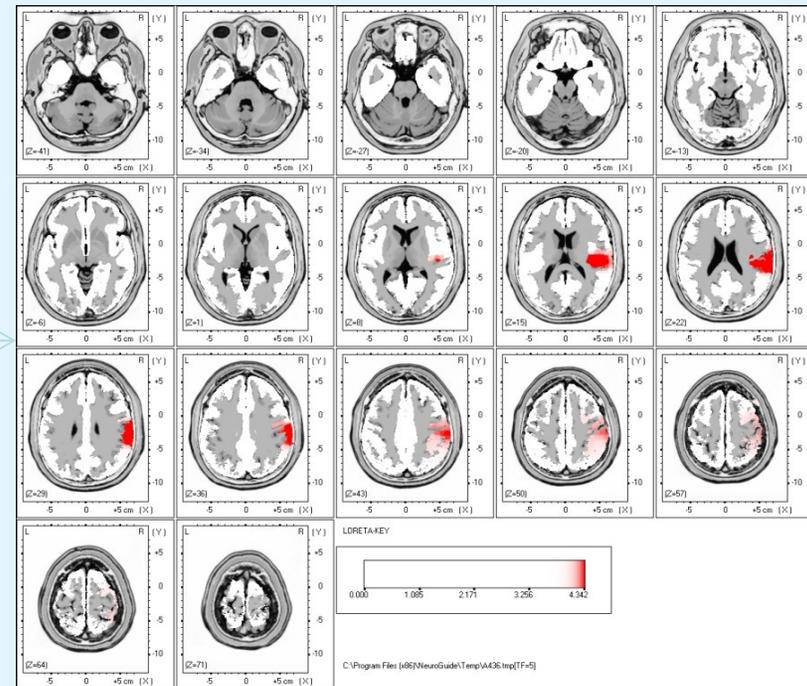


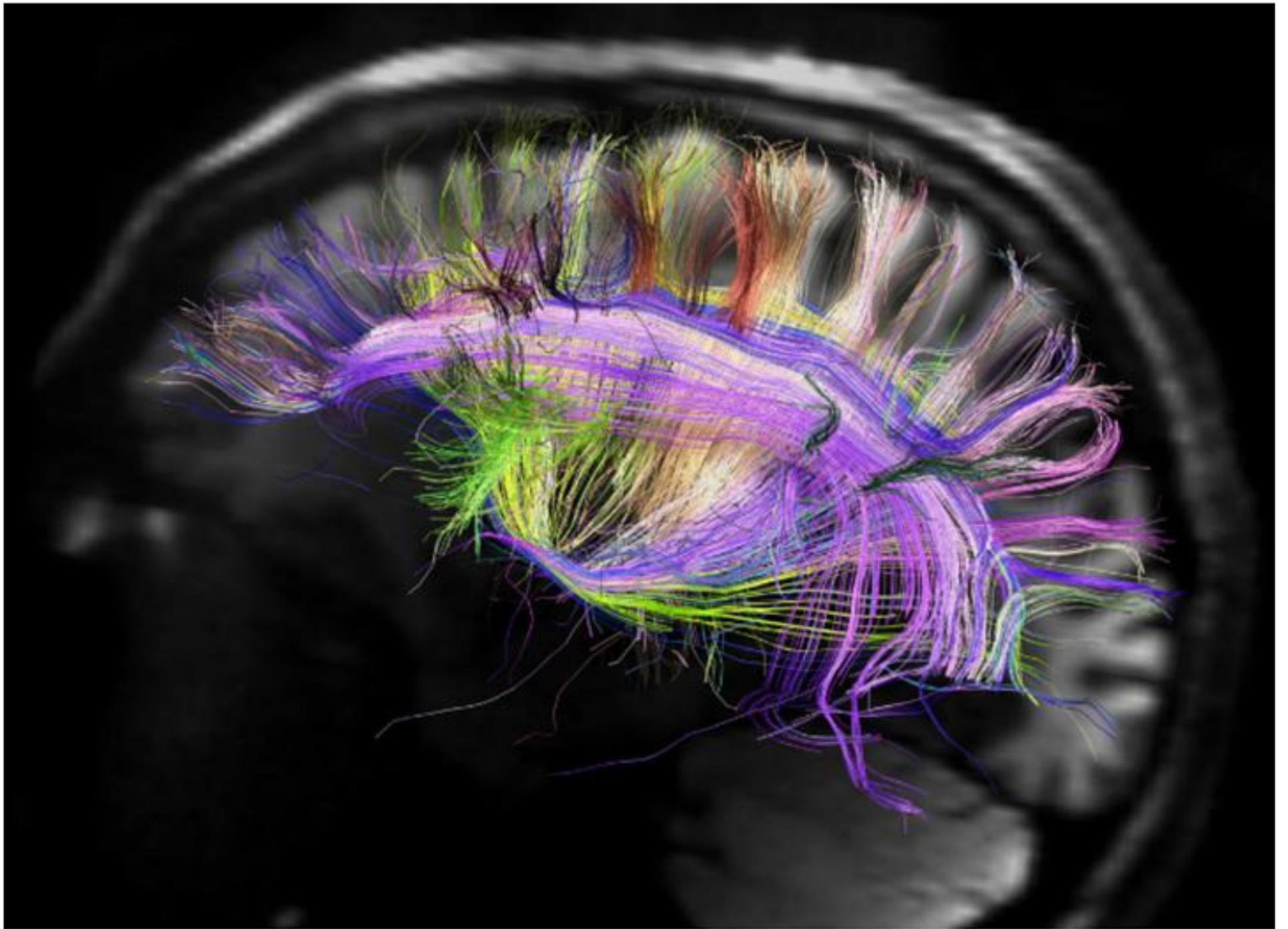
Table 5: Error measure EDI for the four inverse algorithms, with regularization, under four different noise levels: 25 dB, 15 dB, 10 dB and 5 dB. Each cell value gives the mean and standard deviation.

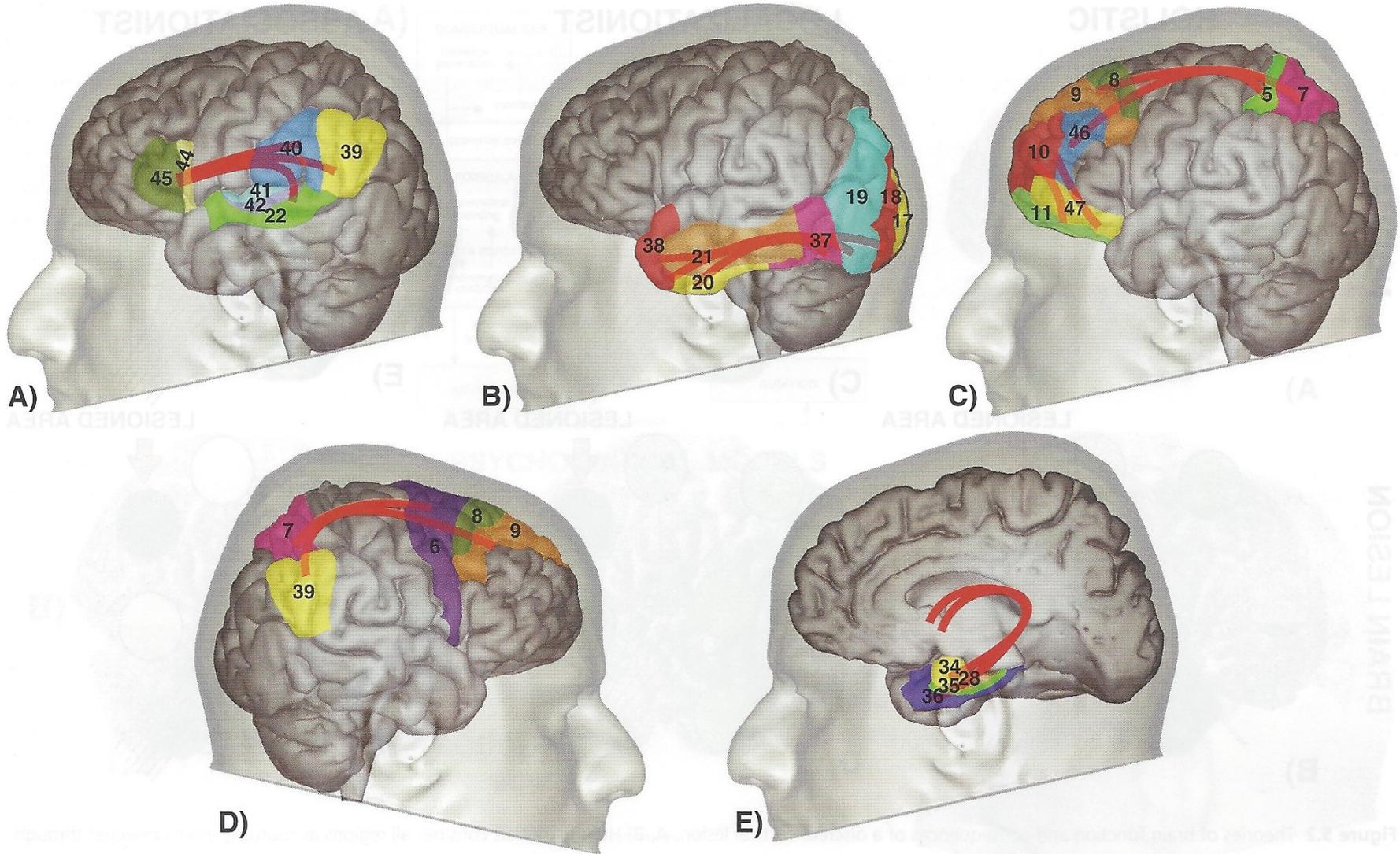
		EDI			
		Regularised			
SNR/dB		5	10	15	25
Layer					
WMN	Surface	3.46 ± 0.42	2.10 ± 0.28	1.34 ± 0.11	1.13 ± 0.03
	Middle	5.08 ± 0.50	3.94 ± 0.38	2.95 ± 0.21	2.40 ± 0.03
	Deep	5.91 ± 0.39	5.31 ± 0.36	4.61 ± 0.24	3.89 ± 0.15
sLORETA	Surface	0.99 ± 0.1	0.49 ± 0.08	0.11 ± 0.04	0.00 ± 0.00
	Middle	1.61 ± 0.13	0.84 ± 0.11	0.25 ± 0.07	0.00 ± 0.00
	Deep	1.79 ± 0.25	0.95 ± 0.16	0.39 ± 0.13	0.00 ± 0.00
LORETA	Surface	2.32 ± 0.08	2.18 ± 0.04	2.16 ± 0.03	2.21 ± 0.02
	Middle	1.51 ± 0.13	1.15 ± 0.08	0.95 ± 0.07	1.05 ± 0.06
	Deep	2.30 ± 0.21	1.81 ± 0.13	1.59 ± 0.11	1.53 ± 0.09
SLF	Surface	5.27 ± 0.30	4.50 ± 0.28	3.81 ± 0.20	2.98 ± 0.13
	Middle	4.53 ± 0.39	4.09 ± 0.35	3.50 ± 0.31	2.51 ± 0.15
	Deep	3.89 ± 0.55	3.70 ± 0.45	3.27 ± 0.48	1.73 ± 0.30

Electrical Neuroimaging – Assessment and Treatment

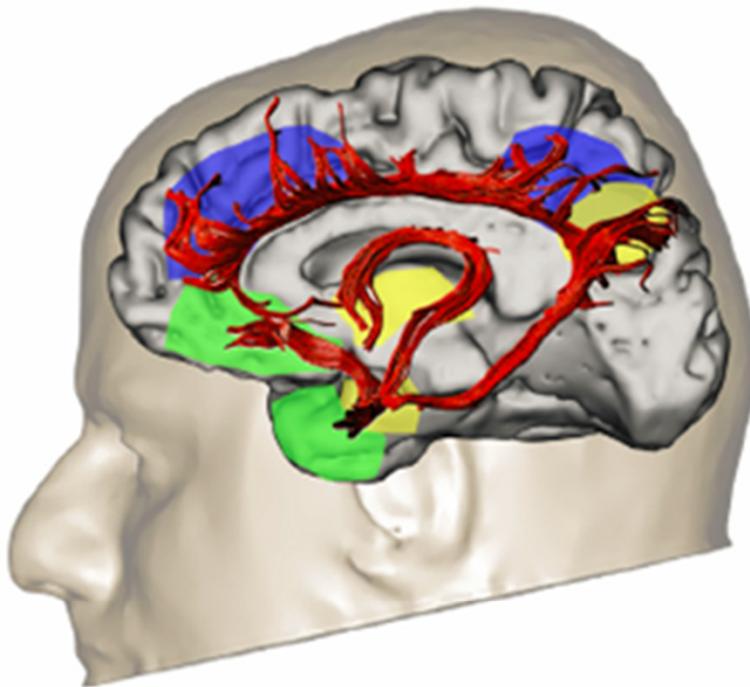
Advantages of Electrical Neuroimaging

- 1- Spatial Resolution – 1 cm to 3 cm**
- 2- Temporal Resolution – 1 msec**
- 3- Imaging of Current Sources**
- 4- Imaging of Network Connections**
- 5- Integration with DTI & fMRI (Brodmann Areas)**
- 6- Inexpensive (\$10,000 vs \$3,000,000)**
- 7- Dry Electrodes & Wireless Caps**
- 8- Portable**
- 9- Integration with Smart Phones & Tablets**
- 10- Can Assess & Treat in Real-Time¹**





From Catani and deShotten, 2012



■ hippocampal-diencephalic and parahippocampal-retrosplenial network

■ temporal-amygdala-orbitofrontal network

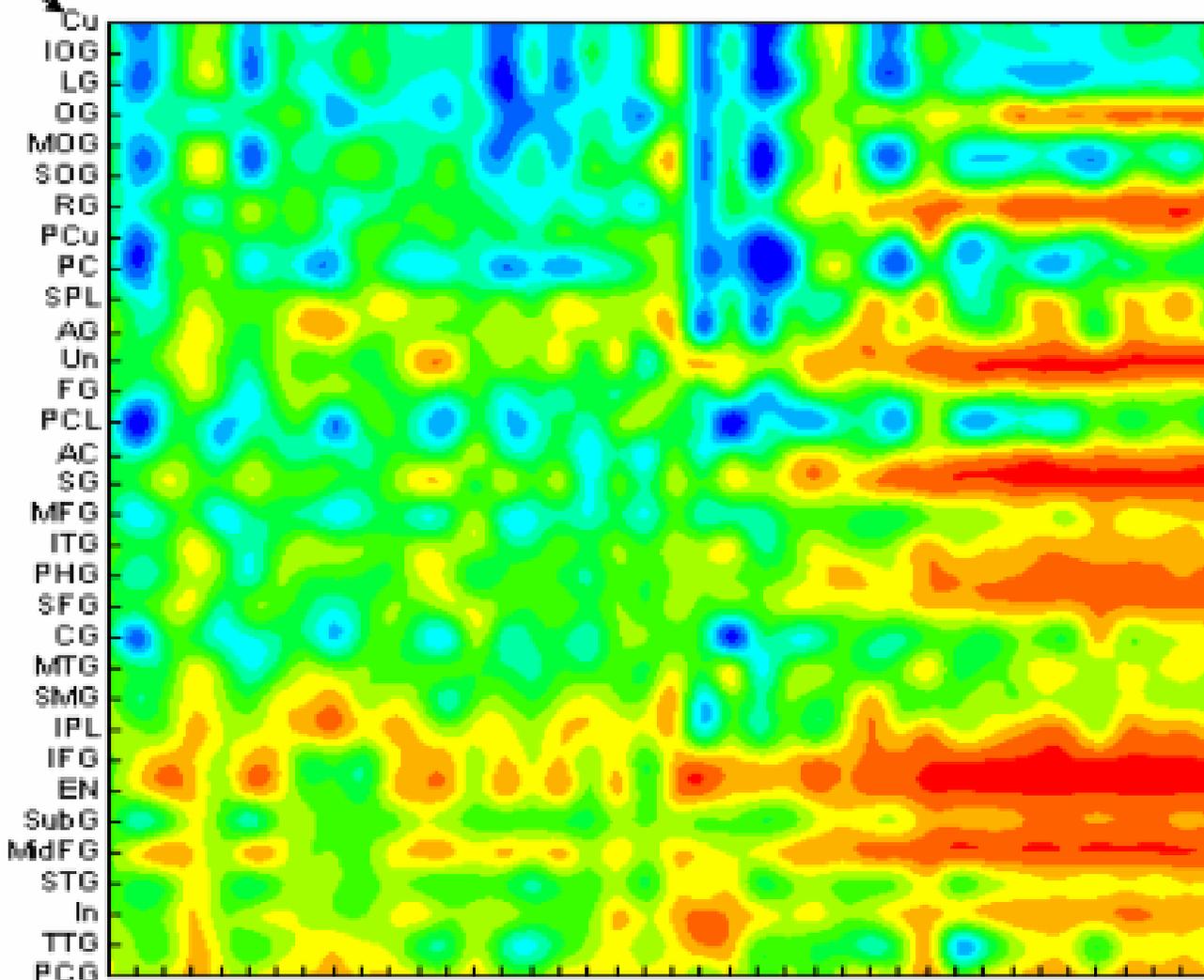
■ medial 'default network'

Network	Function	Disorder
Hippocampal-diencephalic and parahippocampal-retrosplenial	<ul style="list-style-type: none"> •memory •spatial orientation 	<ul style="list-style-type: none"> •Amnesias •Korsakoff's syndrome •Mild Cognitive impairment •Alzheimer's disease (early) •Balint syndrome
Temporo-amygdala-orbitofrontal	<ul style="list-style-type: none"> •Behavioural inhibition •Memory for temporally complex visual information •Olfactory-gustatory-visceral functions •Multimodal sensory integration •Object-reward association learning •Outcome monitoring 	<ul style="list-style-type: none"> •Alzheimer's Disease (advanced) •Semantic dementia •Klüver-Bucy syndrome •Temporal lobe epilepsy •Geschwind's syndromes •Psychopathy •Bipolar affective disorders
Dorsomedial default network	<ul style="list-style-type: none"> •Pain perception •Self-knowledge •Attention •Mentalizing •Empathy •Response selection and action monitoring •Autobiographical memory •Person perception 	<ul style="list-style-type: none"> •Depression •Autism •Schizophrenia •Obsessive compulsive disorder •Mild Cognitive Impairment •Alzheimer's Disease (early) •Attention Deficit Hyperactivity Disorder •Anxiety

Spatial Heterogeneity of Source Correlations

Cuneus
62.75 mm

Y-Axis - Ordered Distance mm



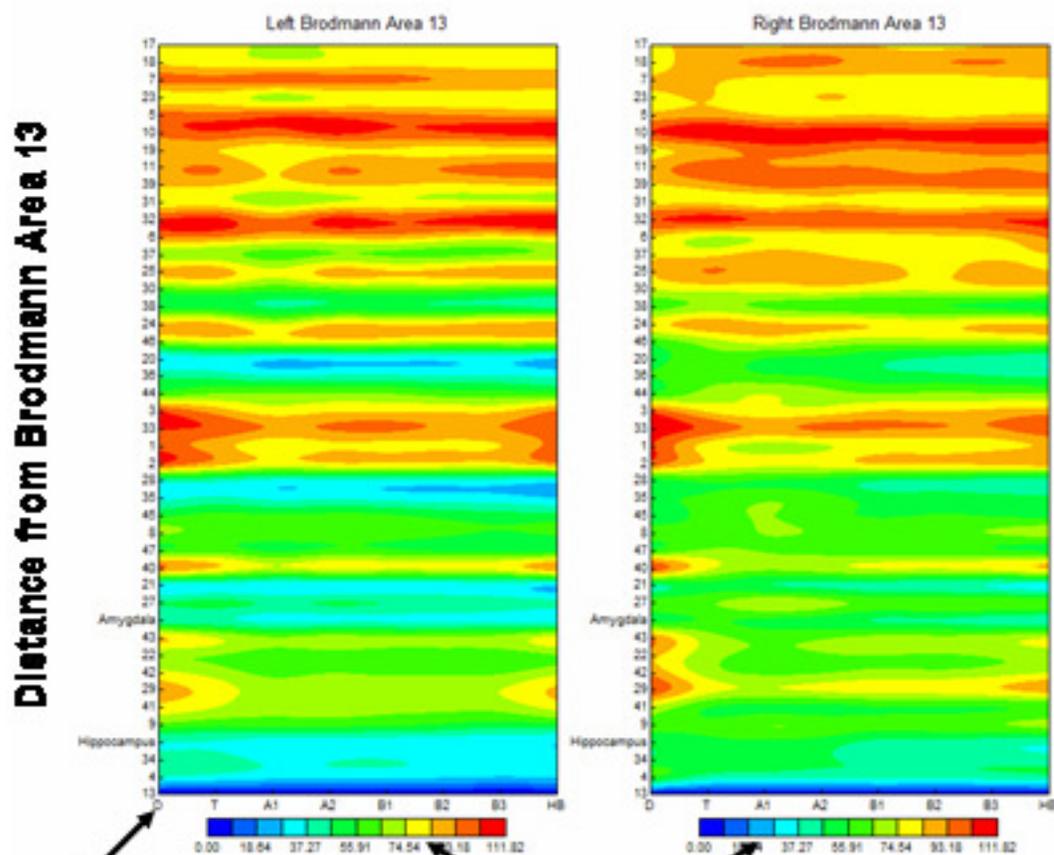
Post Central
Gyrus 0 mm

Z-Axis - LORETA Source Correlations

X-Axis
Frequency 1 to 40 Hz

Hypothesized
'U' Shaped
Connections

LORETA Absolute Phase



Distance from Brodmann Area 13

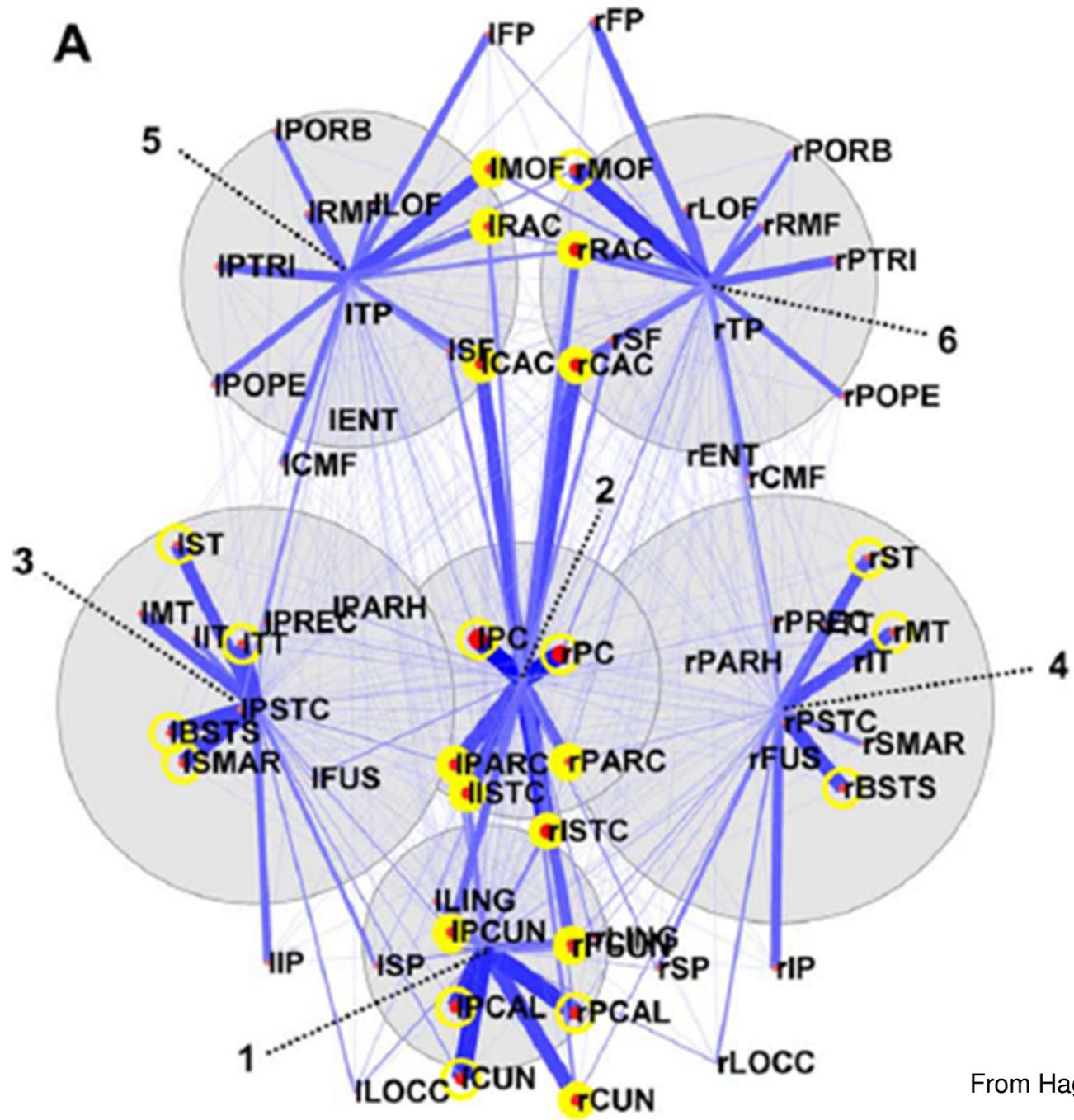
**Frequency Bands
(Delta to Hi-Beta)**

**Phase Difference (Deg)
(short to long differences)**

◆ **Human Brain Mapping 33:1062–1075 (2012)** ◆

Diffusion Spectral Imaging Modules Correlate With EEG LORETA Neuroimaging Modules

Robert W. Thatcher,* Duane M. North, and Carl J. Biver

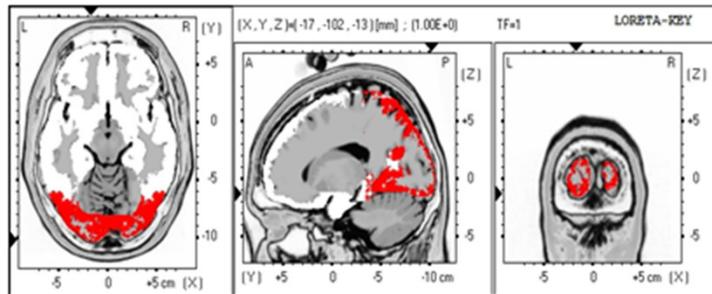


From Hagmann et al, 2008

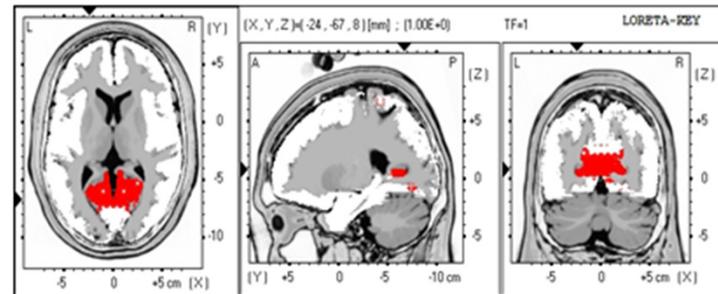
Correlations Between EEG Neuroimaging and Diffusion Spectral Imaging (DTI)

Hagmann et al. Modules

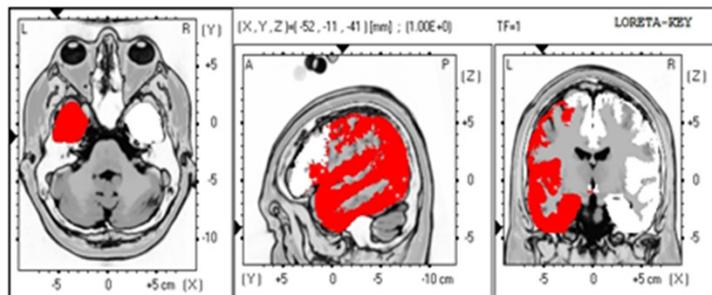
MOD 1



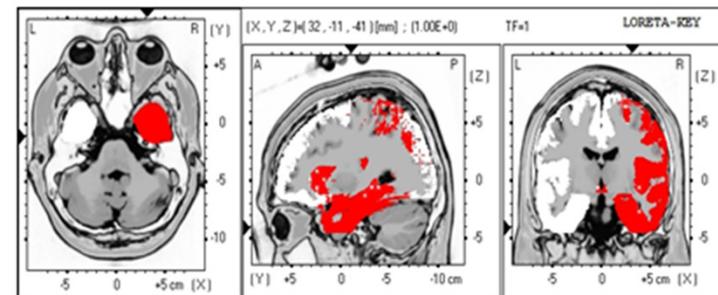
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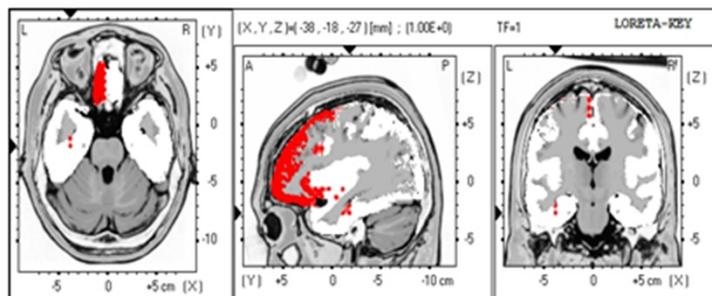
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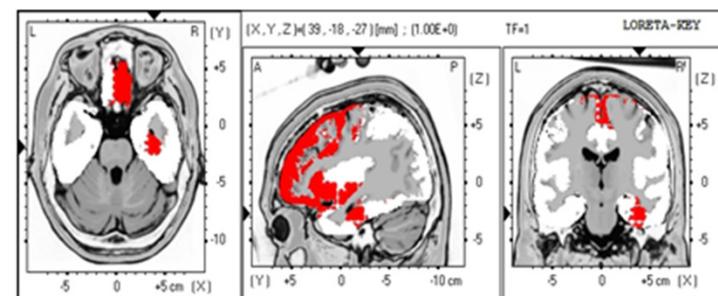
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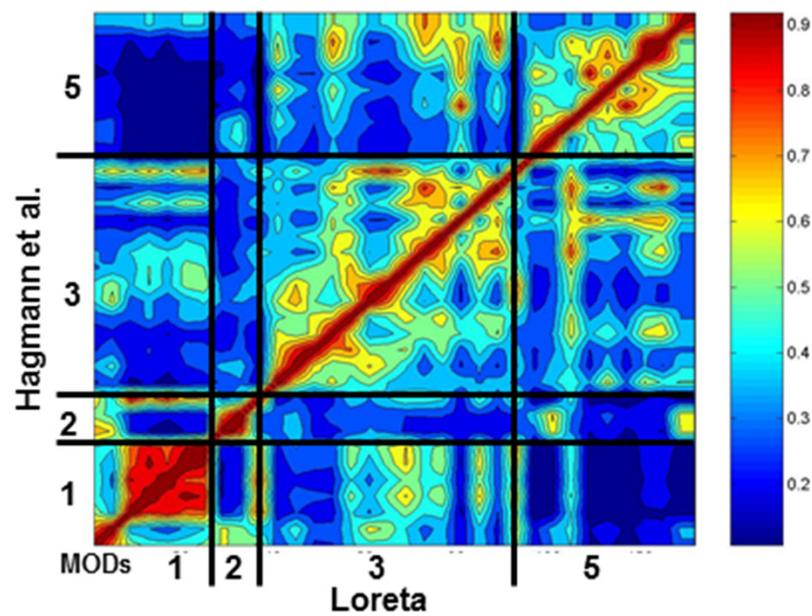
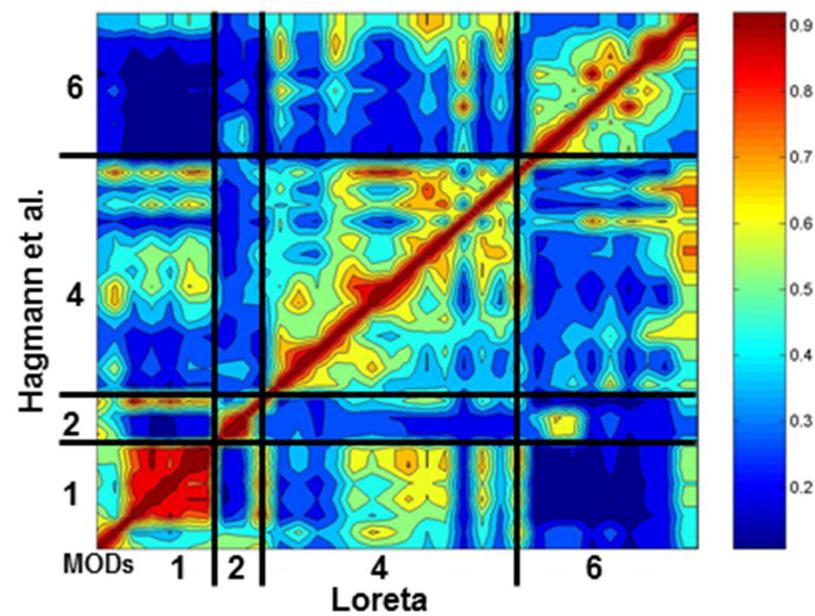
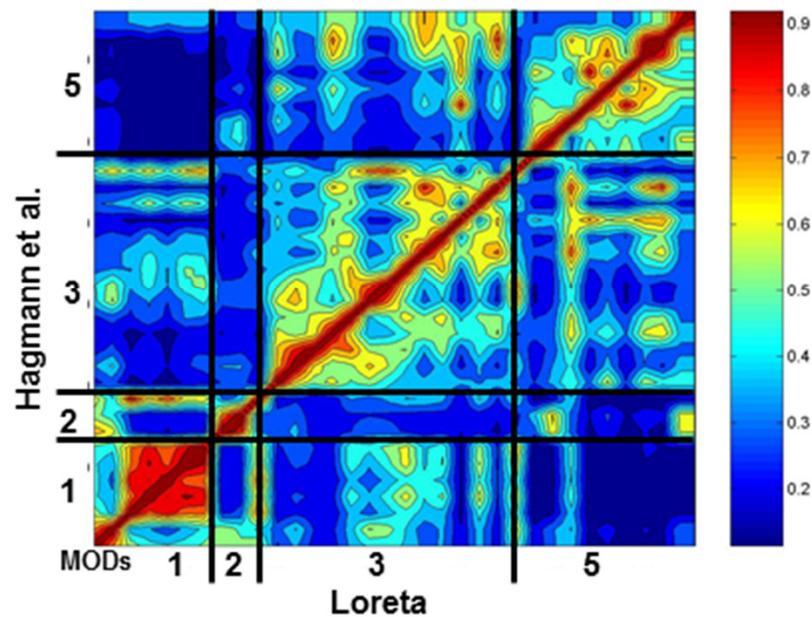
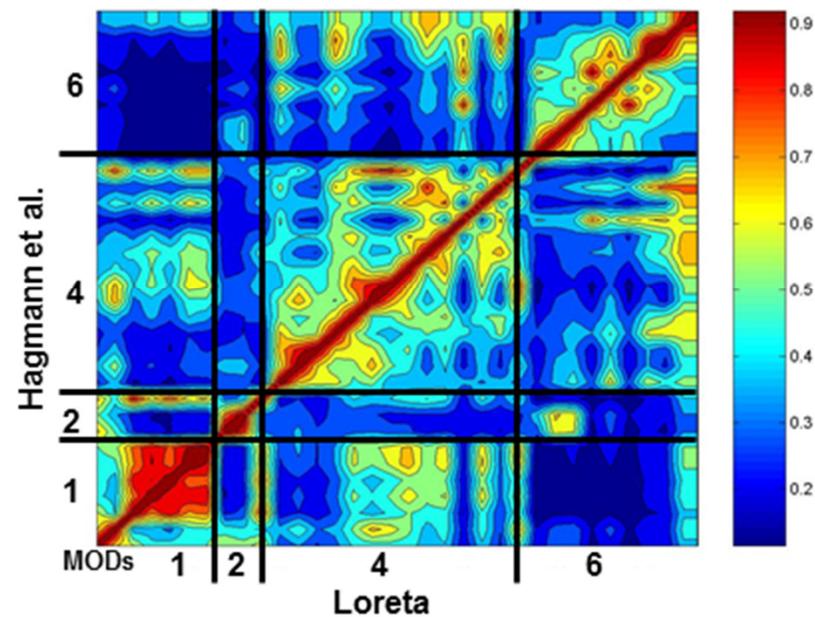


MOD 5



MOD 6



EC_LEFT**EC_RIGHT****EO_LEFT****EO_RIGHT**

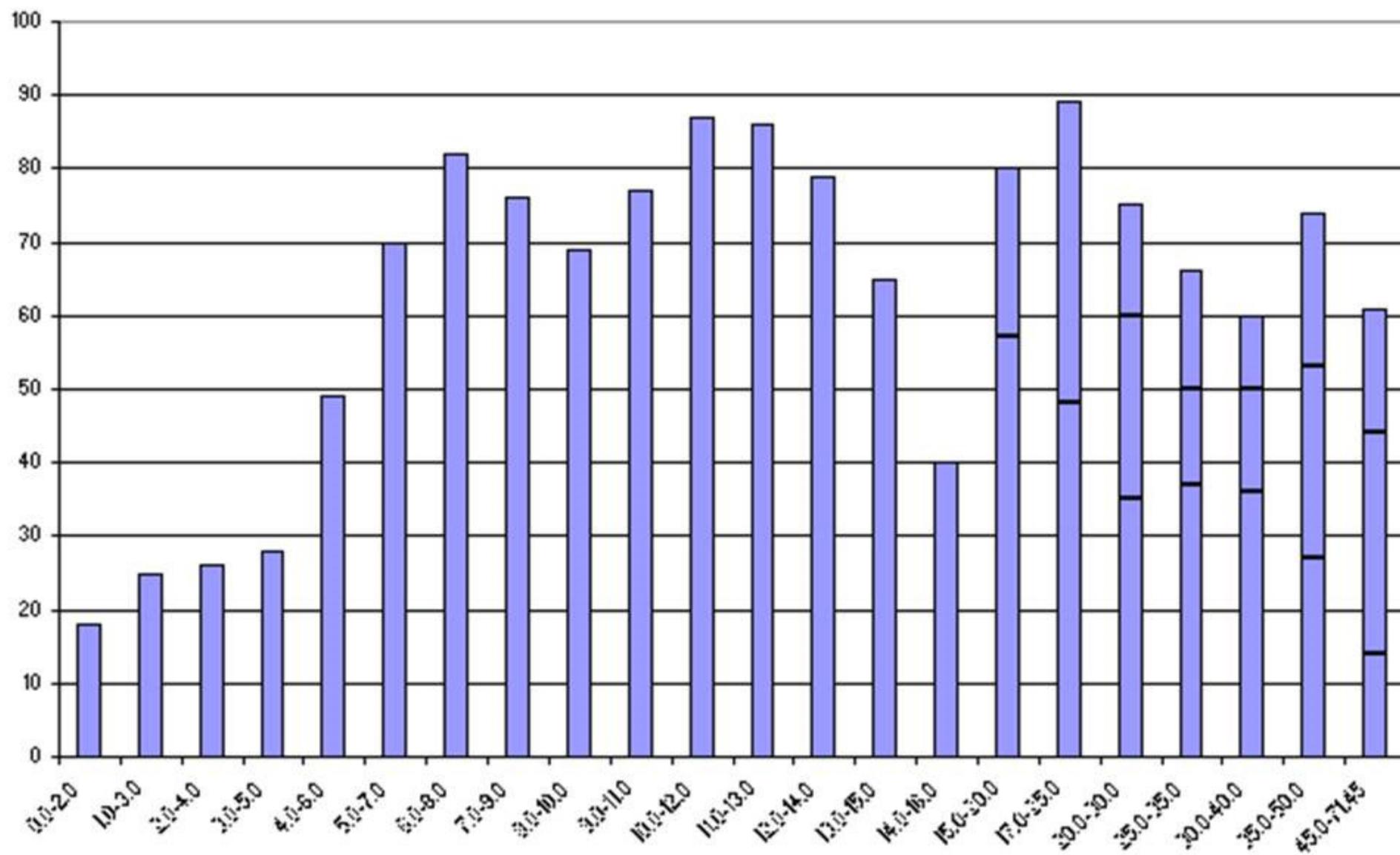
Published as a chapter in “Introduction to QEEG and Neurofeedback: Advanced Theory and Applications” Thomas Budzinsky, H. Budzinski, J. Evans and A. Abarbanel editors, Academic Press, San Diego, Calif, 2008.

HISTORY OF THE SCIENTIFIC STANDARDS OF QEEG NORMATIVE DATABASES

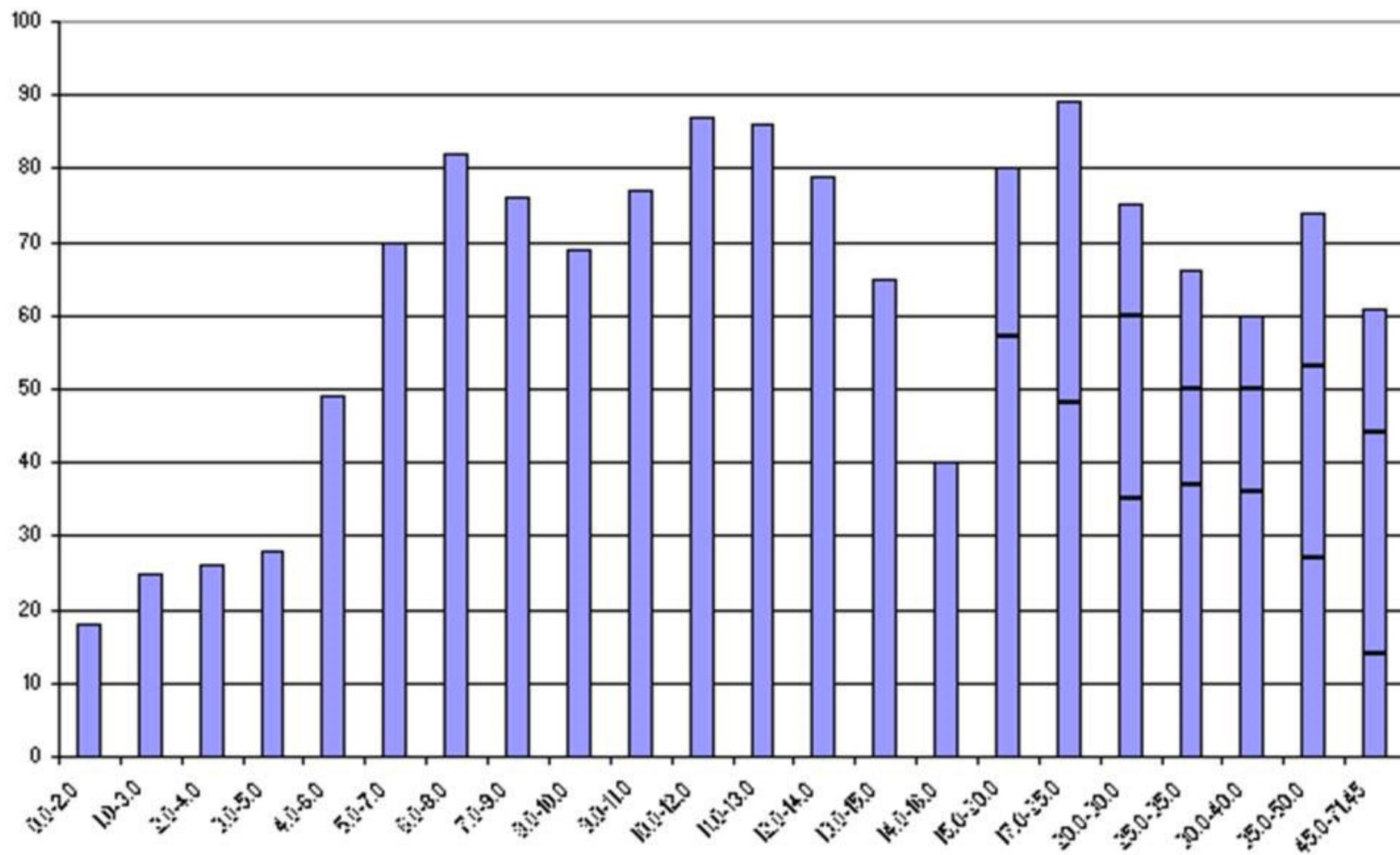
Thatcher, R.W.^{1,2} and Lubar, J.F.³

Department of Neurology, University of South Florida College of Medicine, Tampa, Fl.¹ and EEG and NeuroImaging Laboratory, Applied Neuroscience, Inc., St. Petersburg, Fl² , Brain Research and Neuropsychology Lab, University of Tennessee, Knoxville, TN³.

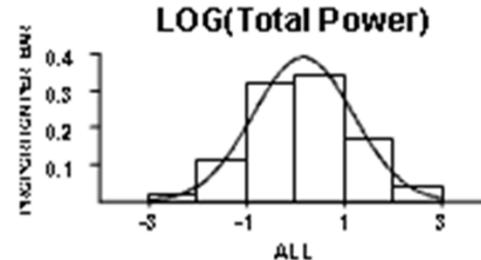
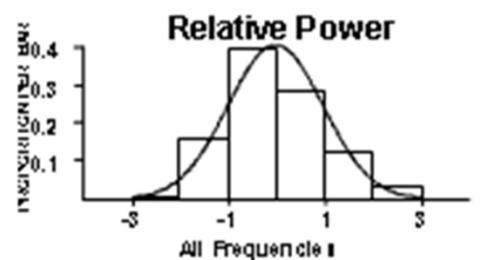
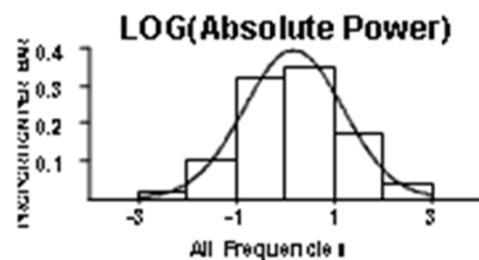
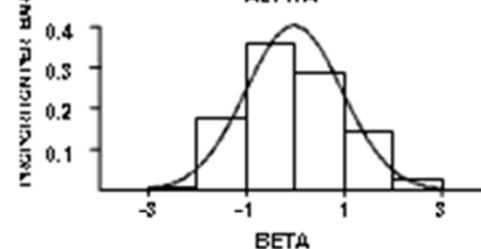
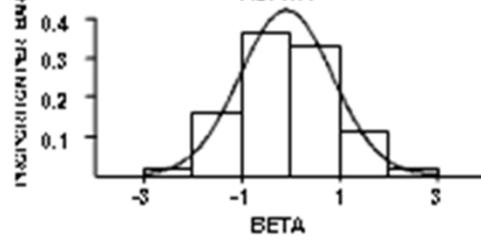
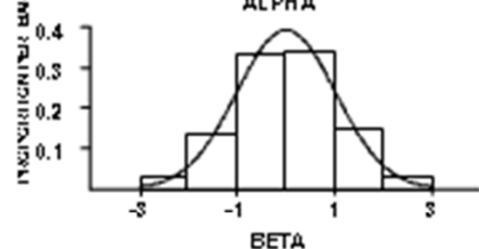
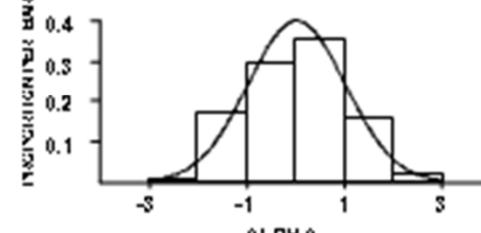
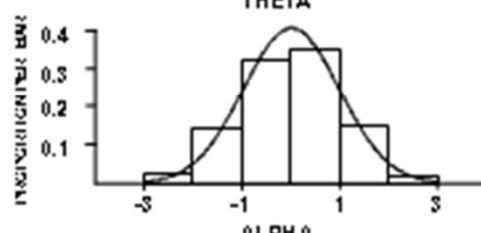
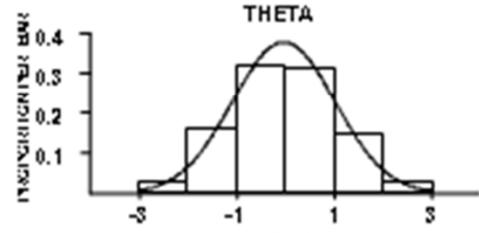
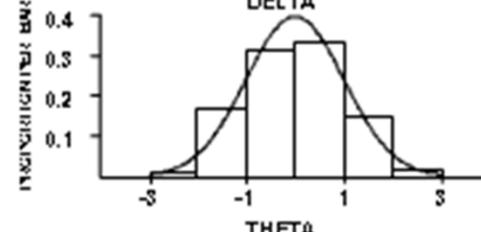
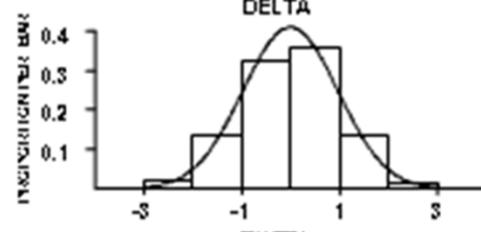
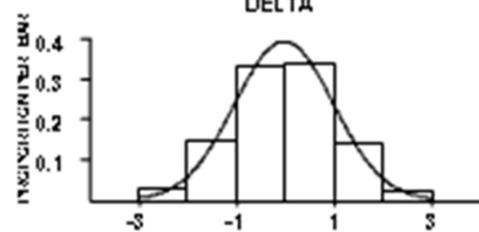
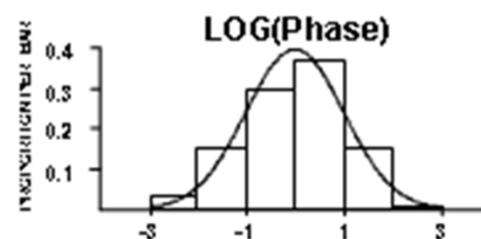
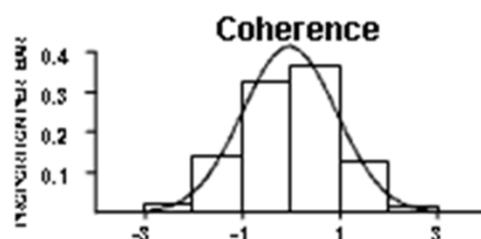
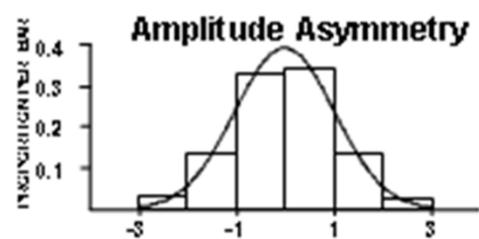
NORMATIVE DATABASE N = 727 Subjects as of 8/24/2011



NORMATIVE DATABASE N = 727 Subjects as of 8/24/2011

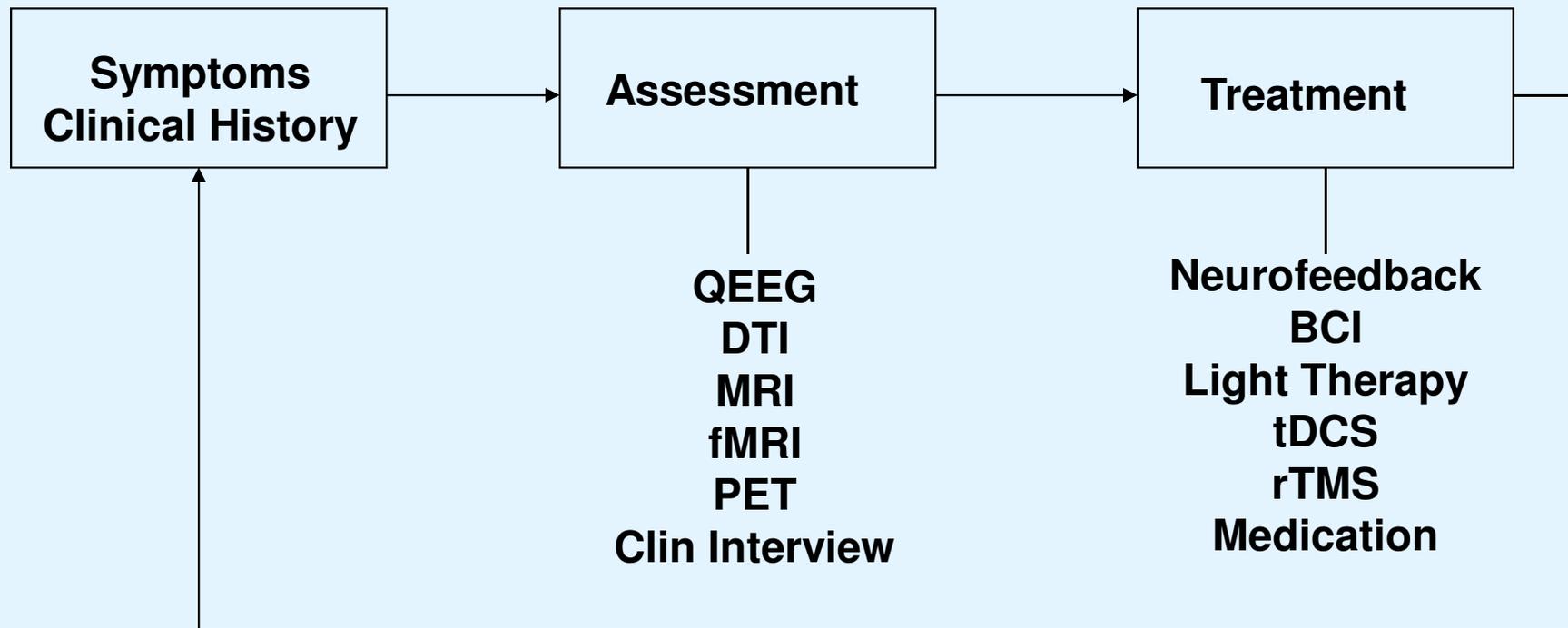


Cross-Validation Birth to 82 Year EEG Normative Database

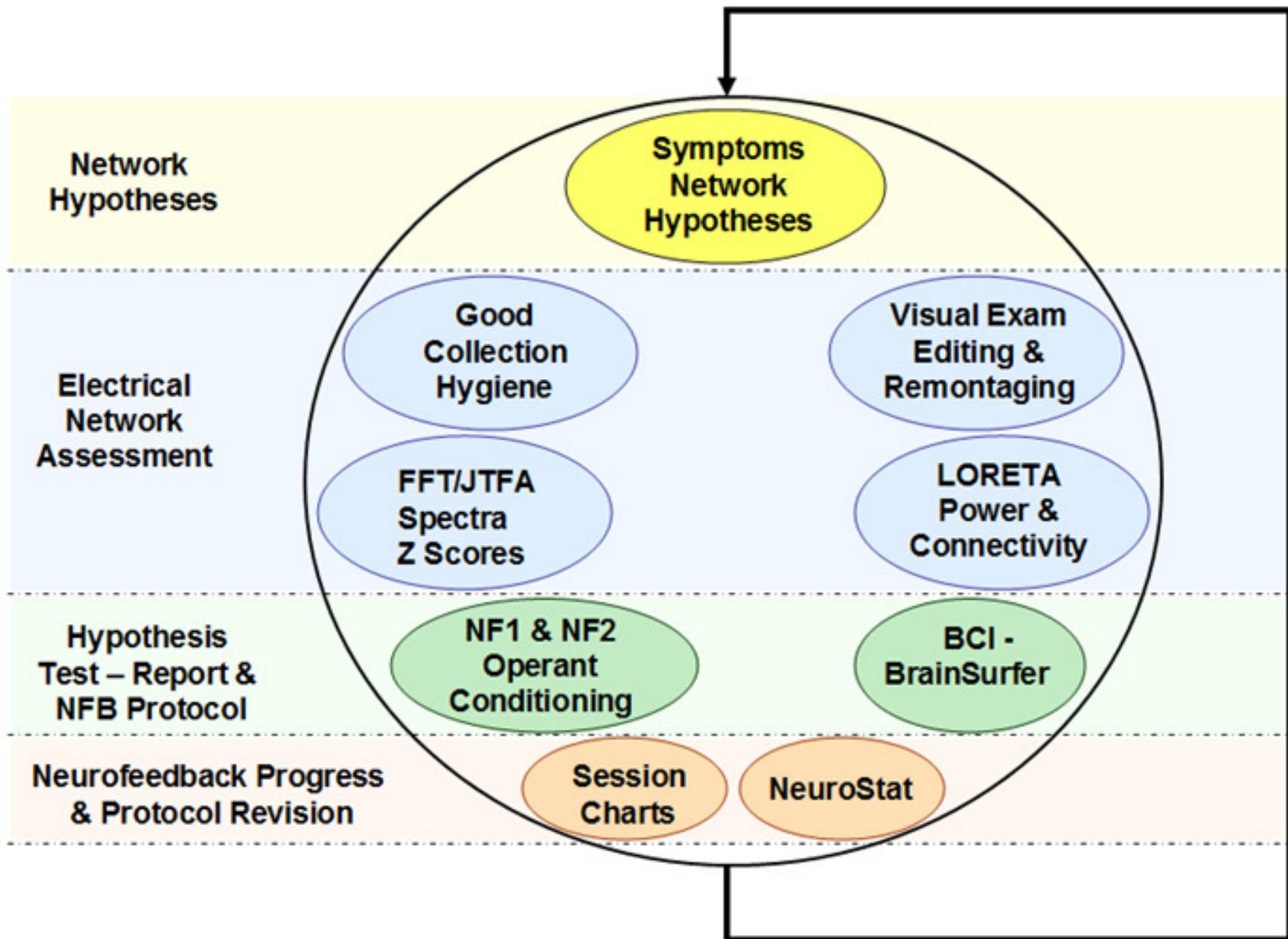


Essential Steps in Helping Patients with Neurological/Psychological Problems

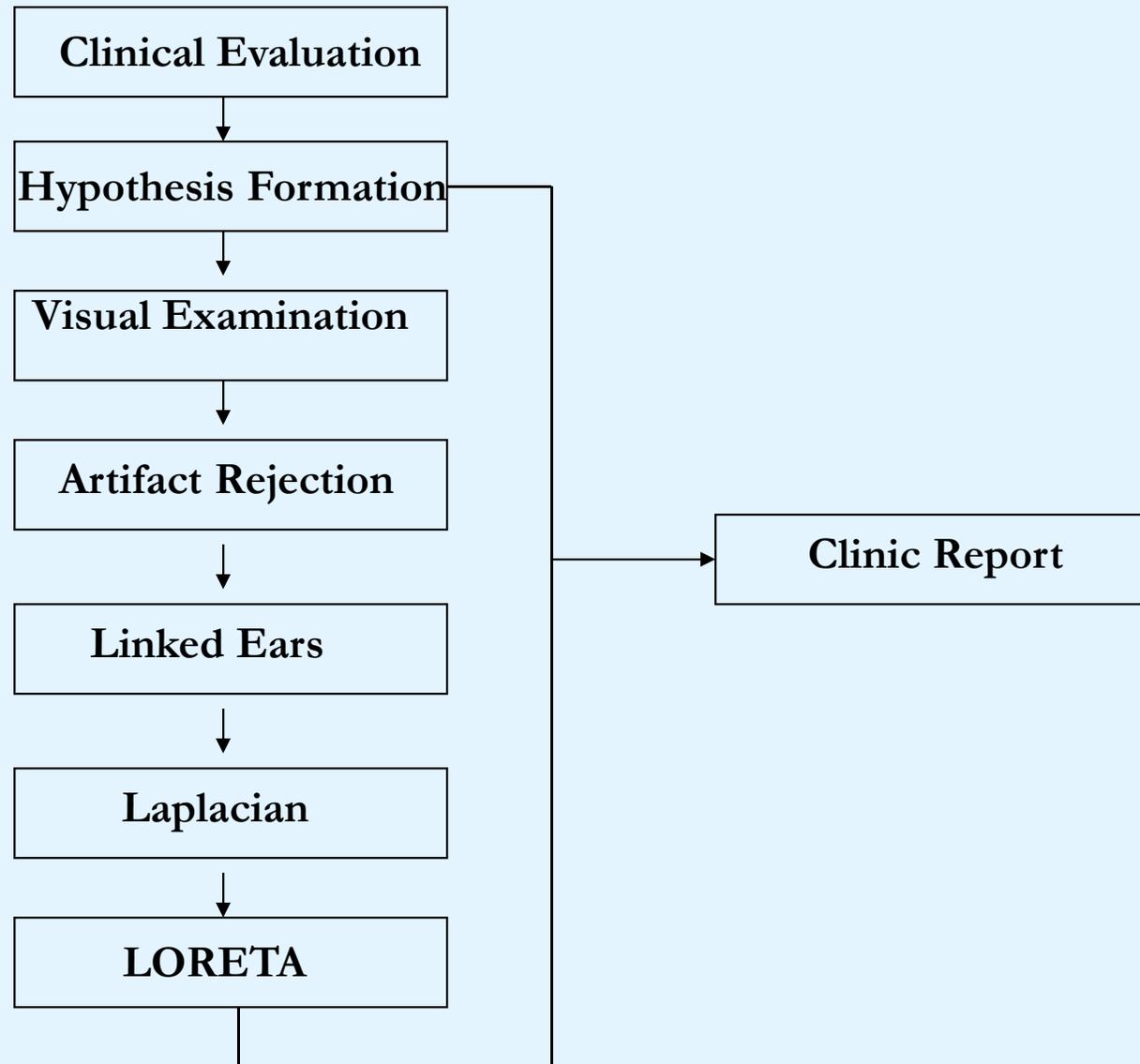
Assess, Address, Reassess ...



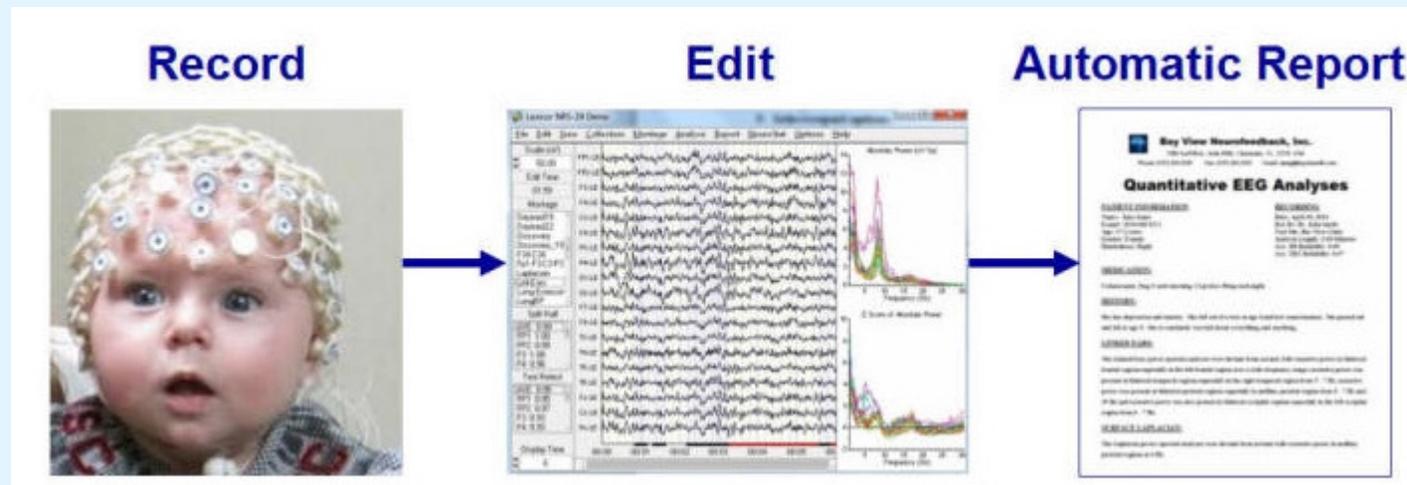
Linking Patient's Symptoms to Patient's Brain



QEEG Report Generation Sequence

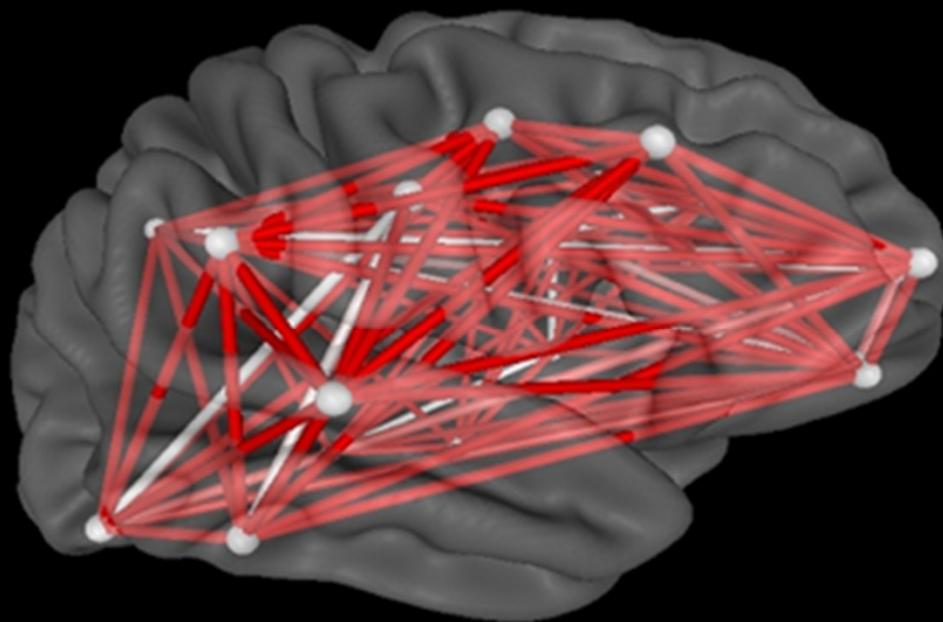


Automatic Clinical Report Writer (ACR)



- No Delays with Minimal Expense for a Professional Quality In-House QEEG Clinical Report
- Less than One Minute to Produce a Professional QEEG Clinical Report, in Microsoft Word format
 - ACR Provides: Empowerment, Simplicity, Accuracy & Efficiency!
- Get Valid Normative Database Comparisons using without Depending on Internet Q-EEG Report Services!
- Get Relevant Content and Displays, plus Helpful NFB Recommendations in Less than a Minute.
 - Increased Productivity by at Least 10 Fold, e.g. Ten Reports in an Hour!

NeuroLink by Applied Neuroscience, Inc



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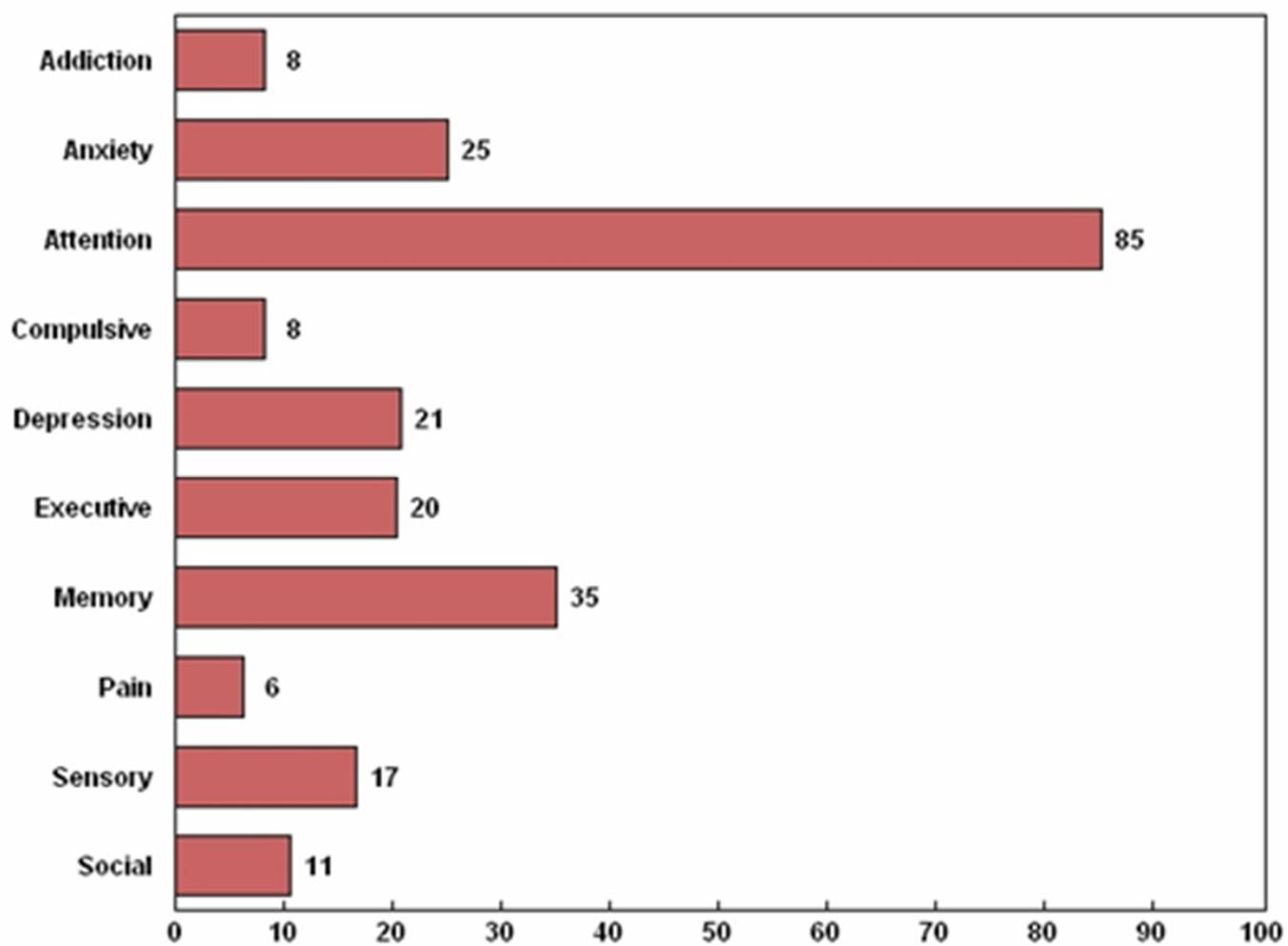
www.anineurolink.com

Press Any Key to Continue...

Subject ID: ID00001

Apr 16, 2015 04:22 pm

Severity Scores (%)



Help

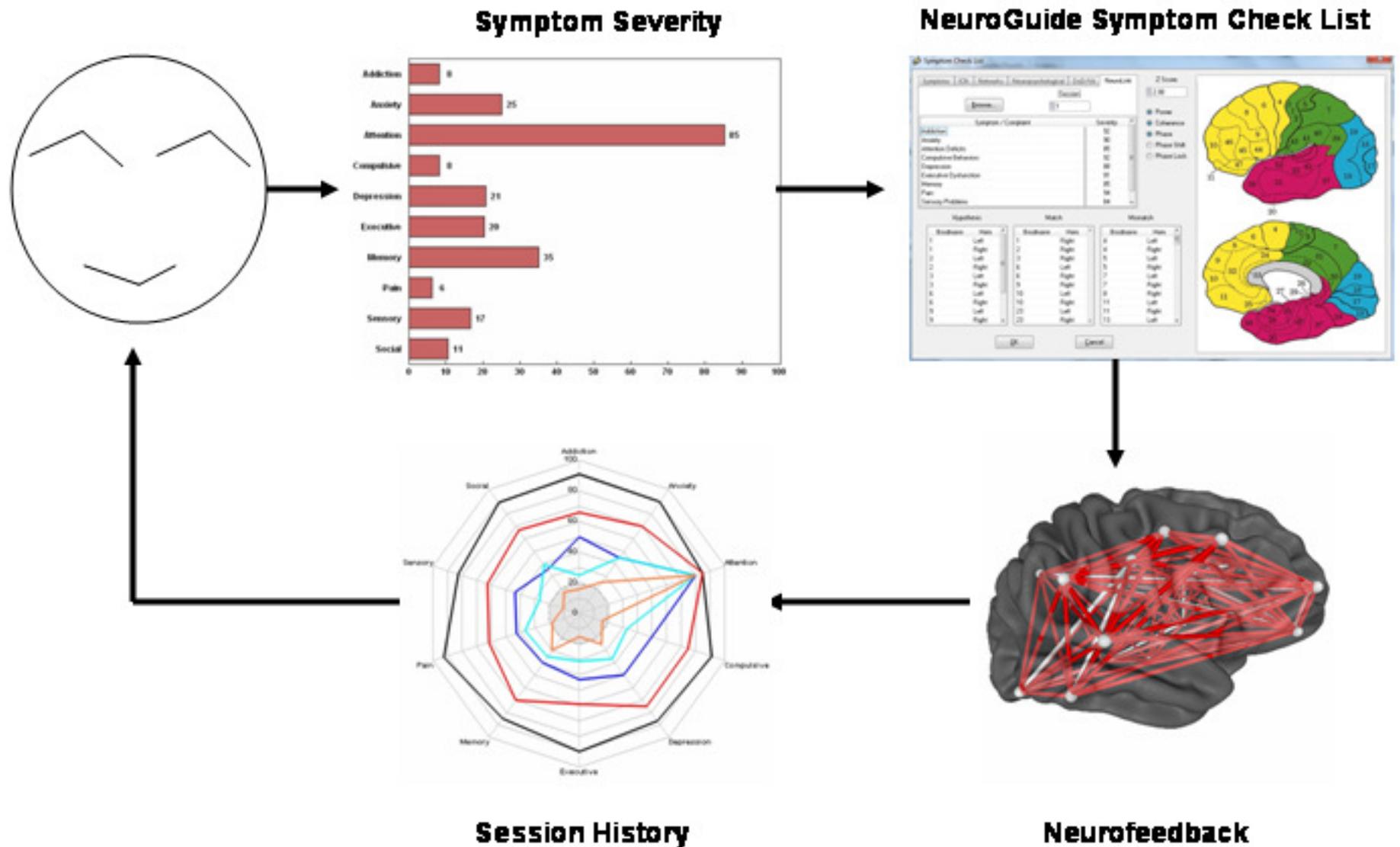
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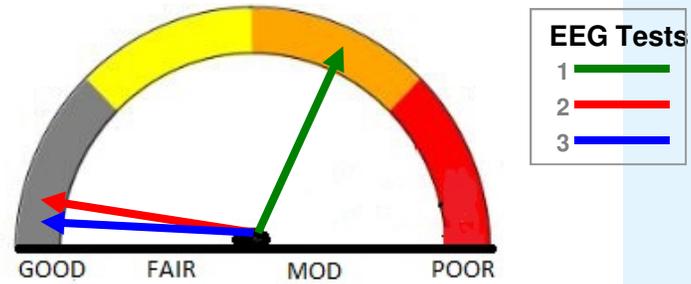
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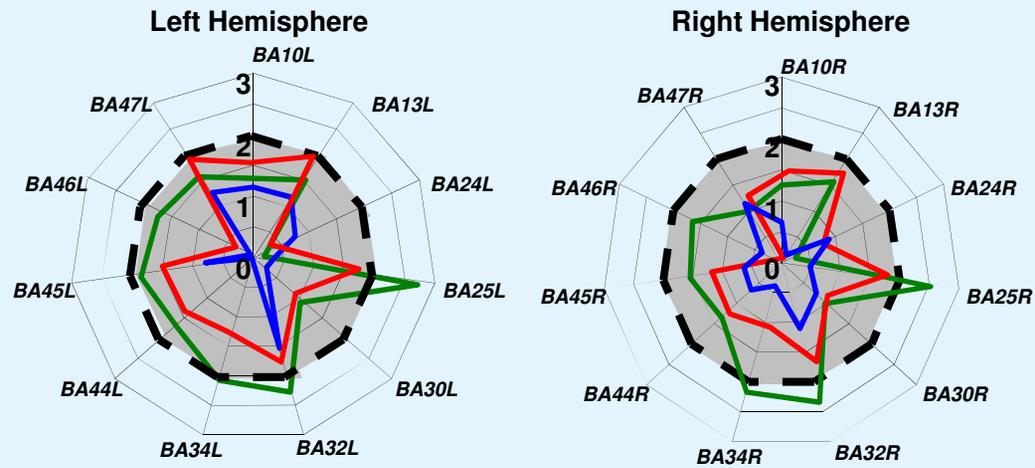
NeuroLink and NeuroGuide Integration – Linking Symptoms to the Brain



NeuroRehab Network Index



Addiction Network Z Scores

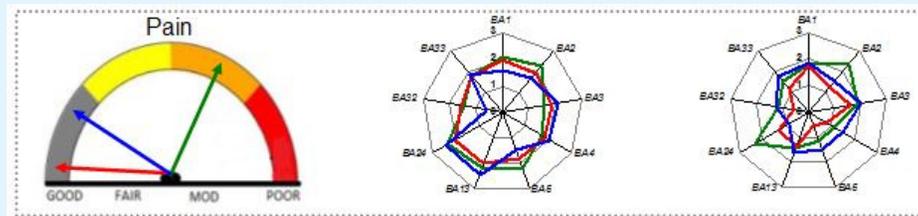
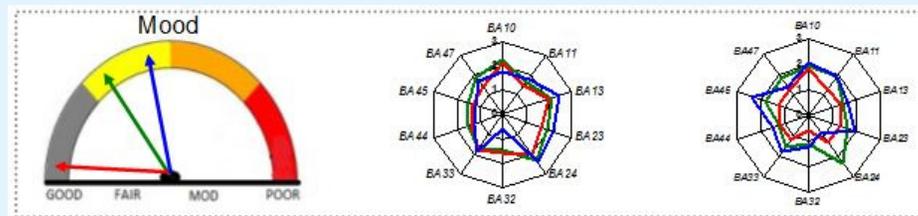
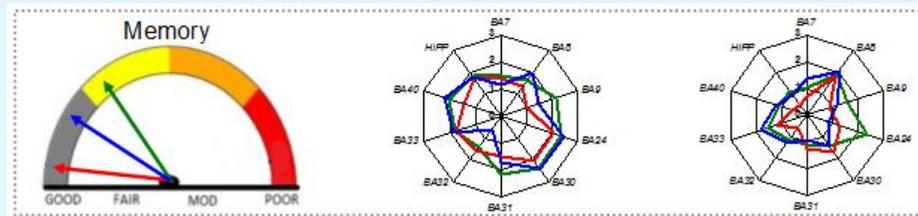
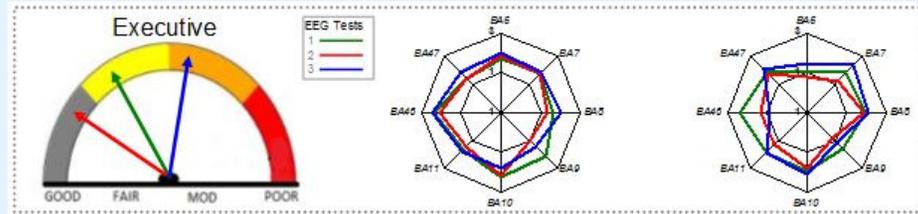


Rehabilitation History



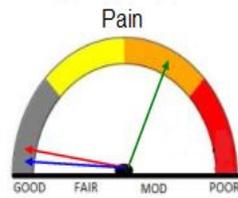
NeuroRehab Networks TM — Network Z Scores

Left Hemisphere — Right Hemisphere

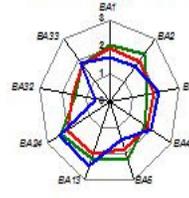


NeuroRehab Networks

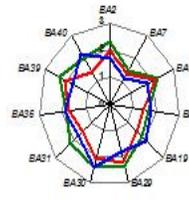
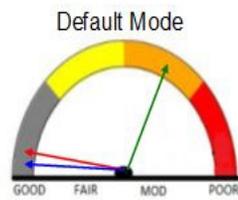
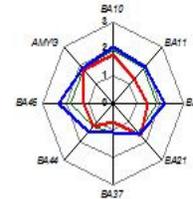
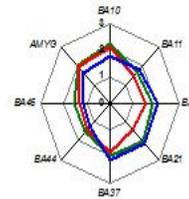
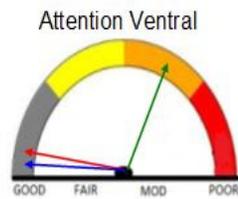
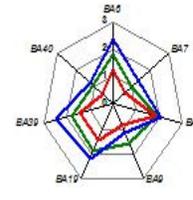
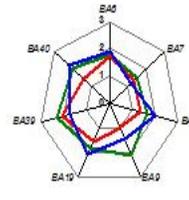
Network Z Scores



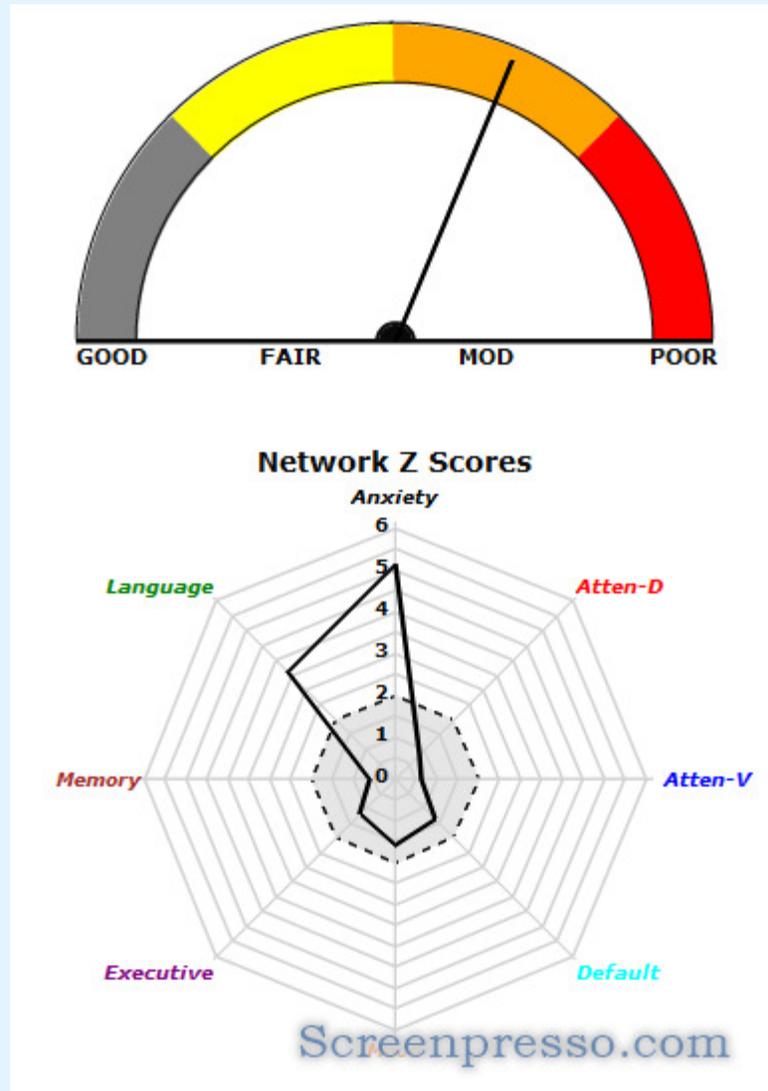
Left Hemisphere



Right Hemisphere



The BrainRehab Index



The BrainRehabilitator™

Portable System

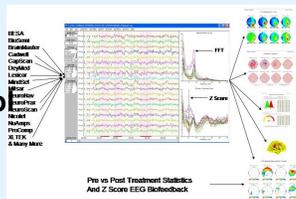
Assessment

Treatment

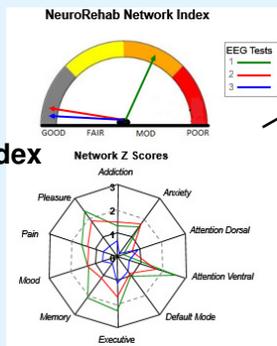
Dry EEG Headset



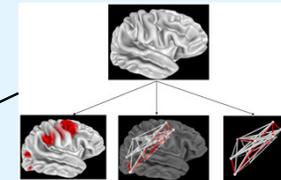
EEG Control



BrainRehab Index



NeuroFeedback

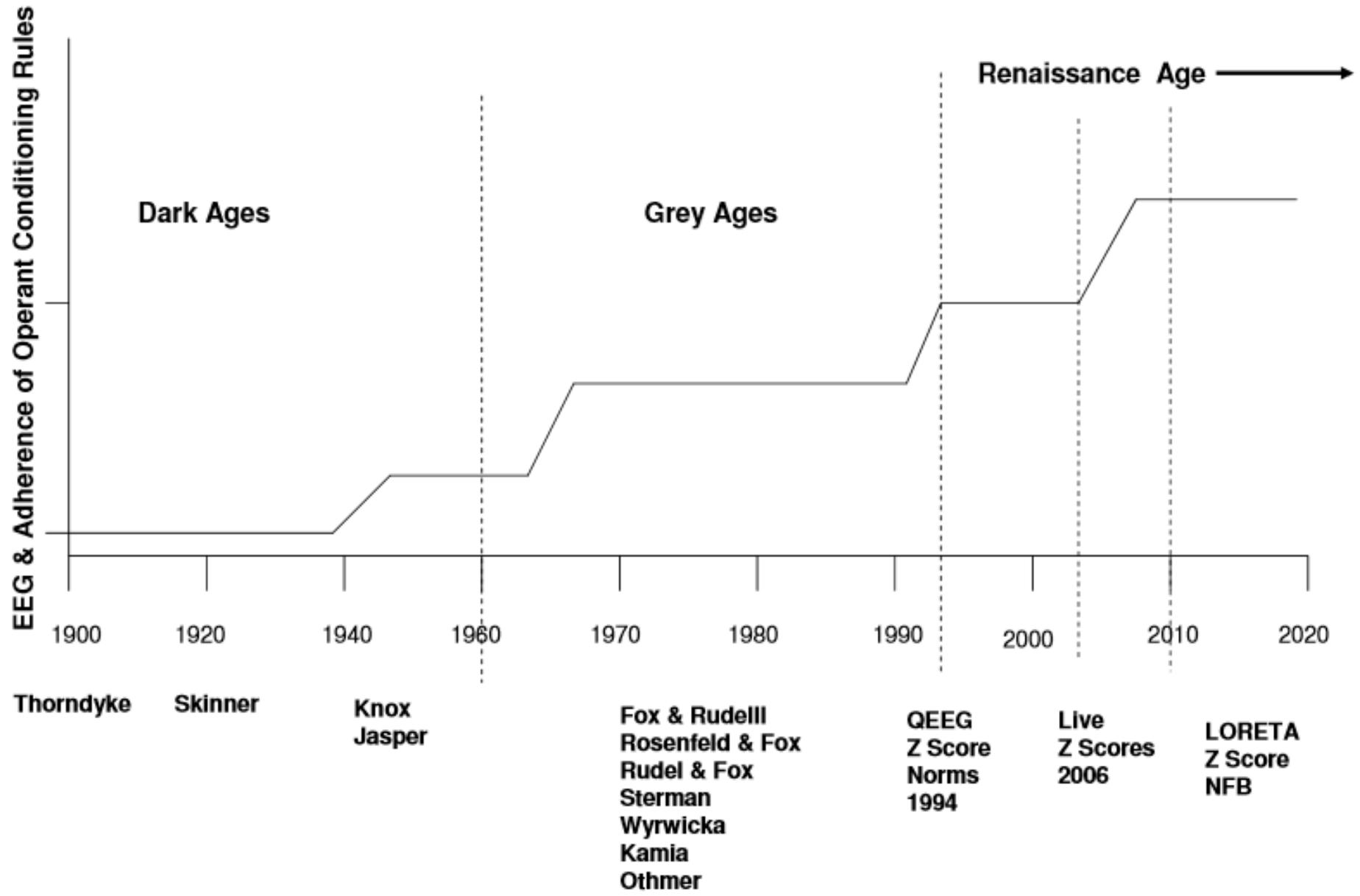


Photobiomodulation



Electrical Brain Stimulation tDCS





What is the Future for Z Score Neurofeedback?

1- Expanding Number of Clinicians Using Z Score NFB

2- Expanding Number of Metrics:

a- Effective Connectivity

b- Cross-Frequency Coherence

c- Cross-Frequency Effective Connectivity

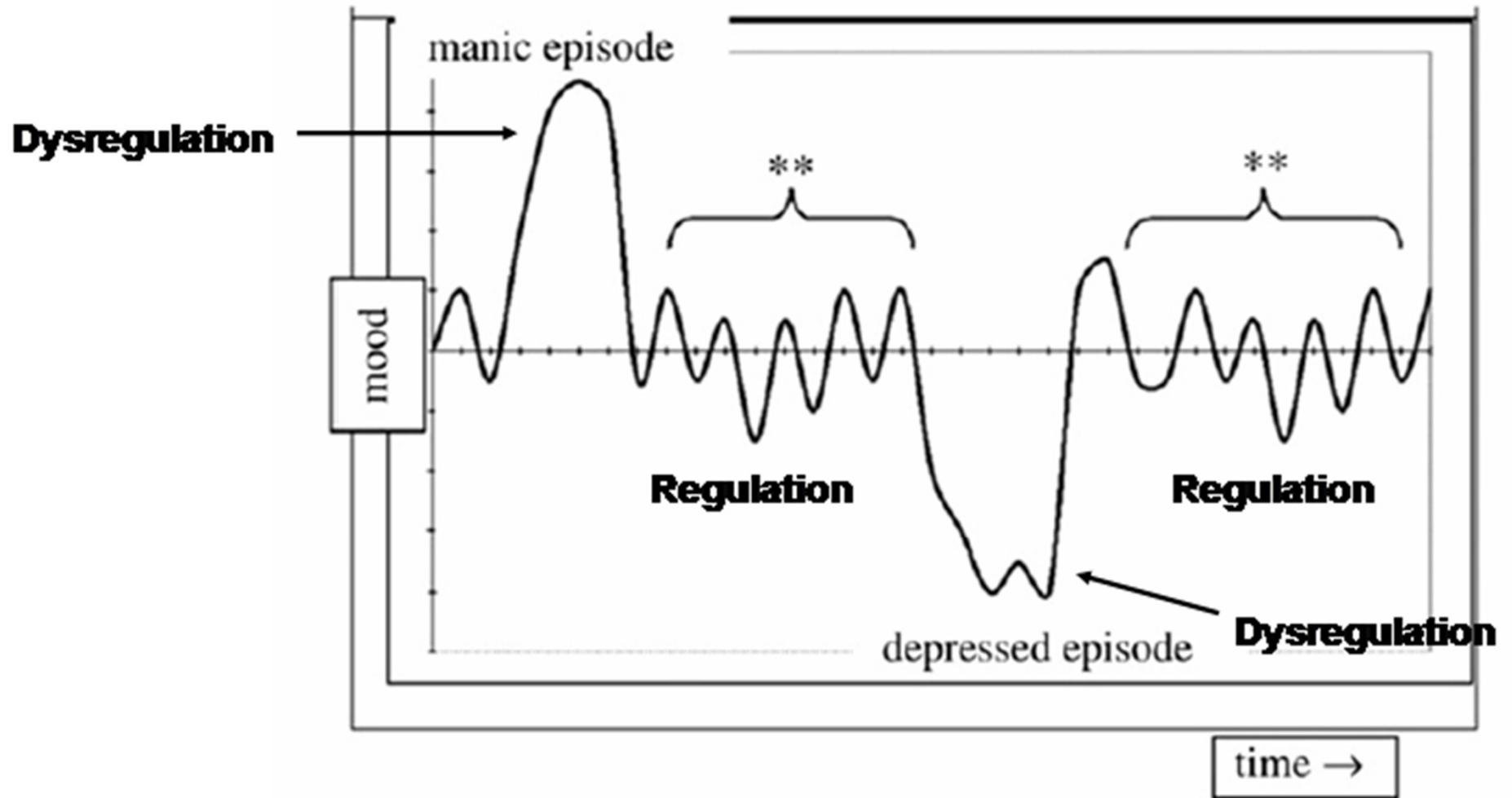
d- Phase Amplitude Cross-Frequency Coupling

e- swLORETA – Individualized MRI & NFB

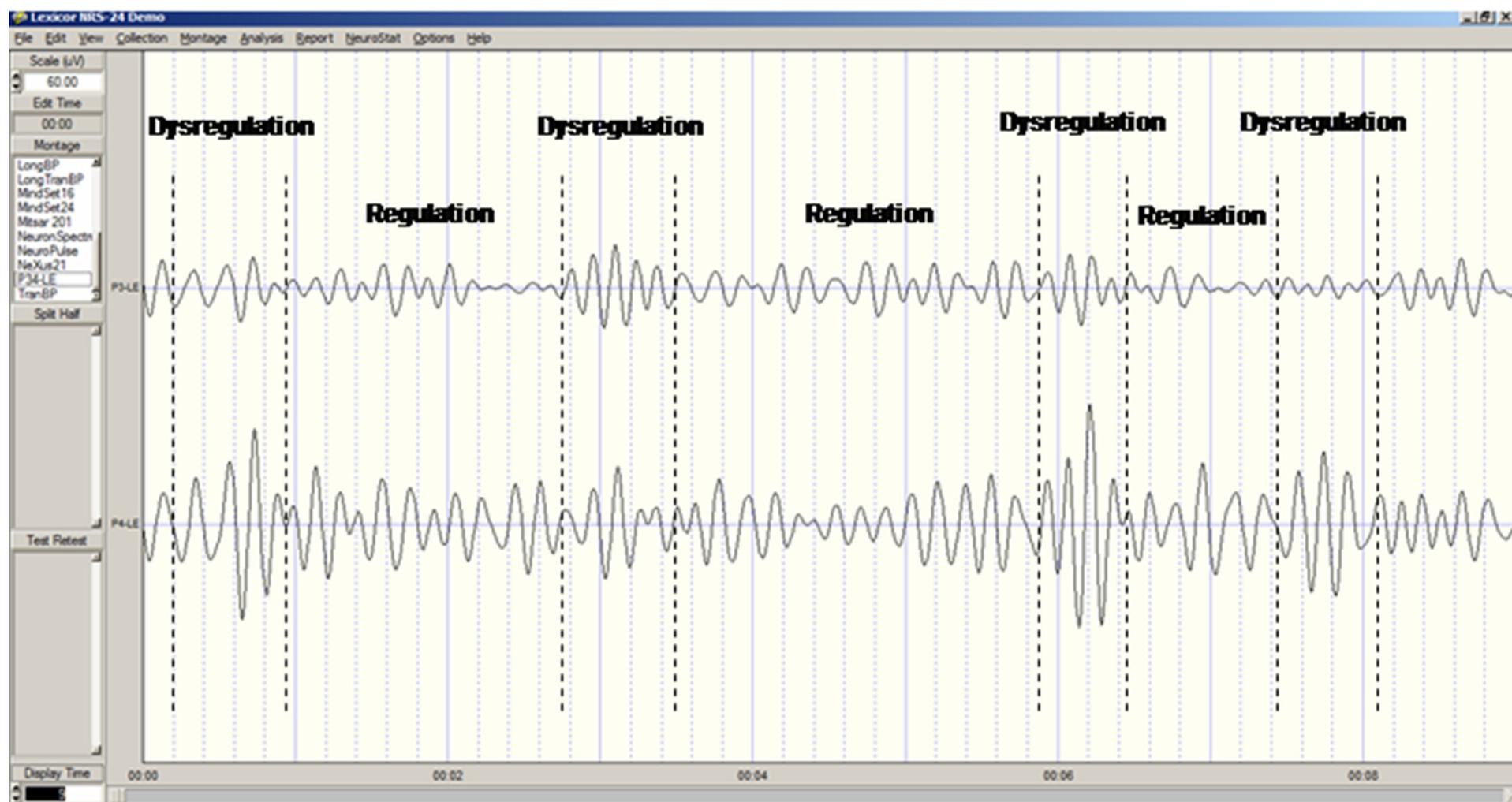
3- New Brain Imaging Technology

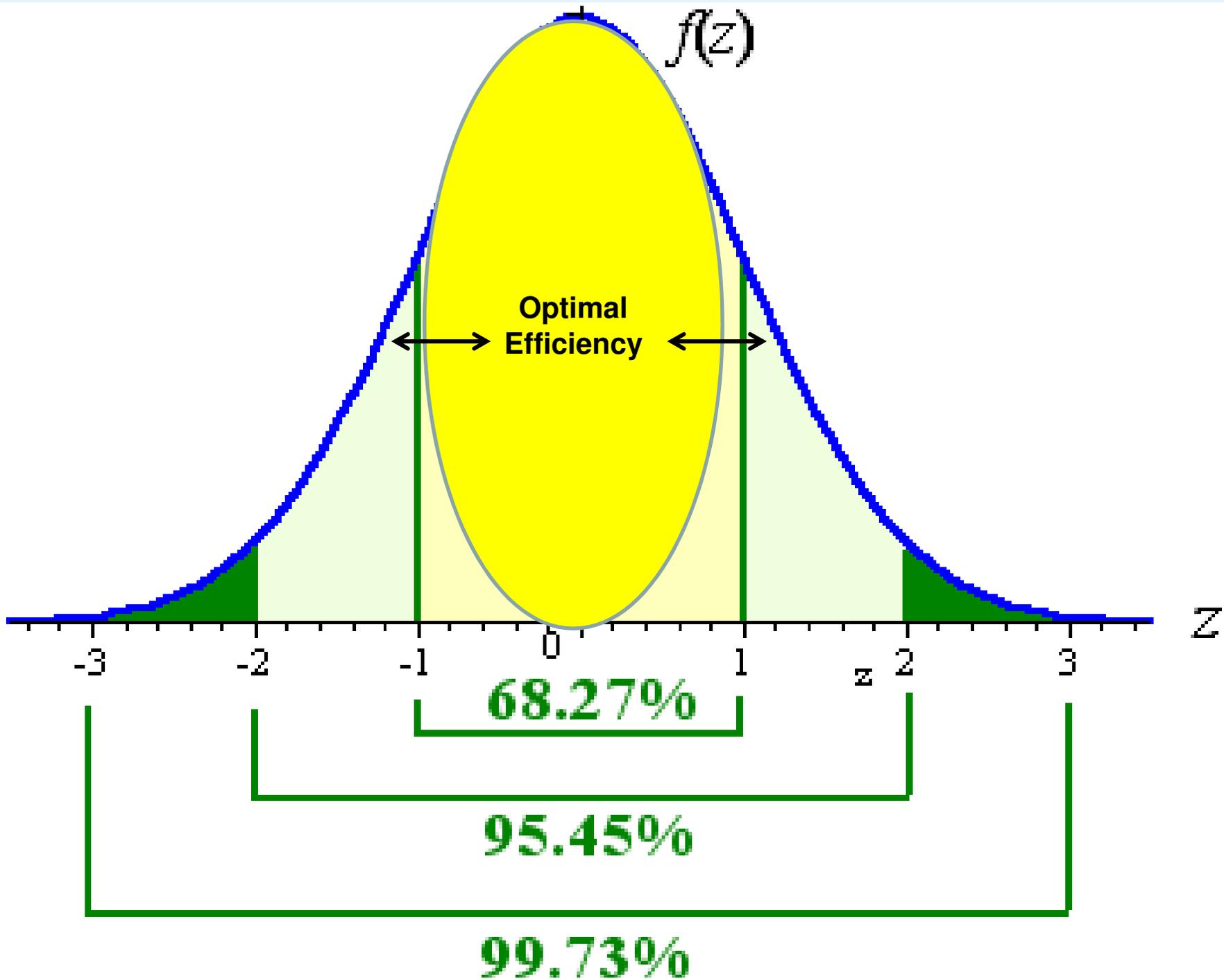
4- Smart Phone and Tablet Technology

Moment-to-Moment “Regulation” and “Dysregulation”

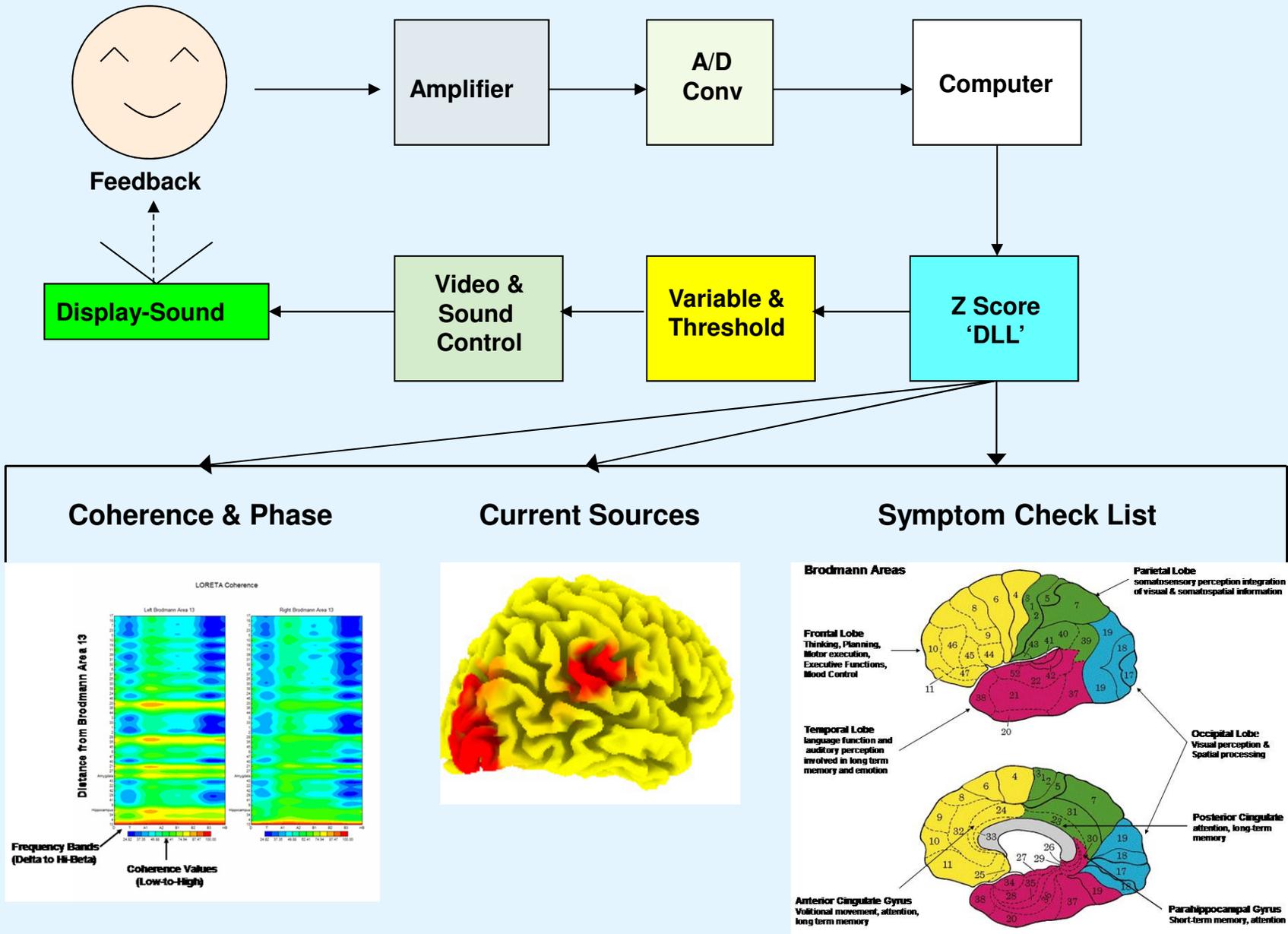


TBI Demo Right Parietal Lobe Alternating Degrees of Regulation Biofeedback's Goal is to Reduce the Frequency, Duration and Intensity of Dysregulation





Neuroimaging Neurofeedback - Fort Campbell



The impact of source-localized EEG phase neurofeedback on brain activity

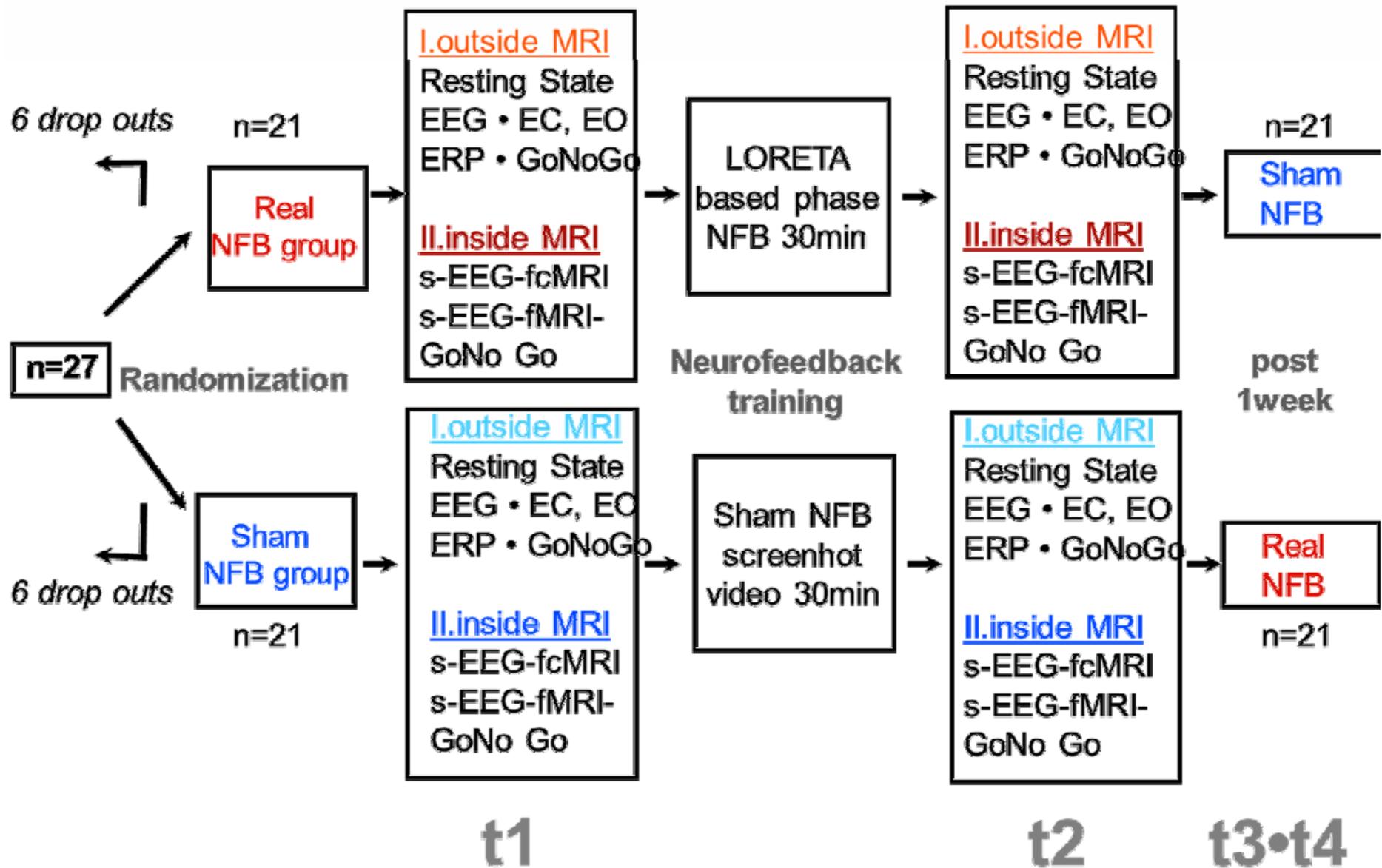
A double-blinded placebo-controlled study using simultaneously EEG-fMRI – preliminary results

Daniel Keeser

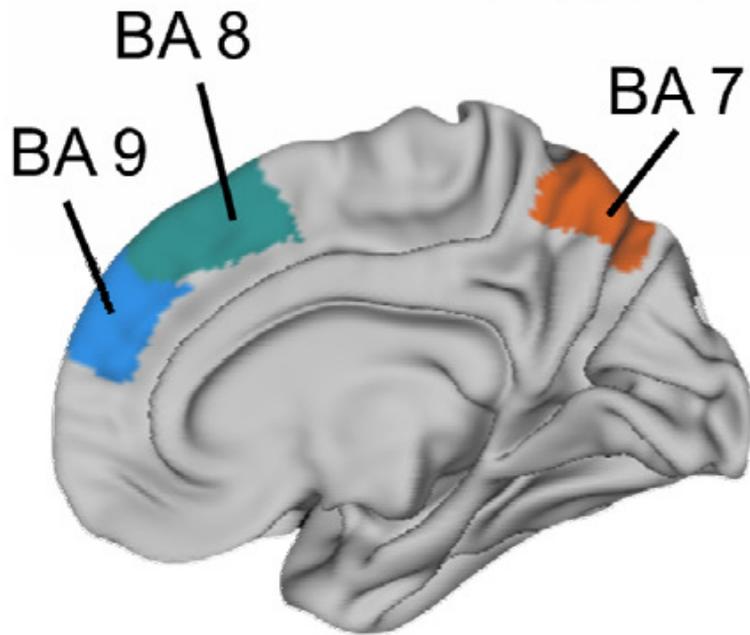
Valerie Kirsch, Boris Rauchmann, Brian Stamm, Paul Reidler, Robert Thatcher, Susanne Karch, Oliver Pogarell, Birgit Ertl-Wagner



s-EEG-fcMRI neurofeedback study design

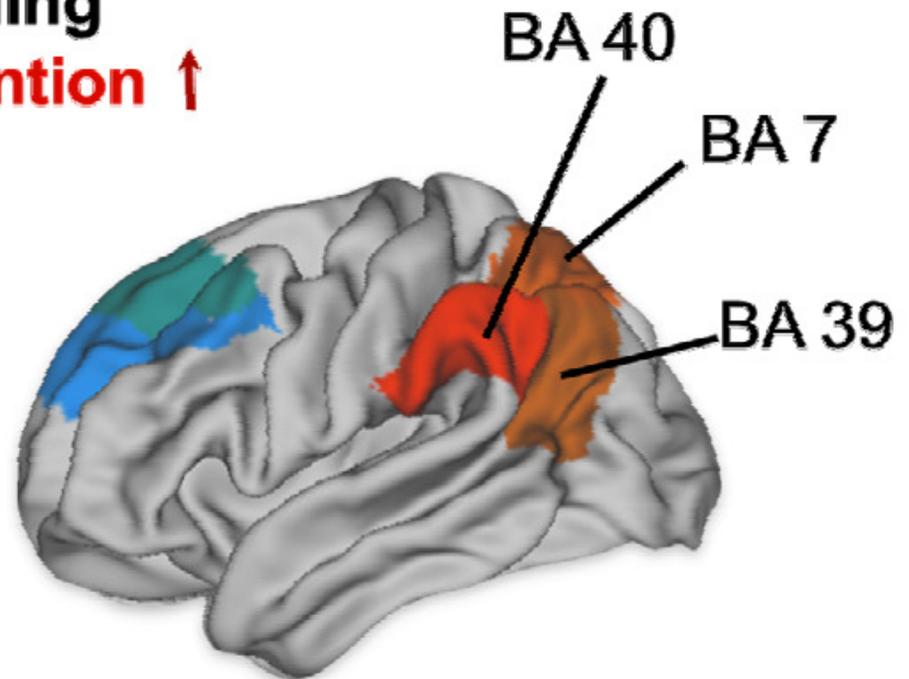
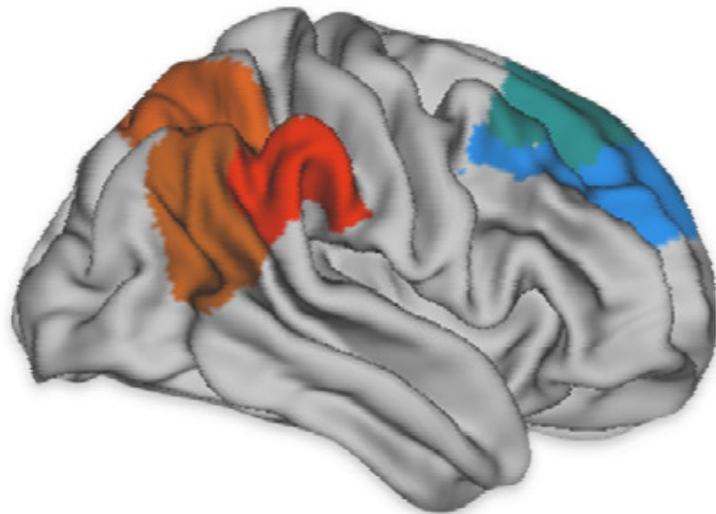


NFB protocol

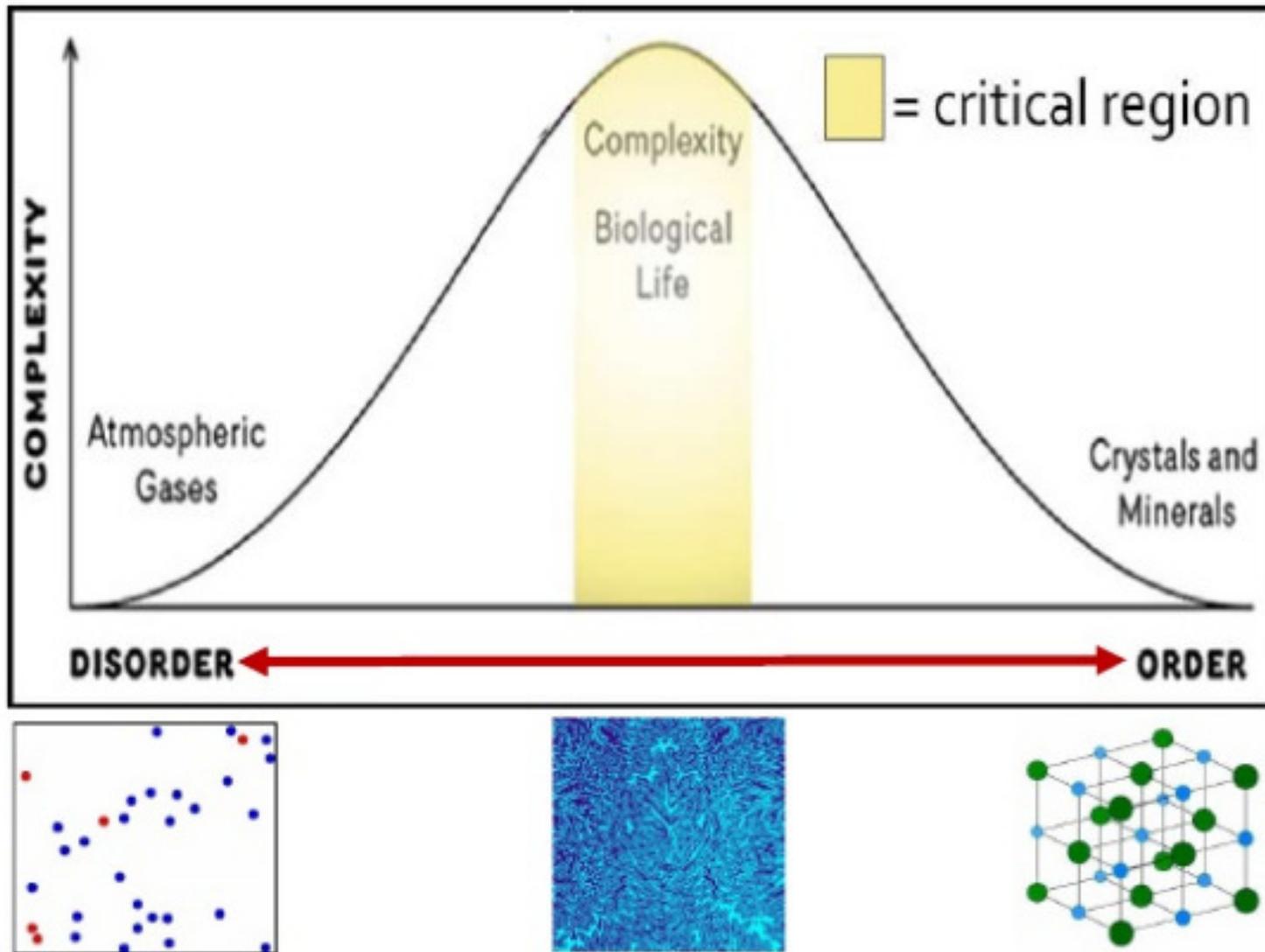


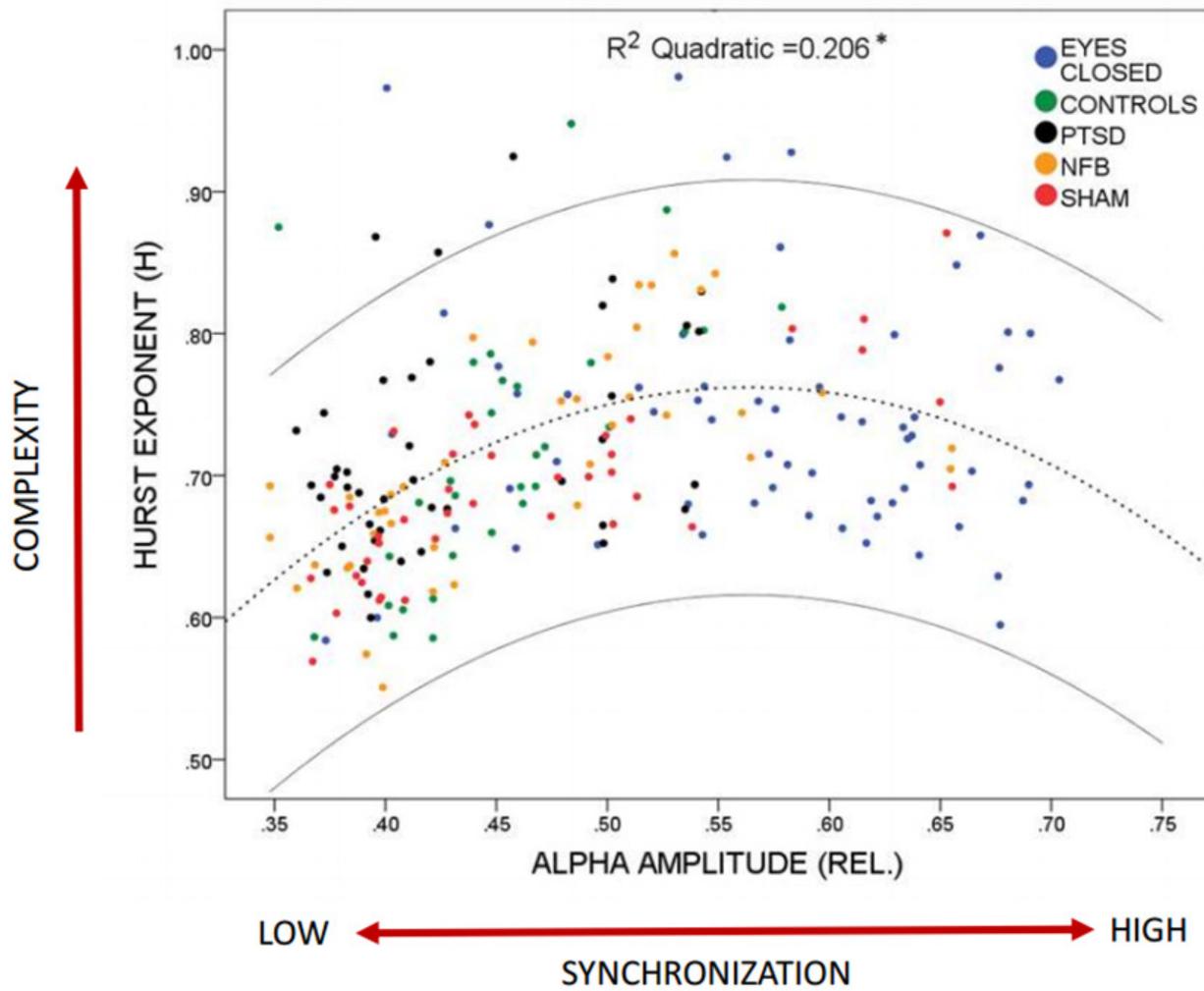
Alpha 1 (8-10 Hz)
Alpha 2 (10-12 Hz)
Beta 1 (12-15 Hz)

EEG phase
training
Attention ↑

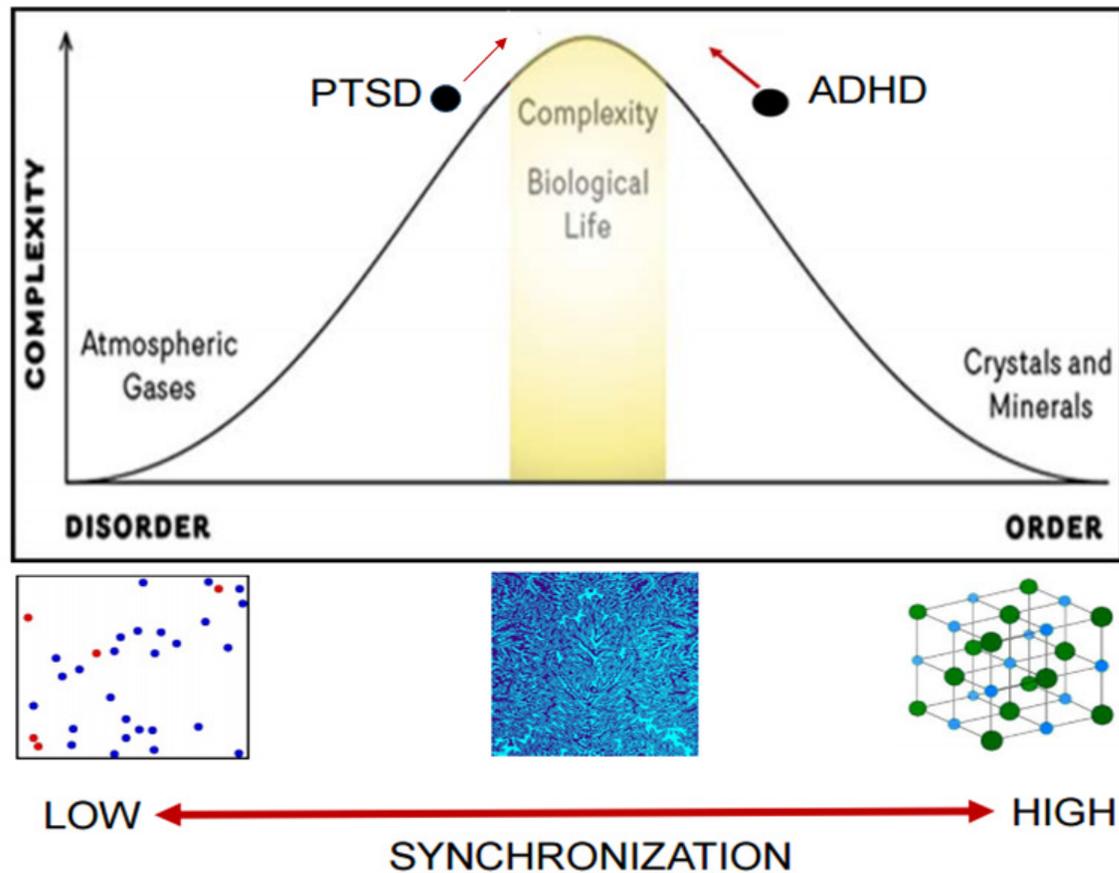


The Theory of Self-Organised Criticality





Self-Organised Criticality: a potential mechanism?





Tuning pathological brain oscillations with neurofeedback: a systems neuroscience framework

Tomas Ros^{1*}, Bernard J. Baars², Ruth A. Lanius³ and Patrik Vuilleumier¹

¹ *Laboratory for Neurology and Imaging of Cognition, Department of Neurosciences, University of Geneva, Geneva, Switzerland*

² *Theoretical Neurobiology, The Neurosciences Institute, La Jolla, CA, USA*

³ *Department of Psychiatry, University of Western Ontario, London, ON, Canada*

Edited by:

Martijn Arns, Research Institute Brainclinics, Netherlands

Reviewed by:

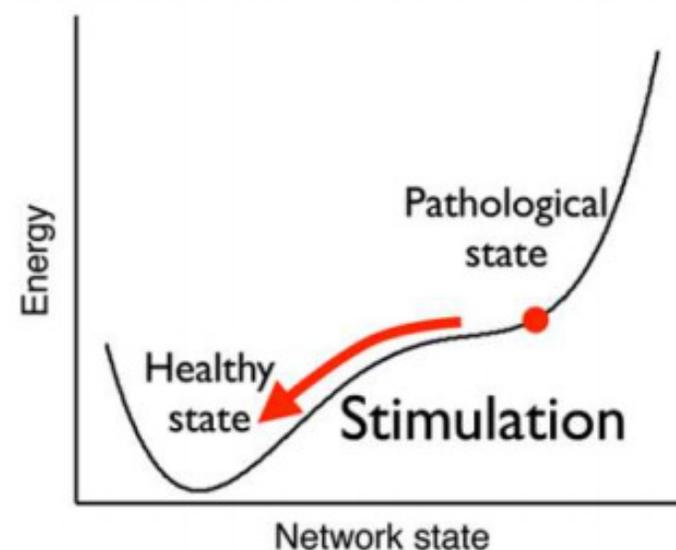
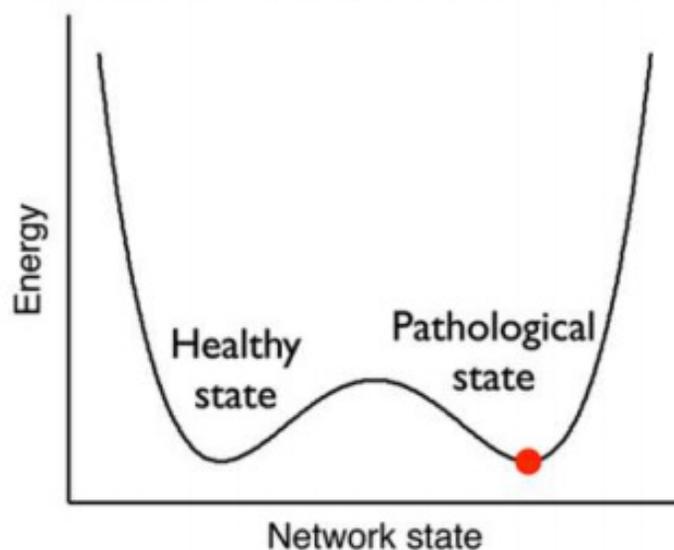
Marco Congedo, CNRS, France

Hartmut Heinrich, University of Erlangen-Nürnberg, Germany

***Correspondence:**

Tomas Ros, Laboratory for Neurology and Imaging of Cognition, Department of Neurosciences, University of Geneva, Campus Biotech, 9 Chemin des Mines, Geneva 1202, Switzerland

e-mail: dr.t.ros@gmail.com



Select a Network or Symptoms, Frequency and Metric

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Network		Severity			
Addiction	0				
Anxiety	0				
Attention - Dorsal	0				
Attention - Ventral	0				
Attention - Emotional	0				
Default Mode	0				
Executive Function	0				
Face, Object Recognition	0				
Language	0				
Memory - Emotion	0				
Mirror Neuron	0				
Mood	0				
Pain	0				
Pleasure	0				
Salience	0				
Schizophrenia	0				
Working Memory	0				
DTI - Frontal Limbic	0				
DTI - Frontal Occipital	0				
DTI - Frontal Parietal	0				
DTI - Frontal Temporal	0				
DTI - Local Frontal	0				
DTI - Local Limbic	0				
DTI - Local Occipital	0				
DTI - Local Parietal	0				
DTI - Local Temporal	0				
Hagmann Module 1 (Vision)	0				
Hagmann Module 2 (Attention, Working Memory)	0				
Hagmann Module 3 (Auditory, Language, Memory)	0				
Hagmann Module 4 (Auditory, Language, Memory)	0				
Hagmann Module 5 (Executive, Sequential Planning)	0				
Hagmann Module 6 (Executive, Social Skills)	0				
Isocortex Hippocampocentric	0				
Isocortex Olfactocentric	0				
Mesocortex Hippocampocentric	0				
Mesocortex Olfactocentric	0				
Mesulam - Emotional Memory	0				
Mesulam - Executive Function	0				
Mesulam - Face/Object Identification	0				
Mesulam - Language	0				
Mesulam - Spatial Attention	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Intrinsic Connectivity Network		Severity			
ICN 1 (Limbic, Medial-Temporal, Emotion)	0				
ICN 2 (Reward, Emotion)	0				
ICN 4 (Language, Executive)	0				
ICN 6 (Premotor, Supplemental Motor)	0				
ICN 7 (Visual-Spatial Processing)	0				
ICN 8, 17 (Primary Sensory Motor)	0				
ICN 9 (Parietal)	0				
ICN 10 (Picture Naming, Visual Tracking)	0				
ICN 11, 12 (Visual System)	0				
ICN 13 (Default Mode Network)	0				
ICN 15 (Right Hemisphere, Attention, Reasoning, Memory)	0				
ICN 16 (Auditory, Music)	0				
ICN 18 (Left Hemisphere, Language)	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Neuropsychological Diagnosis		Severity			
Agnosia of Action Apperceptive	0				
Agnosia of Action Associative	0				
Agnosia Auditory Apperceptive	0				
Agnosia Auditory Associative	0				
Agnosia Auditory Space	0				
Agnosia Prosopagnosia (Face)	0				
Agnosia Social Emotional	0				
Agnosia Social of Action - Theory of Mind	0				
Agnosia Somatosensory Autotopagnosia	0				
Agnosia Somatosensory Finger	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Symptom / Complaint		Severity			
Attention - Re-Experiences Intrusive Memories	0				
Attention - Emotional Numbing	0				
Attention - Distracting Pain	0				
Attention - Difficulty Multi-Tasking	0				
Attention - Worsens with Emotional Stress	0				
Attention - Dissociative Episodes	0				
Attention - Worsens With Withdrawal Symptoms	0				
Chronic Pain - Neuropathic	0				
Chronic Pain - Musculoskeletal	0				
Chronic Pain - Diffuse Pain (Entire Body)	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Symptom / Complaint		Severity			
Anosognosia - Denial of a Problem	0				
Anxiety	0				
Attention Deficits - Easily Distractable	0				
Auditory Sequencing Problems	0				
Balance Problems	0				
Blurred Vision	0				
Chronic Pain	0				
Compulsive Behaviors and/or Thoughts	0				
Concentration Problems	0				
Decreased Tactile or Skin Sensitivity	0				
Delusional	0				
Depression (Sad & Blue)	0				
Difficulty Comprehending Social Cues	0				
Dyscalcula - Problems Calculating	0				
Dyslexia - Letter Reversal	0				
Executive Function Problems	0				
Face Recognition Problems	0				
Failure to Initiate Actions	0				
Hyperactive and/or Agitation	0				
Impulsive Behaviors	0				
Insensitive to Others Emotional Expressions	0				
Insensitive to Other's Feelings	0				
Low Motivation	0				
Low Threshold for Anger & Loss of Control	0				
Migrane Headaches	0				
Mood Swings	0				
Multi-Tasking Problems	0				
Obsessive Thoughts about Self	0				
Obsessive Thoughts and/or Hyper Focused	0				
Oppositional Defiant Conduct	0				
Orientation in Space Problems	0				
Perception of Letters Problems	0				
Poor Judgement	0				
Poor Skilled Motor Movements	0				
Poor Social Skills	0				
Receptive Language Problems	0				
Recognizing Objects by Touch Problems	0				
Self-Esteem Problems	0				
Sequential Planning Problems	0				
Short-Term Memory Problems	0				
Slow Reader	0				
Slowness of Thought - Easily Confused	0				
Spatial Perception Problems	0				
Speech Articulation Problems	0				
Substance Abuse	0				
Symptoms of Fibromyalgia	0				
Word Finding Problems	0				

Z Score Neurofeedback Panel

Select Protocol, Session Rounds or Progress Tabs

Select Frequency Bands for 1 to 19 Channels & Combinations of Channels for Cross-Spectra

Select a Metric
(Power, Phase, Coherence, or Amplitude Asymmetry)

Select Montage
Linked Ears,
Average Reference
& Laplacian

Z Score Threshold
Reward if Less Than
or Greater Than

Event Integration
Interval (Variability)

Symptom Check List

Z Tunes is the
Reward Default

Save, Load
& Cancel

Begin or End
Session

Sound
On/Off

Visual Displays &
DVD & MM Players

The screenshot shows the 'Surface Neurofeedback' software window. It features several tabs: 'Protocol', 'Session Rounds', and 'Progress'. The main interface is divided into several sections:

- Metric:** A list of radio buttons for selecting a metric: Absolute Power (selected), Relative Power, Power Ratio, Amplitude Asymmetry, Coherence, Absolute Phase, Phase Shift, and Phase Lock.
- Frequency:** A list of radio buttons for selecting frequency bands: Delta (selected), Theta, Alpha, Beta, High Beta, Alpha 1, Alpha 2, Beta 1, Beta 2, Beta 3, D/T, D/A, D/B, D/HB, T/A, T/B, T/HB, A/B, A/HB, and B/HB.
- Montage Reference:** A list of radio buttons for selecting a montage: Linked Ears (selected), Average Reference, and Laplacian.
- Upper Z:** A numeric input field set to 2.00.
- Lower Z:** A numeric input field set to -2.00.
- Metrics Selected:** A numeric input field set to 130.
- Monitor:** A numeric input field set to 1.
- Window:** A numeric input field set to 0.25 sec.
- Method:** A dropdown menu set to 'Z-Tunes'.
- Display:** A dropdown menu set to 'Cz Head'.
- Sound:** A dropdown menu set to 'Off'.
- Buttons:** 'Symptom Check List', 'Apply', 'Cancel', 'Save', 'Load', 'Reset', 'Begin Session', 'End Session', and 'Close'.
- Auto Spectra Channels - Absolute Power:** A table with columns for frequency bands and channels. The 'T6' row is highlighted in blue.

Channel	F4	D	T			
FP1	F4	D	T			
FP2	C4	D	T			
F3	P4	D	T			
F4	O2	D				
C3	F8	D				
C4	T4	D				
P3	T6	D				
P4						
O1						
O2						
F7						
F8						
T3						
T4						
T5						
T6						
Fz						
Cz						
Pz						

Neuroimaging Neurofeedback Symptom Check List

Click Symptoms or Neuropsychological Diagnoses or DoD/VA List or Networks & Severity

List of Matching Brodmann Areas

List of Symptoms

Anatomical Hypotheses

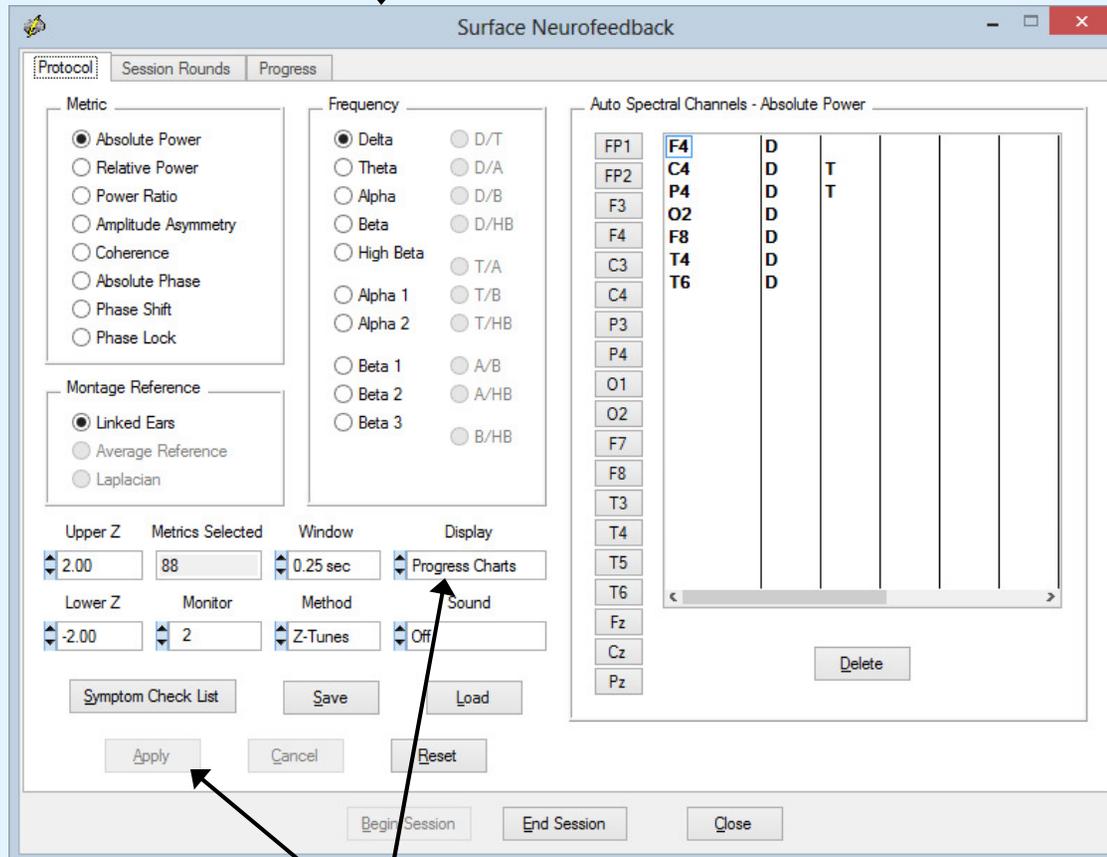
The screenshot shows the 'Symptom Check List' application window. It features a tabbed interface with 'Symptoms', 'Neuropsychological', 'DoD/VA', 'Networks', and 'ICN' tabs. The 'Symptoms' tab is active, displaying a list of symptoms and their severity scores. Below this is a section for 'Anatomical Hypotheses' with three columns: 'Hypothesis', 'Match', and 'Mismatch'. To the right of the software window, two brain maps are shown, illustrating the corresponding Brodmann Areas for the selected symptoms. The top map shows Brodmann Areas 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. The bottom map shows Brodmann Areas 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

Symptom / Complaint	Severity
Mood - Hyperarousal	0
Concussion - Difficulty Multi-Tasking	0
Concussion - Short-Term Memory Problems	0
Concussion - Difficulty Concentrating	10
Concussion - Sleep Problems	0
Concussion - Balance Problems	0
Concussion - Problems Controlling Anger	0
Concussion - Depressed Mood	0
PTSD - Hyperarousal	0
PTSD - Sudden Fear Reactions	0

Hypothesis		Match		Mismatch	
Brodmann	Hem	Brodmann	Hem	Brodmann	Hem
9	Left	9	Right	1	Right
9	Right	10	Left	2	Right
10	Left	10	Right	3	Right
10	Right	11	Left	4	Left
11	Left	11	Right	4	Right
11	Right	23	Left	5	Left
23	Left	23	Right	5	Right
23	Right	24	Left	6	Left
24	Left	24	Right	6	Right
24	Right	30	Left	7	Left

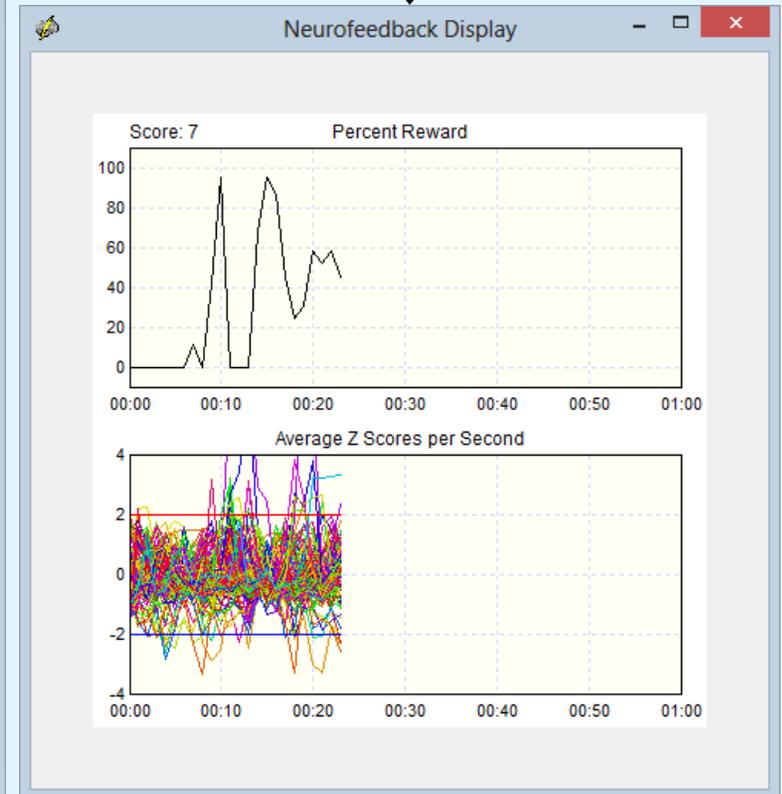
Use the Progress Chart as a Feedback Display

Neurofeedback Setup Panel



Select Progress Charts as Feedback to a Client and then Click Apply

Move the Display to the Client's Monitor



Move to the Client's Monitor

Progress Charts to be Monitored by the Clinician During Neurofeedback

Toggle Back & Forth between Protocol Window & Progress Charts

Red Mark Designates Settings Change

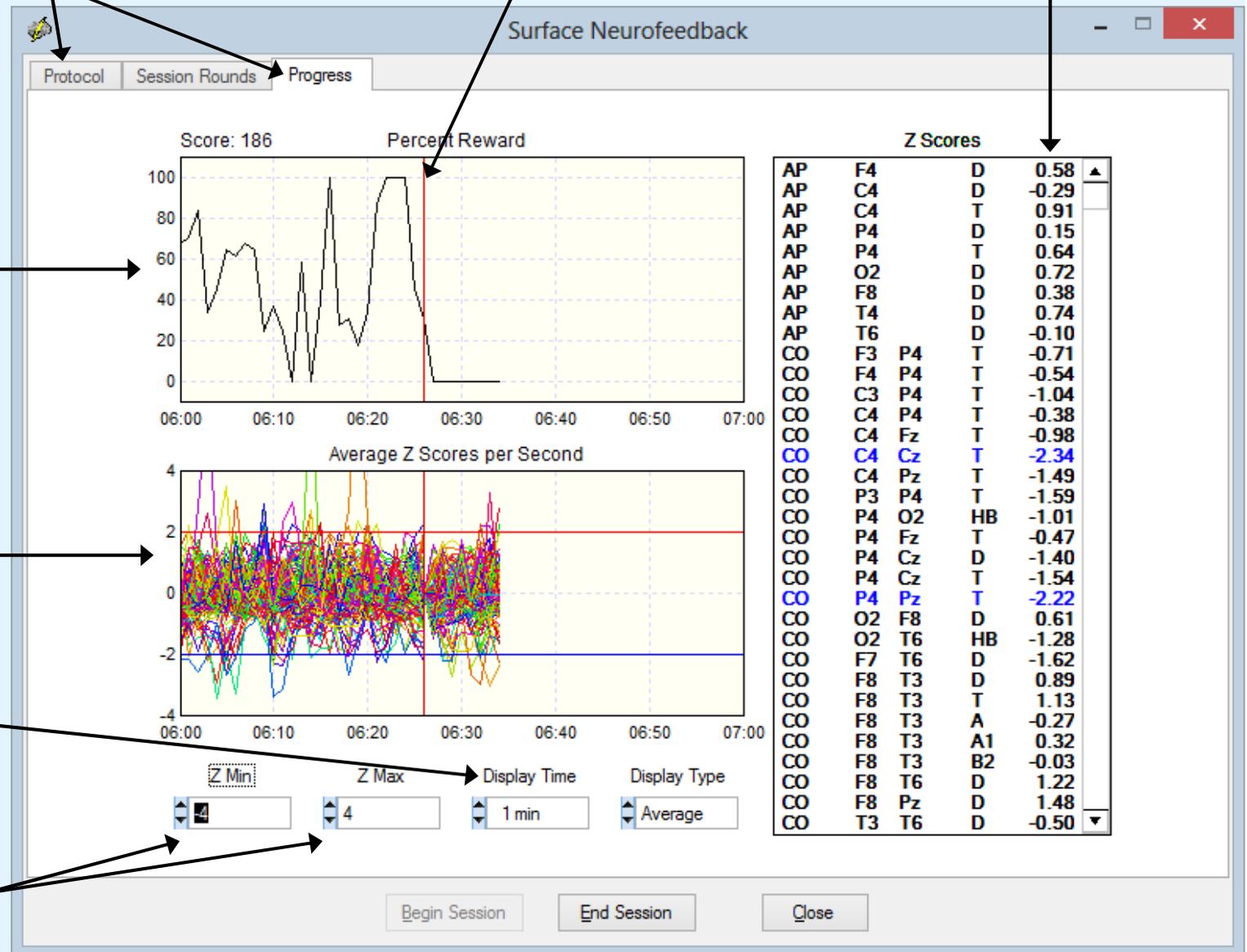
View Instantaneous Z Scores

Percentage of Time that a Reward was Delivered (per sec)

Average Z Scores Updated Each Second

Display Time Base 1 min to 30 min

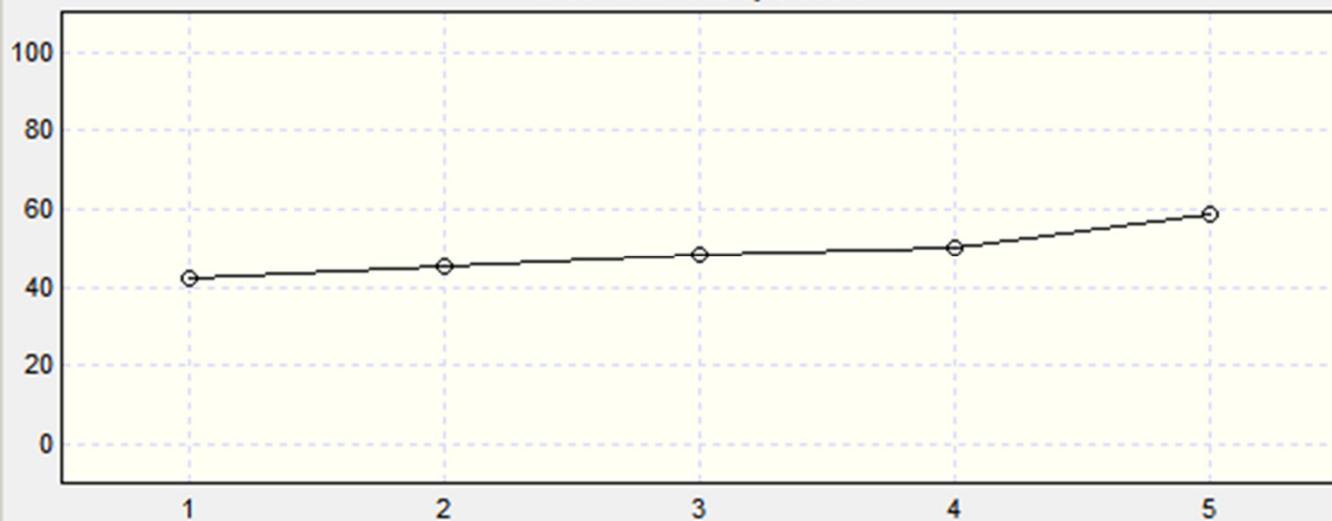
Z Score Range



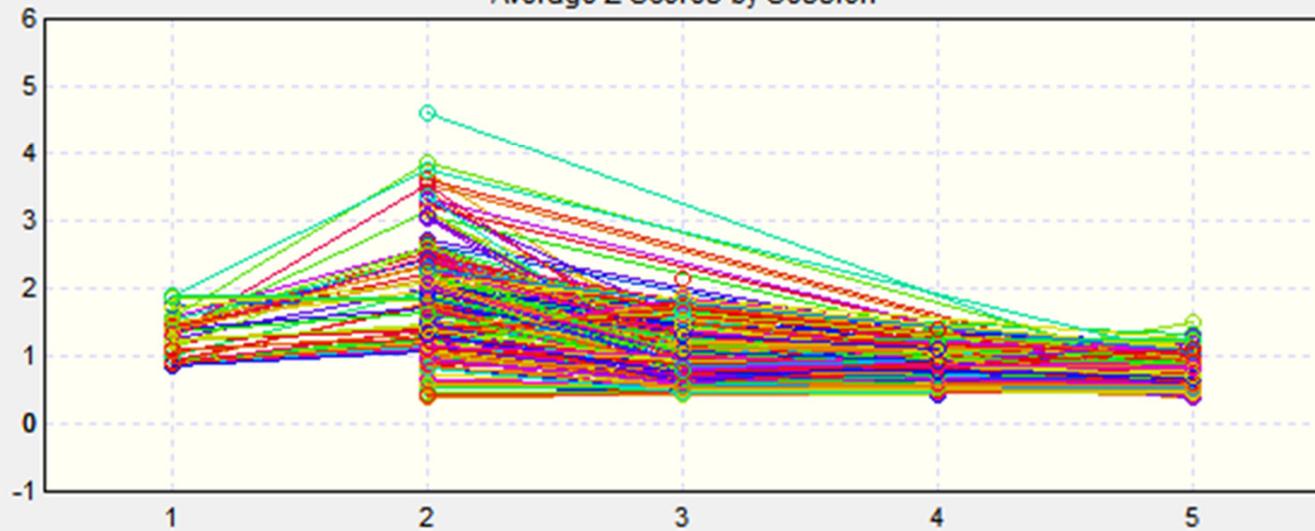
Plot Selections

Plotted Data

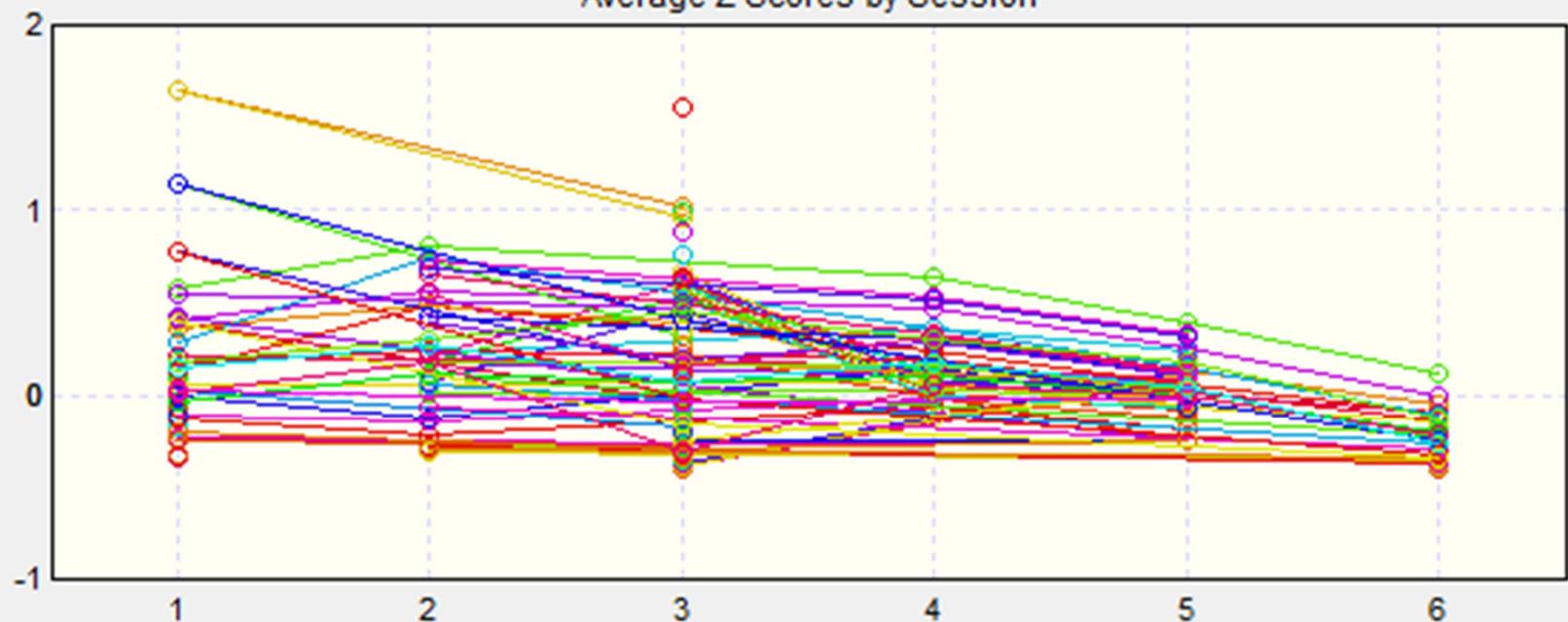
Percent Reward by Session



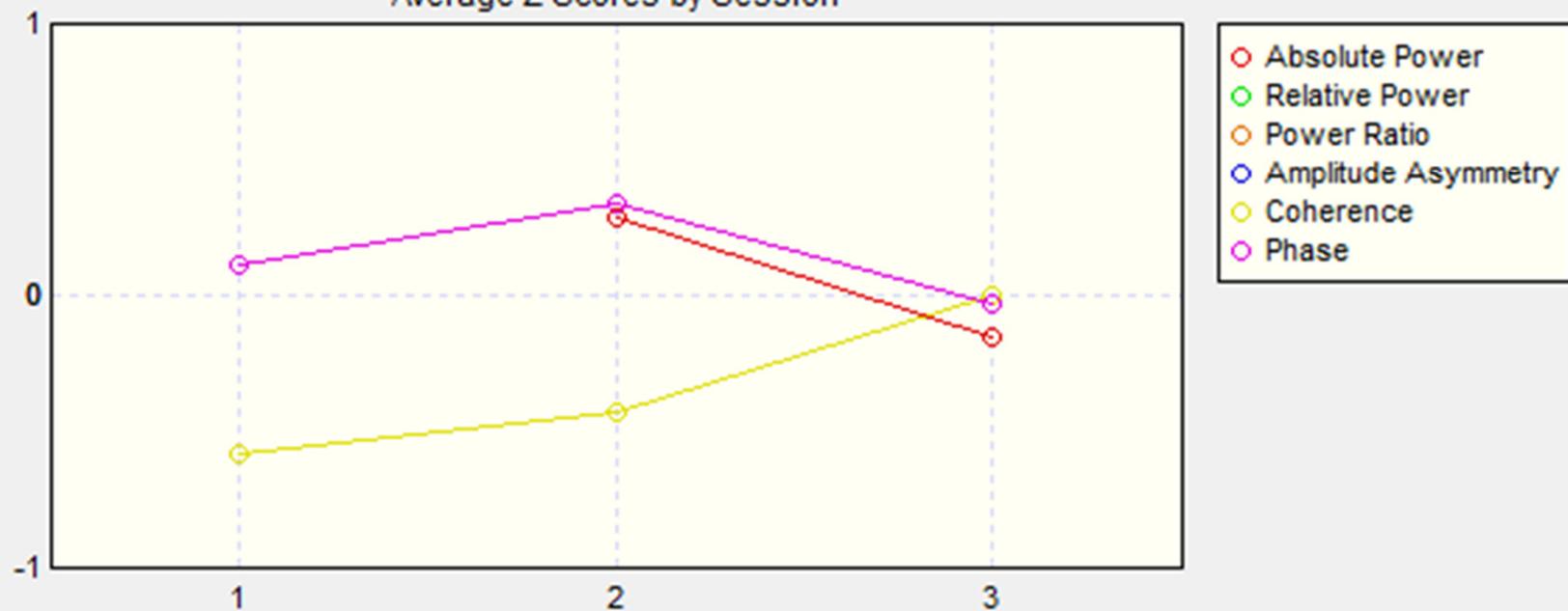
Average Z Scores by Session



Average Z Scores by Session



Average Z Scores by Session

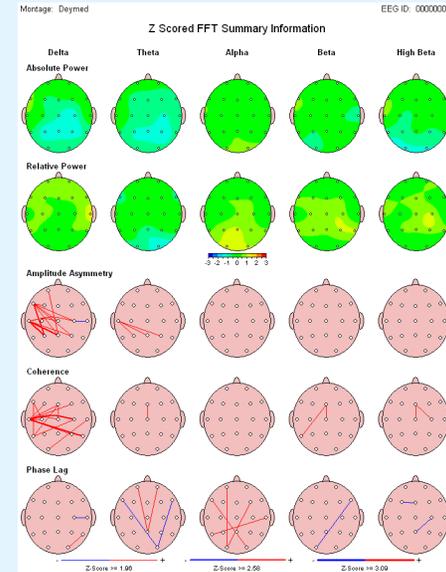
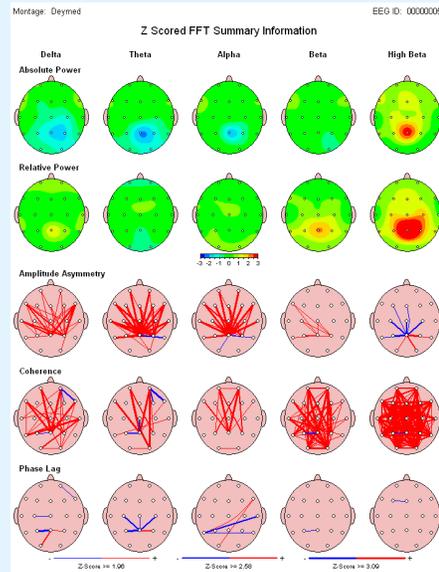


Examples of Surface EEG Changes After EEG Neurofeedback

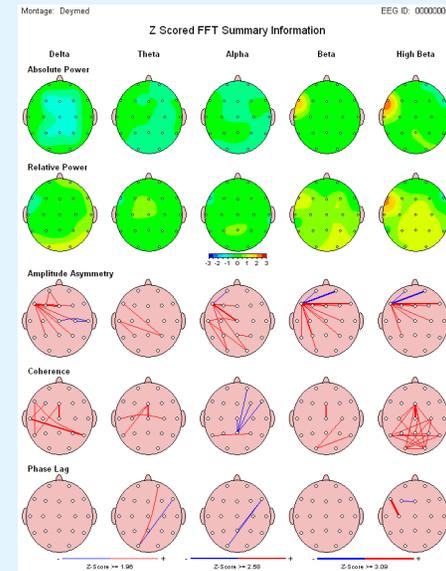
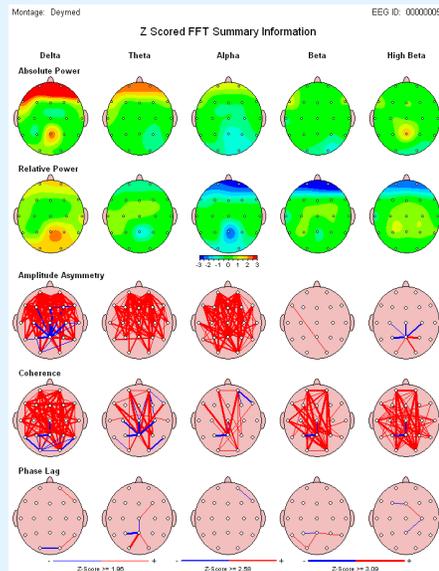
Pre-Treatment

Post – 10 Treatments

TBI Subject #1



TBI Subject #2

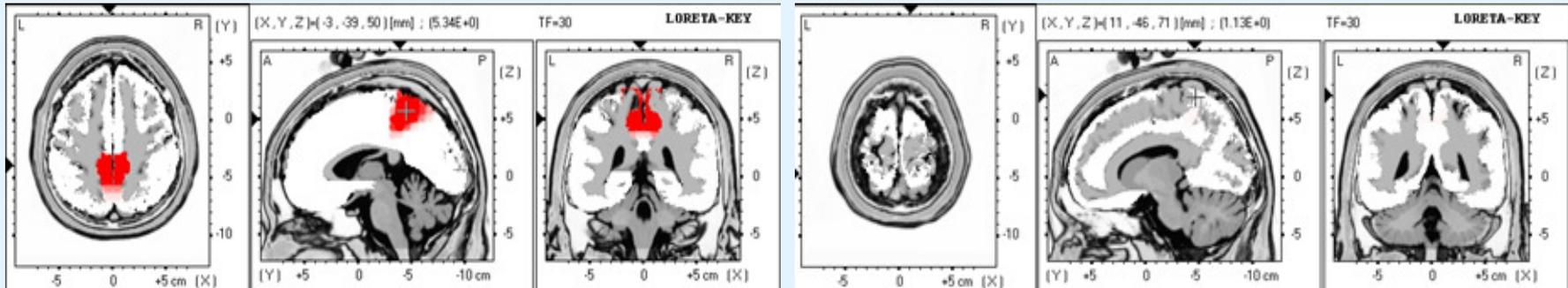


Examples of Electrical Neuroimaging After Neurofeedback

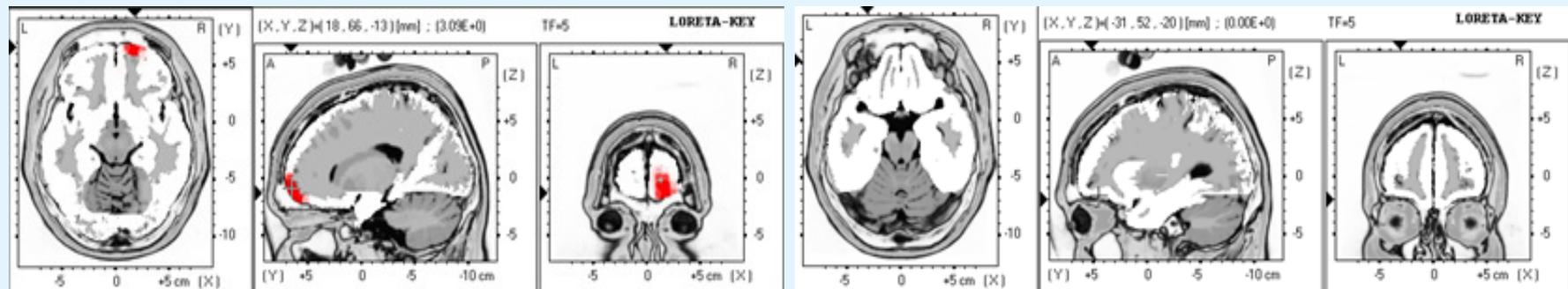
Pre-Treatment

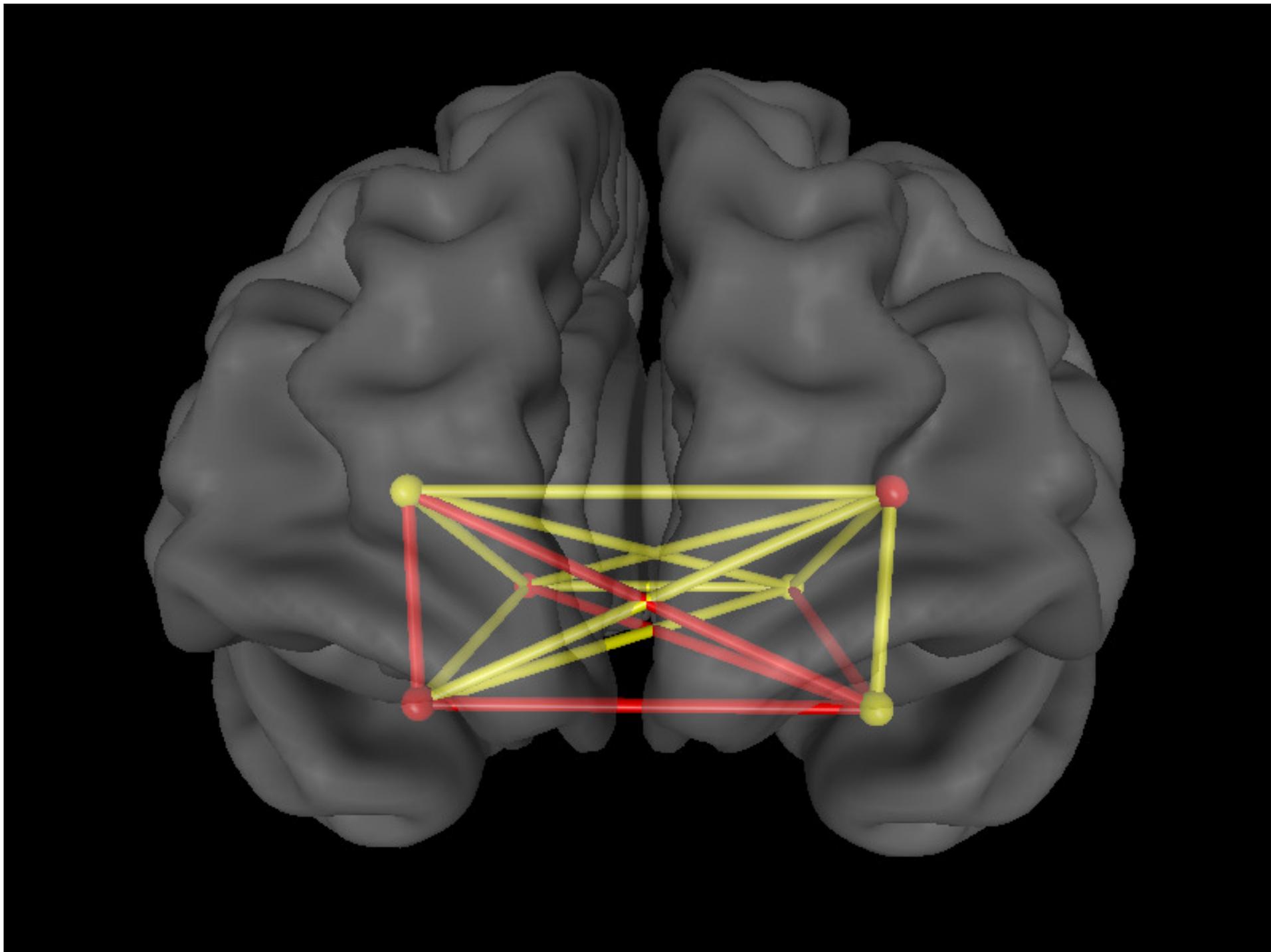
Post – 10 Treatments

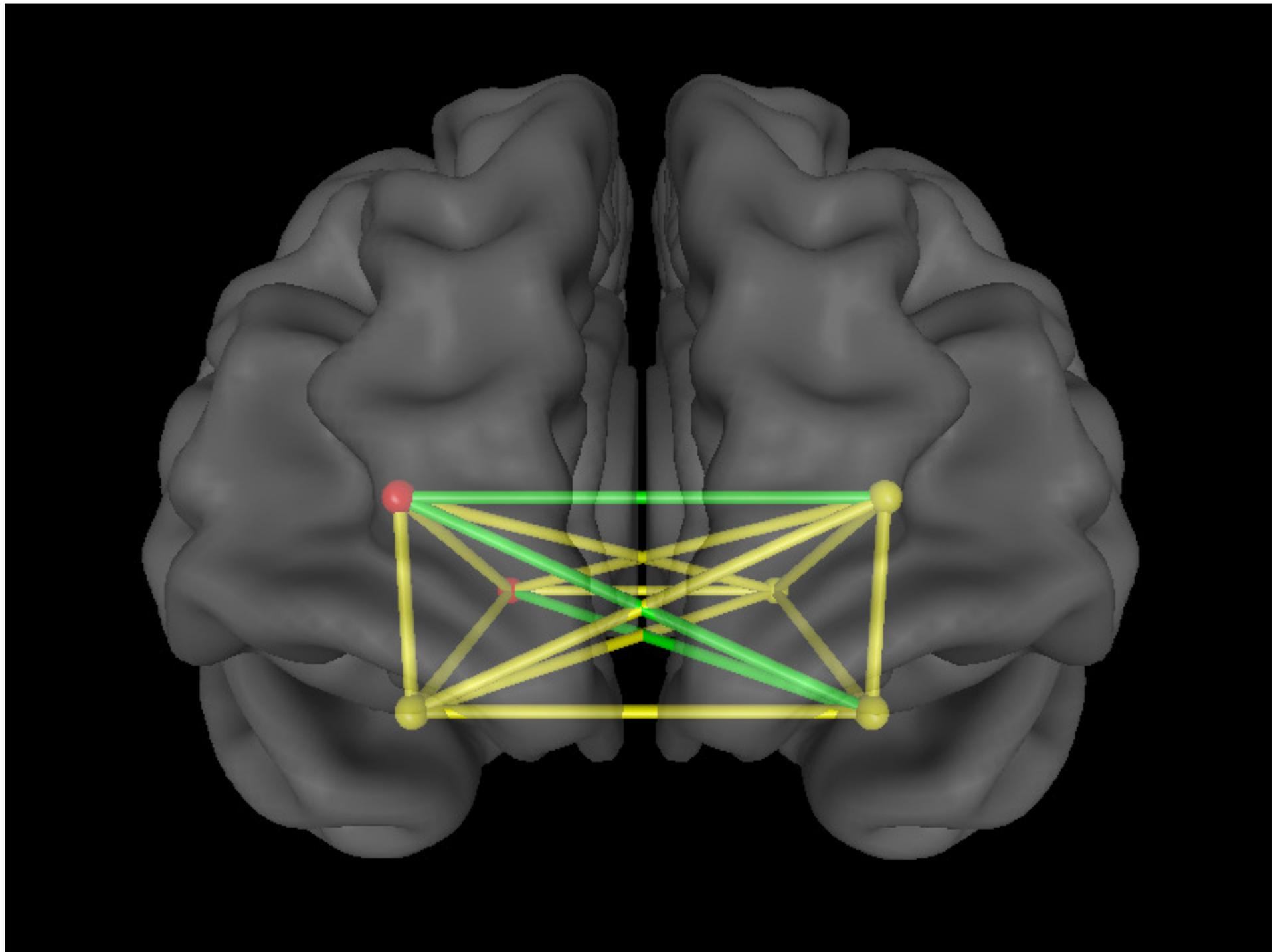
S #1

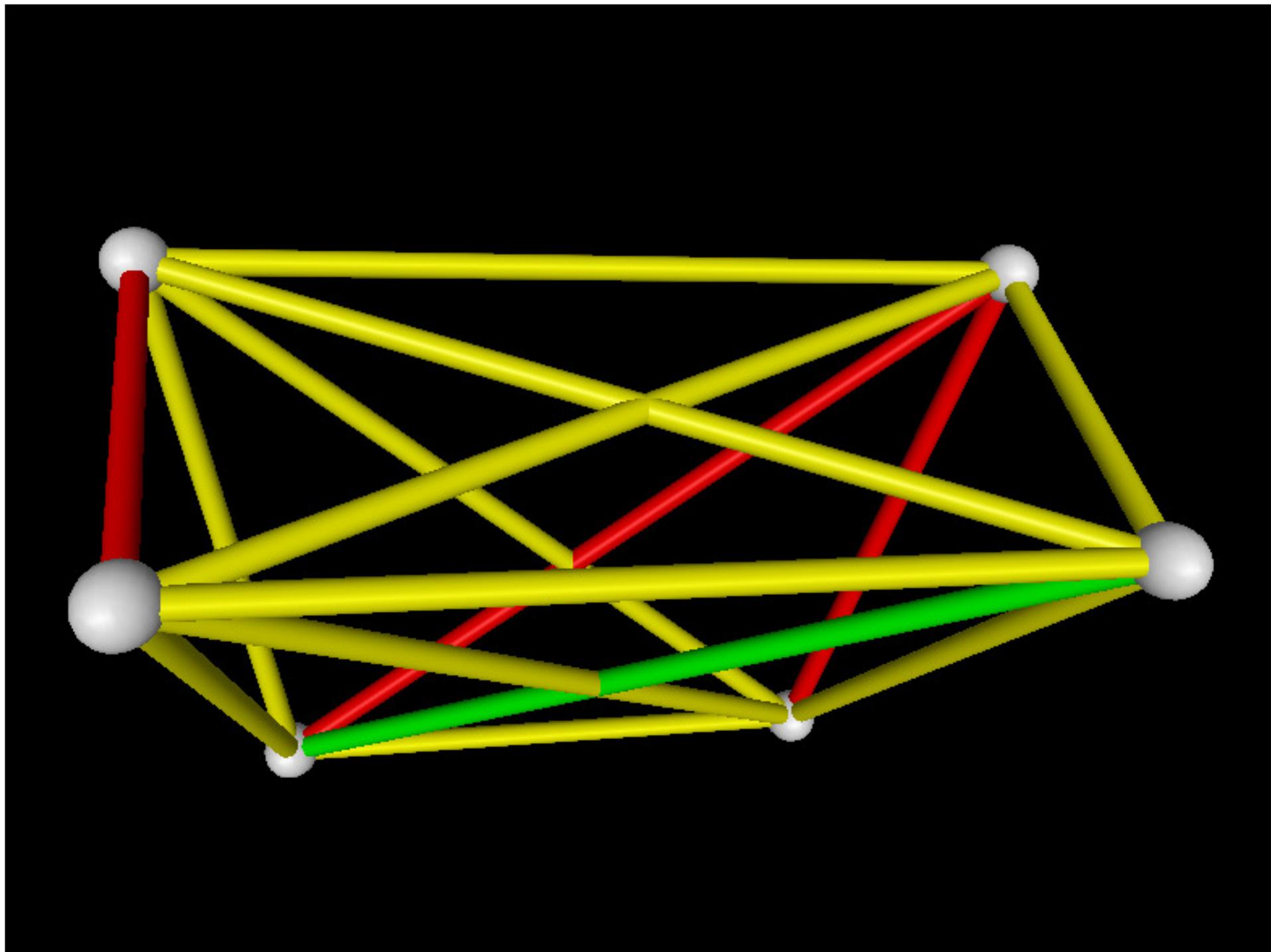


S #2













Advanced Concepts on EEG and QEEG Assessment and Human Performance

International Symposium on Clinical Neuroscience – Feb 3-5, 2017

Linking Symptoms to qEEG Biomarkers and Neurofeedback

Robert W. Thatcher, Ph.D.

**Applied Neuroscience, Inc.
8200 Bryan Dairy Rd., Suite 300
Largo, FL**



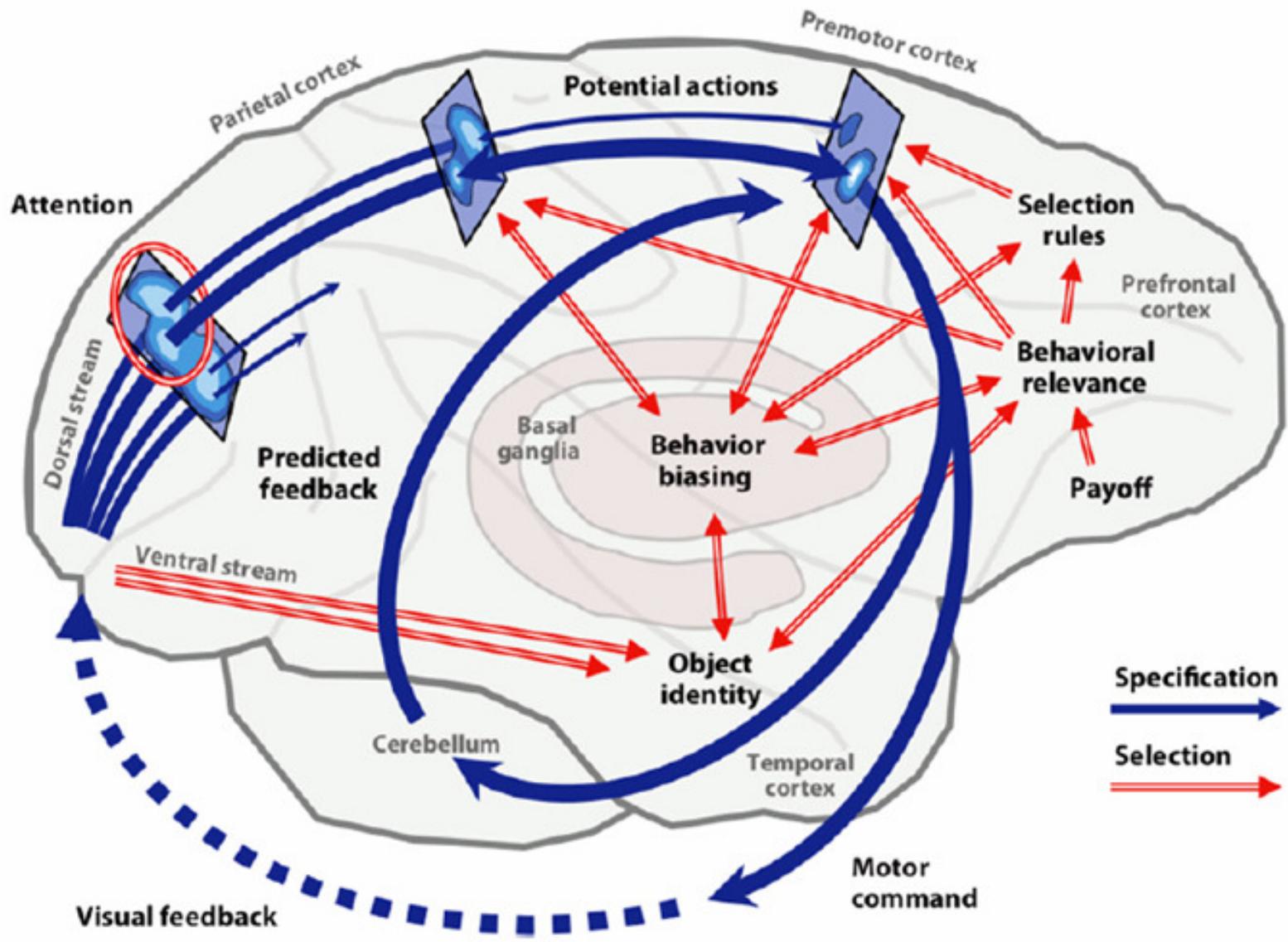
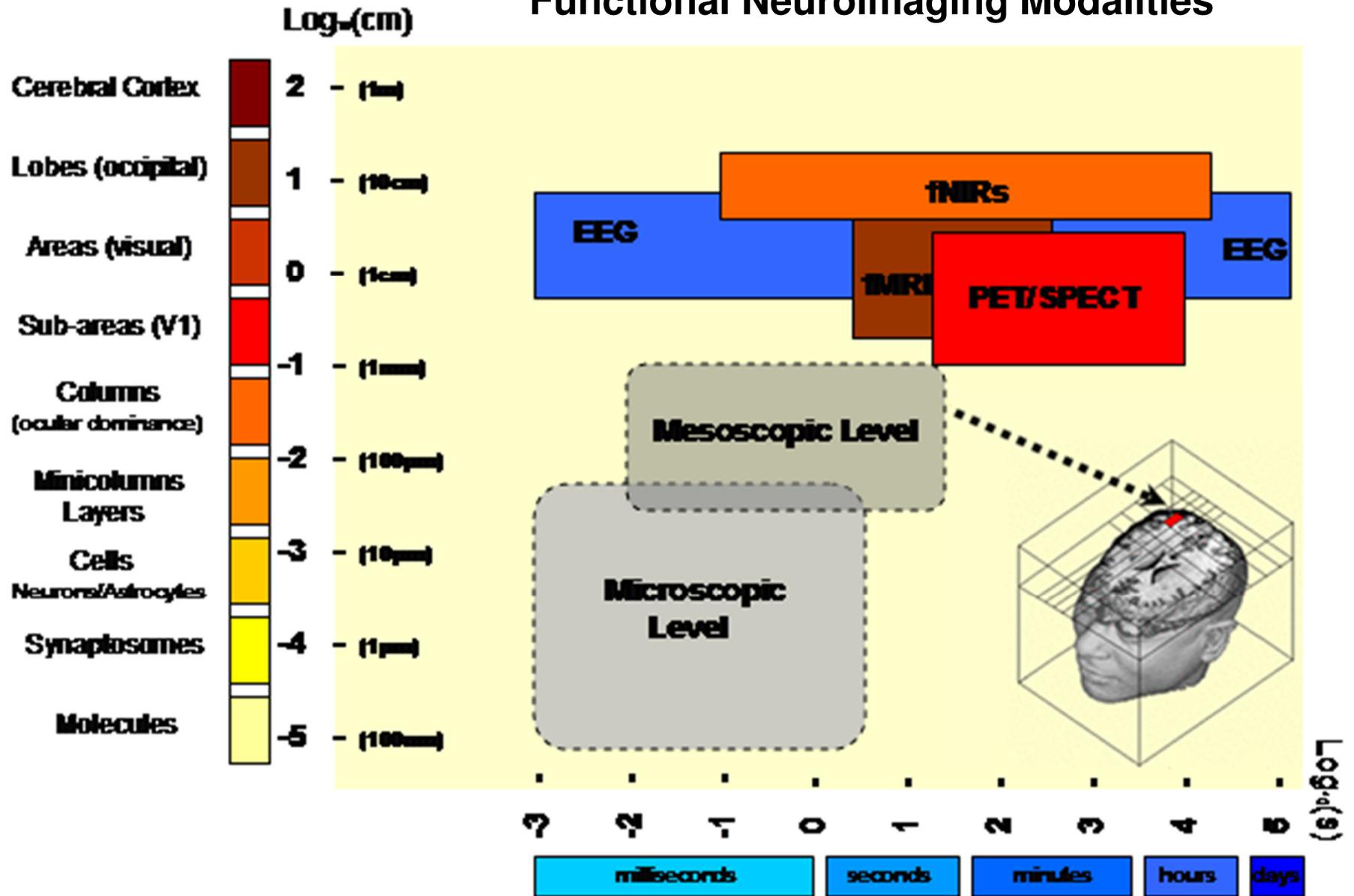
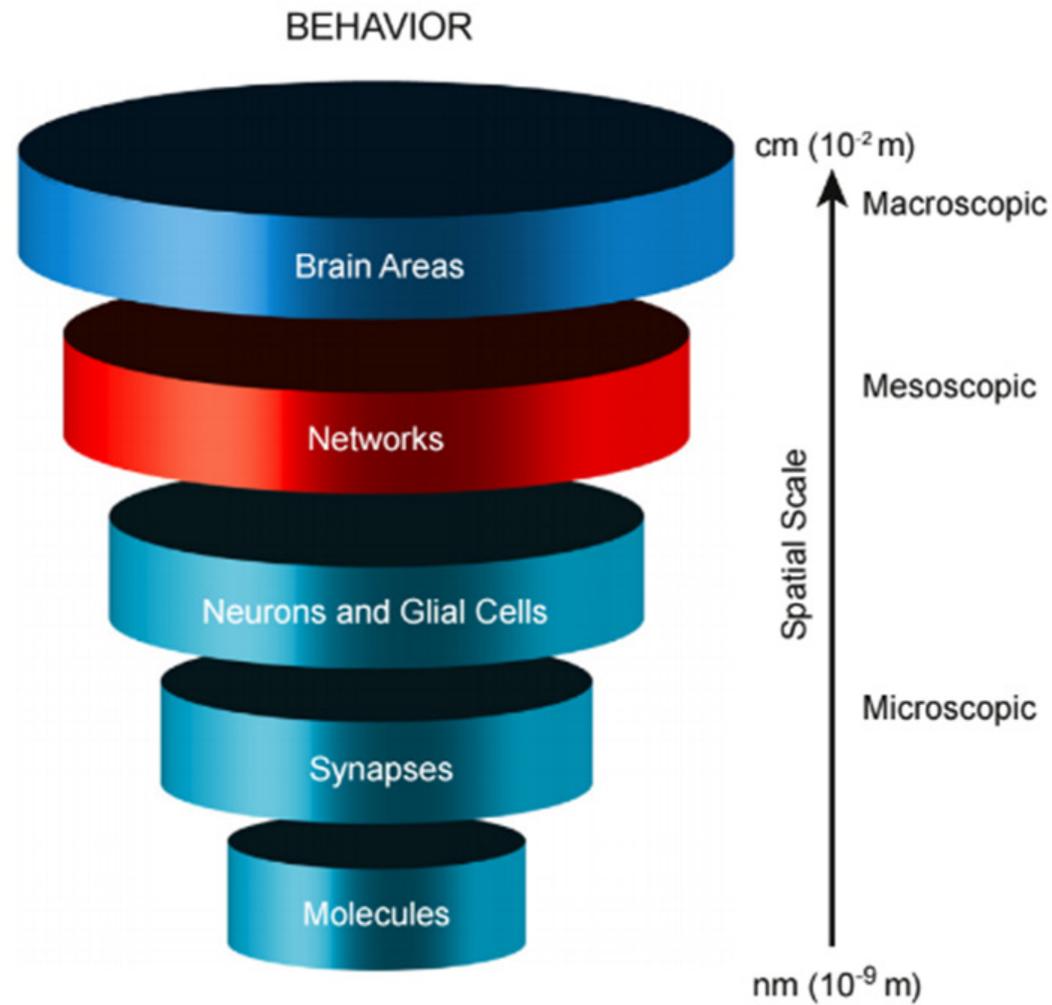


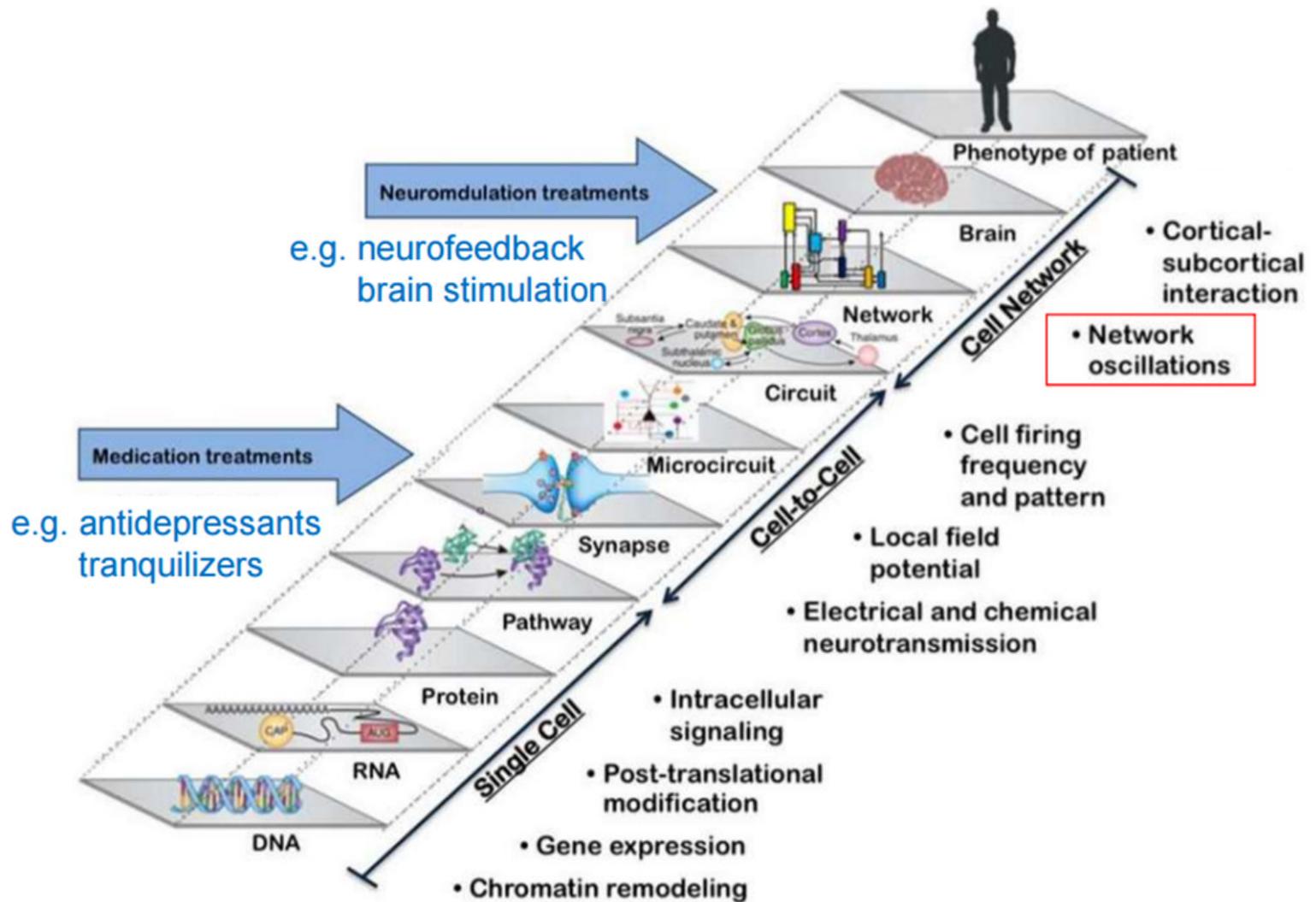
Illustration of brain information flow that can only be measured by the electroencephalogram using computers.
 Information flow – Millisecond Match-Mismatch From Rabinovich et al, 2012

Functional Neuroimaging Modalities

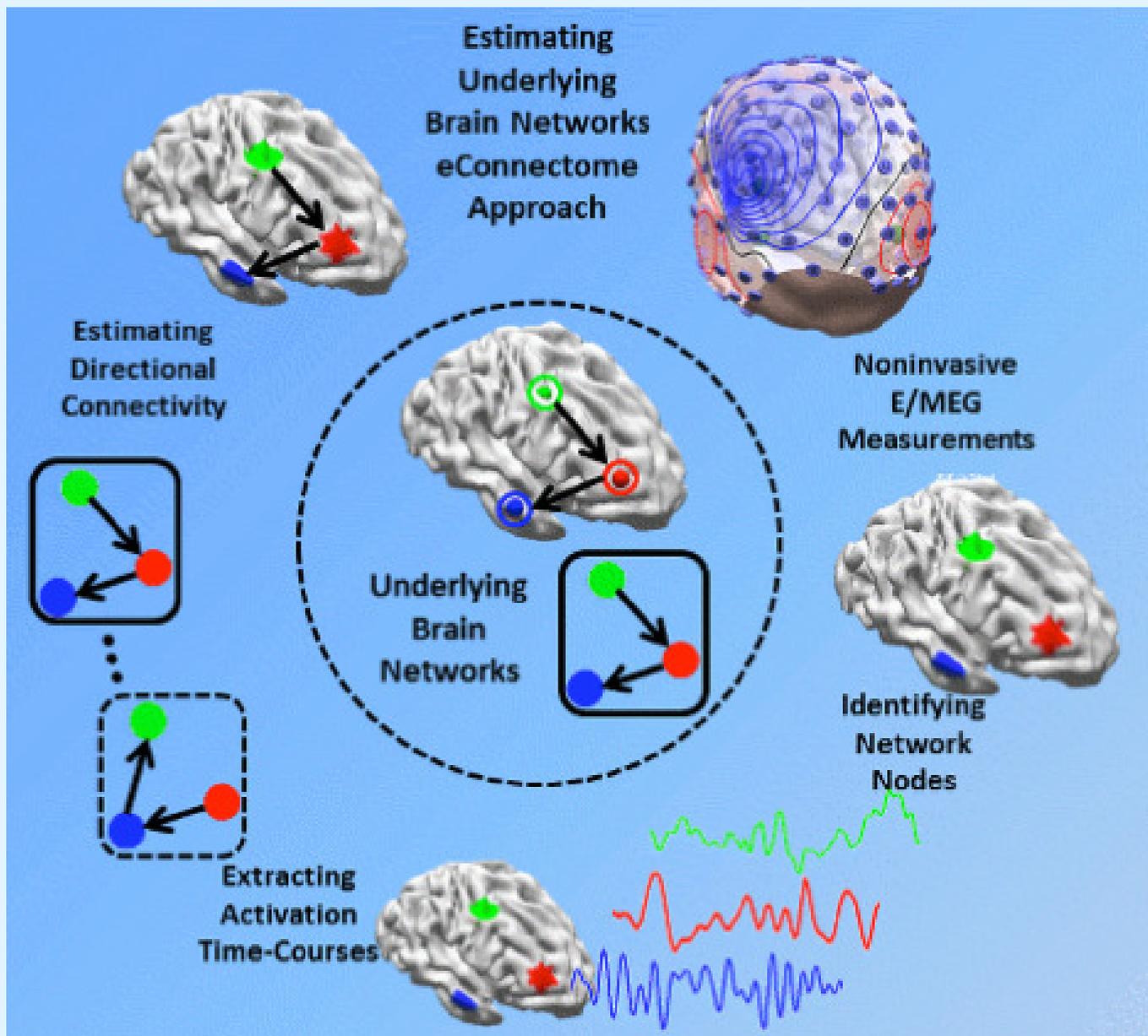




Frohlich, F., 2016. Network Neuroscience. Academic Press, NY



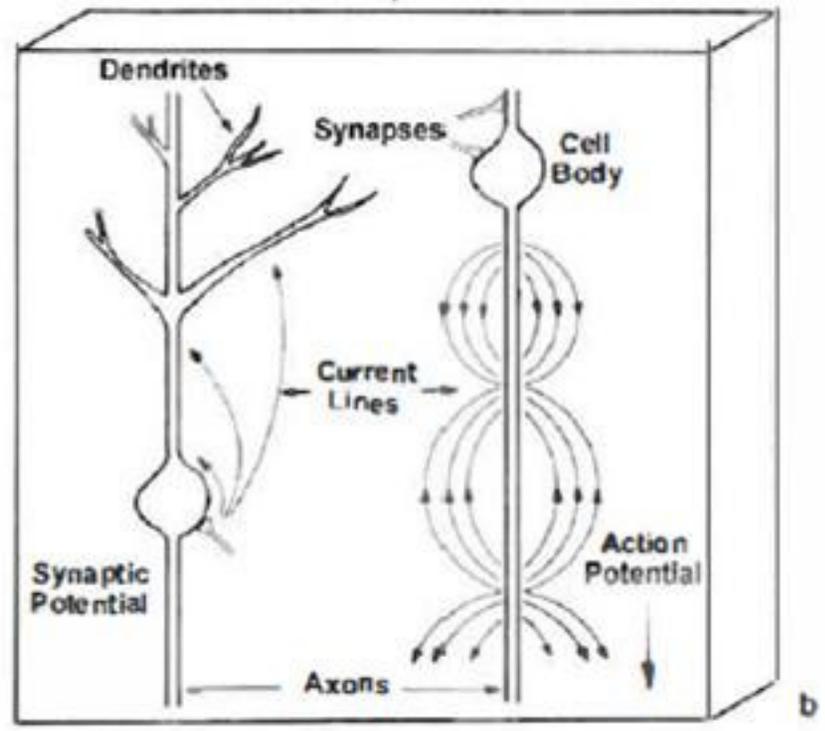
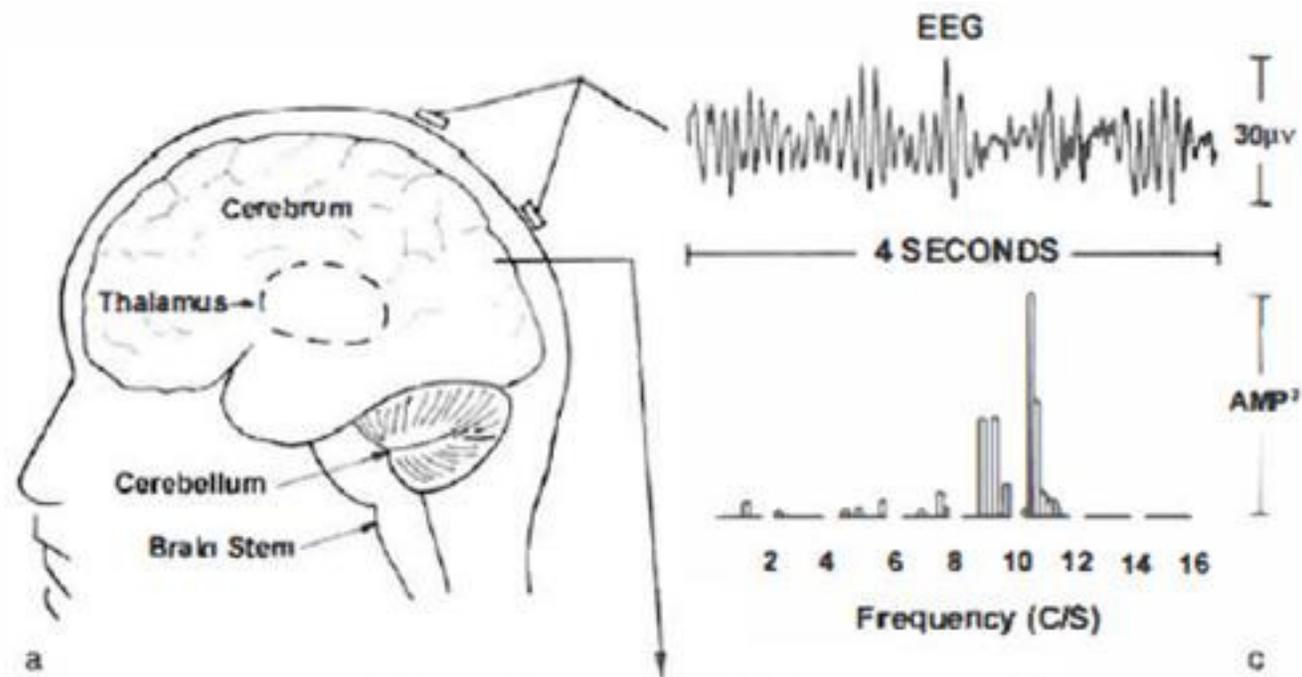
tuning-pathological-brain-oscillations-Thomas Ros-video -From Leuchter, 2015

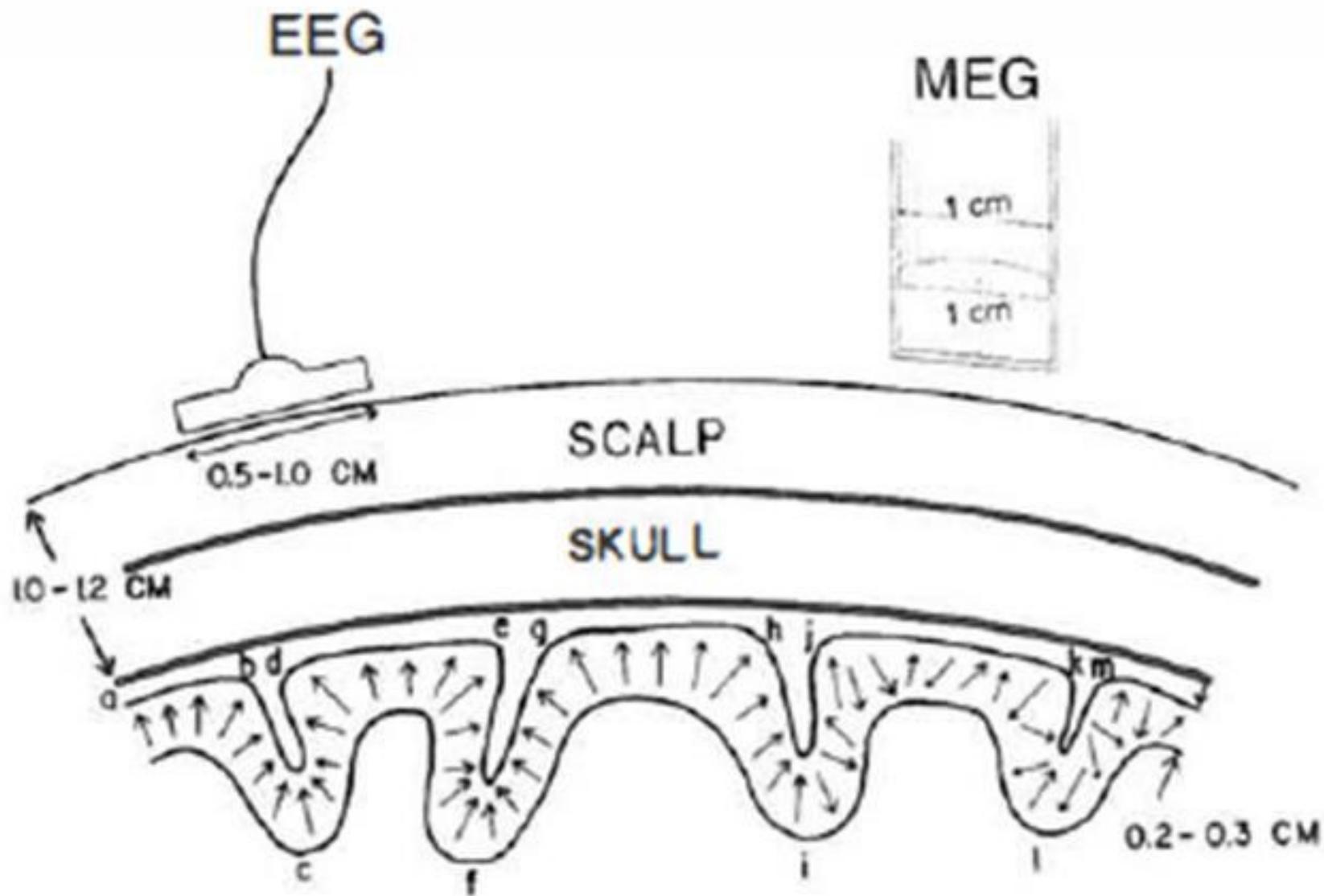


Noninvasive Electromagnetic Source Imaging and Granger Causality Analysis: An Electrophysiological Connectome (eConnectome) Approach *Abbas Sohrabpour, Shuai Ye, Gregory Worrell, Wenbo Zhang, Bin He* , University of Minnesota, USA, [Volume: 63, Issue:12, Pages:2474-2487, 2016](#)

Genesis of the Human Electroencephalogram - EEG

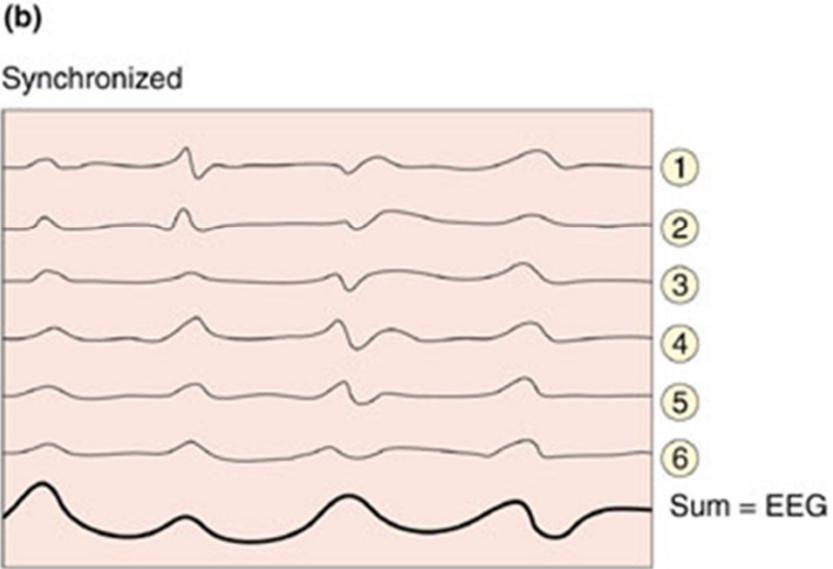
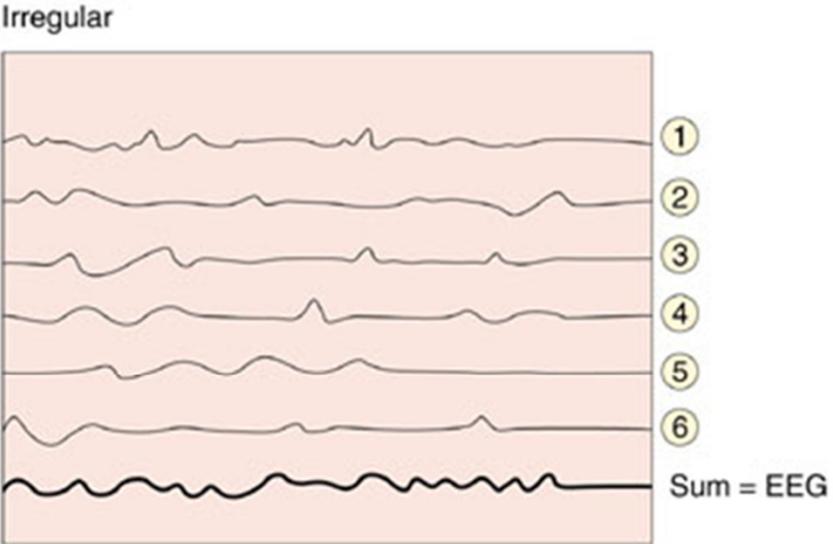
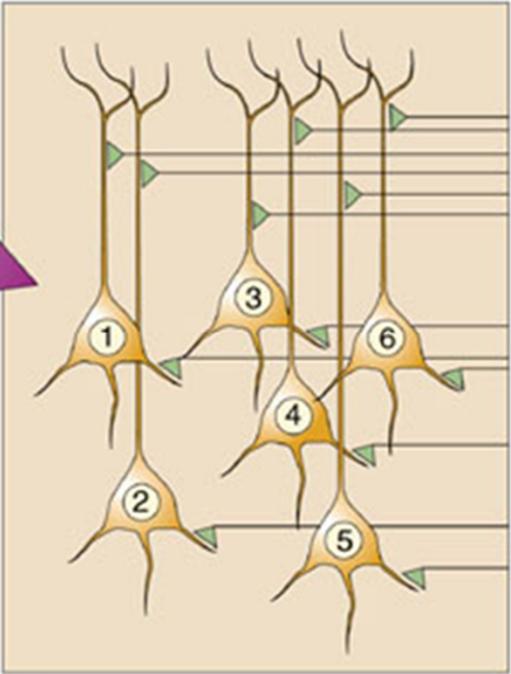
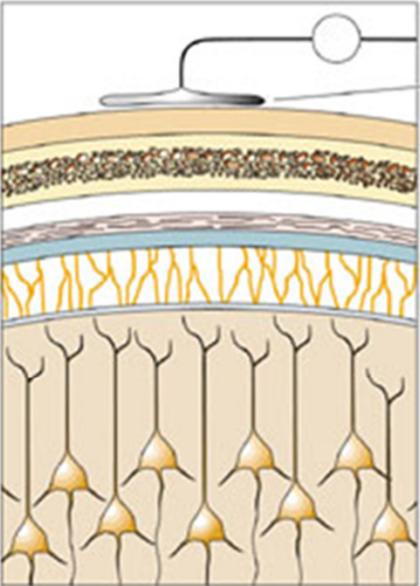
- 1- Pyramidal Neuron Dipoles**
- 2- Oscillations In an Approx. 2mm thick sheet**
- 3- Summated Local Field Potentials (LFP)**
- 4- Amplitude = Proportion of Synchronous/Square Root of Proportion of Asynchronous Generators**
- 5- Pacemakers and Resonance**



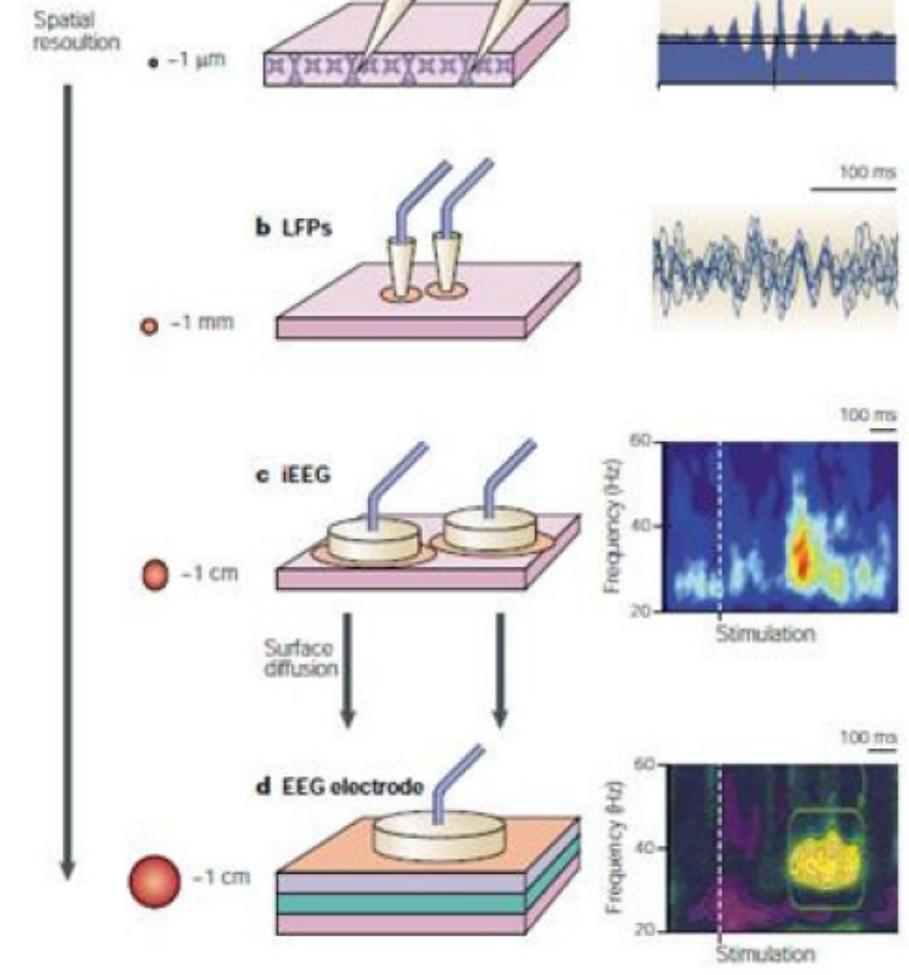


From Nunez, *Electrical Fields of the Brain*, Oxford Univ. Press, 1981

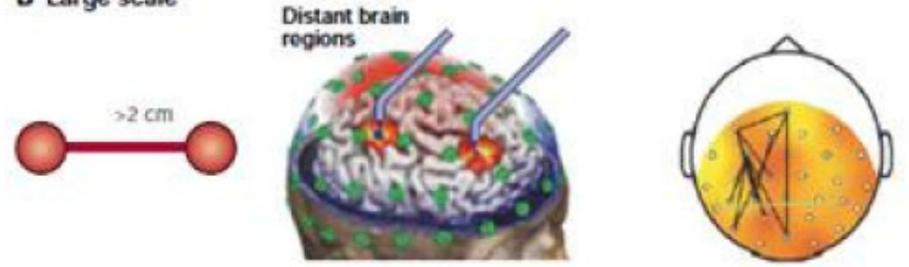
EEG = Summated Potentials at the Scalp



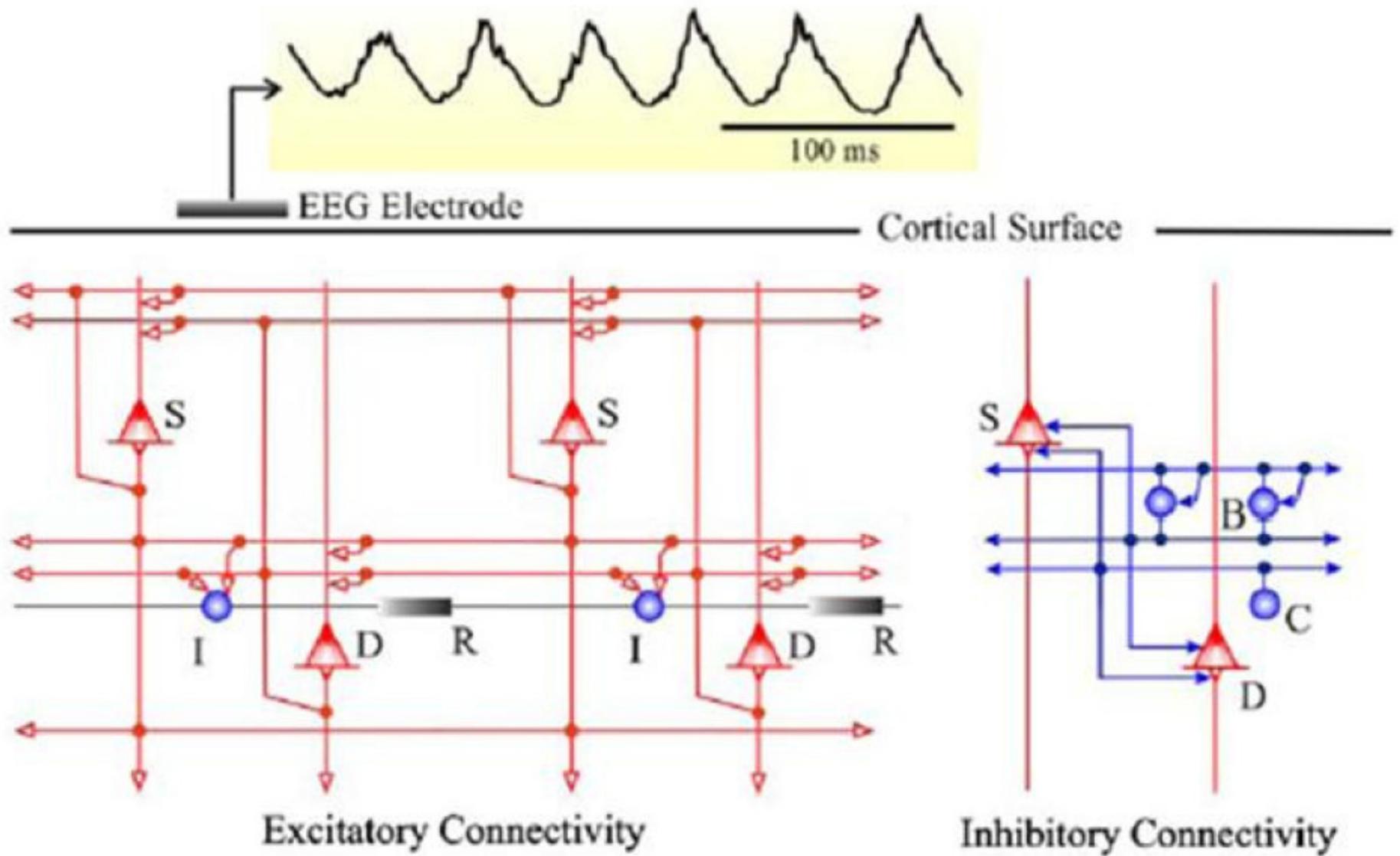
A Local scale



B Large scale

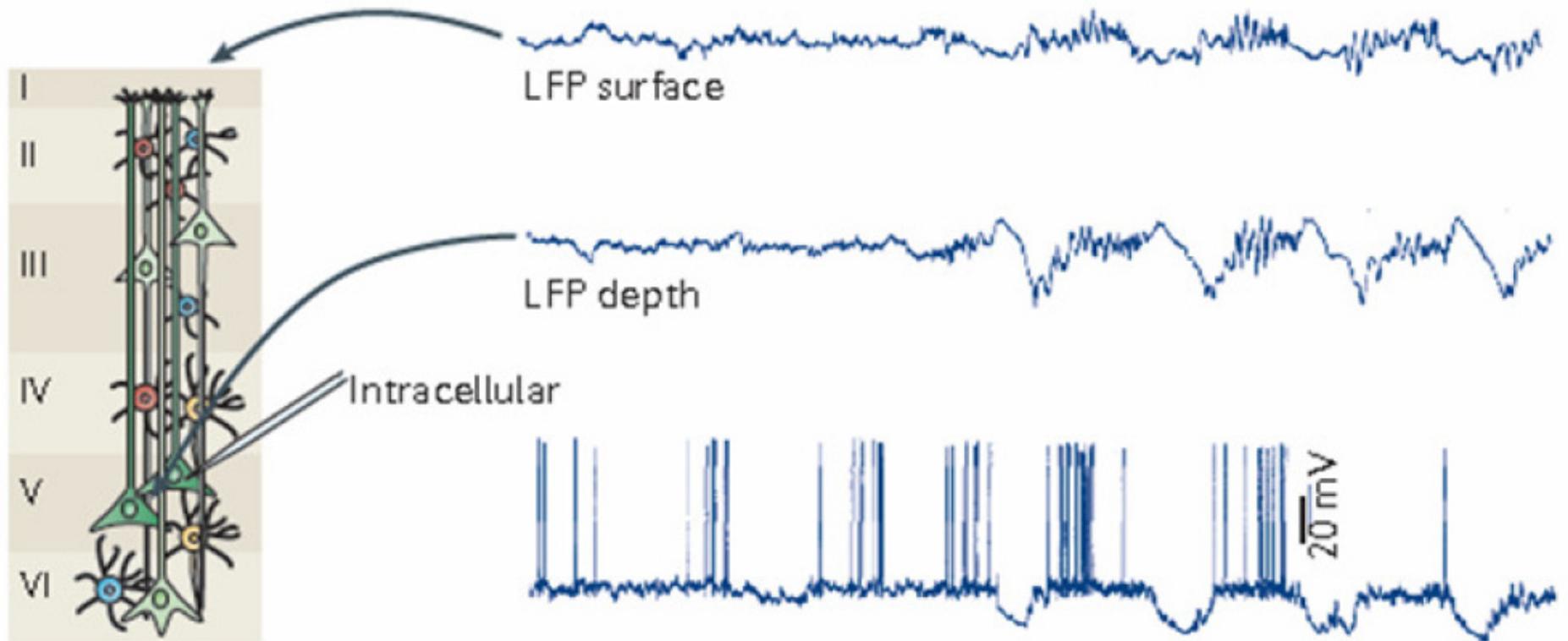


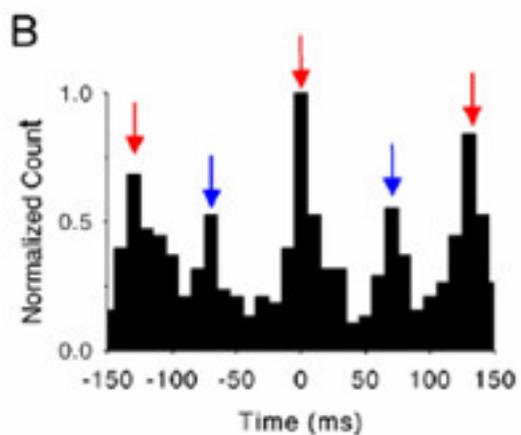
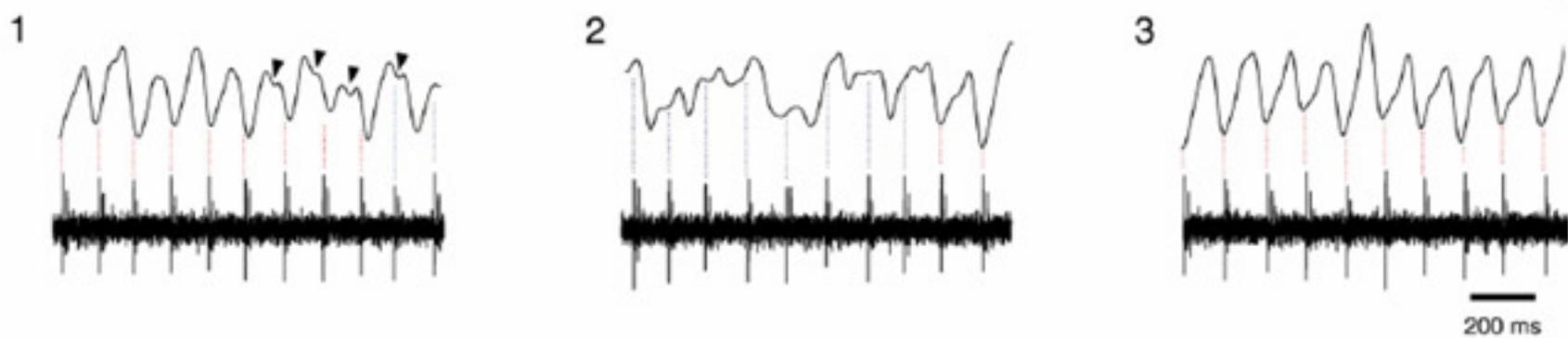
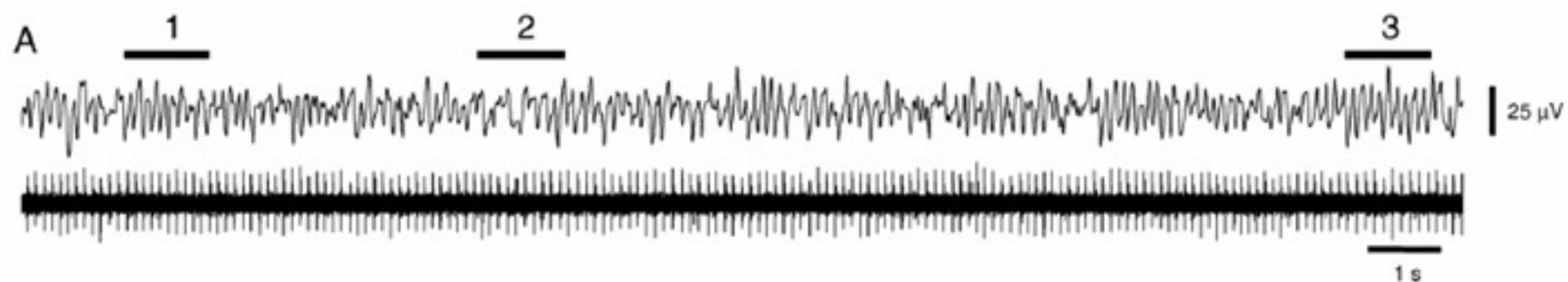
From Varela et al, 2001



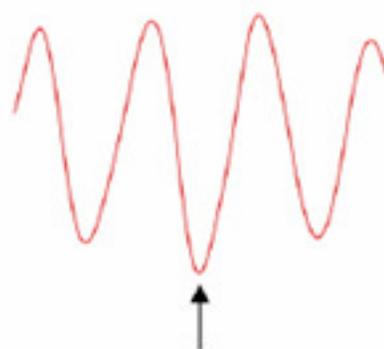
How Neurons are Selected For Brief Periods of Time

Shifting In-Phase vs Anti-Phase

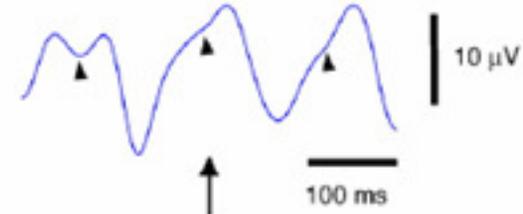




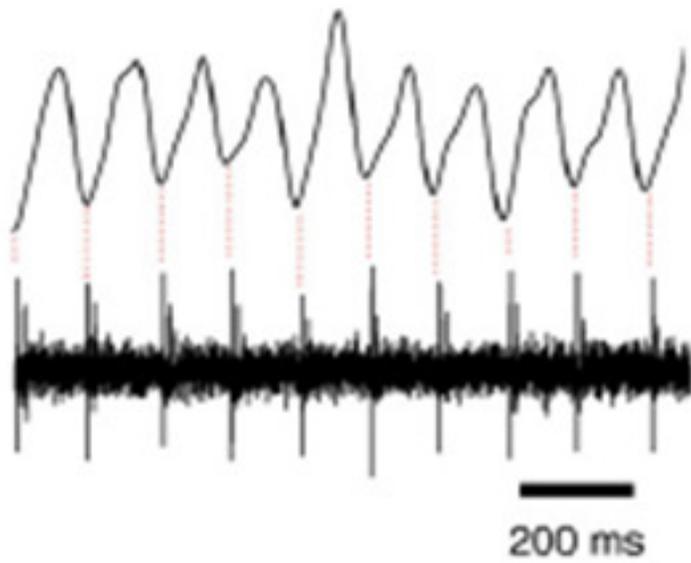
in phase



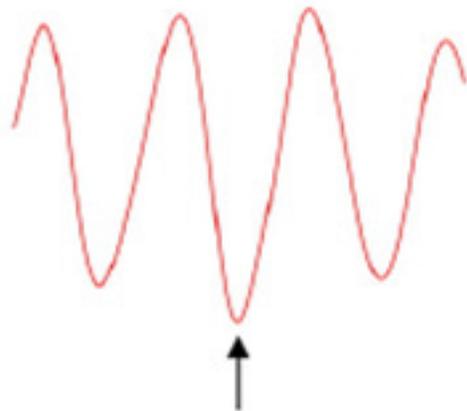
antiphase



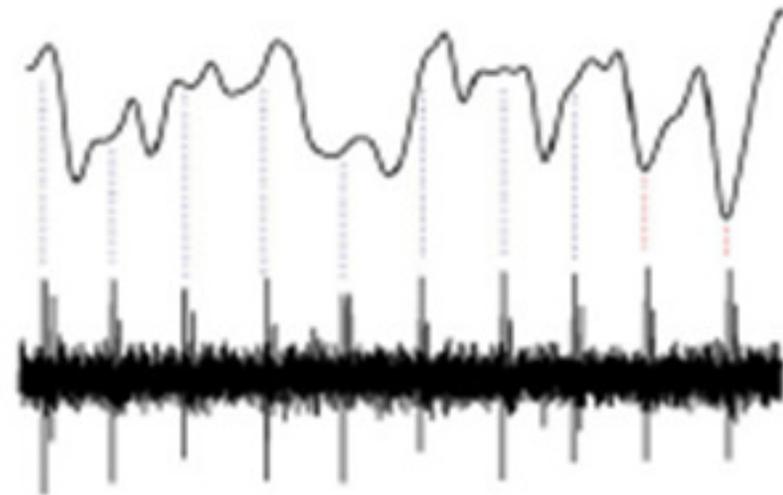
LFPs & In-Phase Action Potentials



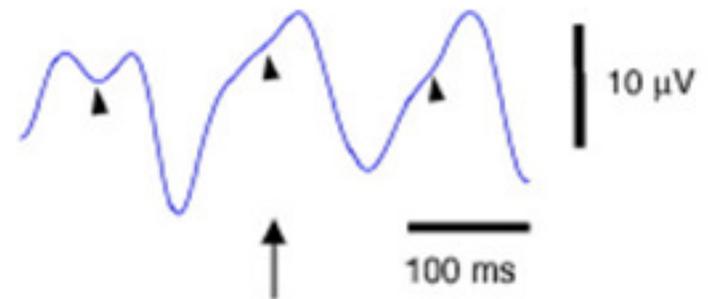
in phase

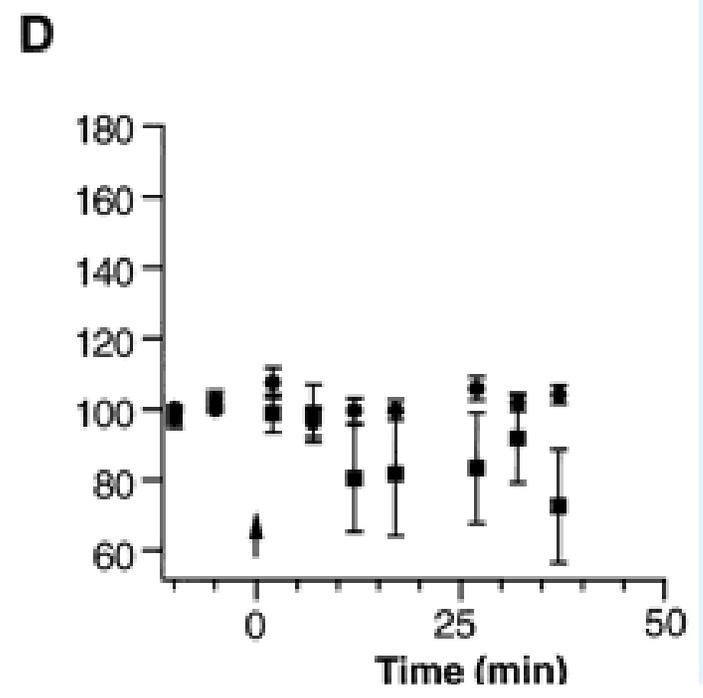
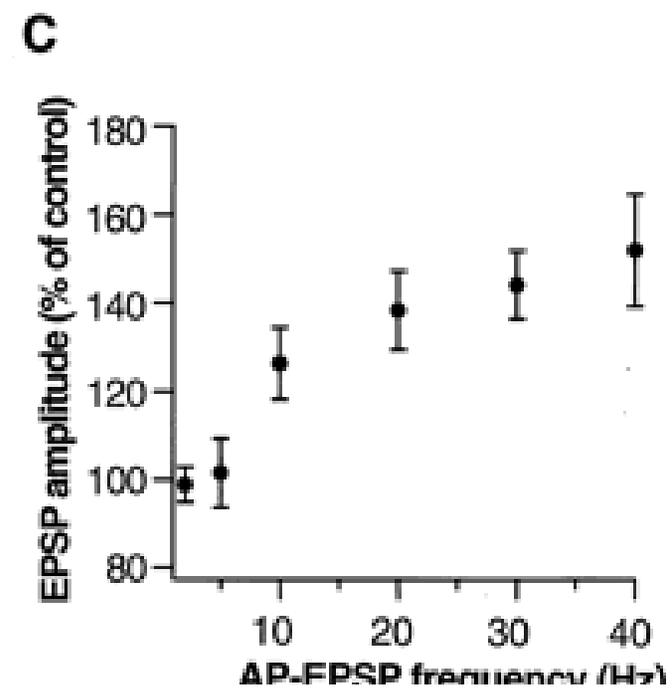
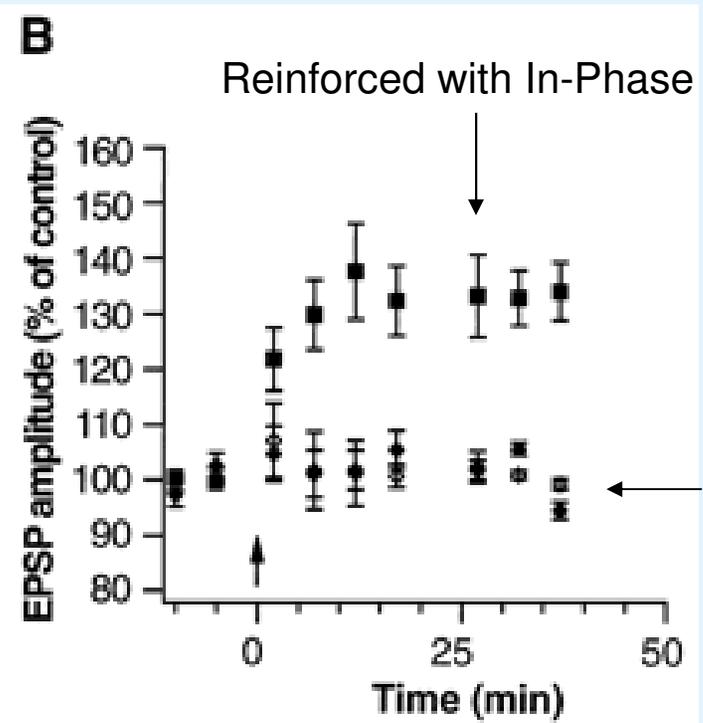
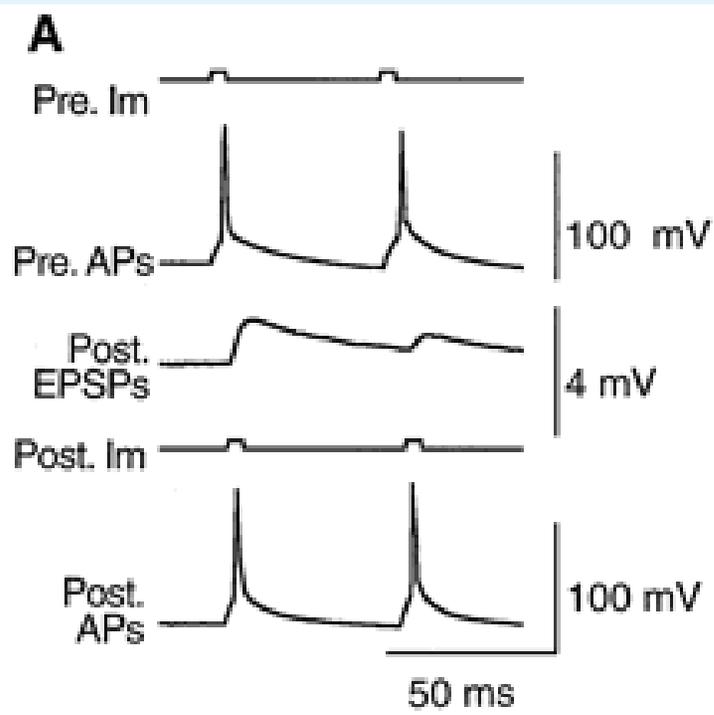


LFPs & Anti-Phase Action Potentials

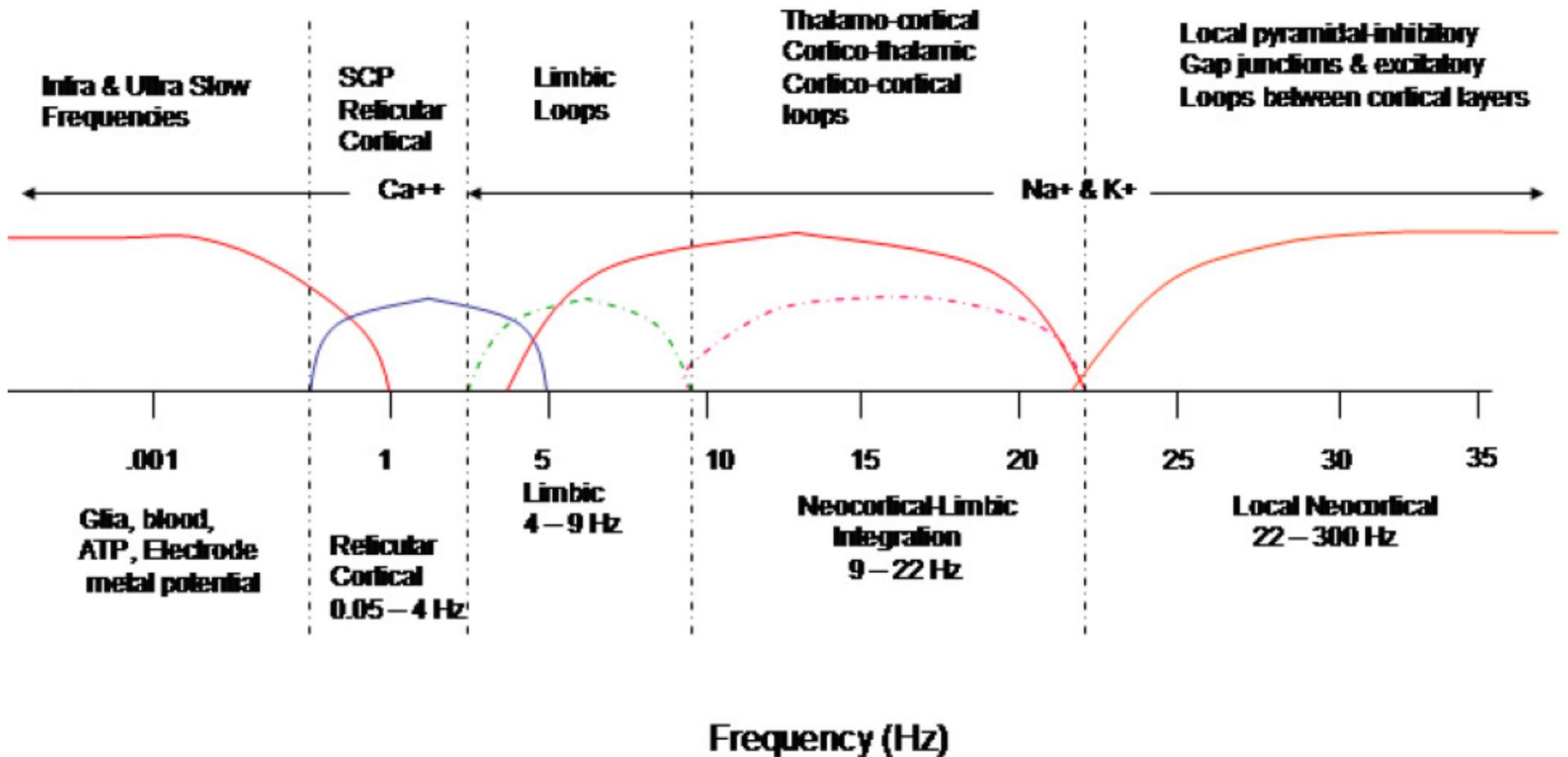


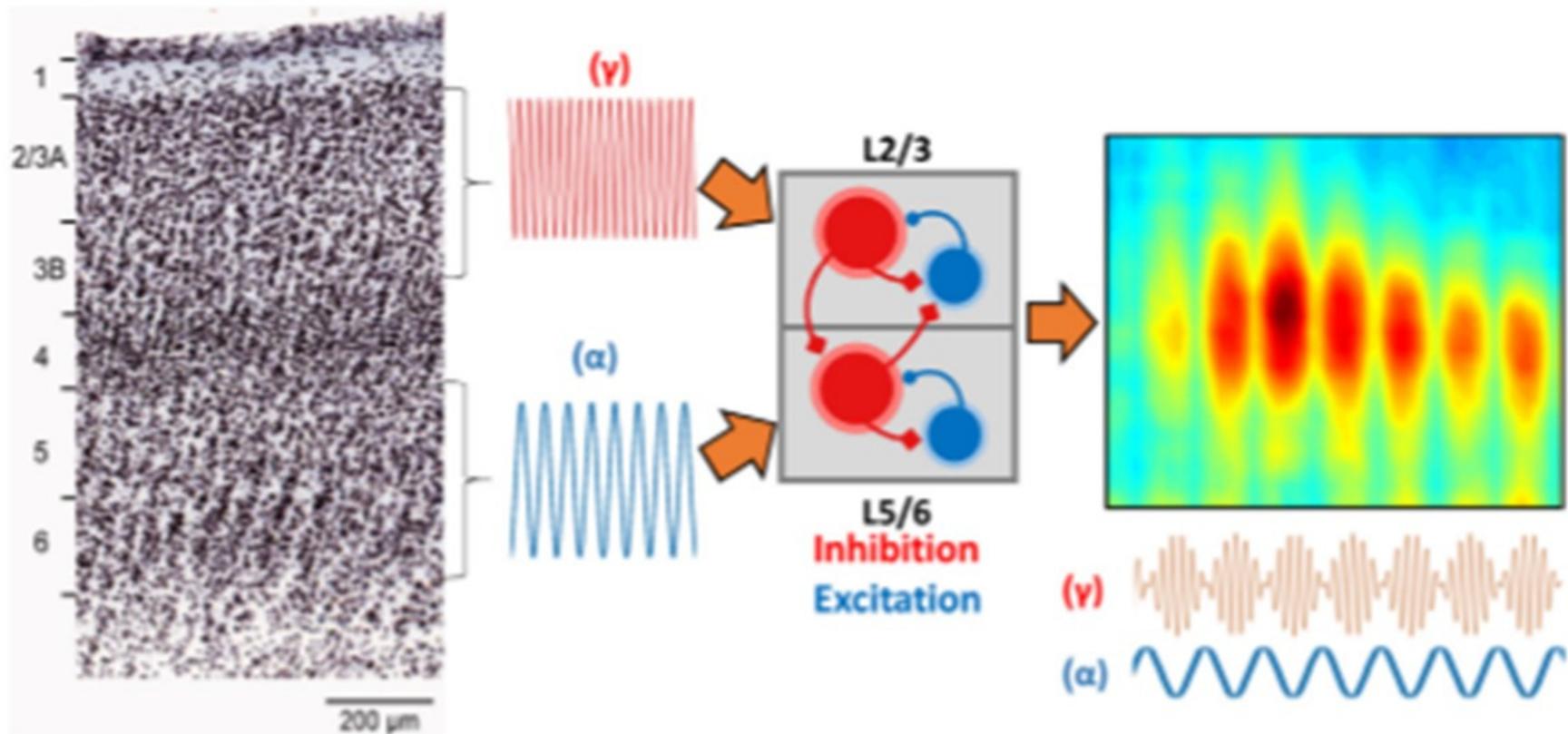
antiphase





Cross-Frequency Phase Lock and Phase Shift Spectrum

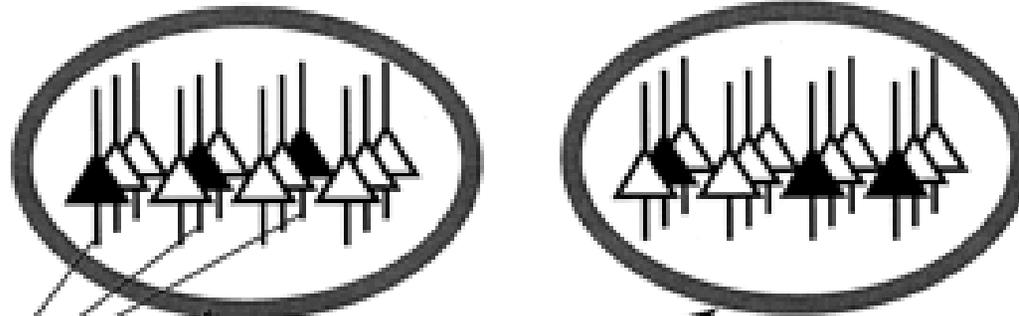




K. Kessler et al. J.; Neuroscience and Behavioral Reviews. 71(2016) 601-620

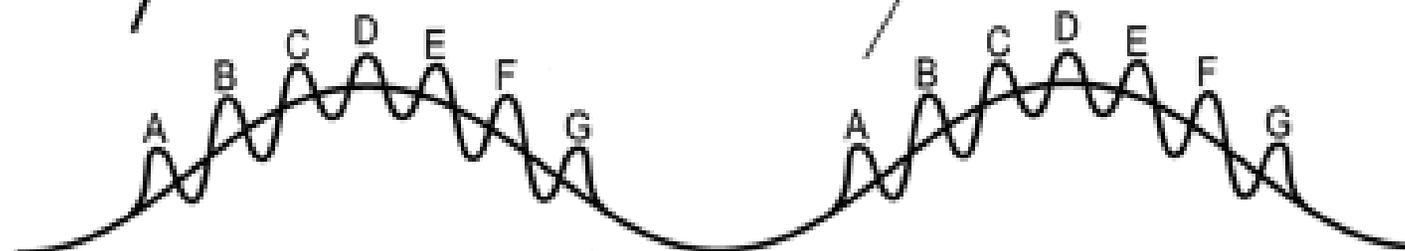
Neural code for Memory A

Neural code for Memory B



A memory is represented by a subset of pyramidal neurons firing in synchrony

Active memories are repeated each theta cycle



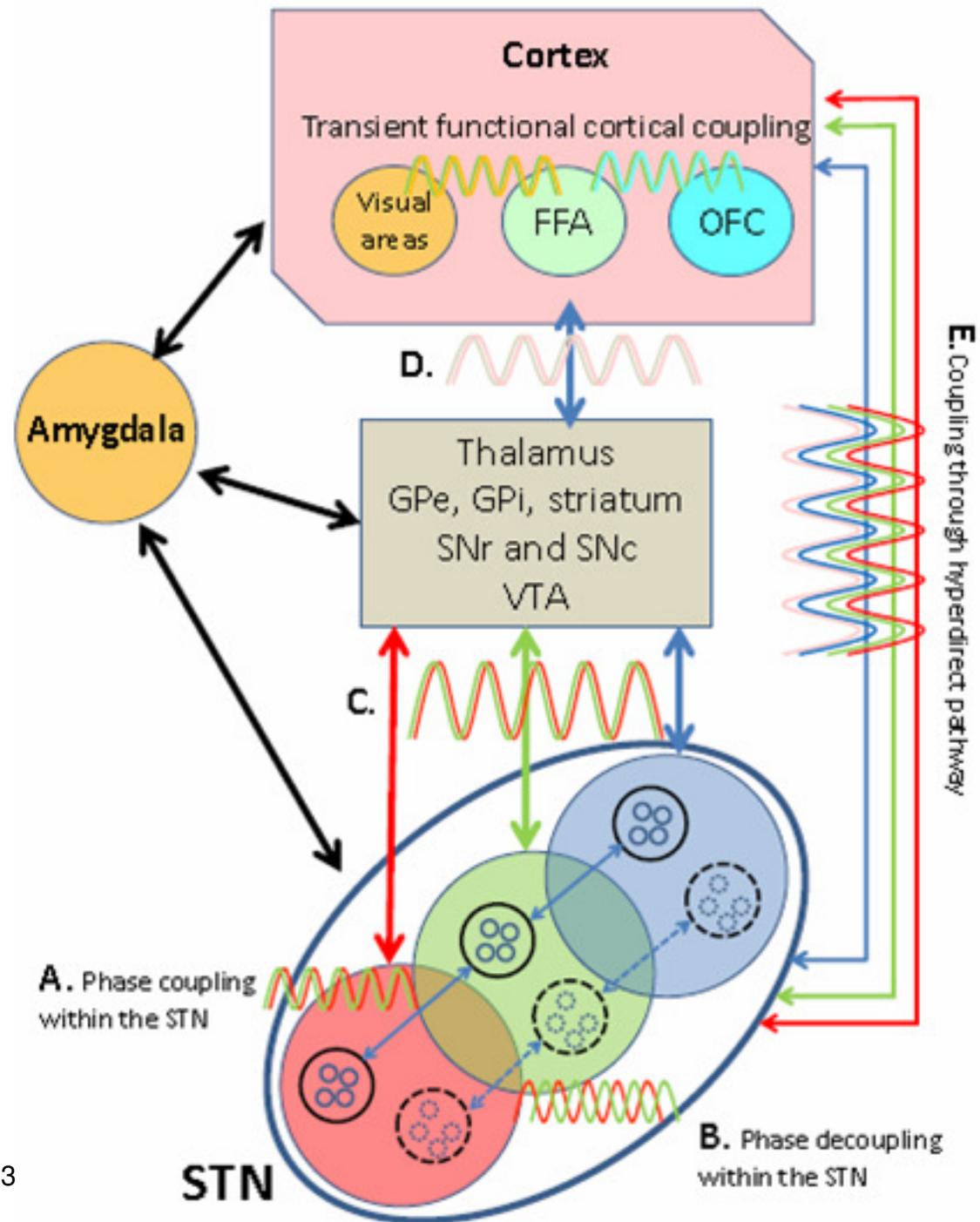
theta 4-10 Hz



gamma 20-80 Hz



dead time = d

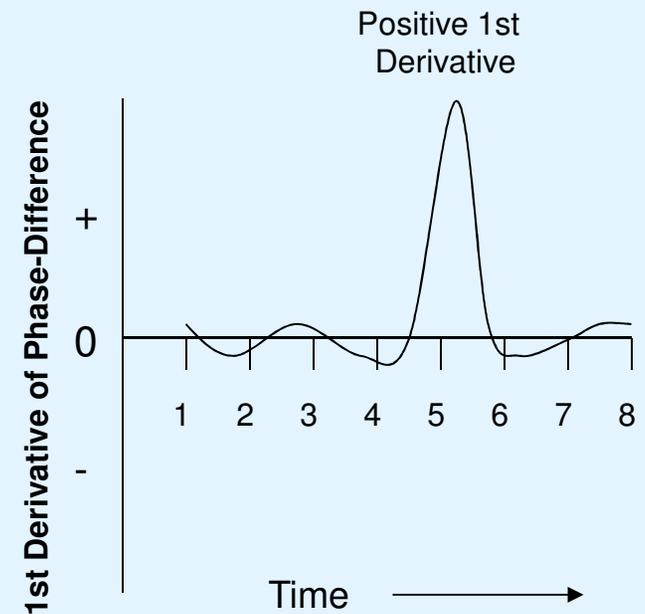
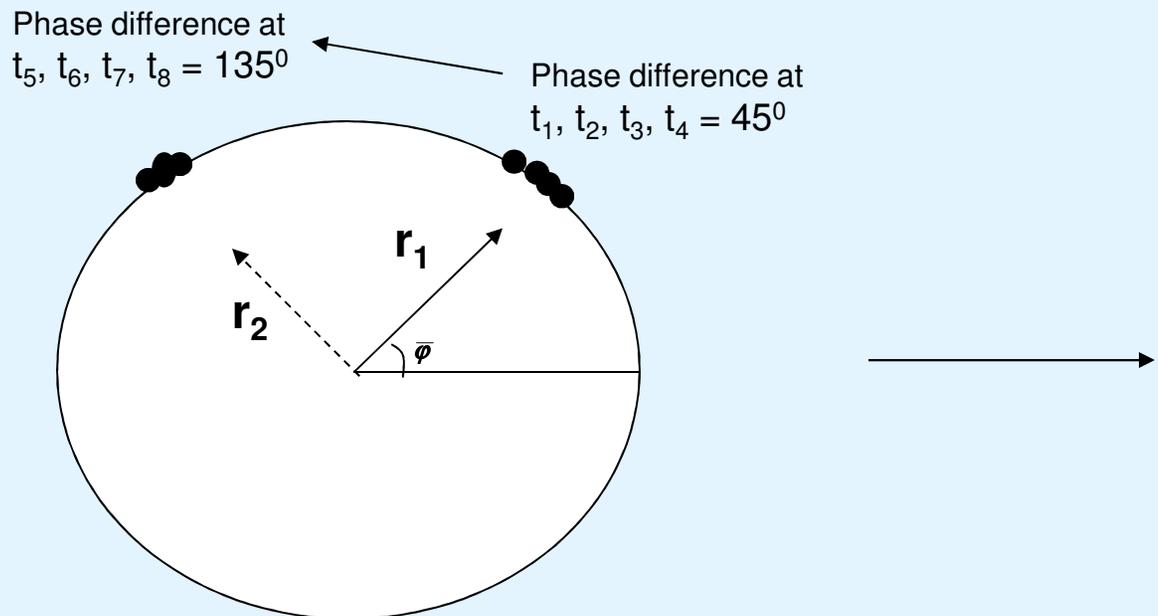
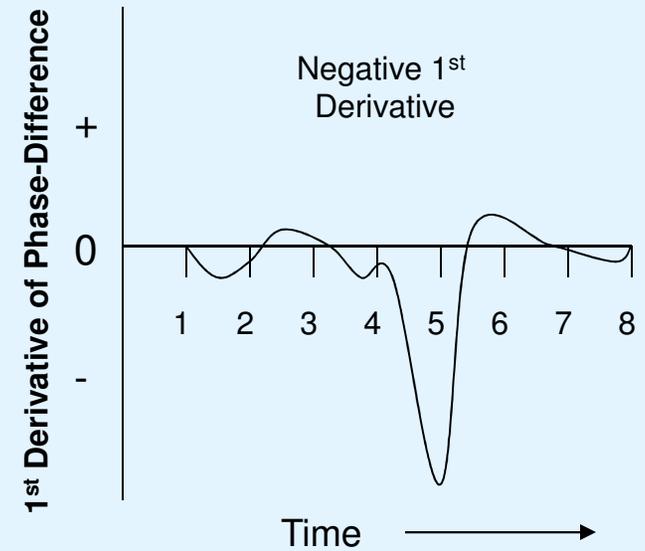
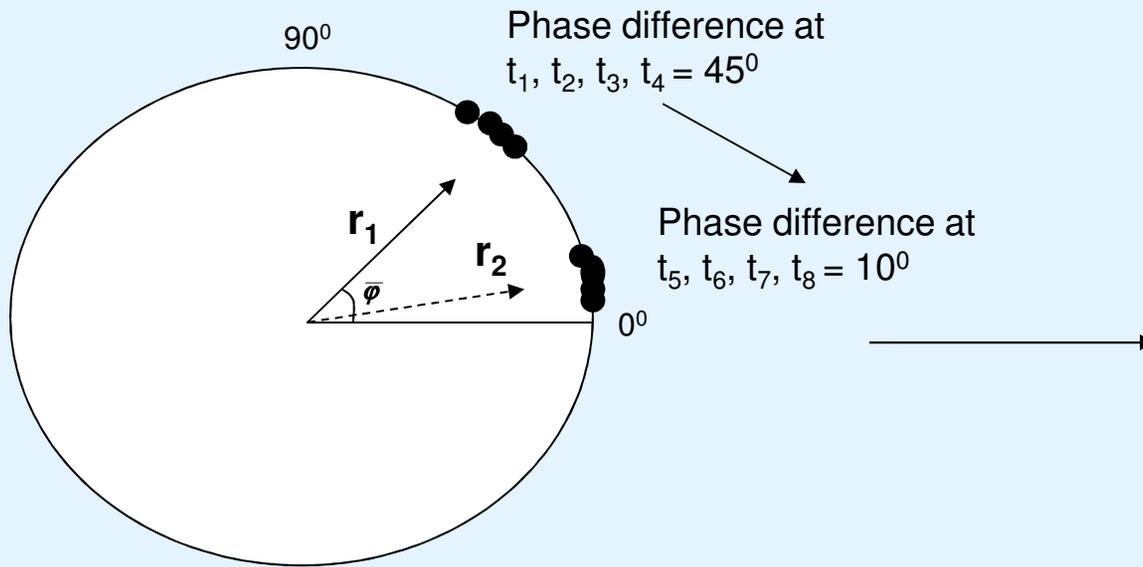


From Peron et al, 2013

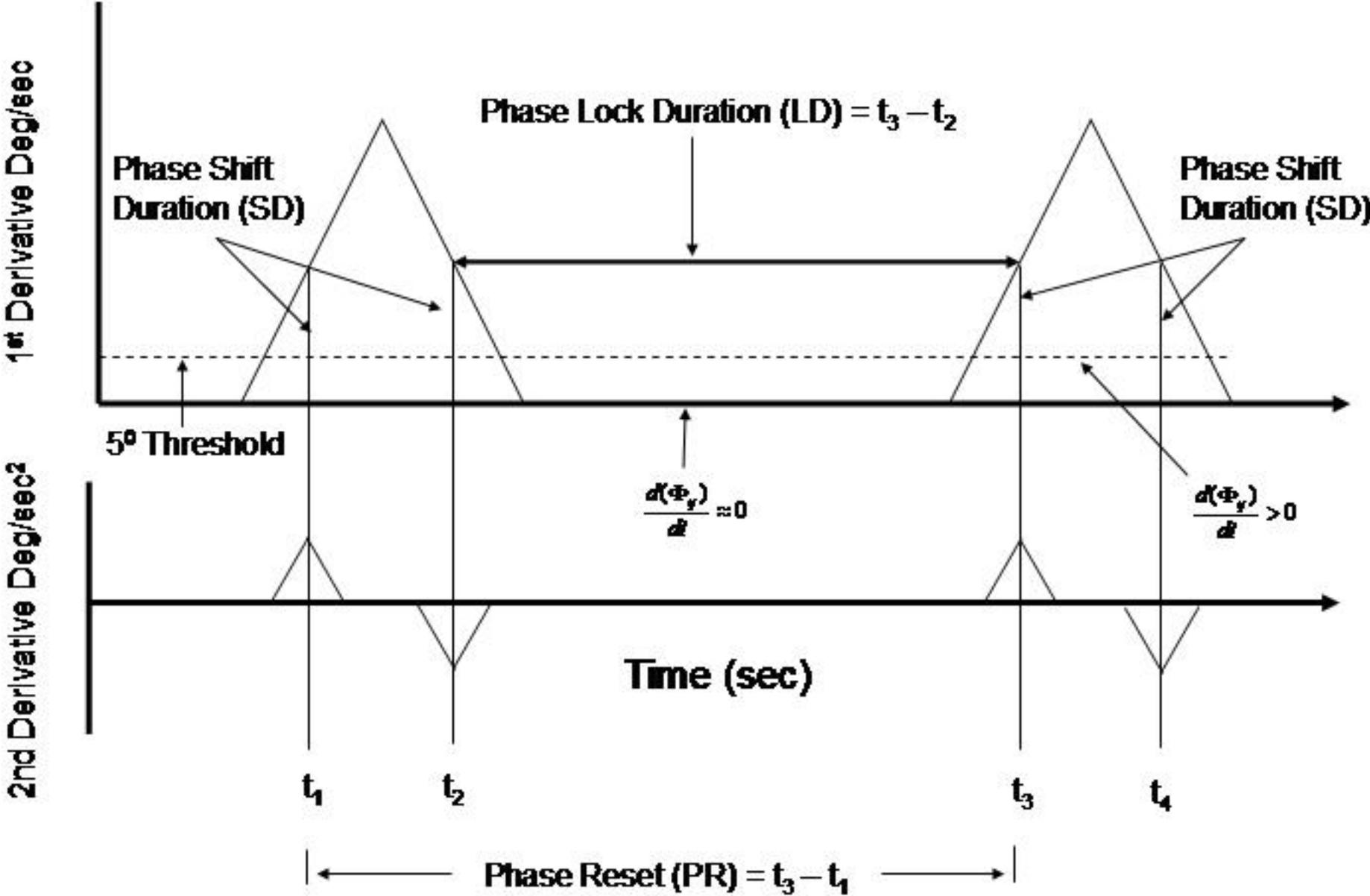
How to Measure Phase Shift and Phase Lock

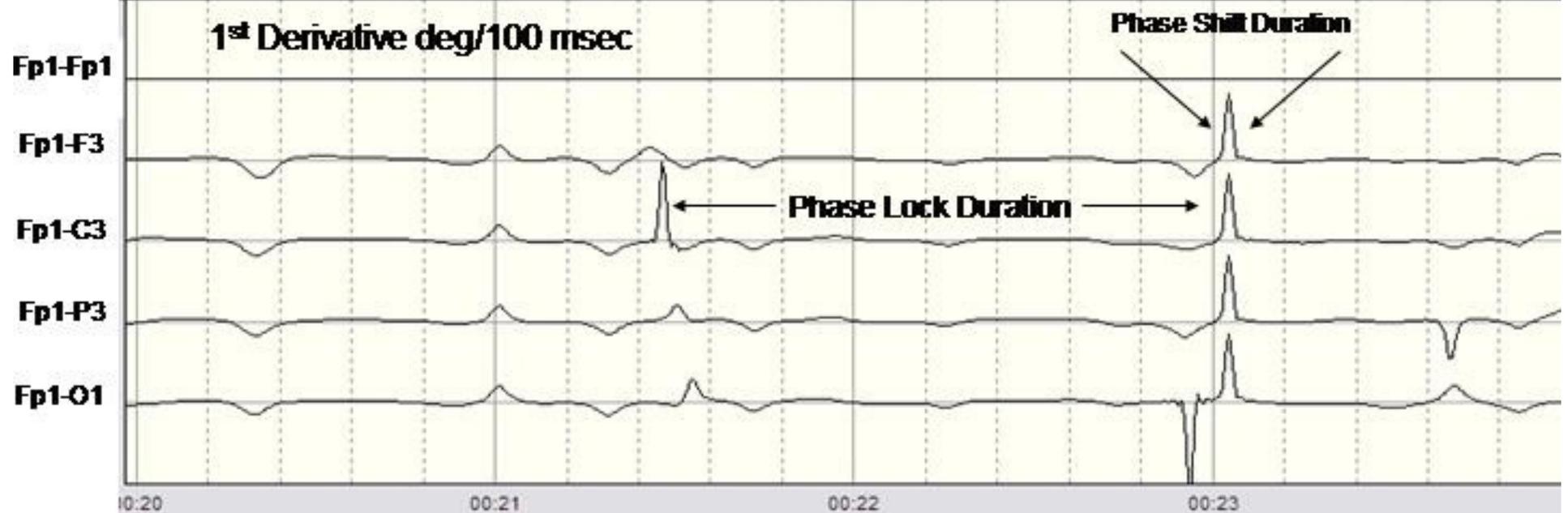
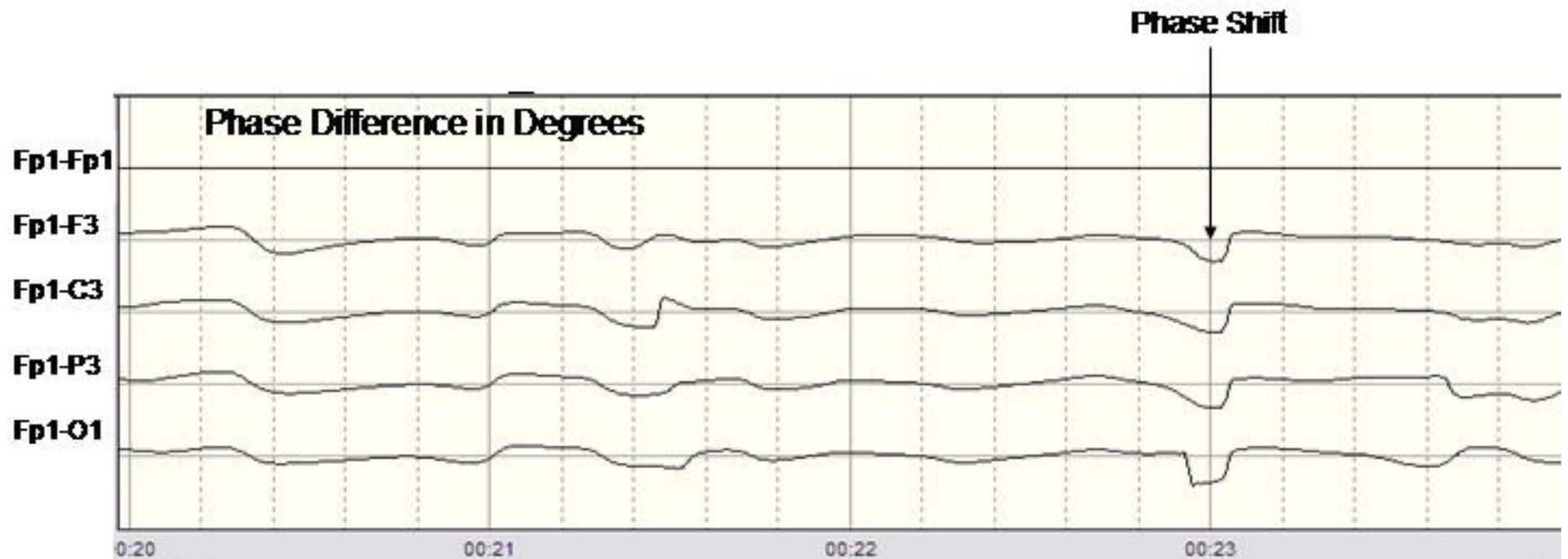
Phase Reset and Neural Resource Selection and Allocation

EEG Phase Reset as a Phase Transition in the Time Domain

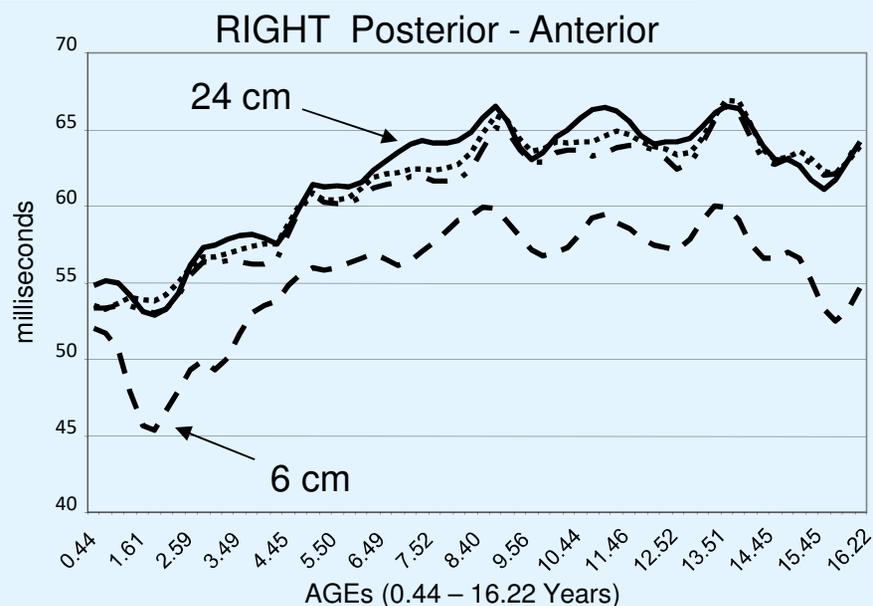
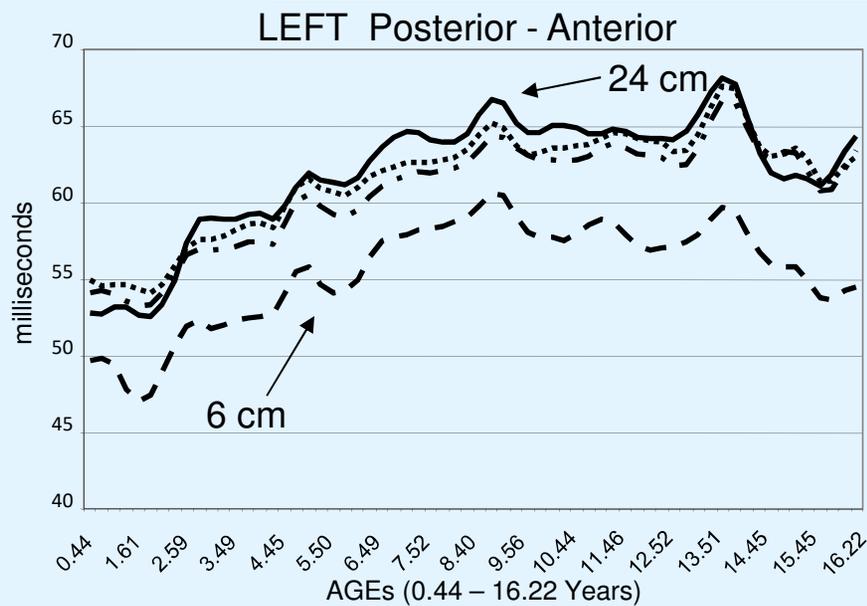
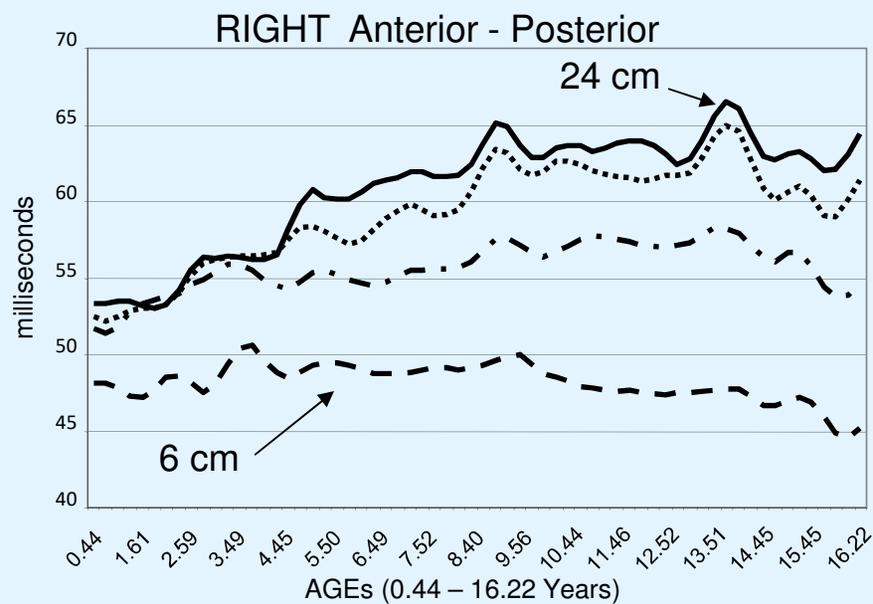
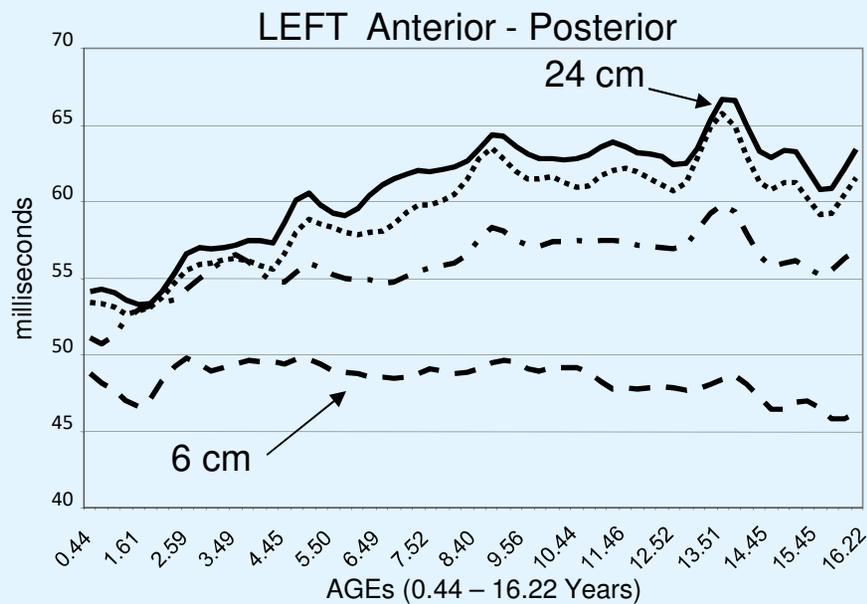


Phase Reset Metrics

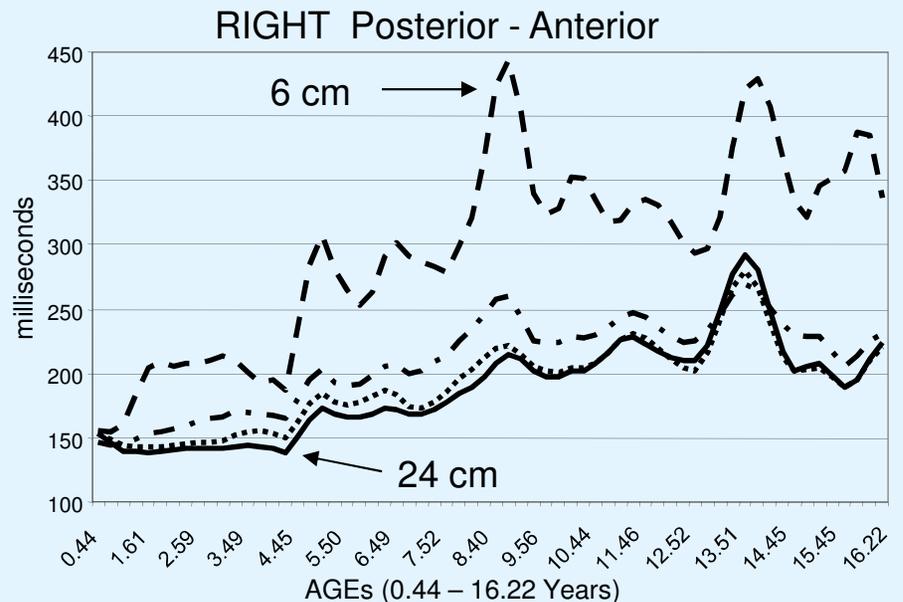
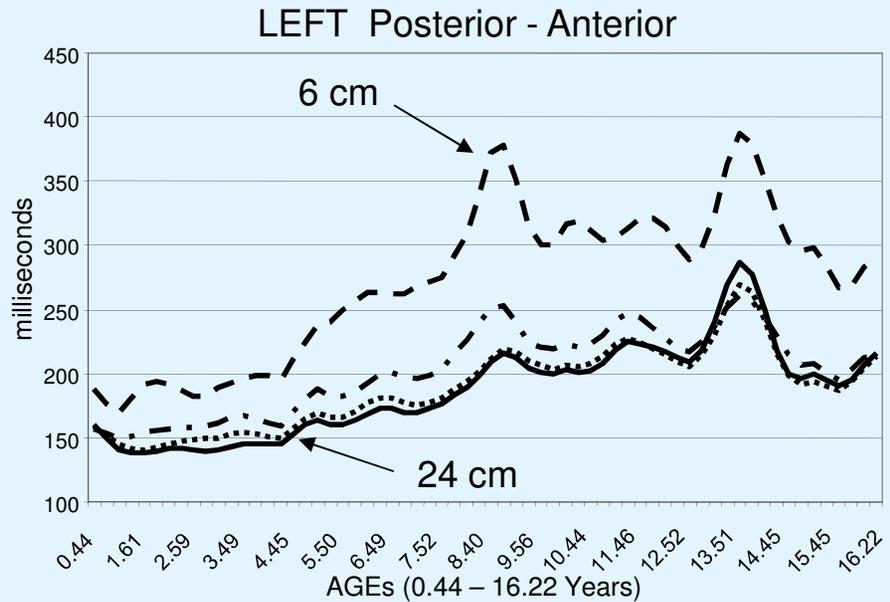
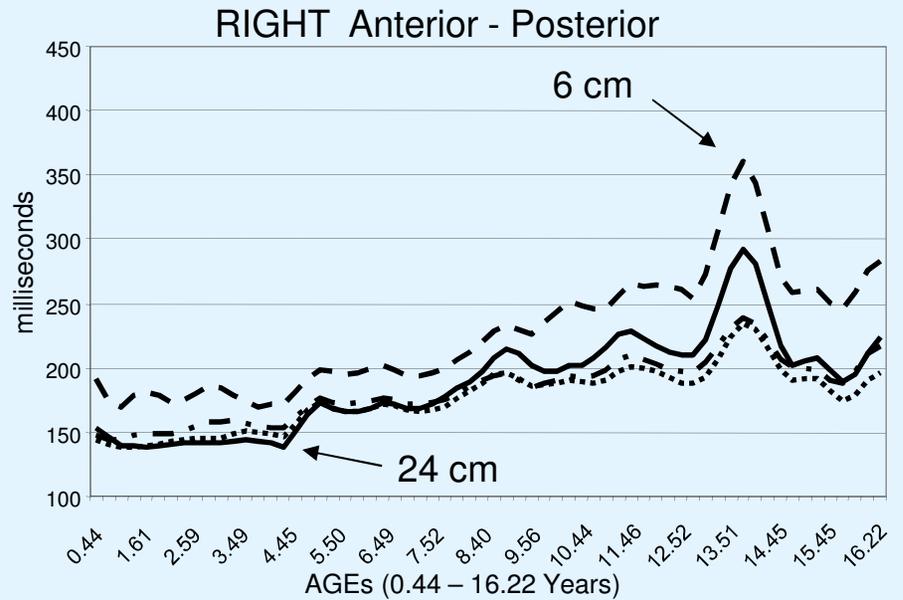
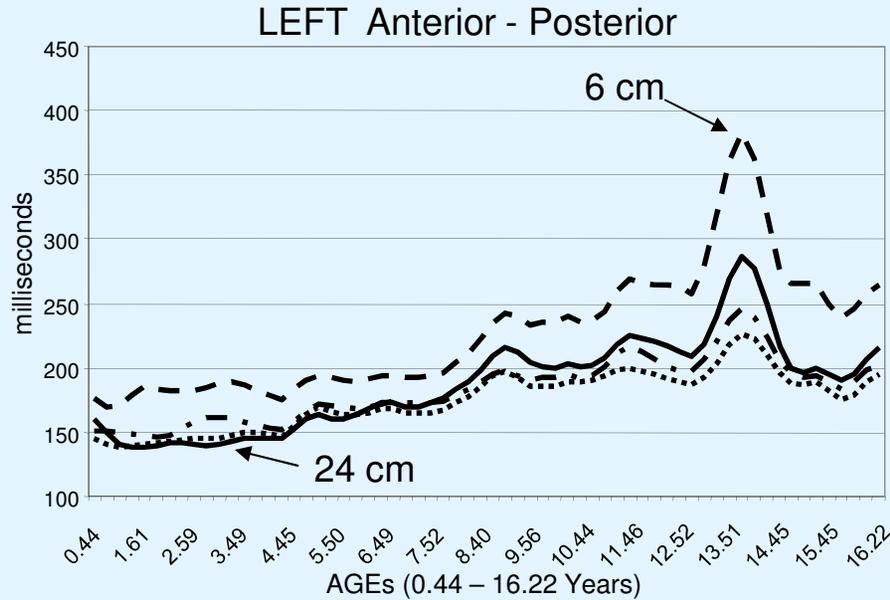




Development of Phase Shift Duration



Development of Phase Synchrony Interval



Published in NeuroImage – NeuroImage, 42(4): 1639-1653, 2008.

**INTELLIGENCE AND EEG PHASE RESET:
A TWO COMPARTMENTAL MODEL OF PHASE SHIFT AND LOCK**

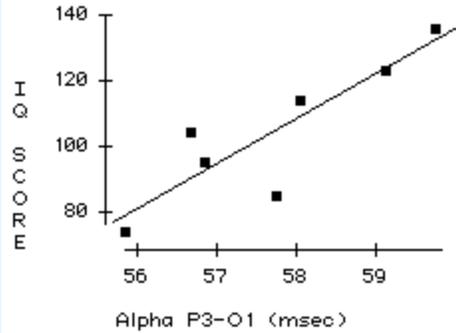
Thatcher, R. W. 1,2, North, D. M.1, and Biver, C. J.1

**EEG and Neuroimaging Laboratory, Applied Neuroscience Research Institute.
St. Petersburg, Fl1 and Department of Neurology, University of South Florida
College of Medicine, Tampa, Fl.2**

Regressions & Correlations of Phase Shift Duration Short Distances (6 cm)

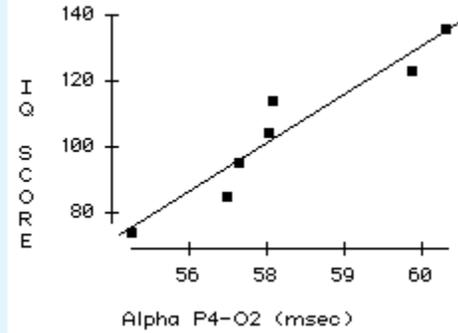
$$IQ = 78 + 13.78 \times (\text{msec})$$

$$r = .876 \text{ @ } p < .01$$



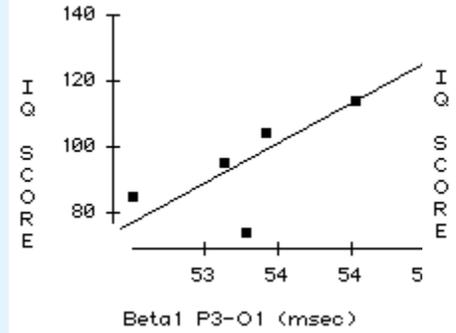
$$IQ = 70 + 11.85 \times (\text{msec})$$

$$r = .954 \text{ @ } p < .0001$$



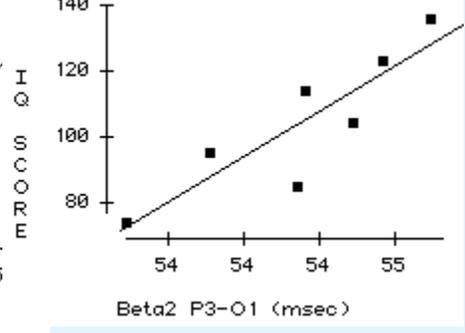
$$IQ = 75 + 24.45 \times (\text{msec})$$

$$r = .868 \text{ @ } p < .01$$



$$IQ = 68 + 34.40 \times (\text{msec})$$

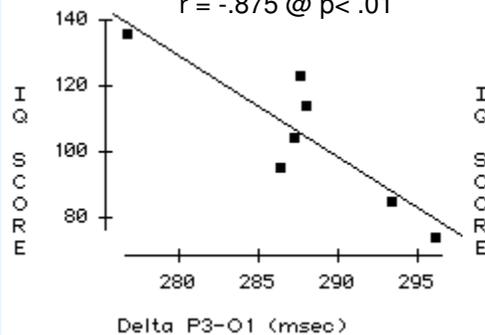
$$r = .874 \text{ @ } p < .01$$



Regressions & Correlations of Phase Locking Interval Short Distances (6 cm)

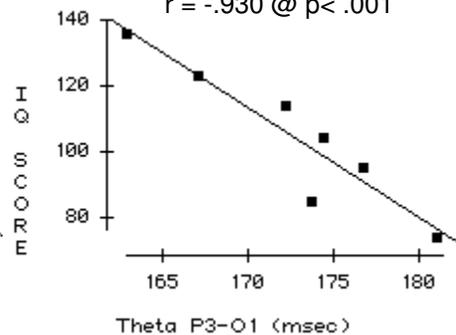
$$IQ = 143 - 3.11 \times (\text{msec})$$

$$r = -.875 \text{ @ } p < .01$$



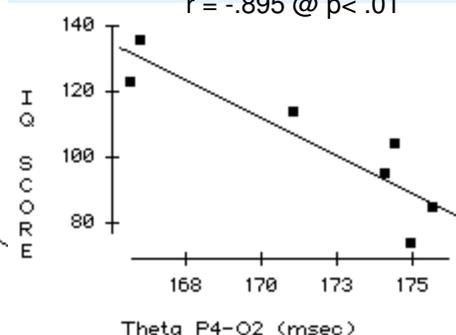
$$IQ = 142 - 3.36 \times (\text{msec})$$

$$r = -.930 \text{ @ } p < .001$$



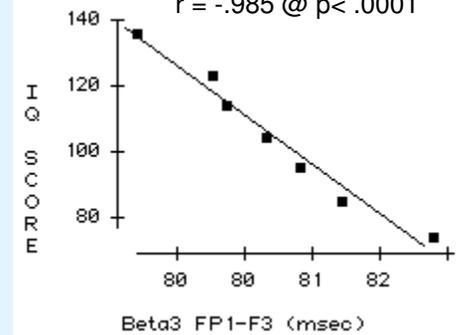
$$IQ = 132 - 4.57 \times (\text{msec})$$

$$r = -.895 \text{ @ } p < .01$$

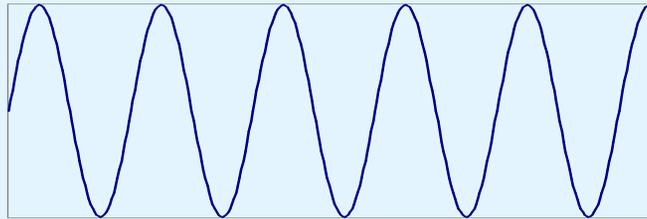


$$IQ = 140 - 20.08 \times (\text{msec})$$

$$r = -.985 \text{ @ } p < .0001$$

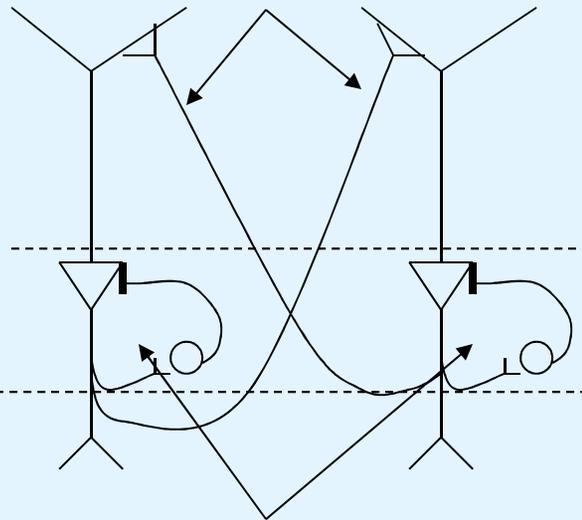


Pyramidal Cell Model of EEG Phase Reset and Full Scale I.Q.



LFP

Distant EPSP
Loop Connections LD



Average
EPSP
Duration

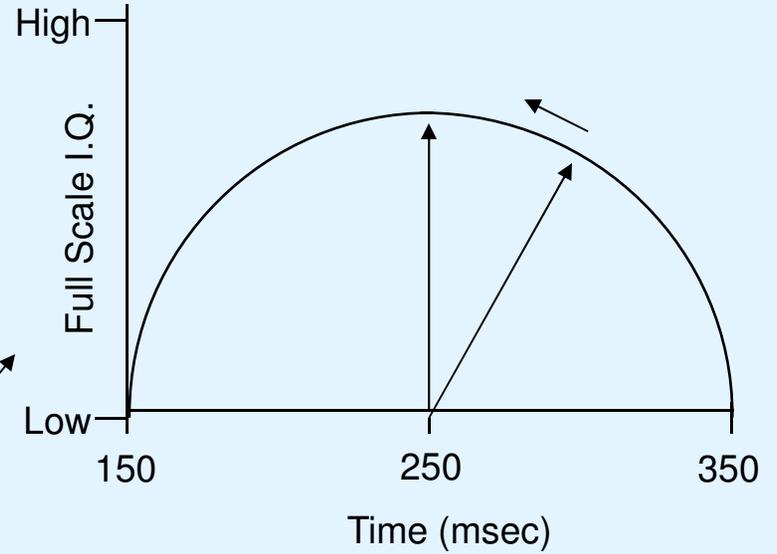
→ LD

Average
 $\Delta\Phi = \Theta_{LFP} - \Theta_{Pref}$

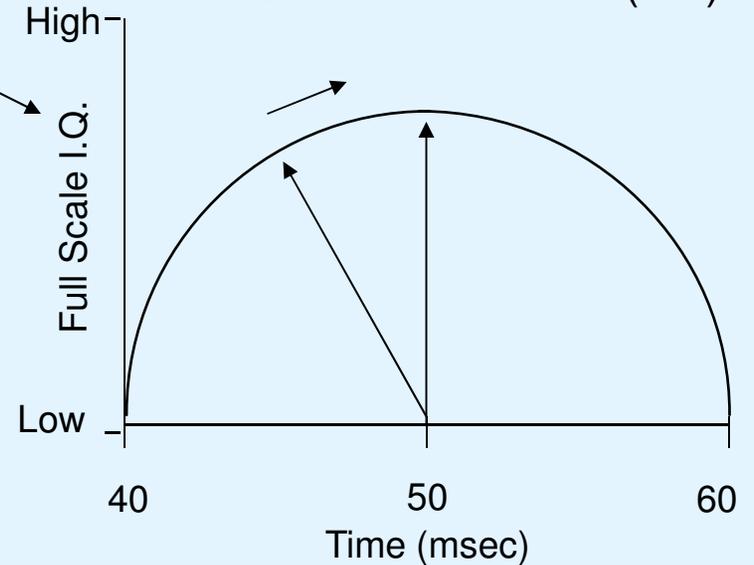
→ SD

Local IPSP
Connections
SD

Phase Lock Duration (LD)



Phase Shift Duration (SD)



SCIENTIFIC REPORTS



OPEN

Intelligence and eeg measures of information flow: efficiency and homeostatic neuroplasticity

R. W. Thatcher, E. Palmero-Soler, D. M. North & C. J. Biver

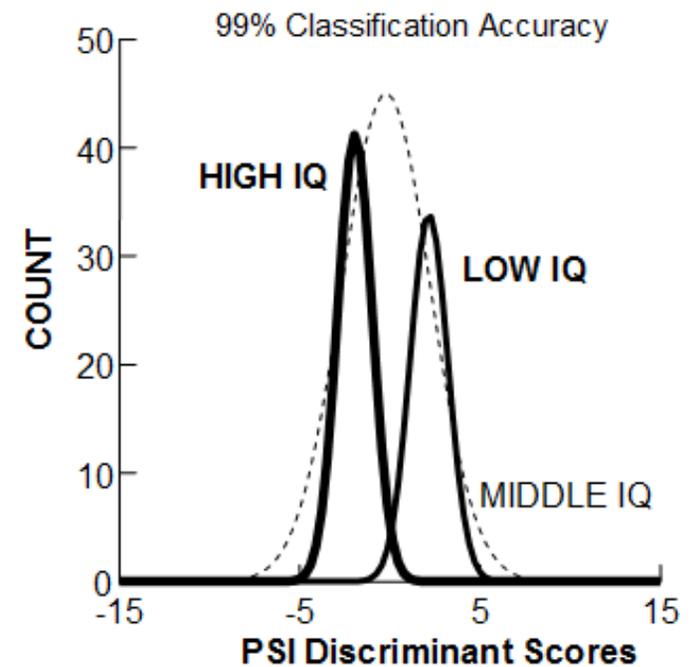
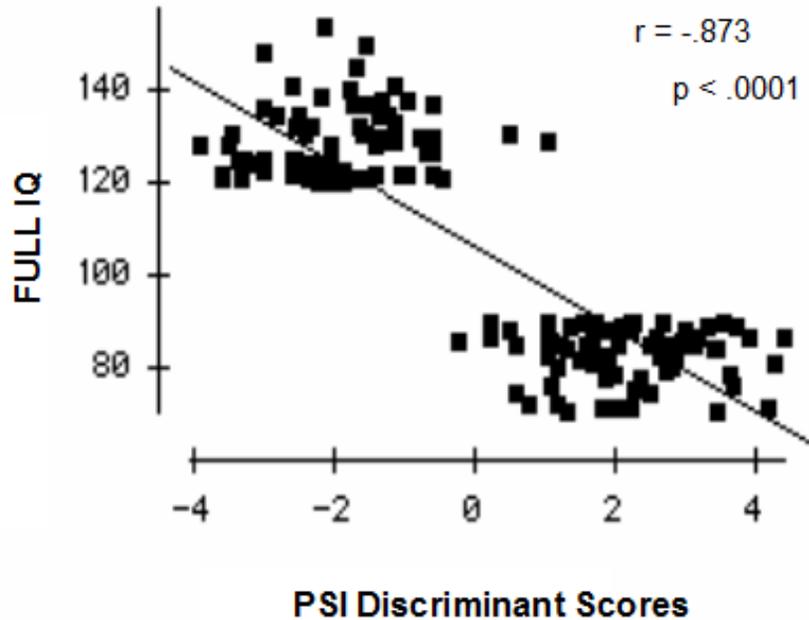
Received: 25 July 2016

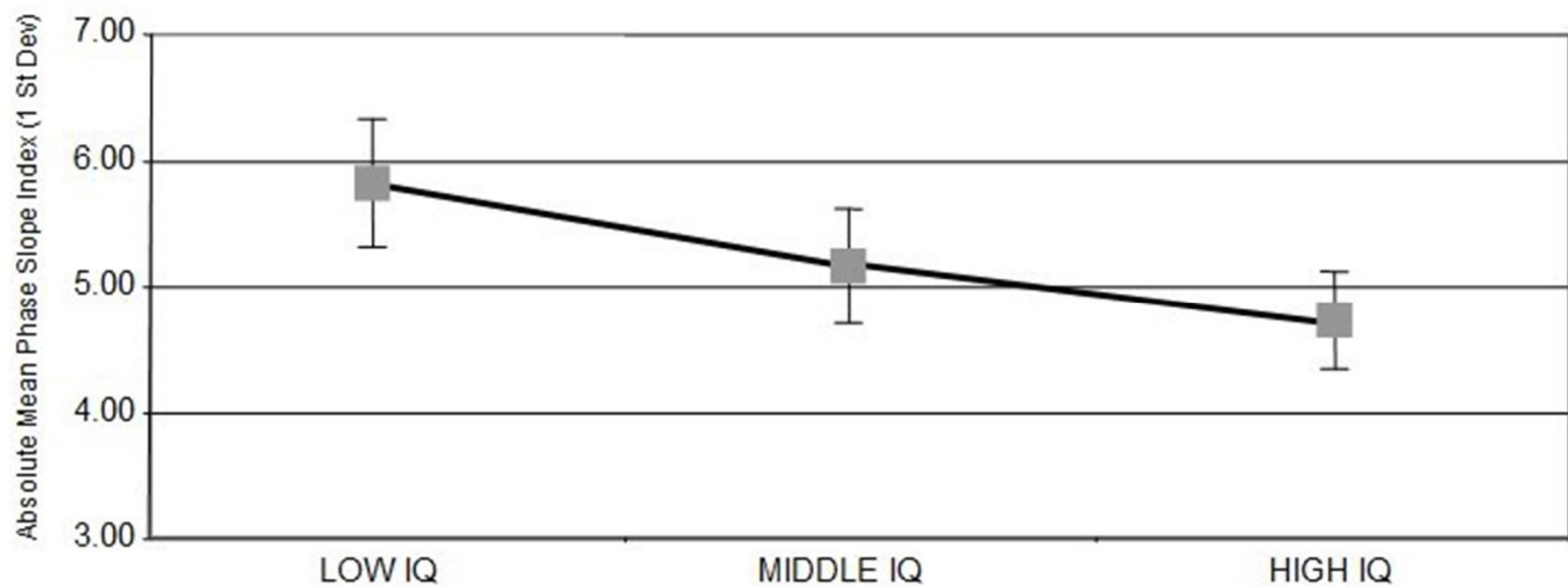
Accepted: 14 November 2016

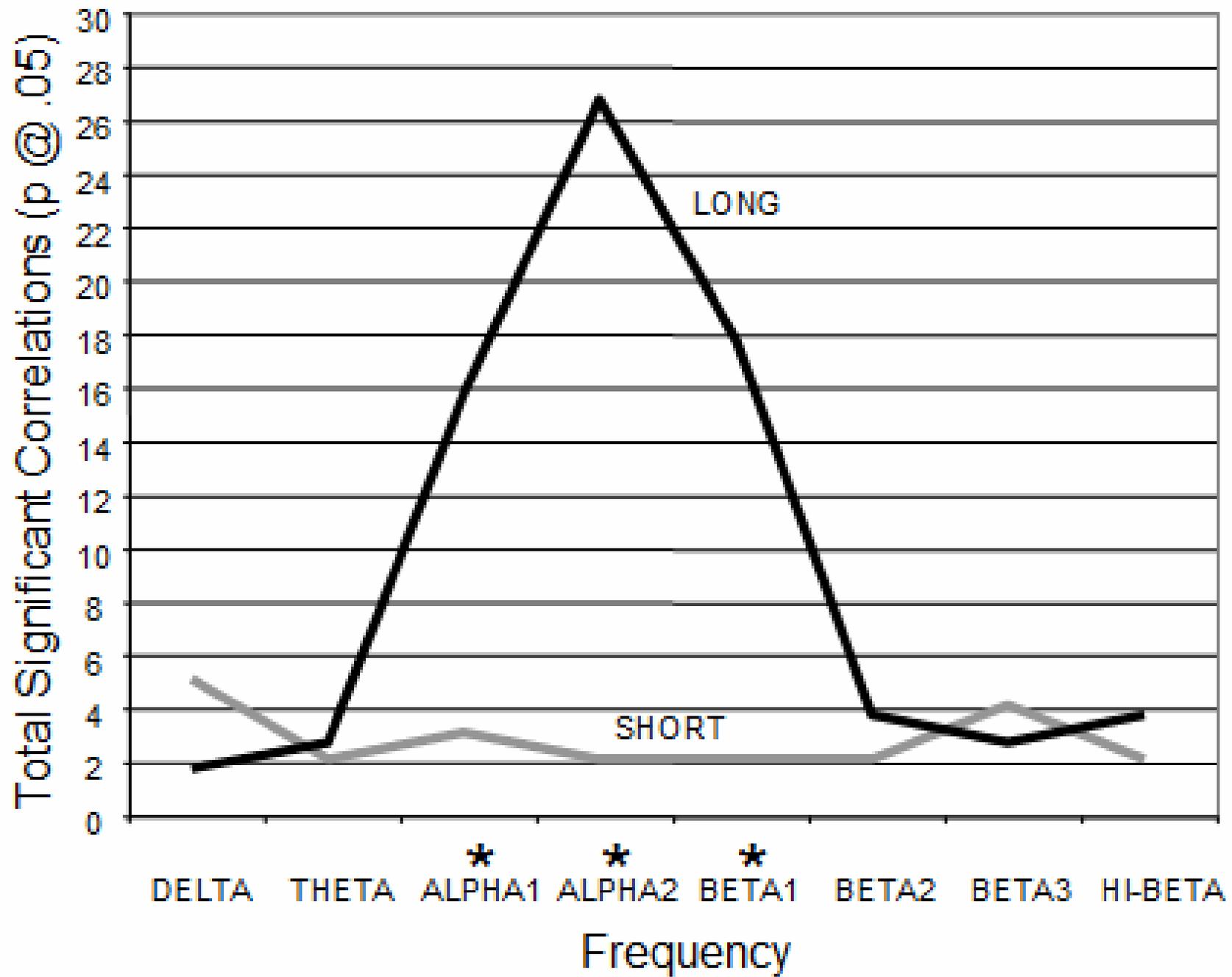
Published: 20 December 2016

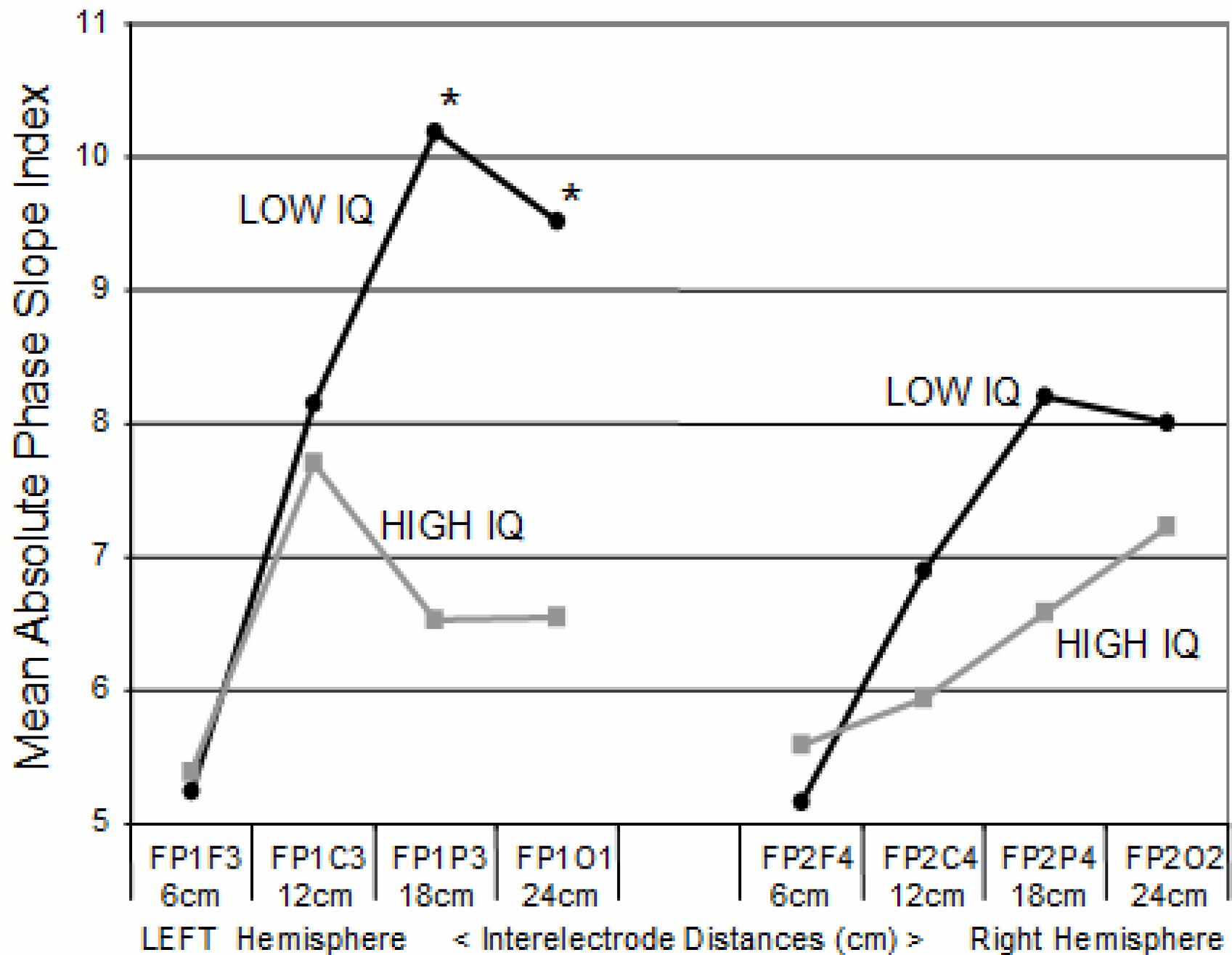
The purpose of this study was to explore the relationship between the magnitude of EEG information flow and intelligence. The electroencephalogram (EEG) was recorded from 19 scalp locations from 371 subjects ranging in age from 5 years to 17.6 years. The Wechsler Intelligence Scale for Children (WISC-R) was administered for individuals between 5 years of age and 16 years and the Wechsler Adult Intelligence Scale revised (WAIS-R) was administered to subjects older than 16 years to estimate I.Q. The phase slope index estimated the magnitude of information flow between all electrode combinations for difference frequency bands. Discriminant analyses were performed between high I.Q. (>120) and low I.Q. groups (<90). The magnitude of information flow was inversely related to I.Q. especially in the alpha and beta frequency bands. Long distance inter-electrode distances exhibited greater information flow than short inter-electrode distances. Frontal-parietal correlations were the most significant. It is concluded that higher I.Q. is related to increased efficiency of local information processing and reduced long distance compensatory dynamics that supports a small-world model of intelligence.

Discriminant Scores of the Magnitude of Phase Slope Index (PSI) with Full Scale IQ



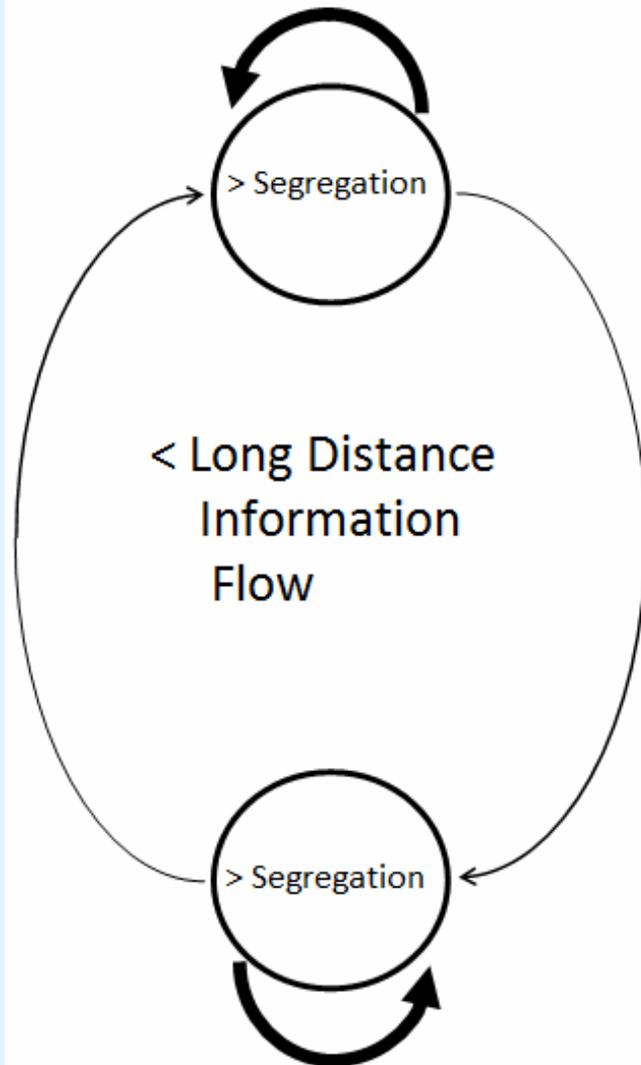






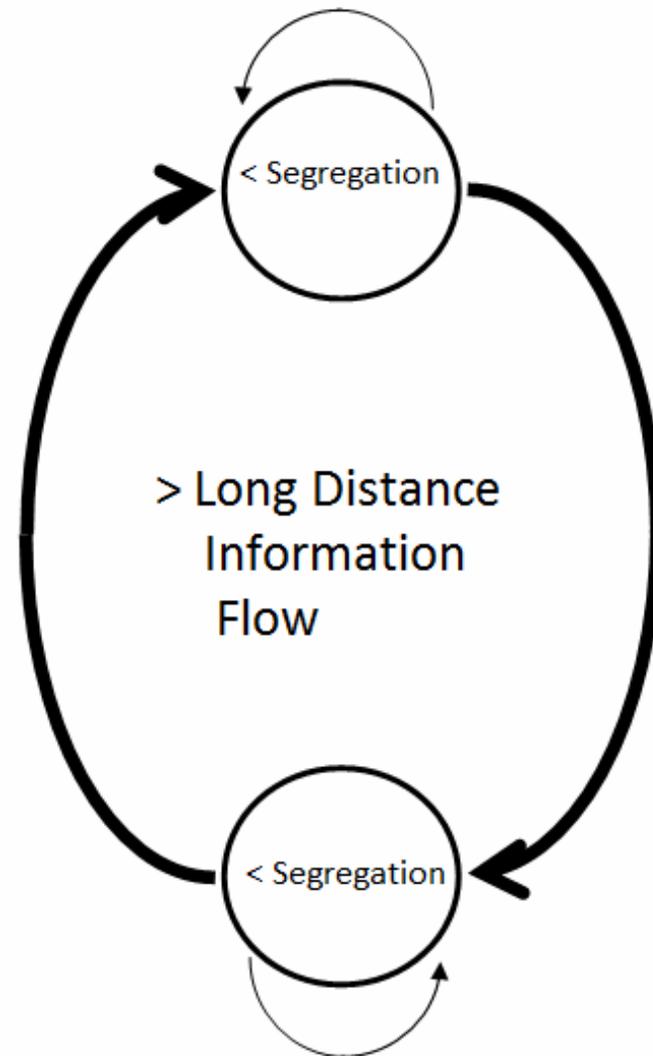
Higher I.Q.

- **Small-World**
- **Efficiency**



Lower I.Q.

- < **Small-World**
- < **Efficiency**

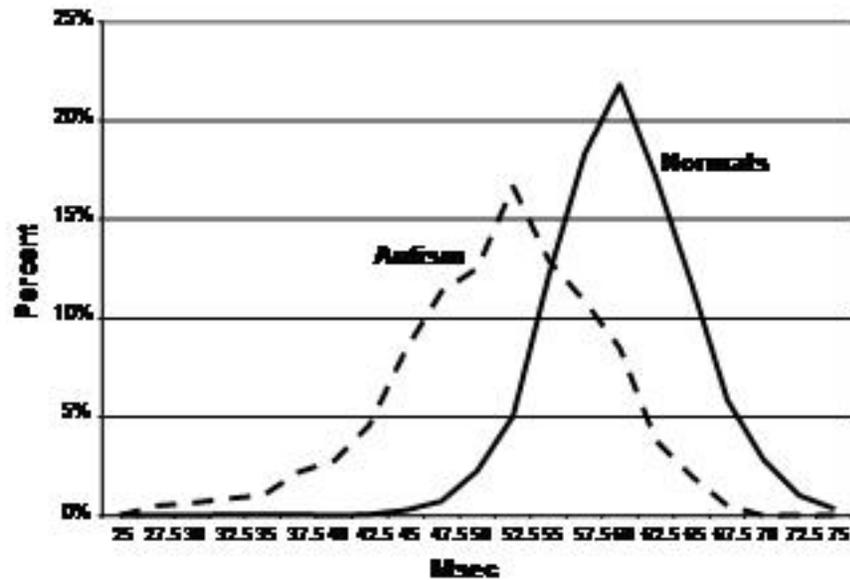


**AUTISM AND EEG PHASE RESET:
A UNIFIED THEORY OF DEFICIENT GABA MEDIATED INHIBITION IN
THALAMO-CORTICAL CONNECTIONS**

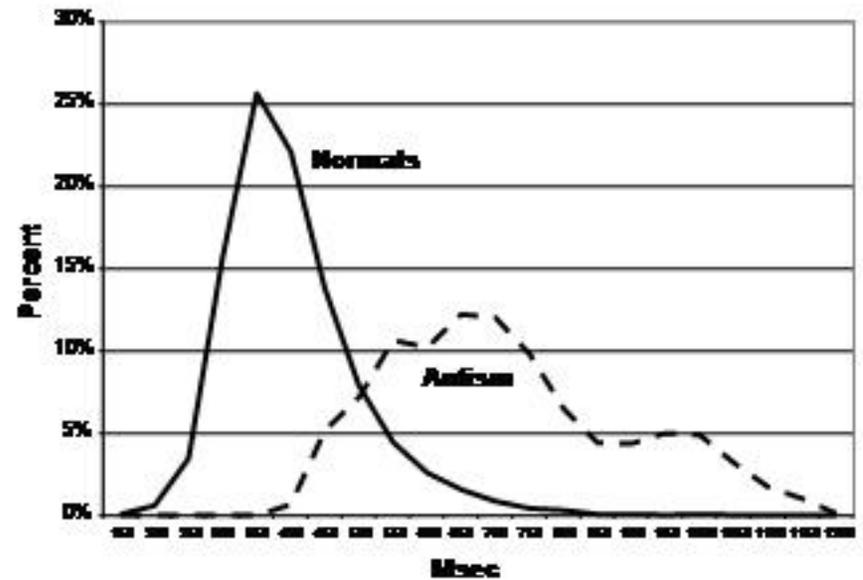
**Thatcher, R. W. 1,2, Phillip DeFina², James Neurbrander², North, D. M.¹, and
Biver, C. J.¹**

**EEG and Neuroimaging Laboratory, Applied Neuroscience Research
Institute., St. Petersburg, FL¹ and the International Brain Research
Foundation, Menlo Park, NJ²**

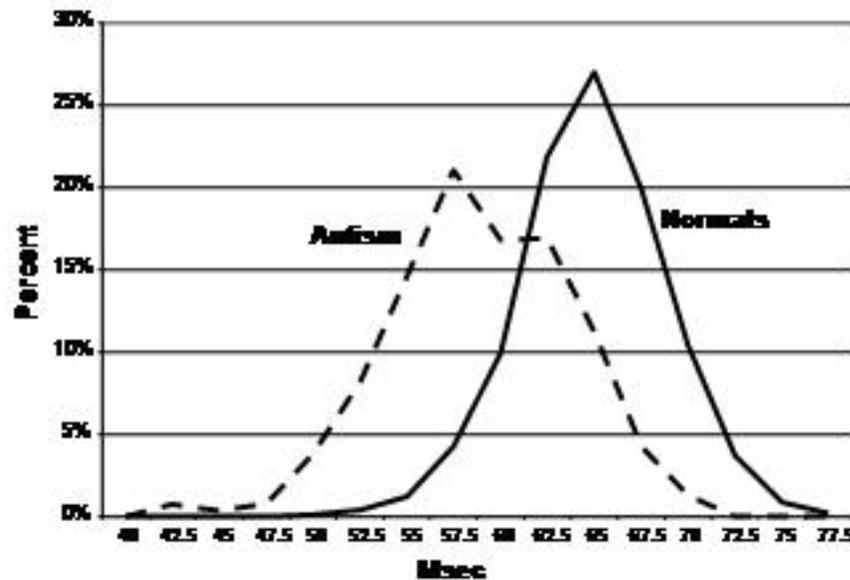
Alpha1 Shift Duration Short Distances



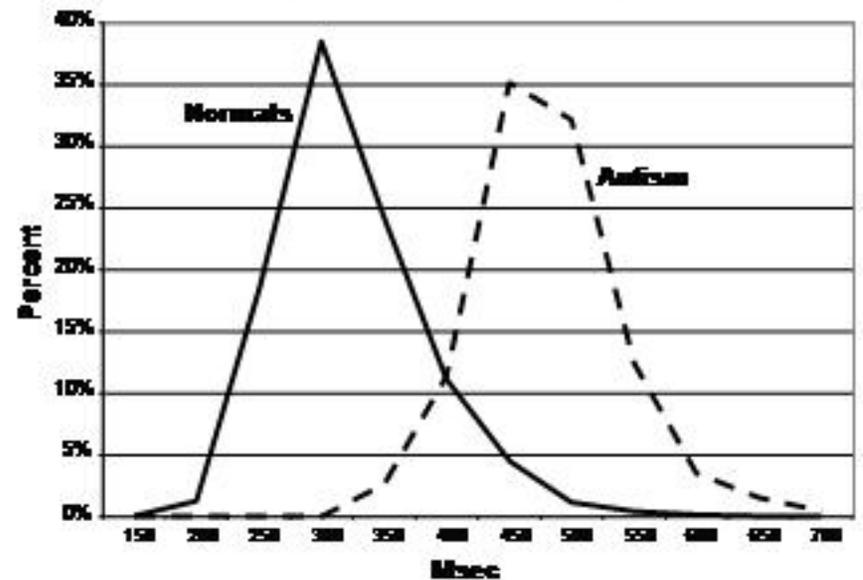
Alpha2 Lock Duration Short Distances



Alpha1 Shift Duration Long Distances



Alpha2 Lock Duration Long Distances



Electrical Neuroimaging of Functional Modules and Hubs as Measured by fMRI and PET

Phase Shift and Phase Lock Switch Dynamics that “Animate” Information Flow Within and Between Modules and Hubs

Brodmann Areas

Frontal Lobe
Thinking, Planning,
Motor execution,
Executive Functions,
Mood Control

Temporal Lobe
language function and
auditory perception
involved in long term
memory and emotion

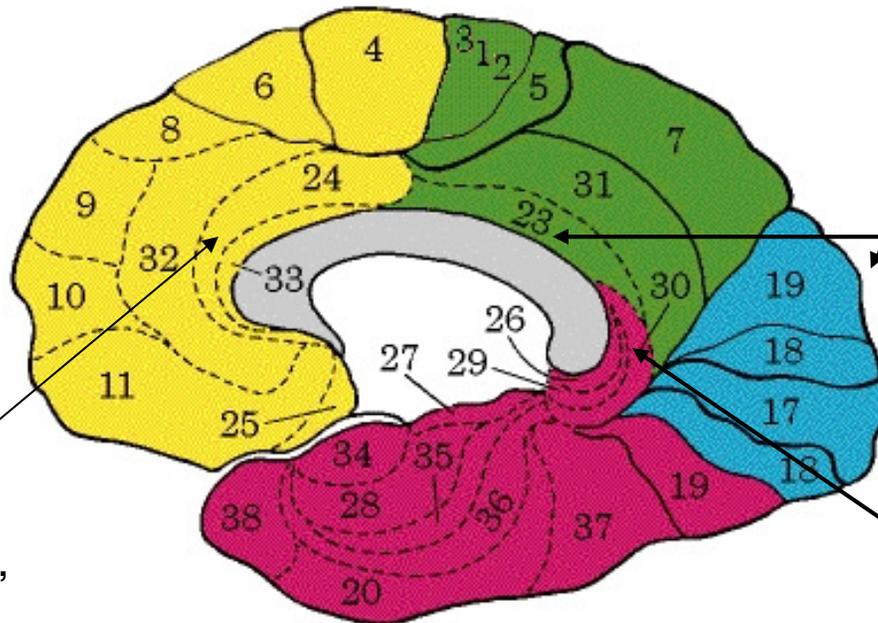
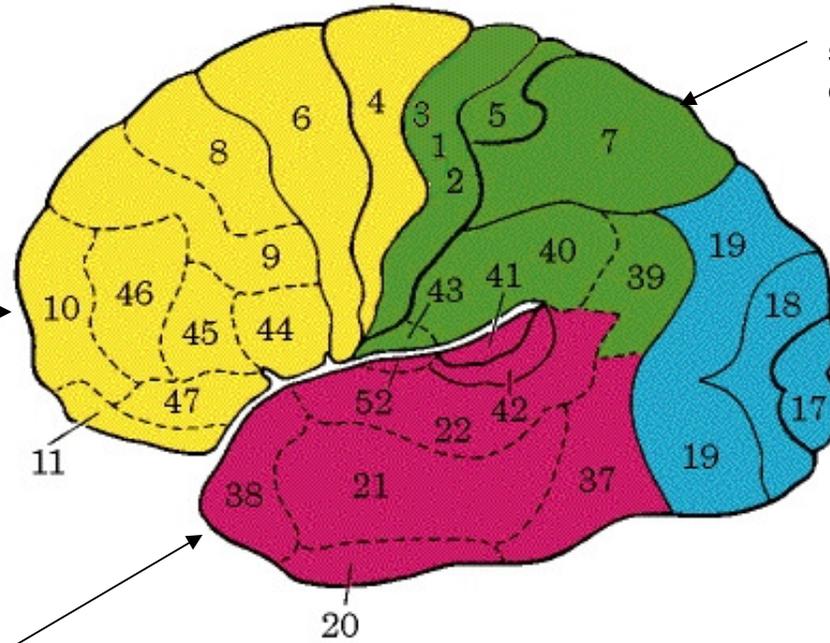
Anterior Cingulate Gyrus
Volitional movement, attention,
long term memory

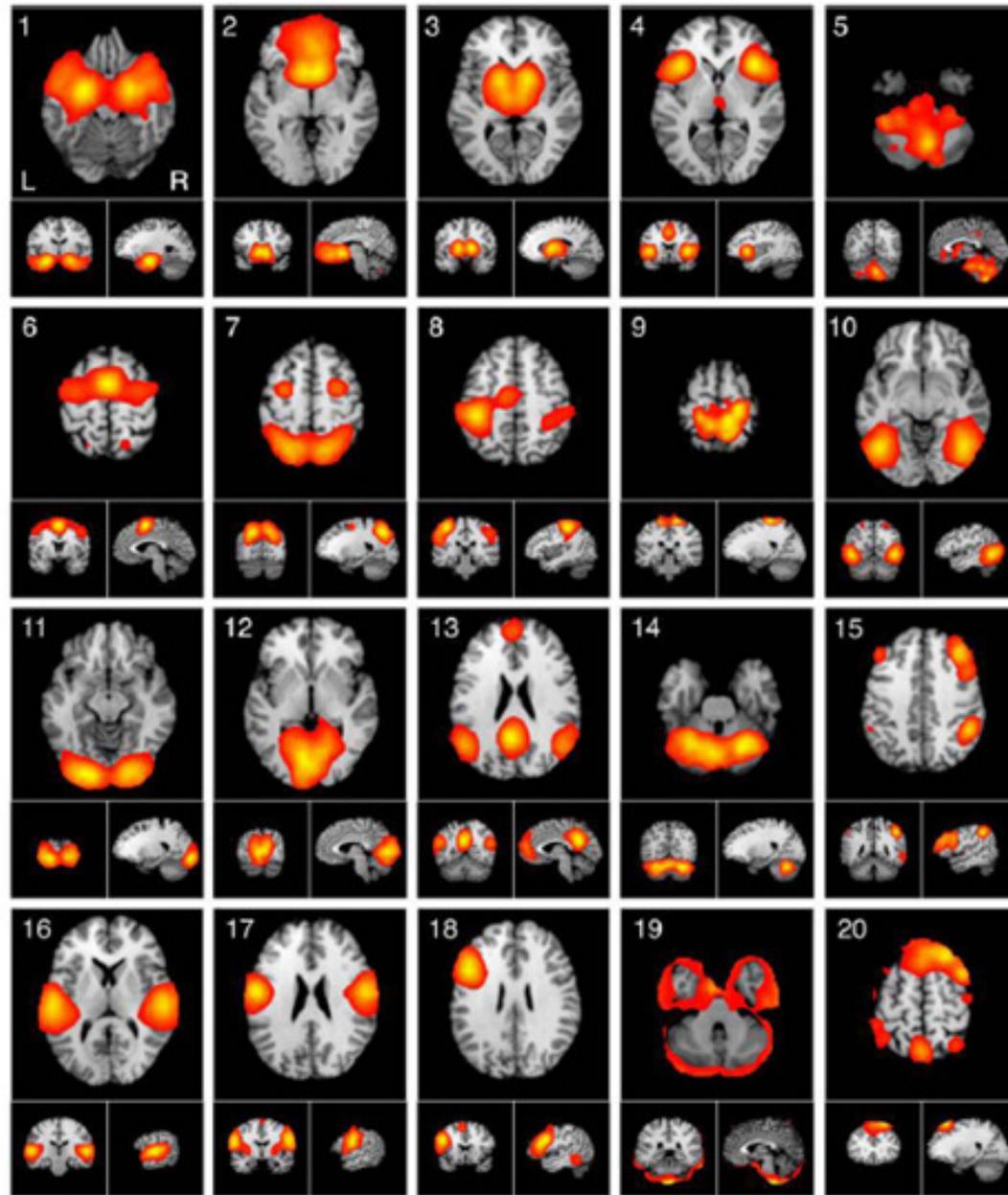
Parietal Lobe
somatosensory perception integration
of visual & somatospatial information

Occipital Lobe
Visual perception &
Spatial processing

Posterior Cingulate
attention, long-term
memory

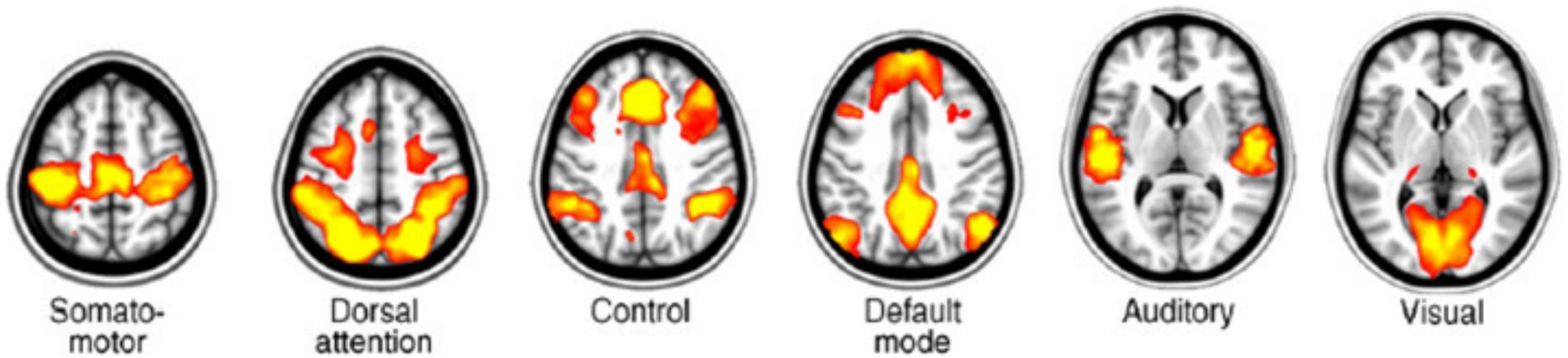
Parahippocampal Gyrus
Short-term memory, attention





Laird et al (2011) summarized the various "intrinsic connectivity networks" or ICNs into eighteen specific groupings based upon 30,000 fMRI and PET studies

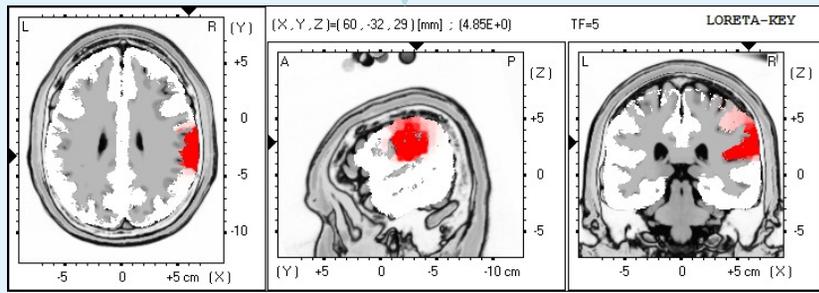
Six Functional Modules as Measured by fMRI



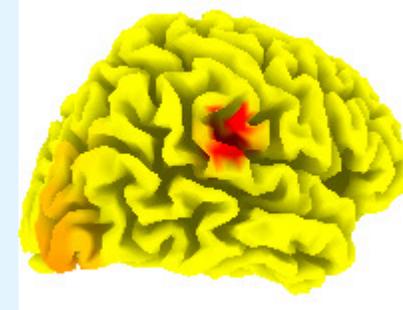
From Raichle, 2010

Electrical Neuroimaging and Cortical Source Localization

Horizontal, Sagittal & Coronal Views of a Single Slice



Cortical Surface Projection



Tomographic Slice Display

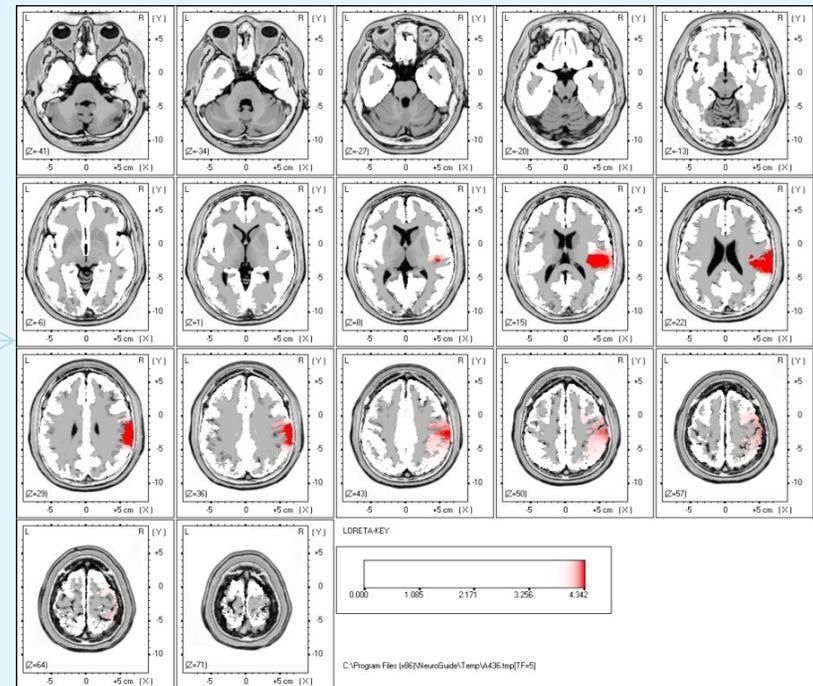


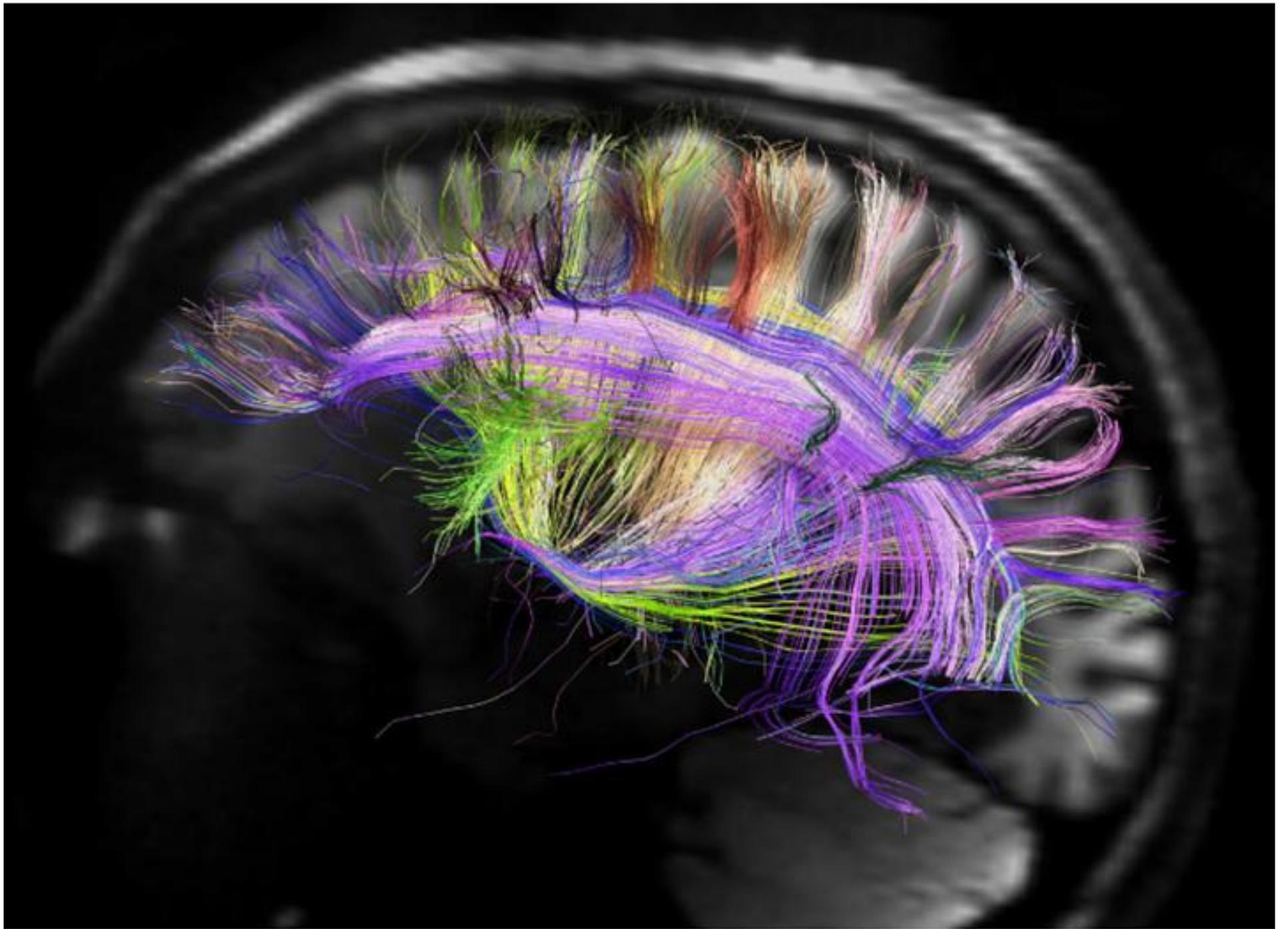
Table 5: Error measure EDI for the four inverse algorithms, with regularization, under four different noise levels: 25 dB, 15 dB, 10 dB and 5 dB. Each cell value gives the mean and standard deviation.

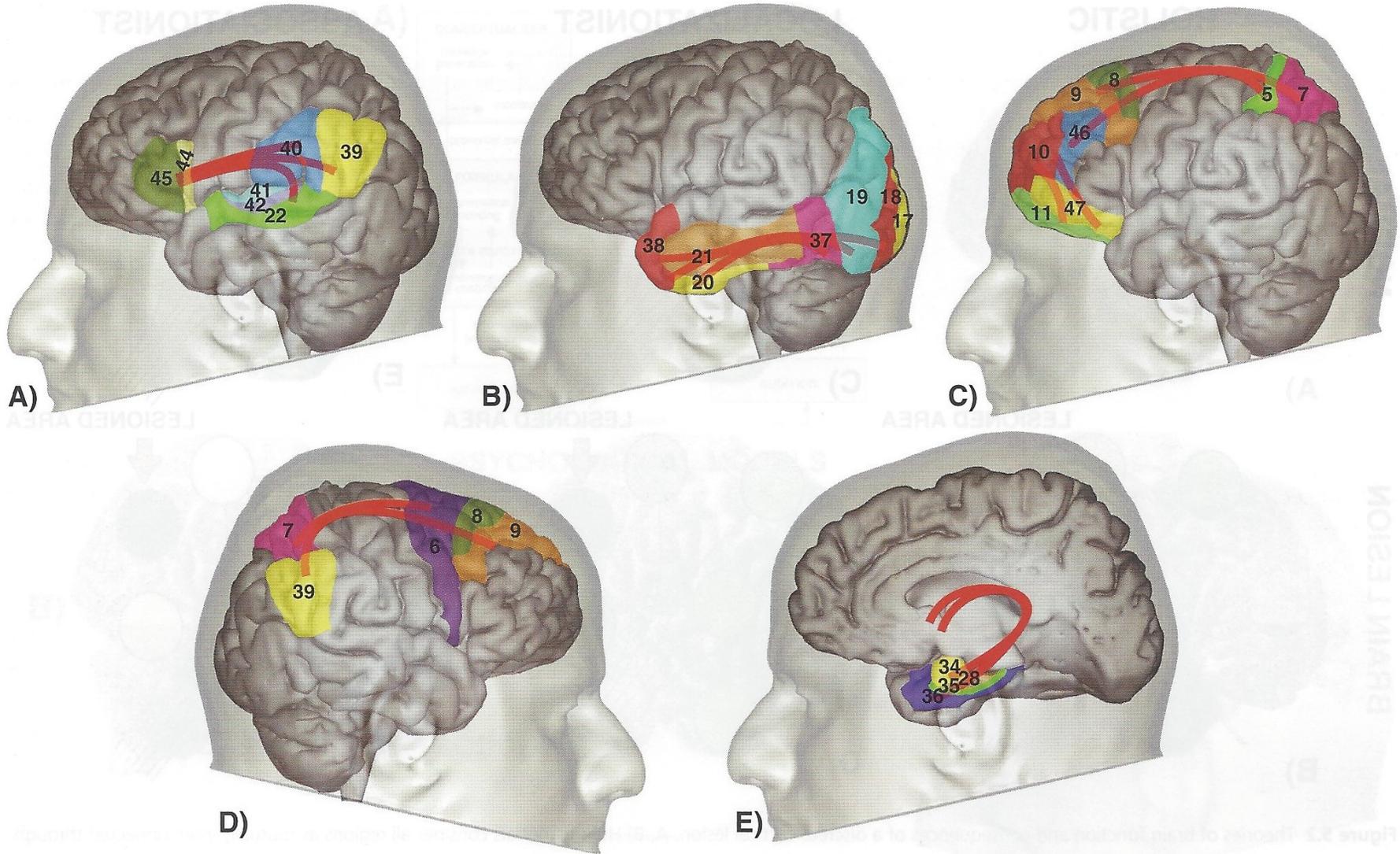
		EDI			
		Regularised			
	SNR/dB	5	10	15	25
	Layer				
WMN	Surface	3.46 ± 0.42	2.10 ± 0.28	1.34 ± 0.11	1.13 ± 0.03
	Middle	5.08 ± 0.50	3.94 ± 0.38	2.95 ± 0.21	2.40 ± 0.03
	Deep	5.91 ± 0.39	5.31 ± 0.36	4.61 ± 0.24	3.89 ± 0.15
sLORETA	Surface	0.99 ± 0.1	0.49 ± 0.08	0.11 ± 0.04	0.00 ± 0.00
	Middle	1.61 ± 0.13	0.84 ± 0.11	0.25 ± 0.07	0.00 ± 0.00
	Deep	1.79 ± 0.25	0.95 ± 0.16	0.39 ± 0.13	0.00 ± 0.00
LORETA	Surface	2.32 ± 0.08	2.18 ± 0.04	2.16 ± 0.03	2.21 ± 0.02
	Middle	1.51 ± 0.13	1.15 ± 0.08	0.95 ± 0.07	1.05 ± 0.06
	Deep	2.30 ± 0.21	1.81 ± 0.13	1.59 ± 0.11	1.53 ± 0.09
SLF	Surface	5.27 ± 0.30	4.50 ± 0.28	3.81 ± 0.20	2.98 ± 0.13
	Middle	4.53 ± 0.39	4.09 ± 0.35	3.50 ± 0.31	2.51 ± 0.15
	Deep	3.89 ± 0.55	3.70 ± 0.45	3.27 ± 0.48	1.73 ± 0.30

Electrical Neuroimaging – Assessment and Treatment

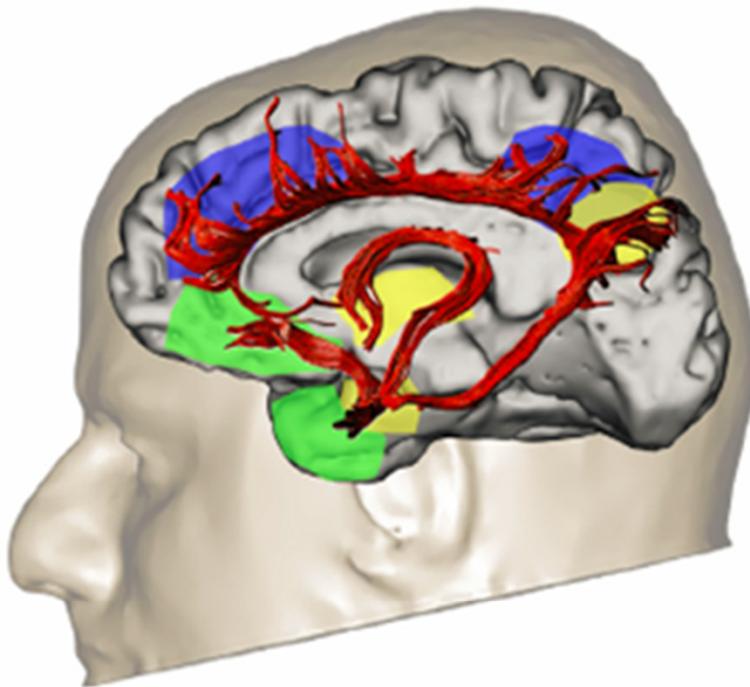
Advantages of Electrical Neuroimaging

- 1- Spatial Resolution – 1 cm to 3 cm**
- 2- Temporal Resolution – 1 msec**
- 3- Imaging of Current Sources**
- 4- Imaging of Network Connections**
- 5- Integration with DTI & fMRI (Brodmann Areas)**
- 6- Inexpensive (\$10,000 vs \$3,000,000)**
- 7- Dry Electrodes & Wireless Caps**
- 8- Portable**
- 9- Integration with Smart Phones & Tablets**
- 10- Can Assess & Treat in Real-Time¹**





From Catani and deShotten, 2012



■ hippocampal-diencephalic and parahippocampal-retrosplenial network

■ temporal-amygdala-orbitofrontal network

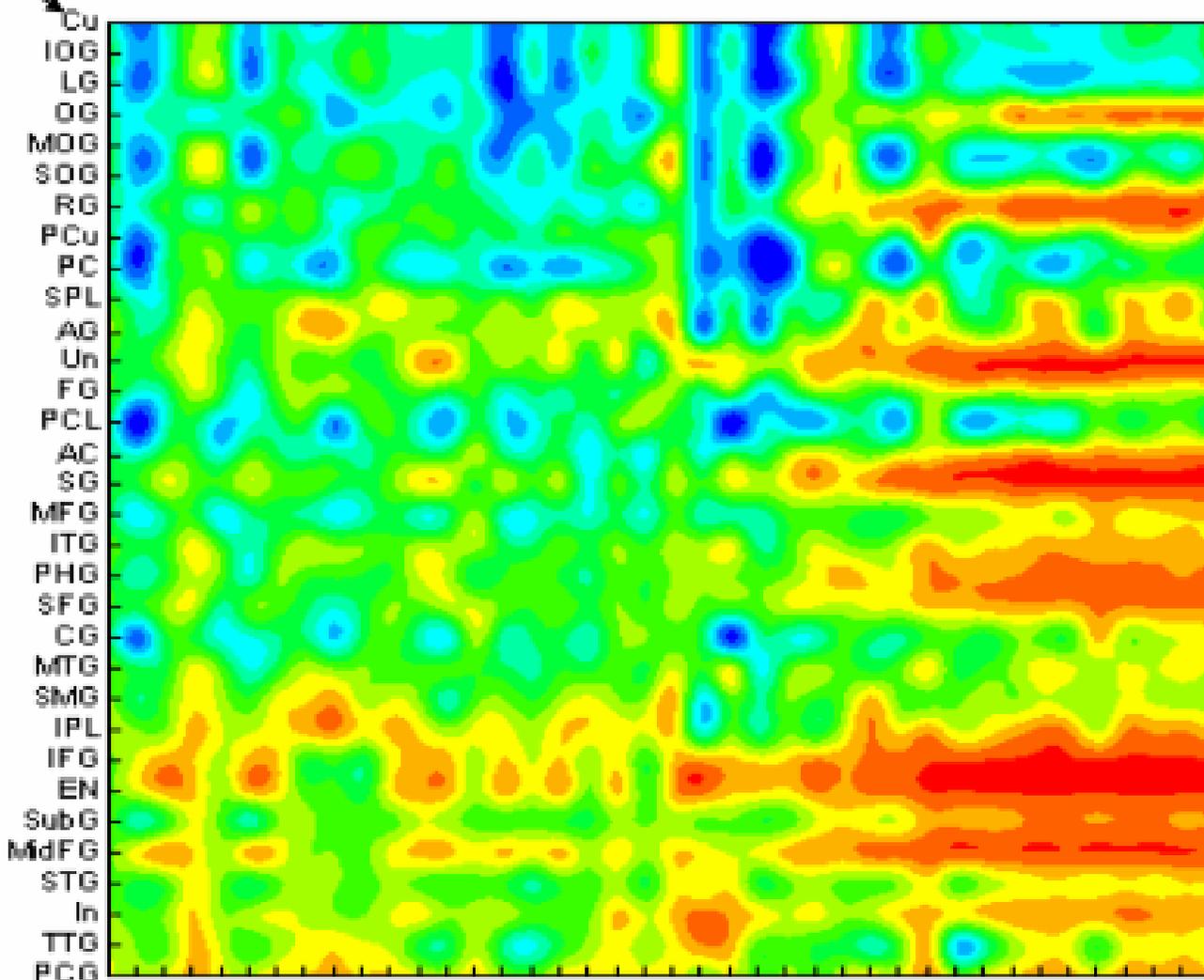
■ medial 'default network'

Network	Function	Disorder
Hippocampal-diencephalic and parahippocampal-retrosplenial	<ul style="list-style-type: none"> •memory •spatial orientation 	<ul style="list-style-type: none"> •Amnesias •Korsakoff's syndrome •Mild Cognitive impairment •Alzheimer's disease (early) •Balint syndrome
Temporo-amygdala-orbitofrontal	<ul style="list-style-type: none"> •Behavioural inhibition •Memory for temporally complex visual information •Olfactory-gustatory-visceral functions •Multimodal sensory integration •Object-reward association learning •Outcome monitoring 	<ul style="list-style-type: none"> •Alzheimer's Disease (advanced) •Semantic dementia •Klüver-Bucy syndrome •Temporal lobe epilepsy •Geschwind's syndromes •Psychopathy •Bipolar affective disorders
Dorsomedial default network	<ul style="list-style-type: none"> •Pain perception •Self-knowledge •Attention •Mentalizing •Empathy •Response selection and action monitoring •Autobiographical memory •Person perception 	<ul style="list-style-type: none"> •Depression •Autism •Schizophrenia •Obsessive compulsive disorder •Mild Cognitive Impairment •Alzheimer's Disease (early) •Attention Deficit Hyperactivity Disorder •Anxiety

Spatial Heterogeneity of Source Correlations

Cuneus
62.75 mm

Y-Axis - Ordered Distance mm



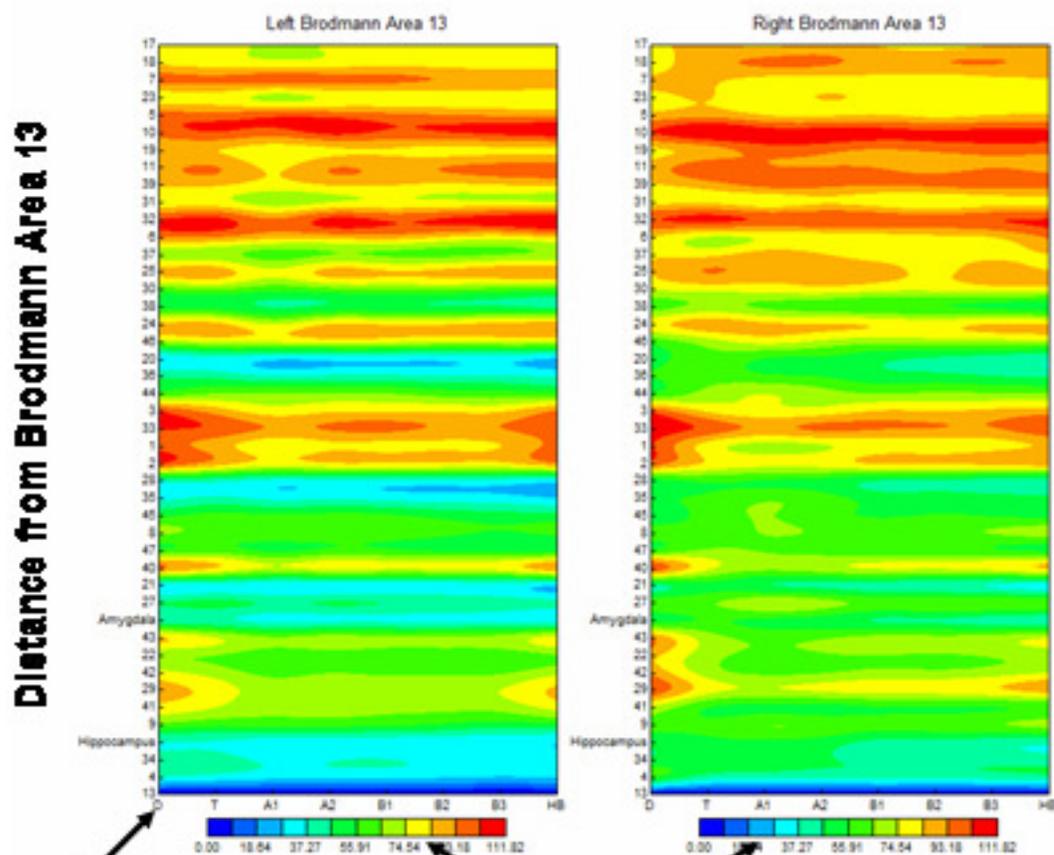
Post Central
Gyrus 0 mm

Z-Axis - LORETA Source Correlations

X-Axis
Frequency 1 to 40 Hz

Hypothesized
'U' Shaped
Connections

LORETA Absolute Phase



Distance from Brodmann Area 13

**Frequency Bands
(Delta to Hi-Beta)**

**Phase Difference (Deg)
(short to long differences)**

◆ **Human Brain Mapping 33:1062–1075 (2012)** ◆

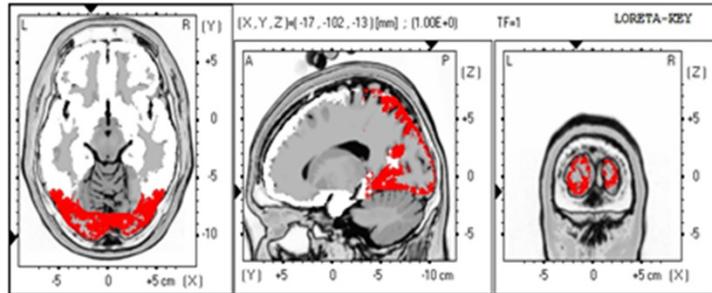
Diffusion Spectral Imaging Modules Correlate With EEG LORETA Neuroimaging Modules

Robert W. Thatcher,* Duane M. North, and Carl J. Biver

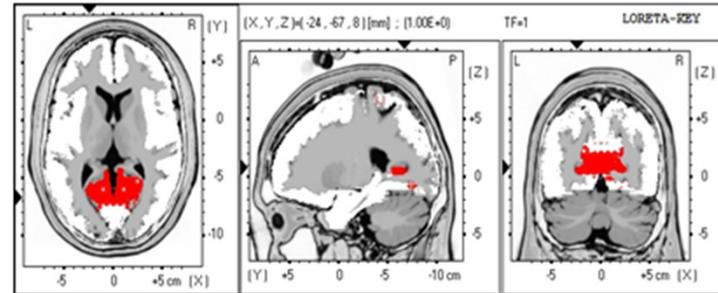
Correlations Between EEG Neuroimaging and Diffusion Spectral Imaging (DTI)

Hagmann et al. Modules

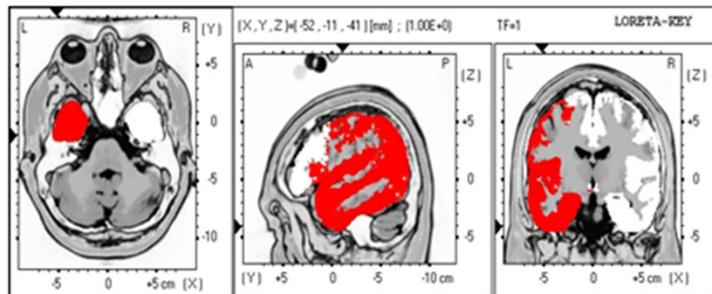
MOD 1



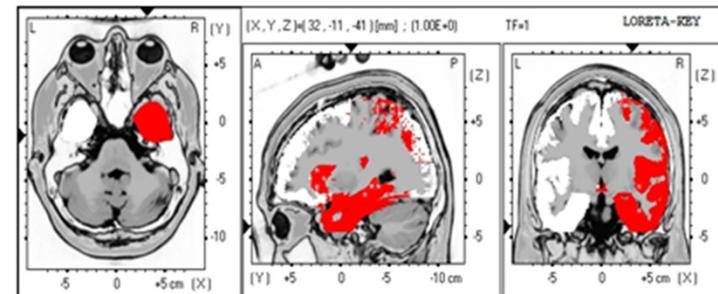
MOD 2



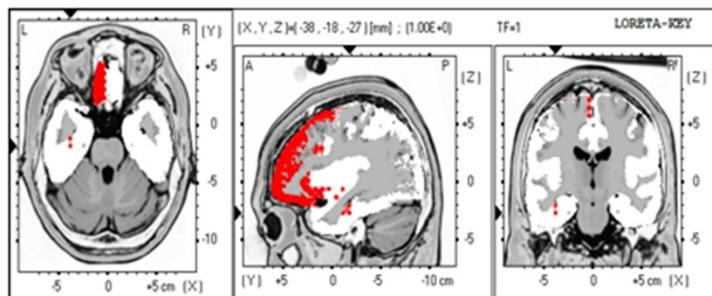
MOD 3



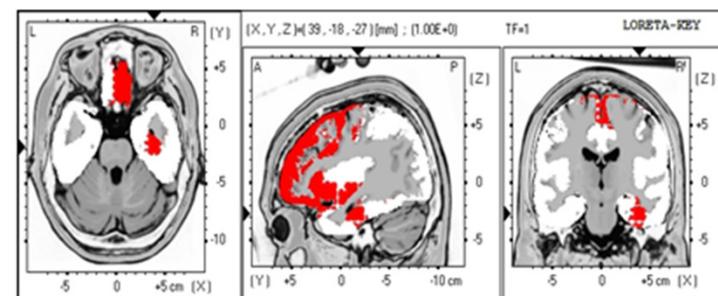
MOD 4

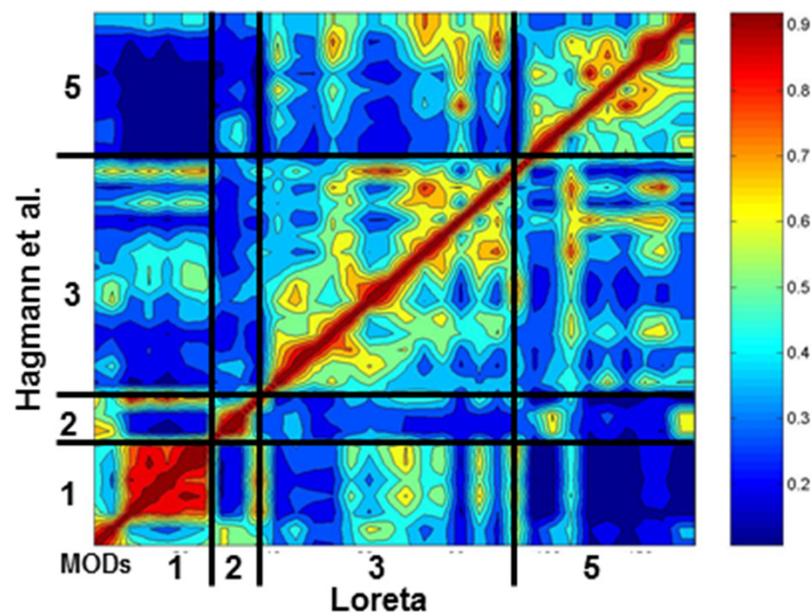
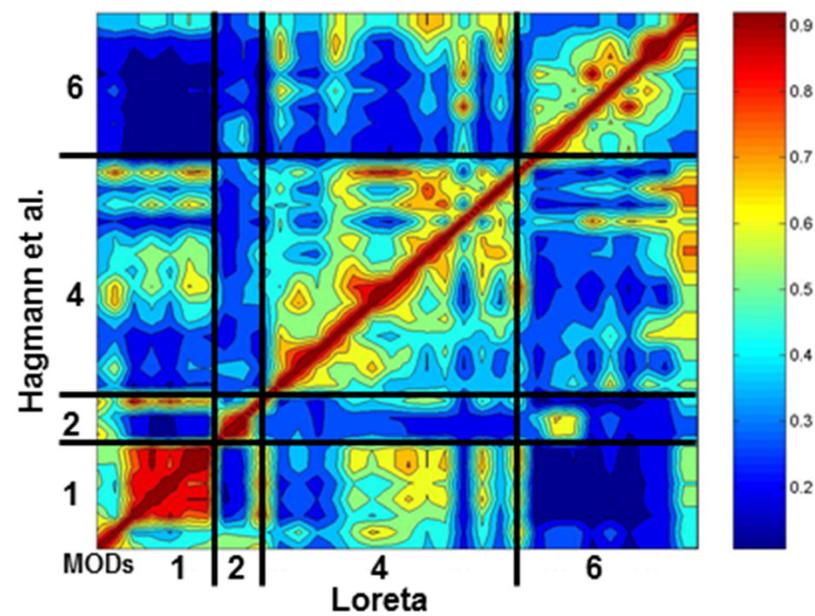
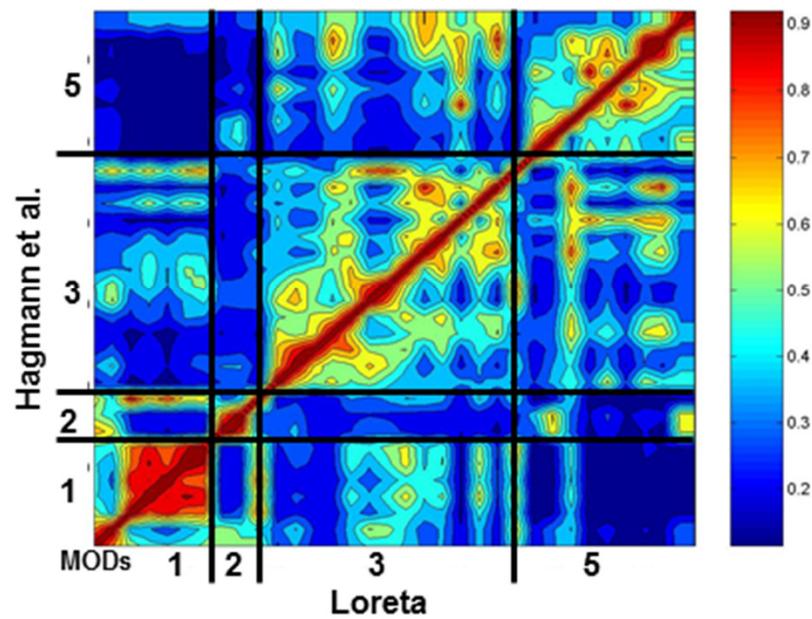
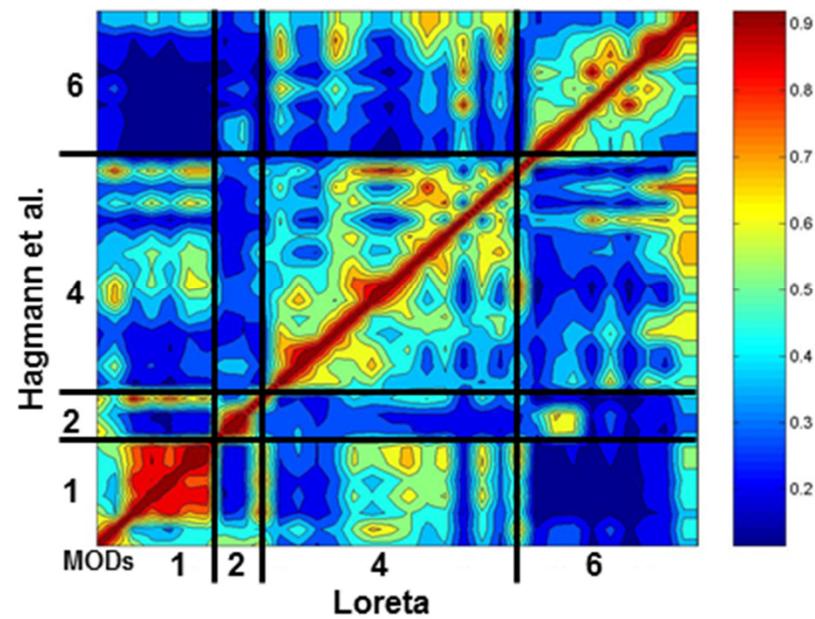


MOD 5



MOD 6



EC_LEFT**EC_RIGHT****EO_LEFT****EO_RIGHT**

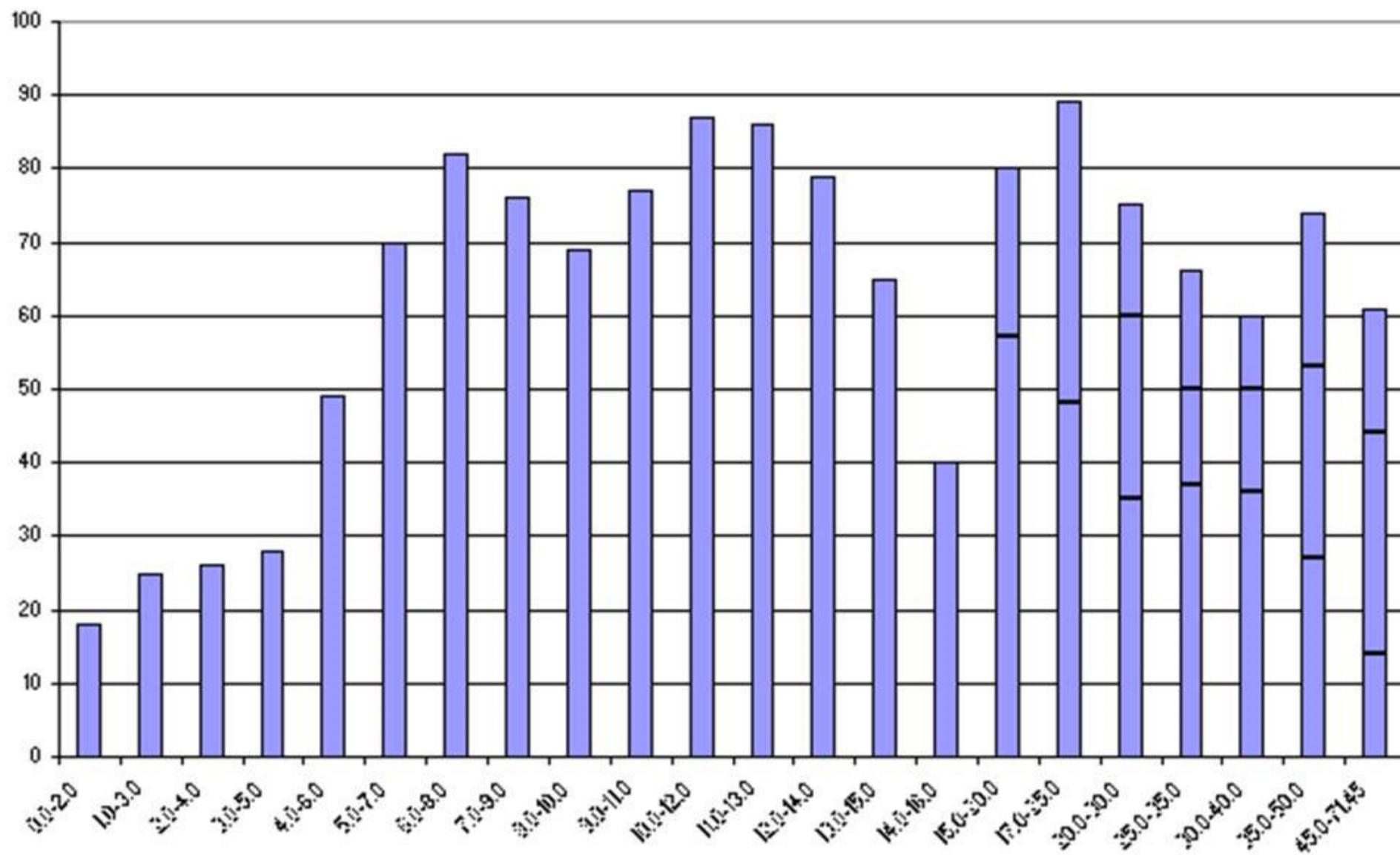
Published as a chapter in “Introduction to QEEG and Neurofeedback: Advanced Theory and Applications” Thomas Budzinsky, H. Budzinski, J. Evans and A. Abarbanel editors, Academic Press, San Diego, Calif, 2008.

HISTORY OF THE SCIENTIFIC STANDARDS OF QEEG NORMATIVE DATABASES

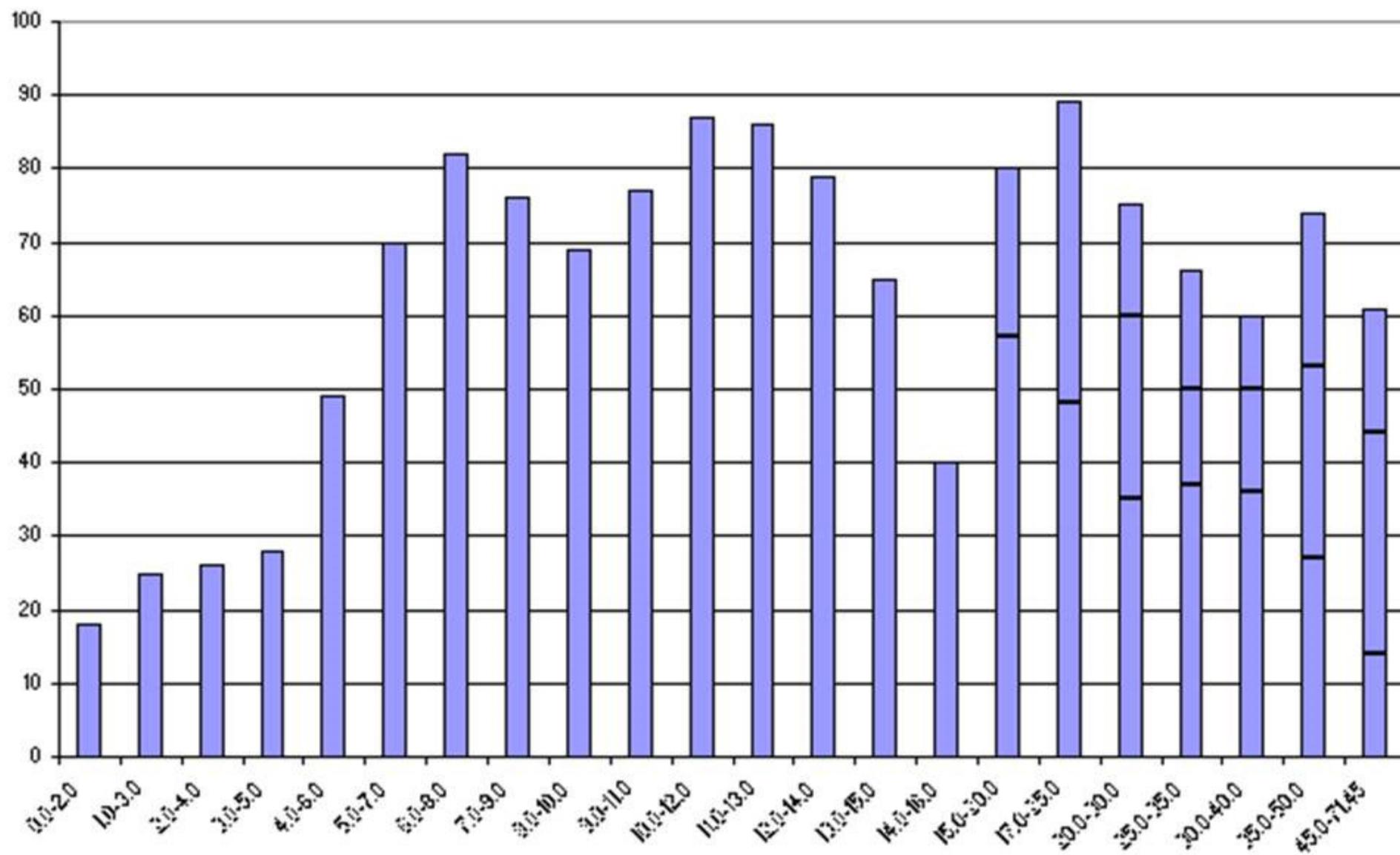
Thatcher, R.W. ^{1,2} and Lubar, J.F. ³

Department of Neurology, University of South Florida College of Medicine, Tampa, Fl.¹ and EEG and NeuroImaging Laboratory, Applied Neuroscience, Inc., St. Petersburg, Fl² , Brain Research and Neuropsychology Lab, University of Tennessee, Knoxville, TN³.

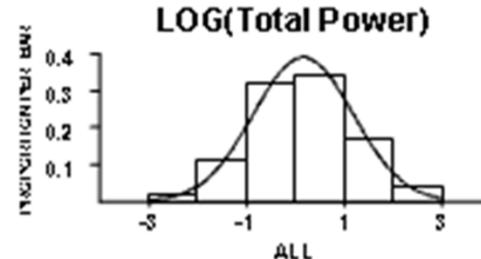
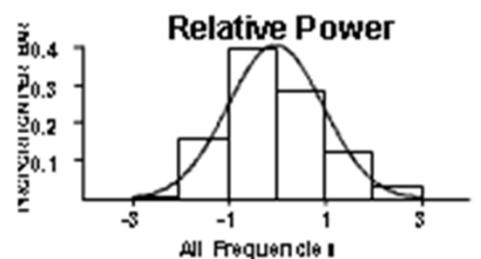
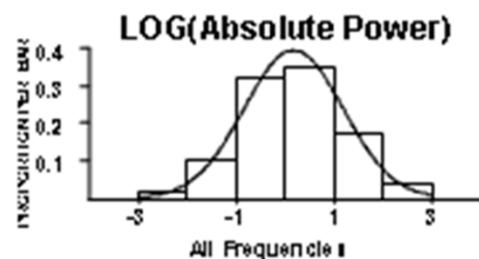
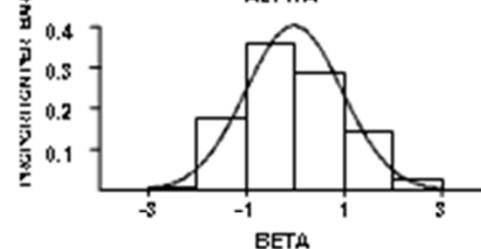
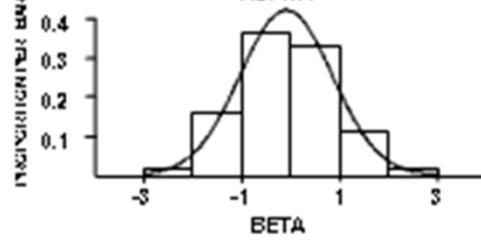
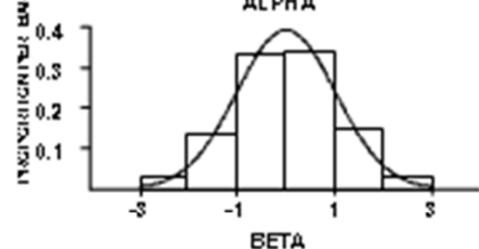
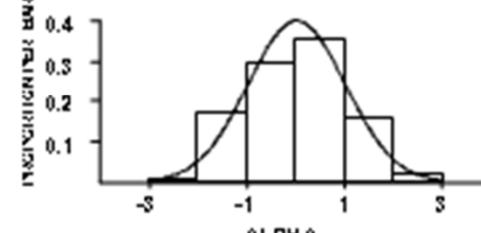
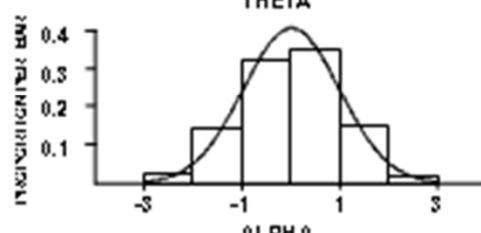
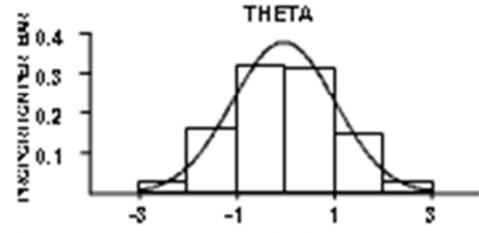
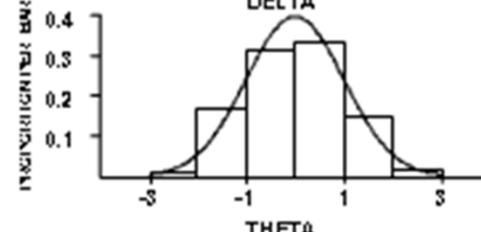
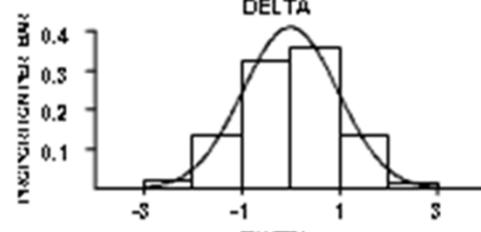
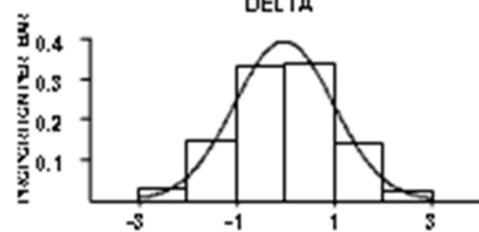
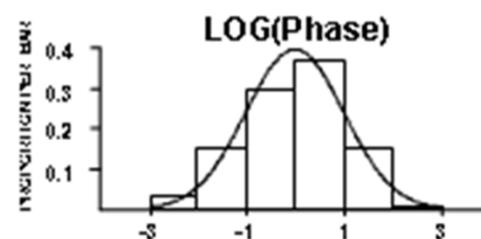
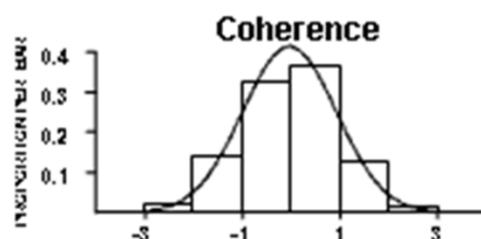
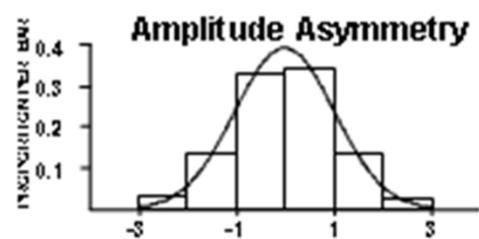
NORMATIVE DATABASE N = 727 Subjects as of 8/24/2011



NORMATIVE DATABASE N = 727 Subjects as of 8/24/2011

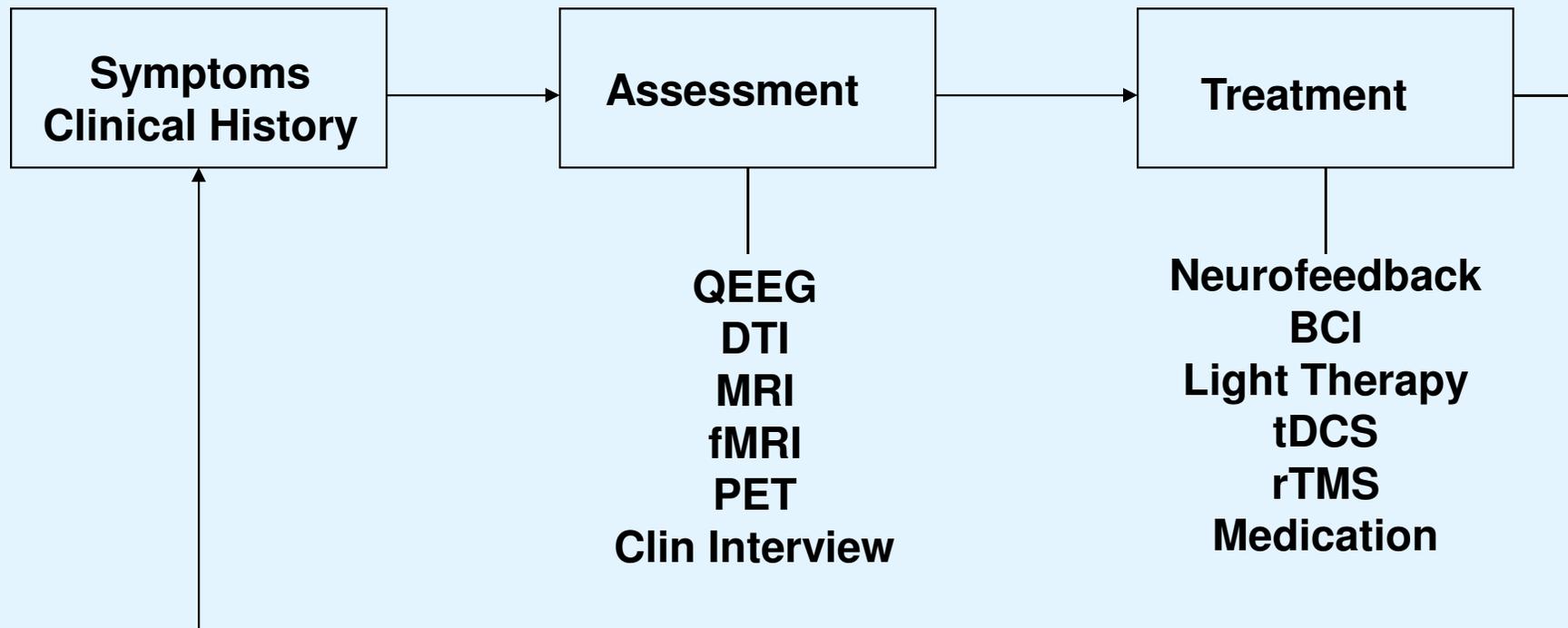


Cross-Validation Birth to 82 Year EEG Normative Database

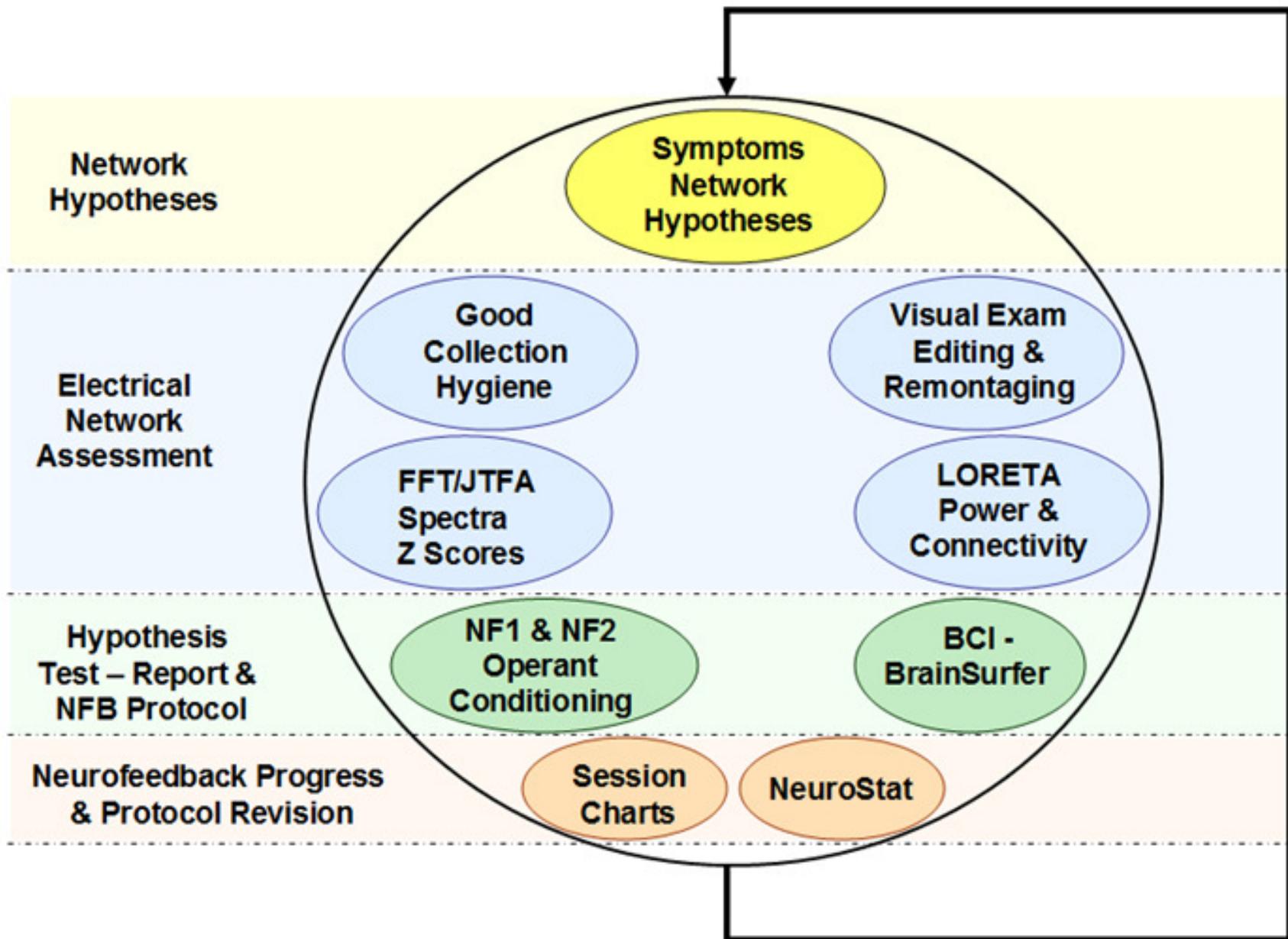


Essential Steps in Helping Patients with Neurological/Psychological Problems

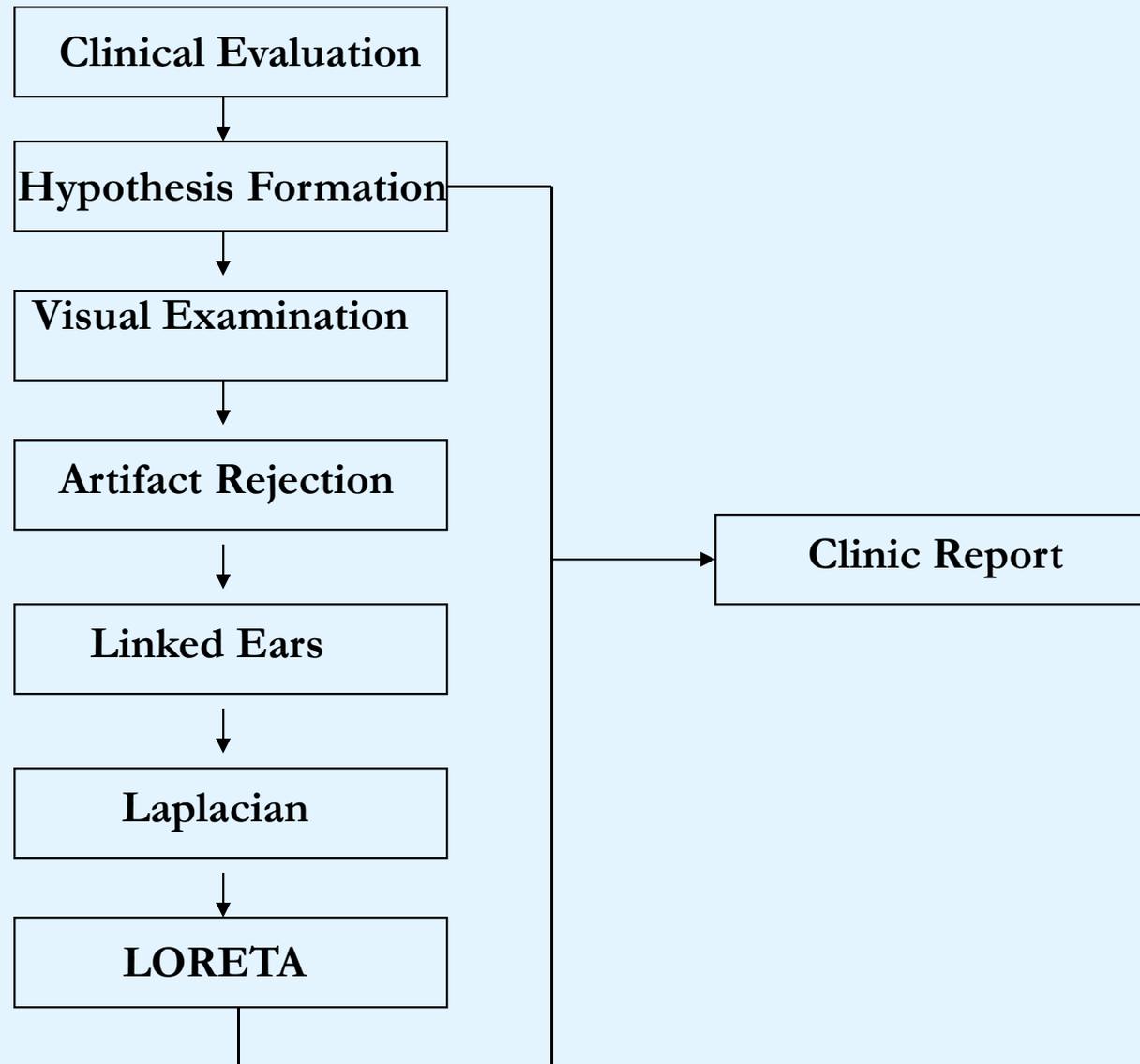
Assess, Address, Reassess ...



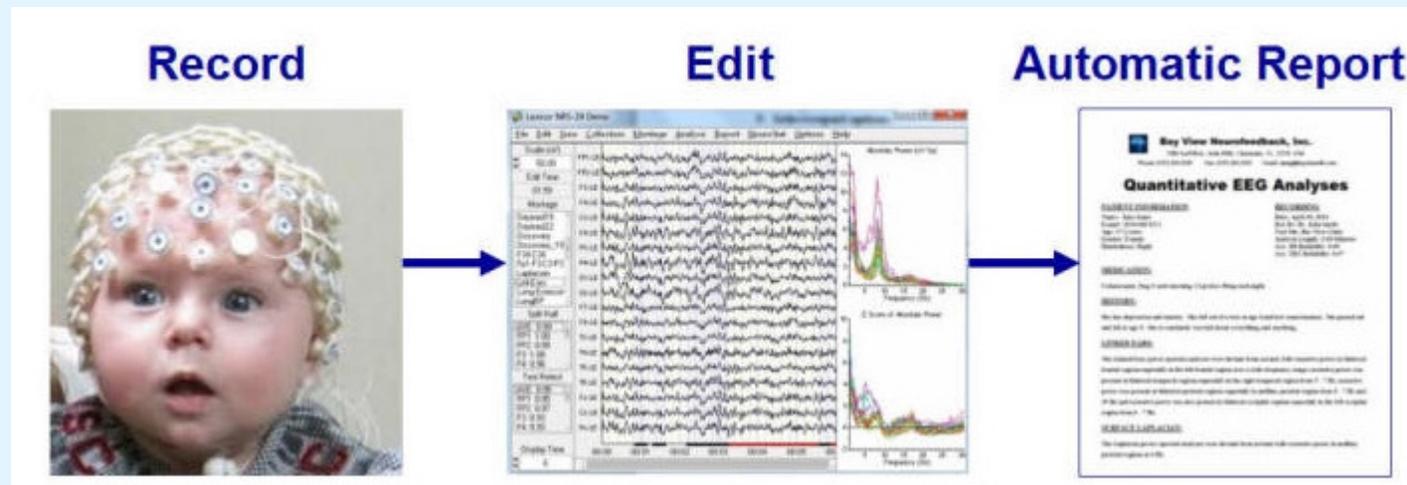
Linking Patient's Symptoms to Patient's Brain



QEEG Report Generation Sequence

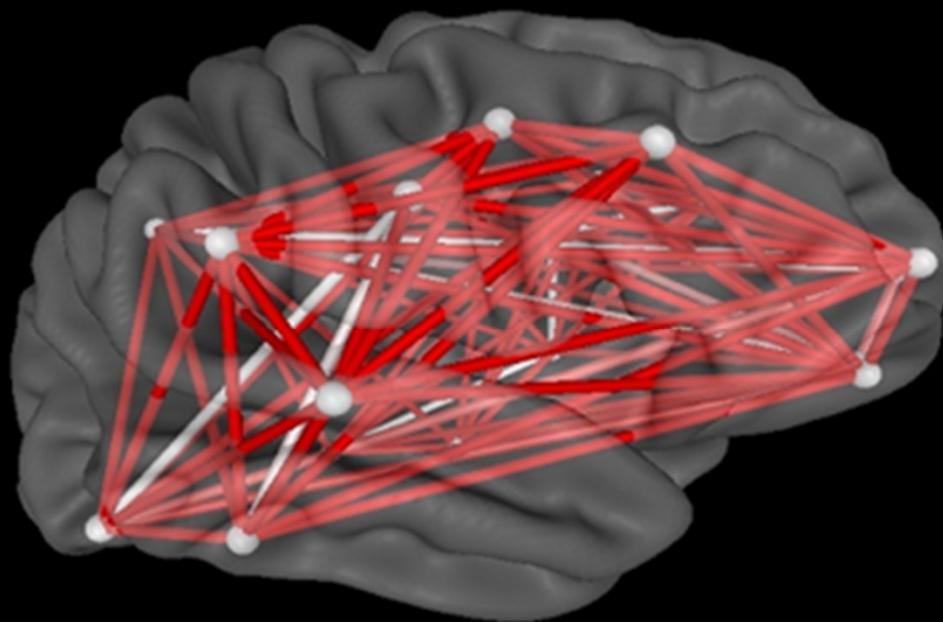


Automatic Clinical Report Writer (ACR)



- No Delays with Minimal Expense for a Professional Quality In-House QEEG Clinical Report
- Less than One Minute to Produce a Professional QEEG Clinical Report, in Microsoft Word format
 - ACR Provides: Empowerment, Simplicity, Accuracy & Efficiency!
- Get Valid Normative Database Comparisons using without Depending on Internet Q-EEG Report Services!
- Get Relevant Content and Displays, plus Helpful NFB Recommendations in Less than a Minute.
 - Increased Productivity by at Least 10 Fold, e.g. Ten Reports in an Hour!

NeuroLink by Applied Neuroscience, Inc



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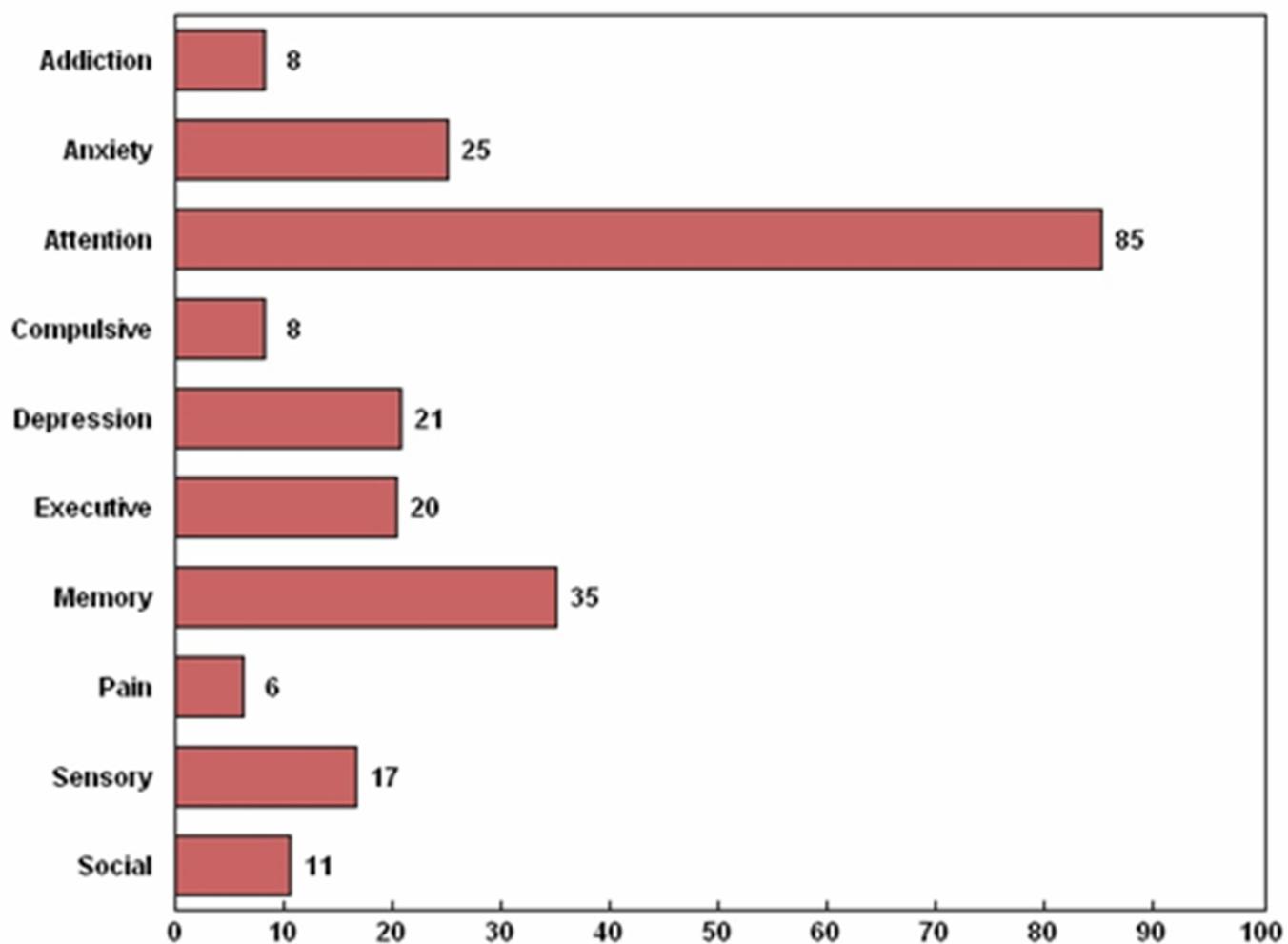
www.anineurolink.com

Press Any Key to Continue...

Subject ID: ID00001

Apr 16, 2015 04:22 pm

Severity Scores (%)



Help

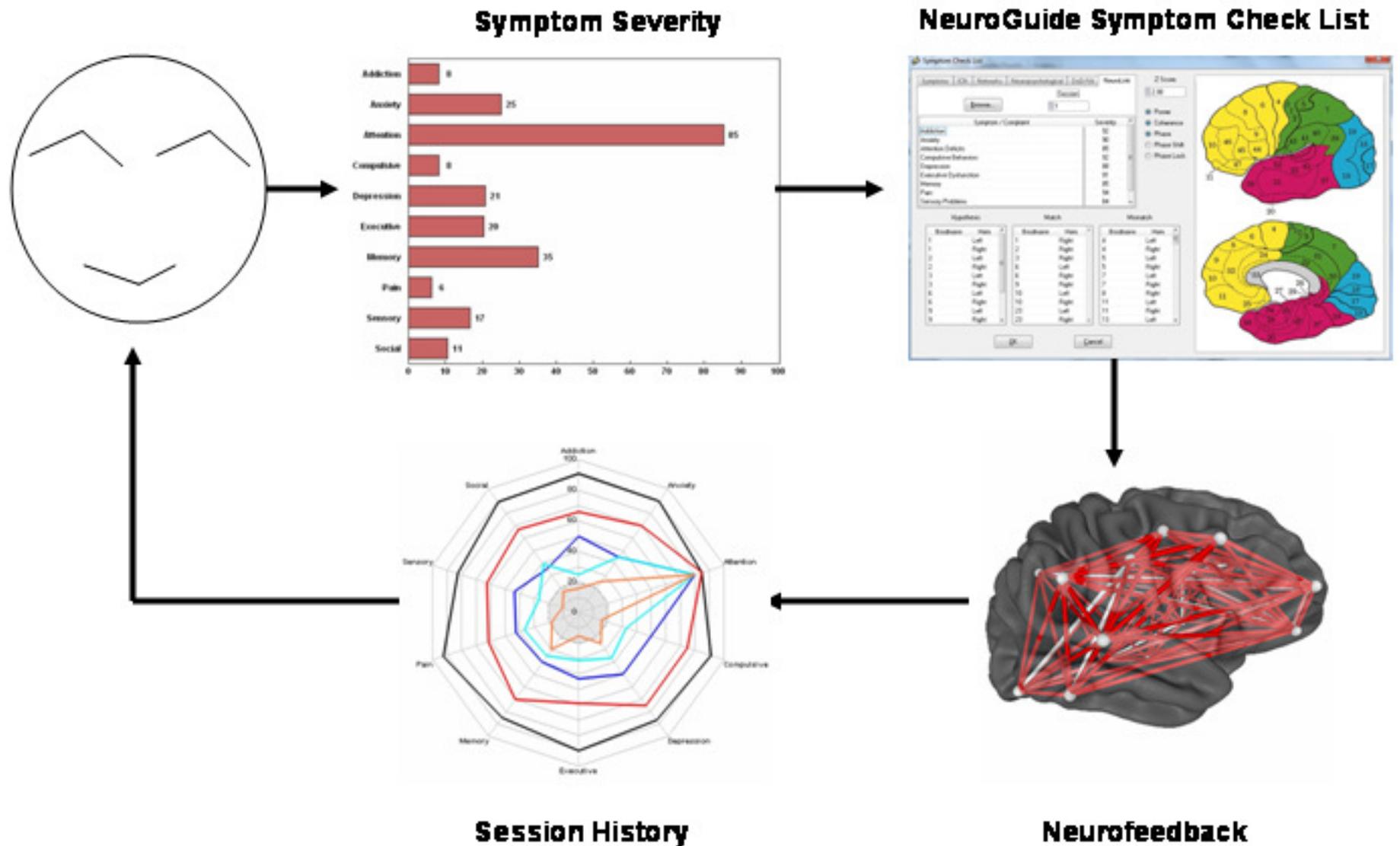
Cancel

Print

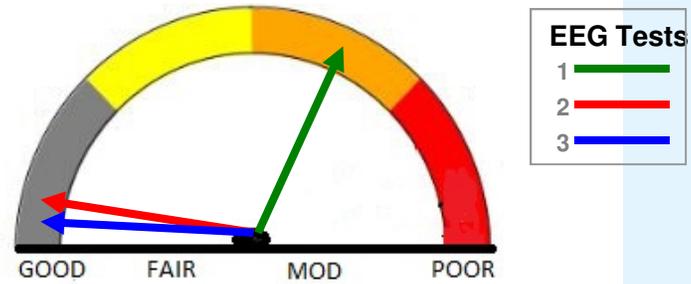
Save

Exit

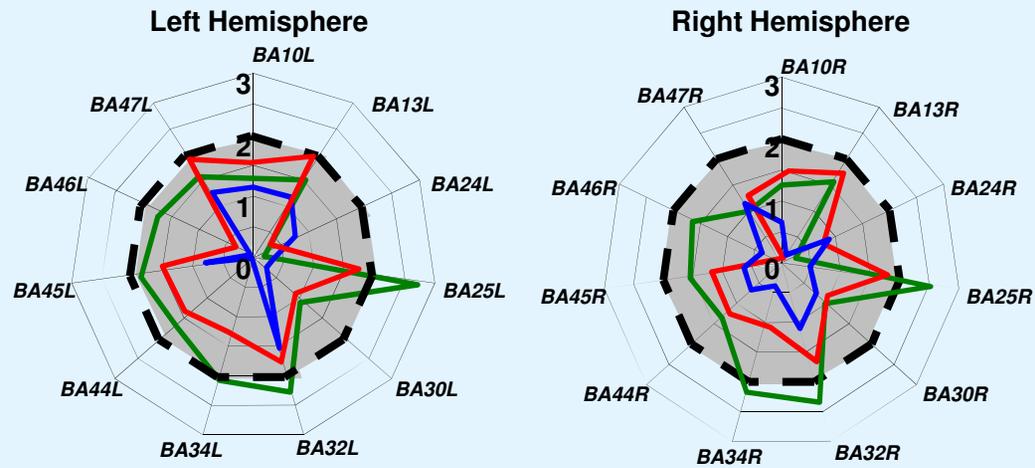
NeuroLink and NeuroGuide Integration – Linking Symptoms to the Brain



NeuroRehab Network Index



Addiction Network Z Scores

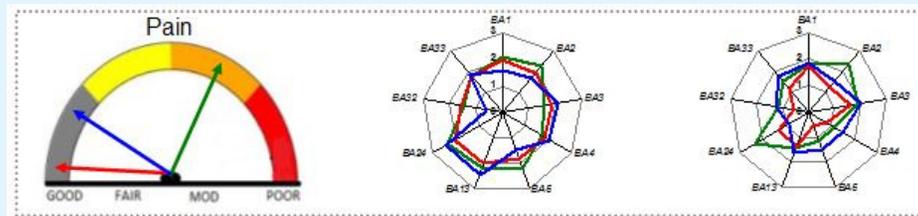
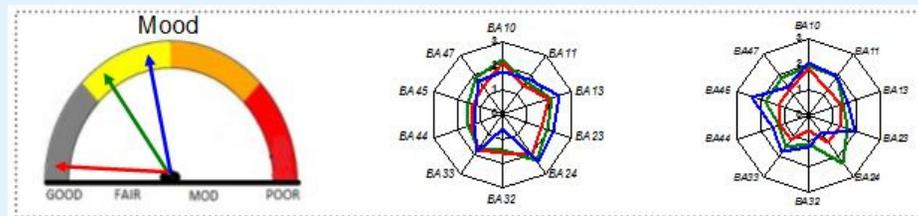
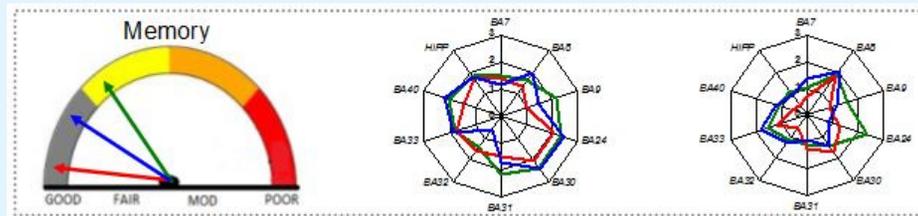
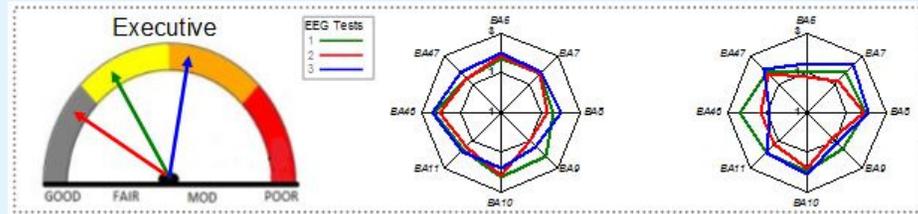


Rehabilitation History



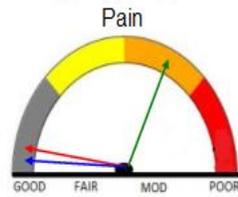
NeuroRehab Networks TM — Network Z Scores

Left Hemisphere — Right Hemisphere

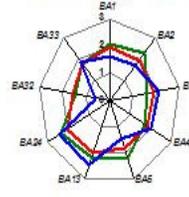


NeuroRehab Networks

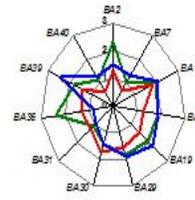
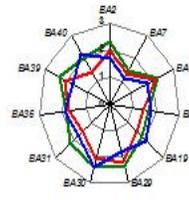
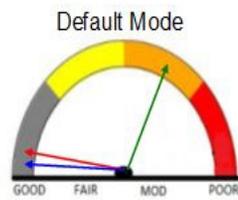
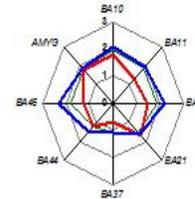
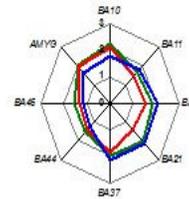
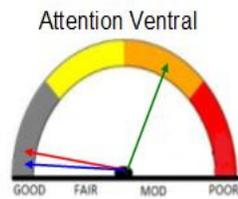
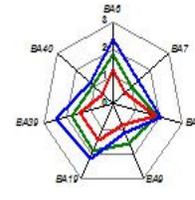
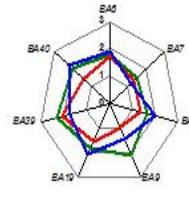
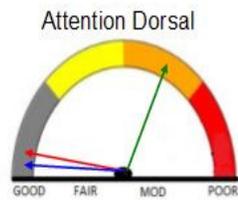
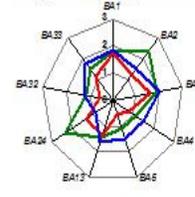
Network Z Scores



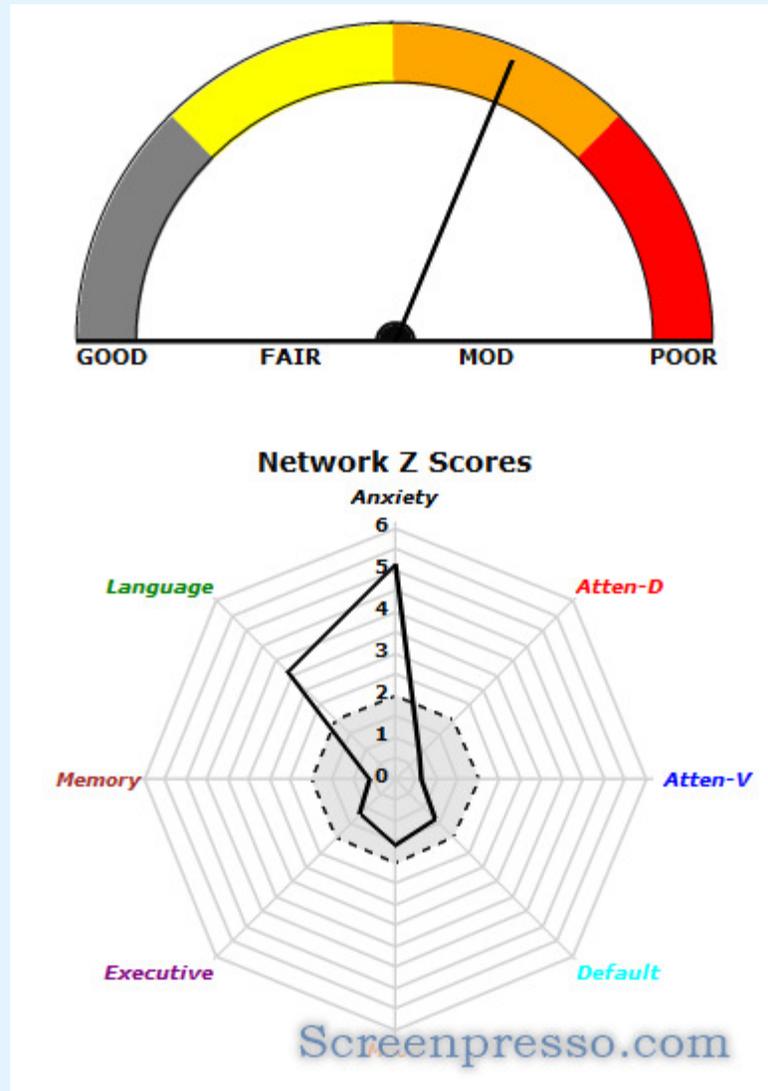
Left Hemisphere



Right Hemisphere



The BrainRehab Index



The BrainRehabilitator™

Portable System

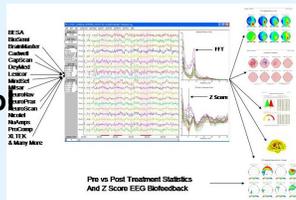
Assessment

Treatment

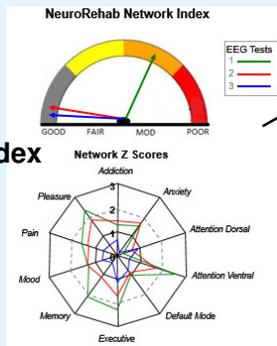
Dry EEG Headset



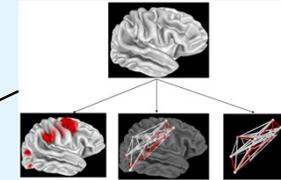
EEG Control



BrainRehab Index



NeuroFeedback

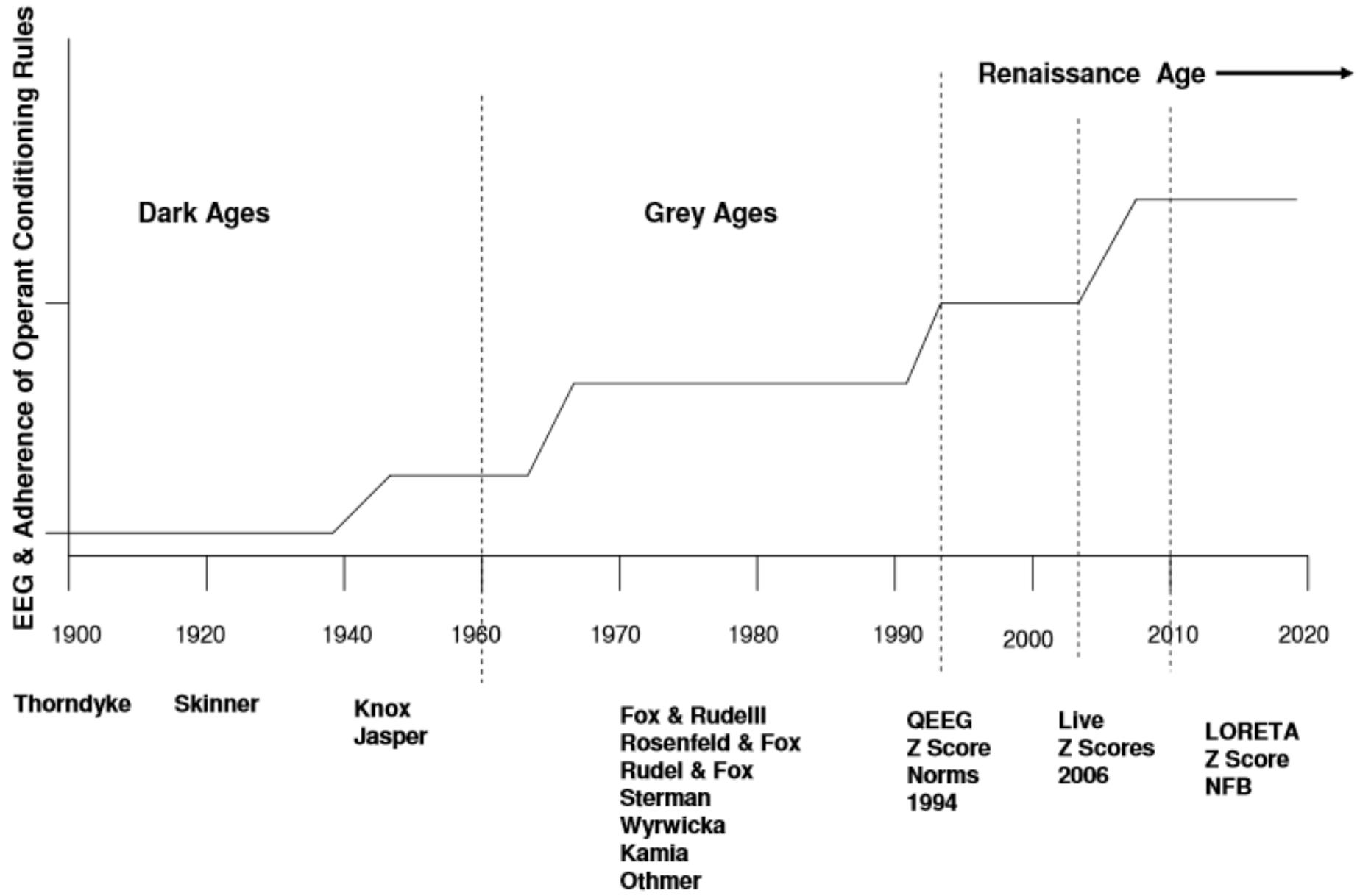


Photobiomodulation



Electrical Brain Stimulation tDCS





What is the Future for Z Score Neurofeedback?

1- Expanding Number of Clinicians Using Z Score NFB

2- Expanding Number of Metrics:

a- Effective Connectivity

b- Cross-Frequency Coherence

c- Cross-Frequency Effective Connectivity

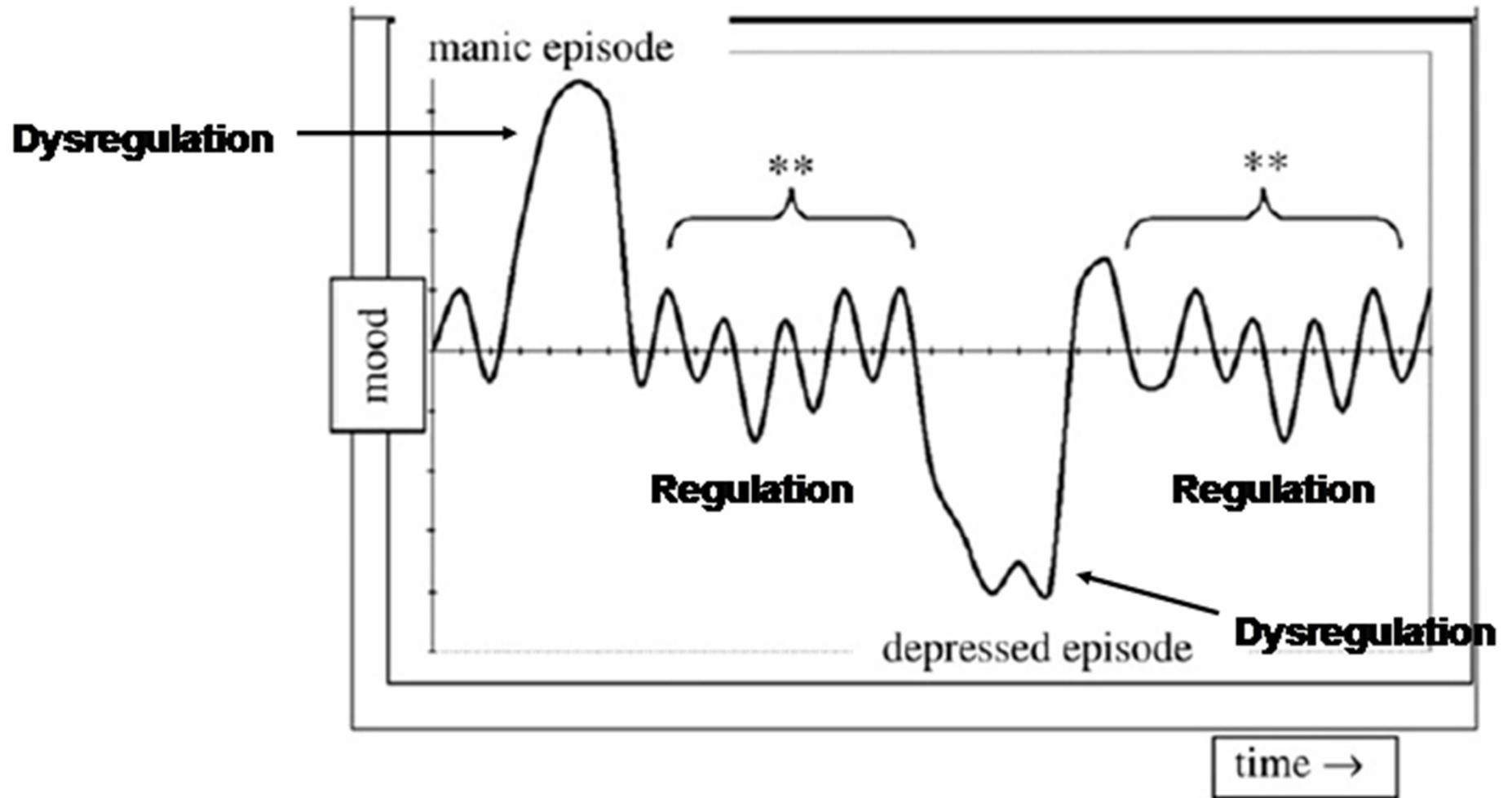
d- Phase Amplitude Cross-Frequency Coupling

e- swLORETA – Individualized MRI & NFB

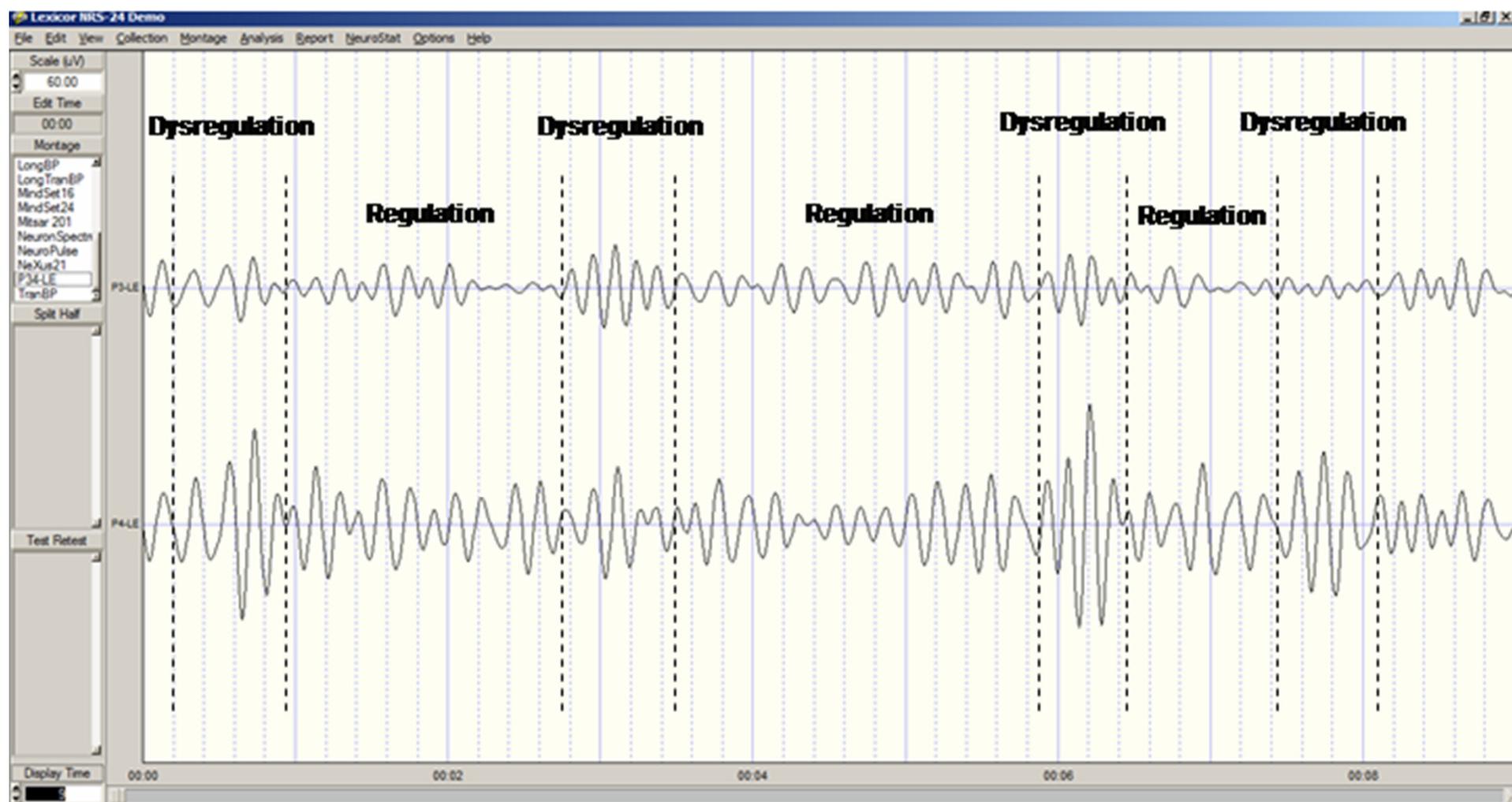
3- New Brain Imaging Technology

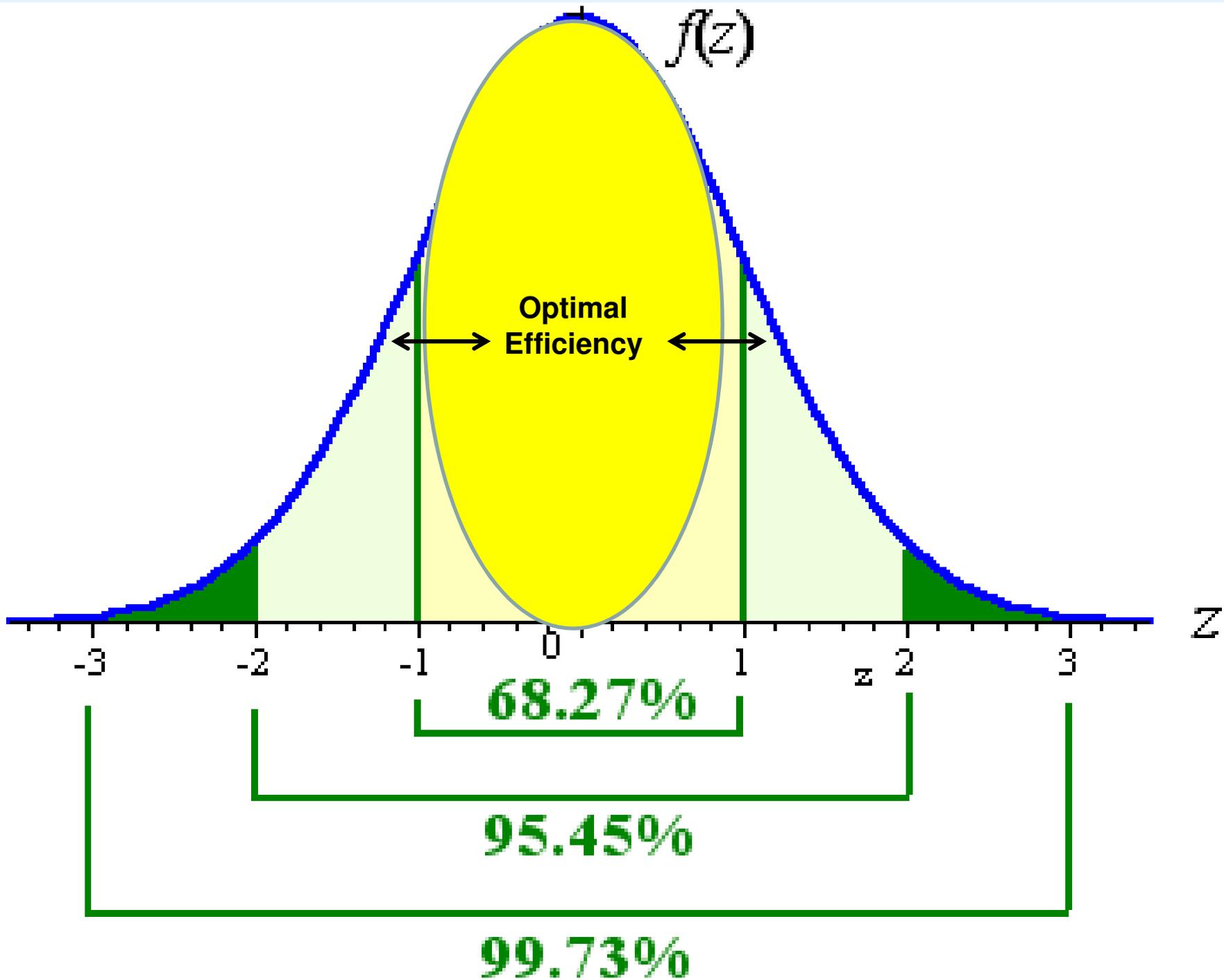
4- Smart Phone and Tablet Technology

Moment-to-Moment “Regulation” and “Dysregulation”

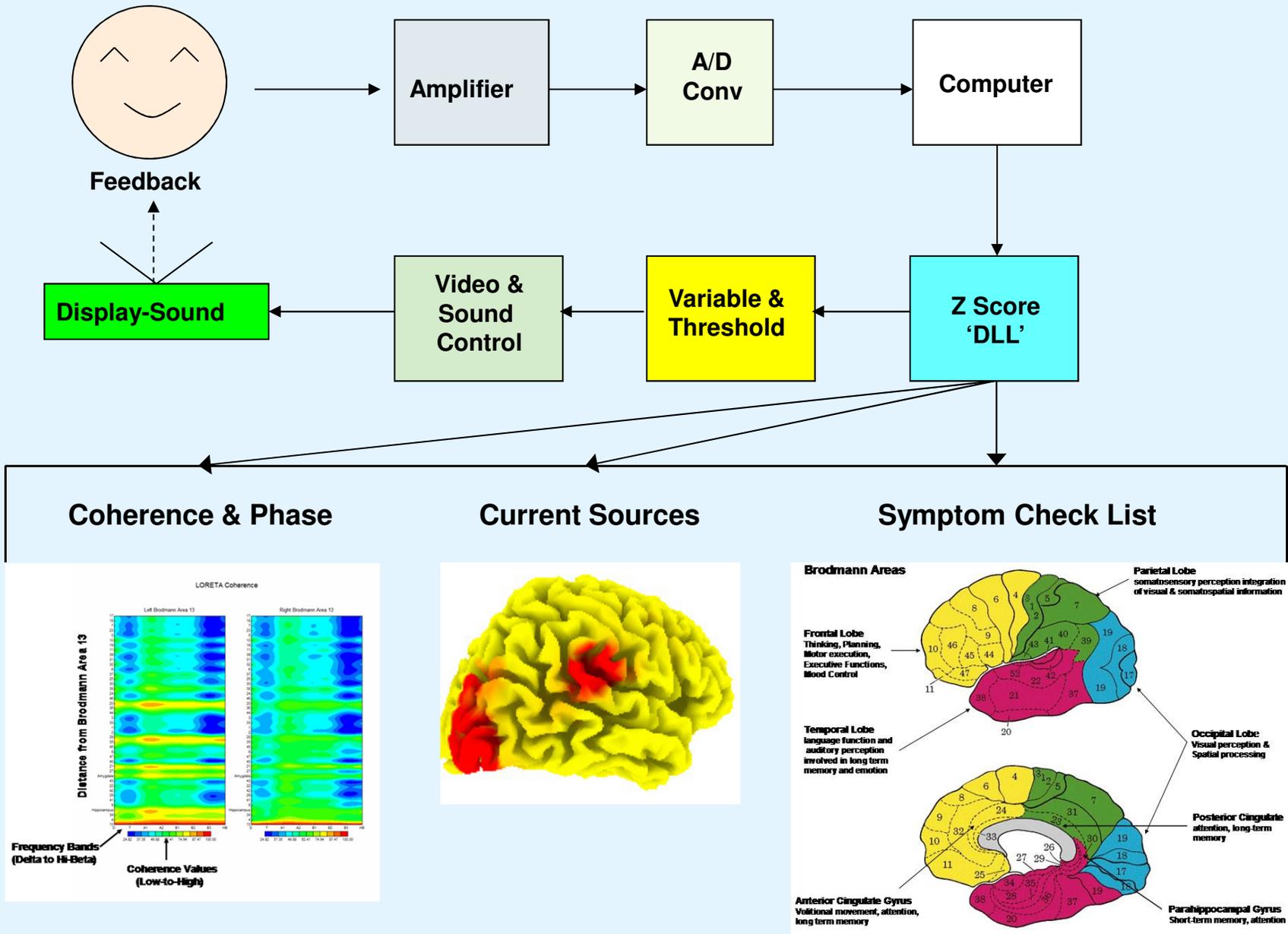


TBI Demo Right Parietal Lobe Alternating Degrees of Regulation Biofeedback's Goal is to Reduce the Frequency, Duration and Intensity of Dysregulation





Neuroimaging Neurofeedback - Fort Campbell



The impact of source-localized EEG phase neurofeedback on brain activity

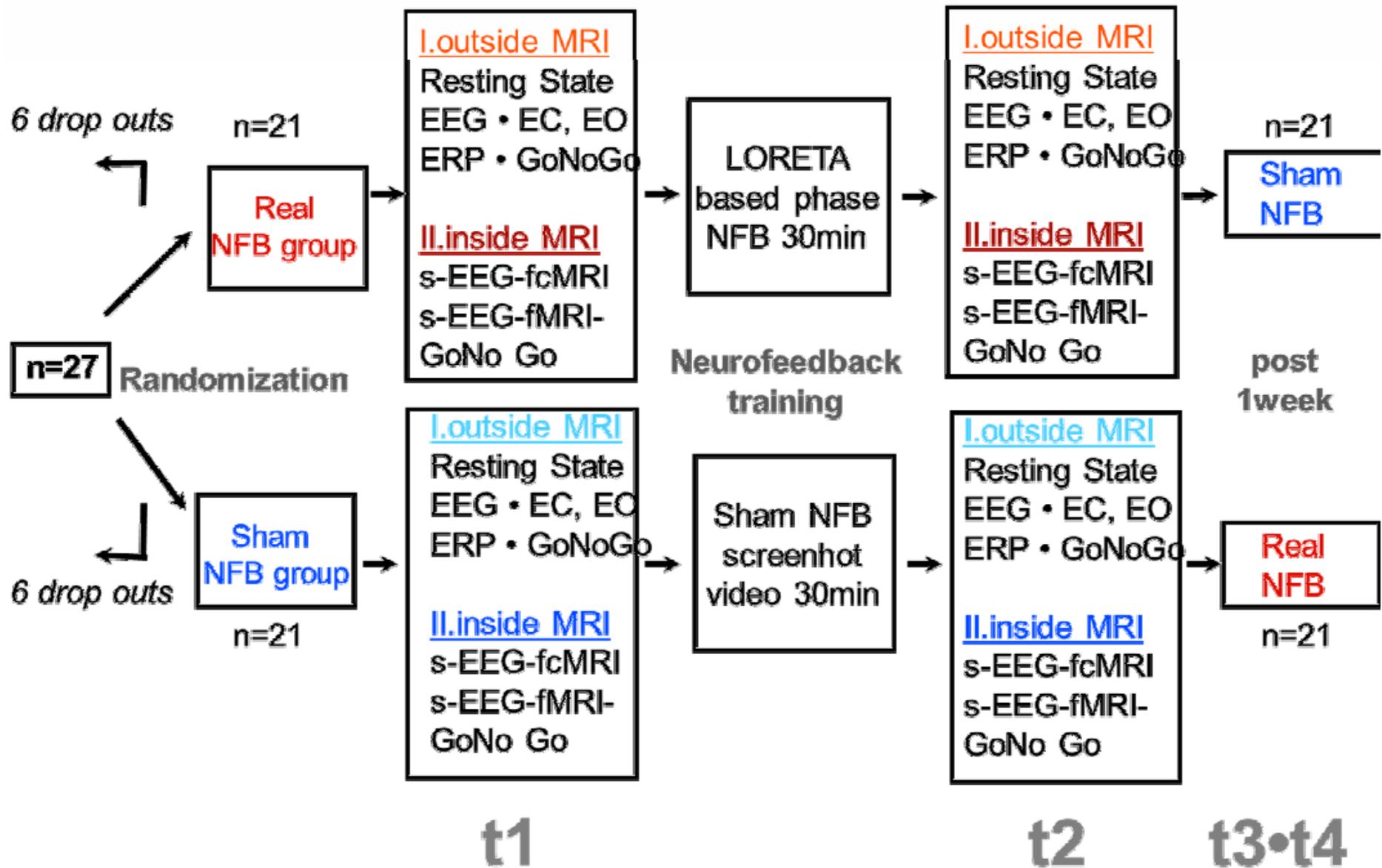
A double-blinded placebo-controlled study using simultaneously EEG-fMRI – preliminary results

Daniel Keeser

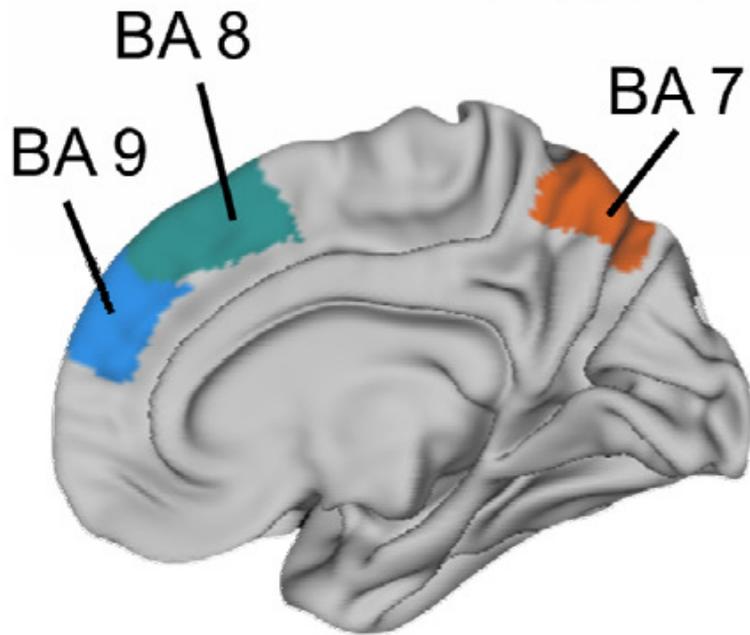
Valerie Kirsch, Boris Rauchmann, Brian Stamm, Paul Reidler, Robert Thatcher, Susanne Karch, Oliver Pogarell, Birgit Ertl-Wagner



s-EEG-fcMRI neurofeedback study design

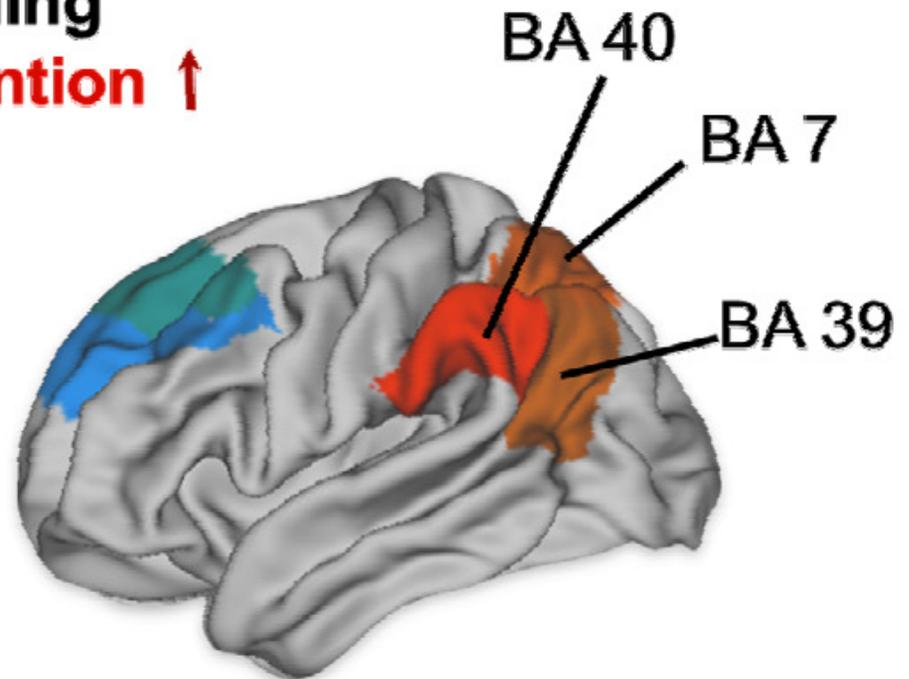
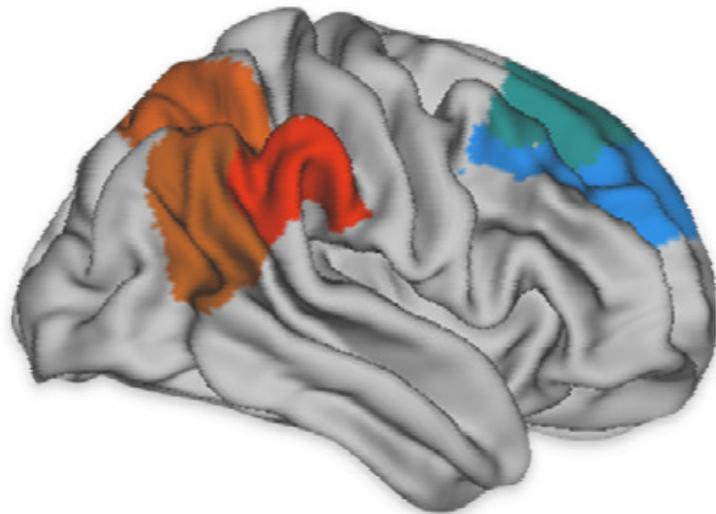


NFB protocol

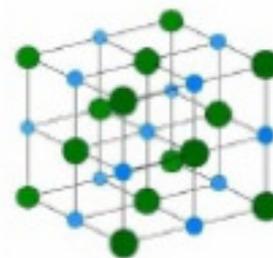
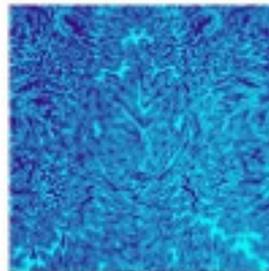
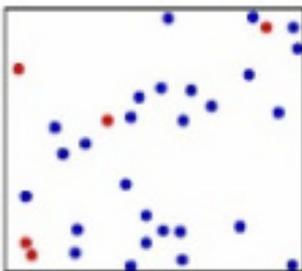
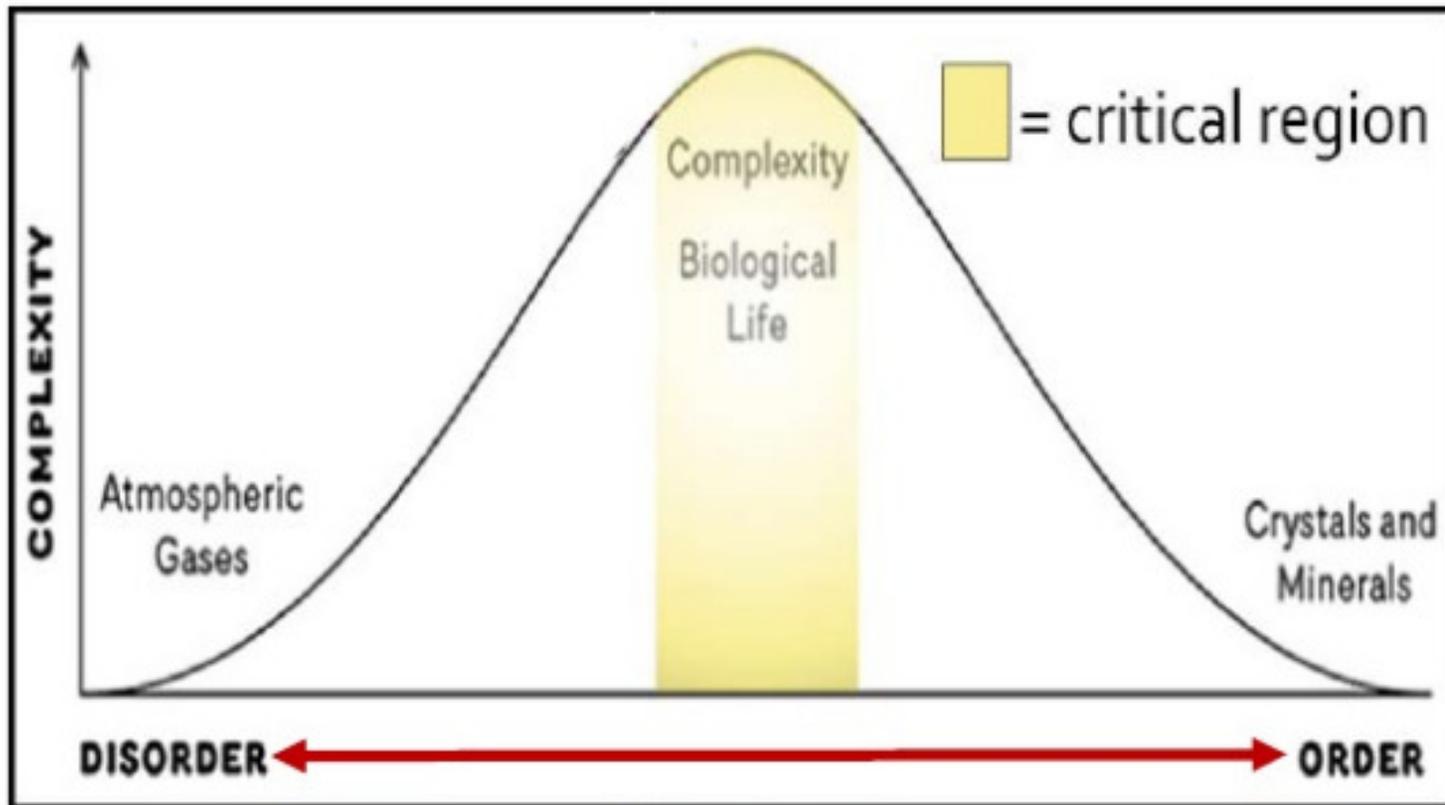


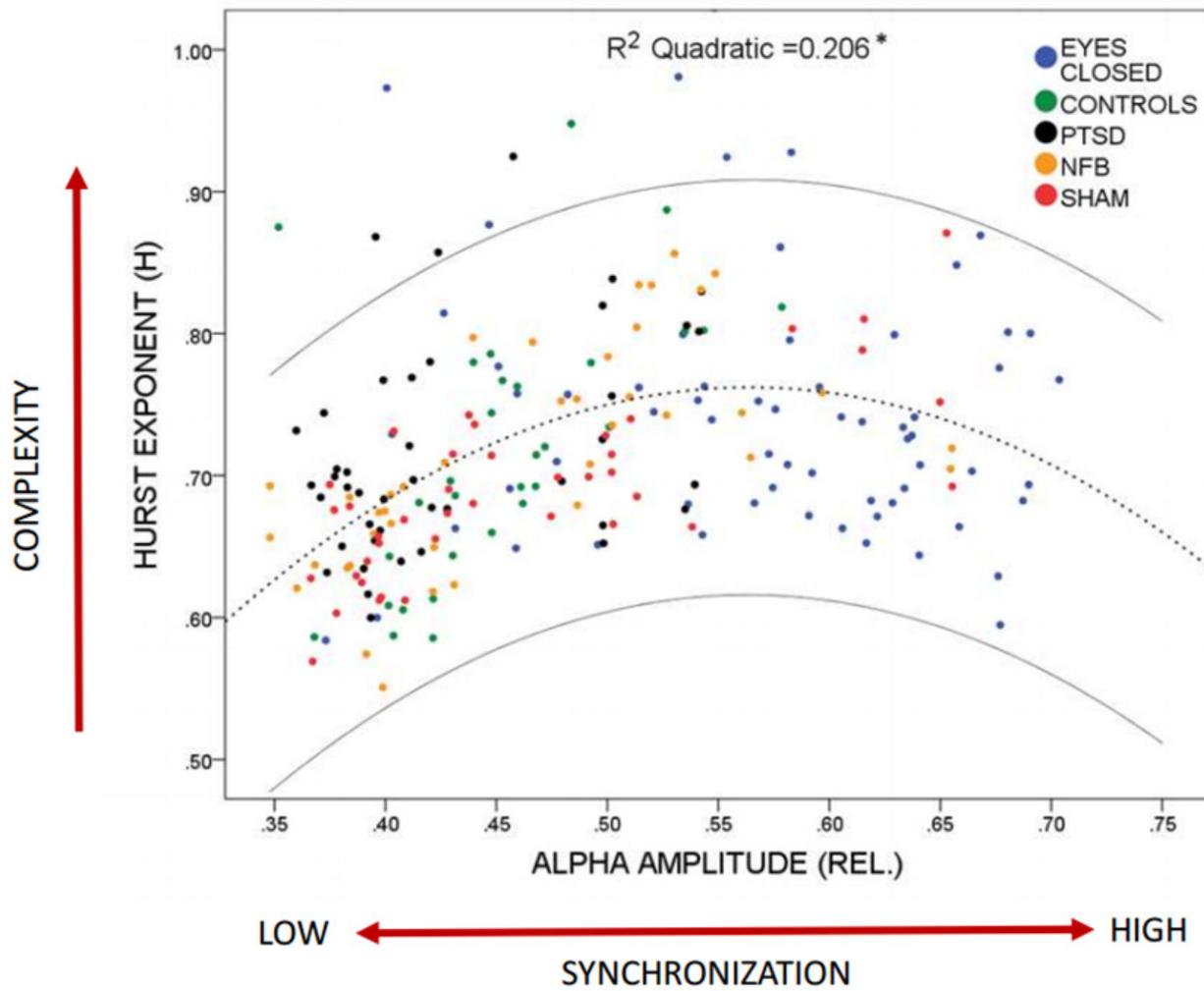
Alpha 1 (8-10 Hz)
Alpha 2 (10-12 Hz)
Beta 1 (12-15 Hz)

EEG phase
training
Attention ↑

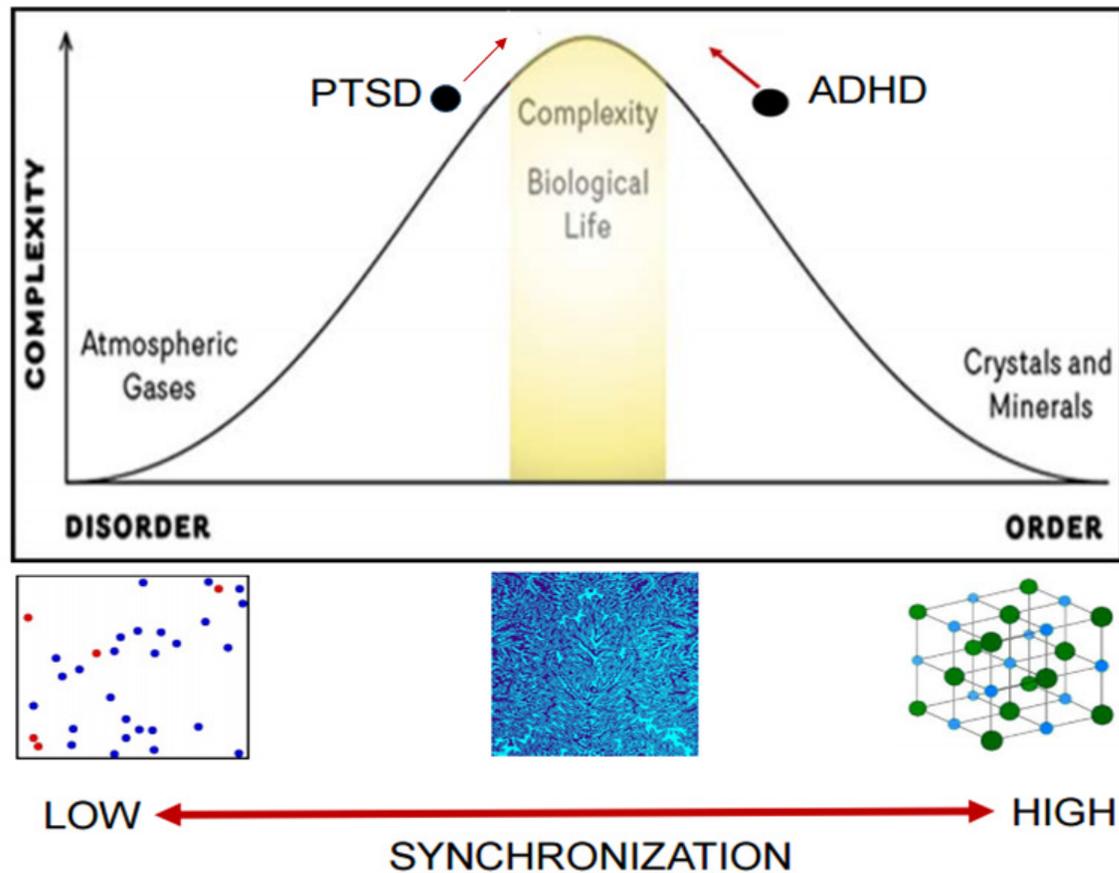


The Theory of Self-Organised Criticality





Self-Organised Criticality: a potential mechanism?





Tuning pathological brain oscillations with neurofeedback: a systems neuroscience framework

Tomas Ros^{1*}, Bernard J. Baars², Ruth A. Lanius³ and Patrik Vuilleumier¹

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² *Theoretical Neurobiology, The Neurosciences Institute, La Jolla, CA, USA*

³ *Department of Psychiatry, University of Western Ontario, London, ON, Canada*

Edited by:

Martijn Arns, Research Institute Brainclinics, Netherlands

Reviewed by:

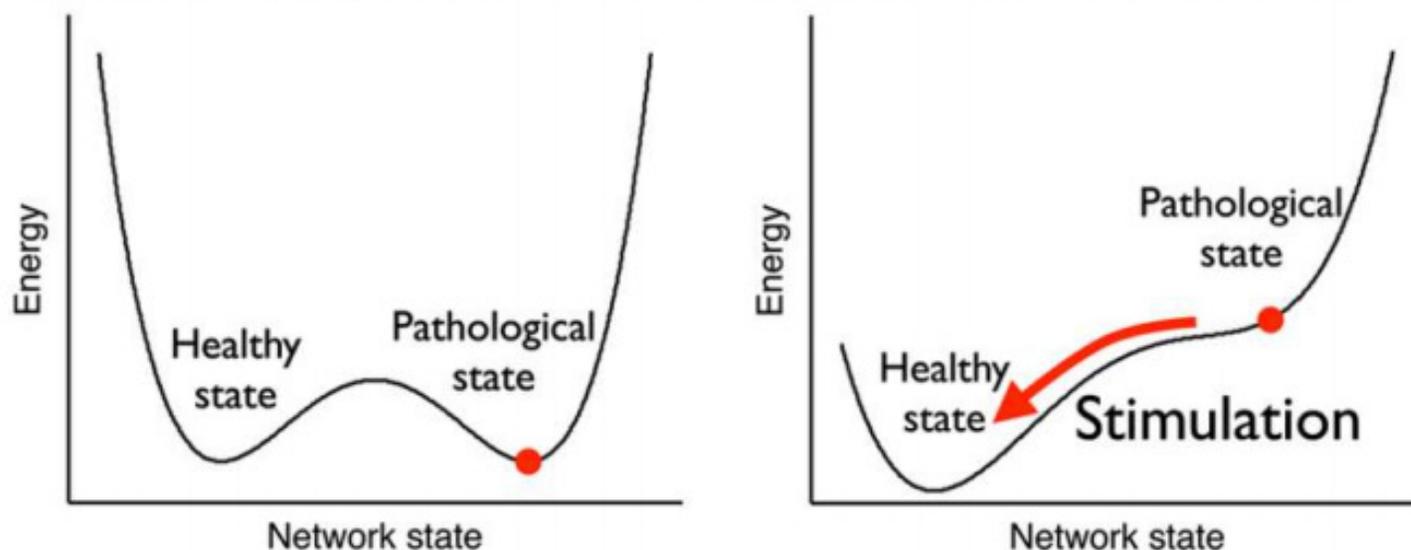
Marco Congedo, CNRS, France

Hartmut Heinrich, University of Erlangen-Nürnberg, Germany

***Correspondence:**

Tomas Ros, Laboratory for Neurology and Imaging of Cognition, Department of Neurosciences, University of Geneva, Campus Biotech, 9 Chemin des Mines, Geneva 1202, Switzerland

e-mail: dr.t.ros@gmail.com



Select a Network or Symptoms, Frequency and Metric

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Network		Severity			
Addiction	0				
Anxiety	0				
Attention - Dorsal	0				
Attention - Ventral	0				
Attention - Emotional	0				
Default Mode	0				
Executive Function	0				
Face, Object Recognition	0				
Language	0				
Memory - Emotion	0				
Mirror Neuron	0				
Mood	0				
Pain	0				
Pleasure	0				
Salience	0				
Schizophrenia	0				
Working Memory	0				
DTI - Frontal Limbic	0				
DTI - Frontal Occipital	0				
DTI - Frontal Parietal	0				
DTI - Frontal Temporal	0				
DTI - Local Frontal	0				
DTI - Local Limbic	0				
DTI - Local Occipital	0				
DTI - Local Parietal	0				
DTI - Local Temporal	0				
Hagmann Module 1 (Vision)	0				
Hagmann Module 2 (Attention, Working Memory)	0				
Hagmann Module 3 (Auditory, Language, Memory)	0				
Hagmann Module 4 (Auditory, Language, Memory)	0				
Hagmann Module 5 (Executive, Sequential Planning)	0				
Hagmann Module 6 (Executive, Social Skills)	0				
Isocortex Hippocampocentric	0				
Isocortex Olfactocentric	0				
Mesocortex Hippocampocentric	0				
Mesocortex Olfactocentric	0				
Mesulam - Emotional Memory	0				
Mesulam - Executive Function	0				
Mesulam - Face/Object Identification	0				
Mesulam - Language	0				
Mesulam - Spatial Attention	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Intrinsic Connectivity Network		Severity			
ICN 1 (Limbic, Medial-Temporal, Emotion)	0				
ICN 2 (Reward, Emotion)	0				
ICN 4 (Language, Executive)	0				
ICN 6 (Premotor, Supplemental Motor)	0				
ICN 7 (Visual-Spatial Processing)	0				
ICN 8, 17 (Primary Sensory Motor)	0				
ICN 9 (Parietal)	0				
ICN 10 (Picture Naming, Visual Tracking)	0				
ICN 11, 12 (Visual System)	0				
ICN 13 (Default Mode Network)	0				
ICN 15 (Right Hemisphere, Attention, Reasoning, Memory)	0				
ICN 16 (Auditory, Music)	0				
ICN 18 (Left Hemisphere, Language)	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Neuropsychological Diagnosis		Severity			
Agnosia of Action Apperceptive	0				
Agnosia of Action Associative	0				
Agnosia Auditory Apperceptive	0				
Agnosia Auditory Associative	0				
Agnosia Auditory Space	0				
Agnosia Prosopagnosia (Face)	0				
Agnosia Social Emotional	0				
Agnosia Social of Action - Theory of Mind	0				
Agnosia Somatosensory Autotopagnosia	0				
Agnosia Somatosensory Finger	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Symptom / Complaint		Severity			
Attention - Re-Experiences Intrusive Memories	0				
Attention - Emotional Numbing	0				
Attention - Distracting Pain	0				
Attention - Difficulty Multi-Tasking	0				
Attention - Worsens with Emotional Stress	0				
Attention - Dissociative Episodes	0				
Attention - Worsens With Withdrawal Symptoms	0				
Chronic Pain - Neuropathic	0				
Chronic Pain - Musculoskeletal	0				
Chronic Pain - Diffuse Pain (Entire Body)	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Symptom / Complaint		Severity			
Anosognosia - Denial of a Problem	0				
Anxiety	0				
Attention Deficits - Easily Distractable	0				
Auditory Sequencing Problems	0				
Balance Problems	0				
Blurred Vision	0				
Chronic Pain	0				
Compulsive Behaviors and/or Thoughts	0				
Concentration Problems	0				
Decreased Tactile or Skin Sensitivity	0				
Delusional	0				
Depression (Sad & Blue)	0				
Difficulty Comprehending Social Cues	0				
Dyscalcula - Problems Calculating	0				
Dyslexia - Letter Reversal	0				
Executive Function Problems	0				
Face Recognition Problems	0				
Failure to Initiate Actions	0				
Hyperactive and/or Agitation	0				
Impulsive Behaviors	0				
Insensitive to Others Emotional Expressions	0				
Insensitive to Other's Feelings	0				
Low Motivation	0				
Low Threshold for Anger & Loss of Control	0				
Migrane Headaches	0				
Mood Swings	0				
Multi-Tasking Problems	0				
Obsessive Thoughts about Self	0				
Obsessive Thoughts and/or Hyper Focused	0				
Oppositional Defiant Conduct	0				
Orientation in Space Problems	0				
Perception of Letters Problems	0				
Poor Judgement	0				
Poor Skilled Motor Movements	0				
Poor Social Skills	0				
Receptive Language Problems	0				
Recognizing Objects by Touch Problems	0				
Self-Esteem Problems	0				
Sequential Planning Problems	0				
Short-Term Memory Problems	0				
Slow Reader	0				
Slowness of Thought - Easily Confused	0				
Spatial Perception Problems	0				
Speech Articulation Problems	0				
Substance Abuse	0				
Symptoms of Fibromyalgia	0				
Word Finding Problems	0				

Z Score Neurofeedback Panel

Select Protocol, Session Rounds or Progress Tabs

Select Frequency Bands for 1 to 19 Channels & Combinations of Channels for Cross-Spectra

Select a Metric
(Power, Phase, Coherence, or Amplitude Asymmetry)

Select Montage
Linked Ears,
Average Reference
& Laplacian

Z Score Threshold
Reward if Less Than
or Greater Than

Event Integration
Interval (Variability)

Symptom Check List

Z Tunes is the
Reward Default

Save, Load
& Cancel

Begin or End
Session

Sound
On/Off

Visual Displays &
DVD & MM Players

The screenshot shows the 'Surface Neurofeedback' software window. It features several tabs: 'Protocol', 'Session Rounds', and 'Progress'. The 'Metric' section includes radio buttons for Absolute Power (selected), Relative Power, Power Ratio, Amplitude Asymmetry, Coherence, Absolute Phase, Phase Shift, and Phase Lock. The 'Frequency' section has radio buttons for Delta (selected), Theta, Alpha, Beta, High Beta, Alpha 1, Alpha 2, Beta 1, Beta 2, Beta 3, D/T, D/A, D/B, D/HB, T/A, T/B, T/HB, A/B, A/HB, and B/HB. The 'Montage Reference' section includes radio buttons for Linked Ears (selected), Average Reference, and Laplacian. Below these are input fields for 'Upper Z' (2.00), 'Lower Z' (-2.00), 'Metrics Selected' (130), 'Monitor' (1), 'Window' (0.25 sec), 'Method' (Z-Tunes), 'Display' (Cz Head), and 'Sound' (Off). A 'Symptom Check List' button is also present. At the bottom, there are buttons for 'Save', 'Load', 'Apply', 'Cancel', 'Reset', 'Begin Session', 'End Session', and 'Close'. On the right side, there is a table titled 'Auto Spectra Channels - Absolute Power' with a list of channels (FP1 to Pz) and a grid for selecting frequency bands (D, T).

Channel	D	T			
FP1					
FP2					
F3					
F4					
C3					
C4					
P3					
P4					
O1					
O2					
F7					
F8					
T3					
T4					
T5					
T6	D				
Fz					
Cz					
Pz					

Neuroimaging Neurofeedback Symptom Check List

Click Symptoms or Neuropsychological Diagnoses or DoD/VA List or Networks & Severity

List of Matching Brodmann Areas

List of Symptoms

Anatomical Hypotheses

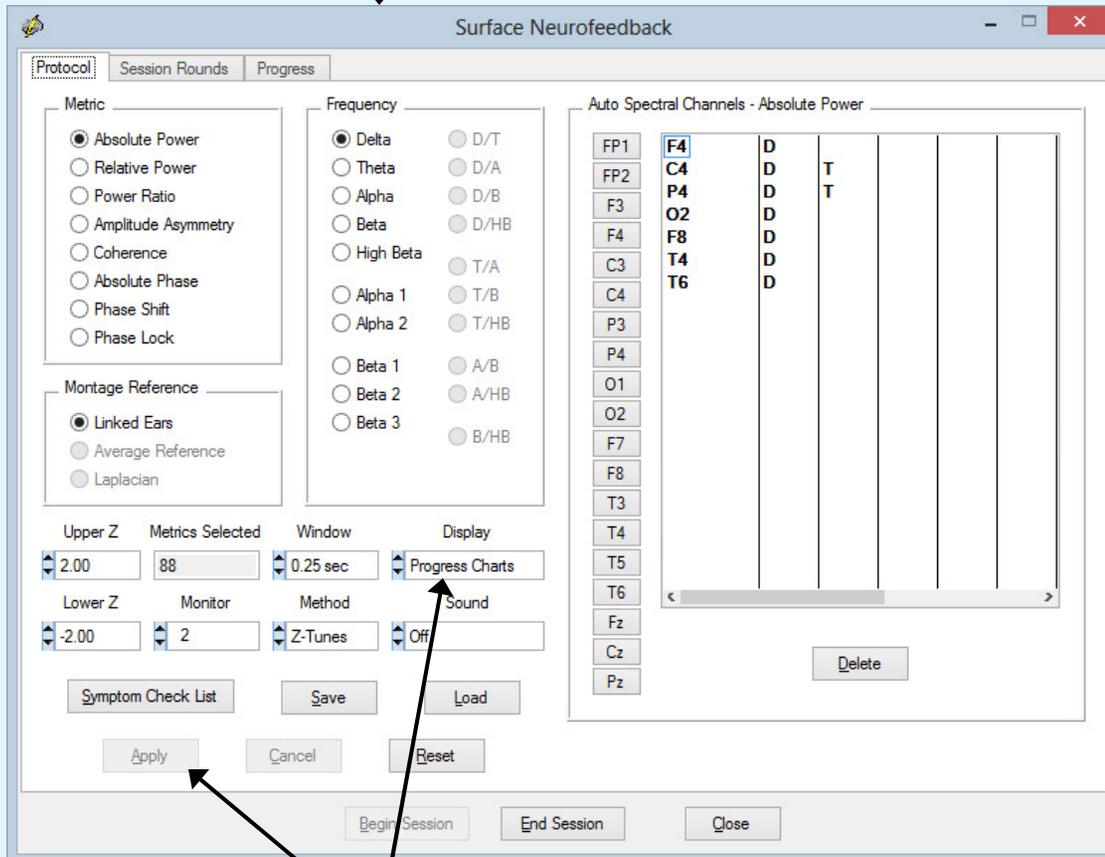
The screenshot shows the 'Symptom Check List' application window. It features a tabbed interface with 'Symptoms', 'Neuropsychological', 'DoD/VA', 'Networks', and 'ICN' tabs. The 'Symptoms' tab is active, displaying a list of symptoms and their severity scores. Below this, there are three columns for 'Hypothesis', 'Match', and 'Mismatch', each containing a table of Brodmann areas and hemispheres. To the right of the software window, two brain maps are shown, illustrating the anatomical hypotheses for the selected symptoms. The top map shows Brodmann areas 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. The bottom map shows Brodmann areas 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

Symptom / Complaint	Severity
Mood - Hyperarousal	0
Concussion - Difficulty Multi-Tasking	0
Concussion - Short-Term Memory Problems	0
Concussion - Difficulty Concentrating	10
Concussion - Sleep Problems	0
Concussion - Balance Problems	0
Concussion - Problems Controlling Anger	0
Concussion - Depressed Mood	0
PTSD - Hyperarousal	0
PTSD - Sudden Fear Reactions	0

Hypothesis		Match		Mismatch	
Brodmann	Hem	Brodmann	Hem	Brodmann	Hem
9	Left	9	Right	1	Right
9	Right	10	Left	2	Right
10	Left	10	Right	3	Right
10	Right	11	Left	4	Left
11	Left	11	Right	4	Right
11	Right	23	Left	5	Left
23	Left	23	Right	5	Right
23	Right	24	Left	6	Left
24	Left	24	Right	6	Right
24	Right	30	Left	7	Left

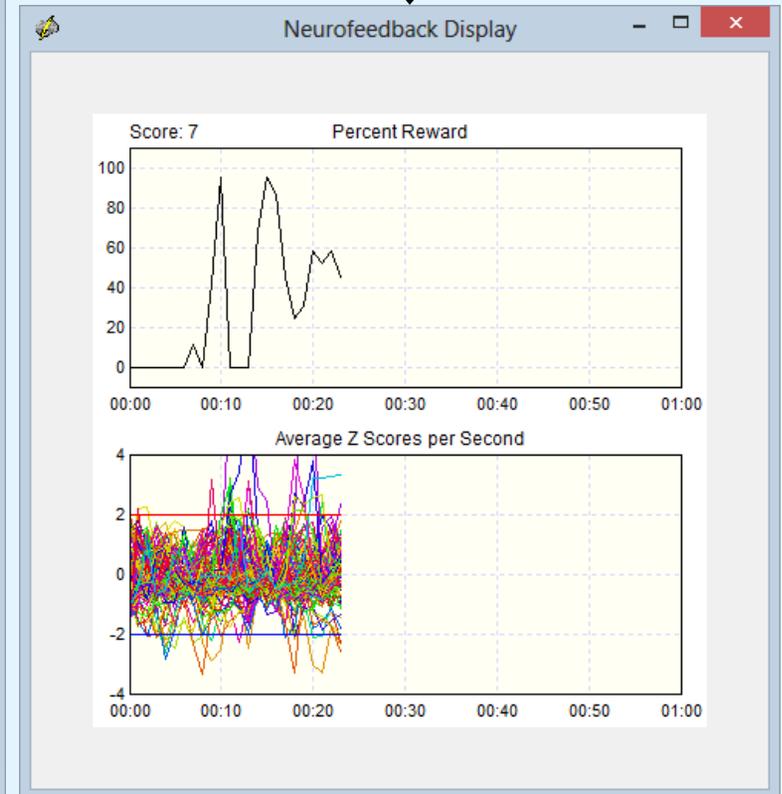
Use the Progress Chart as a Feedback Display

Neurofeedback Setup Panel



Select Progress Charts as Feedback to a Client and then Click Apply

Move the Display to the Client's Monitor



Move to the Client's Monitor

Progress Charts to be Monitored by the Clinician During Neurofeedback

Toggle Back & Forth between Protocol Window & Progress Charts

Red Mark Designates Settings Change

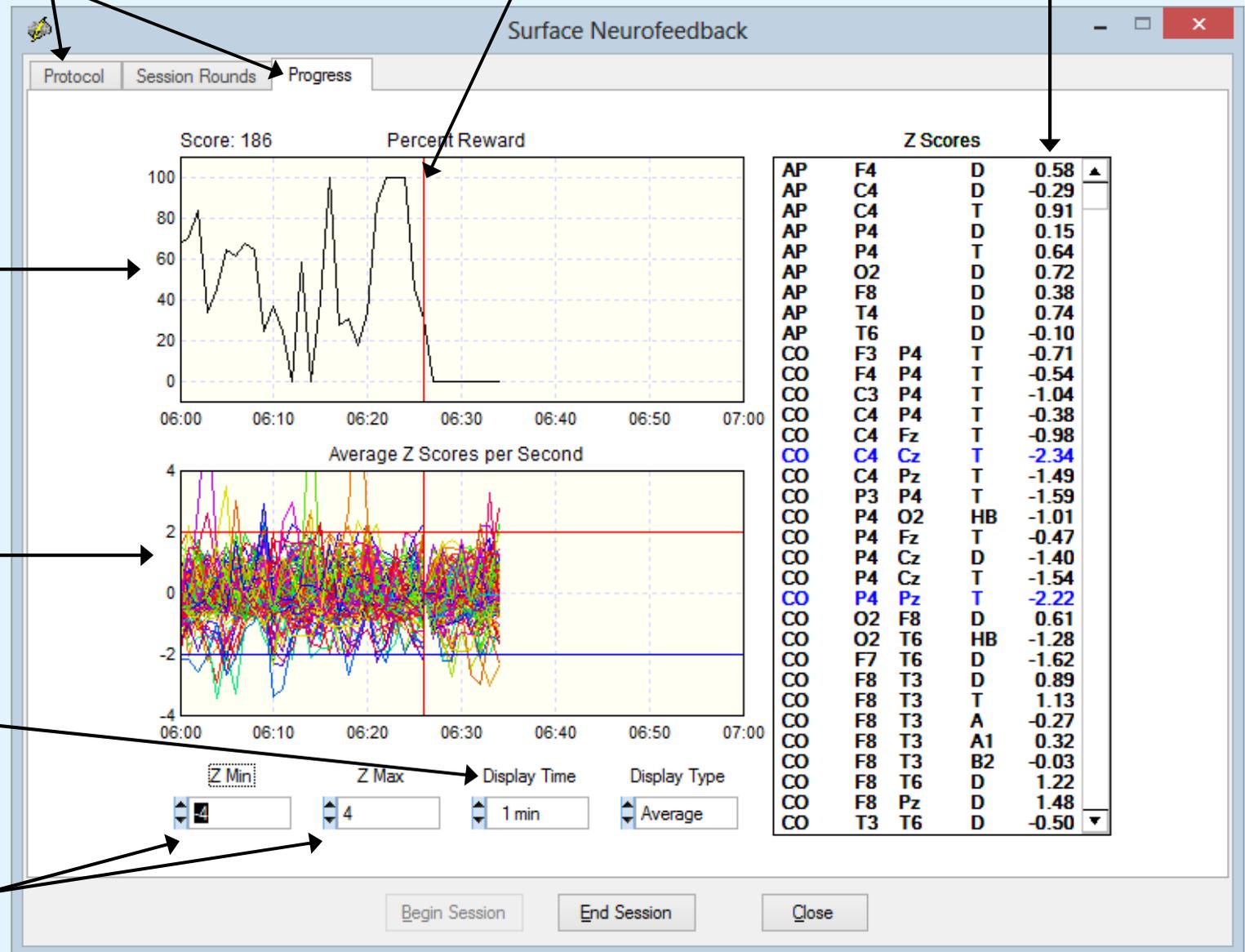
View Instantaneous Z Scores

Percentage of Time that a Reward was Delivered (per sec)

Average Z Scores Updated Each Second

Display Time Base 1 min to 30 min

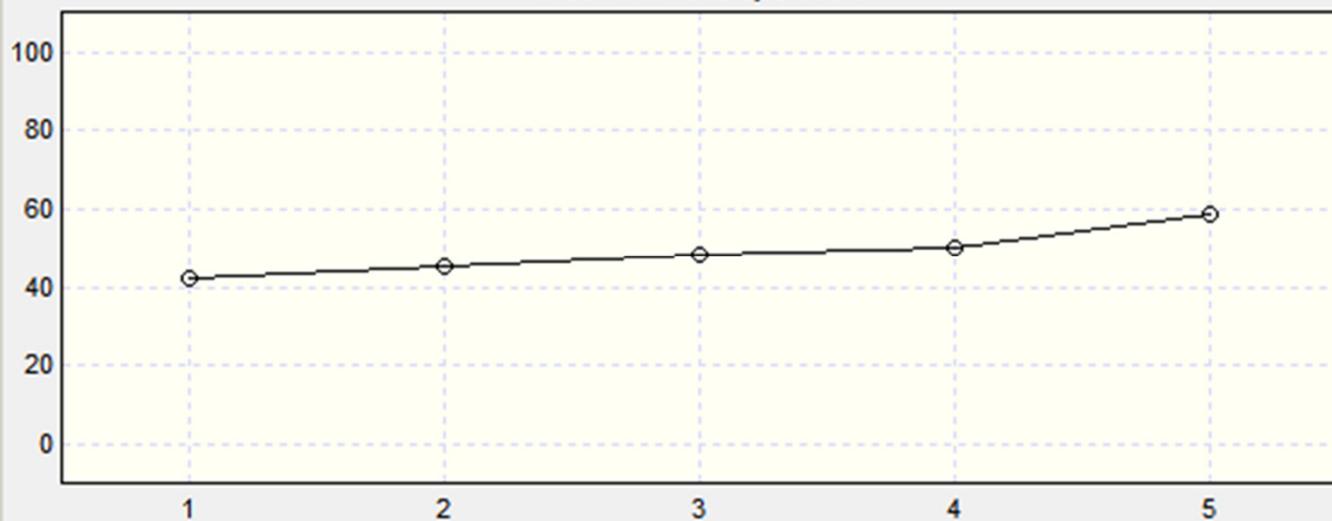
Z Score Range



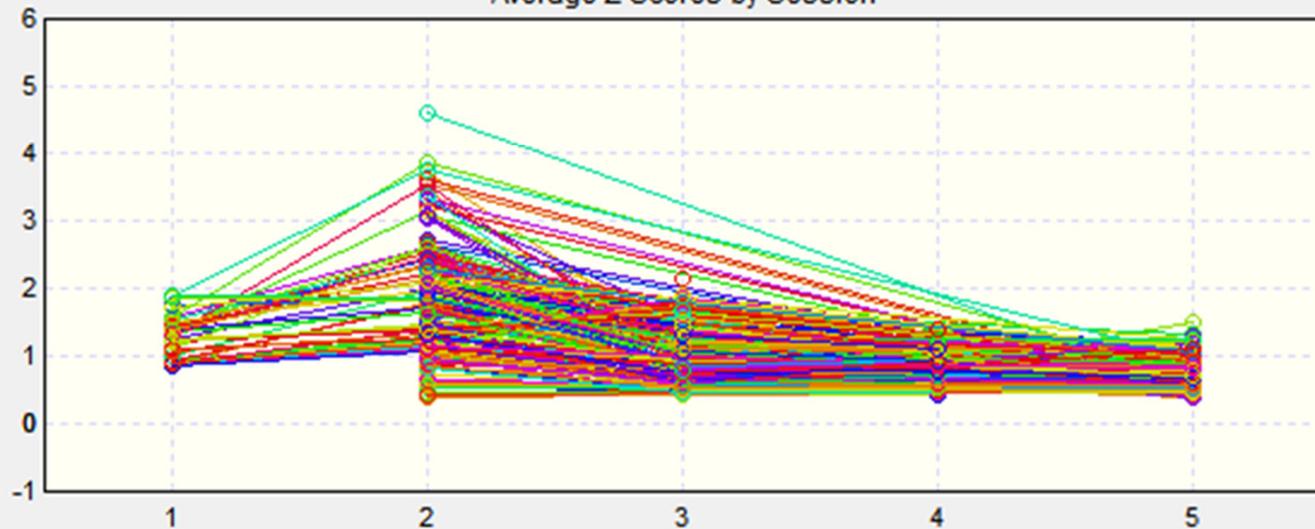
Plot Selections

Plotted Data

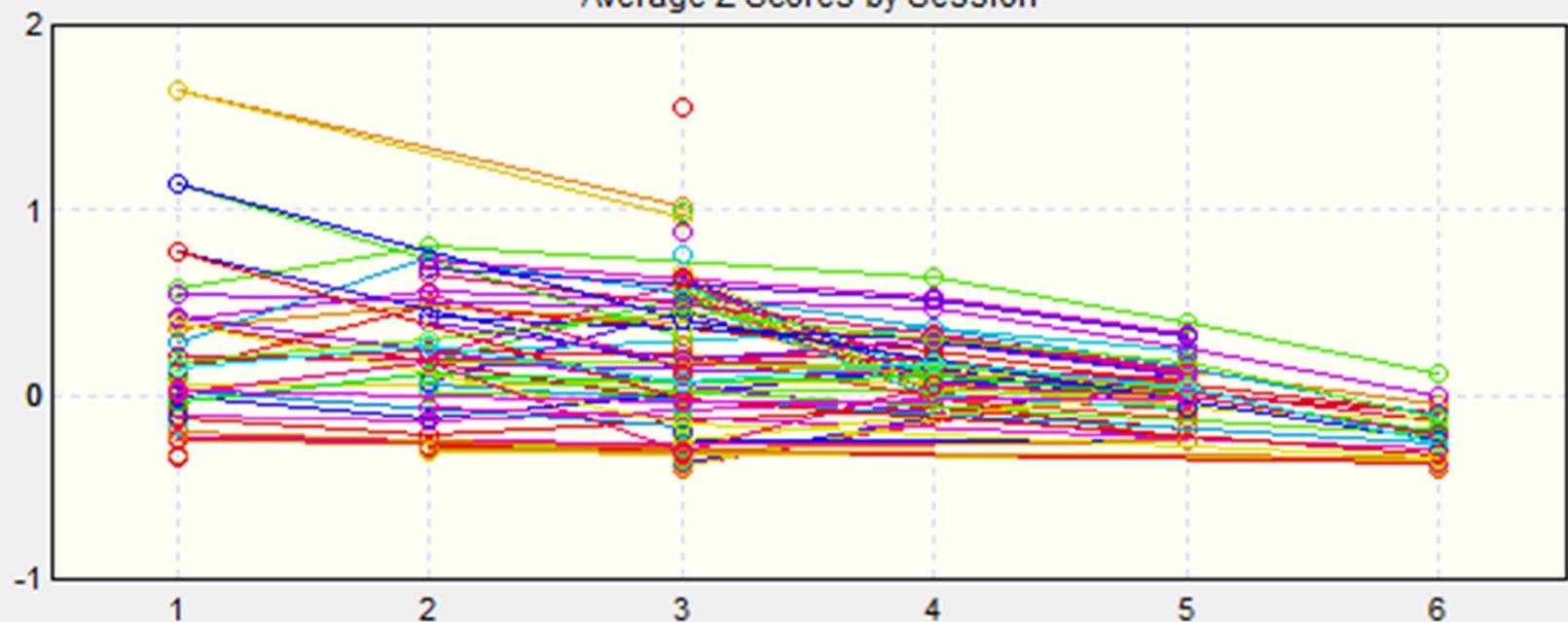
Percent Reward by Session



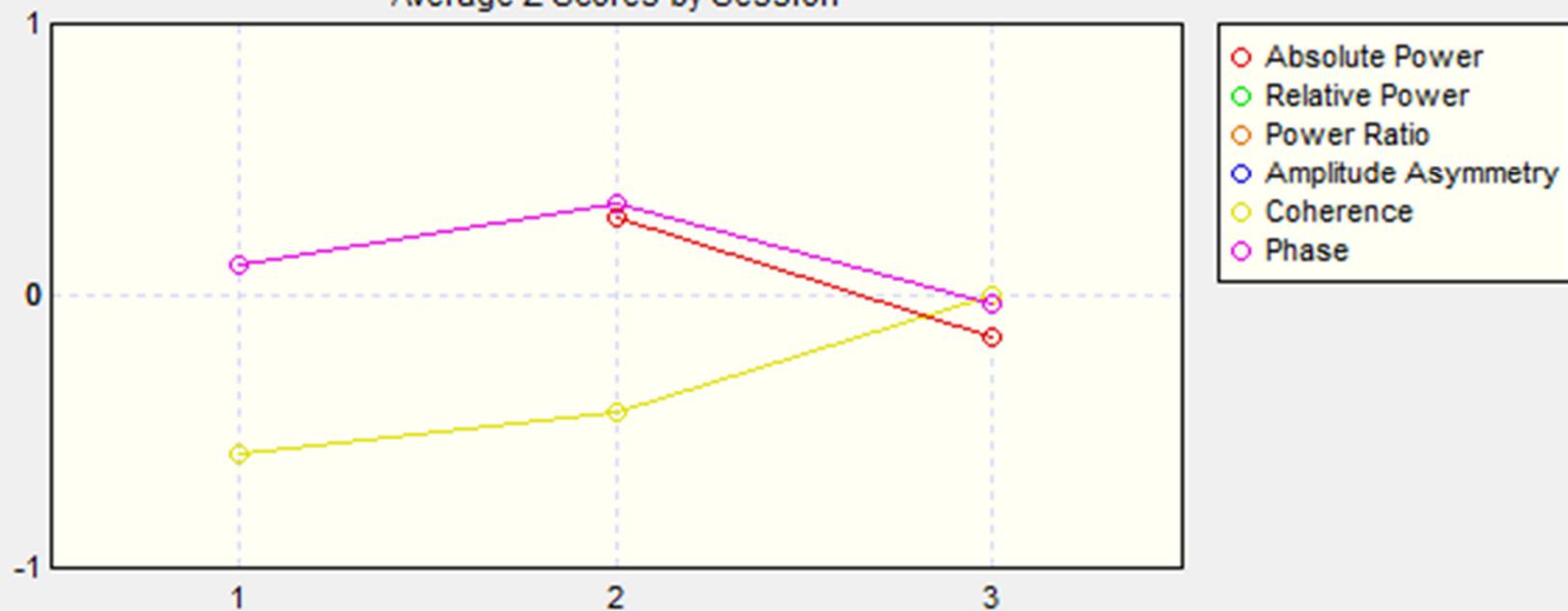
Average Z Scores by Session



Average Z Scores by Session



Average Z Scores by Session

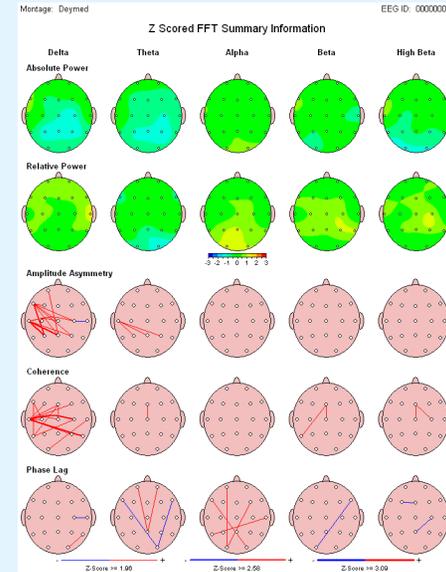
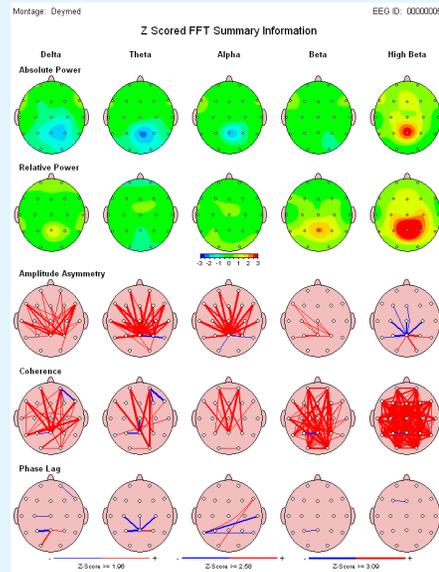


Examples of Surface EEG Changes After EEG Neurofeedback

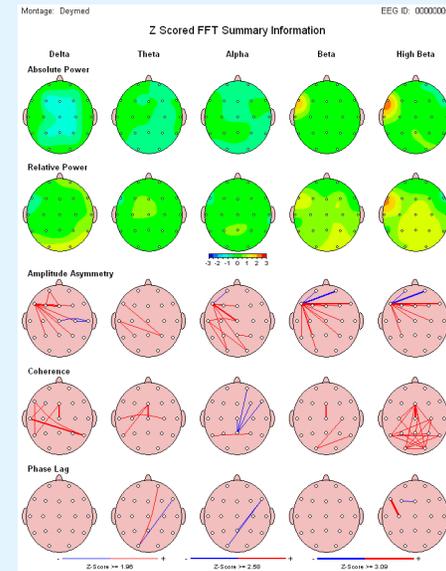
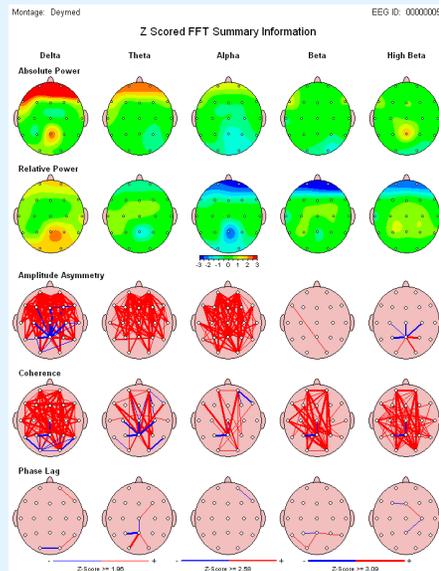
Pre-Treatment

Post – 10 Treatments

TBI Subject #1



TBI Subject #2

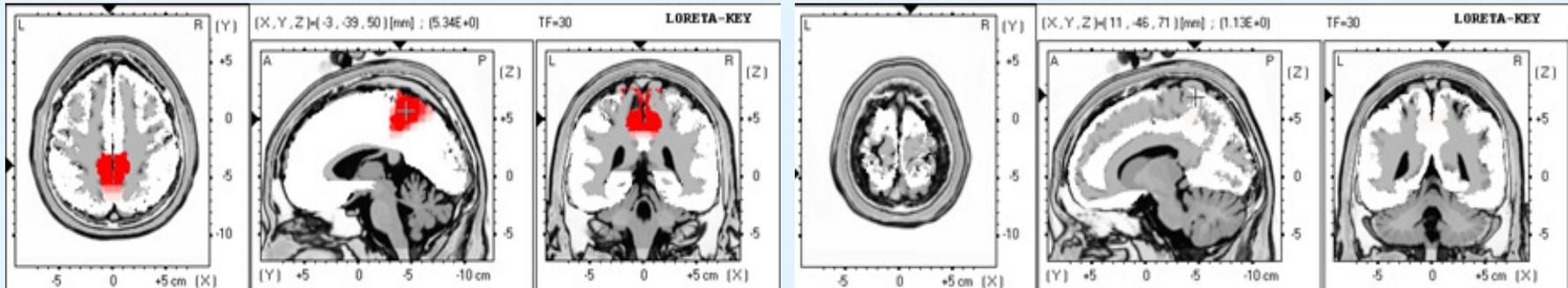


Examples of Electrical Neuroimaging After Neurofeedback

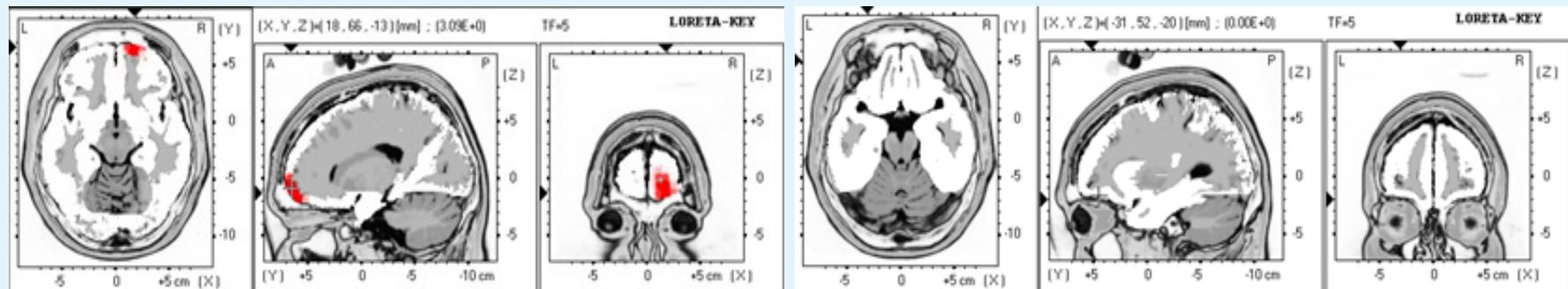
Pre-Treatment

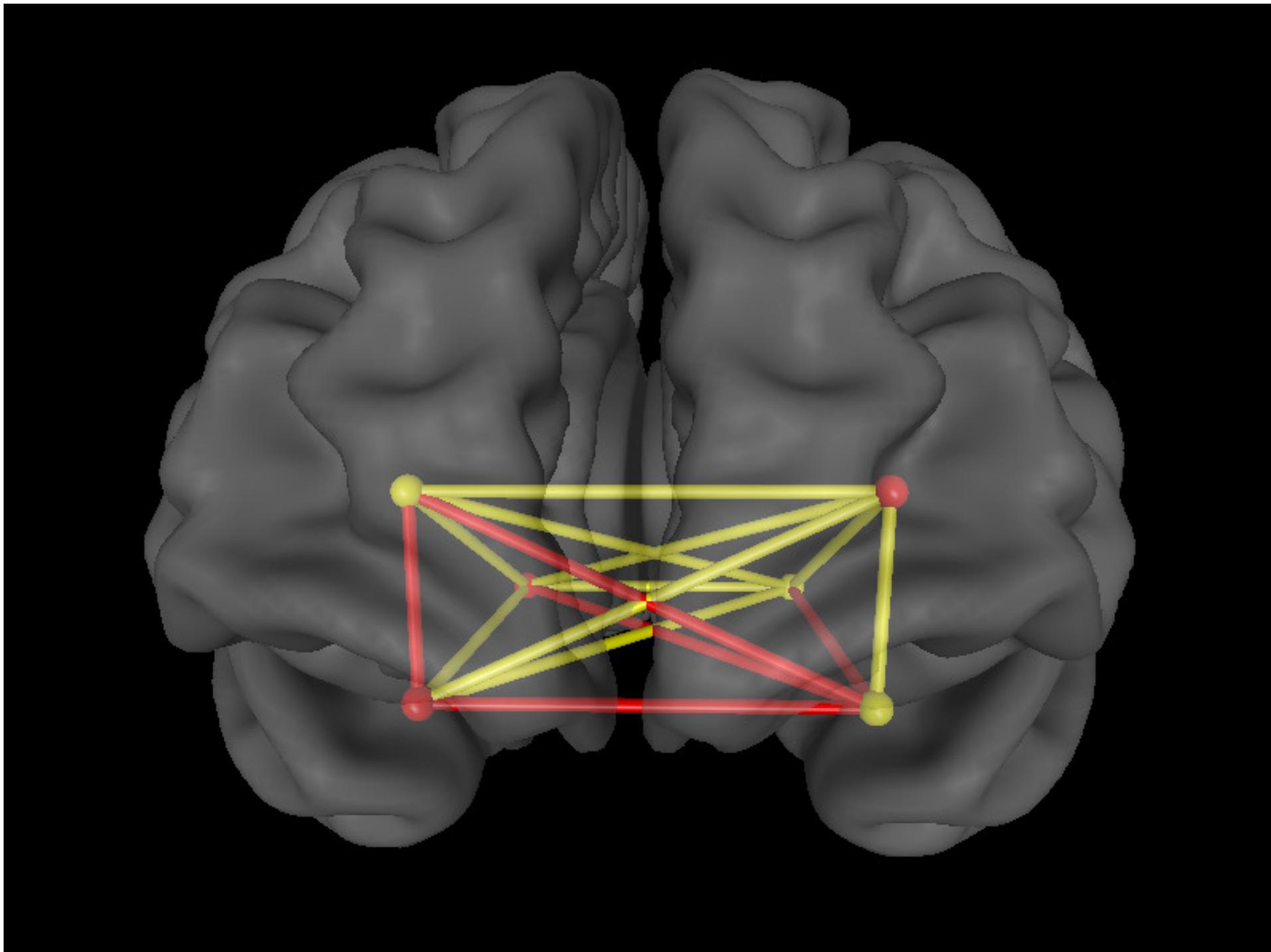
Post – 10 Treatments

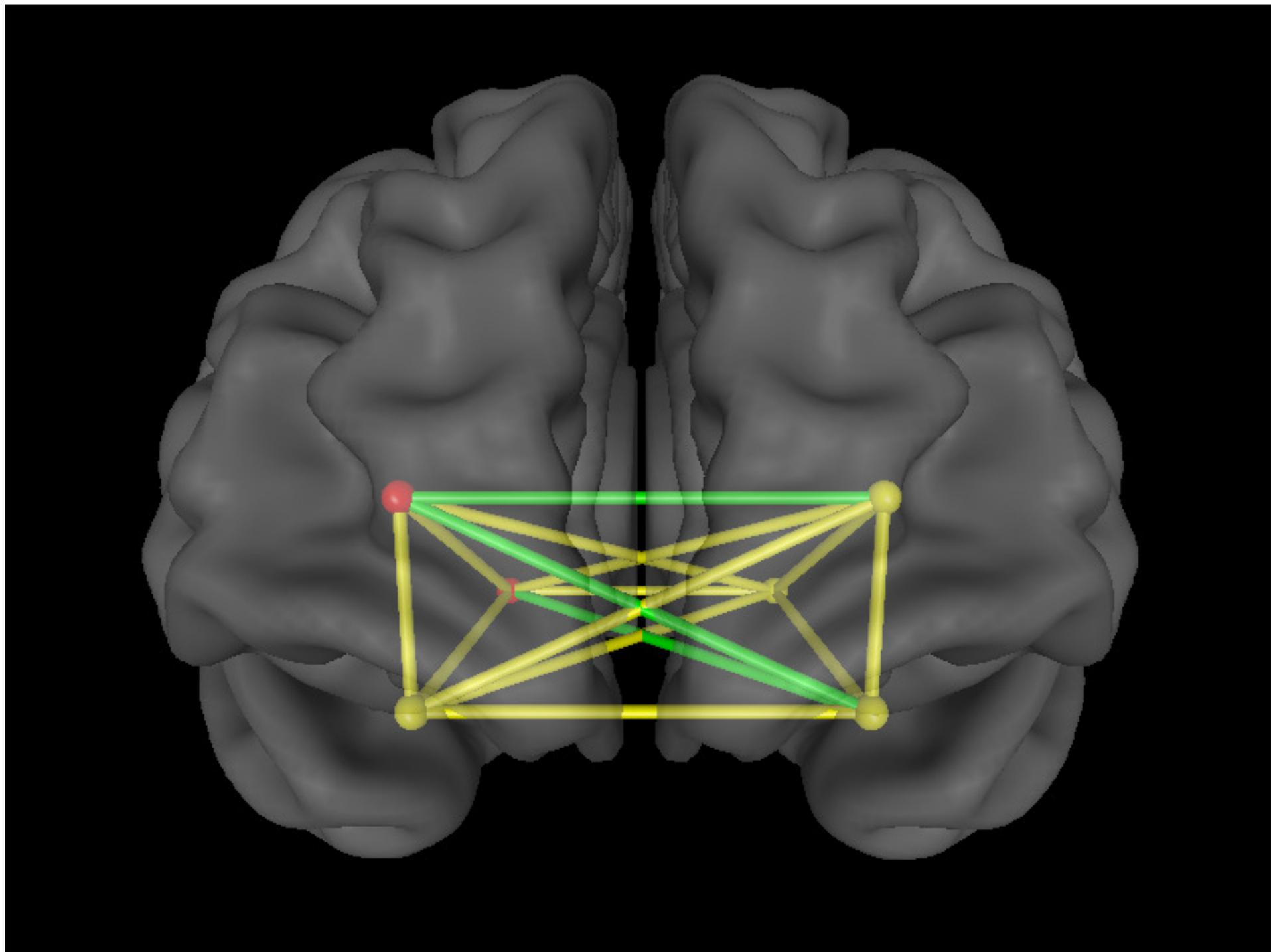
S #1

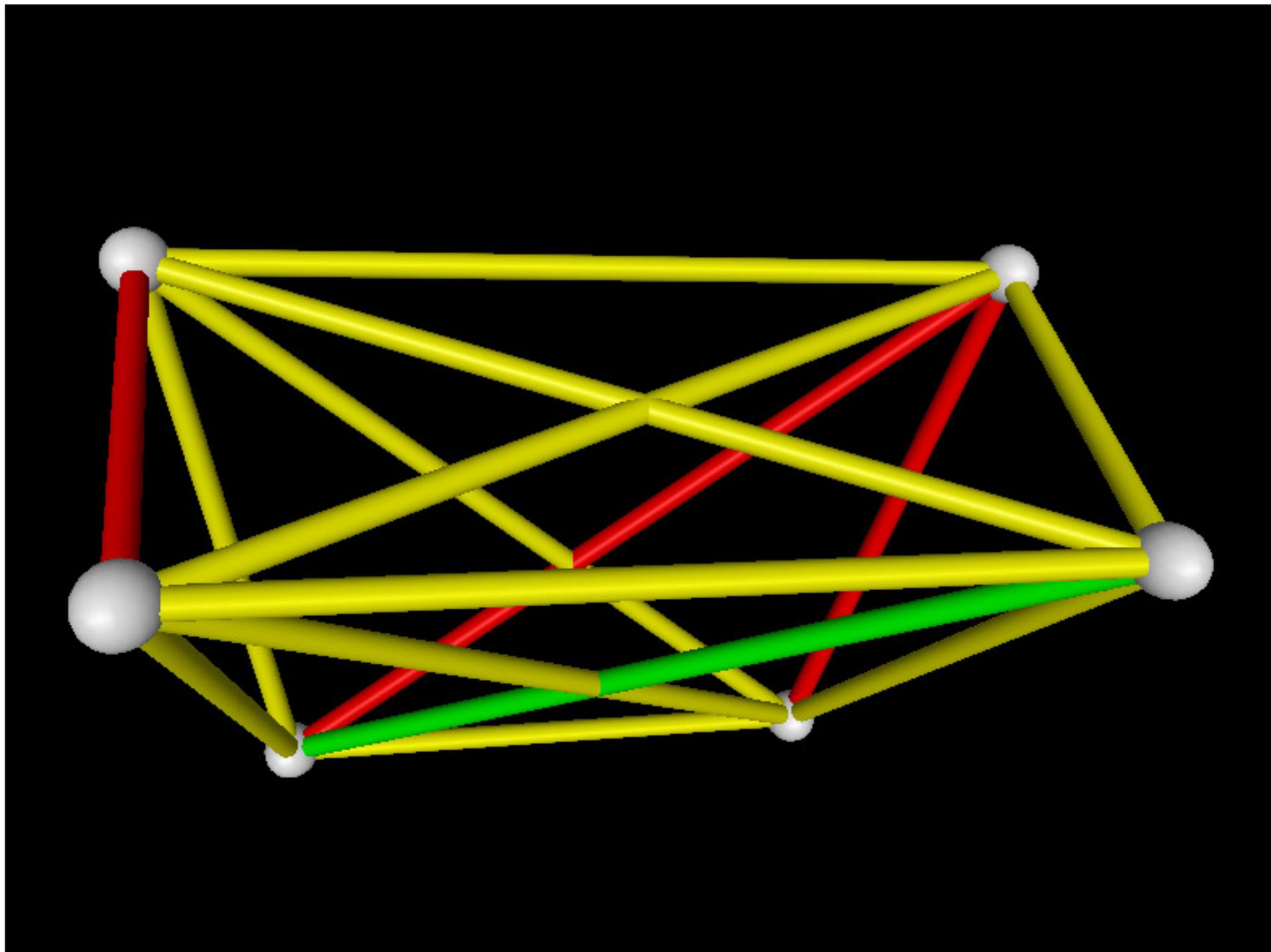


S #2













Advanced Concepts on EEG and QEEG Assessment and Human Performance

International Symposium on Clinical Neuroscience – Feb 3-5, 2017

Linking Symptoms to qEEG Biomarkers and Neurofeedback

Robert W. Thatcher, Ph.D.

**Applied Neuroscience, Inc.
8200 Bryan Dairy Rd., Suite 300
Largo, FL**



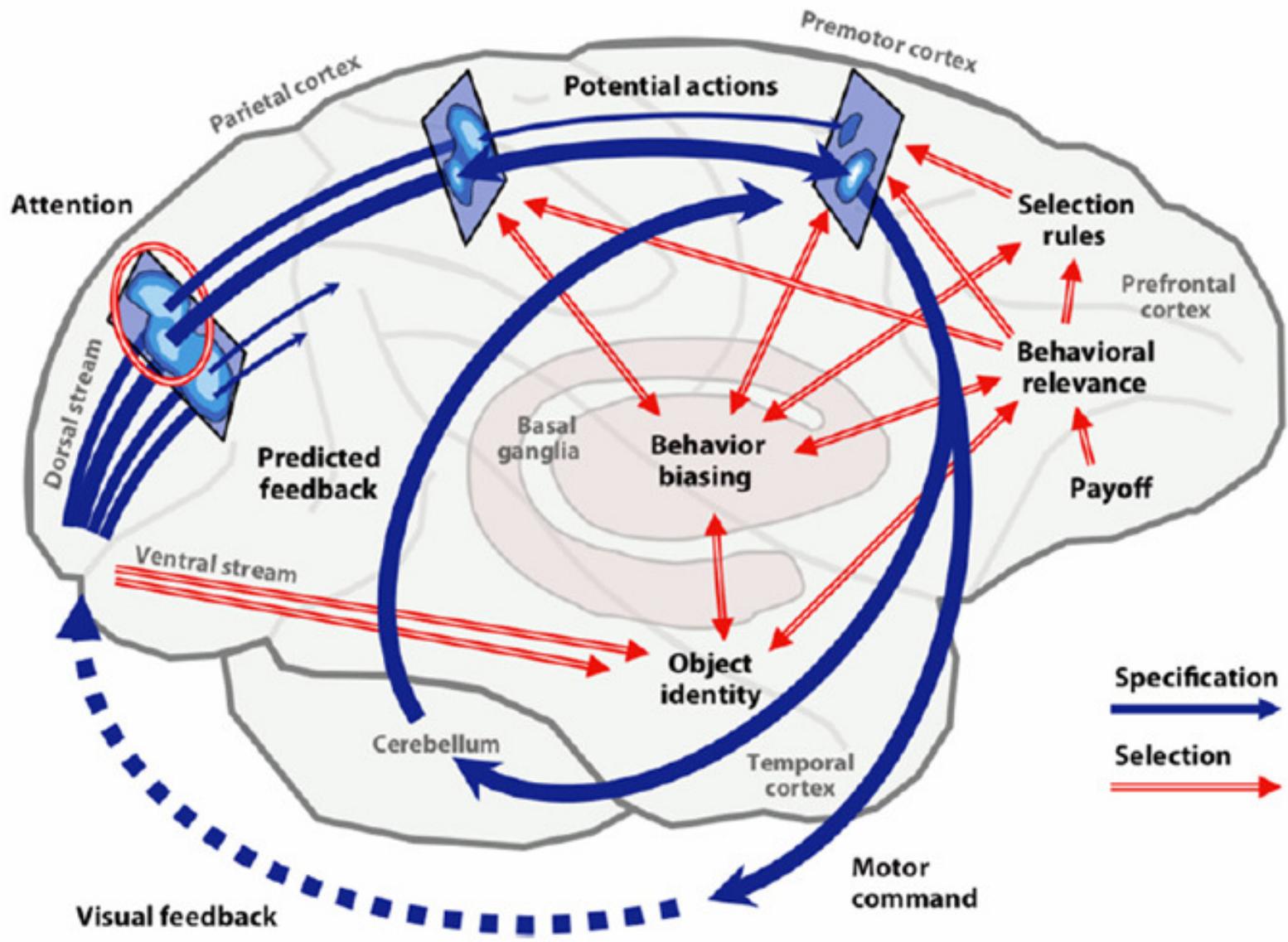
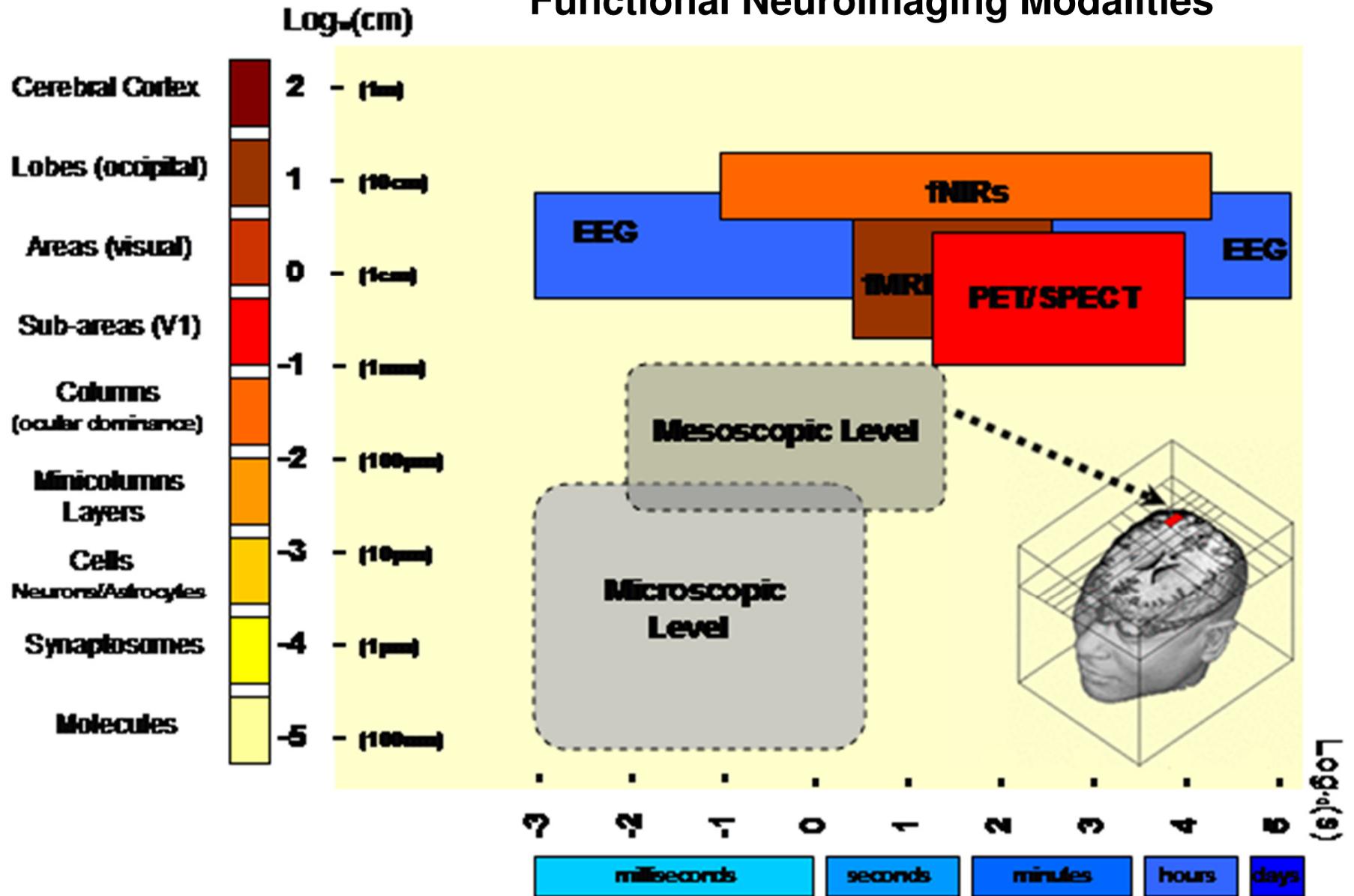
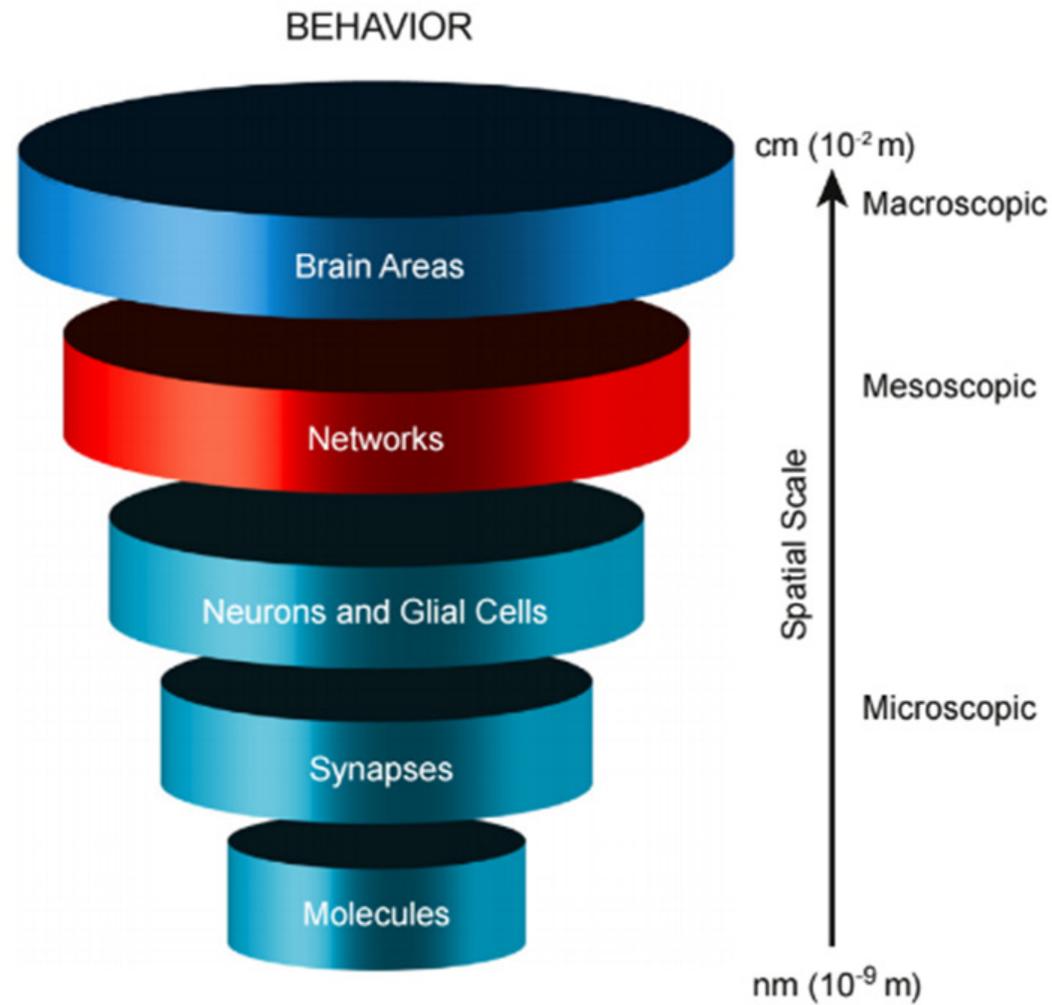


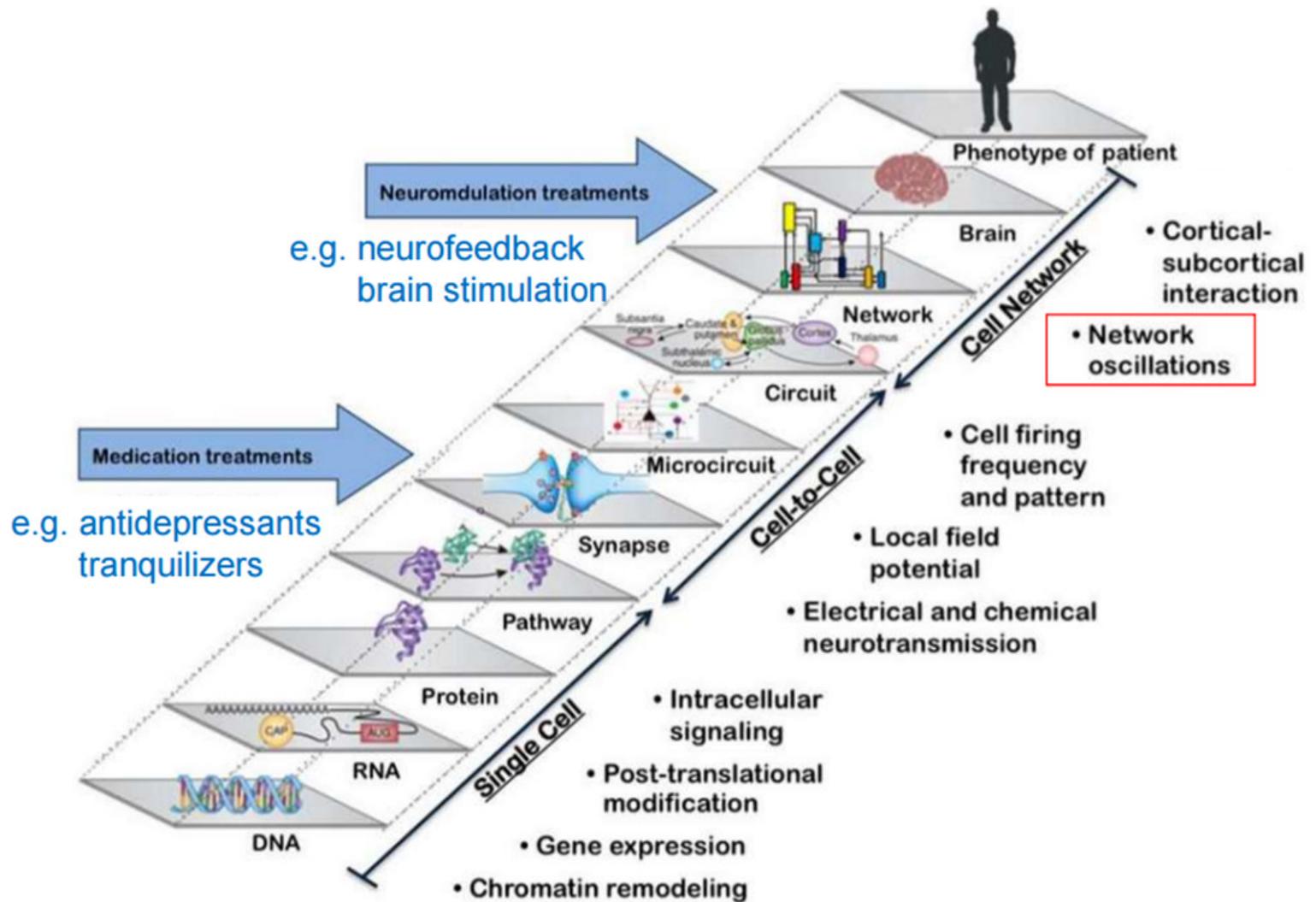
Illustration of brain information flow that can only be measured by the electroencephalogram using computers.
 Information flow – Millisecond Match-Mismatch From Rabinovich et al, 2012

Functional Neuroimaging Modalities

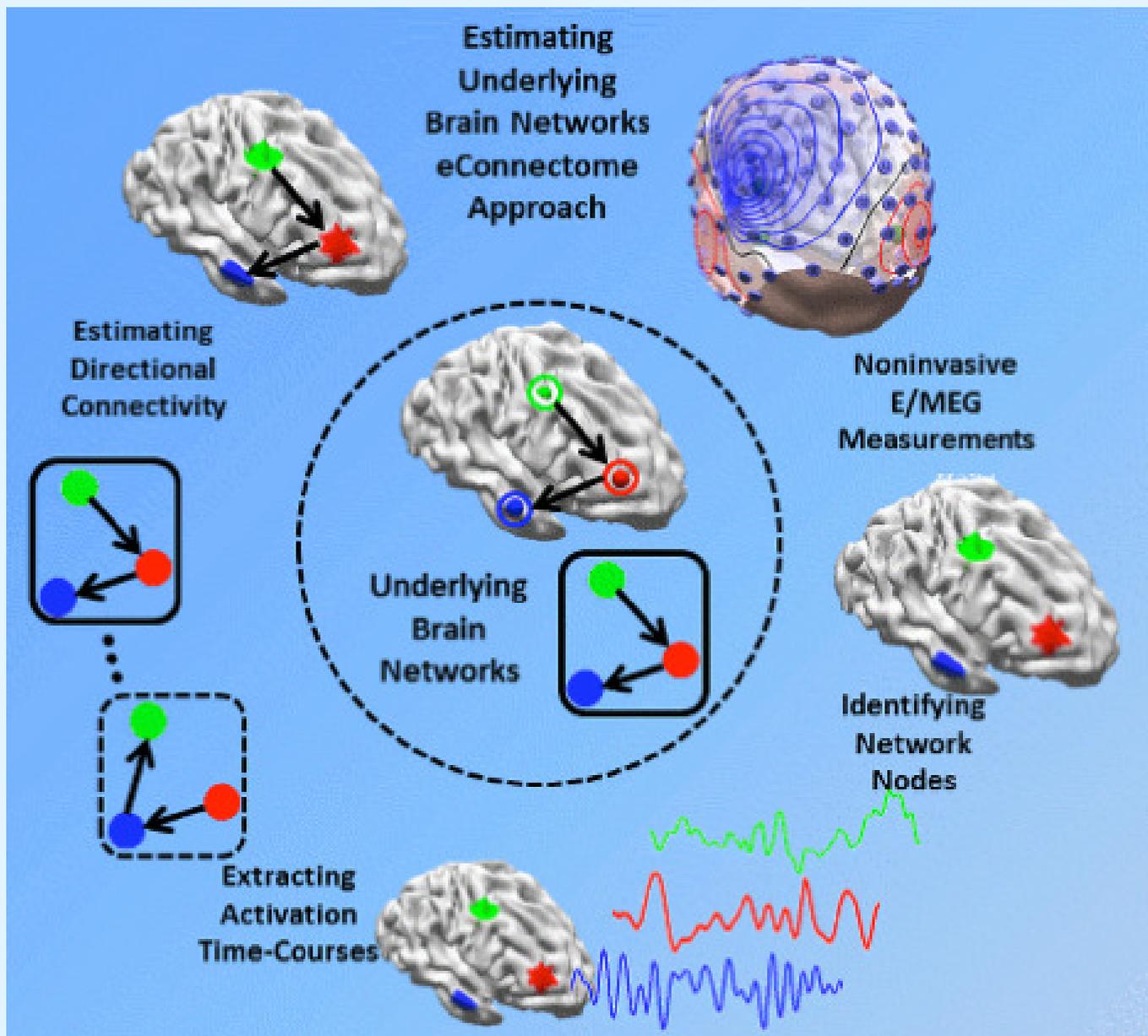




Frohlich, F., 2016. Network Neuroscience. Academic Press, NY



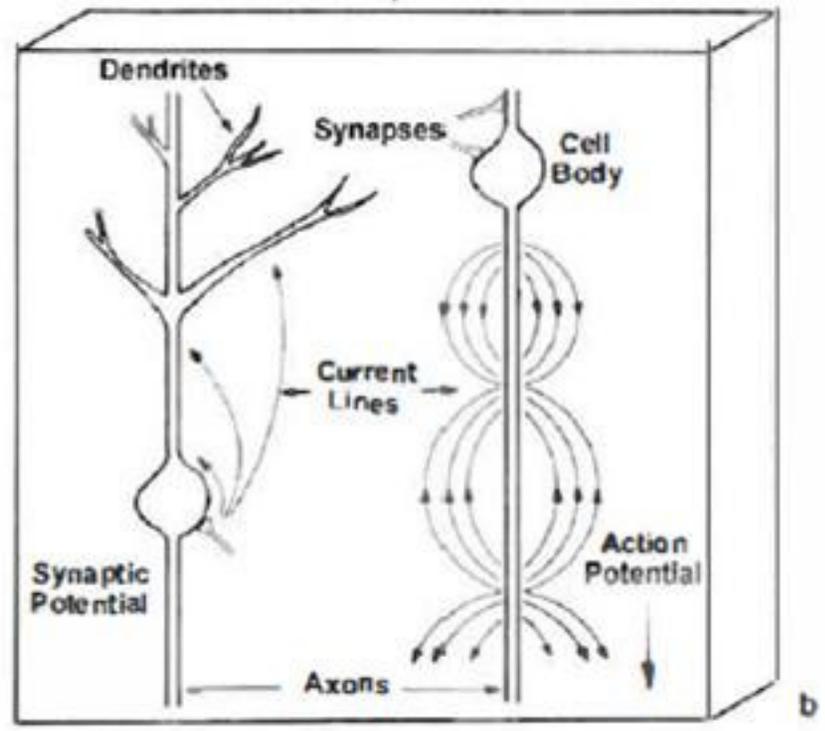
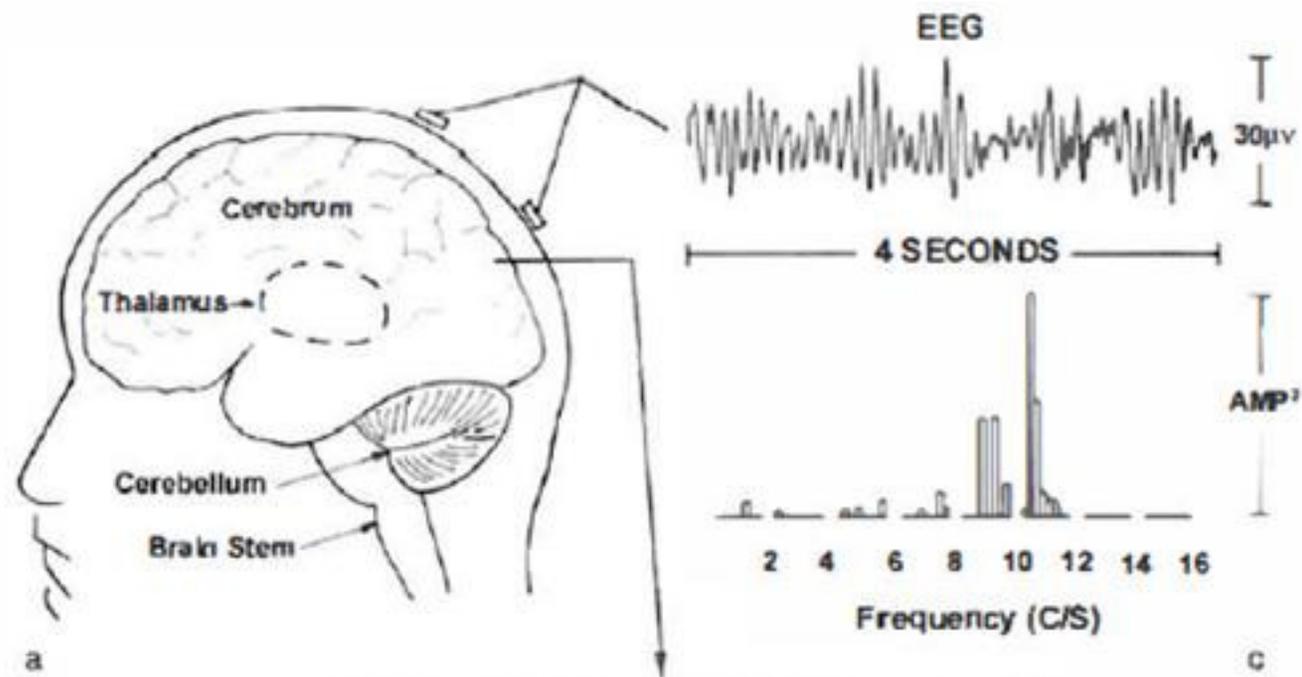
tuning-pathological-brain-oscillations-Thomas Ros-video -From Leuchter, 2015

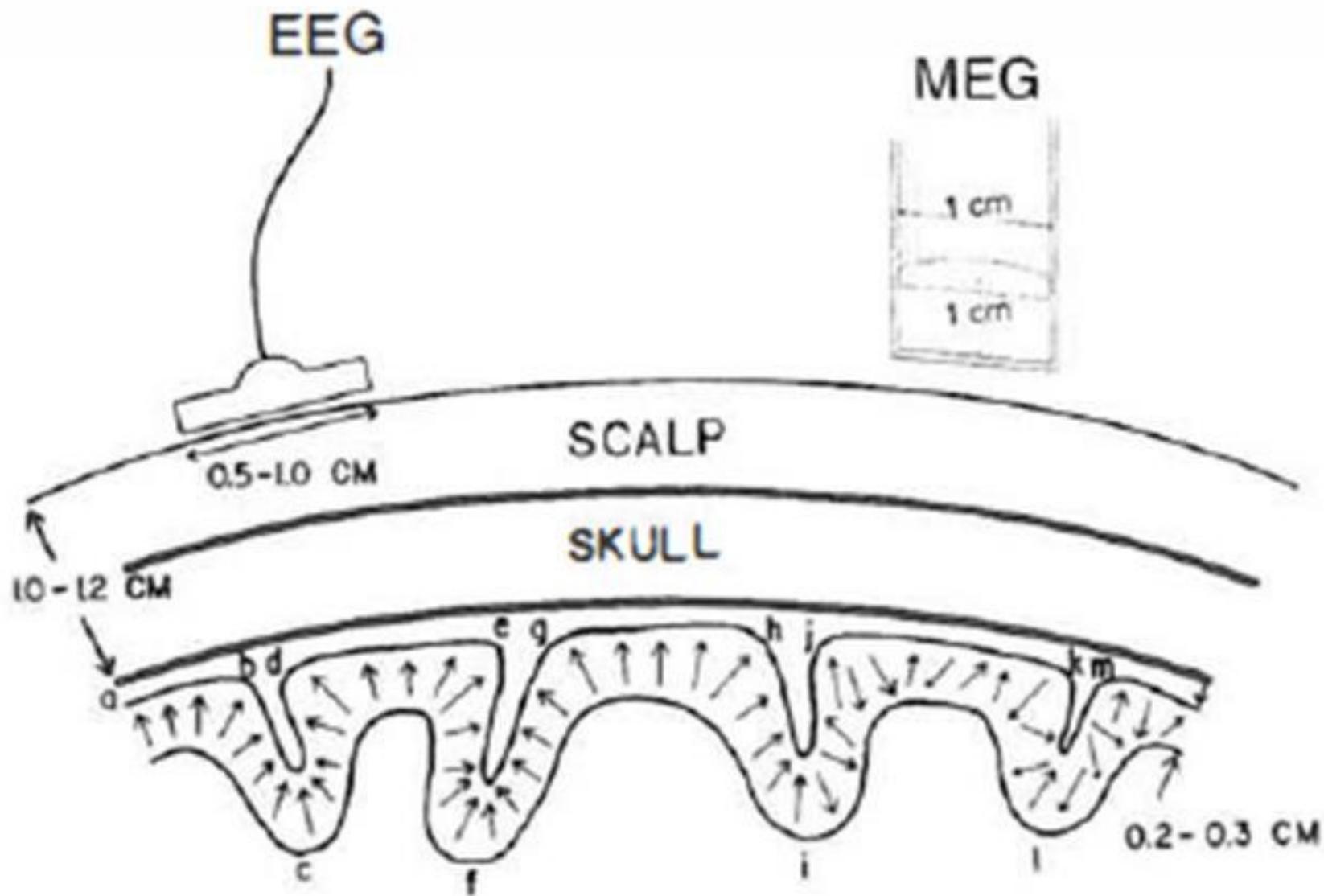


Noninvasive Electromagnetic Source Imaging and Granger Causality Analysis: An Electrophysiological Connectome (eConnectome) Approach *Abbas Sohrabpour, Shuai Ye, Gregory Worrell, Wenbo Zhang, Bin He* , University of Minnesota, USA, [Volume: 63, Issue:12, Pages:2474-2487, 2016](#)

Genesis of the Human Electroencephalogram - EEG

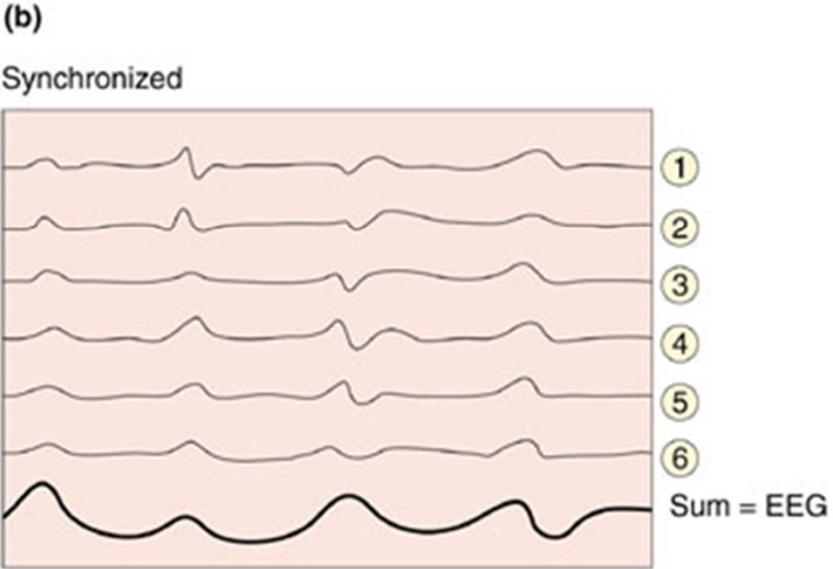
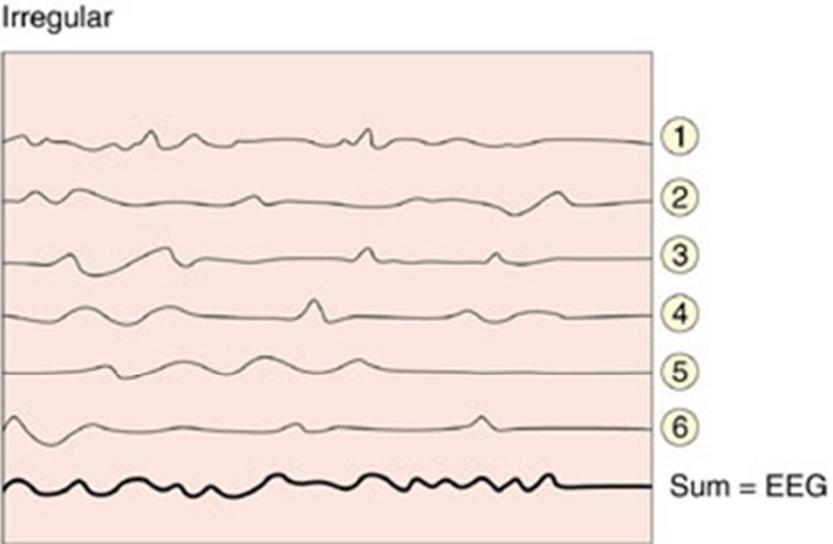
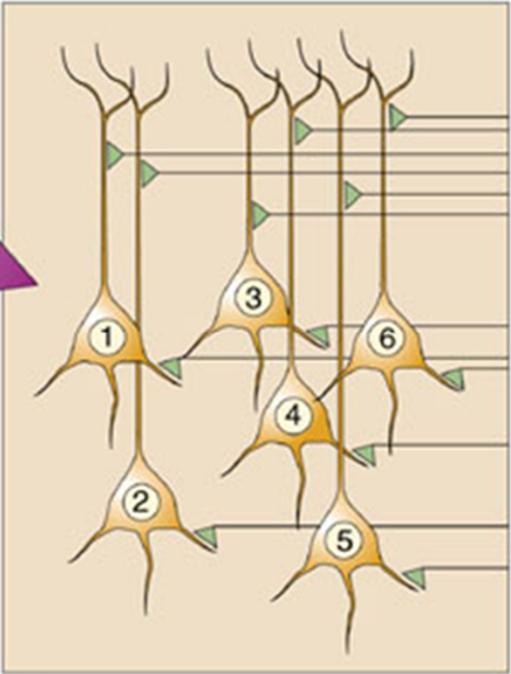
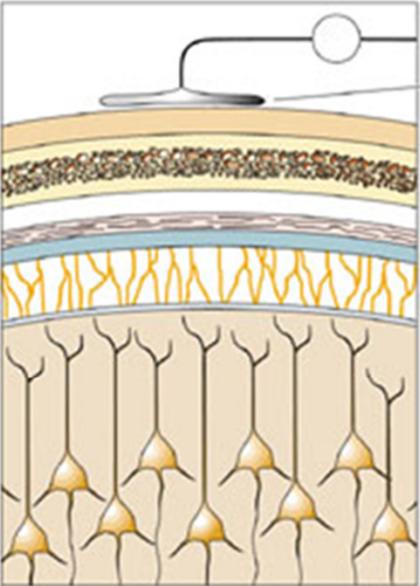
- 1- Pyramidal Neuron Dipoles**
- 2- Oscillations In an Approx. 2mm thick sheet**
- 3- Summated Local Field Potentials (LFP)**
- 4- Amplitude = Proportion of Synchronous/Square Root of Proportion of Asynchronous Generators**
- 5- Pacemakers and Resonance**



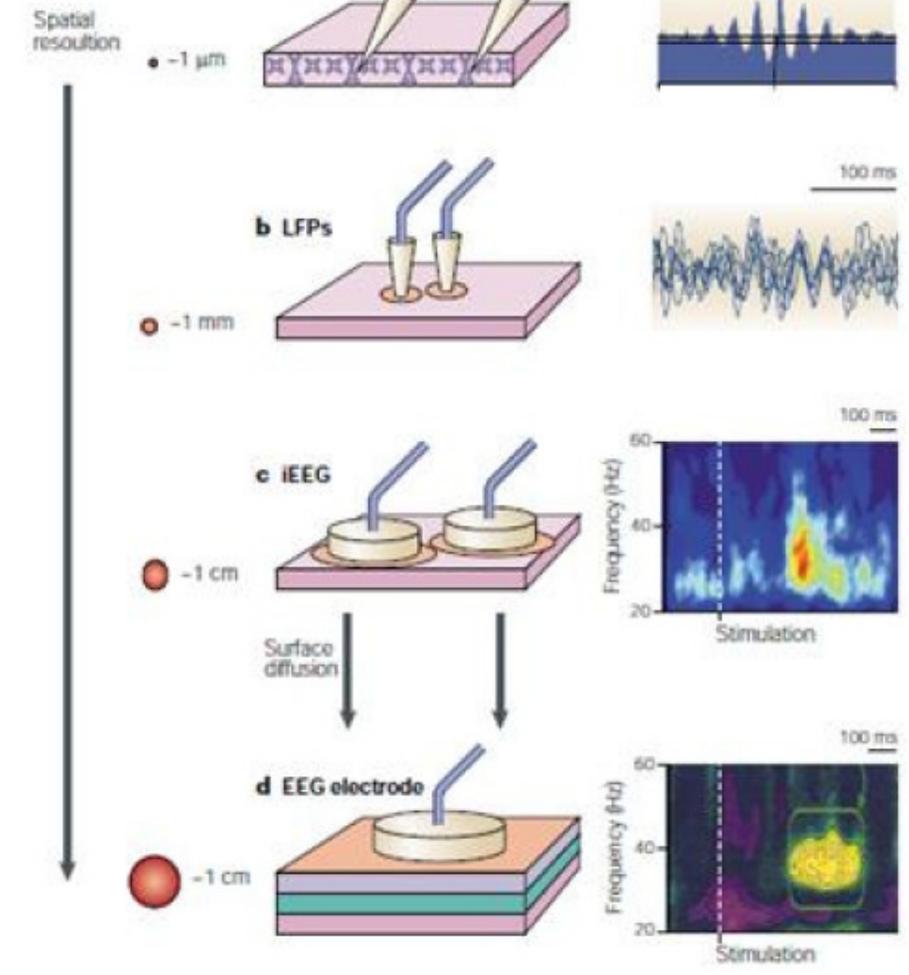


From Nunez, *Electrical Fields of the Brain*, Oxford Univ. Press, 1981

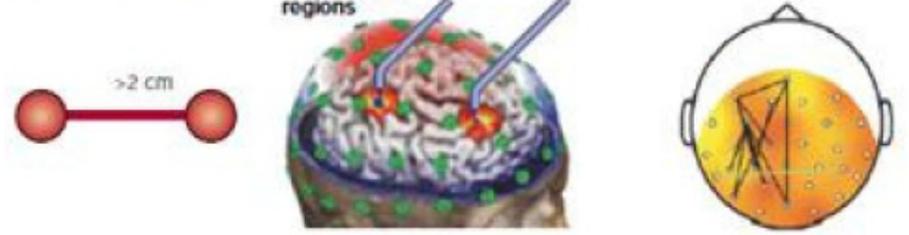
EEG = Summated Potentials at the Scalp



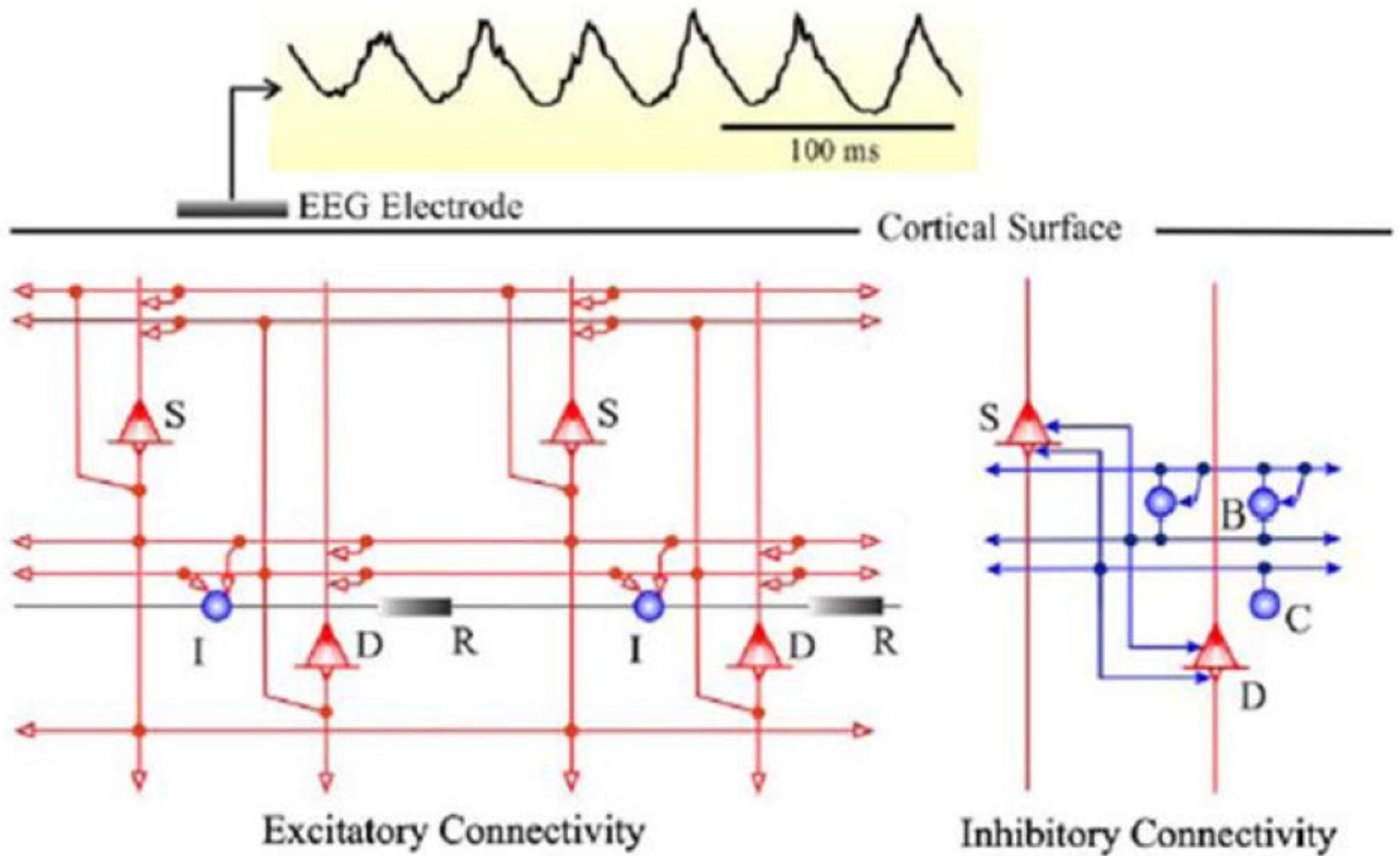
A Local scale



B Large scale

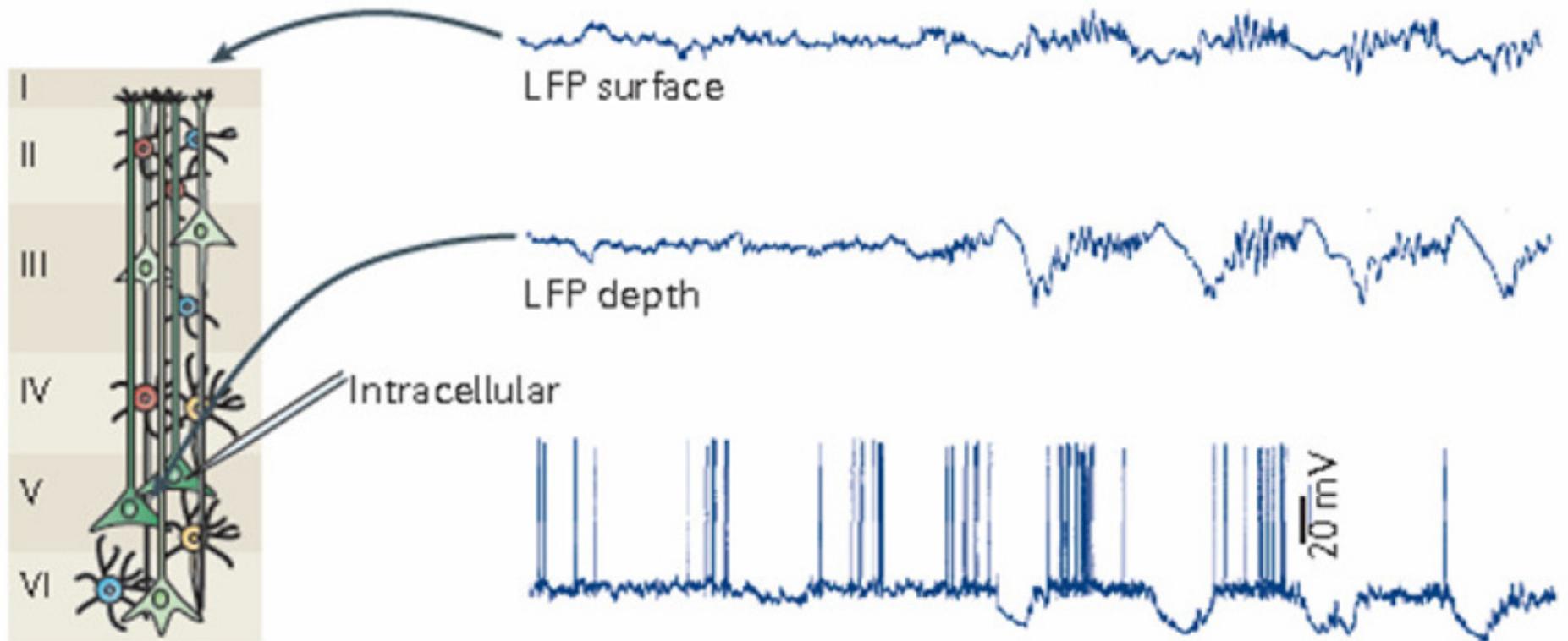


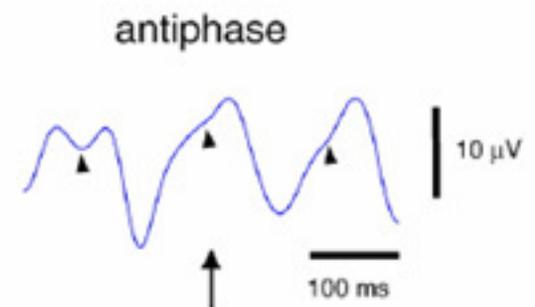
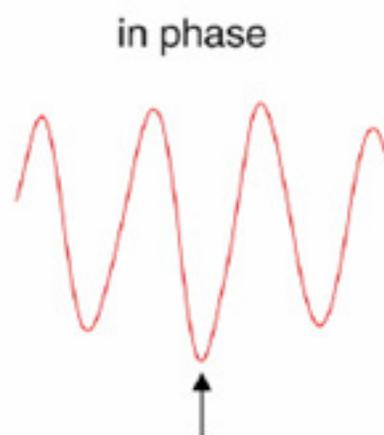
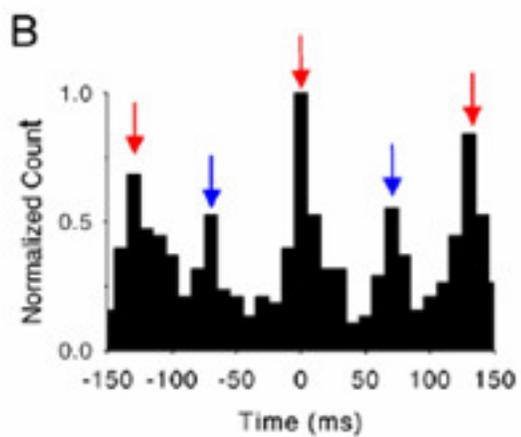
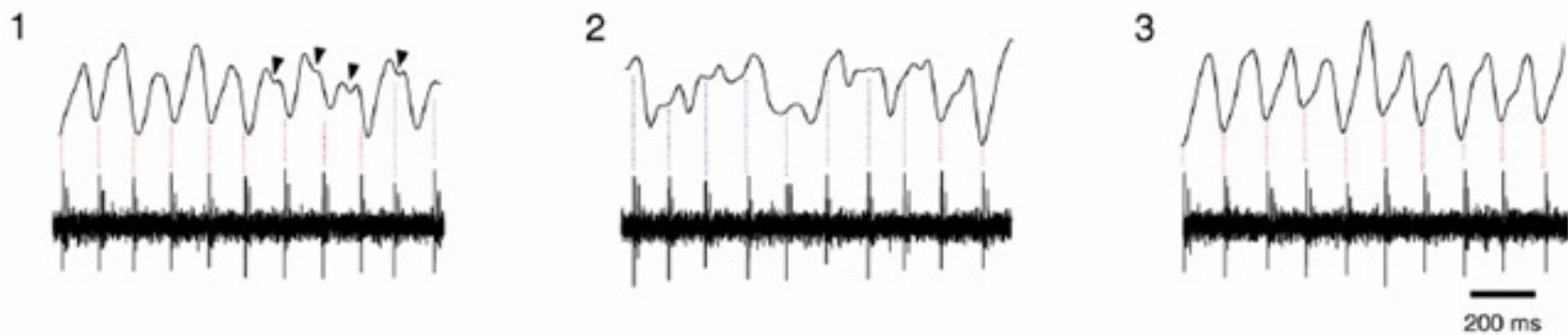
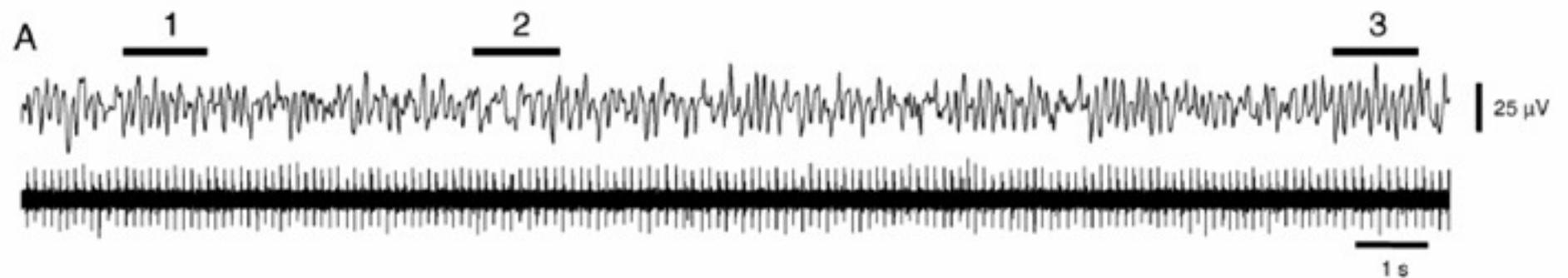
From Varela et al, 2001



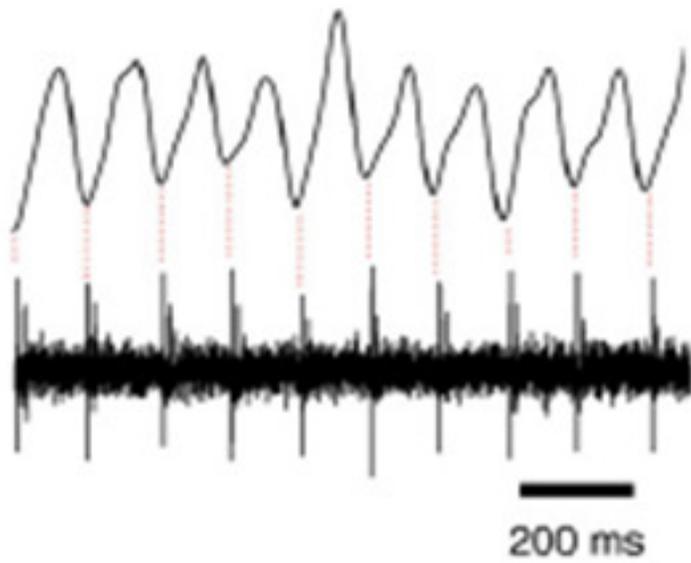
How Neurons are Selected For Brief Periods of Time

Shifting In-Phase vs Anti-Phase

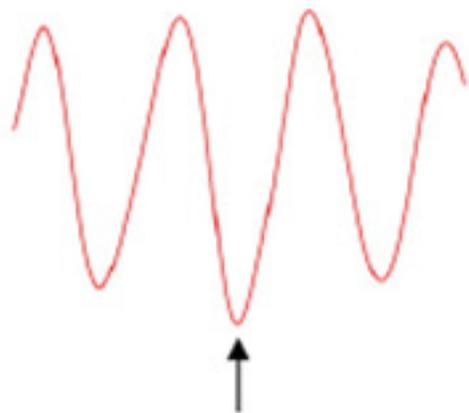




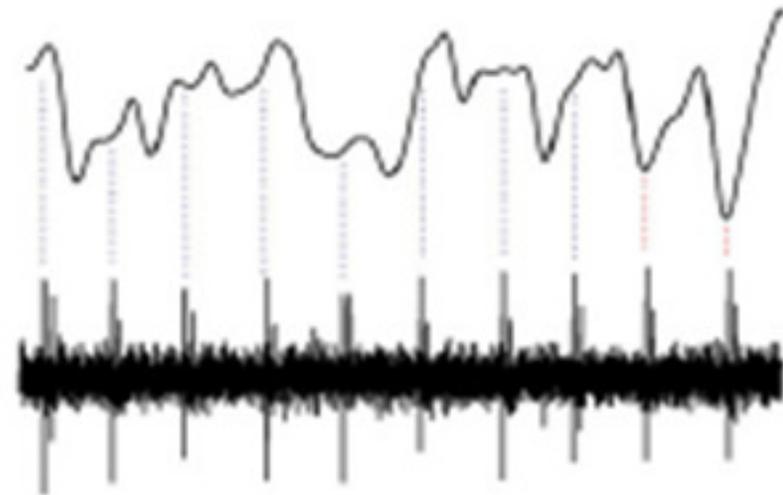
LFPs & In-Phase Action Potentials



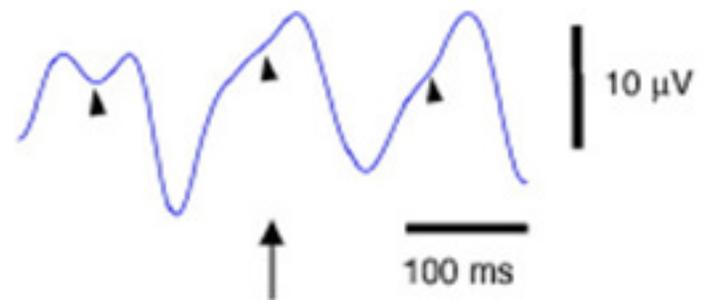
in phase

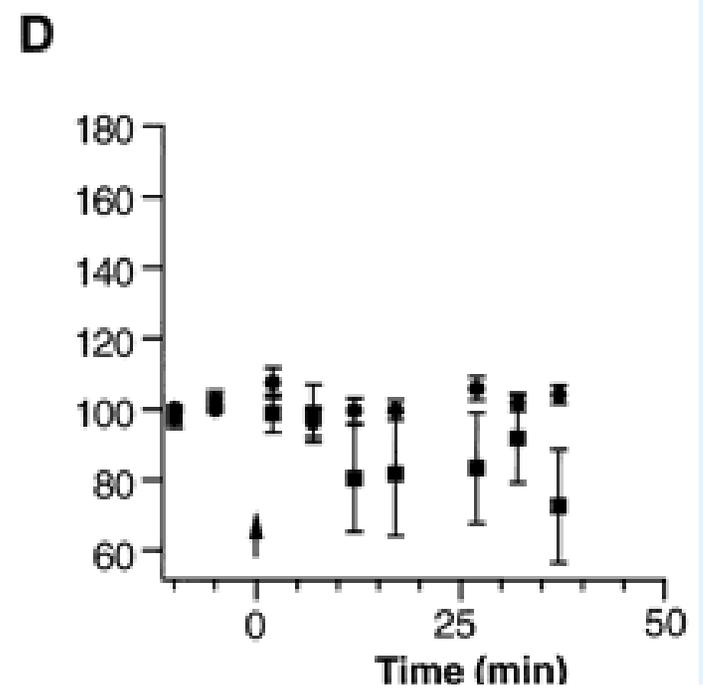
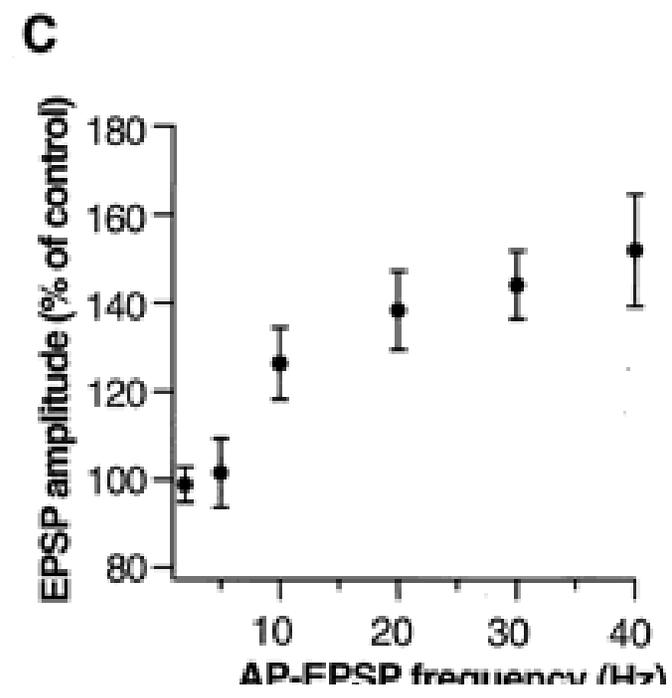
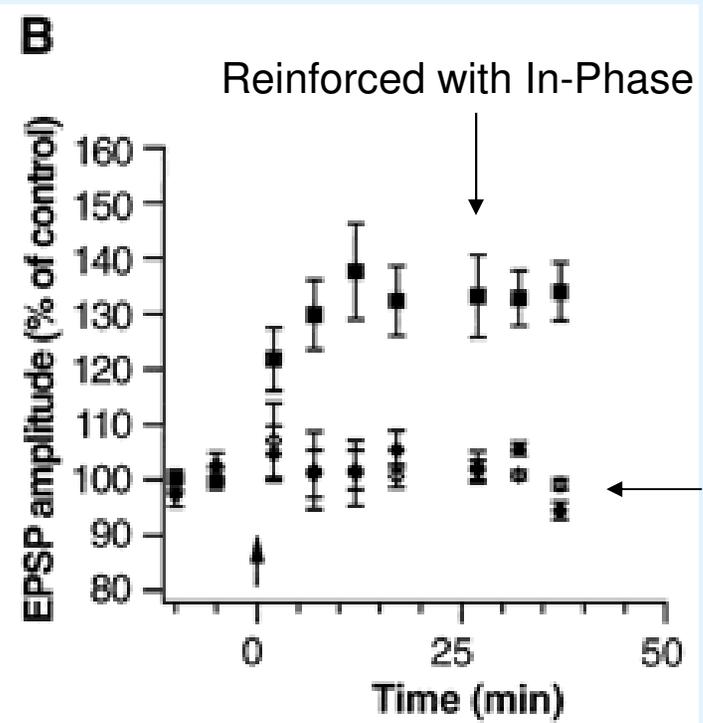
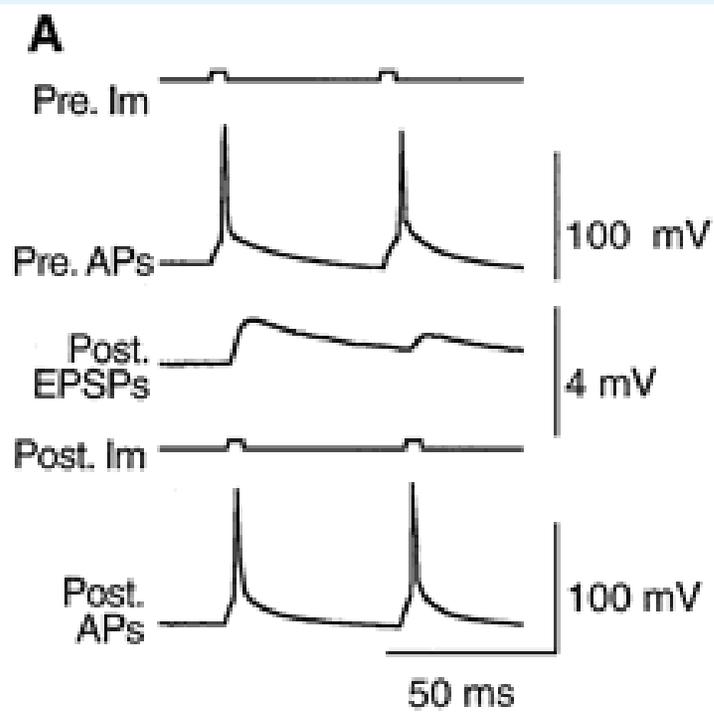


LFPs & Anti-Phase Action Potentials

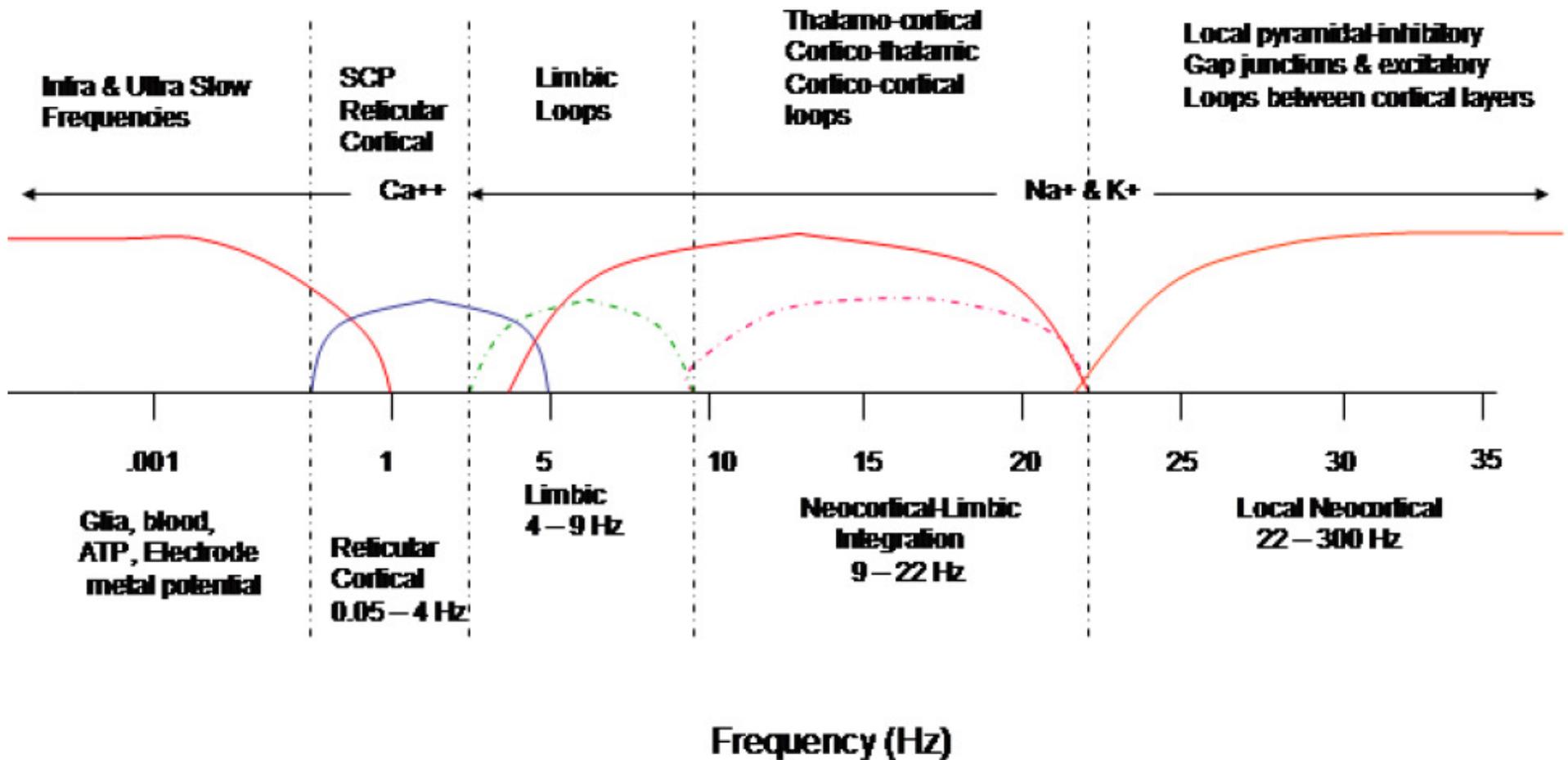


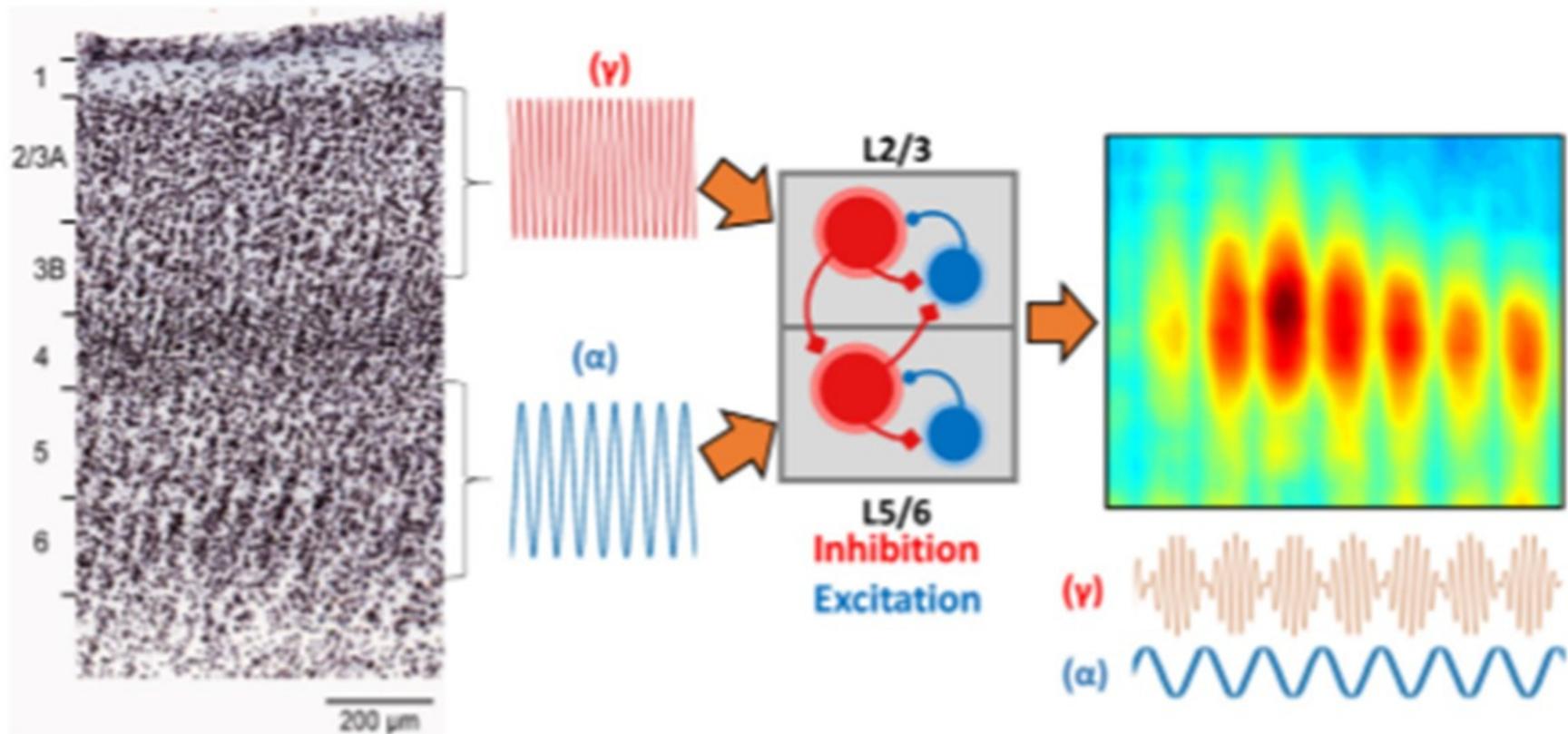
antiphase





Cross-Frequency Phase Lock and Phase Shift Spectrum

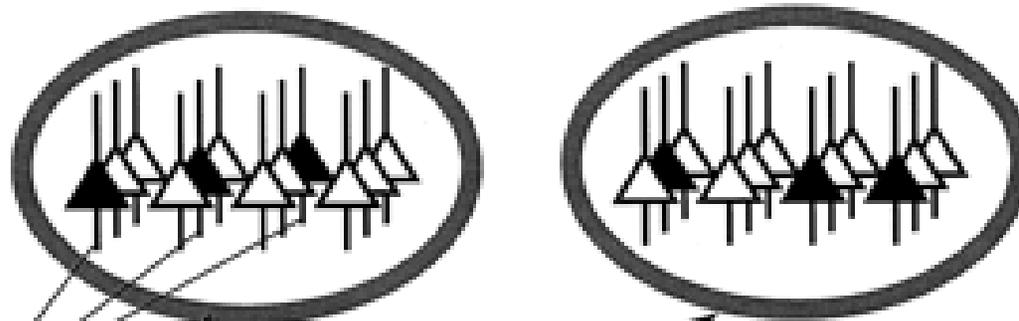




K. Kessler et al. J.; Neuroscience and Behavioral Reviews. 71(2016) 601-620

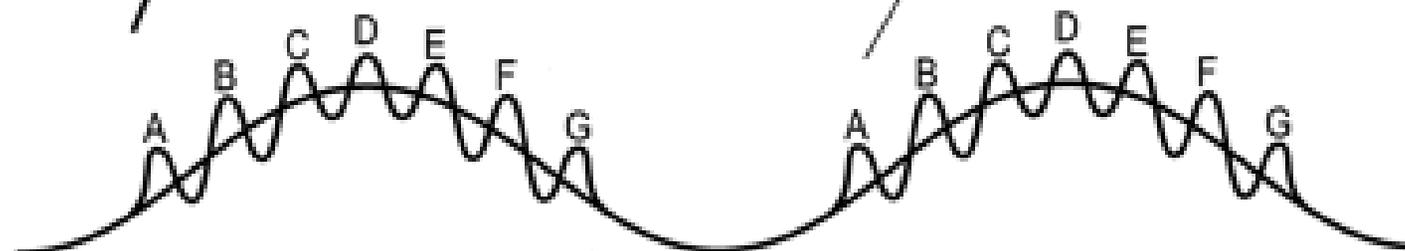
Neural code for Memory A

Neural code for Memory B



A memory is represented by a subset of pyramidal neurons firing in synchrony

Active memories are repeated each theta cycle



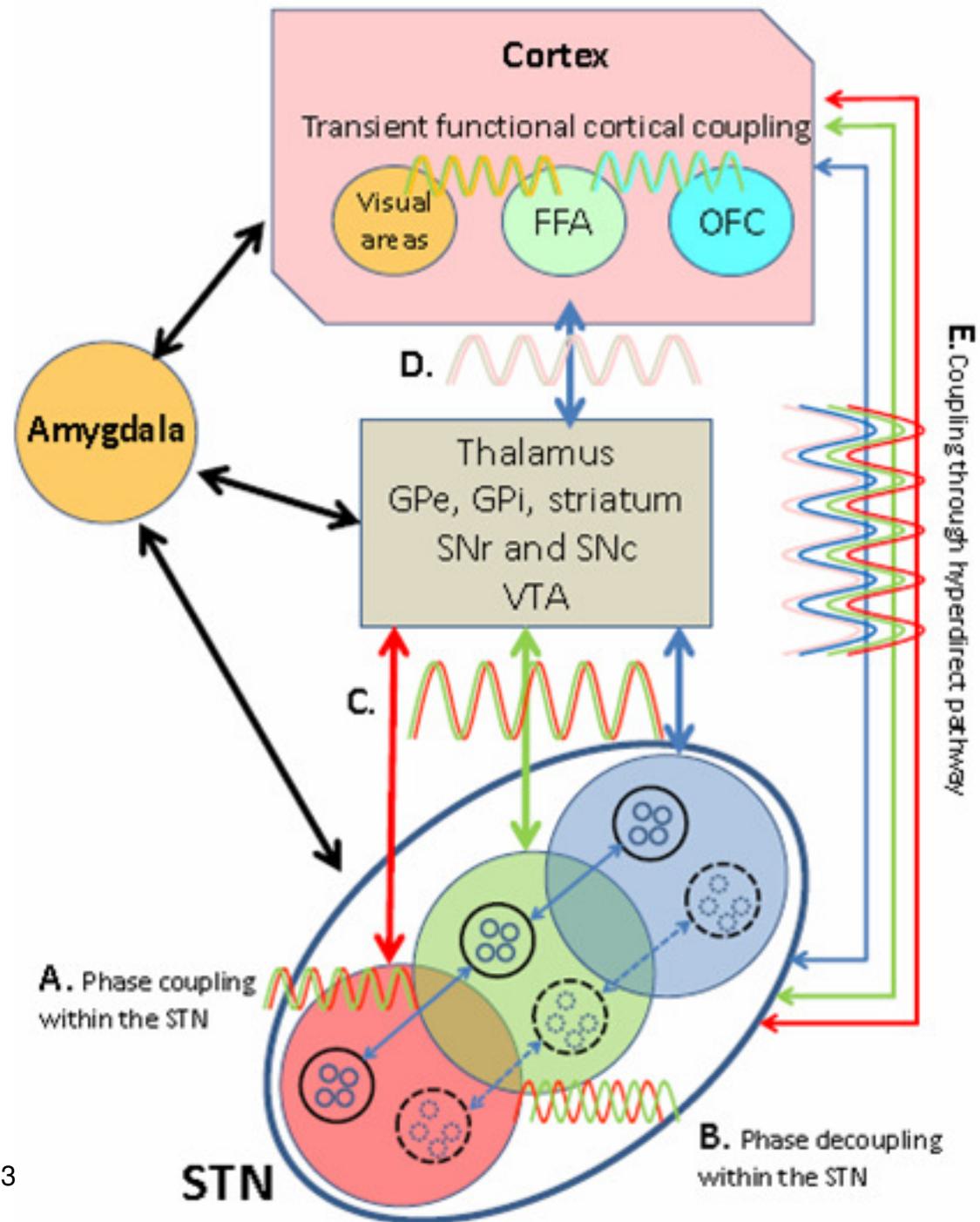
theta 4-10 Hz



gamma 20-80 Hz



dead time = d

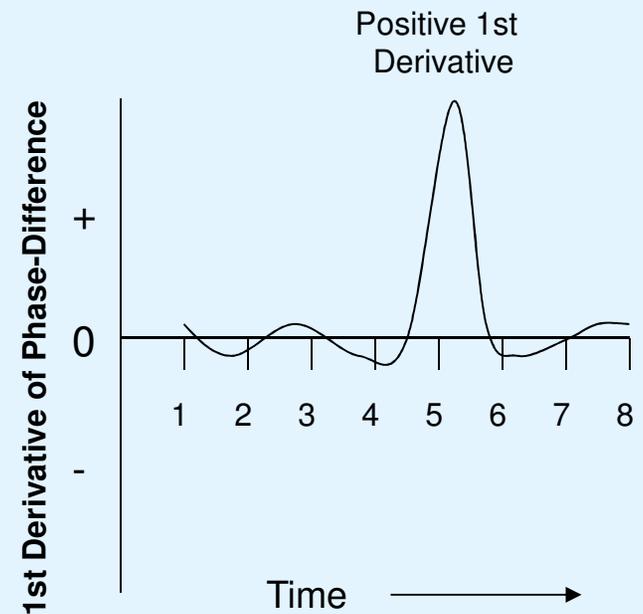
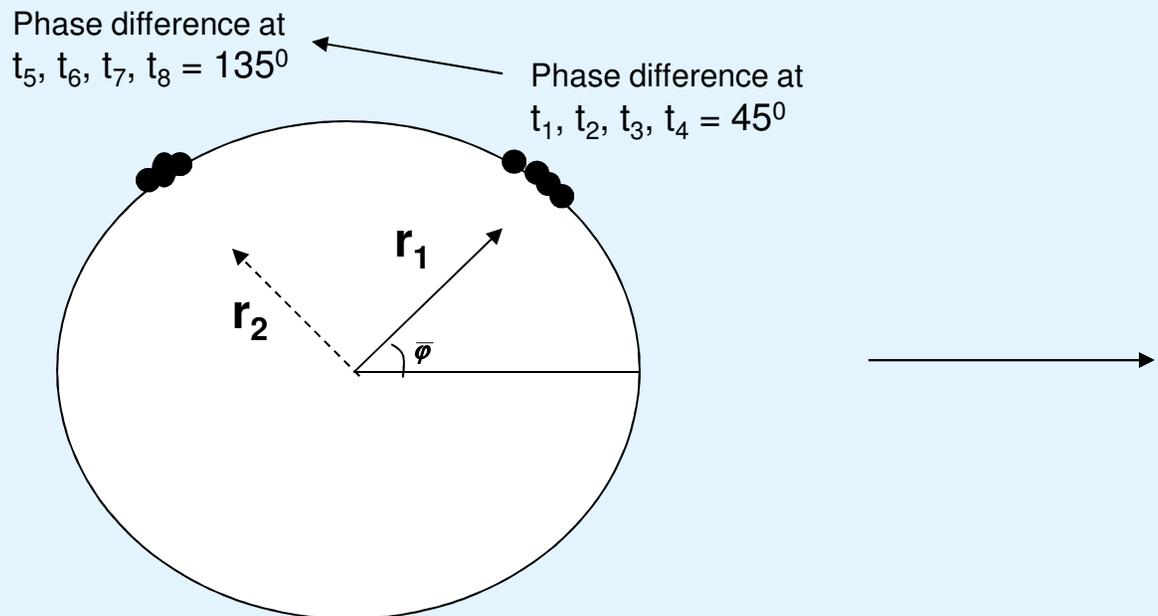
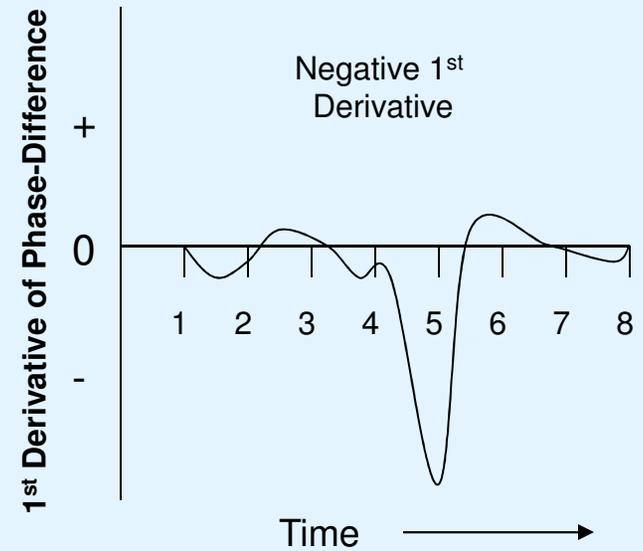
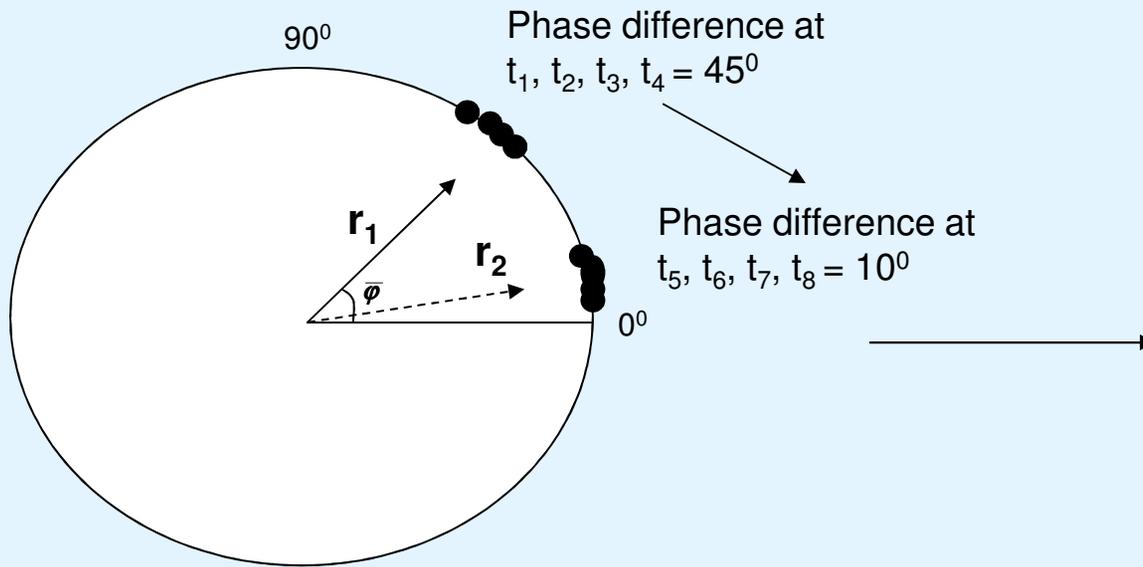


From Peron et al, 2013

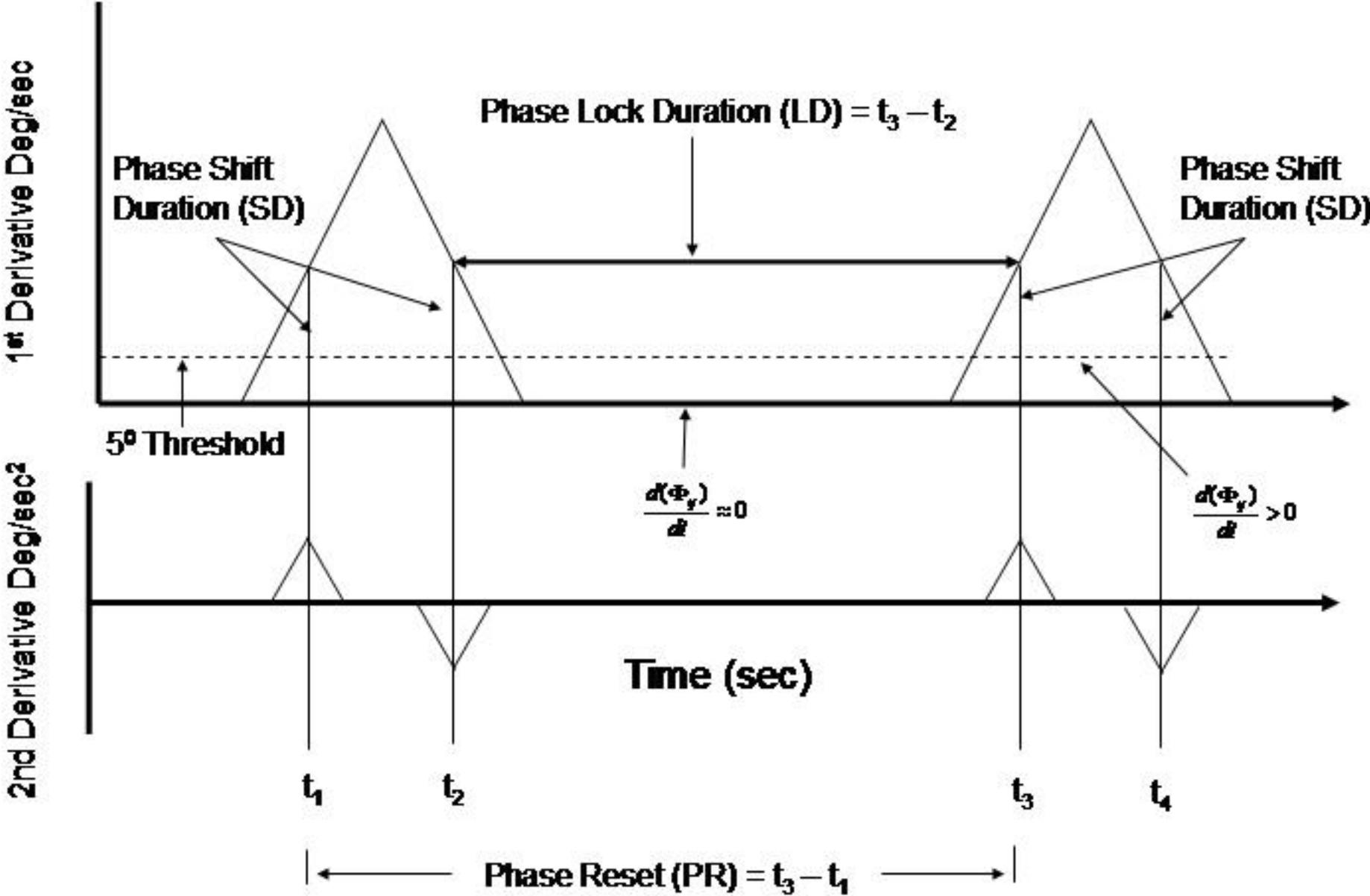
How to Measure Phase Shift and Phase Lock

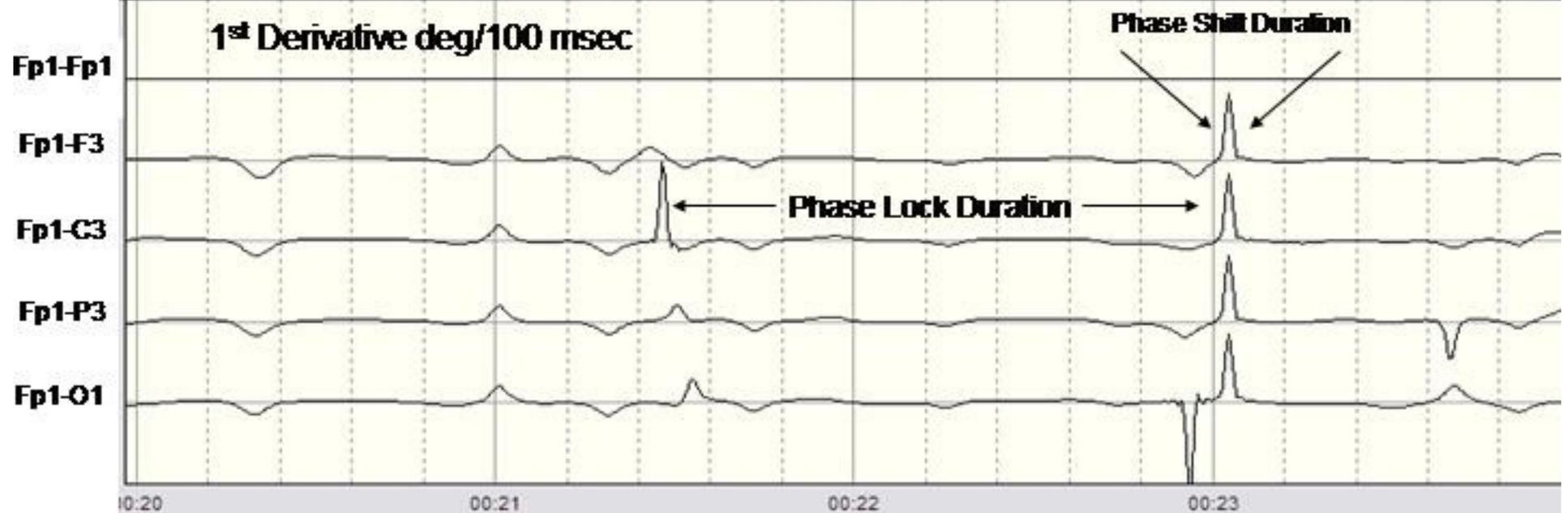
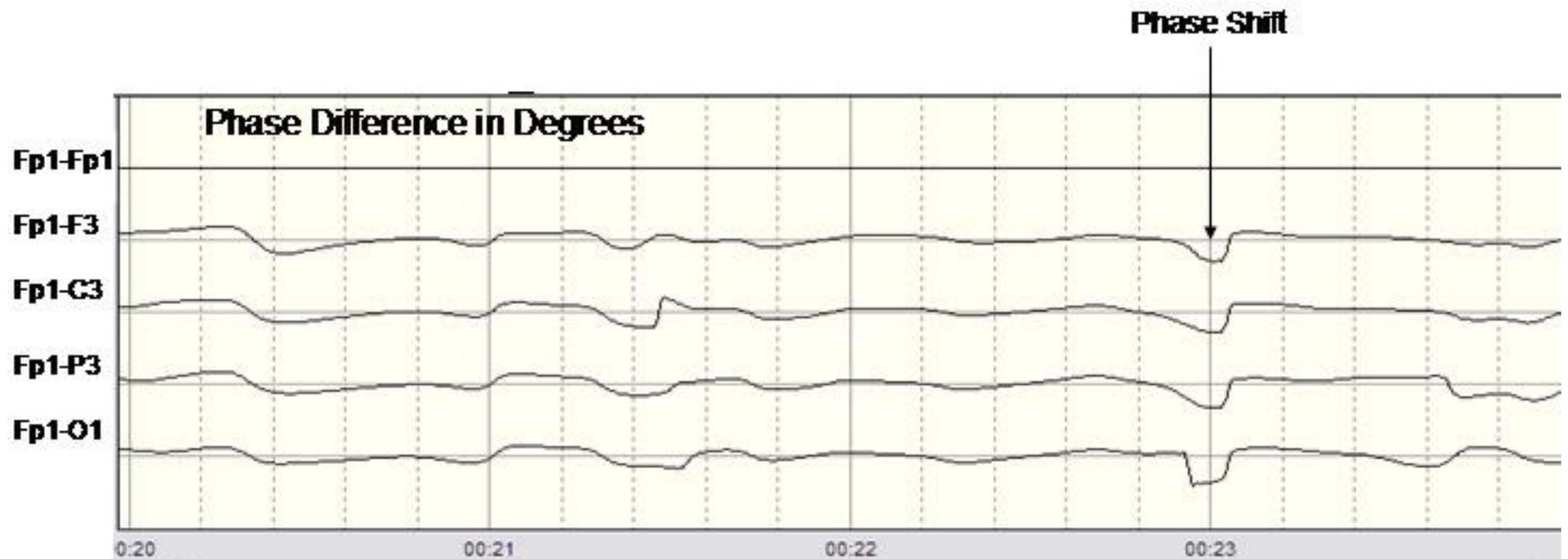
Phase Reset and Neural Resource Selection and Allocation

EEG Phase Reset as a Phase Transition in the Time Domain

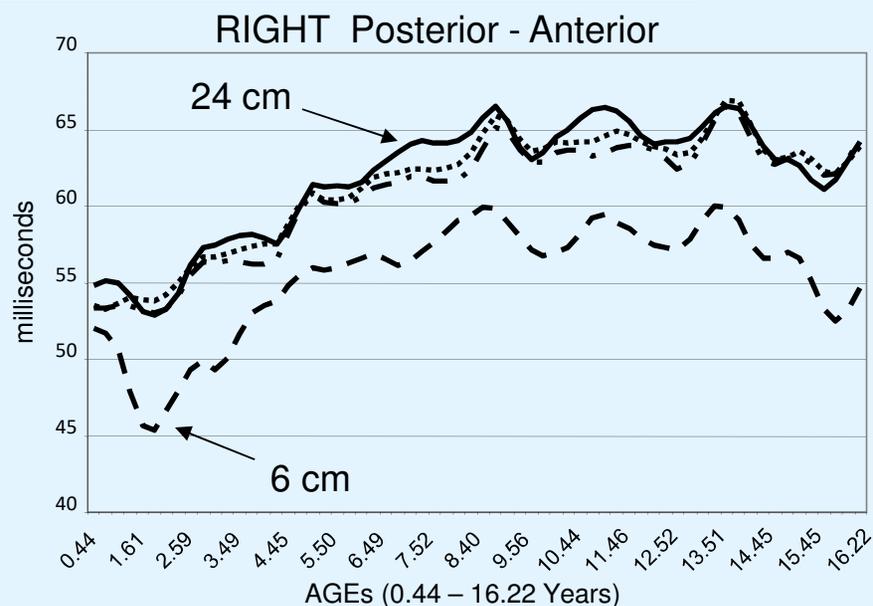
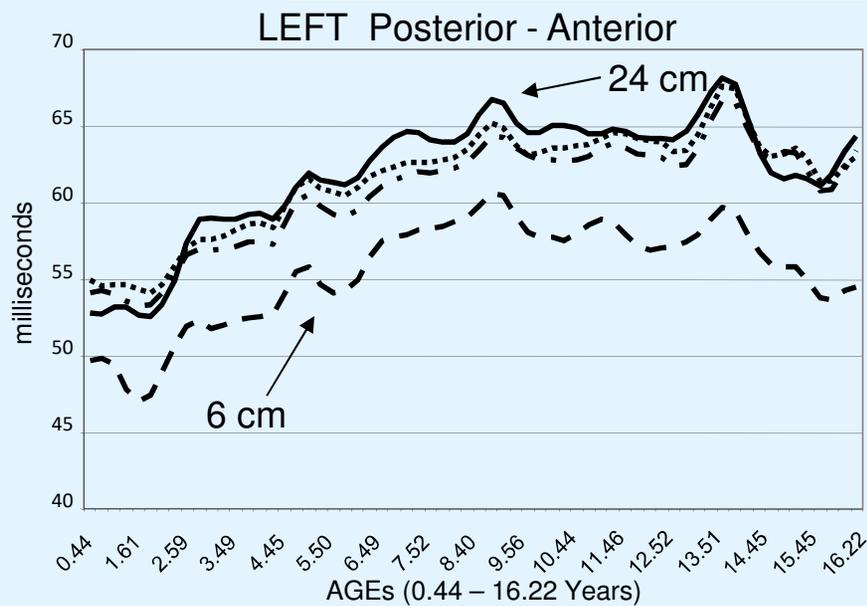
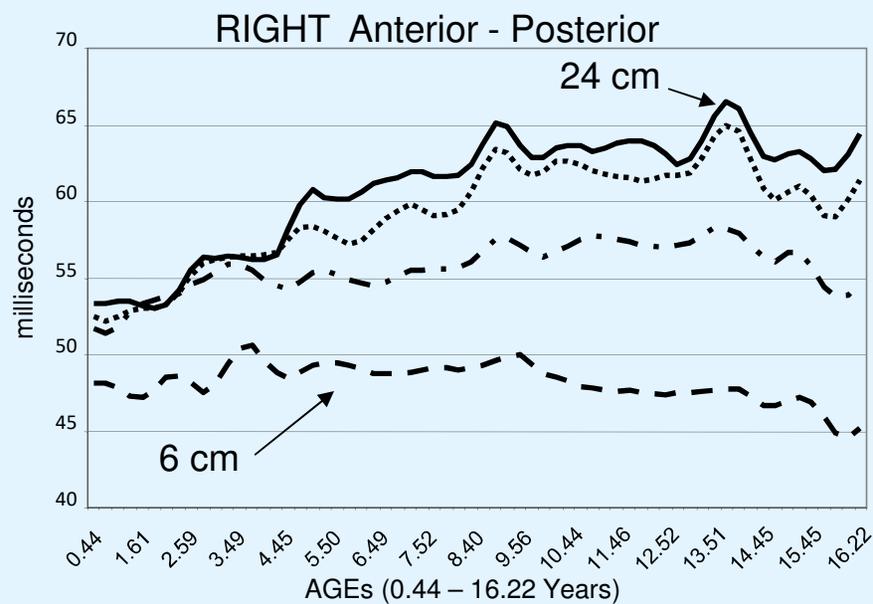
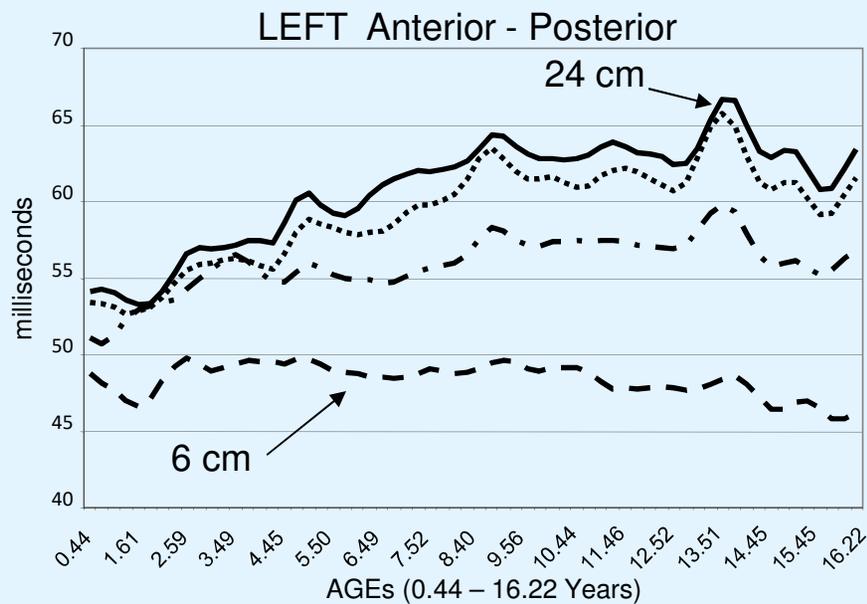


Phase Reset Metrics

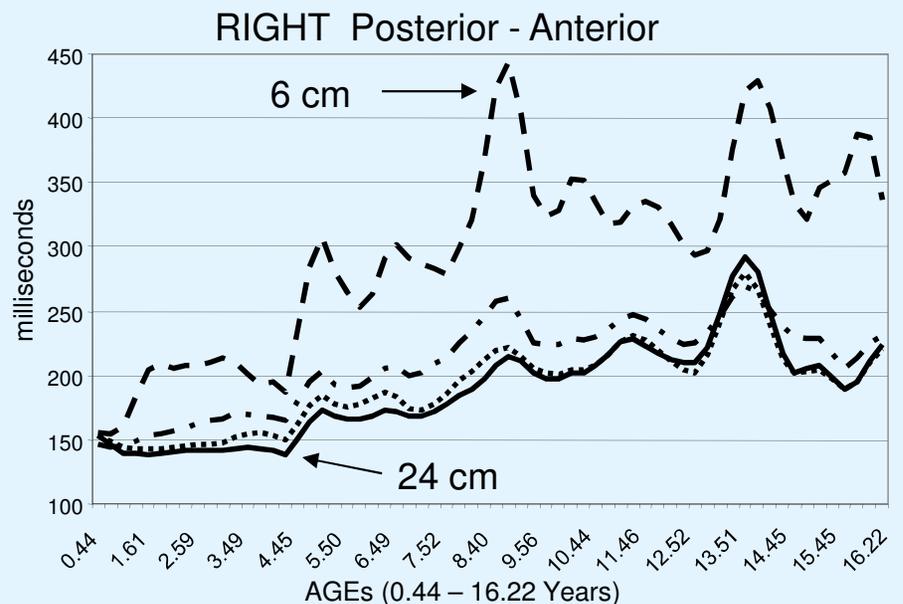
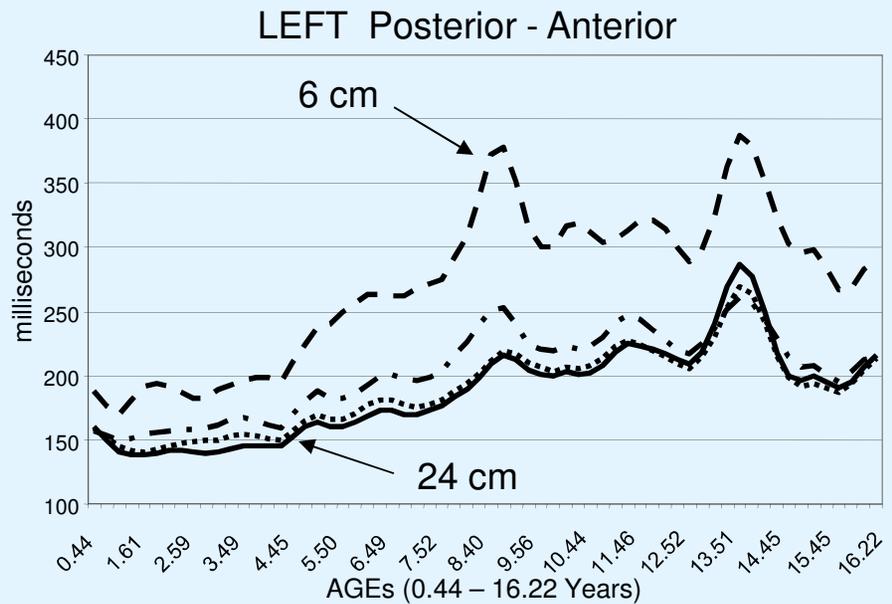
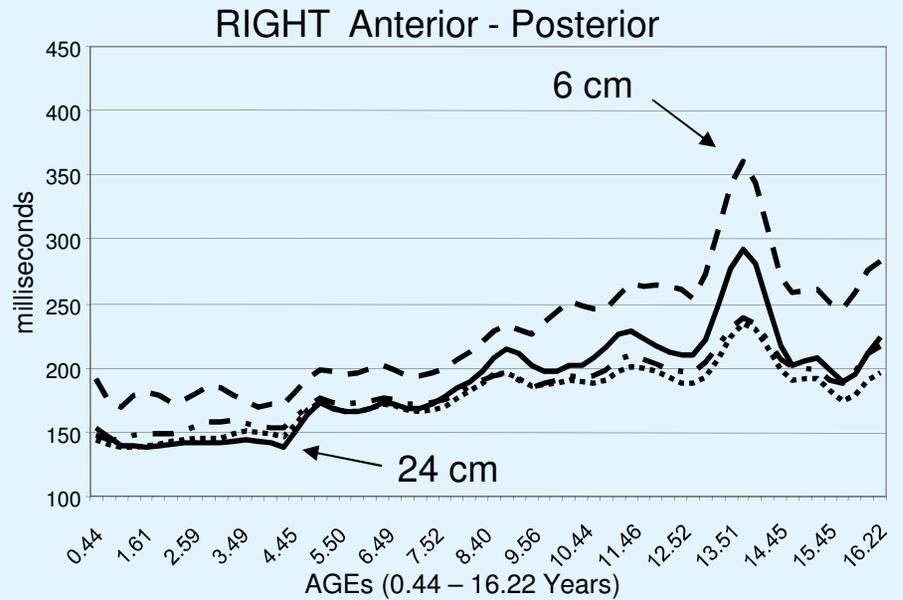
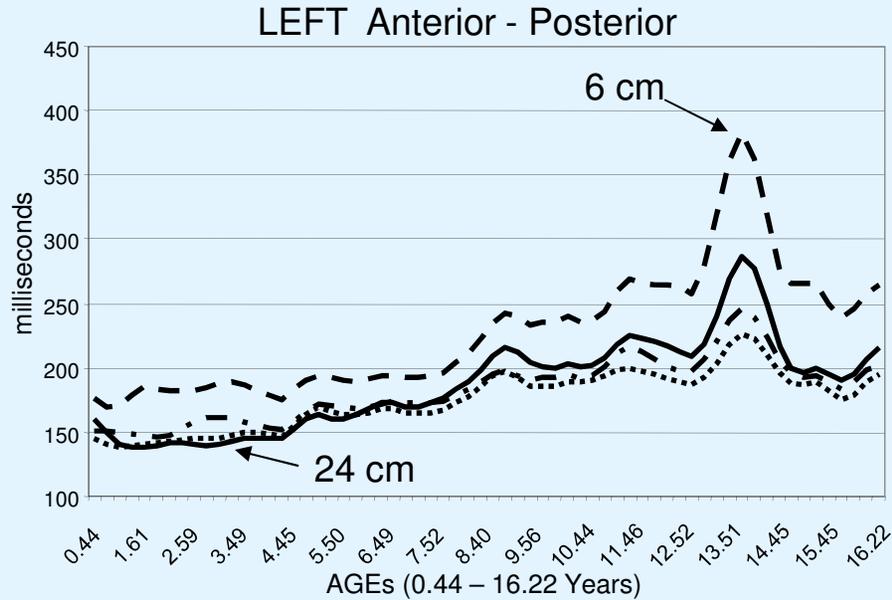




Development of Phase Shift Duration



Development of Phase Synchrony Interval



Published in NeuroImage – NeuroImage, 42(4): 1639-1653, 2008.

**INTELLIGENCE AND EEG PHASE RESET:
A TWO COMPARTMENTAL MODEL OF PHASE SHIFT AND LOCK**

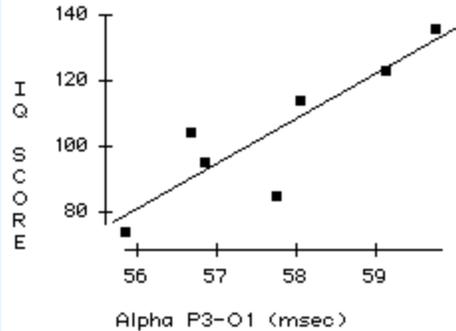
Thatcher, R. W. 1,2, North, D. M.1, and Biver, C. J.1

**EEG and Neuroimaging Laboratory, Applied Neuroscience Research Institute.
St. Petersburg, Fl1 and Department of Neurology, University of South Florida
College of Medicine, Tampa, Fl.2**

Regressions & Correlations of Phase Shift Duration Short Distances (6 cm)

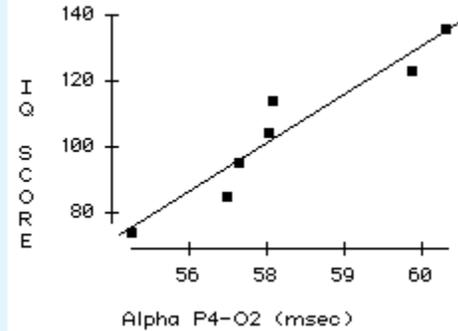
$$IQ = 78 + 13.78 \times (\text{msec})$$

$$r = .876 @ p < .01$$



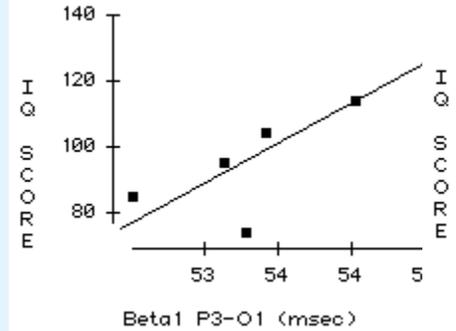
$$IQ = 70 + 11.85 \times (\text{msec})$$

$$r = .954 @ p < .0001$$



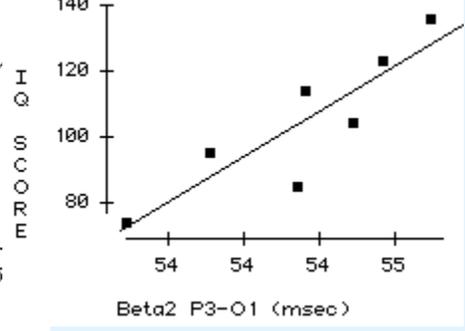
$$IQ = 75 + 24.45 \times (\text{msec})$$

$$r = .868 @ p < .01$$



$$IQ = 68 + 34.40 \times (\text{msec})$$

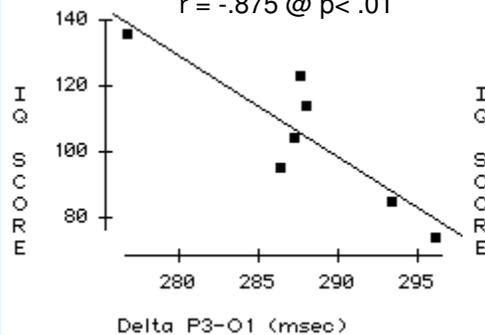
$$r = .874 @ p < .01$$



Regressions & Correlations of Phase Locking Interval Short Distances (6 cm)

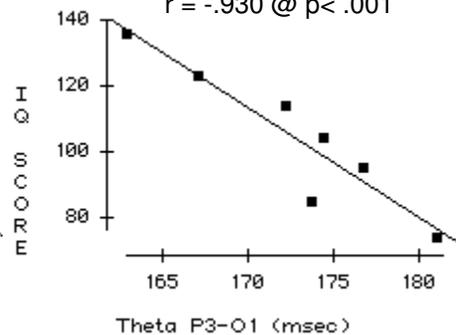
$$IQ = 143 - 3.11 \times (\text{msec})$$

$$r = -.875 @ p < .01$$



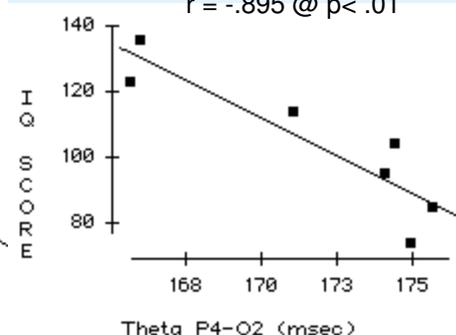
$$IQ = 142 - 3.36 \times (\text{msec})$$

$$r = -.930 @ p < .001$$



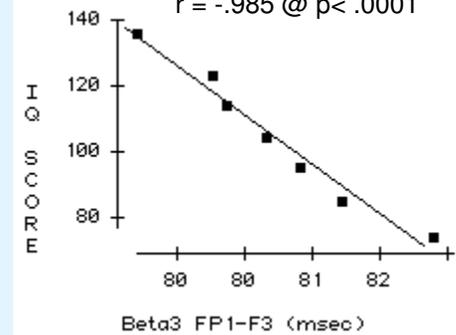
$$IQ = 132 - 4.57 \times (\text{msec})$$

$$r = -.895 @ p < .01$$

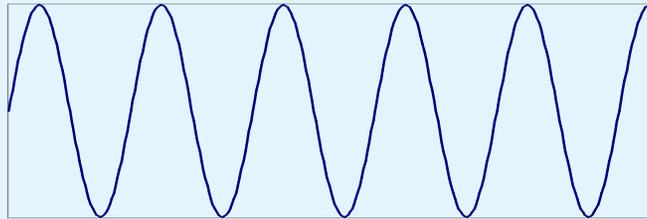


$$IQ = 140 - 20.08 \times (\text{msec})$$

$$r = -.985 @ p < .0001$$

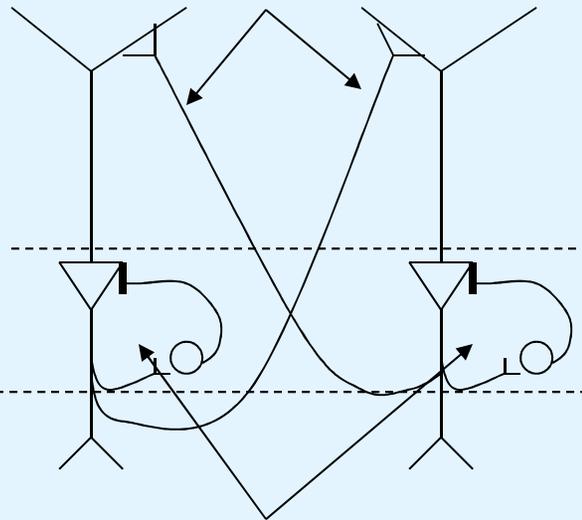


Pyramidal Cell Model of EEG Phase Reset and Full Scale I.Q.



LFP

Distant EPSP
Loop Connections LD



Average
EPSP
Duration

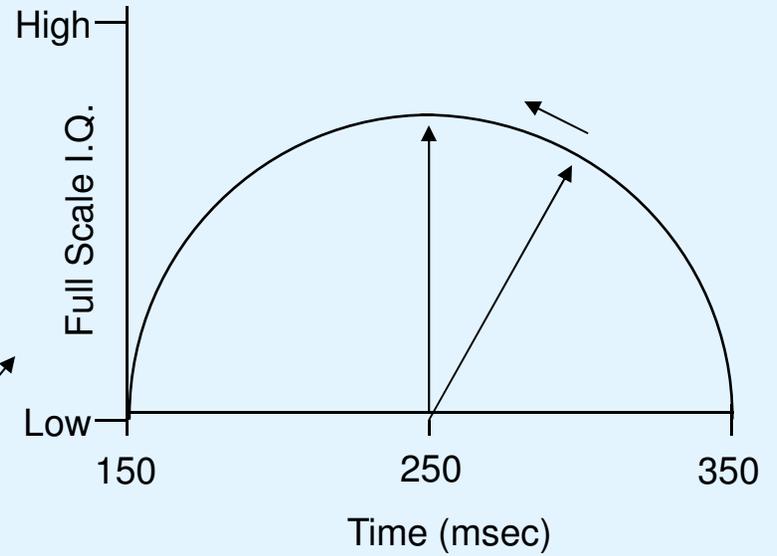
→ LD

Average
 $\Delta\Phi = \Theta_{LFP} - \Theta_{Pref}$

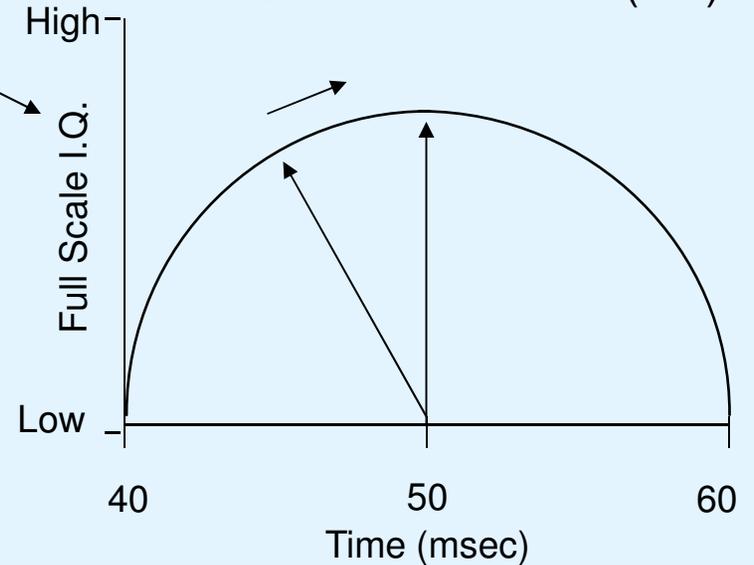
→ SD

Local IPSP
Connections
SD

Phase Lock Duration (LD)



Phase Shift Duration (SD)



SCIENTIFIC REPORTS



OPEN

Intelligence and eeg measures of information flow: efficiency and homeostatic neuroplasticity

R. W. Thatcher, E. Palmero-Soler, D. M. North & C. J. Biver

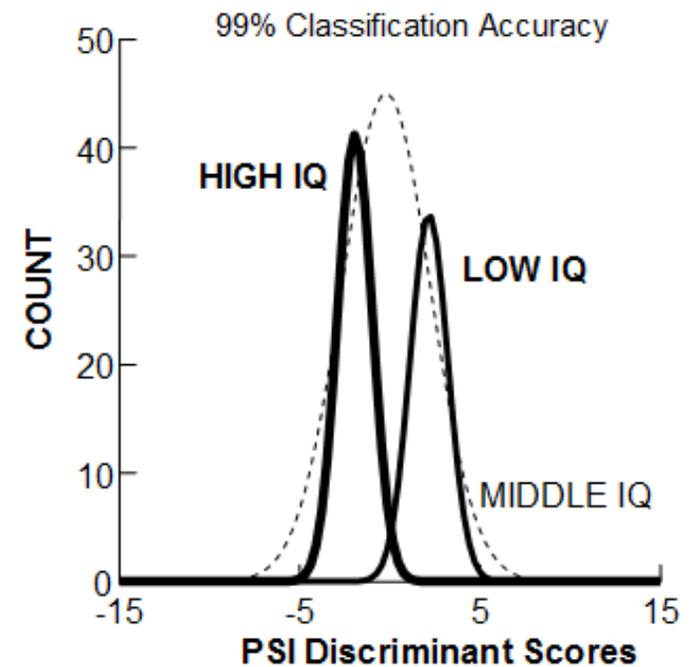
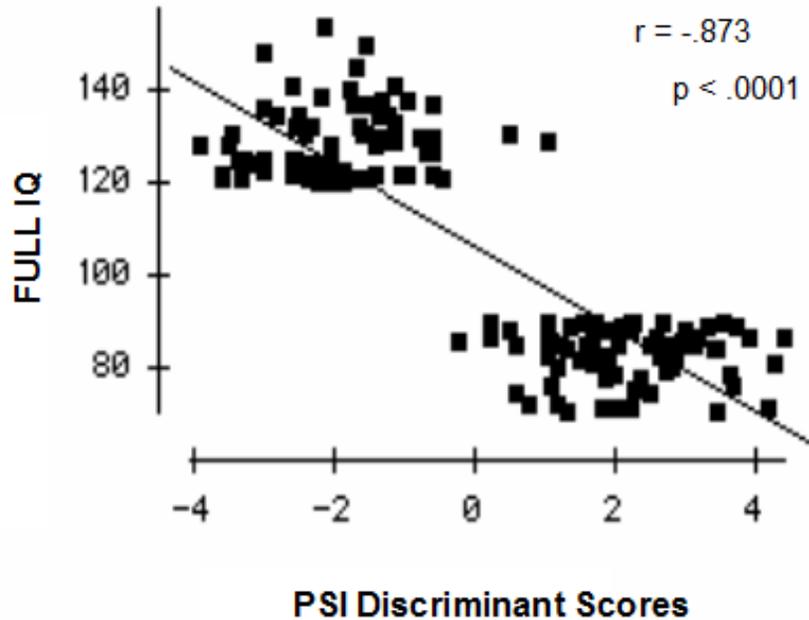
Received: 25 July 2016

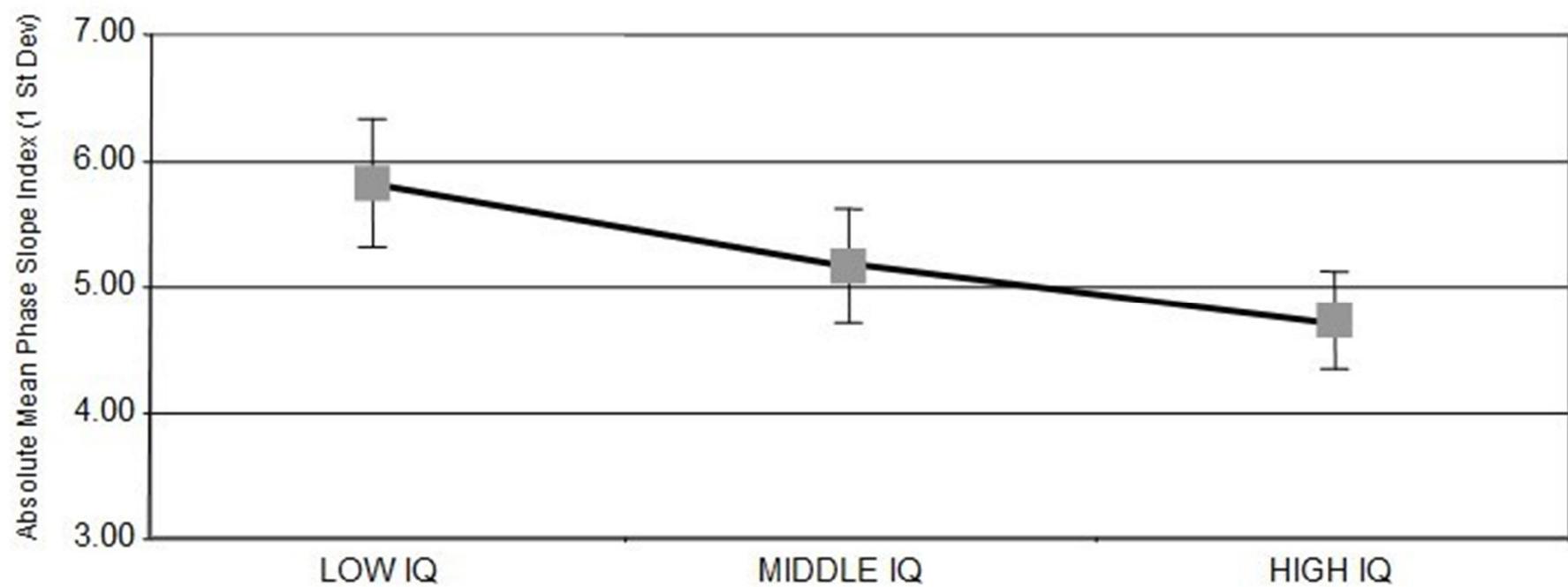
Accepted: 14 November 2016

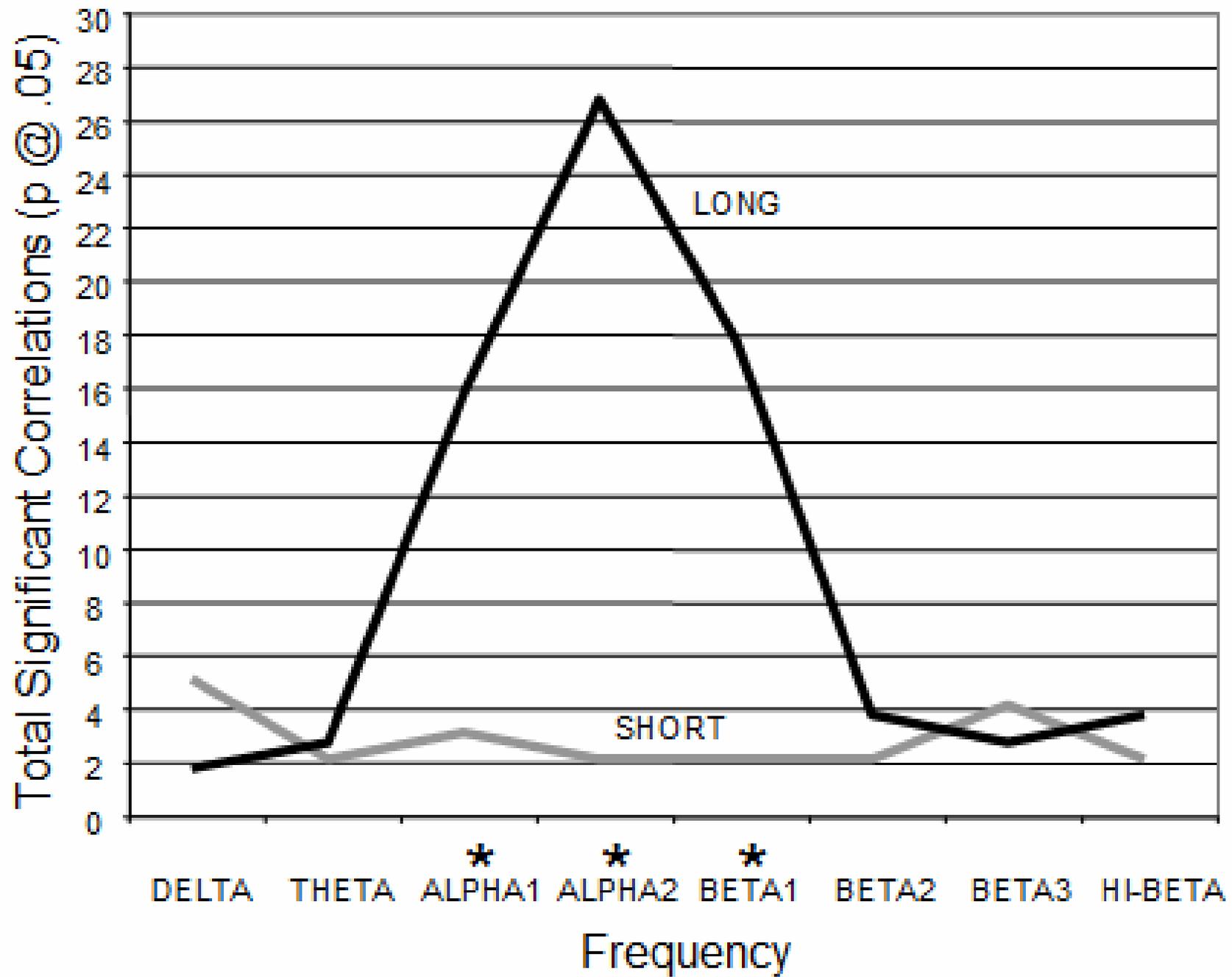
Published: 20 December 2016

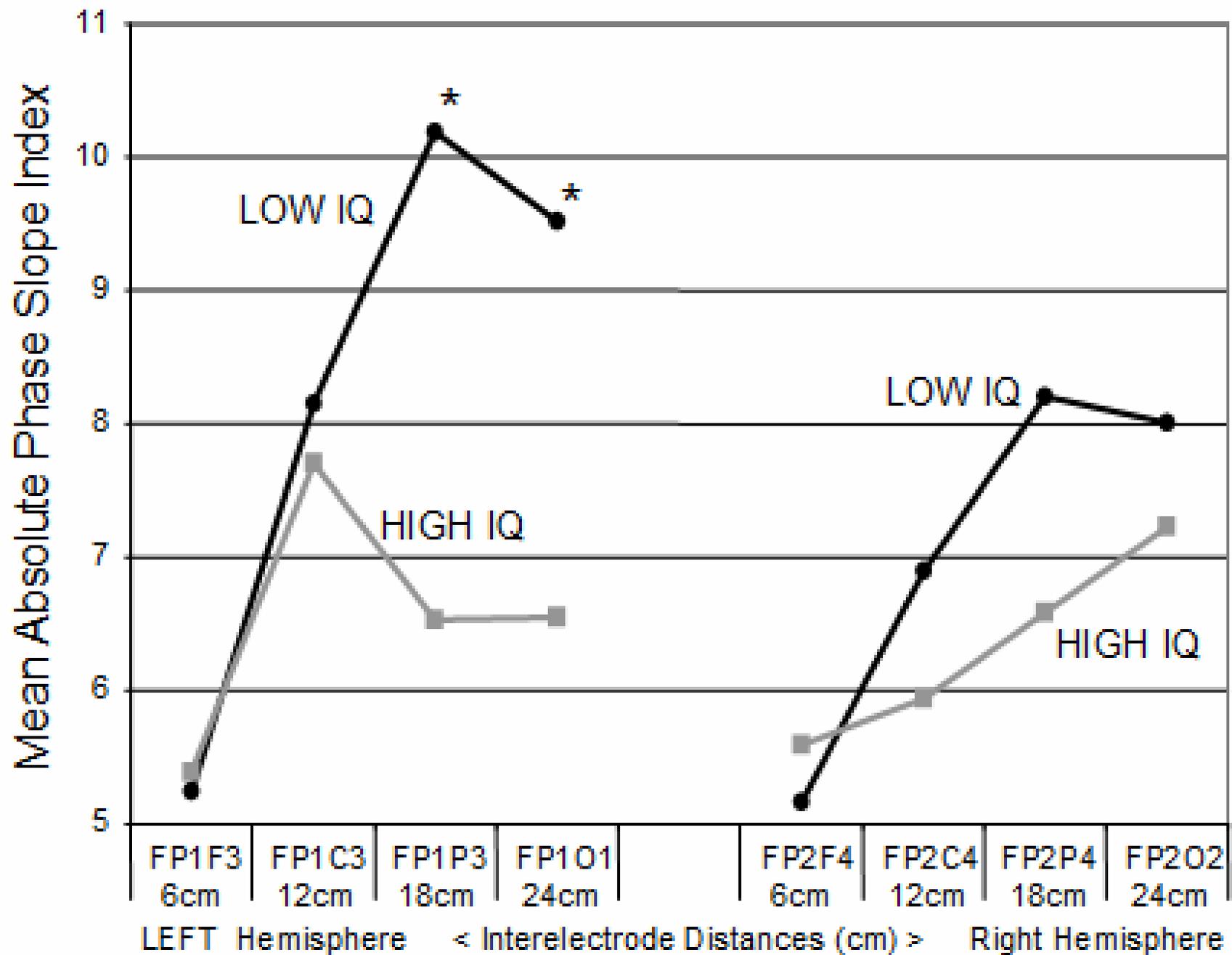
The purpose of this study was to explore the relationship between the magnitude of EEG information flow and intelligence. The electroencephalogram (EEG) was recorded from 19 scalp locations from 371 subjects ranging in age from 5 years to 17.6 years. The Wechsler Intelligence Scale for Children (WISC-R) was administered for individuals between 5 years of age and 16 years and the Wechsler Adult Intelligence Scale revised (WAIS-R) was administered to subjects older than 16 years to estimate I.Q. The phase slope index estimated the magnitude of information flow between all electrode combinations for difference frequency bands. Discriminant analyses were performed between high I.Q. (>120) and low I.Q. groups (<90). The magnitude of information flow was inversely related to I.Q. especially in the alpha and beta frequency bands. Long distance inter-electrode distances exhibited greater information flow than short inter-electrode distances. Frontal-parietal correlations were the most significant. It is concluded that higher I.Q. is related to increased efficiency of local information processing and reduced long distance compensatory dynamics that supports a small-world model of intelligence.

Discriminant Scores of the Magnitude of Phase Slope Index (PSI) with Full Scale IQ



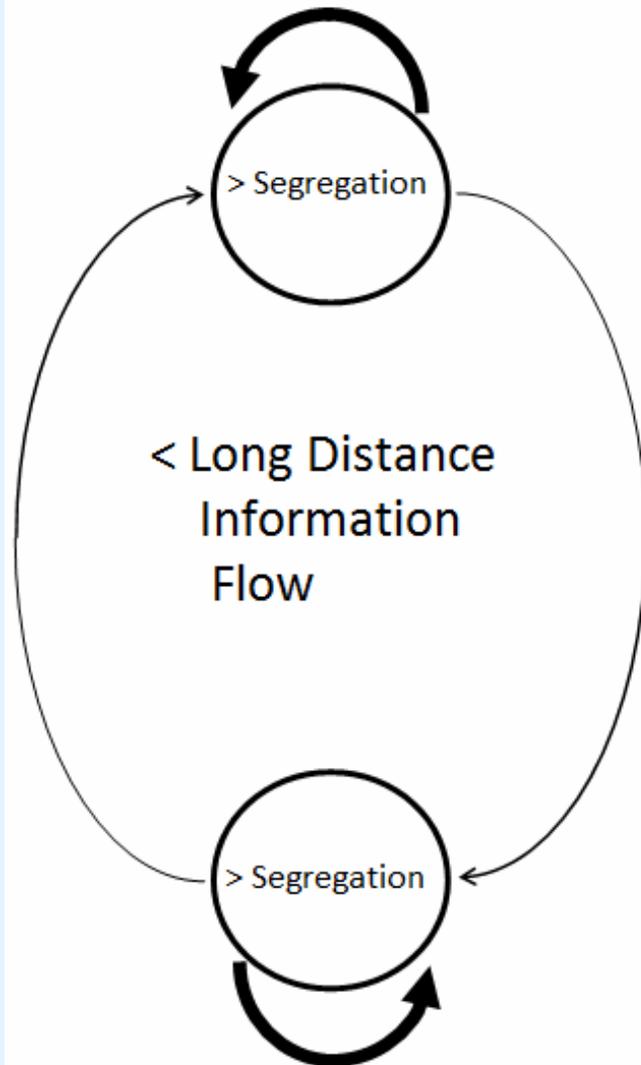






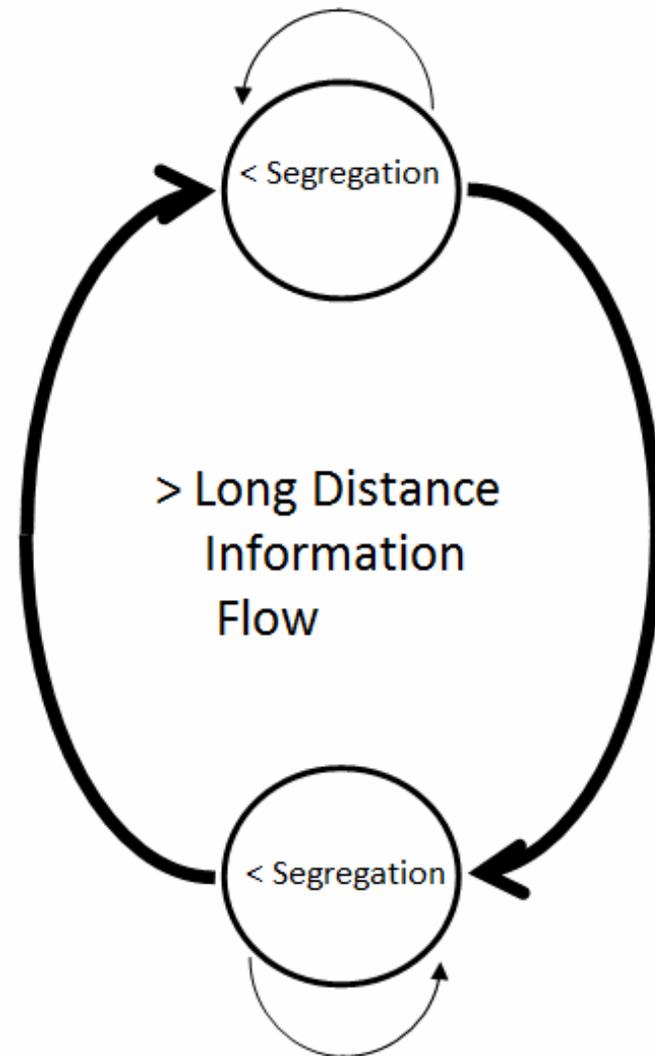
Higher I.Q.

- **Small-World**
- **Efficiency**



Lower I.Q.

- < **Small-World**
- < **Efficiency**

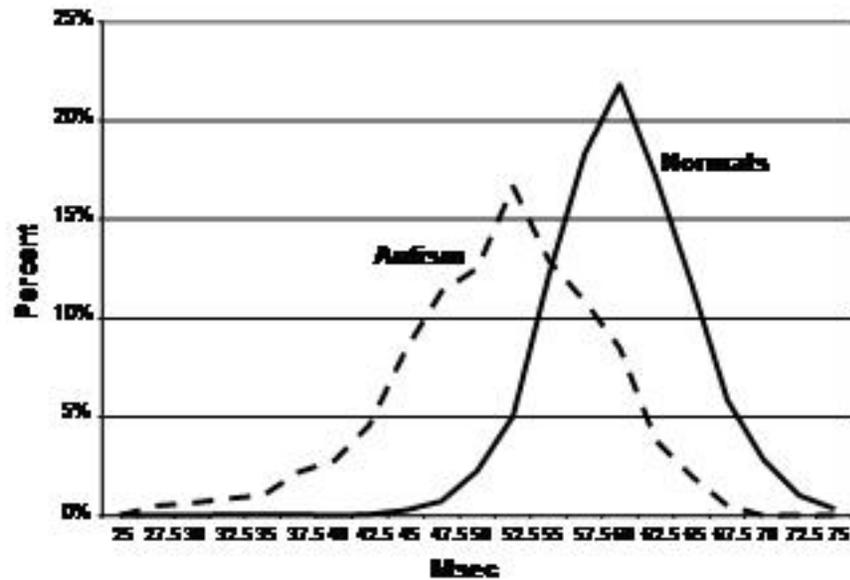


**AUTISM AND EEG PHASE RESET:
A UNIFIED THEORY OF DEFICIENT GABA MEDIATED INHIBITION IN
THALAMO-CORTICAL CONNECTIONS**

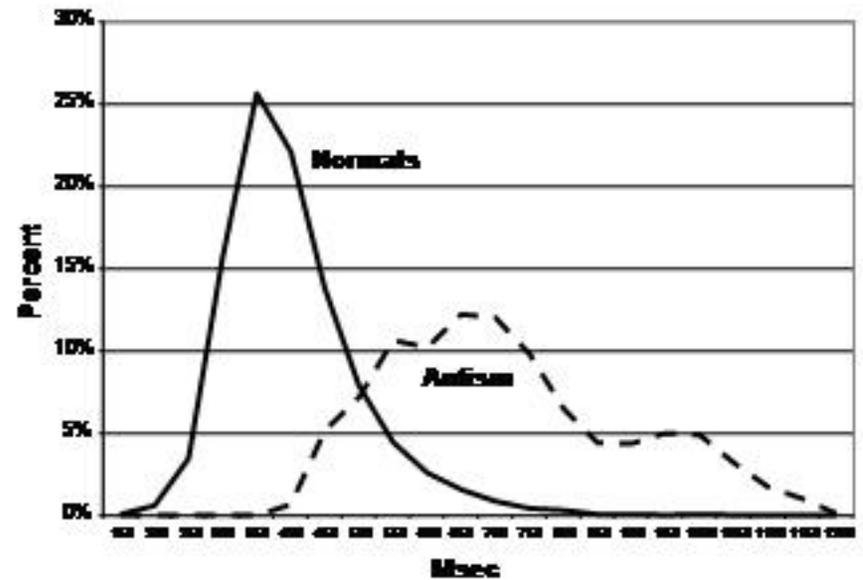
**Thatcher, R. W. 1,2, Phillip DeFina², James Neurbrander², North, D. M.¹, and
Biver, C. J.¹**

**EEG and Neuroimaging Laboratory, Applied Neuroscience Research
Institute., St. Petersburg, FL¹ and the International Brain Research
Foundation, Menlo Park, NJ²**

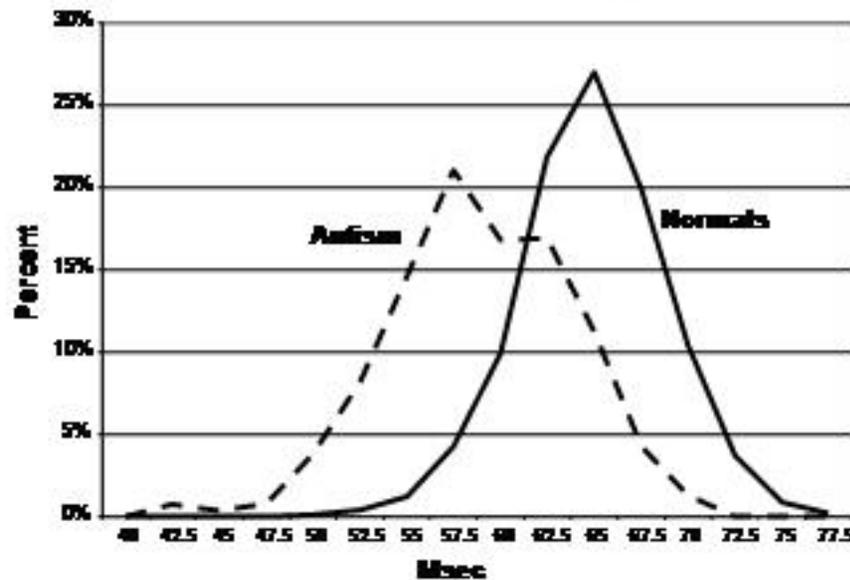
Alpha1 Shift Duration Short Distances



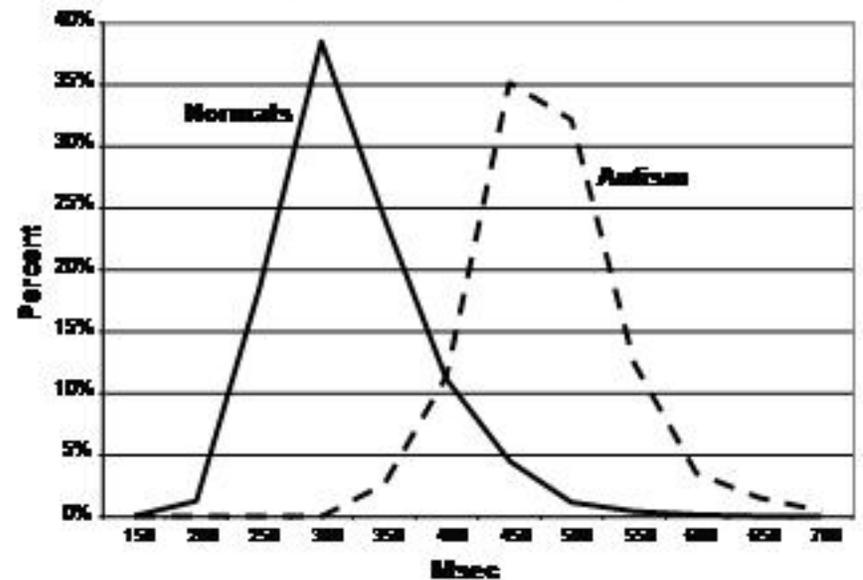
Alpha2 Lock Duration Short Distances



Alpha1 Shift Duration Long Distances



Alpha2 Lock Duration Long Distances



Electrical Neuroimaging of Functional Modules and Hubs as Measured by fMRI and PET

Phase Shift and Phase Lock Switch Dynamics that “Animate” Information Flow Within and Between Modules and Hubs

Brodmann Areas

Frontal Lobe
Thinking, Planning,
Motor execution,
Executive Functions,
Mood Control

Temporal Lobe
language function and
auditory perception
involved in long term
memory and emotion

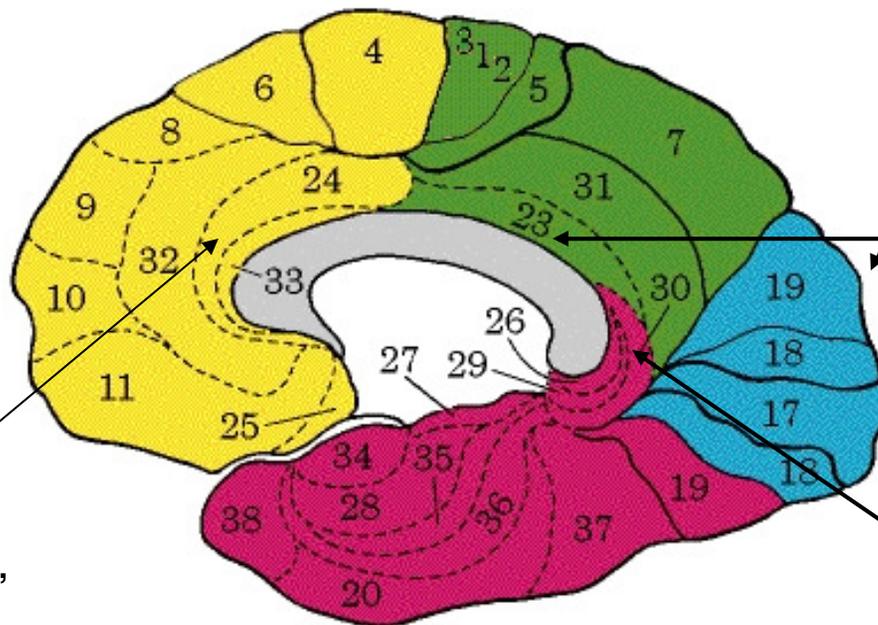
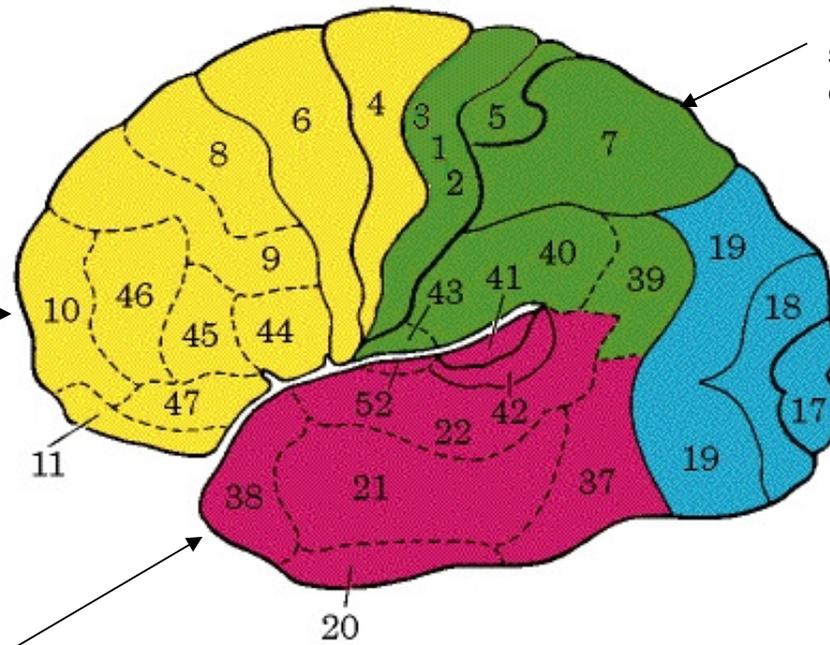
Anterior Cingulate Gyrus
Volitional movement, attention,
long term memory

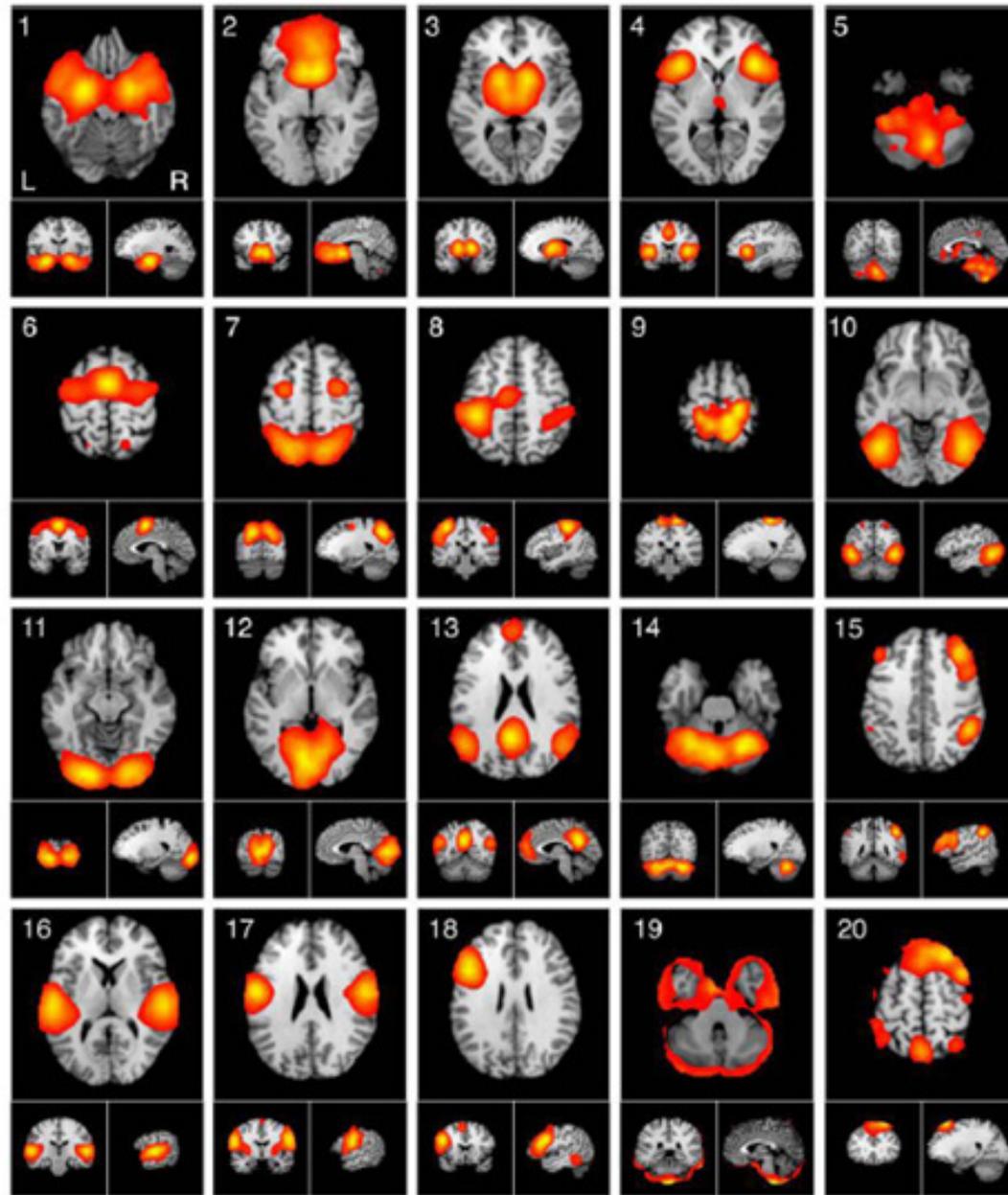
Parietal Lobe
somatosensory perception integration
of visual & somatospatial information

Occipital Lobe
Visual perception &
Spatial processing

Posterior Cingulate
attention, long-term
memory

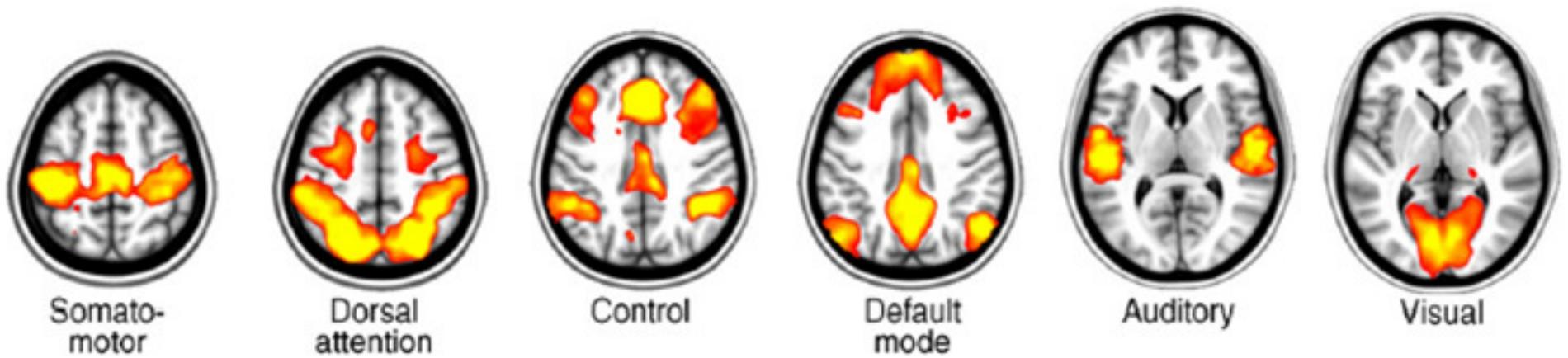
Parahippocampal Gyrus
Short-term memory, attention





Laird et al (2011) summarized the various "intrinsic connectivity networks" or ICNs into eighteen specific groupings based upon 30,000 fMRI and PET studies

Six Functional Modules as Measured by fMRI

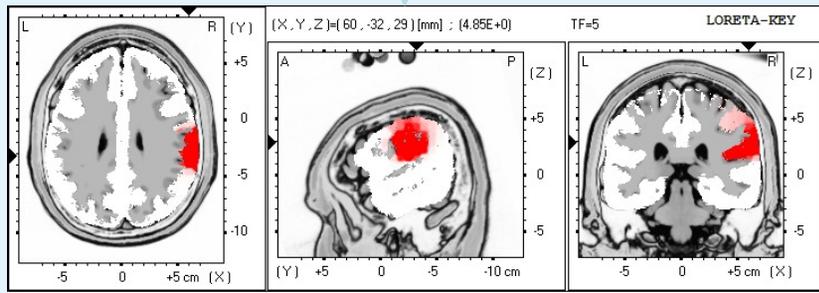


From Raichle, 2010

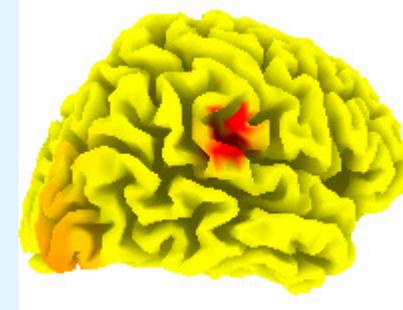
Electrical Neuroimaging and Cortical Source

Localization

Horizontal, Sagittal & Coronal Views of a Single Slice



Cortical Surface Projection



Tomographic Slice Display

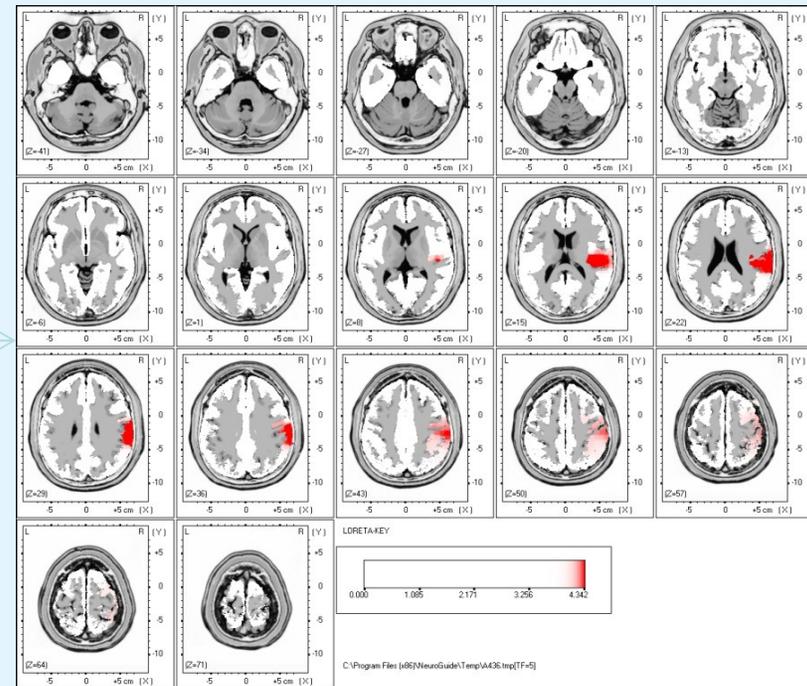


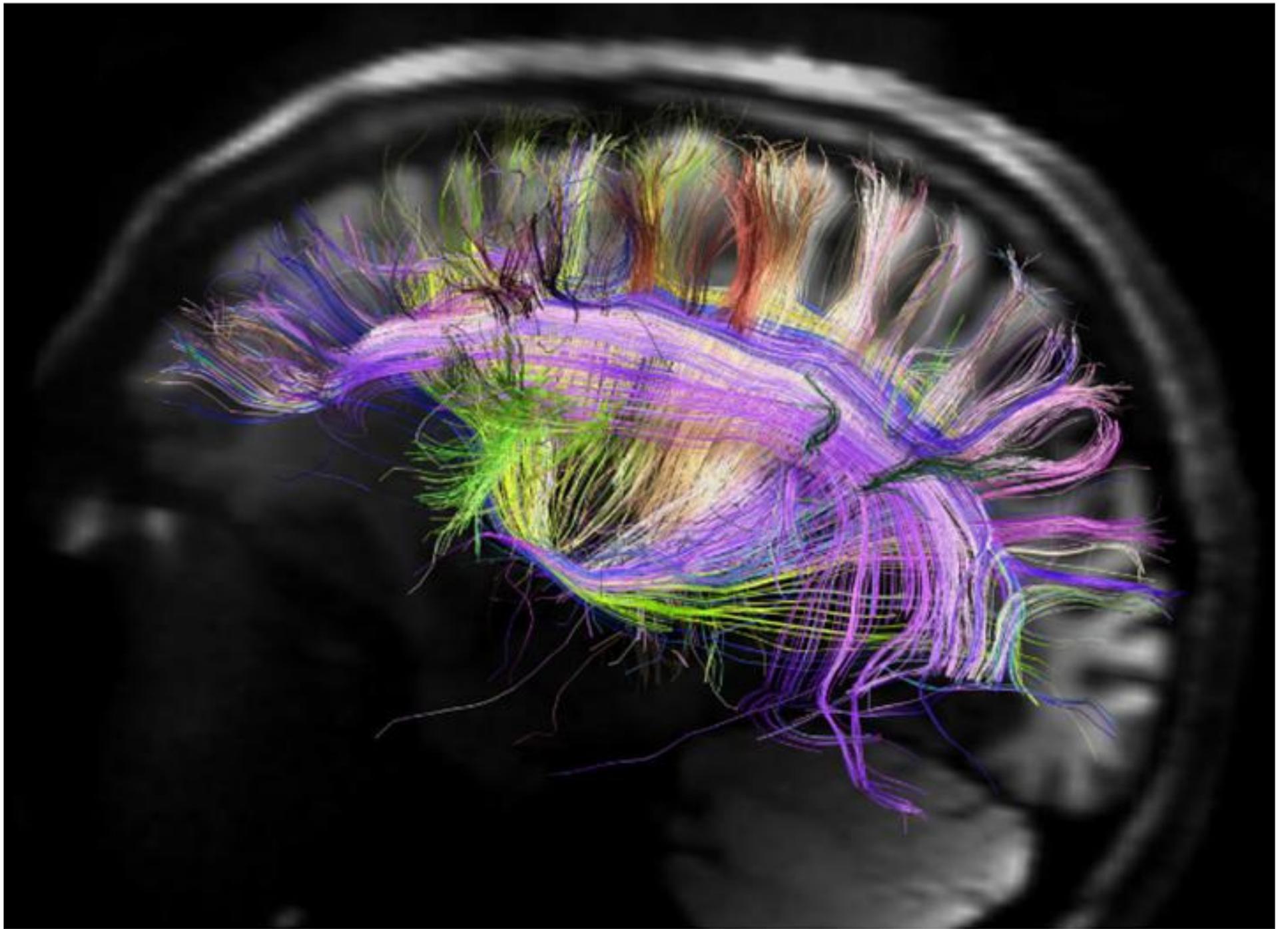
Table 5: Error measure EDI for the four inverse algorithms, with regularization, under four different noise levels: 25 dB, 15 dB, 10 dB and 5 dB. Each cell value gives the mean and standard deviation.

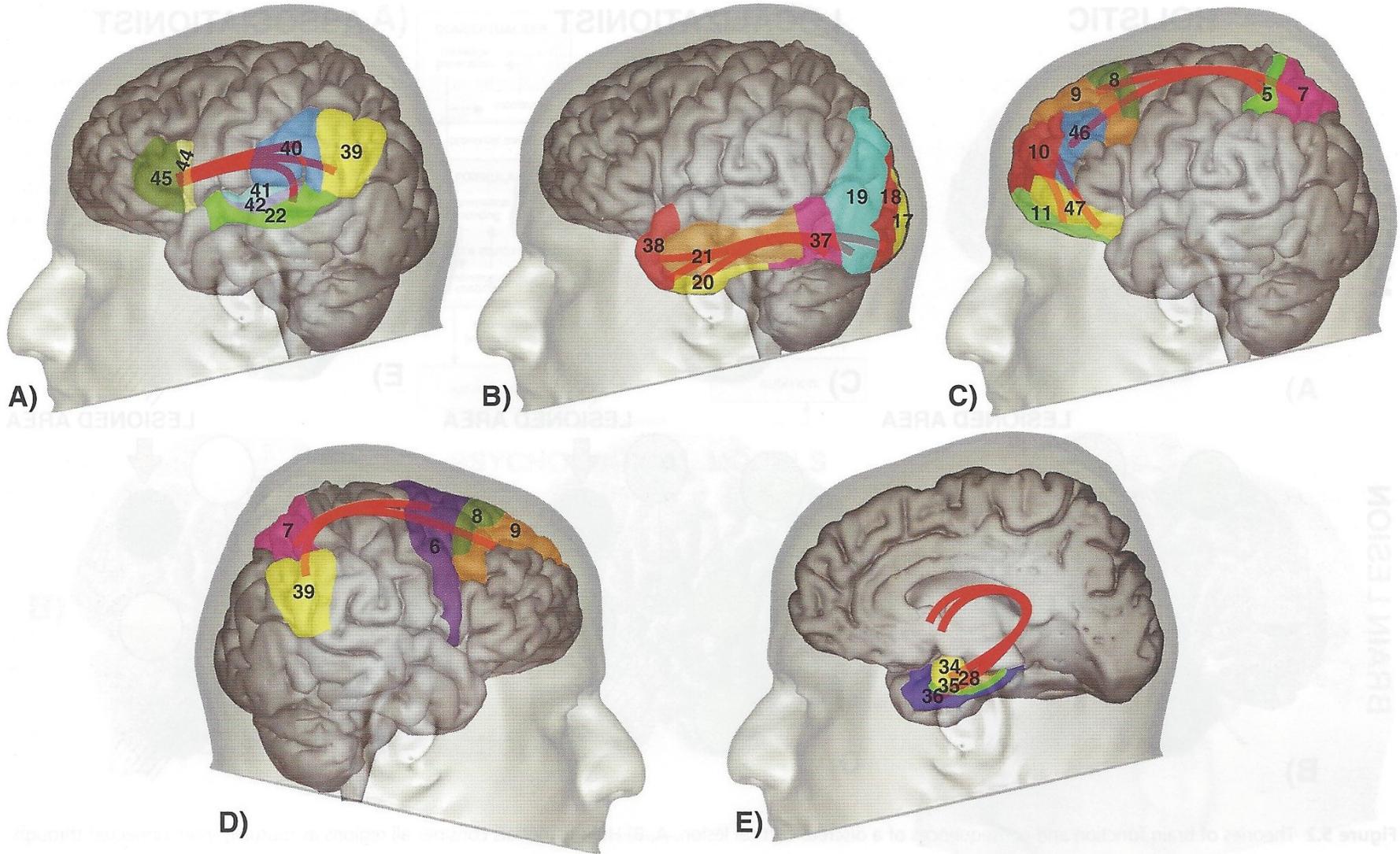
		EDI			
		Regularised			
SNR/dB		5	10	15	25
Layer					
WMN	Surface	3.46 ± 0.42	2.10 ± 0.28	1.34 ± 0.11	1.13 ± 0.03
	Middle	5.08 ± 0.50	3.94 ± 0.38	2.95 ± 0.21	2.40 ± 0.03
	Deep	5.91 ± 0.39	5.31 ± 0.36	4.61 ± 0.24	3.89 ± 0.15
sLORETA	Surface	0.99 ± 0.1	0.49 ± 0.08	0.11 ± 0.04	0.00 ± 0.00
	Middle	1.61 ± 0.13	0.84 ± 0.11	0.25 ± 0.07	0.00 ± 0.00
	Deep	1.79 ± 0.25	0.95 ± 0.16	0.39 ± 0.13	0.00 ± 0.00
LORETA	Surface	2.32 ± 0.08	2.18 ± 0.04	2.16 ± 0.03	2.21 ± 0.02
	Middle	1.51 ± 0.13	1.15 ± 0.08	0.95 ± 0.07	1.05 ± 0.06
	Deep	2.30 ± 0.21	1.81 ± 0.13	1.59 ± 0.11	1.53 ± 0.09
SLF	Surface	5.27 ± 0.30	4.50 ± 0.28	3.81 ± 0.20	2.98 ± 0.13
	Middle	4.53 ± 0.39	4.09 ± 0.35	3.50 ± 0.31	2.51 ± 0.15
	Deep	3.89 ± 0.55	3.70 ± 0.45	3.27 ± 0.48	1.73 ± 0.30

Electrical Neuroimaging – Assessment and Treatment

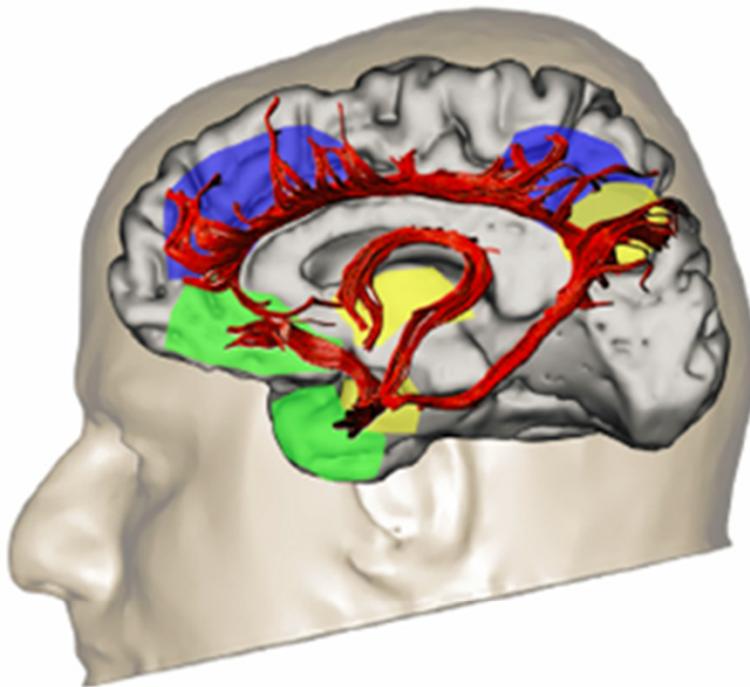
Advantages of Electrical Neuroimaging

- 1- Spatial Resolution – 1 cm to 3 cm**
- 2- Temporal Resolution – 1 msec**
- 3- Imaging of Current Sources**
- 4- Imaging of Network Connections**
- 5- Integration with DTI & fMRI (Brodmann Areas)**
- 6- Inexpensive (\$10,000 vs \$3,000,000)**
- 7- Dry Electrodes & Wireless Caps**
- 8- Portable**
- 9- Integration with Smart Phones & Tablets**
- 10- Can Assess & Treat in Real-Time¹**





From Catani and deShotten, 2012



■ hippocampal-diencephalic and parahippocampal-retrosplenial network

■ temporal-amygdala-orbitofrontal network

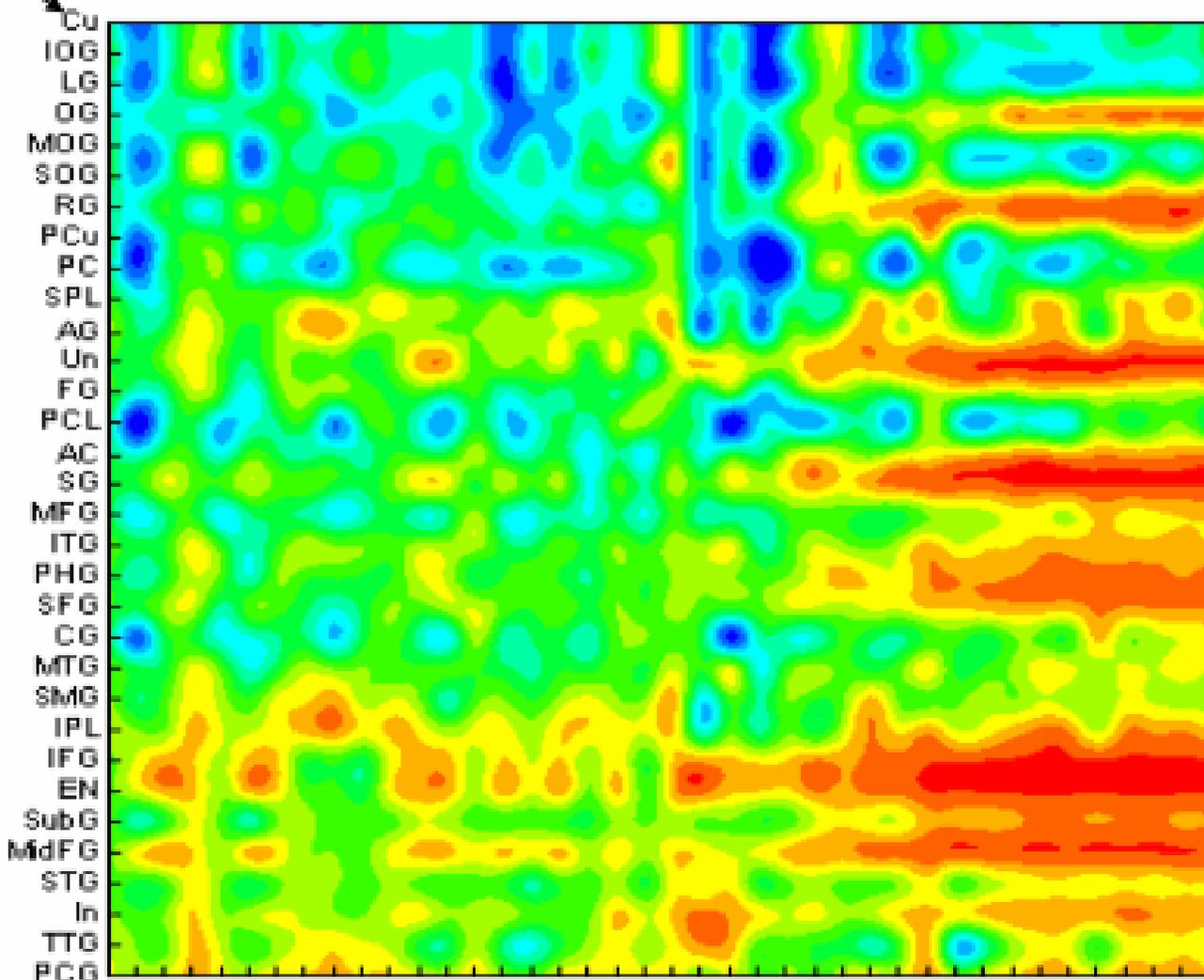
■ medial 'default network'

Network	Function	Disorder
Hippocampal-diencephalic and parahippocampal-retrosplenial	<ul style="list-style-type: none"> •memory •spatial orientation 	<ul style="list-style-type: none"> •Amnesias •Korsakoff's syndrome •Mild Cognitive impairment •Alzheimer's disease (early) •Balint syndrome
Temporo-amygdala-orbitofrontal	<ul style="list-style-type: none"> •Behavioural inhibition •Memory for temporally complex visual information •Olfactory-gustatory-visceral functions •Multimodal sensory integration •Object-reward association learning •Outcome monitoring 	<ul style="list-style-type: none"> •Alzheimer's Disease (advanced) •Semantic dementia •Klüver-Bucy syndrome •Temporal lobe epilepsy •Geschwind's syndromes •Psychopathy •Bipolar affective disorders
Dorsomedial default network	<ul style="list-style-type: none"> •Pain perception •Self-knowledge •Attention •Mentalizing •Empathy •Response selection and action monitoring •Autobiographical memory •Person perception 	<ul style="list-style-type: none"> •Depression •Autism •Schizophrenia •Obsessive compulsive disorder •Mild Cognitive Impairment •Alzheimer's Disease (early) •Attention Deficit Hyperactivity Disorder •Anxiety

Spatial Heterogeneity of Source Correlations

Cuneus
62.75 mm

Y-Axis - Ordered Distance mm



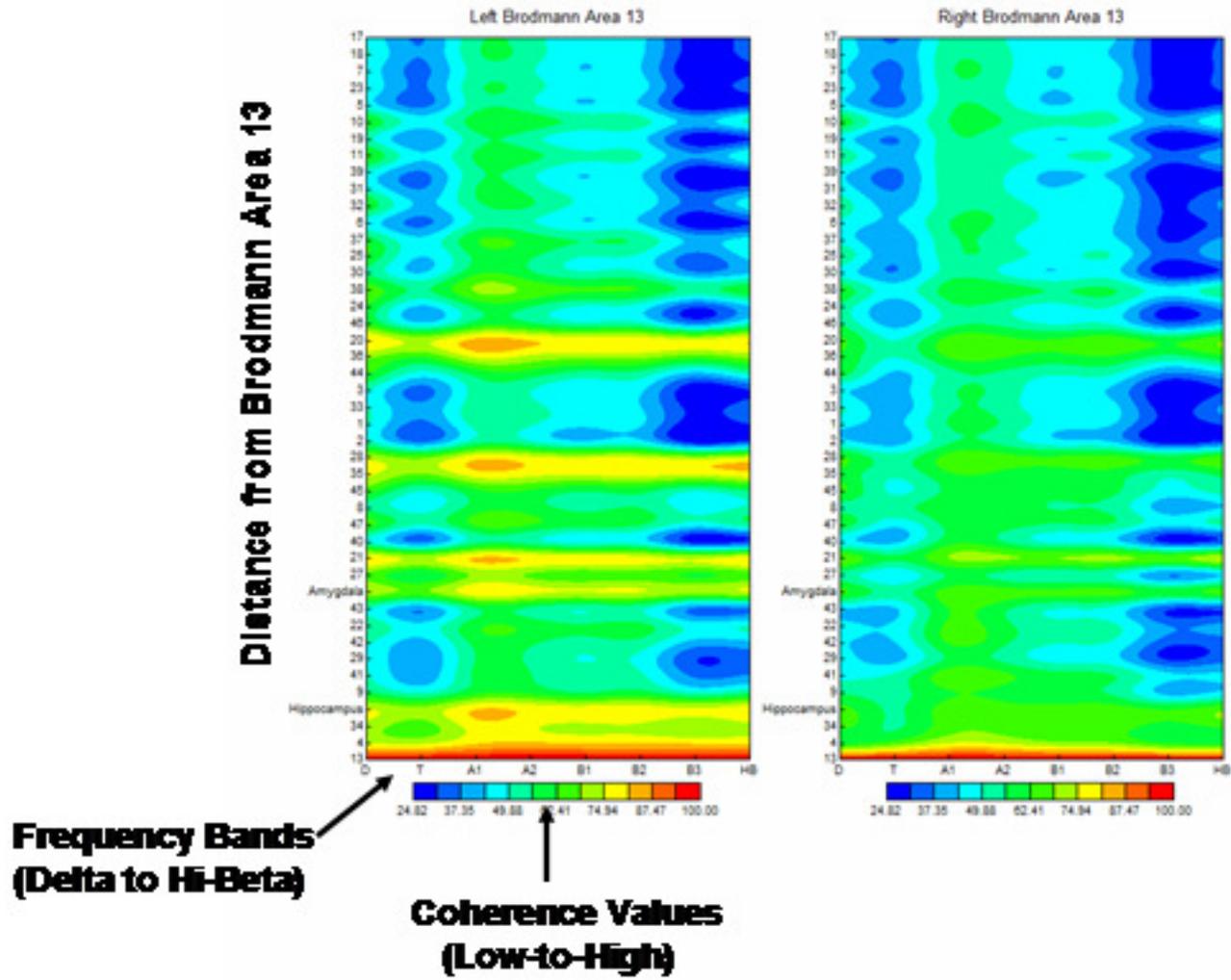
Post Central
Gyrus 0 mm

Z-Axis - LORETA Source Correlations

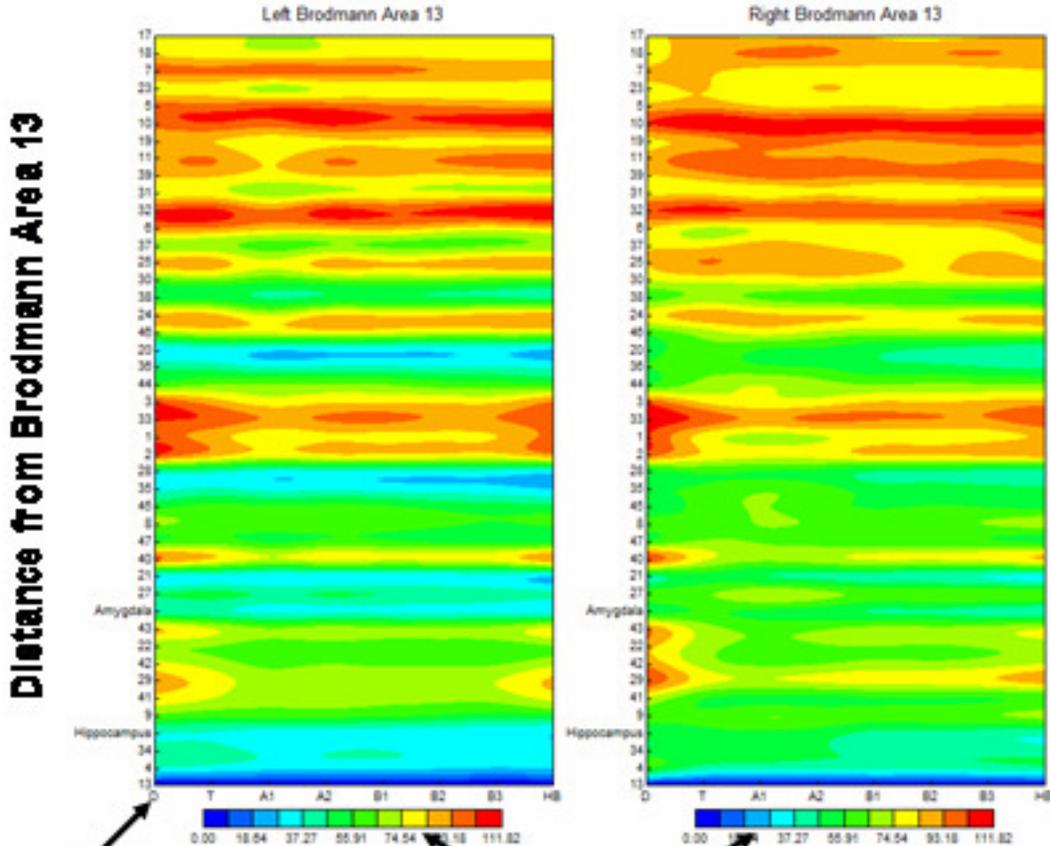
X-Axis
Frequency 1 to 40 Hz

Hypothesized
'U' Shaped
Connections

LORETA Coherence



LORETA Absolute Phase



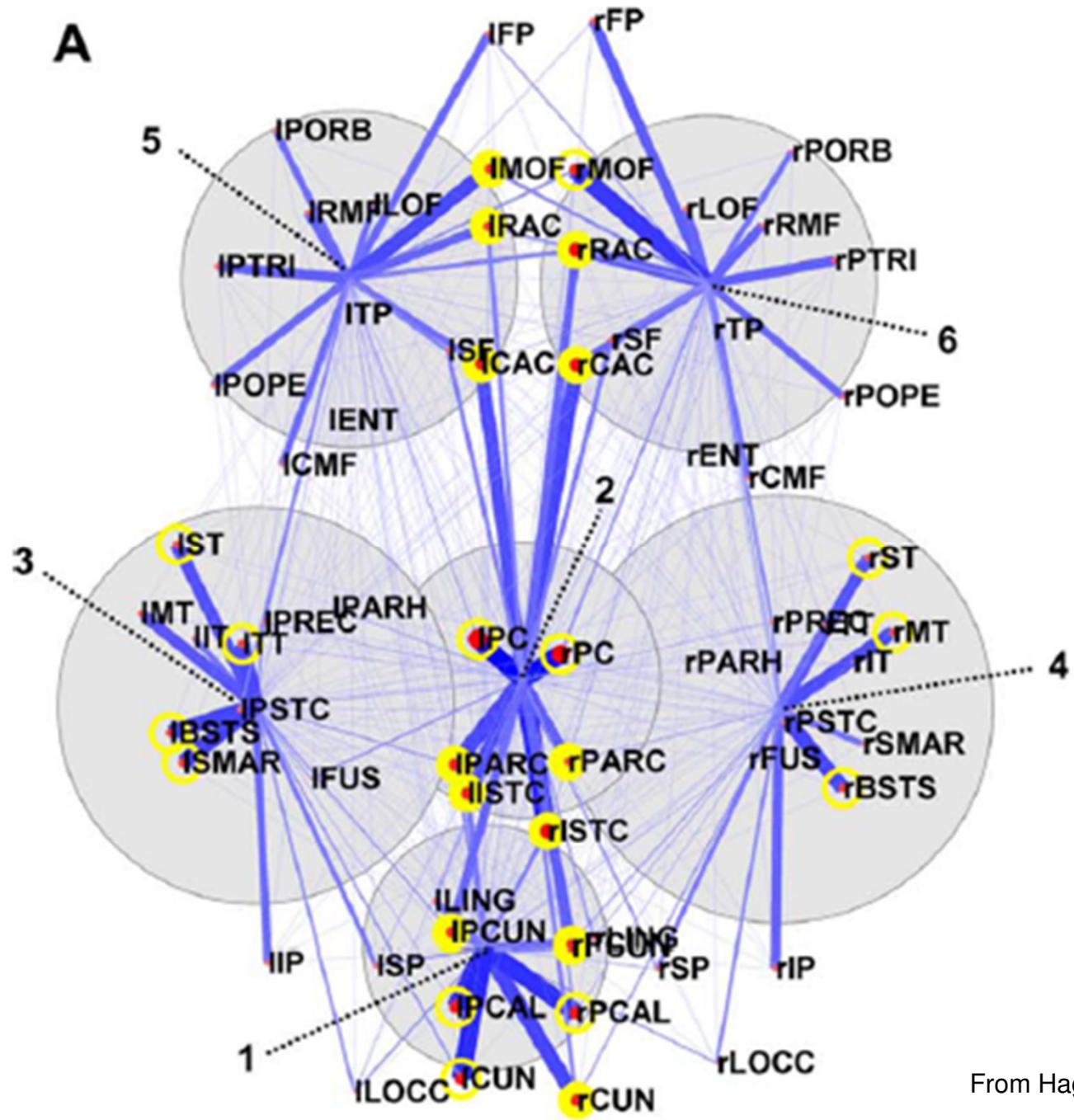
Frequency Bands
(Delta to Hi-Beta)

Phase Difference (Deg)
(short to long differences)

◆ **Human Brain Mapping 33:1062–1075 (2012)** ◆

Diffusion Spectral Imaging Modules Correlate With EEG LORETA Neuroimaging Modules

Robert W. Thatcher,* Duane M. North, and Carl J. Biver

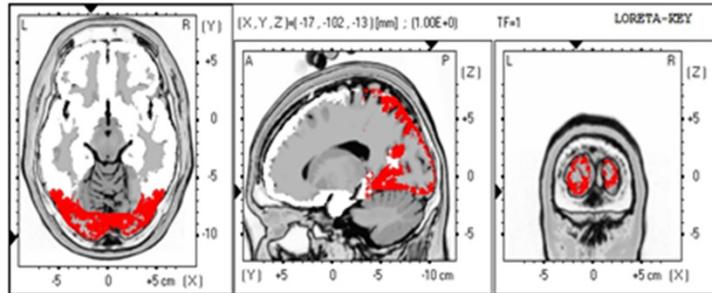


From Hagmann et al, 2008

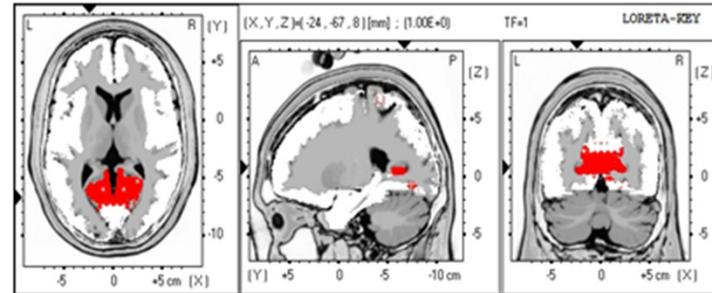
Correlations Between EEG Neuroimaging and Diffusion Spectral Imaging (DTI)

Hagmann et al. Moduless

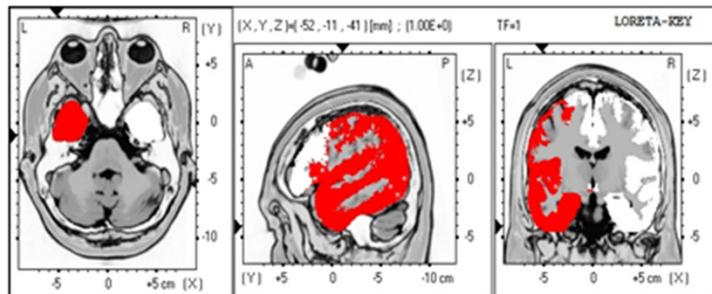
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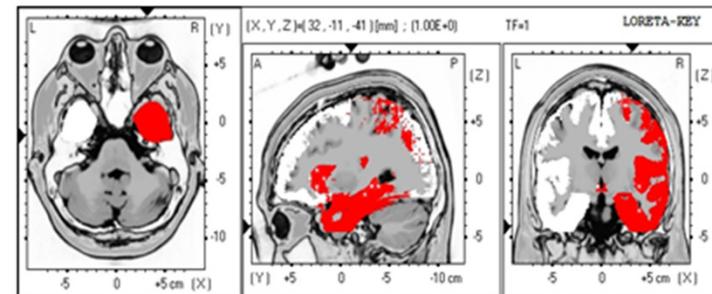
MOD 2



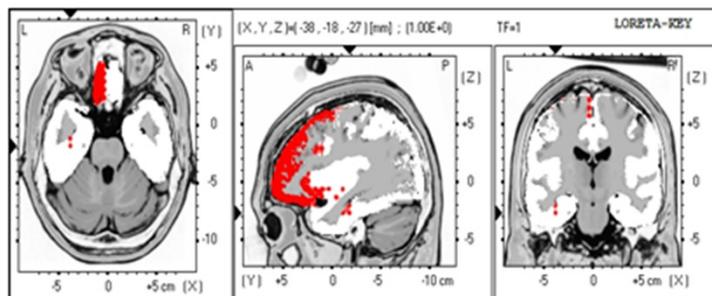
MOD 3



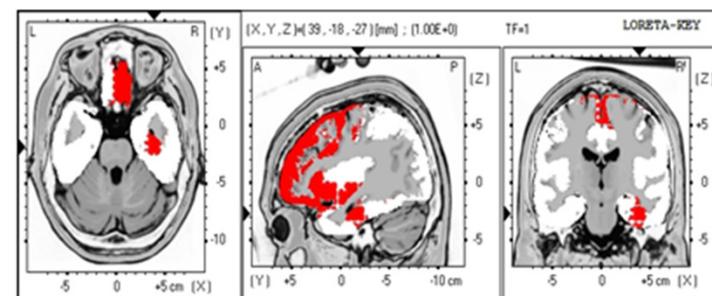
MOD 4

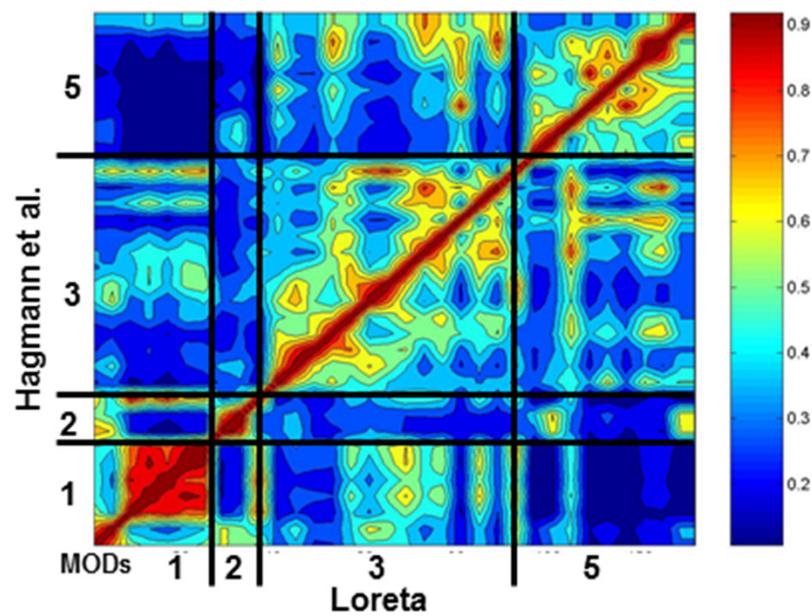
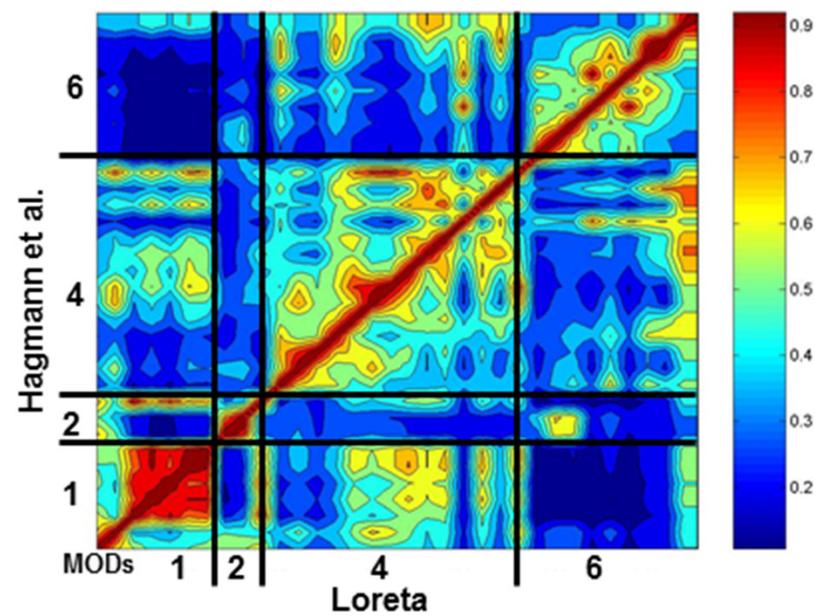
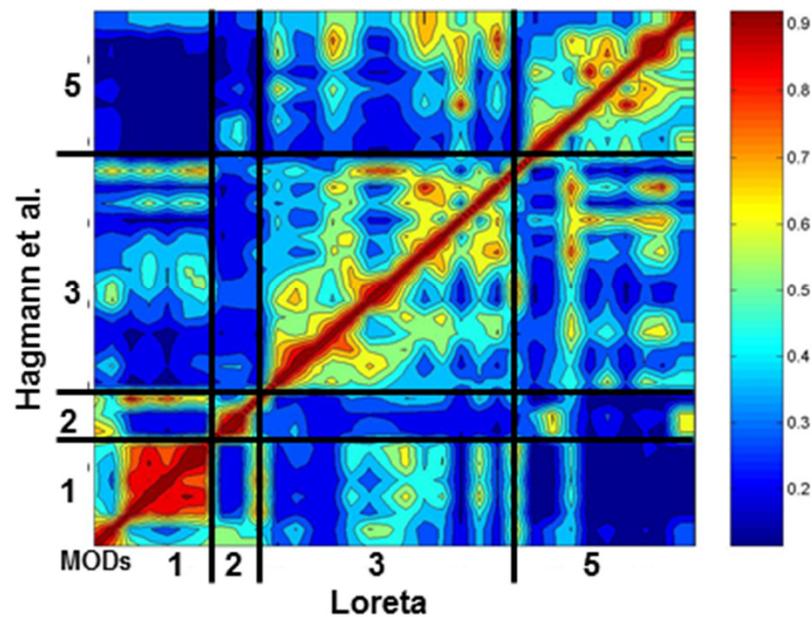
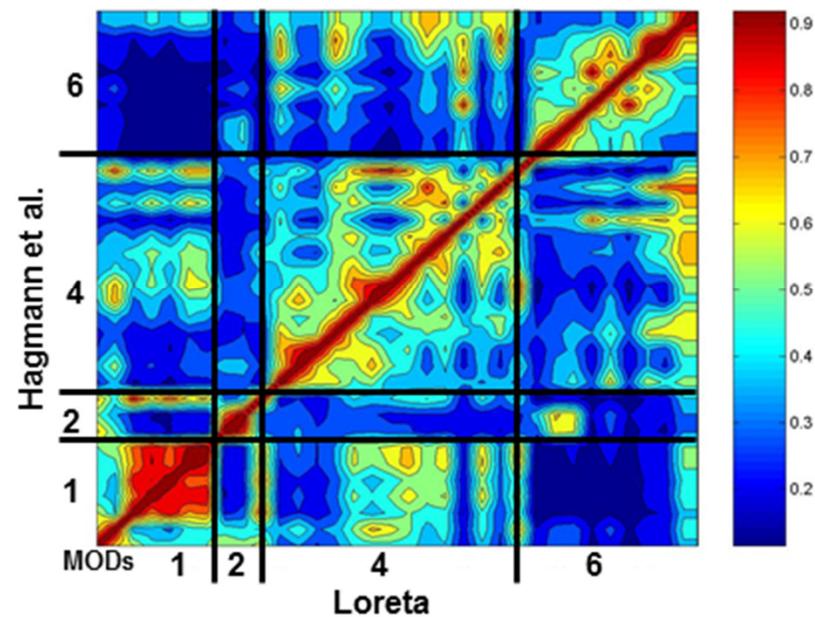


MOD 5



MOD 6



EC_LEFT**EC_RIGHT****EO_LEFT****EO_RIGHT**

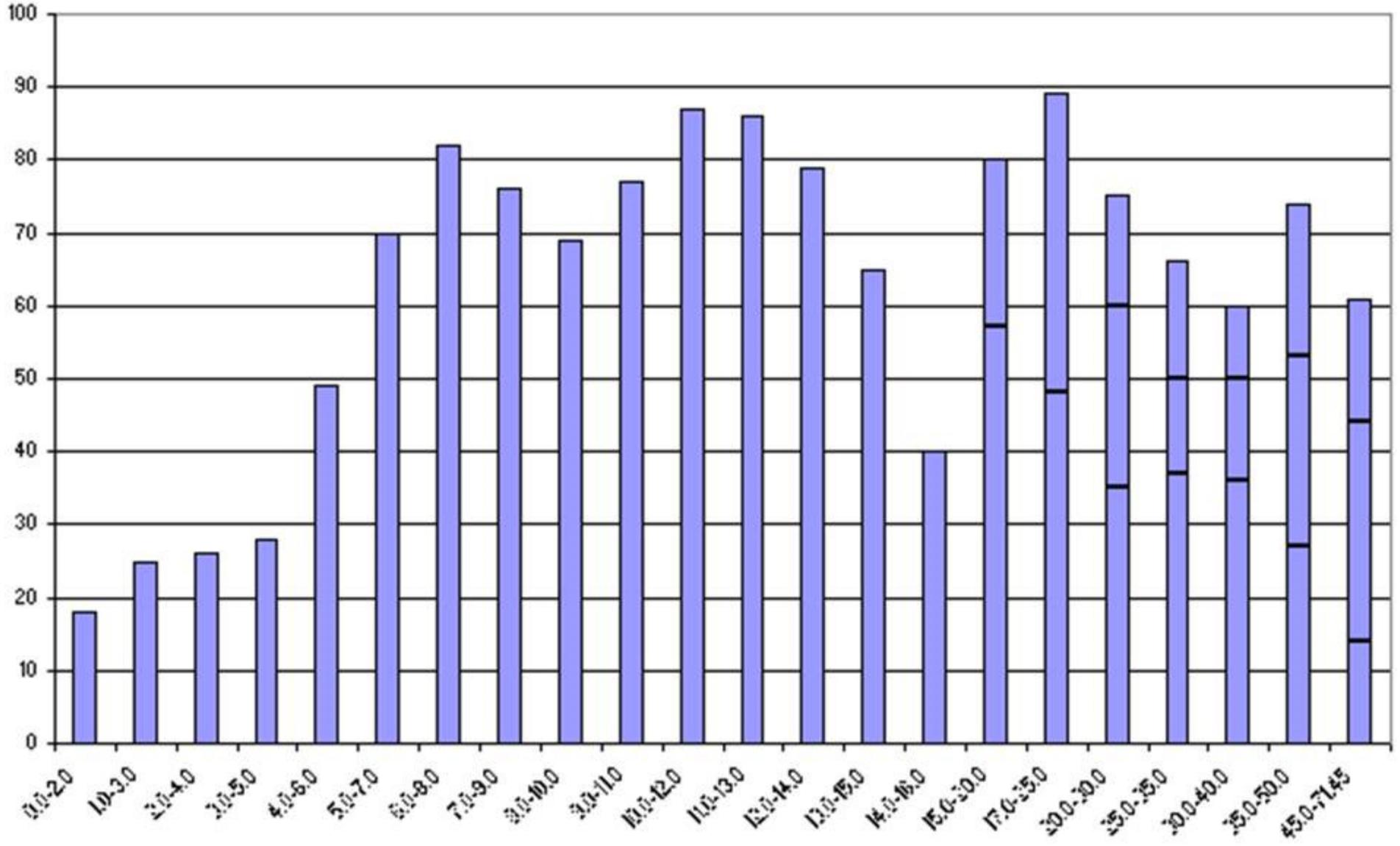
Published as a chapter in “Introduction to QEEG and Neurofeedback: Advanced Theory and Applications” Thomas Budzinsky, H. Budzinski, J. Evans and A. Abarbanel editors, Academic Press, San Diego, Calif, 2008.

HISTORY OF THE SCIENTIFIC STANDARDS OF QEEG NORMATIVE DATABASES

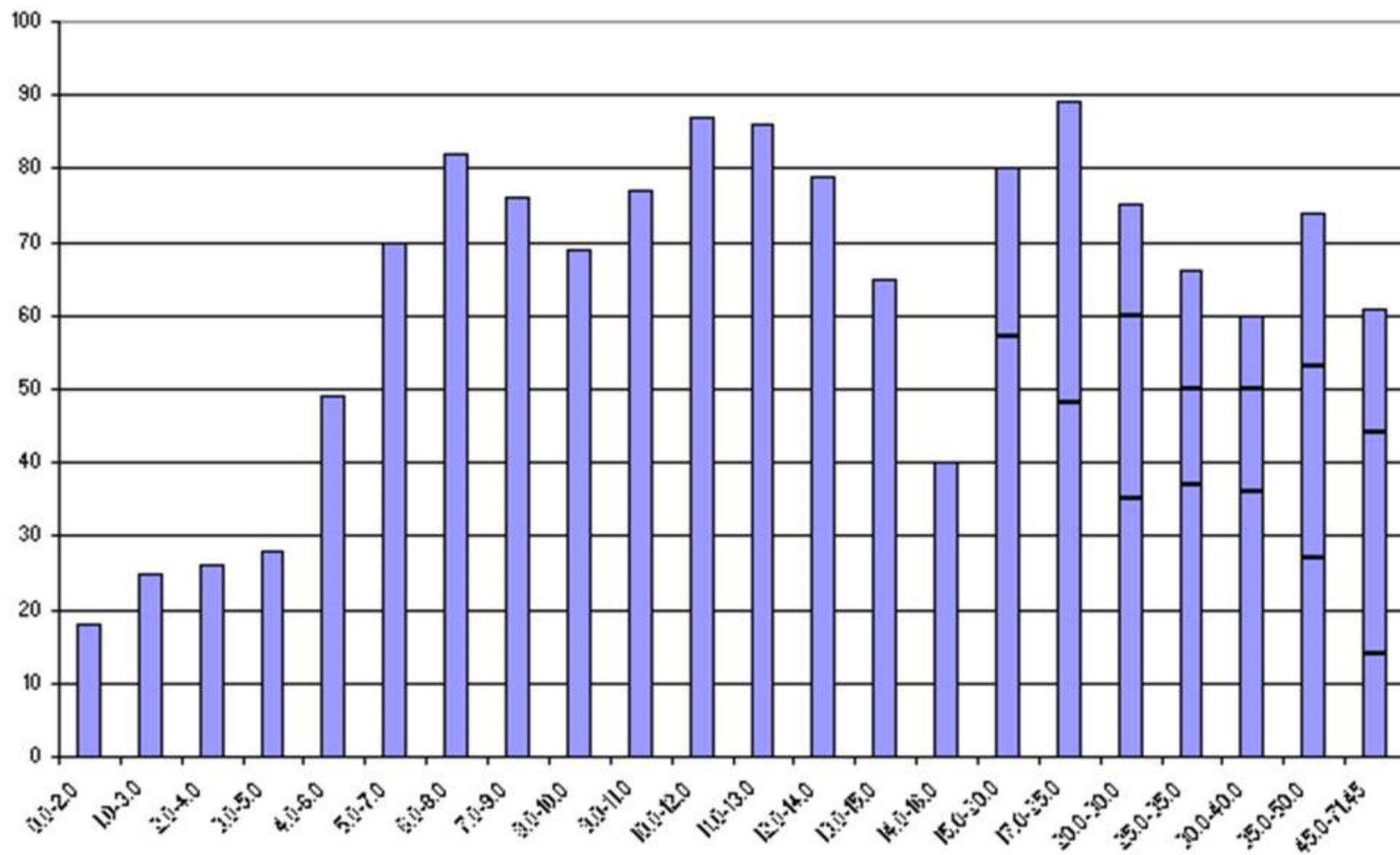
Thatcher, R.W.^{1,2} and Lubar, J.F.³

Department of Neurology, University of South Florida College of Medicine, Tampa, Fl.¹ and EEG and NeuroImaging Laboratory, Applied Neuroscience, Inc., St. Petersburg, Fl² , Brain Research and Neuropsychology Lab, University of Tennessee, Knoxville, TN³.

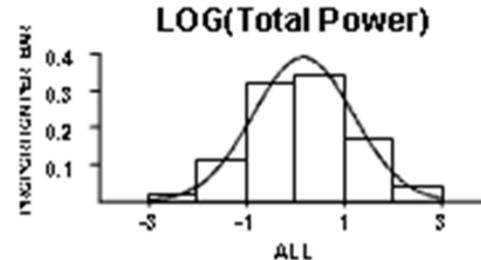
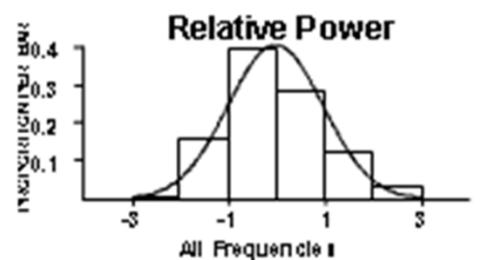
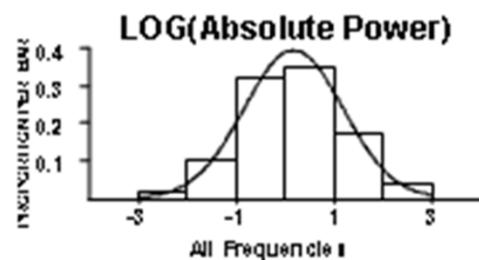
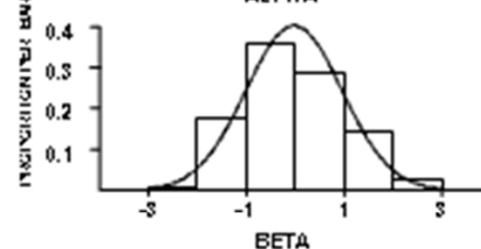
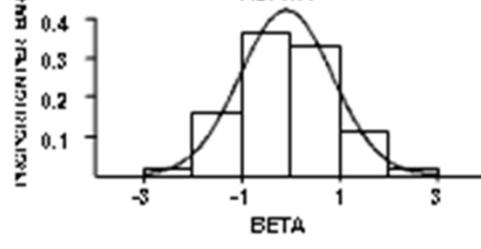
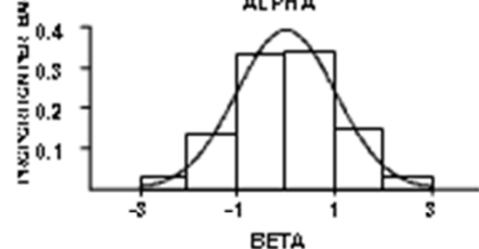
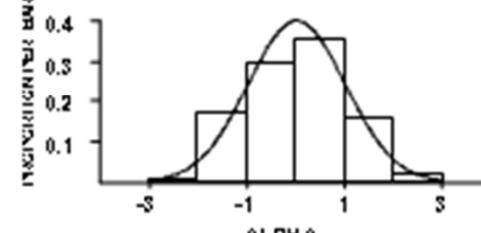
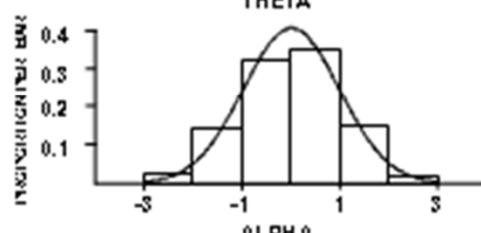
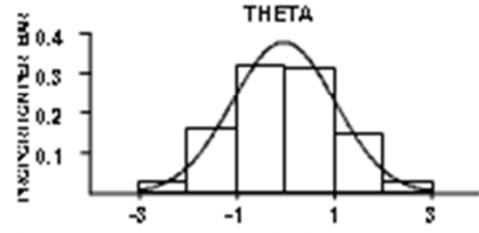
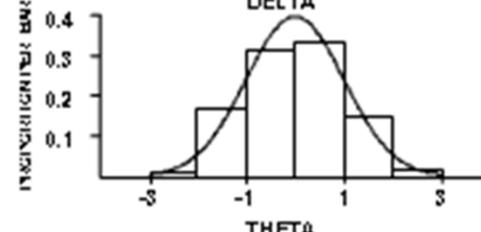
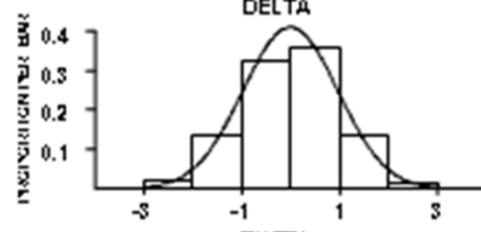
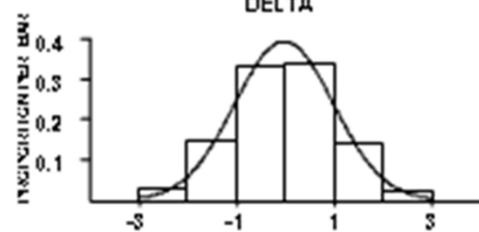
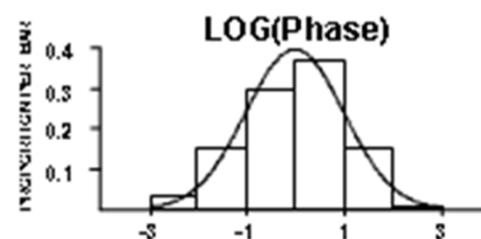
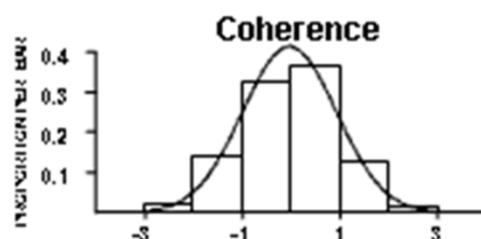
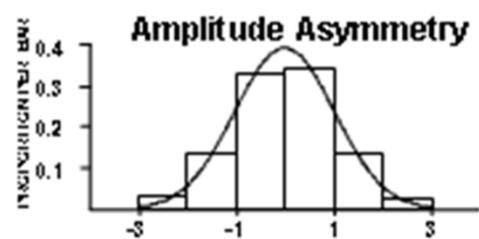
NORMATIVE DATABASE N = 727 Subjects as of 8/24/2011



NORMATIVE DATABASE N = 727 Subjects as of 8/24/2011

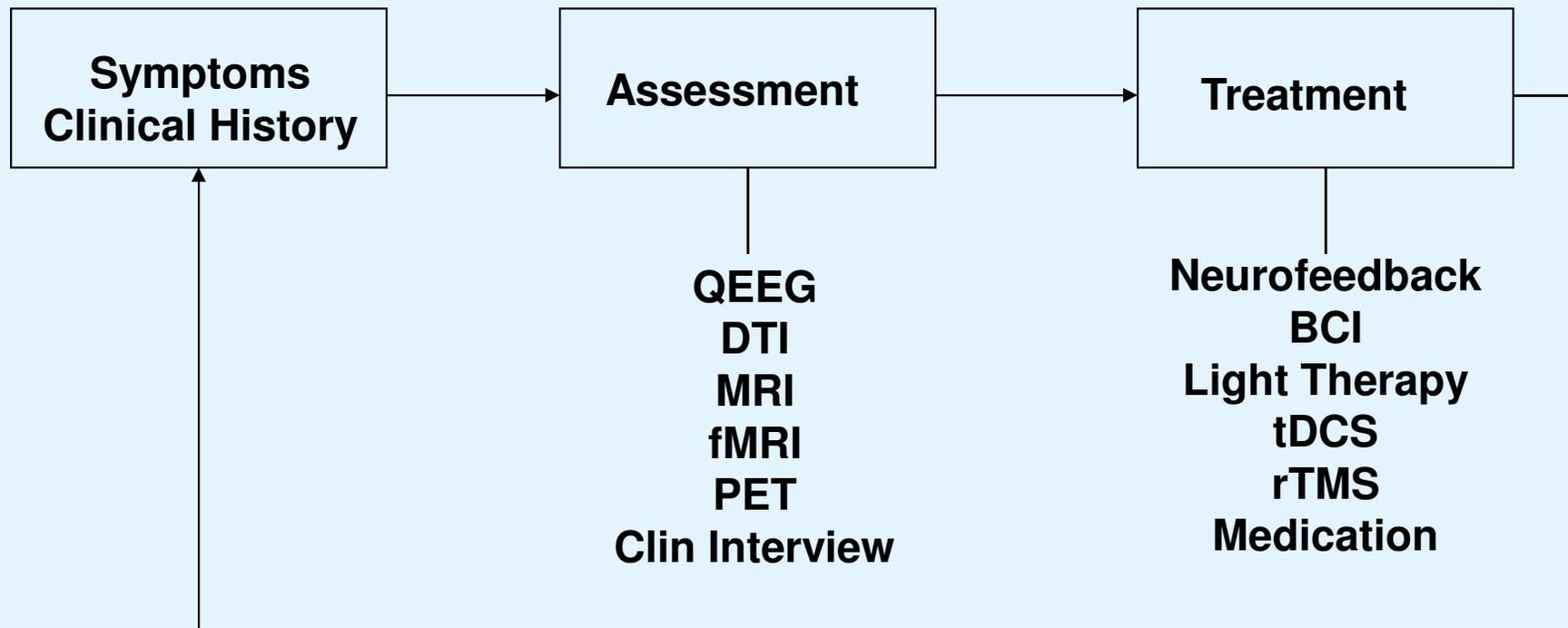


Cross-Validation Birth to 82 Year EEG Normative Database

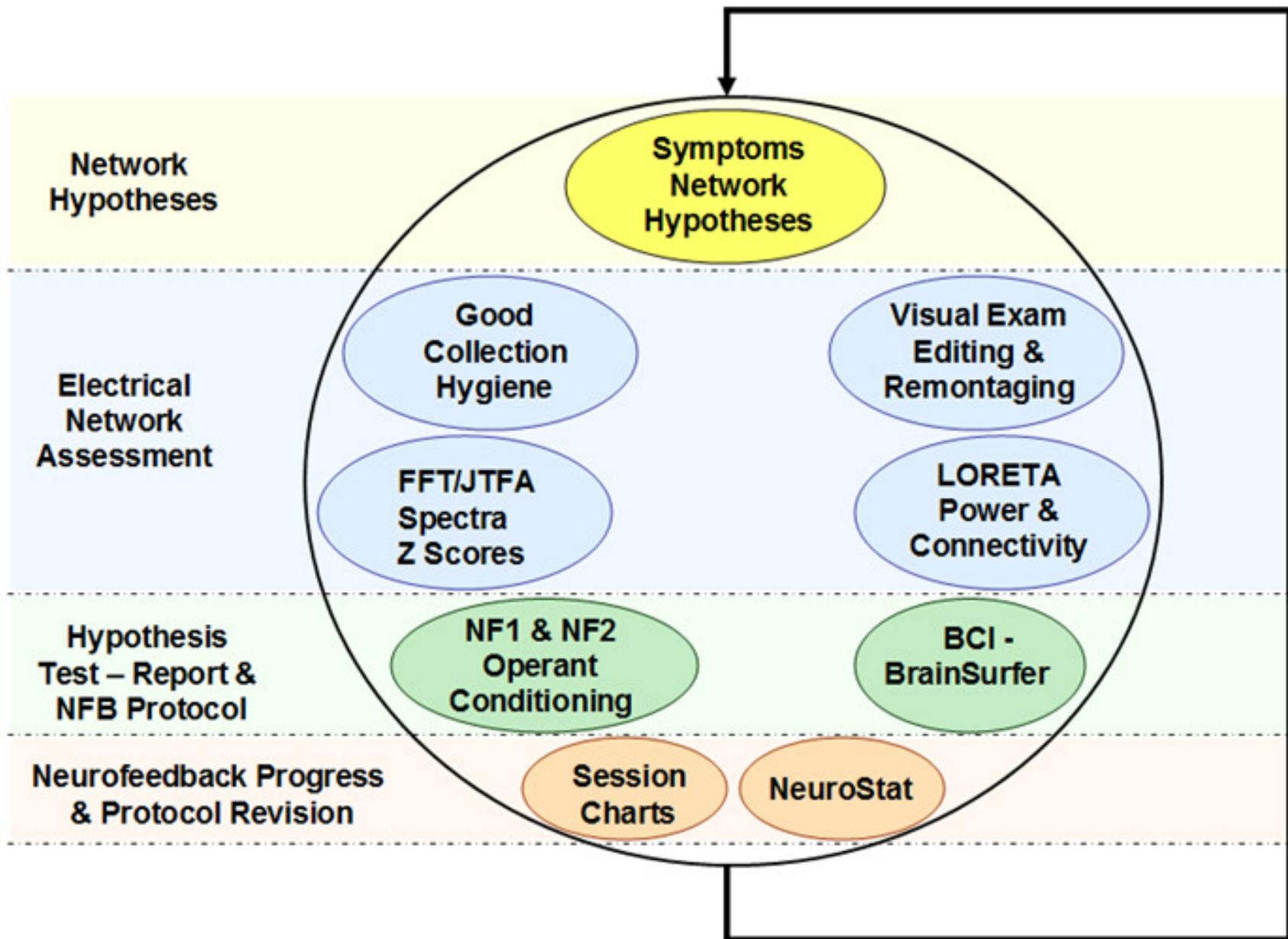


Essential Steps in Helping Patients with Neurological/Psychological Problems

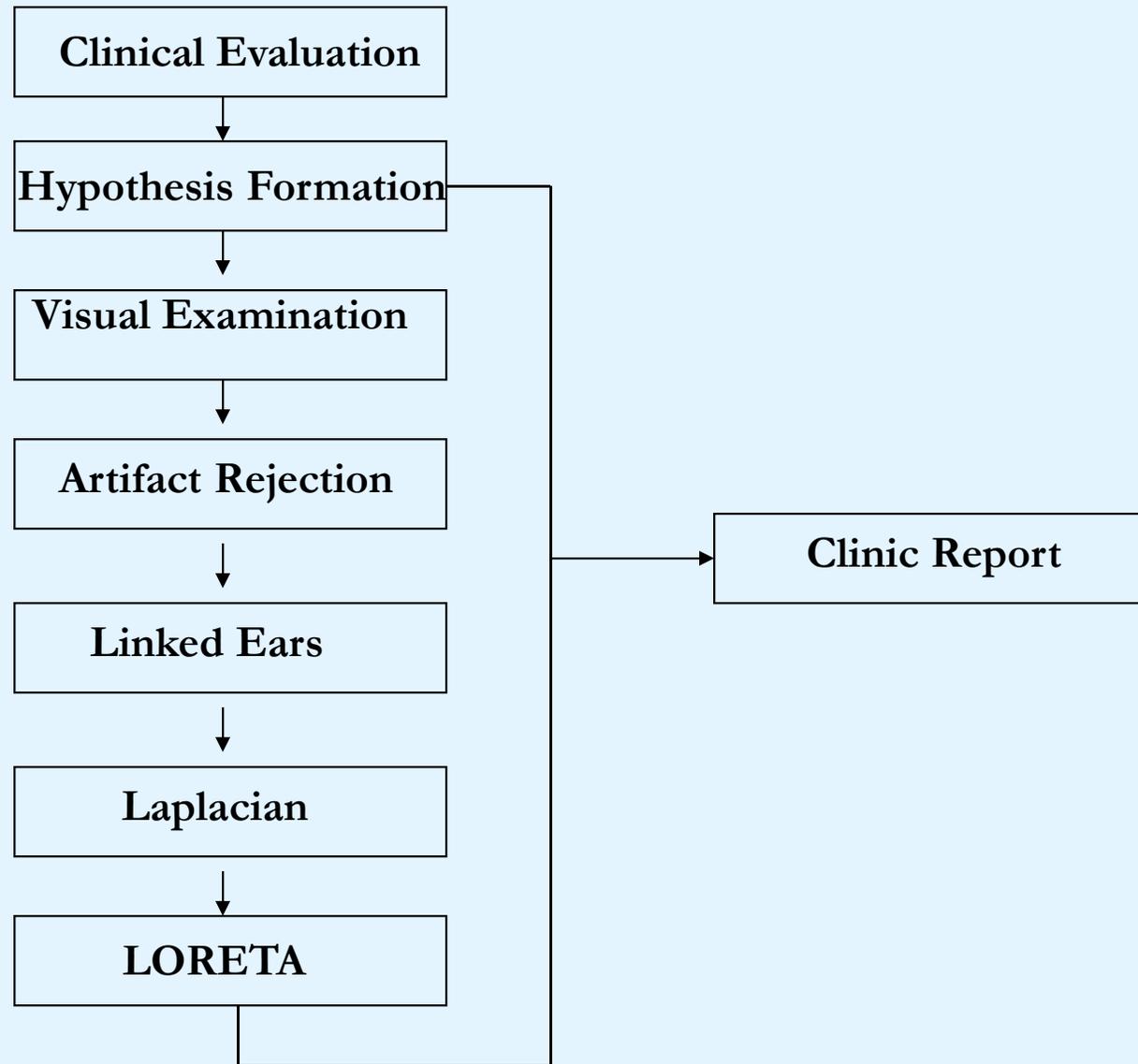
Assess, Address, Reassess ...



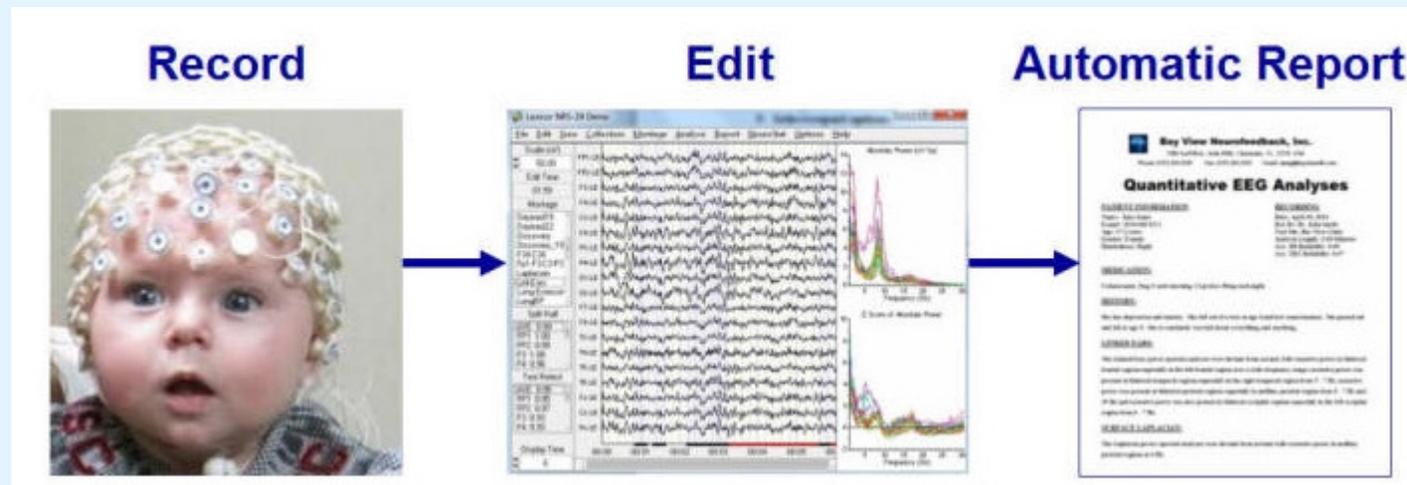
Linking Patient's Symptoms to Patient's Brain



QEEG Report Generation Sequence

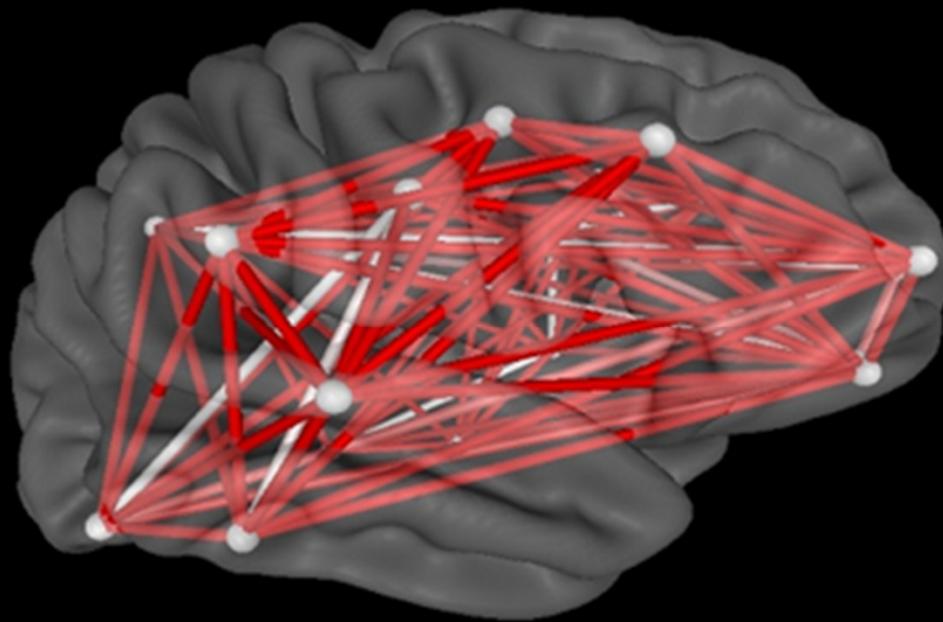


Automatic Clinical Report Writer (ACR)



- No Delays with Minimal Expense for a Professional Quality In-House QEEG Clinical Report
- Less than One Minute to Produce a Professional QEEG Clinical Report, in Microsoft Word format
 - ACR Provides: Empowerment, Simplicity, Accuracy & Efficiency!
- Get Valid Normative Database Comparisons using without Depending on Internet Q-EEG Report Services!
- Get Relevant Content and Displays, plus Helpful NFB Recommendations in Less than a Minute.
 - Increased Productivity by at Least 10 Fold, e.g. Ten Reports in an Hour!

NeuroLink by Applied Neuroscience, Inc



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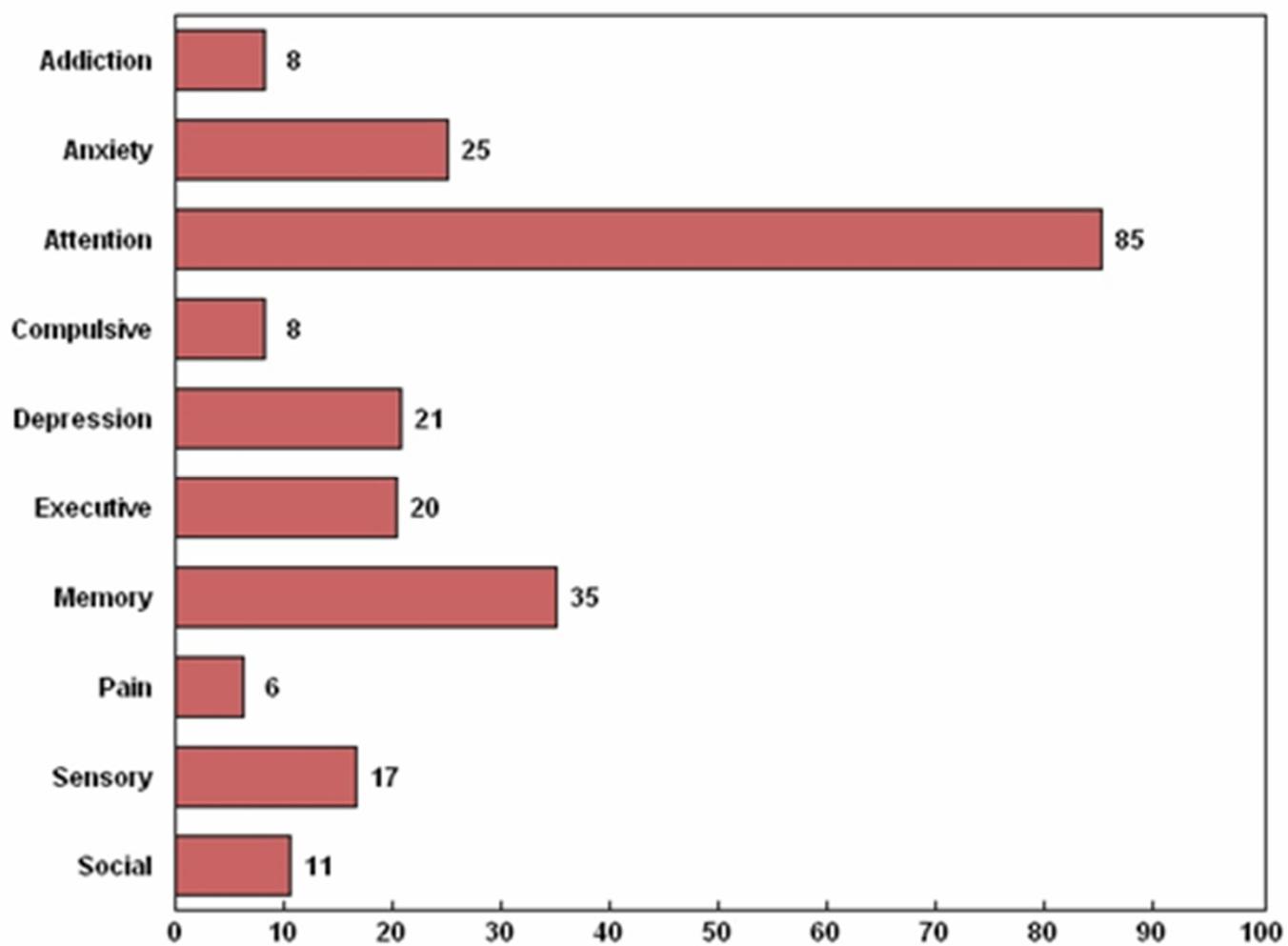
www.anineurolink.com

Press Any Key to Continue...

Subject ID: ID00001

Apr 16, 2015 04:22 pm

Severity Scores (%)



Help

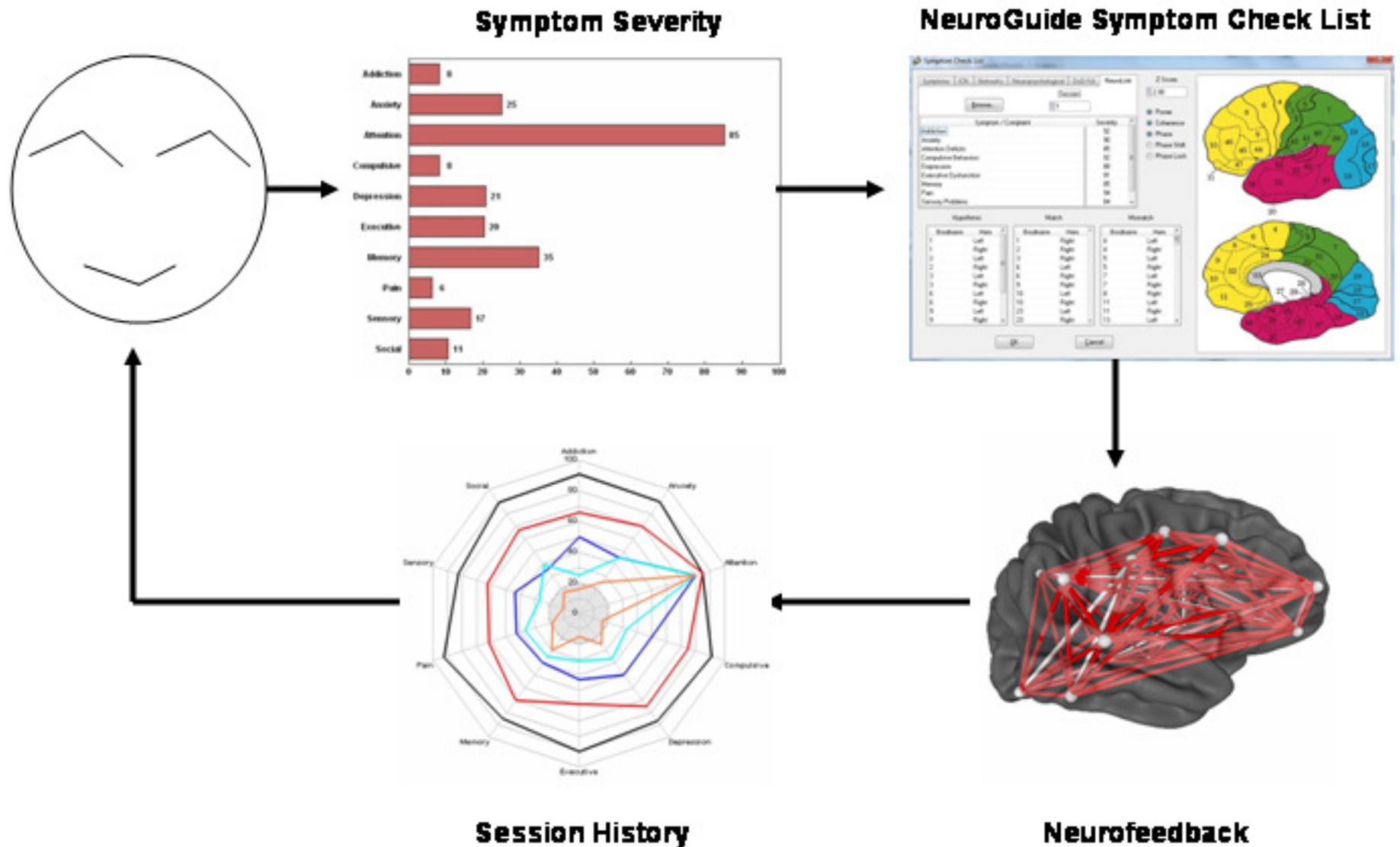
Cancel

Print

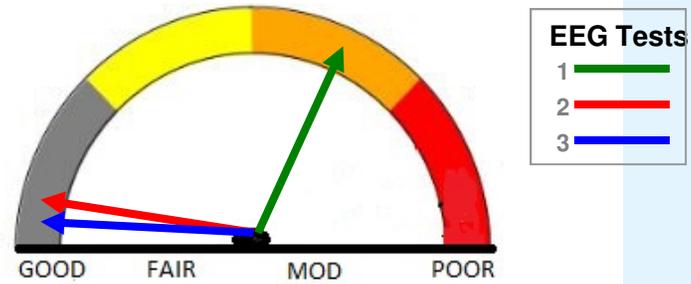
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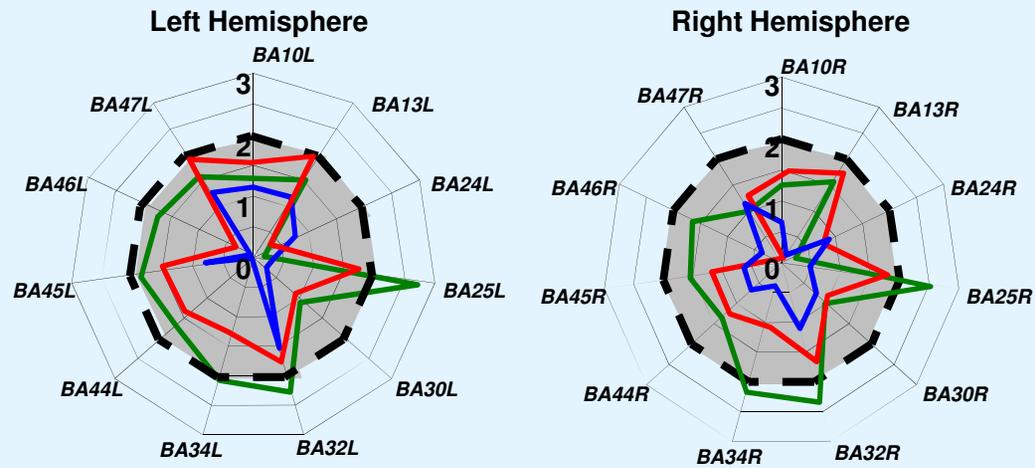
NeuroLink and NeuroGuide Integration – Linking Symptoms to the Brain



NeuroRehab Network Index



Addiction Network Z Scores

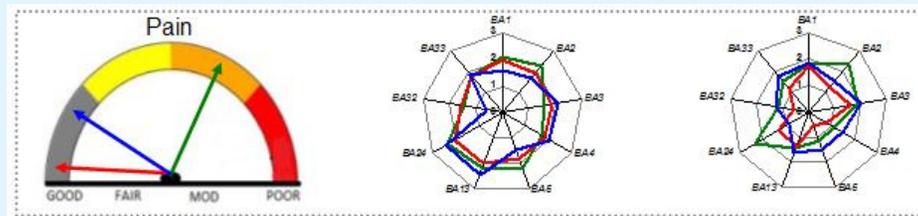
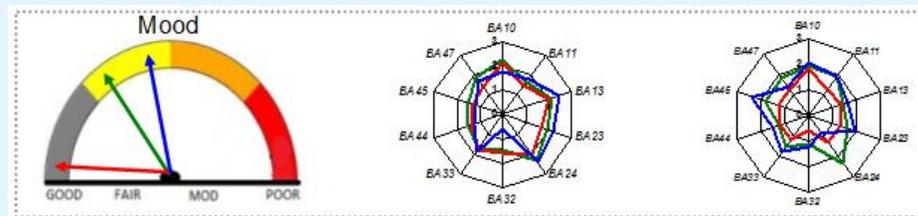
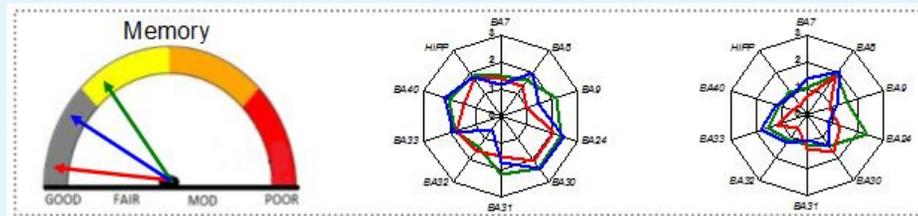
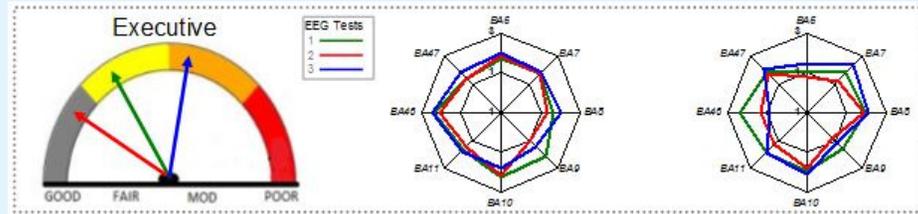


Rehabilitation History



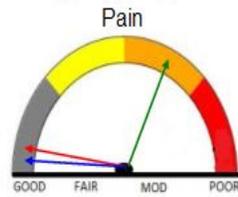
NeuroRehab Networks TM — Network Z Scores

Left Hemisphere — Right Hemisphere

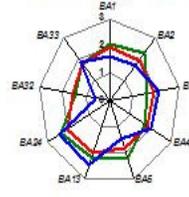


NeuroRehab Networks

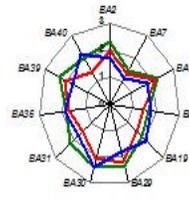
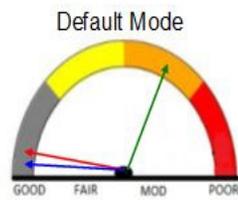
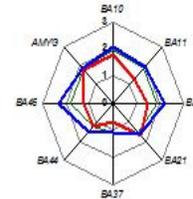
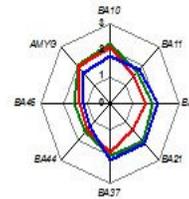
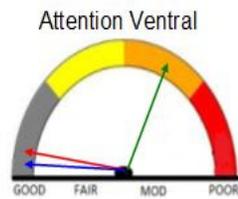
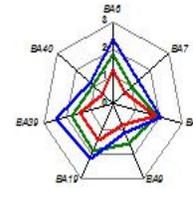
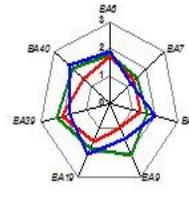
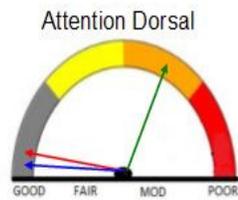
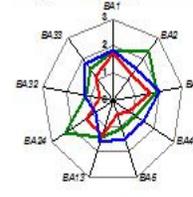
Network Z Scores



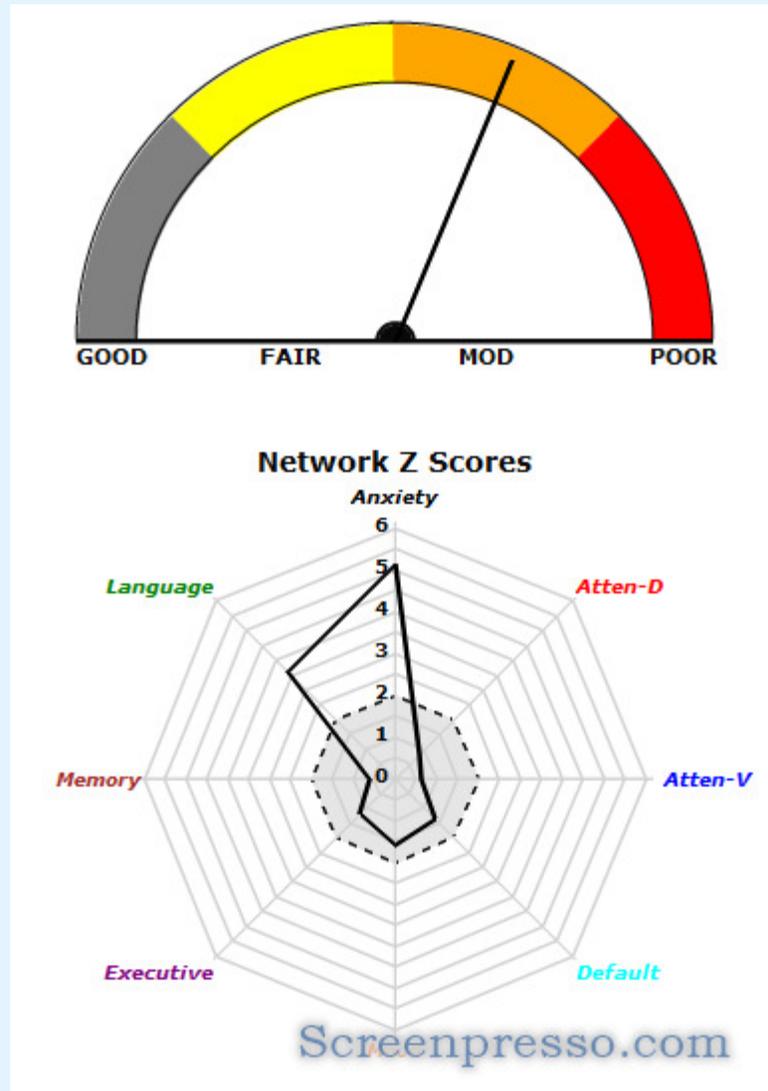
Left Hemisphere



Right Hemisphere



The BrainRehab Index



The BrainRehabilitator™

Portable System

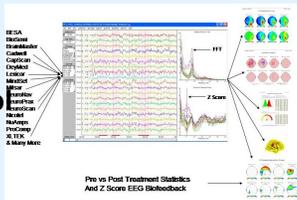
Assessment

Treatment

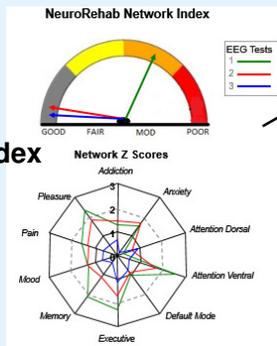
Dry EEG Headset



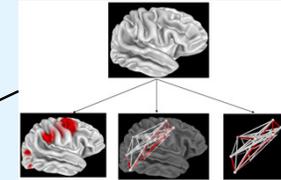
EEG Control



BrainRehab Index



NeuroFeedback

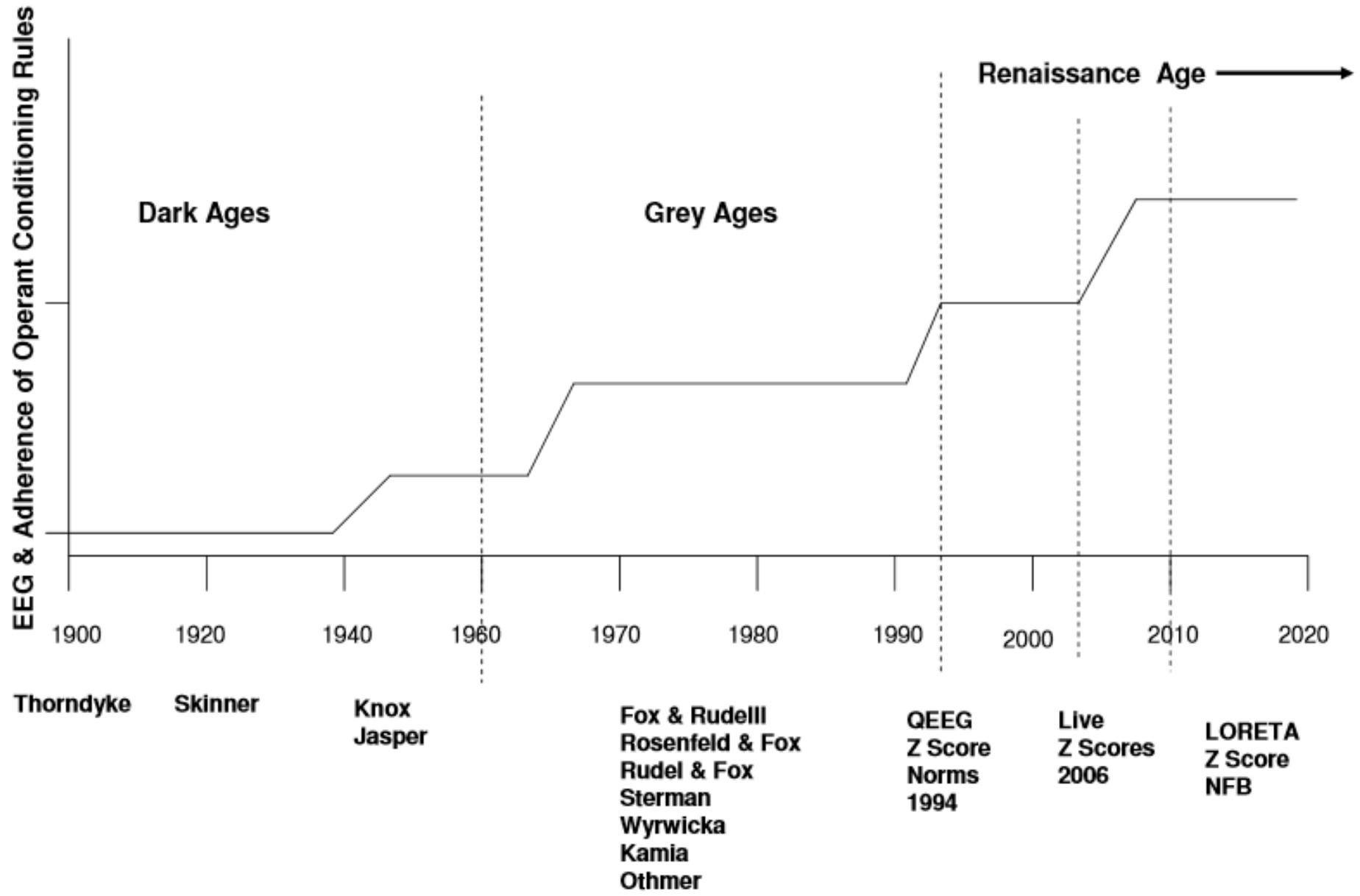


Photobiomodulation



Electrical Brain Stimulation tDCS





What is the Future for Z Score Neurofeedback?

1- Expanding Number of Clinicians Using Z Score NFB

2- Expanding Number of Metrics:

a- Effective Connectivity

b- Cross-Frequency Coherence

c- Cross-Frequency Effective Connectivity

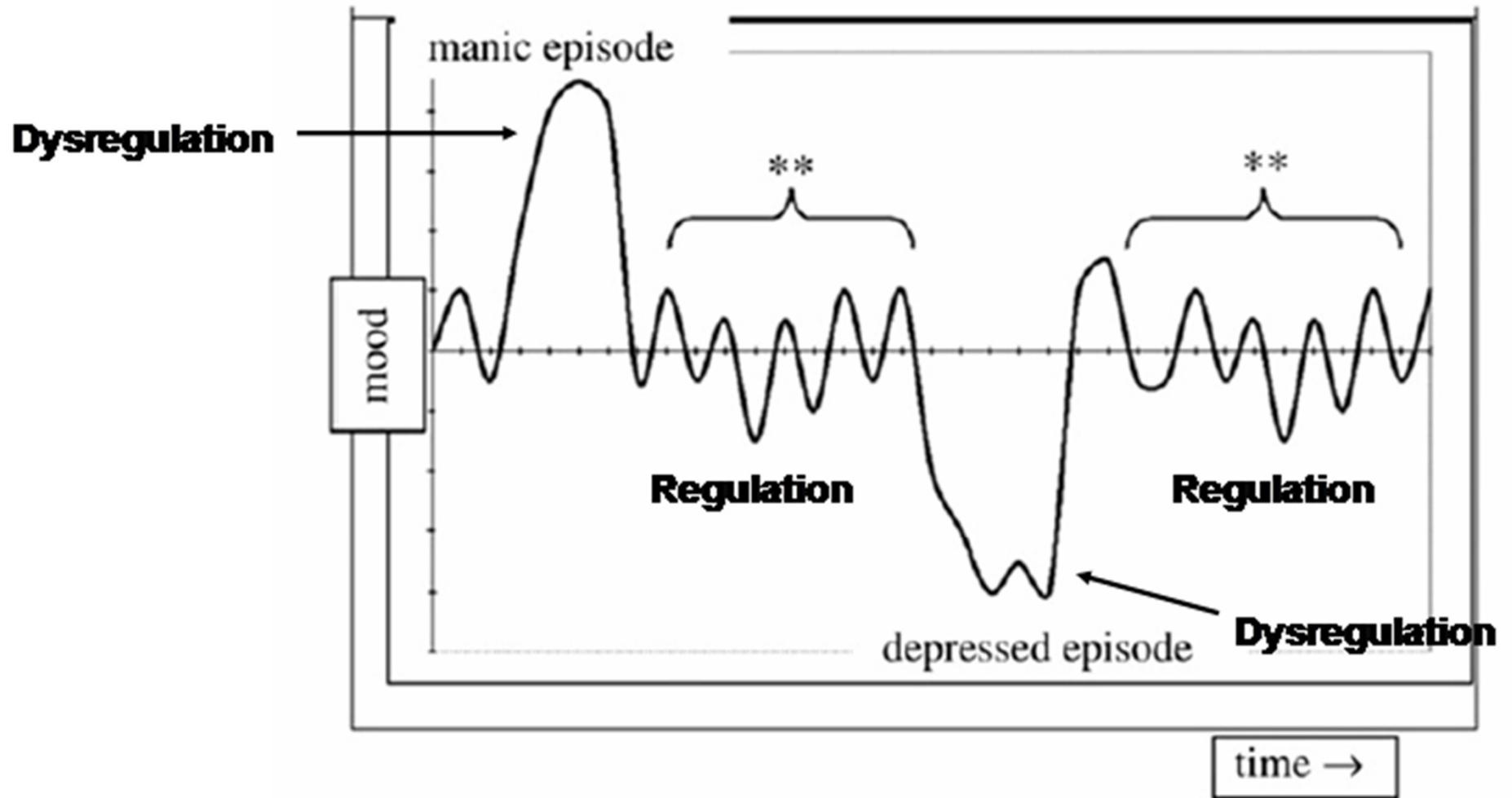
d- Phase Amplitude Cross-Frequency Coupling

e- swLORETA – Individualized MRI & NFB

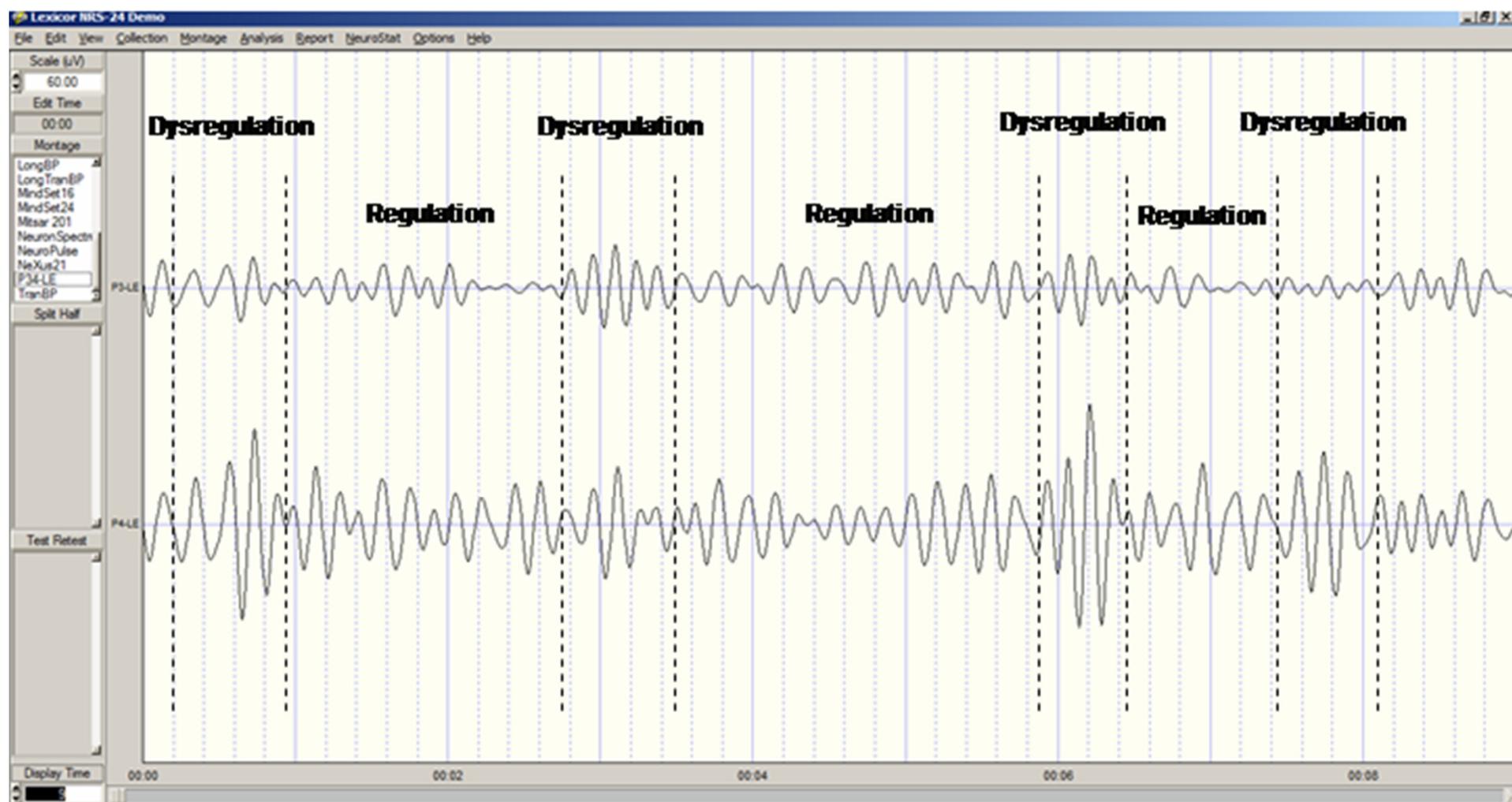
3- New Brain Imaging Technology

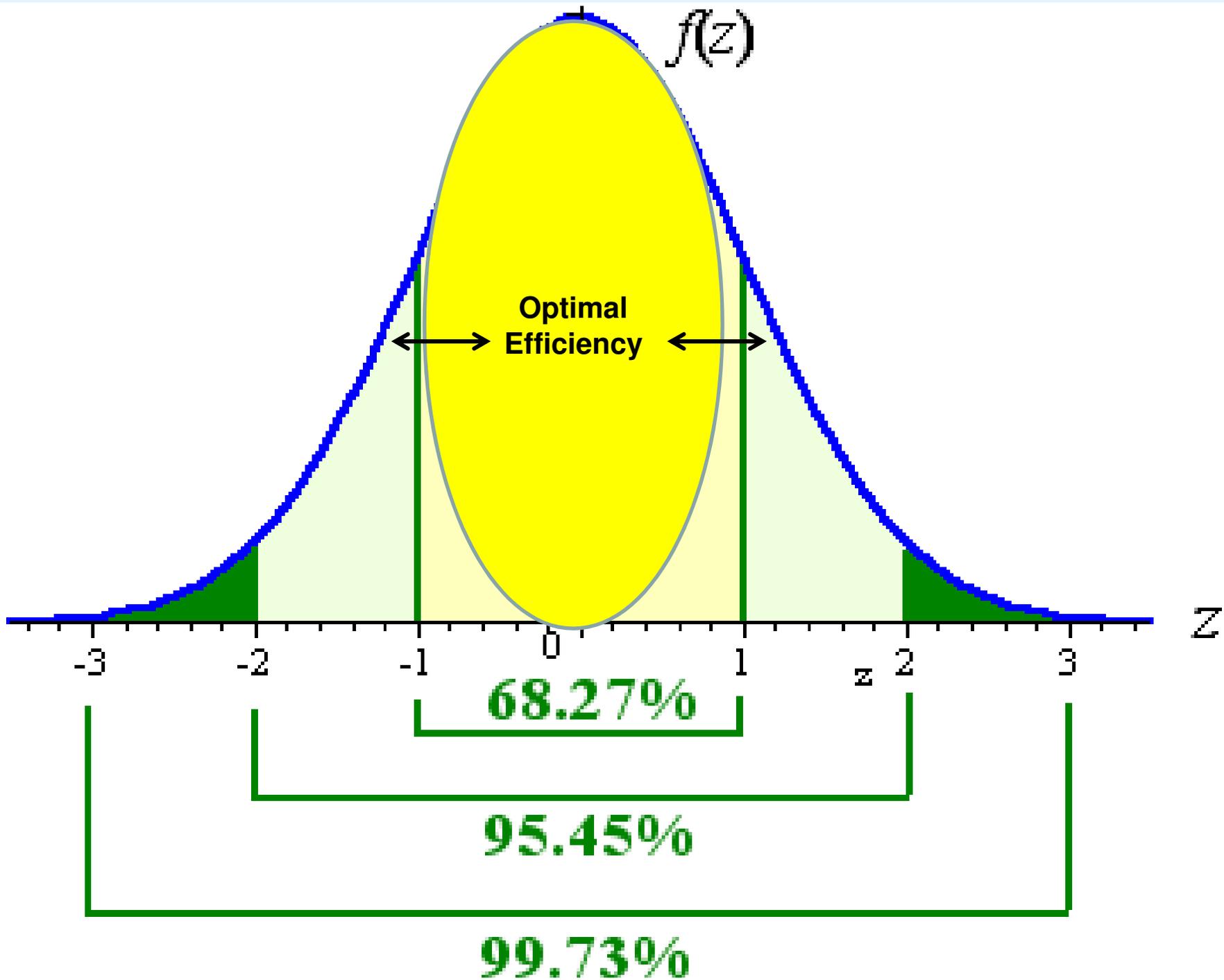
4- Smart Phone and Tablet Technology

Moment-to-Moment “Regulation” and “Dysregulation”

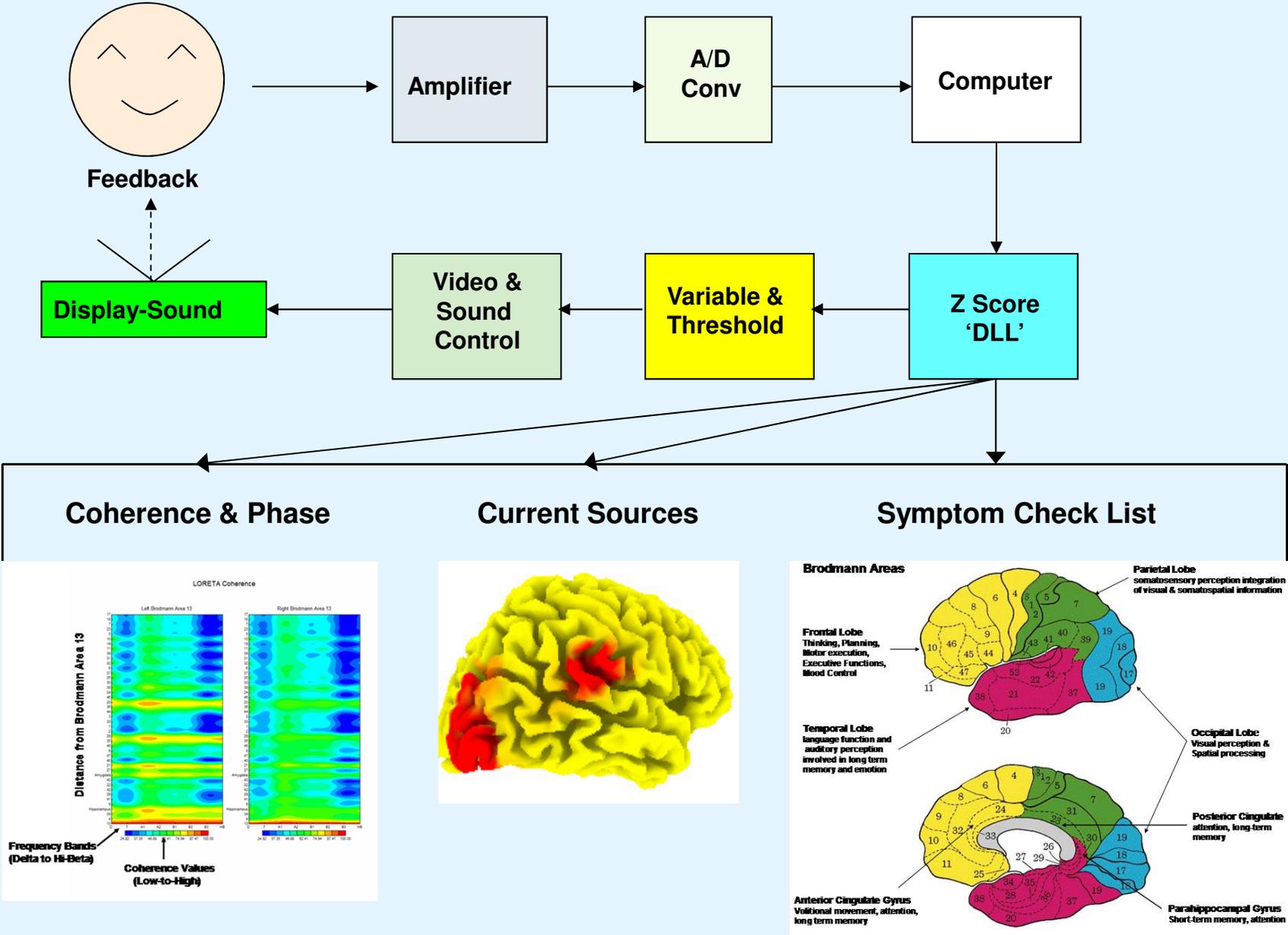


TBI Demo Right Parietal Lobe Alternating Degrees of Regulation Biofeedback's Goal is to Reduce the Frequency, Duration and Intensity of Dysregulation





Neuroimaging Neurofeedback - Fort Campbell



The impact of source-localized EEG phase neurofeedback on brain activity

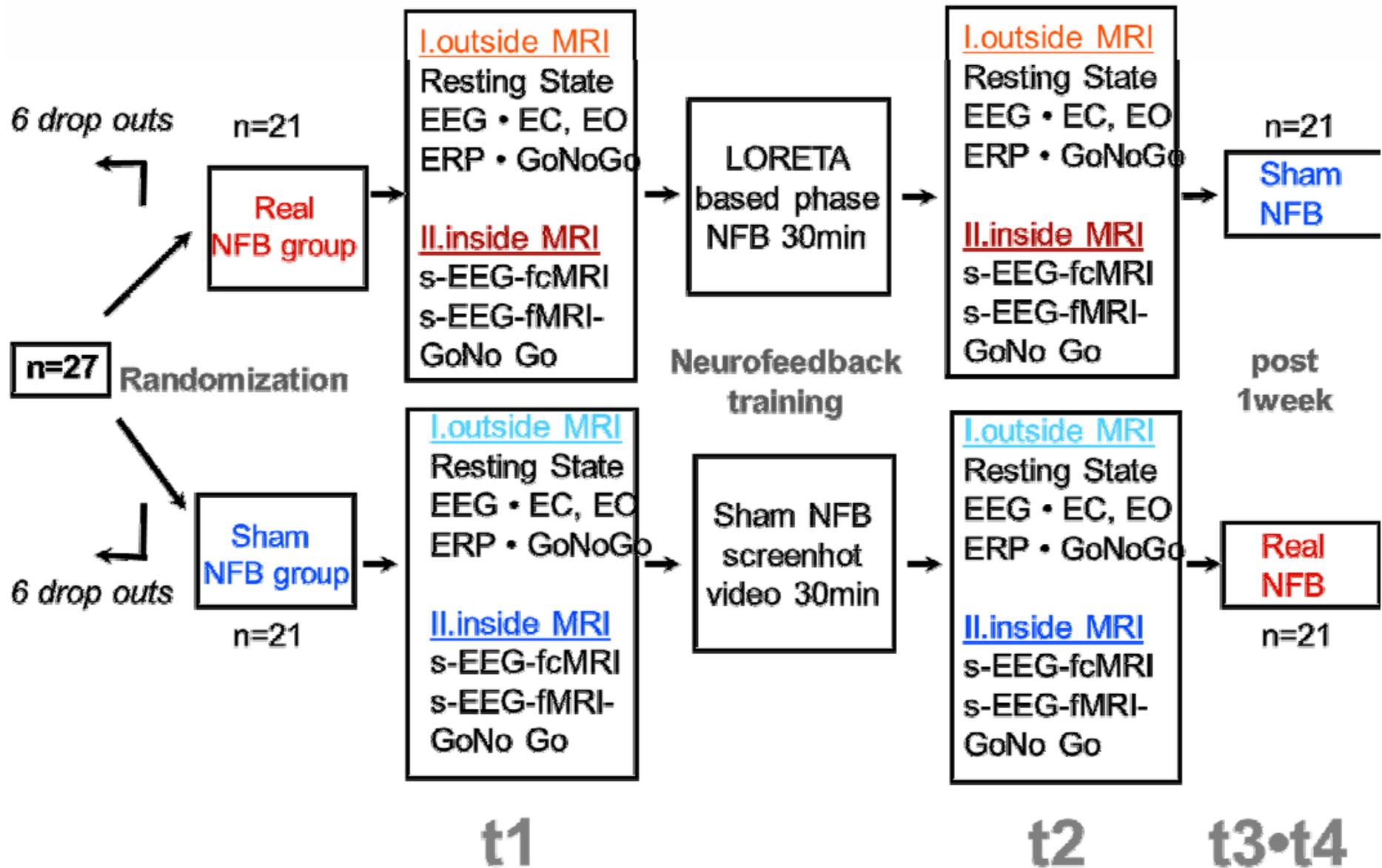
A double-blinded placebo-controlled study using simultaneously EEG-fMRI – preliminary results

Daniel Keeser

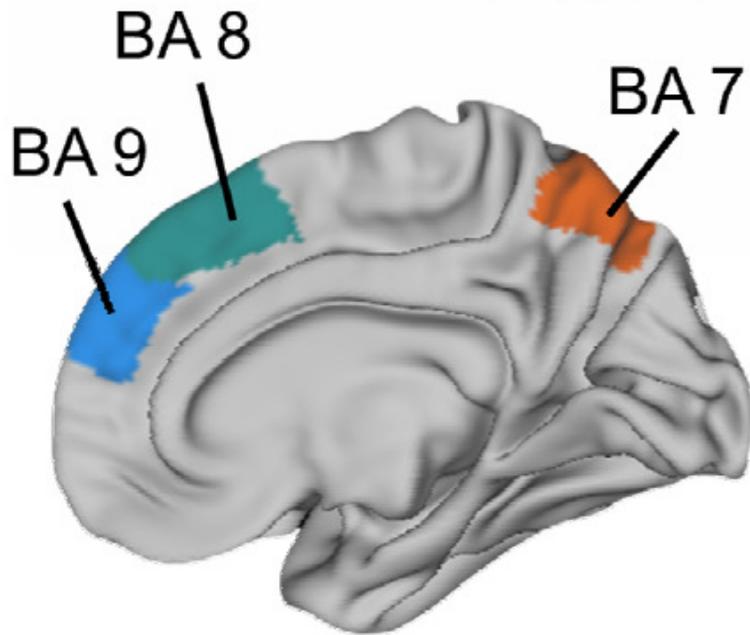
Valerie Kirsch, Boris Rauchmann, Brian Stamm, Paul Reidler, Robert Thatcher, Susanne Karch, Oliver Pogarell, Birgit Ertl-Wagner



s-EEG-fcMRI neurofeedback study design

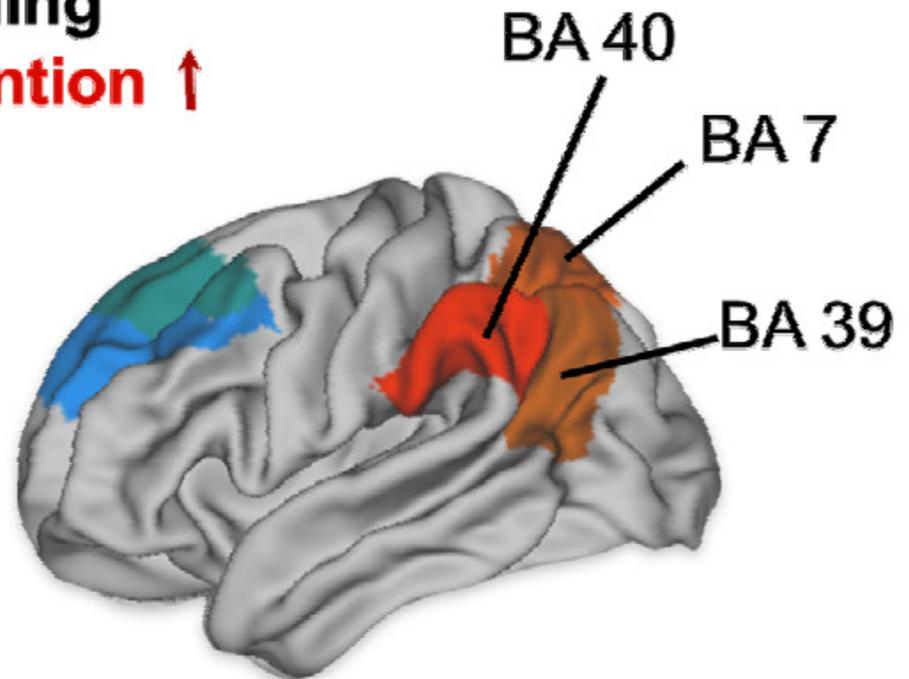
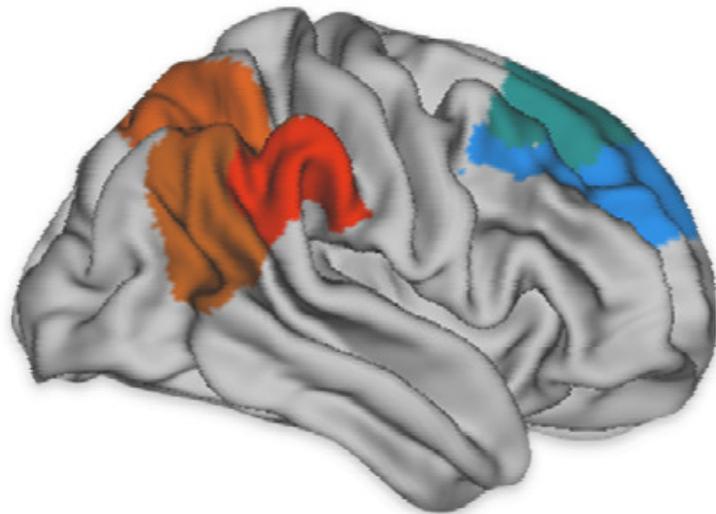


NFB protocol

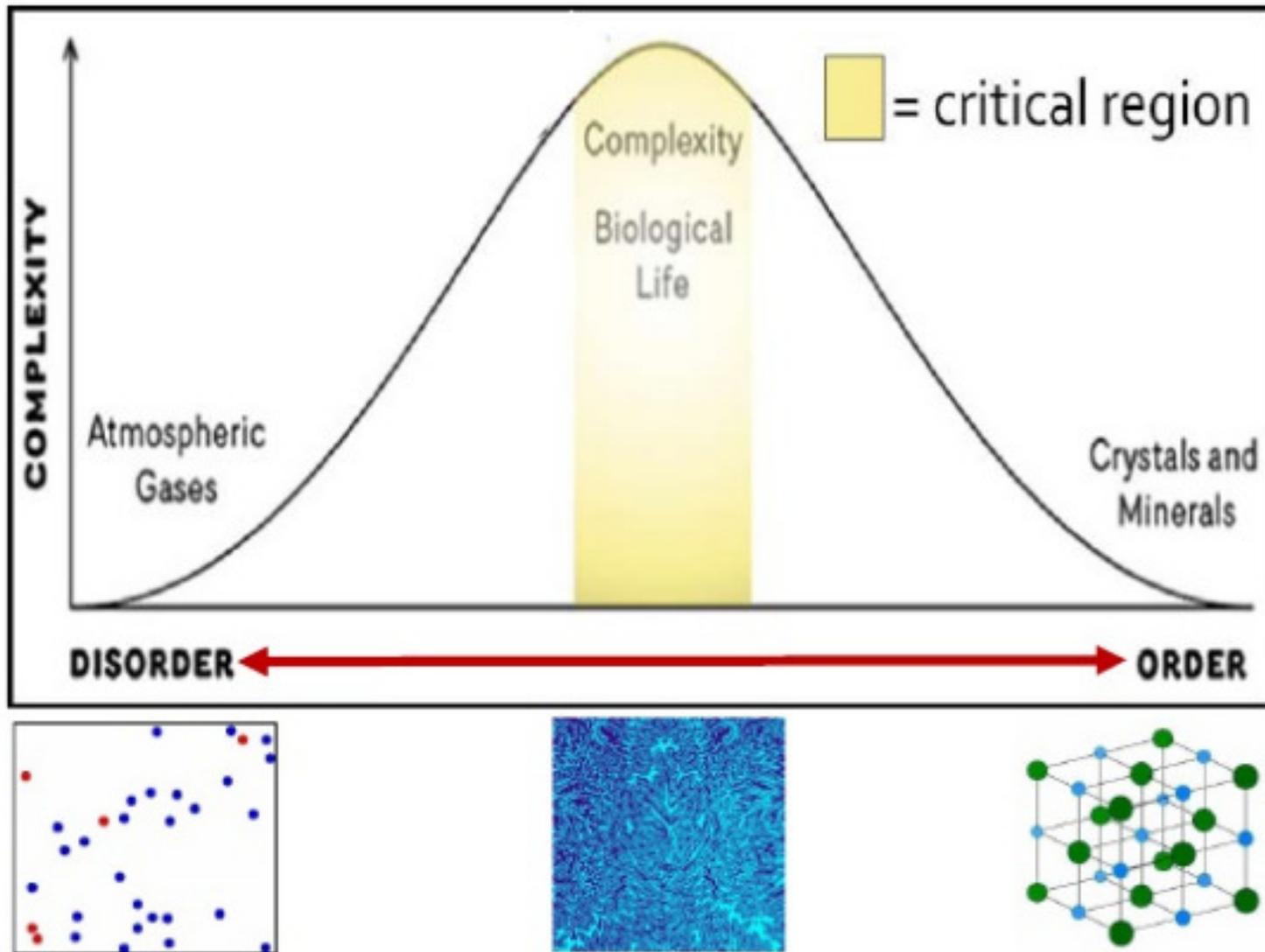


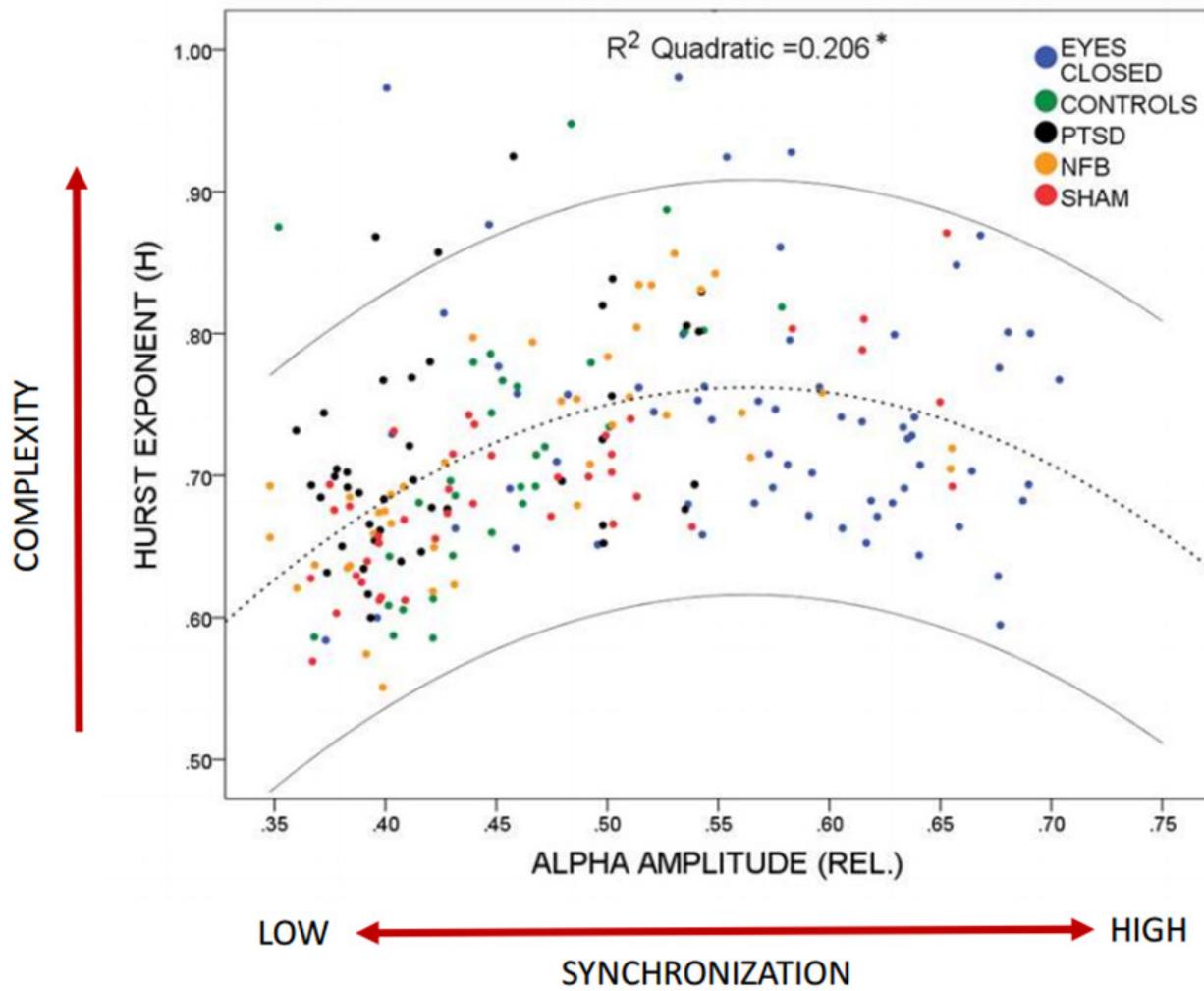
Alpha 1 (8-10 Hz)
Alpha 2 (10-12 Hz)
Beta 1 (12-15 Hz)

EEG phase
training
Attention ↑

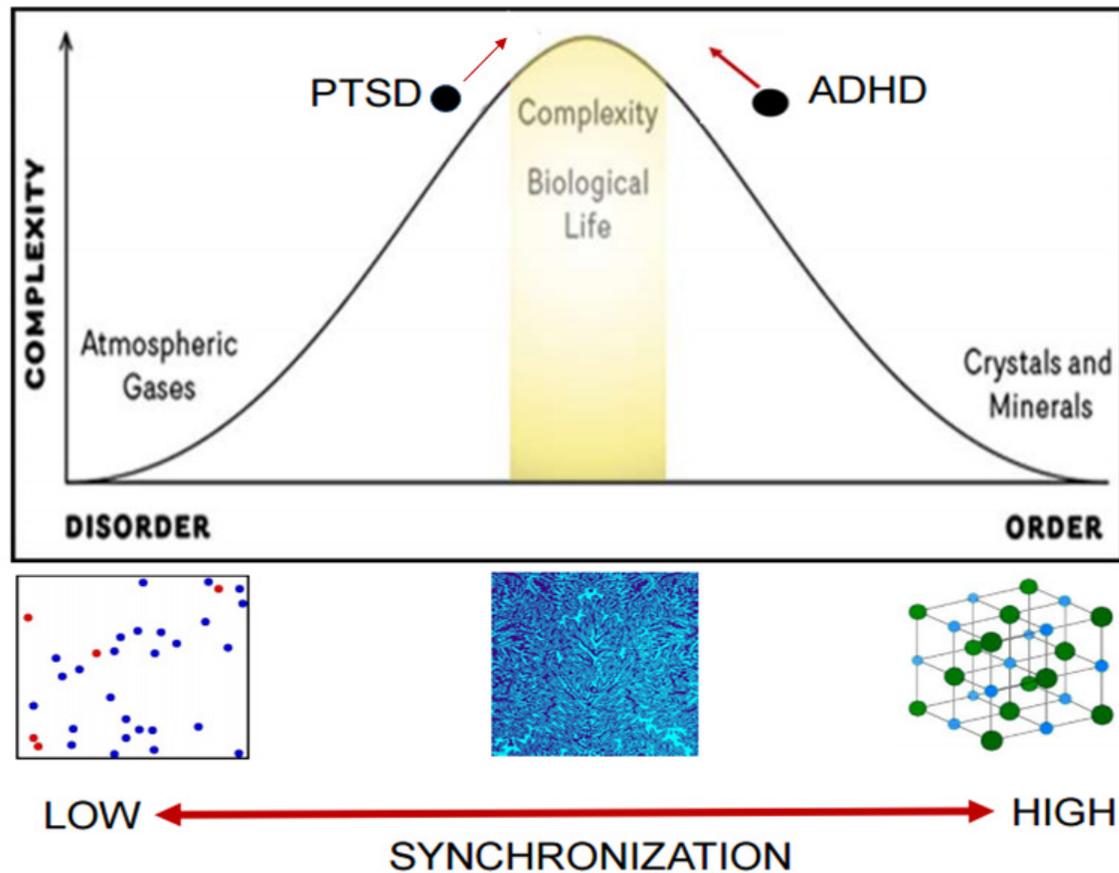


The Theory of Self-Organised Criticality





Self-Organised Criticality: a potential mechanism?





Tuning pathological brain oscillations with neurofeedback: a systems neuroscience framework

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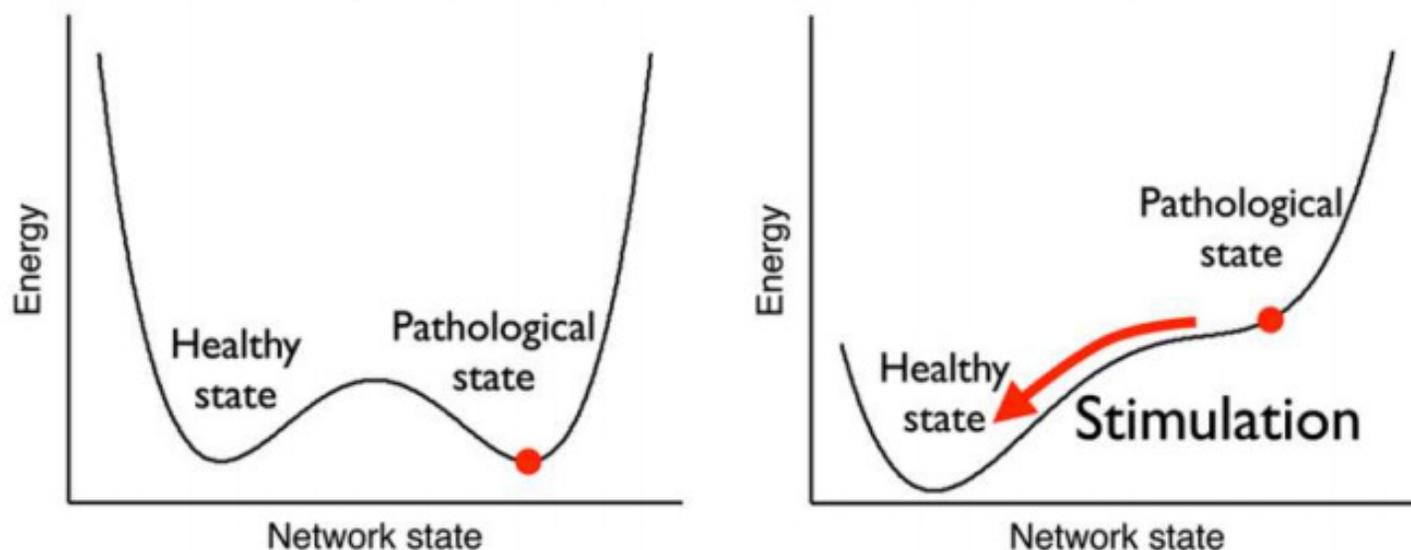
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Select a Network or Symptoms, Frequency and Metric

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Network		Severity			
Addiction	0				
Anxiety	0				
Attention - Dorsal	0				
Attention - Ventral	0				
Attention - Emotional	0				
Default Mode	0				
Executive Function	0				
Face, Object Recognition	0				
Language	0				
Memory - Emotion	0				
Mirror Neuron	0				
Mood	0				
Pain	0				
Pleasure	0				
Salience	0				
Schizophrenia	0				
Working Memory	0				
DTI - Frontal Limbic	0				
DTI - Frontal Occipital	0				
DTI - Frontal Parietal	0				
DTI - Frontal Temporal	0				
DTI - Local Frontal	0				
DTI - Local Limbic	0				
DTI - Local Occipital	0				
DTI - Local Parietal	0				
DTI - Local Temporal	0				
Hagmann Module 1 (Vision)	0				
Hagmann Module 2 (Attention, Working Memory)	0				
Hagmann Module 3 (Auditory, Language, Memory)	0				
Hagmann Module 4 (Auditory, Language, Memory)	0				
Hagmann Module 5 (Executive, Sequential Planning)	0				
Hagmann Module 6 (Executive, Social Skills)	0				
Isocortex Hippocampocentric	0				
Isocortex Olfactocentric	0				
Mesocortex Hippocampocentric	0				
Mesocortex Olfactocentric	0				
Mesulam - Emotional Memory	0				
Mesulam - Executive Function	0				
Mesulam - Face/Object Identification	0				
Mesulam - Language	0				
Mesulam - Spatial Attention	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Intrinsic Connectivity Network		Severity			
ICN 1 (Limbic, Medial-Temporal, Emotion)	0				
ICN 2 (Reward, Emotion)	0				
ICN 4 (Language, Executive)	0				
ICN 6 (Premotor, Supplemental Motor)	0				
ICN 7 (Visual-Spatial Processing)	0				
ICN 8, 17 (Primary Sensory Motor)	0				
ICN 9 (Parietal)	0				
ICN 10 (Picture Naming, Visual Tracking)	0				
ICN 11, 12 (Visual System)	0				
ICN 13 (Default Mode Network)	0				
ICN 15 (Right Hemisphere, Attention, Reasoning, Memory)	0				
ICN 16 (Auditory, Music)	0				
ICN 18 (Left Hemisphere, Language)	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Neuropsychological Diagnosis		Severity			
Agnosia of Action Apperceptive	0				
Agnosia of Action Associative	0				
Agnosia Auditory Apperceptive	0				
Agnosia Auditory Associative	0				
Agnosia Auditory Space	0				
Agnosia Prosopagnosia (Face)	0				
Agnosia Social Emotional	0				
Agnosia Social of Action - Theory of Mind	0				
Agnosia Somatosensory Autotopagnosia	0				
Agnosia Somatosensory Finger	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Symptom / Complaint		Severity			
Attention - Re-Experiences Intrusive Memories	0				
Attention - Emotional Numbing	0				
Attention - Distracting Pain	0				
Attention - Difficulty Multi-Tasking	0				
Attention - Worsens with Emotional Stress	0				
Attention - Dissociative Episodes	0				
Attention - Worsens With Withdrawal Symptoms	0				
Chronic Pain - Neuropathic	0				
Chronic Pain - Musculoskeletal	0				
Chronic Pain - Diffuse Pain (Entire Body)	0				

Symptoms		ICN	Networks	Neuropsychological	DoD/VA
Symptom / Complaint		Severity			
Anosognosia - Denial of a Problem	0				
Anxiety	0				
Attention Deficits - Easily Distractable	0				
Auditory Sequencing Problems	0				
Balance Problems	0				
Blurred Vision	0				
Chronic Pain	0				
Compulsive Behaviors and/or Thoughts	0				
Concentration Problems	0				
Decreased Tactile or Skin Sensitivity	0				
Delusional	0				
Depression (Sad & Blue)	0				
Difficulty Comprehending Social Cues	0				
Dyscalcula - Problems Calculating	0				
Dyslexia - Letter Reversal	0				
Executive Function Problems	0				
Face Recognition Problems	0				
Failure to Initiate Actions	0				
Hyperactive and/or Agitation	0				
Impulsive Behaviors	0				
Insensitive to Others Emotional Expressions	0				
Insensitive to Other's Feelings	0				
Low Motivation	0				
Low Threshold for Anger & Loss of Control	0				
Migrane Headaches	0				
Mood Swings	0				
Multi-Tasking Problems	0				
Obsessive Thoughts about Self	0				
Obsessive Thoughts and/or Hyper Focused	0				
Oppositional Defiant Conduct	0				
Orientation in Space Problems	0				
Perception of Letters Problems	0				
Poor Judgement	0				
Poor Skilled Motor Movements	0				
Poor Social Skills	0				
Receptive Language Problems	0				
Recognizing Objects by Touch Problems	0				
Self-Esteem Problems	0				
Sequential Planning Problems	0				
Short-Term Memory Problems	0				
Slow Reader	0				
Slowness of Thought - Easily Confused	0				
Spatial Perception Problems	0				
Speech Articulation Problems	0				
Substance Abuse	0				
Symptoms of Fibromyalgia	0				
Word Finding Problems	0				

Z Score Neurofeedback Panel

Select Protocol, Session Rounds or Progress Tabs

Select Frequency Bands for 1 to 19 Channels & Combinations of Channels for Cross-Spectra

Select a Metric
(Power, Phase, Coherence, or Amplitude Asymmetry)

Select Montage
Linked Ears,
Average Reference
& Laplacian

Z Score Threshold
Reward if Less Than
or Greater Than

Event Integration
Interval (Variability)

Symptom Check List

Z Tunes is the
Reward Default

Save, Load
& Cancel

Begin or End
Session

Sound
On/Off

Visual Displays &
DVD & MM Players

The screenshot shows the 'Surface Neurofeedback' software window. It features several panels and controls:

- Protocol, Session Rounds, Progress:** Tabs at the top of the main window.
- Metric:** A list of radio buttons for selecting a metric: Absolute Power (selected), Relative Power, Power Ratio, Amplitude Asymmetry, Coherence, Absolute Phase, Phase Shift, and Phase Lock.
- Frequency:** A list of radio buttons for selecting frequency bands: Delta (selected), Theta, Alpha, Beta, High Beta, Alpha 1, Alpha 2, Beta 1, Beta 2, Beta 3, D/T, D/A, D/B, D/HB, T/A, T/B, T/HB, A/B, A/HB, and B/HB.
- Montage Reference:** Radio buttons for Linked Ears (selected), Average Reference, and Laplacian.
- Upper Z:** A numeric input field set to 2.00.
- Lower Z:** A numeric input field set to -2.00.
- Metrics Selected:** A numeric input field set to 130.
- Window:** A numeric input field set to 0.25 sec.
- Display:** A dropdown menu set to 'Cz Head'.
- Monitor:** A numeric input field set to 1.
- Method:** A dropdown menu set to 'Z-Tunes'.
- Sound:** A dropdown menu set to 'Off'.
- Buttons:** Symptom Check List, Apply, Cancel, Save, Load, Reset, Begin Session, End Session, and Close.
- Auto Spectra Channels - Absolute Power:** A table with columns for channels and a 'Delete' button below it.

Channel	D	T	A	B	HB
FP1					
FP2					
F3					
F4					
C3					
C4					
P3					
P4					
O1					
O2					
F7					
F8					
T3					
T4					
T5					
T6	D				
Fz					
Cz					
Pz					

Neuroimaging Neurofeedback Symptom Check List

Click Symptoms or Neuropsychological Diagnoses or DoD/VA List or Networks & Severity

List of Matching Brodmann Areas

List of Symptoms

Anatomical Hypotheses

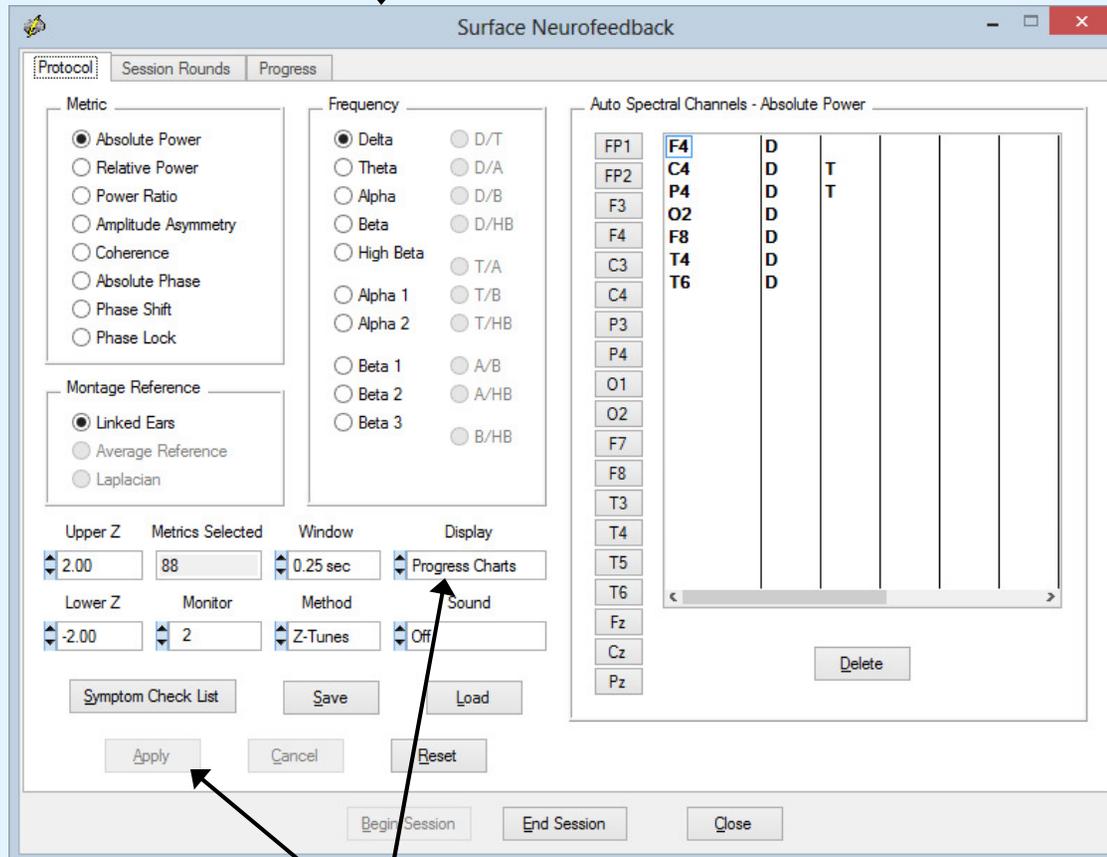
The screenshot shows the 'Symptom Check List' application window. It features a tabbed interface with 'Symptoms', 'Neuropsychological', 'DoD/VA', 'Networks', and 'ICN' tabs. The 'Symptoms' tab is active, displaying a list of symptoms and their severity scores. Below this, there are three columns for 'Hypothesis', 'Match', and 'Mismatch', each containing a table of Brodmann areas and hemispheres. To the right of the main window, two brain maps are shown, illustrating the anatomical hypotheses for the selected symptoms. The top map shows Brodmann areas 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. The bottom map shows Brodmann areas 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

Symptom / Complaint	Severity
Mood - Hyperarousal	0
Concussion - Difficulty Multi-Tasking	0
Concussion - Short-Term Memory Problems	0
Concussion - Difficulty Concentrating	10
Concussion - Sleep Problems	0
Concussion - Balance Problems	0
Concussion - Problems Controlling Anger	0
Concussion - Depressed Mood	0
PTSD - Hyperarousal	0
PTSD - Sudden Fear Reactions	0

Hypothesis		Match		Mismatch	
Brodmann	Hem	Brodmann	Hem	Brodmann	Hem
9	Left	9	Right	1	Right
9	Right	10	Left	2	Right
10	Left	10	Right	3	Right
10	Right	11	Left	4	Left
11	Left	11	Right	4	Right
11	Right	23	Left	5	Left
23	Left	23	Right	5	Right
23	Right	24	Left	6	Left
24	Left	24	Right	6	Right
24	Right	30	Left	7	Left

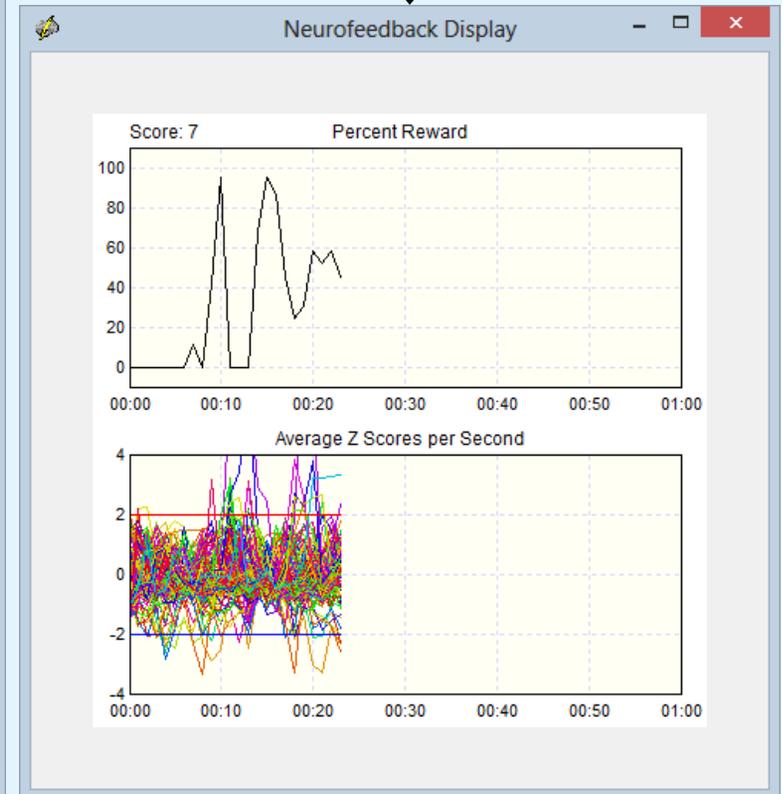
Use the Progress Chart as a Feedback Display

Neurofeedback Setup Panel



Select Progress Charts as Feedback to a Client and then Click Apply

Move the Display to the Client's Monitor



Move to the Client's Monitor

Progress Charts to be Monitored by the Clinician During Neurofeedback

Toggle Back & Forth between Protocol Window & Progress Charts

Red Mark Designates Settings Change

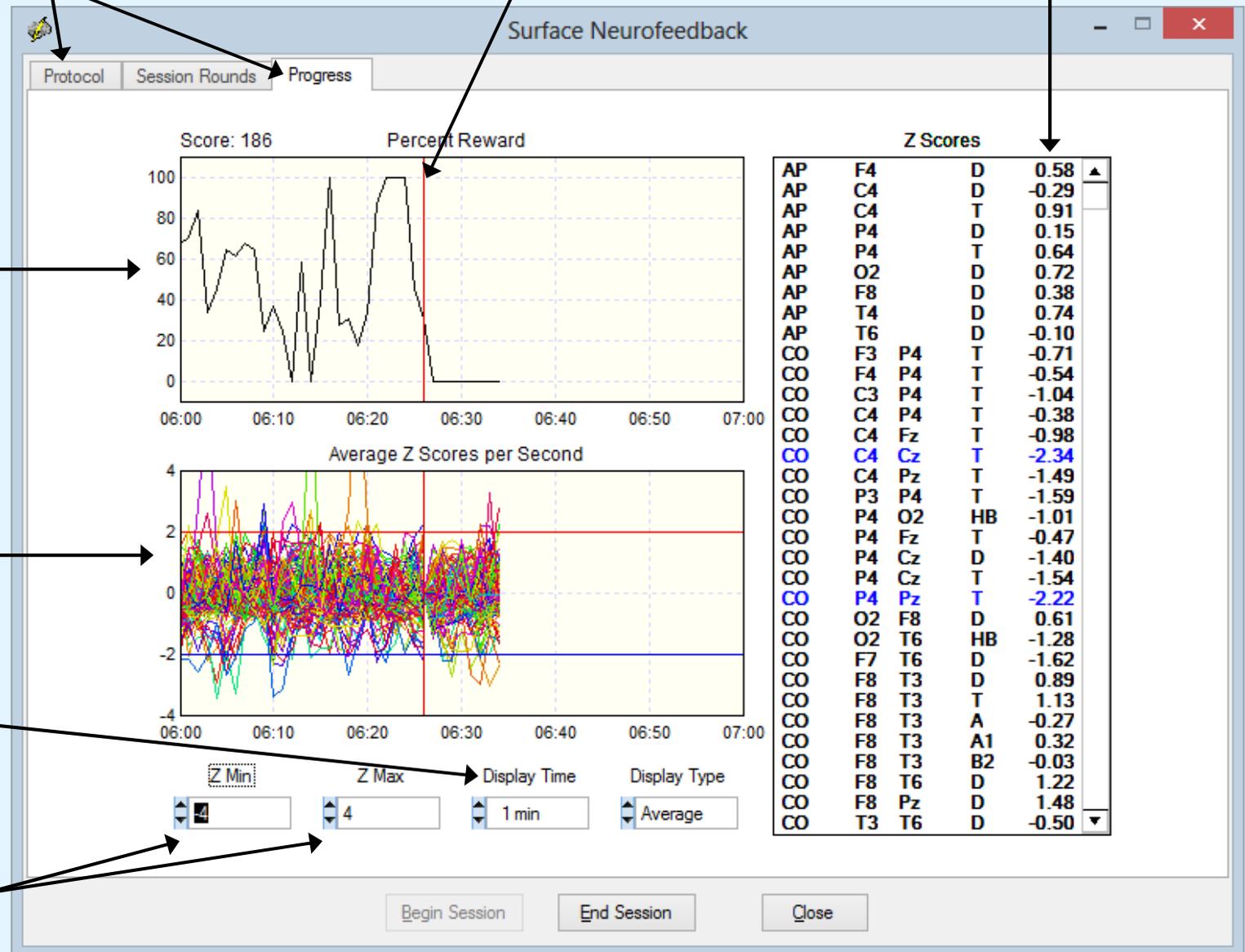
View Instantaneous Z Scores

Percentage of Time that a Reward was Delivered (per sec)

Average Z Scores Updated Each Second

Display Time Base 1 min to 30 min

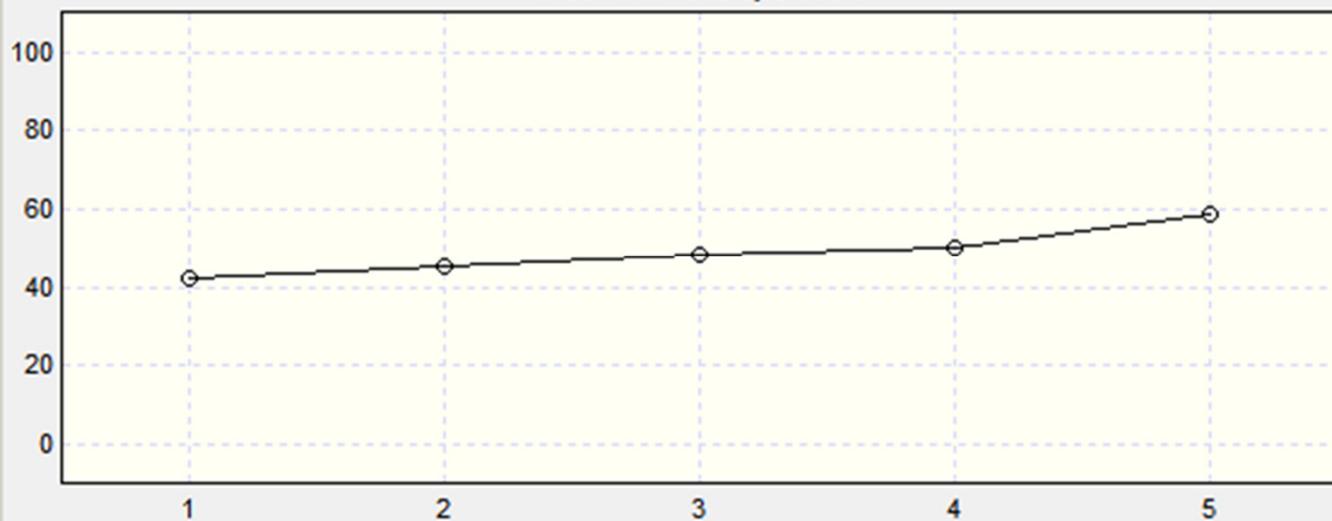
Z Score Range



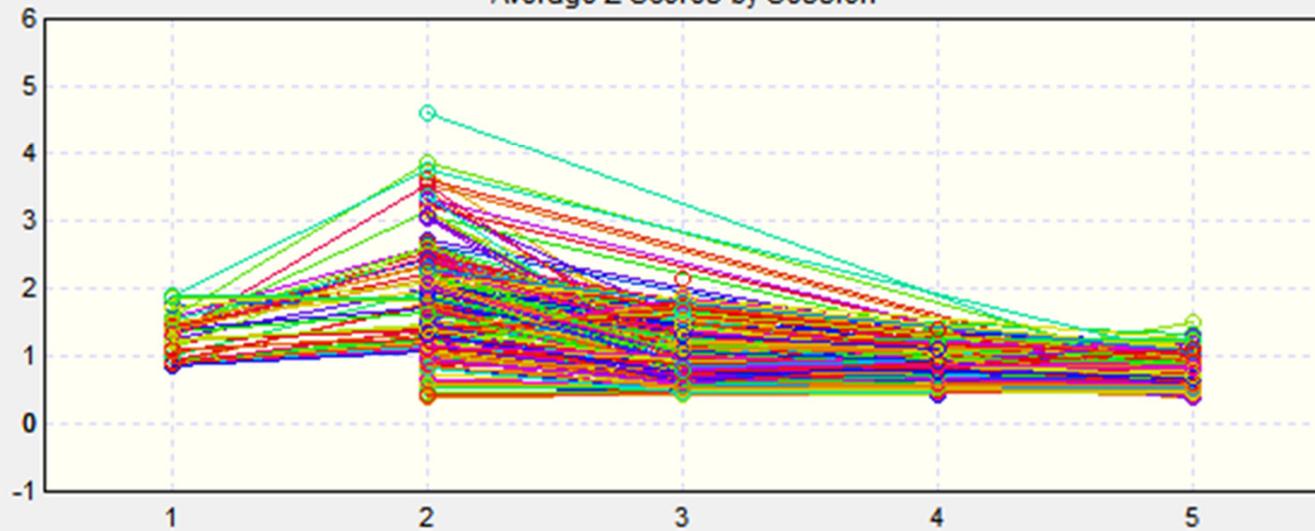
Plot Selections

Plotted Data

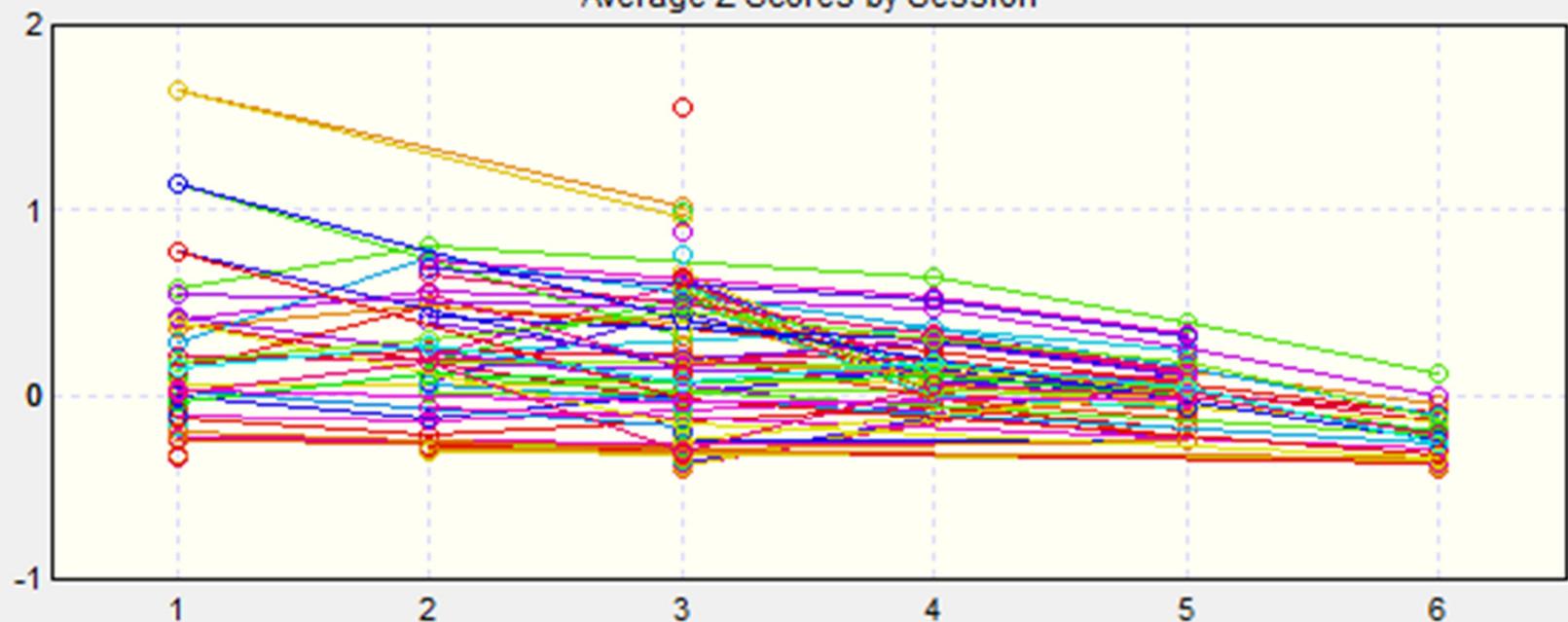
Percent Reward by Session



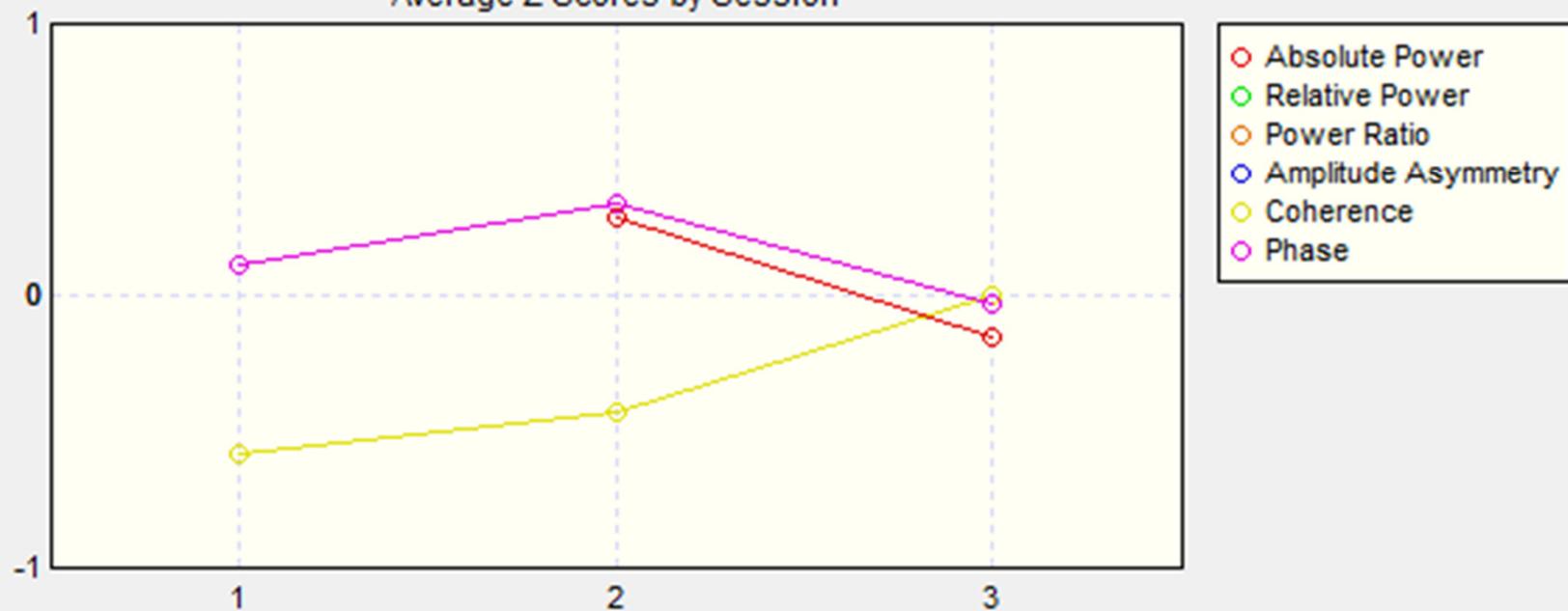
Average Z Scores by Session



Average Z Scores by Session



Average Z Scores by Session

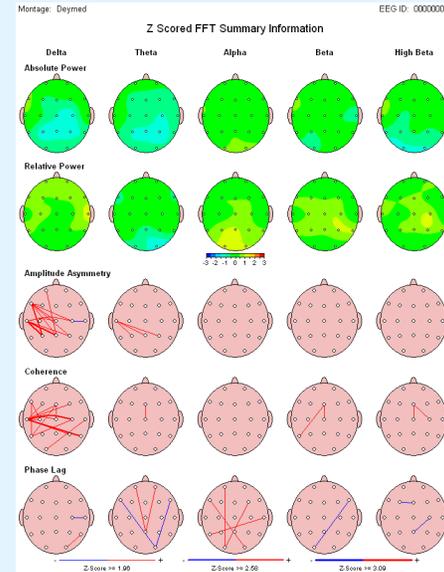
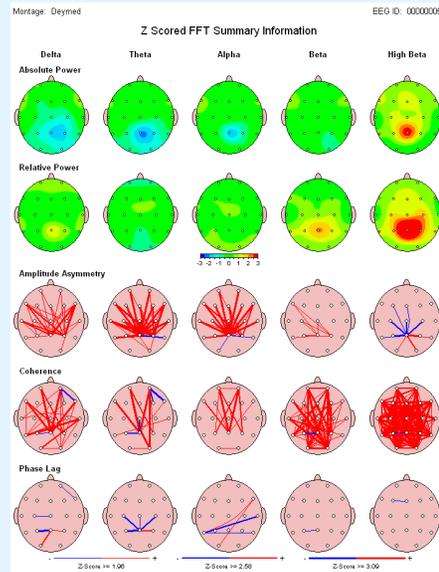


Examples of Surface EEG Changes After EEG Neurofeedback

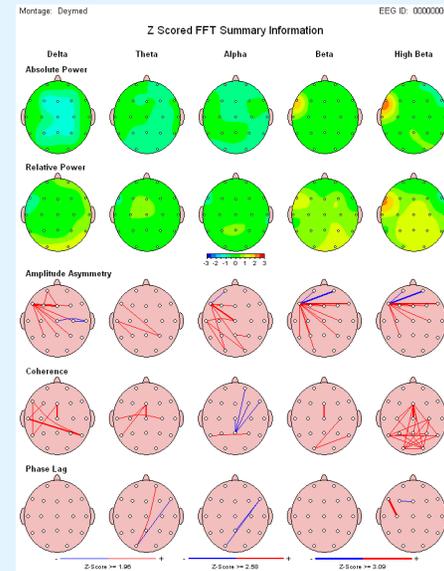
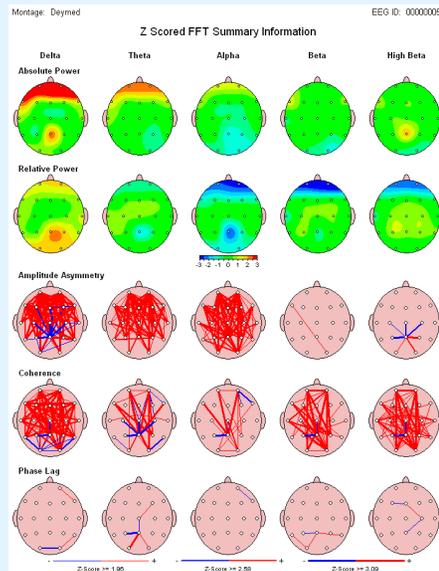
Pre-Treatment

Post – 10 Treatments

TBI Subject #1



TBI Subject #2

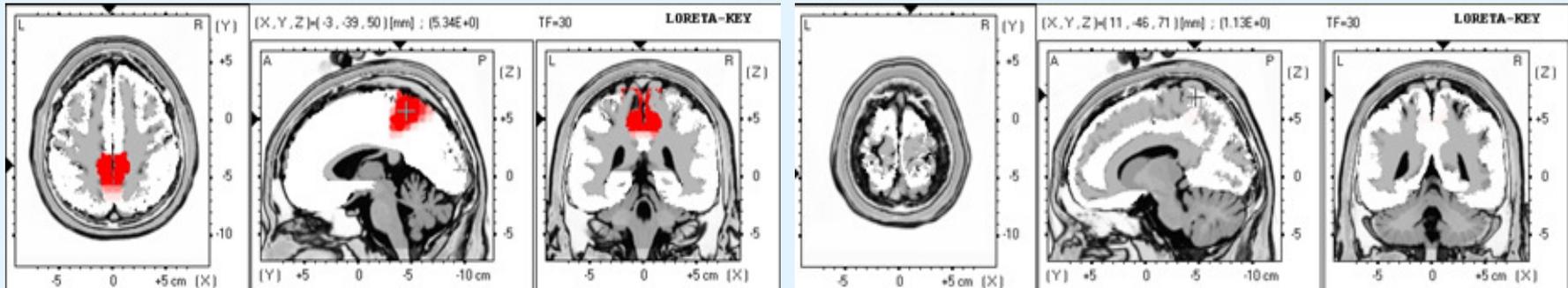


Examples of Electrical Neuroimaging After Neurofeedback

Pre-Treatment

Post – 10 Treatments

S #1



S #2

