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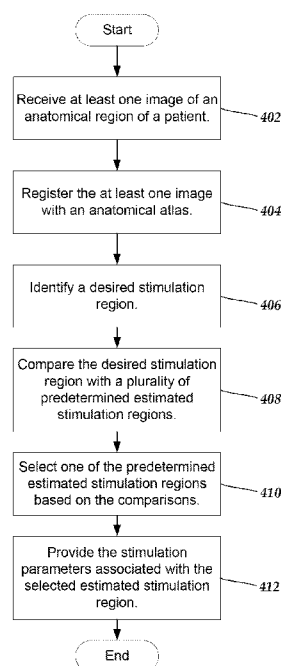


Fig. 4

(57) Abstract: A system or method for identifying sets of stimulation parameters can include receiving at least one image of a region of a patient; registering the at least one image with an anatomical or physiological atlas that identifies different anatomical or physiological structures; identifying a desired stimulation region using the at least one image; comparing the desired stimulation region with each of a plurality of predetermined estimated stimulation regions, where each of the estimated stimulation regions is a calculated estimate of a stimulation volume for a corresponding set of electrical stimulation parameters; selecting one of the predetermined estimated stimulation regions based on the comparing; and providing the corresponding set of electrical stimulation parameters for the selected one of the predetermined estimated stimulation regions to a user or an electrical stimulation device. Other systems or methods use functional maps or subregions of a region of synchronous neural activity to identify stimulation parameters.

SYSTEMS AND METHODS FOR SELECTING STIMULATION PARAMETERS BASED ON STIMULATION TARGET REGION, EFFECTS, OR SIDE EFFECTS

CROSS-REFERENCE TO RELATED APPLICATIONS

This application claims the benefit under 35 U.S.C. § 119(e) of U.S. Provisional
5 Patent Application Serial No. 62/186,184, filed June 29, 2015, which is incorporated
herein by reference.

FIELD

The present invention is directed to the area of implantable electrical stimulation
systems and methods of making and using the systems. The present invention is also
10 directed to methods of selecting stimulation parameters based on desired stimulation
effects or undesired stimulation side effects.

BACKGROUND

Implantable electrical stimulation systems have proven therapeutic in a variety of
diseases and disorders. For example, spinal cord stimulation systems have been used as a
15 therapeutic modality for the treatment of chronic pain syndromes. Peripheral nerve
stimulation has been used to treat chronic pain syndrome and incontinence, with a number
of other applications under investigation. Functional electrical stimulation systems have
been applied to restore some functionality to paralyzed extremities in spinal cord injury
patients. Stimulation of the brain, such as deep brain stimulation, can be used to treat a
20 variety of diseases or disorders.

Stimulators have been developed to provide therapy for a variety of treatments. A
stimulator can include a control module (with a pulse generator), one or more leads, and
an array of stimulator electrodes on each lead. The stimulator electrodes are in contact
with or near the nerves, muscles, or other tissue to be stimulated. The pulse generator in
25 the control module generates electrical pulses that are delivered by the electrodes to body
tissue.

BRIEF SUMMARY

One embodiment is a system for identifying a set of stimulation parameters, the
system includes a computer processor configured and arranged to perform the following
30 actions: identifying a desired stimulation region; comparing the desired stimulation

region with each of a plurality of predetermined stimulation regions, where each of the stimulation regions can be a defined region or a calculated estimate of a stimulation volume for a corresponding set of electrical stimulation parameters using an electrical stimulation lead; selecting one of the predetermined stimulation regions based on the
5 comparing; and providing the corresponding set of electrical stimulation parameters for the selected one of the predetermined stimulation regions to a user or an electrical stimulation device.

Another embodiment is a non-transitory computer-readable medium having processor-executable instructions for identifying a set of stimulation parameters, the
10 processor-executable instructions when installed onto a device enable the device to perform actions, including: identifying a desired stimulation region; comparing the desired stimulation region with each of a plurality of predetermined stimulation regions, where each of the stimulation regions can be a defined region or a calculated estimate of a stimulation volume for a corresponding set of electrical stimulation parameters using an
15 electrical stimulation lead; selecting one of the predetermined stimulation regions based on the comparing; and providing the corresponding set of electrical stimulation parameters for the selected one of the predetermined stimulation regions to a user or an electrical stimulation device.

Yet another embodiment is a method for identifying a set of stimulation
20 parameters. The method includes identifying a desired stimulation region; comparing the desired stimulation region with each of a plurality of predetermined stimulation regions, where each of the stimulation regions can be a defined region or a calculated estimate of a stimulation volume for a corresponding set of electrical stimulation parameters using an electrical stimulation lead; selecting one of the predetermined stimulation regions based
25 on the comparing; and providing the corresponding set of electrical stimulation parameters for the selected one of the predetermined stimulation regions to a user or an electrical stimulation device.

In at least some embodiments of the system, non-transitory computer-readable medium, or method described above, the actions further comprise: receiving at least one
30 image of an anatomical or physiological region of a patient; and registering the at least one image with an anatomical or physiological atlas that identifies a plurality of different

anatomical or physiological structures; where identifying a desired stimulation region comprises identifying a desired stimulation region using the at least one image. In at least some embodiments of the system, non-transitory computer-readable medium, or method described above, receiving at least one image includes receiving an image with the electrical stimulation lead implanted within the anatomical or physiological region. In at least some embodiments of the system, non-transitory computer-readable medium, or method described above, receiving at least one image includes receiving a first image of an anatomical or physiological region and a second image of the anatomical or physiological region with the electrical stimulation lead implanted within the anatomical or physiological region.

A further embodiment is a system for identifying a set of stimulation parameters, the system includes a computer processor configured and arranged to perform the following acts: providing at least one functional map identifying anatomical or physiological volumes that, when stimulated, produce at least one stimulation effect or stimulation side effect in at least one patient along with an estimate of a likelihood that the anatomical or physiological volume will produce the at least one stimulation effect or stimulation side effect; identifying at least one desired stimulation effect or undesired stimulation side effect; using the at least one functional map, identifying a desired stimulation region that produces the at least one desired stimulation effect at a predetermined threshold likelihood or avoid the undesired stimulation side effect at a predetermined threshold likelihood; comparing the desired stimulation region with each of a plurality of stimulation regions, where each of the stimulation regions is a calculated estimate of a stimulation volume for a corresponding set of electrical stimulation parameters using an electrical stimulation lead; selecting one of the stimulation regions based on the comparing; and providing the corresponding set of electrical stimulation parameters for the selected one of the stimulation regions to a user or an electrical stimulation device.

Another embodiment is a non-transitory computer-readable medium having processor-executable instructions for identifying a set of stimulation parameters, the processor-executable instructions when installed onto a device enable the device to perform actions, including: providing at least one functional map identifying anatomical

or physiological volumes that, when stimulated, produce at least one stimulation effect or stimulation side effect in at least one patient along with an estimate of a likelihood that the anatomical or physiological volume will produce the at least one stimulation effect or stimulation side effect; identifying at least one desired stimulation effect or undesired stimulation side effect; using the at least one functional map, identifying a desired stimulation region that produces the at least one desired stimulation effect at a predetermined threshold likelihood or avoid the undesired stimulation side effect at a predetermined threshold likelihood; comparing the desired stimulation region with each of a plurality of estimated stimulation regions, where each of the estimated stimulation regions is a calculated estimate of a stimulation volume for a corresponding set of electrical stimulation parameters using an electrical stimulation lead; selecting one of the estimated stimulation regions based on the comparing; and providing the corresponding set of electrical stimulation parameters for the selected one of the estimated stimulation regions to a user or an electrical stimulation device.

Yet another embodiment is a method for identifying a set of stimulation parameters. The method includes providing at least one functional map identifying anatomical or physiological volumes that, when stimulated, produce at least one stimulation effect or stimulation side effect in at least one patient along with an estimate of a likelihood that the anatomical or physiological volume will produce the at least one stimulation effect or stimulation side effect; identifying at least one desired stimulation effect or undesired stimulation side effect; using the at least one functional map, identifying a desired stimulation region that produces the at least one desired stimulation effect at a predetermined threshold likelihood or avoid the undesired stimulation side effect at a predetermined threshold likelihood; comparing the desired stimulation region with each of a plurality of estimated stimulation regions, where each of the estimated stimulation regions is a calculated estimate of a stimulation volume for a corresponding set of electrical stimulation parameters using an electrical stimulation lead; selecting one of the estimated stimulation regions based on the comparing; and providing the corresponding set of electrical stimulation parameters for the selected one of the estimated stimulation regions to a user or an electrical stimulation device.

In at least some embodiments of the system, non-transitory computer-readable medium, or method described above, identifying the desired stimulation region includes selecting the desired stimulation region to produce the at least one desired stimulation effect and to avoid any stimulation side effects above a threshold likelihood. In at least
5 some embodiments of the system, non-transitory computer-readable medium, or method described above, identifying the desired stimulation region includes selecting the desired stimulation region to produce the at least one desired stimulation effect and to avoid at least one identified stimulation side effect above a threshold likelihood. In at least some
10 embodiments of the system, non-transitory computer-readable medium, or method described above, providing at least one functional map includes providing at least one functional map with scores associated with the anatomical or physiological volumes, each score being associated with at least one of the stimulation effects or stimulation side effects.

A further embodiment is a system for identifying a set of stimulation parameters
15 that includes a computer processor configured and arranged to perform the following acts: identifying a region of synchronous neural activity; dividing the region into a plurality of subregions; comparing the plurality of subregions with each of a plurality of estimated stimulation regions, where each of the estimated stimulation regions is a calculated
20 estimate of a stimulation volume for a corresponding set of electrical stimulation parameters using an electrical stimulation lead; selecting, for each of the subregions, one of the estimated stimulation regions based on the comparisons such that each of the selected estimated stimulation regions overlaps with any of the other selected estimated stimulation regions by no more than a predetermined threshold; and providing the
25 corresponding set of electrical stimulation parameters for each of the selected estimated stimulation regions to a user or an electrical stimulation device.

Another embodiment is a non-transitory computer-readable medium having processor-executable instructions for identifying a set of stimulation parameters, the processor-executable instructions when installed onto a device enable the device to perform actions, including: identifying a region of synchronous neural activity; dividing
30 the region into a plurality of subregions; comparing the plurality of subregions with each of a plurality of estimated stimulation regions, where each of the estimated stimulation

regions is a calculated estimate of a stimulation volume for a corresponding set of electrical stimulation parameters using an electrical stimulation lead; selecting, for each of the subregions, one of the estimated stimulation regions based on the comparisons such that each of the selected estimated stimulation regions overlaps with any of the other
5 selected estimated stimulation regions by no more than a predetermined threshold; and providing the corresponding set of electrical stimulation parameters for each of the selected estimated stimulation regions to a user or an electrical stimulation device.

Yet another embodiment is a method for identifying a set of stimulation parameters. The method includes identifying a region of synchronous neural activity;
10 dividing the region into a plurality of subregions; comparing the plurality of subregions with each of a plurality of estimated stimulation regions, where each of the estimated stimulation regions is a calculated estimate of a stimulation volume for a corresponding set of electrical stimulation parameters using an electrical stimulation lead; selecting, for each of the subregions, one of the estimated stimulation regions based on the comparisons
15 such that each of the selected estimated stimulation regions overlaps with any of the other selected estimated stimulation regions by no more than a predetermined threshold; and providing the corresponding set of electrical stimulation parameters for each of the selected estimated stimulation regions to a user or an electrical stimulation device.

In at least some embodiments of the system, non-transitory computer-readable
20 medium, or method described above, identifying a region of synchronous neural activity includes receiving the region from a user. In at least some embodiments of the system, non-transitory computer-readable medium, or method described above, dividing the region includes dividing the regions into the plurality of subregions, wherein each subregion overlaps by no more than a predetermined threshold percentage with any other
25 of the plurality of subregions. In at least some embodiments of the system, non-transitory computer-readable medium, or method described above, each of the selected estimated stimulation regions overlaps with any of the other selected estimated stimulation regions by no more than a predetermined threshold percentage. In at least some embodiments of the system, non-transitory computer-readable medium, or method described above, each
30 of the selected estimated stimulation regions does not overlap with any of the other selected estimated stimulation regions.

In at least some embodiments, any of the systems described above further includes the electrical stimulation device which includes the electrical stimulation lead. In at least some embodiments, any of the systems described above further includes an implantable pulse generator and providing the corresponding set of electrical stimulation parameters includes providing the corresponding set of electrical stimulation parameters to the implantable pulse generator.

In at least some embodiments of any of the systems, non-transitory computer-readable media, or methods described above, selecting one of the estimated stimulation regions includes selecting the one of the estimated stimulation regions based on at least one selection criterion supplied by the user. In at least some embodiments of any of the systems, non-transitory computer-readable media, or methods described above, selecting one of the estimated stimulation regions includes selecting the one of the estimated stimulation regions based on at least one threshold criterion supplied by the user.

BRIEF DESCRIPTION OF THE DRAWINGS

Non-limiting and non-exhaustive embodiments of the present invention are described with reference to the following drawings. In the drawings, like reference numerals refer to like parts throughout the various figures unless otherwise specified.

For a better understanding of the present invention, reference will be made to the following Detailed Description, which is to be read in association with the accompanying drawings, wherein:

FIG. 1 is a schematic view of one embodiment of an electrical stimulation system, according to the invention;

FIG. 2 is a schematic side view of one embodiment of an electrical stimulation lead, according to the invention;

FIG. 3 is a schematic block diagram of one embodiment of a system for determining stimulation parameters, according to the invention;

FIG. 4 is a flowchart of one embodiment of a method of determining stimulation parameters, according to the invention;

FIG. 5 is a flowchart of a second embodiment of a method of determining stimulation parameters, according to the invention; and

FIG. 6 is a flowchart of a third embodiment of a method of determining stimulation parameters, according to the invention.

5

DETAILED DESCRIPTION

The present invention is directed to the area of implantable electrical stimulation systems and methods of making and using the systems. The present invention is also directed to methods of selecting stimulation parameters based on desired stimulation effects or undesired stimulation side effects.

10

Suitable implantable electrical stimulation systems include, but are not limited to, a least one lead with one or more electrodes disposed on a distal end of the lead and one or more terminals disposed on one or more proximal ends of the lead. Leads include, for example, percutaneous leads and paddle leads. Examples of electrical stimulation systems with leads are found in, for example, U.S. Patents Nos. 6,181,969; 6,516,227; 6,609,029; 15 6,609,032; 6,741,892; 7,244,150; 7,450,997; 7,672,734; 7,761,165; 7,783,359; 7,792,590; 7,809,446; 7,949,395; 7,974,706; 8,175,710; 8,224,450; 8,271,094; 8,295,944; 8,364,278; 8,391,985; and 8,688,235; and U.S. Patent Applications Publication Nos. 2007/0150036; 2009/0187222; 2009/0276021; 2010/0076535; 2010/0268298; 2011/0005069; 2011/0004267; 2011/0078900; 2011/0130817; 2011/0130818; 2011/0238129; 20 2011/0313500; 2012/0016378; 2012/0046710; 2012/0071949; 2012/0165911; 2012/0197375; 2012/0203316; 2012/0203320; 2012/0203321; 2012/0316615; 2013/0105071; and 2013/0197602, all of which are incorporated by reference. In the discussion below, a percutaneous lead will be exemplified, but it will be understood that the methods and systems described herein are also applicable to paddle leads.

25

A percutaneous lead for electrical stimulation (for example, deep brain or spinal cord stimulation) includes stimulation electrodes that can be ring electrodes or segmented electrodes that extend only partially around the circumference of the lead or any combination thereof. The segmented electrodes can be provided in sets of electrodes, with each set having electrodes circumferentially distributed about the lead at a particular 30 longitudinal position. For illustrative purposes, the leads are described herein relative to

use for deep brain stimulation, but it will be understood that any of the leads can be used for applications other than deep brain stimulation, including spinal cord stimulation, peripheral nerve stimulation, or stimulation of other nerves and tissues.

Turning to Figure 1, one embodiment of an electrical stimulation system 10 includes one or more stimulation leads 12 and an implantable pulse generator (IPG) 14. The system 10 can also include one or more of an external remote control (RC) 16, a clinician's programmer (CP) 18, an external trial stimulator (ETS) 20, or an external charger 22.

The IPG 14 is physically connected, optionally via one or more lead extensions 24, to the stimulation lead(s) 12. Each lead carries multiple electrodes 26 arranged in an array. The IPG 14 includes pulse generation circuitry that delivers electrical stimulation energy in the form of, for example, a pulsed electrical waveform (i.e., a temporal series of electrical pulses) to the electrode array 26 in accordance with a set of stimulation parameters. The implantable pulse generator can be implanted into a patient's body, for example, below the patient's clavicle area or within the patient's buttocks or abdominal cavity. The implantable pulse generator can have eight stimulation channels which may be independently programmable to control the magnitude of the current or voltage stimulus from each channel. In some embodiments, the implantable pulse generator can have more or fewer than eight stimulation channels (e.g., 4-, 6-, 16-, 32-, or more stimulation channels). The implantable pulse generator can have one, two, three, four, or more connector ports, for receiving the terminals of the leads.

The ETS 20 may also be physically connected, optionally via the percutaneous lead extensions 28 and external cable 30, to the stimulation leads 12. The ETS 20, which has similar pulse generation circuitry as the IPG 14, also delivers electrical stimulation energy in the form of, for example, a pulsed electrical waveform to the electrode array 26 in accordance with a set of stimulation parameters. One difference between the ETS 20 and the IPG 14 is that the ETS 20 is often a non-implantable device that is used on a trial basis after the neurostimulation leads 12 have been implanted and prior to implantation of the IPG 14, to test the responsiveness of the stimulation that is to be provided. Any functions described herein with respect to the IPG 14 can likewise be performed with respect to the ETS 20.

The RC 16 may be used to telemetrically communicate with or control the IPG 14 or ETS 20 via a uni- or bi-directional wireless communications link 32. Once the IPG 14 and neurostimulation leads 12 are implanted, the RC 16 may be used to telemetrically communicate with or control the IPG 14 via a uni- or bi-directional communications link 34. Such communication or control allows the IPG 14 to be turned on or off and to be programmed with different stimulation parameter sets. The IPG 14 may also be operated to modify the programmed stimulation parameters to actively control the characteristics of the electrical stimulation energy output by the IPG 14. The CP 18 allows a user, such as a clinician, the ability to program stimulation parameters for the IPG 14 and ETS 20 in the operating room and in follow-up sessions.

The CP 18 may perform this function by indirectly communicating with the IPG 14 or ETS 20, through the RC 16, via a wired or wireless communications link 36. Alternatively, the CP 18 may directly communicate with the IPG 14 or ETS 20 via a wired or wireless communications link (not shown). The stimulation parameters provided by the CP 18 are also used to program the RC 16, so that the stimulation parameters can be subsequently modified by operation of the RC 16 in a stand-alone mode (i.e., without the assistance of the CP 18).

For purposes of brevity, the details of the RC 16, CP 18, ETS 20, and external charger 22 will not be further described herein. Details of exemplary embodiments of these devices are disclosed in U.S. Pat. No. 6,895,280, which is expressly incorporated herein by reference. Other examples of electrical stimulation systems can be found at U.S. Patents Nos. 6,181,969; 6,516,227; 6,609,029; 6,609,032; 6,741,892; 7,949,395; 7,244,150; 7,672,734; and 7,761,165; 7,974,706; 8,175,710; 8,224,450; and 8,364,278; and U.S. Patent Application Publication No. 2007/0150036, as well as the other references cited above, all of which are incorporated by reference.

Figure 2 illustrates one embodiment of a lead 110 with electrodes 125 disposed at least partially about a circumference of the lead 110 along a distal end portion of the lead and terminals 135 disposed along a proximal end portion of the lead.

The lead 110 can be implanted near or within the desired portion of the body to be stimulated such as, for example, the brain, spinal cord, or other body organs or tissues. In one example of operation for deep brain stimulation, access to the desired position in the

brain can be accomplished by drilling a hole in the patient's skull or cranium with a cranial drill (commonly referred to as a burr), and coagulating and incising the dura mater, or brain covering. The lead 110 can be inserted into the cranium and brain tissue with the assistance of a stylet (not shown). The lead 110 can be guided to the target
5 location within the brain using, for example, a stereotactic frame and a microdrive motor system. In some embodiments, the microdrive motor system can be fully or partially automatic. The microdrive motor system may be configured to perform one or more the following actions (alone or in combination): insert the lead 110, advance the lead 110, retract the lead 110, or rotate the lead 110.

10 In some embodiments, measurement devices coupled to the muscles or other tissues stimulated by the target neurons, or a unit responsive to the patient or clinician, can be coupled to the implantable pulse generator or microdrive motor system. The measurement device, user, or clinician can indicate a response by the target muscles or other tissues to the stimulation or recording electrode(s) to further identify the target
15 neurons and facilitate positioning of the stimulation electrode(s). For example, if the target neurons are directed to a muscle experiencing tremors, a measurement device can be used to observe the muscle and indicate changes in tremor frequency or amplitude in response to stimulation of neurons. Alternatively, the patient or clinician can observe the muscle and provide feedback.

20 The lead 110 for deep brain stimulation can include stimulation electrodes, recording electrodes, or both. In at least some embodiments, the lead 110 is rotatable so that the stimulation electrodes can be aligned with the target neurons after the neurons have been located using the recording electrodes.

Stimulation electrodes may be disposed on the circumference of the lead 110 to
25 stimulate the target neurons. Stimulation electrodes may be ring-shaped so that current projects from each electrode equally in every direction from the position of the electrode along a length of the lead 110. In the embodiment of Figure 2, two of the electrodes 120 are ring electrodes 120. Ring electrodes typically do not enable stimulus current to be directed from only a limited angular range around of the lead. Segmented electrodes
30 130, however, can be used to direct stimulus current to a selected angular range around the lead. When segmented electrodes are used in conjunction with an implantable pulse

generator that delivers constant current stimulus, current steering can be achieved to more precisely deliver the stimulus to a position around an axis of the lead (*i.e.*, radial positioning around the axis of the lead). To achieve current steering, segmented electrodes can be utilized in addition to, or as an alternative to, ring electrodes.

5 The lead 100 includes a lead body 110, terminals 135, and one or more ring electrodes 120 and one or more sets of segmented electrodes 130 (or any other combination of electrodes). The lead body 110 can be formed of a biocompatible, non-conducting material such as, for example, a polymeric material. Suitable polymeric materials include, but are not limited to, silicone, polyurethane, polyurea, polyurethane-
10 urea, polyethylene, or the like. Once implanted in the body, the lead 100 may be in contact with body tissue for extended periods of time. In at least some embodiments, the lead 100 has a cross-sectional diameter of no more than 1.5 mm and may be in the range of 0.5 to 1.5 mm. In at least some embodiments, the lead 100 has a length of at least 10 cm and the length of the lead 100 may be in the range of 10 to 70 cm.

15 The electrodes 125 can be made using a metal, alloy, conductive oxide, or any other suitable conductive biocompatible material. Examples of suitable materials include, but are not limited to, platinum, platinum iridium alloy, iridium, titanium, tungsten, palladium, palladium rhodium, or the like. Preferably, the electrodes are made of a material that is biocompatible and does not substantially corrode under expected
20 operating conditions in the operating environment for the expected duration of use.

Each of the electrodes can either be used or unused (OFF). When the electrode is used, the electrode can be used as an anode or cathode and carry anodic or cathodic current. In some instances, an electrode might be an anode for a period of time and a cathode for a period of time.

25 Deep brain stimulation leads may include one or more sets of segmented electrodes. Segmented electrodes may provide for superior current steering than ring electrodes because target structures in deep brain stimulation are not typically symmetric about the axis of the distal electrode array. Instead, a target may be located on one side of a plane running through the axis of the lead. Through the use of a radially segmented
30 electrode array ("RSEA"), current steering can be performed not only along a length of

the lead but also around a circumference of the lead. This provides precise three-dimensional targeting and delivery of the current stimulus to neural target tissue, while potentially avoiding stimulation of other tissue. Examples of leads with segmented electrodes include U.S. Patent Application Publications Nos. 2010/0268298;
5 2011/0005069; 2011/0130803; 2011/0130816; 2011/0130817; 2011/0130818;
2011/0078900; 2011/0238129; 2012/0016378; 2012/0046710; 2012/0071949;
2012/0165911; 2012/197375; 2012/0203316; 2012/0203320; 2012/0203321, all of which are incorporated herein by reference.

An electrical stimulation lead can be implanted in the body of a patient (for
10 example, in the brain or spinal cord of the patient) and used to stimulate surrounding tissue. It is useful to estimate the effective region of stimulation (often called a volume of activation (VOA) or stimulation field model (SFM)) given the position of the lead and its electrodes in the patient's body and the stimulation parameters used to generate the stimulation. Any suitable method for determining the VOA and for graphically
15 displaying the VOA relative to patient anatomy can be used including those described in, for example, U.S. Patents Nos. 8,326,433; 8,675,945; 8,831,731; 8,849,632; and 8,958,615; U.S. Patent Application Publications Nos. 2009/0287272; 2009/0287273; 2012/0314924; 2013/0116744; 2014/0122379; and 2015/0066111; and U.S. Provisional Patent Application Serial No. 62/030,655, all of which are incorporated herein by
20 reference. Several of these references also disclose methods and systems for registering an atlas of body structures to imaged patient physiology. As used herein, unless indicated otherwise, the term "estimated stimulation region" can refer to a VOA; a SFM; an estimate of an electric field, potential field, activating function field, Hermitian of an activating function, or any combination thereof or the like.

25 In conventional systems, a VOA is determined based on a set of stimulation parameters input into the system. The VOA can then be modified by the user by modifying the stimulation parameters and determining the new VOA from the modified stimulation parameters. This allows the user to tailor the stimulation volume.

In contrast to these conventional systems which determine the VOA from user-
30 selected stimulation parameters, in at least some embodiments, the present systems or methods allow the user to define the volume of tissue that is desired for stimulation and

then the systems or methods determine a set of stimulation parameters based on that volume. There are a number of different methods for selecting a desired stimulation volume described below. In some embodiments, the user selects the volume directly. In other embodiments, the user selects the volume indirectly by indicating one or more stimulation effects to achieve or stimulation side effects to avoid. Alternatively, the user or system can select a volume based on regions with synchronous neural activity.

Figure 3 illustrates one embodiment of a system for determining electrical stimulation parameters. The system can include a computing device 300 or any other similar device that includes a processor 302 and a memory 304, a display 306, an input device 308, and, optionally, the electrical stimulation system 312. The system 300 may also optionally include one or more imaging systems 310.

The computing device 300 can be a computer, tablet, mobile device, or any other suitable device for processing information. The computing device 300 can be local to the user or can include components that are non-local to the computer including one or both of the processor 302 or memory 304 (or portions thereof). For example, in some embodiments, the user may operate a terminal that is connected to a non-local computing device. In other embodiments, the memory can be non-local to the user.

The computing device 300 can utilize any suitable processor 302 including one or more hardware processors that may be local to the user or non-local to the user or other components of the computing device. The processor 302 is configured to execute instructions provided to the processor, as described below.

Any suitable memory 304 can be used for the computing device 302. The memory 304 illustrates a type of computer-readable media, namely computer-readable storage media. Computer-readable storage media may include, but is not limited to, nonvolatile, non-transitory, removable, and non-removable media implemented in any method or technology for storage of information, such as computer readable instructions, data structures, program modules, or other data. Examples of computer-readable storage media include RAM, ROM, EEPROM, flash memory, or other memory technology, CD-ROM, digital versatile disks ("DVD") or other optical storage, magnetic cassettes, magnetic tape, magnetic disk storage or other magnetic storage devices, or any other

medium which can be used to store the desired information and which can be accessed by a computing device.

Communication methods provide another type of computer readable media; namely communication media. Communication media typically embodies computer-readable instructions, data structures, program modules, or other data in a modulated data signal such as a carrier wave, data signal, or other transport mechanism and include any information delivery media. The terms “modulated data signal,” and “carrier-wave signal” includes a signal that has one or more of its characteristics set or changed in such a manner as to encode information, instructions, data, and the like, in the signal. By way of example, communication media includes wired media such as twisted pair, coaxial cable, fiber optics, wave guides, and other wired media and wireless media such as acoustic, RF, infrared, and other wireless media.

The display 306 can be any suitable display device, such as a monitor, screen, display, or the like, and can include a printer. The input device 308 can be, for example, a keyboard, mouse, touch screen, track ball, joystick, voice recognition system, or any combination thereof, or the like.

One or more imaging systems 310 can be used including, but not limited to, MRI, CT, ultrasound, or other imaging systems. The imaging system 310 may communicate through a wired or wireless connection with the computing device 300 or, alternatively or additionally, a user can provide images from the imaging system 310 using a computer-readable medium or by some other mechanism.

The electrical stimulation system 312 can include, for example, any of the components illustrated in Figure 1. The electrical stimulation system 312 may communicate with the computing device 300 through a wired or wireless connection or, alternatively or additionally, a user can provide information between the electrical stimulation system 312 and the computing device 300 using a computer-readable medium or by some other mechanism. In some embodiments, the computing device 300 may include part of the electrical stimulation system, such as, for example, the IPG, CP, RC, ETS, or any combination thereof.

The methods and systems described herein may be embodied in many different forms and should not be construed as limited to the embodiments set forth herein.

Accordingly, the methods and systems described herein may take the form of an entirely hardware embodiment, an entirely software embodiment or an embodiment combining
5 software and hardware aspects. Systems referenced herein typically include memory and typically include methods for communication with other devices including mobile devices. Methods of communication can include both wired and wireless (e.g., RF, optical, or infrared) communications methods and such methods provide another type of computer readable media; namely communication media. Wired communication can
10 include communication over a twisted pair, coaxial cable, fiber optics, wave guides, or the like, or any combination thereof. Wireless communication can include RF, infrared, acoustic, near field communication, BluetoothTM, or the like, or any combination thereof.

Stimulation is one type of neuromodulation. Types of neuromodulation can include, for example, stimulation (application of a stimulating field or drug), activation
15 (actuating neurological tissue), depression (reducing the likelihood of activation of the neurological tissue), silencing (preventing the activation of the neurological tissue), or other forms of neuromodulation. Although stimulation is referred to in the embodiments below, it will be recognized that any other type of neuromodulation can be substituted for stimulation unless indicated otherwise. Moreover, multiple forms of neuromodulation as
20 described previously may be used in various combinations in the methods and systems described herein, with varying temporal order or relation, on the same target or targets. The intervention can be accomplished using electrical stimulation, optical stimulation, drug stimulation, or the like or any combination thereof. The one or more targets may be selected with respect to the desired type of intervention, for example, one or more targets
25 can be selected for activation, one or more targets for depression, and one or more targets for silencing, or any combination thereof. When multiple targets are identified, the targets may be selected for the same type of intervention or different targets may be selected for different types of intervention.

Figure 4 is a flowchart illustrating one method for determining a set of stimulation
30 parameters based on a user-selected stimulation volume. In step 402, at least one image of an anatomical or physiological region of a patient is received. The image can be any

suitable image such as a MRI, CT, ultrasound, or other image. At least one image preferably also includes an implanted electrical stimulation lead within the image so that the position, and, preferably, the orientation, of the lead relative to the patient tissue can be identified. In at least some embodiments, more than one image can be received. For example, in at least some embodiments, a MRI image of an anatomical or physiological region, such as the brain, spinal cord, or other organ or tissue, or a portion thereof, can be obtained to show soft tissue portions of the region. A CT or MRI scan can also be obtained for the anatomical or physiological region with the electrical stimulation lead implanted to identify the position and orientation of the lead. In at least some
10 embodiments, the two or more images may be registered with each other.

In other embodiments, an image is not used, but the user or system estimates the position or orientation of the lead within the patient. This estimation may be based on, for example, surgical results, a surgical plan, external observations, or the like. In at least some embodiments, the estimate is based on a proposed position of a lead in the patient.
15 The lead may or may not have been actually implanted in the patient. In some embodiments, the system can be used to plan a surgical implantation of a lead by investigating different placements or orientations. In the remainder of the discussion regarding the embodiment of Figure 4, reference will be made to at least one image, but it will be understood that instead of an image an estimate of position or orientation or a
20 proposed position or orientation of the lead can be used.

In step 404, the at least one image received in step 402 is registered with an anatomical or physiological atlas, such as a neuroanatomical atlas, to associate anatomical or physiological structures from the atlas with the at least one image. In at least some embodiments, the registered image(s) can be segmented into volume units that can, for example, each correspond to specific anatomical or physiological structures, or portions
25 of anatomical or physiological structures, or correspond to any other division of the imaged region. In at least some embodiments, the anatomical or physiological structures or segmented volumes can be labeled, numbered, or otherwise differentiated for the user on, for example, a display for review by the user.

30 In step 406, the user identifies a desired stimulation region. In embodiments in which at least one image is received the desired stimulation region can be identified

within, or at least partially within, the imaged anatomical or physiological region. In at least some embodiments, a user can select the desired stimulation region by drawing or otherwise indicating the region on a display or other device. In at least some embodiments, a user can select the desired stimulation region by entering the name of one or more anatomical or physiological structures or by selecting one or more anatomical or physiological structures on a list. Any other suitable method for selecting a desired stimulation region can be used.

In step 408, the desired stimulation region is compared to multiple predetermined estimated stimulation regions. The system may utilize any number of predetermined estimated stimulation regions, such as at least 10, 25, 50, 100, 200, or 500 predetermined estimated stimulation regions. These estimated stimulation regions are each associated with a set of stimulation parameters and can be predetermined using any method of calculation or estimation, including those disclosed in the references cited above, using the corresponding set of stimulation parameters. Additionally or alternatively, the desired stimulation region can be compared to one or more estimated stimulation regions that are calculated or estimated after selection of the desired stimulation region.

In at least some embodiments, the estimated stimulation regions are estimated or determined with respect to the lead and then those estimated stimulation regions are registered to the anatomical or physiological atlas, images, or the desired stimulation region based on the position or orientation of the lead within the patient. In at least some embodiments, the comparisons between the desired stimulation regions and the multiple predetermined estimated stimulation regions include, for example, a quantitative determination of the fit of the identified stimulation region with one or more of the estimated stimulation regions.

In some embodiments, the system can reject an estimated stimulation region that fails to have a predetermined amount or percentage of overlap, or fails any other acceptance criteria, with respect to the identified stimulation region. In some embodiments, the system can reject an estimated stimulation region that fails to overlap with a predetermined amount or percentage of the identified stimulation region. The system may include other threshold determinations or, in at least some embodiments, the user may select one or more threshold requirements.

The comparison may include reporting comparative information on a display or other device to the user. Such comparative information can include one or more of, for example, the amount or percentage coverage of the desired stimulation region by the estimated stimulation region, the amount or percentage of the desired stimulation region that is outside the estimated stimulation region, the amount or percentage of the estimated stimulation region that covers the desired stimulation region, the amount or percentage of the estimated stimulation region that is outside the desired stimulation region, other anatomical or physiological structures that may be stimulated by the estimated stimulation region, or the like. Alternatively or additionally, the desired stimulation region and the estimated stimulation region can be displayed to illustrate the overlap between the two. In some embodiments, the system may only report comparative information on one or more, but less than all, of the estimated stimulation regions or display only one or more, but less than all, of the estimated stimulation regions. The selection of which estimated stimulation regions to include in the report or display may be by the best fit or other criteria that the system or user determines.

In step 410, one of the predetermined estimated stimulation regions is selected based on the comparisons. In some embodiments, one of the predetermined estimated stimulation regions is selected by a user, preferably based on comparative information provided by the system to the user. In some embodiments, one of the predetermined estimated stimulation regions is selected by the system based on the comparisons. In at least some embodiments, the user can set selection criteria such as, for example, one or more thresholds for overlap, non-overlap, or the like or may provide rules or criteria for selecting among estimated stimulation regions that meet the thresholds, such as priority selection factor(s) or weighting of comparative information. As an example, the system may determine a “goodness-of-fit” based on the difference between the desired stimulation region and the estimated stimulation region and the system selects the estimated stimulation region with the best “goodness-of-fit”. In at least some embodiments, the system may allow the user to override the automatic selection by the system so that the user can select another estimated stimulation region.

In step 412, stimulation parameters for the selected estimated stimulation region can be provided to the user or directly to an implantable pulse generator, external trial

stimulator, or other device that generates the electrical stimulation. These parameters can be provided by a wired connection, a wireless connection, or in any other suitable manner. In some embodiments, the system may allow a user to modify the stimulation parameters.

5 Figure 5 is a flowchart illustrating one method for determining a set of stimulation parameters based on a user-selected stimulation effects or side effects. In step 502, one or more functional maps can be provided with each functional map identifying anatomical or physiological regions that produce one or more stimulation effects or stimulation side effects (collectively, “clinical effects”) when electrically stimulated.

10 One example of a method for forming a functional map includes registering patient images (for example, MRI images) into a common atlas space. Based on this registration, the therapeutic and side effects of various stimulation parameters applied to the patients can be associated with anatomical or physiological structures or other volume units in the common atlas space. The individual anatomical or physiological structures or
15 other volume units into which the atlas space is divided can be referred to as “voxels”. For each set of stimulation parameters, an estimated stimulation region can be calculated or estimated. Stimulation effects or side effects that are identified by the user or patient when stimulated using the set of stimulation parameters can then be associated with the voxels in the estimated stimulation region. In at least some embodiments, a score can be
20 associated with any clinical effect associated with the voxel. The score may be based on any suitable rating scale (for example, the Unified Parkinson’s Disease Rating Scale (UPDRS)).

 In at least some embodiments, these mapped clinical effects can be aggregated across patients (for example, at least 5, 10, 20, 25, 50, or 100 patients or more) to
25 generate an estimation of the likelihood for achieving a certain clinical effect given activation of a voxel at a given location in the common atlas space. For example, $p(R \geq 2|v)$ could be the estimated probability of at least a 2-point therapeutic improvement in rigidity (R) given activation of voxel v, where this estimated probability is derived directly from the number of patients for which voxel v was stimulated. As an example of
30 this estimated probability, if a total of 40 patients had voxel v stimulated and 30/40 of them experienced a rigidity improvement of 2 points or greater, $p(R \geq 2|v) = 0.75$. One or

more (or even all) of the voxels in the atlas space can be labeled with multiple probabilities of being associated with multiple clinical effects, including stimulation effects and stimulation side effects.

5 In step 504, the user identifies at least one desired stimulation effect or undesired stimulation side effect. In at least some embodiments, the user can select from a list of stimulation effects or stimulation side effects. In other embodiments, the user may input an effect or side effect and the system may correlate the input with a list of effects or side effects.

10 In step 506, the system identifies a desired stimulation region using the one or more functional maps based on the at least one selected stimulation effect or stimulation side effect. For example, a stimulation region for a tremor-dominant patient might be selected by choosing voxels with a high probability of tremor improvement above a certain probability threshold, with the most probable voxels for achieving that improvement automatically selected and labeled as part of the desired stimulation region.

15 In at least some embodiments, the user or system could combine numerous voxels with the desired clinical effects and exclude voxels with having a likelihood above a threshold likelihood (for example, at least 10, 20, 25, 50, or 75 percent) of side effects (in general or specifically selected side effects) to generate the desired stimulation region.

20 In step 508, the desired stimulation region is compared to multiple estimated stimulation regions. The system may utilize any number of estimated stimulation regions, such as at least 10, 25, 50, 100, 200, or 500 estimated stimulation regions. These estimated stimulation regions are each associated with a set of stimulation parameters and can be determined using any method of calculation or estimation, including those disclosed in the references cited above, using the corresponding set of stimulation

25 parameters. In at least some embodiments, the desired stimulation region can be compared to one or more estimated stimulation regions that are calculated or estimated after selection of the desired stimulation region. In at least some embodiments, the estimated stimulation regions can be predetermined prior to the selection of the desired stimulation region or prior to any other step in this method.

In at least some embodiments, the estimated stimulation regions are estimated or determined with respect to the lead and then those estimated stimulation regions are registered to the anatomical or physiological atlas, images, or the desired stimulation region based on the position or orientation of the lead within the patient. In at least some
5 embodiments, the comparisons between the desired stimulation regions and the multiple estimated stimulation regions include, for example, a quantitative determination of the fit of the identified stimulation region with one or more of the estimated stimulation regions.

In some embodiments, the system can reject an estimated stimulation region that fails to have a predetermined amount or percentage of overlap with the identified
10 stimulation region. In some embodiments, the system can reject an estimated stimulation region that fails to overlap with a predetermined amount or percentage of the identified stimulation region. The system may include other threshold determinations or, in at least some embodiments, the user may select one or more threshold requirements.

The comparison may include reporting comparative information on a display or
15 other device to the user. Such comparative information can include one or more of, for example, the amount or percentage coverage of the desired stimulation region by the estimated stimulation region, the amount or percentage of the desired stimulation region that is outside the estimated stimulation region, the amount or percentage of the estimated stimulation region that covers the desired stimulation region, the amount or percentage of
20 the estimated stimulation region that is outside the desired stimulation region, other anatomical or physiological structures that may be stimulated by the estimated stimulation region, or the like. Alternatively or additionally, the desired stimulation region and the estimated stimulation region can be displayed to illustrate the overlap between the two. In some embodiments, the system may only report comparative
25 information on one or more, but less than all, of the estimated stimulation regions or display only one or more, but less than all, of the estimated stimulation regions. The selection of which estimated stimulation regions to include in the report or display may be by the best fit or other criteria that the system or user determines.

In step 510, one of the estimated stimulation regions is selected based on the
30 comparisons. In some embodiments, one of the estimated stimulation regions is selected by a user, preferably based on comparative information provided by the system to the

user. In some embodiments, one of the estimated stimulation regions is selected by the system based on the comparisons. In at least some embodiments, the user can set selection criteria such as, for example, one or more thresholds for overlap, non-overlap, and the like and may provide rules or criteria for selecting among estimated stimulation regions that meet the thresholds, such as priority selection factor(s) or weighting of comparative information. As an example, the system may determine a “goodness-of-fit” based on the difference between the desired stimulation region and the estimated stimulation region and the system selects the estimated stimulation region with the best “goodness-of-fit”. In some of these embodiments, the system may allow the user to override the automatic selection by the system so that the user can select another estimated stimulation region.

In step 512, stimulation parameters for the selected estimated stimulation region are provided to the user or directly to an implantable pulse generator, external trial stimulator, or other device that generates the electrical stimulation. These parameters can be provided by a wired connection, a wireless connection, or in any other suitable manner. In some embodiments, the system may allow a user to modify the stimulation parameters.

Figure 6 is a flowchart illustrating one method for determining a set of stimulation parameters based on a user- or system-selected stimulation region utilizing information regarding synchronous neural activity. It has been found that stimulating subpopulations of neurons that exhibit synchronous neural activity can be used to treat a disease or disorder associated with the synchronous neural activity. U.S. Patents Nos. 8,000,794 and 8,280,514 and U.S. Provisional Patent Applications Serial Nos. 62/053,414; 62/053,427; 62/053,501; 62/053,509; and 62/053,589, all of which are incorporated herein by reference, describe methods of performing such stimulation. In at least some embodiments, the stimulation of different subpopulations of neurons can eliminate or reduce the synchronous neural activity. In at least some instances, the stimulation can produce a coordinated reset of the neural subpopulations.

In step 602, one or more regions of synchronous neural activity are determined. For example, local field potentials (LFPs) could be measured to map a region of synchronous neural activity, such as pathological coupling of oscillations in different

regions of the brain. In other embodiments, the region of synchronous neural activity may be estimated by observation of patient symptoms or using information from other patients. In at least some embodiments, at least one image of an anatomical or physiological region of a patient is received. The image can be any suitable image such as a MRI, CT, ultrasound, or other image. At least one image preferably also includes an implanted electrical stimulation lead within the image so that the position of the lead relative to the patient tissue can be identified. In at least some embodiments, more than one image can be received. For example, in one embodiment, a MRI image of an anatomical or physiological region, such as the brain or spinal cord or other organ, can be obtained to show soft tissue portions of the region. A CT scan can also be obtained for the anatomical or physiological region with the electrical stimulation lead implanted to identify the position and orientation of the lead. In at least some embodiments, the two or more images may be registered with each other.

In some embodiments, the regions of synchronous neural activity can then be registered to the at least one image of the patient. Alternatively or additionally, the at least one image of the patient of the regions of synchronous neural activity can be registered to an anatomical or physiological atlas.

In step 604, one of the anatomical or physiological regions, if there is more than one, determined in step 602 or a portion of the anatomical or physiological region is selected. The selection may be made by a user or can be automatically made by the system.

In step 606, the selected anatomical or physiological region is divided into multiple subregions. In at least some embodiments, the subregions do not overlap. In other embodiments, the subregions may overlap by no more than a threshold percentage, such as, for example, 1, 5, 10, or 25% in volume.

In step 608, the identified subregions are each compared to multiple estimated stimulation regions. The system may utilize any number of estimated stimulation regions, such as at least 10, 25, 50, 100, 200, or 500 estimated stimulation regions. These estimated stimulation regions are each associated with a set of stimulation parameters and can be using any method of calculation or estimation, including those disclosed in the

references cited above, using the corresponding set of stimulation parameters. In at least some embodiments, the desired stimulation region can be compared to one or more estimated stimulation regions that are calculated or estimated after selection of the subregions. In at least some embodiments, the estimated stimulation regions can be
5 predetermined prior to the selection of the desired stimulation region or prior to any other step in this method.

In at least some embodiments, the estimated stimulation regions are estimated or determined relative to the lead and then those estimated stimulation regions are registered to the anatomical or physiological region and the identified subregions based on the
10 position and orientation of the lead within the patient. The comparison includes, for example, a quantitative determination of the fit of the subregions with each of the estimated stimulation regions. In some embodiments, the system can reject an estimated stimulation region that fails to have a predetermined amount or percentage of overlap with the subregion. In some embodiments, the system can reject an estimated stimulation
15 region that fails to overlap with a predetermined amount or percentage of the subregion.

The comparison may include reporting comparative information on a display or other device to the user. Such comparative information can include one or more of, for example, the amount or percentage coverage of the subregion by the estimated
20 stimulation region, the amount or percentage of the subregion that is outside the estimated stimulation region, the amount or percentage of the estimated stimulation region that covers the subregion, the amount or percentage of the estimated stimulation region that is outside the subregion, or the like. Alternatively or additionally, the subregion and the estimated stimulation region can be displayed to illustrate the overlap between the two.

In step 610, one of the estimated stimulation regions is selected for each subregion
25 based on the comparison. In some embodiments, one of the estimated stimulation regions is selected by a user, preferably based on comparative information on the display. In some embodiments, one of the estimated stimulation regions is selected by the system based on the comparisons. The user may set selection criteria including thresholds for overlap, non-overlap, and the like and may provide rules or criteria for selecting among
30 estimated stimulation regions that meet the thresholds, such as priority selection factor(s) or weighting of comparative information. In some of these embodiments, the system may

allow the user to override the automatic selection by the system so that the user can select another estimated stimulation region. In at least some embodiments, the individuals estimated stimulation regions for the subregions activate non-overlapping (or only slightly overlapping by no more than a threshold percentage, for example, no more than 1, 5, 10, or 25%), synchronized neuronal populations. This can allow the user or system to generate a desynchronizing pattern of stimulation pulses, aimed at a coordinated reset of the synchronized neural activity.

In step 612, stimulation parameters for the selected estimated stimulation region for each subregion are provided to the user or directly to an implantable pulse generator, external trial stimulator, or other device that generates the electrical stimulation. These parameters can be provided by a wired connection, a wireless connection, or in any other suitable manner.

It will be understood that the system can include one or more of the methods described hereinabove with respect to Figures 4-6 in any combination. The methods, systems, and units described herein may be embodied in many different forms and should not be construed as limited to the embodiments set forth herein. Accordingly, the methods, systems, and units described herein may take the form of an entirely hardware embodiment, an entirely software embodiment or an embodiment combining software and hardware aspects. The methods described herein can be performed using any type of processor or any combination of processors where each processor performs at least part of the process.

It will be understood that each block of the flowchart illustrations, and combinations of blocks in the flowchart illustrations and methods disclosed herein, can be implemented by computer program instructions. These program instructions may be provided to a processor to produce a machine, such that the instructions, which execute on the processor, create means for implementing the actions specified in the flowchart block or blocks disclosed herein. The computer program instructions may be executed by a processor to cause a series of operational steps to be performed by the processor to produce a computer implemented process. The computer program instructions may also cause at least some of the operational steps to be performed in parallel. Moreover, some of the steps may also be performed across more than one processor, such as might arise in

a multi-processor computer system. In addition, one or more processes may also be performed concurrently with other processes, or even in a different sequence than illustrated without departing from the scope or spirit of the invention.

5 The computer program instructions can be stored on any suitable computer-readable medium including, but not limited to, RAM, ROM, EEPROM, flash memory or other memory technology, CD-ROM, digital versatile disks (“DVD”) or other optical storage, magnetic cassettes, magnetic tape, magnetic disk storage or other magnetic storage devices, or any other medium which can be used to store the desired information and which can be accessed by a computing device.

10

The above specification provides a description of the structure, manufacture, and use of the invention. Since many embodiments of the invention can be made without departing from the spirit and scope of the invention, the invention also resides in the claims hereinafter appended.

CLAIMS

What is claimed as new and desired to be protected by Letters Patent of the United States is:

1. A system for identifying a set of stimulation parameters, the system comprising:
a computer processor configured and arranged to perform the following actions:
identifying a desired stimulation region;
comparing the desired stimulation region with each of a plurality of predetermined estimated stimulation regions, wherein each of the estimated stimulation regions is a calculated estimate of a stimulation volume for a corresponding set of electrical stimulation parameters using an electrical stimulation lead;
selecting one of the predetermined estimated stimulation regions based on the comparing; and
providing the corresponding set of electrical stimulation parameters for the selected one of the predetermined estimated stimulation regions to a user or an electrical stimulation device.
2. The system of claim 1, wherein the actions further comprise:
receiving at least one image of an anatomical or physiological region of a patient;
and
registering the at least one image with an anatomical or physiological atlas that identifies a plurality of different anatomical or physiological structures;
wherein identifying a desired stimulation region comprises identifying a desired stimulation region using the at least one image.

3. The system of claim 2, wherein receiving at least one image comprises receiving an image with the electrical stimulation lead implanted within the anatomical or physiological region.

4. A system for identifying a set of stimulation parameters, the system comprising:

a computer processor configured and arranged to perform the following acts:

providing at least one functional map identifying anatomical or physiological volumes that, when stimulated, produce at least one stimulation effect or stimulation side effect in at least one patient along with an estimate of a likelihood that the anatomical or physiological volume will produce the at least one stimulation effect or stimulation side effect;

identifying at least one desired stimulation effect or undesired stimulation side effect;

using the at least one functional map, identifying a desired stimulation region that produces the at least one desired stimulation effect at a predetermined threshold likelihood or avoid the undesired stimulation side effect at a predetermined threshold likelihood;

comparing the desired stimulation region with each of a plurality of estimated stimulation regions, wherein each of the estimated stimulation regions is a calculated estimate of a stimulation volume for a corresponding set of electrical stimulation parameters using an electrical stimulation lead;

selecting one of the estimated stimulation regions based on the comparing; and

providing the corresponding set of electrical stimulation parameters for the selected one of the estimated stimulation regions to a user or an electrical stimulation device.

5. The system of claim 4, wherein identifying the desired stimulation region comprises selecting the desired stimulation region to produce the at least one desired stimulation effect and to avoid any stimulation side effects above a threshold likelihood.

6. The system of claim 4, wherein identifying the desired stimulation region comprises selecting the desired stimulation region to produce the at least one desired stimulation effect and to avoid at least one identified stimulation side effect above a threshold likelihood.

7. The system of any one of claims 4-6, wherein providing at least one functional map comprises providing at least one functional map with scores associated with the anatomical or physiological volumes, each score being associated with at least one of the stimulation effects or stimulation side effects.

8. A system for identifying a set of stimulation parameters, the system comprising:

a computer processor configured and arranged to perform the following acts:

identifying a region of synchronous neural activity;

dividing the region into a plurality of subregions;

comparing the plurality of subregions with each of a plurality of estimated stimulation regions, wherein each of the estimated stimulation regions is a calculated estimate of a stimulation volume for a corresponding set of electrical stimulation parameters using an electrical stimulation lead;

selecting, for each of the subregions, one of the estimated stimulation regions based on the comparisons such that each of the selected estimated stimulation regions overlaps with any of the other selected estimated stimulation regions by no more than a predetermined threshold; and

providing the corresponding set of electrical stimulation parameters for each of the selected estimated stimulation regions to a user or an electrical stimulation device.

9. The system of claim 8, wherein identifying a region comprises receiving the region from a user.

10. The system of any one of claims 8 or 9, wherein dividing the region comprises dividing the regions into the plurality of subregions, wherein each subregion overlaps by no more than a predetermined threshold percentage with any other of the plurality of subregions.

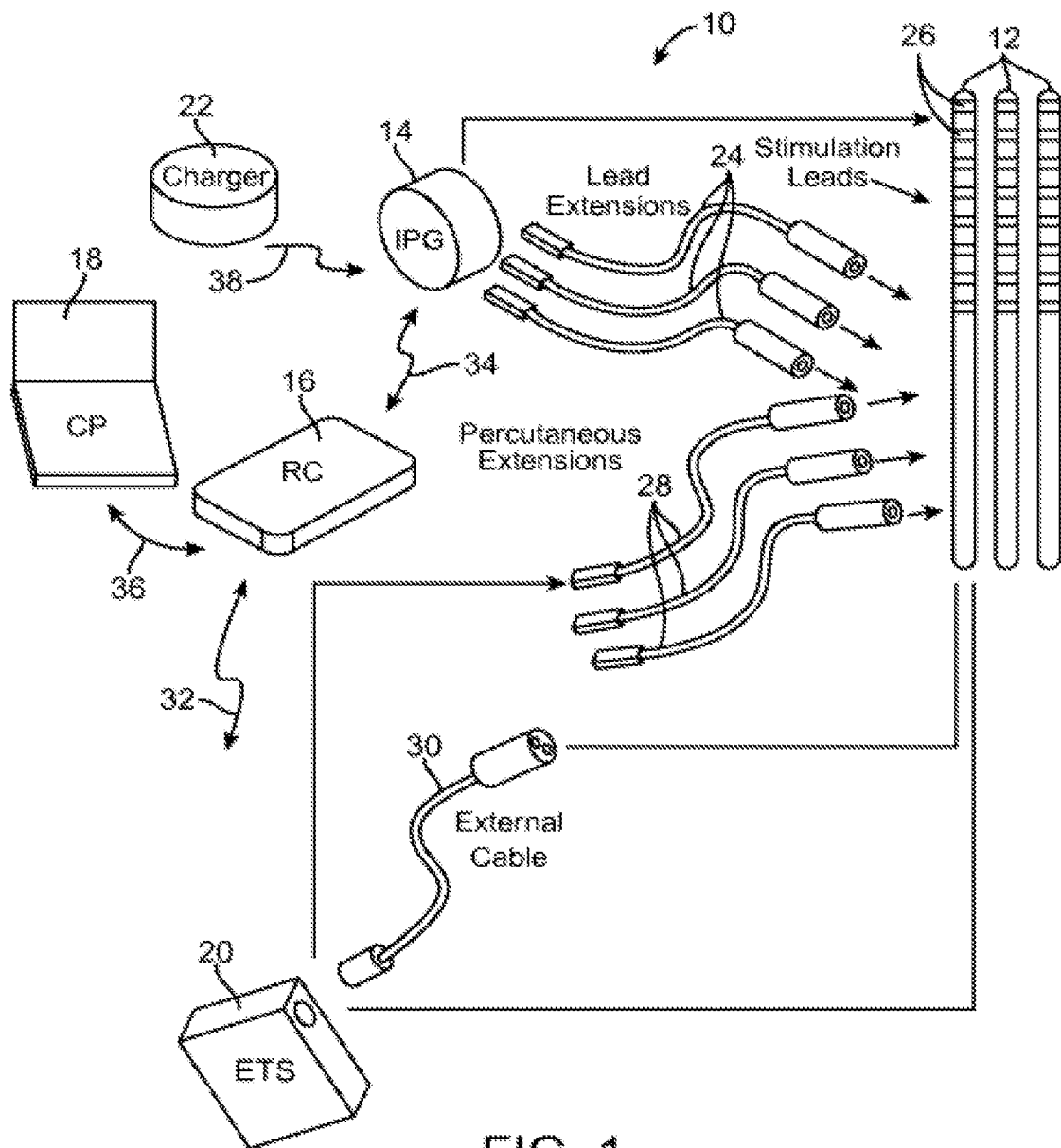
11. The system of any one of claims 8-10, wherein each of the selected estimated stimulation regions overlaps with any of the other selected estimated stimulation regions by no more than a predetermined threshold percentage.

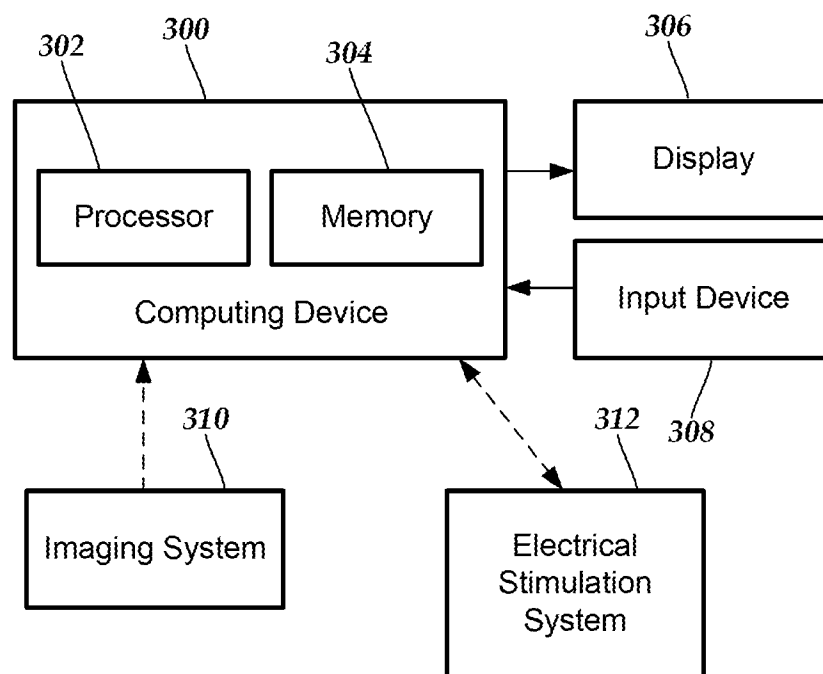
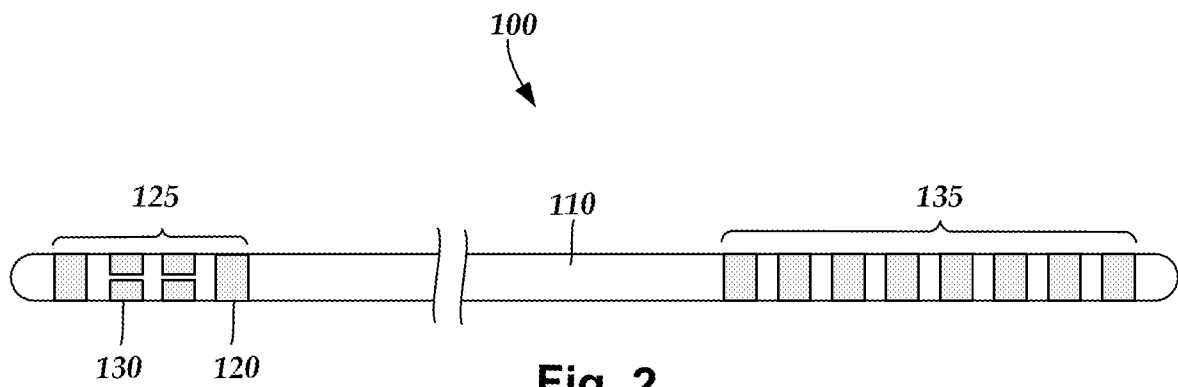
12. The system of any one of claims 1-11, further comprising the electrical stimulation device which comprises the electrical stimulation lead.

13. The system of claim 12, wherein the system further comprises an implantable pulse generator, wherein providing the corresponding set of electrical stimulation parameters comprises providing the corresponding set of electrical stimulation parameters to the implantable pulse generator.

14. The system of any one of claims 1-13, wherein selecting one of the estimated stimulation regions comprises selecting the one of the estimated stimulation regions based on at least one selection criterion supplied by the user.

15. The system of any one of claims 1-14, wherein selecting one of the estimated stimulation regions comprises selecting the one of the estimated stimulation regions based on at least one threshold criterion supplied by the user.





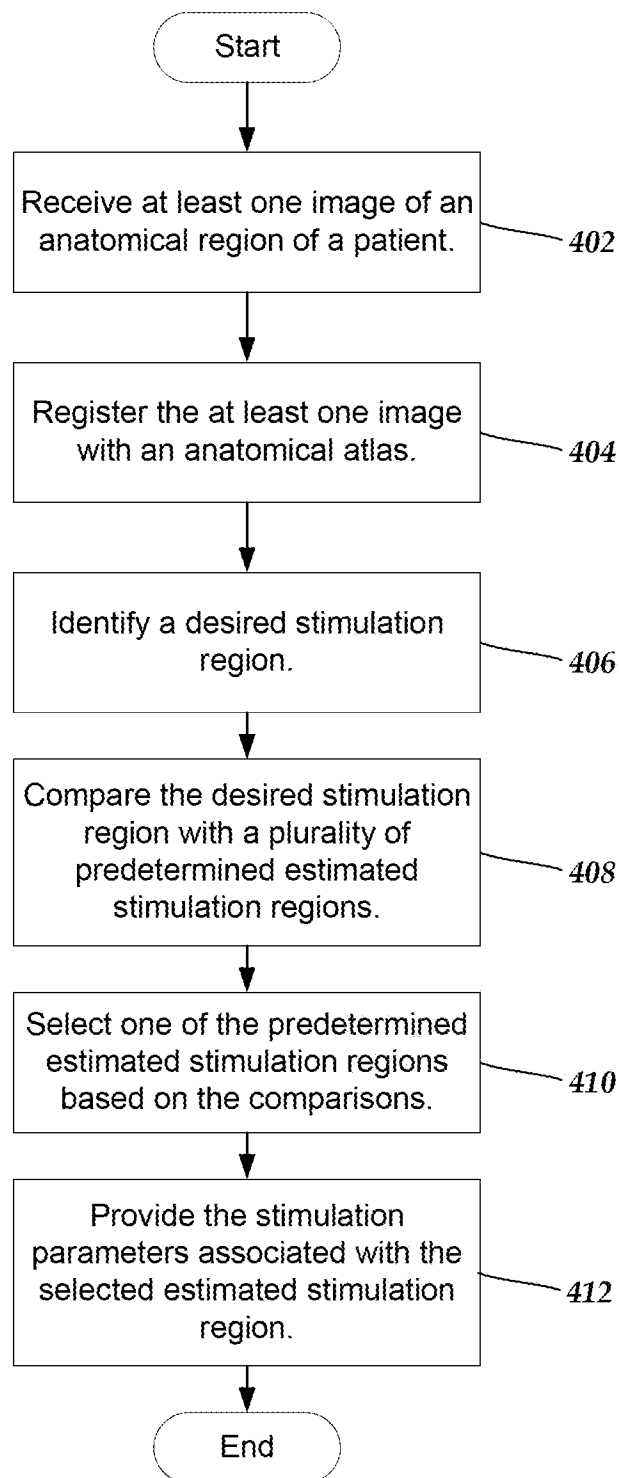
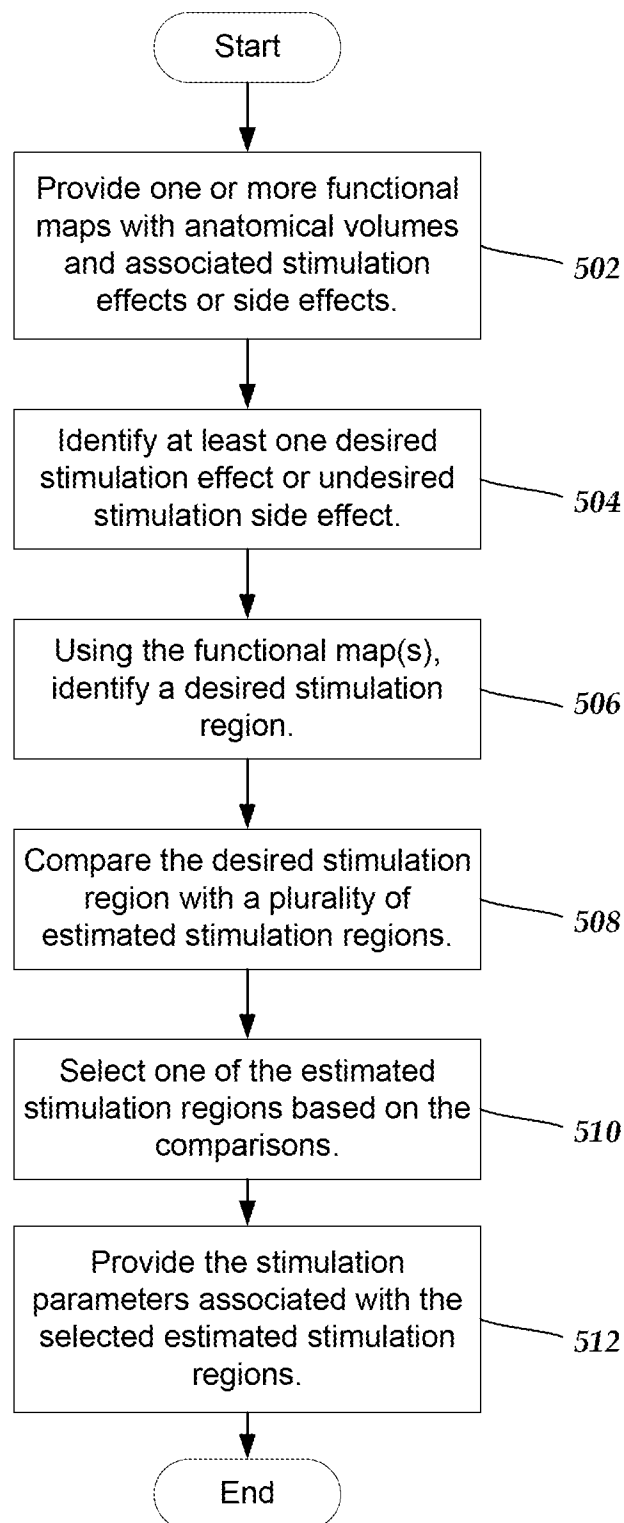
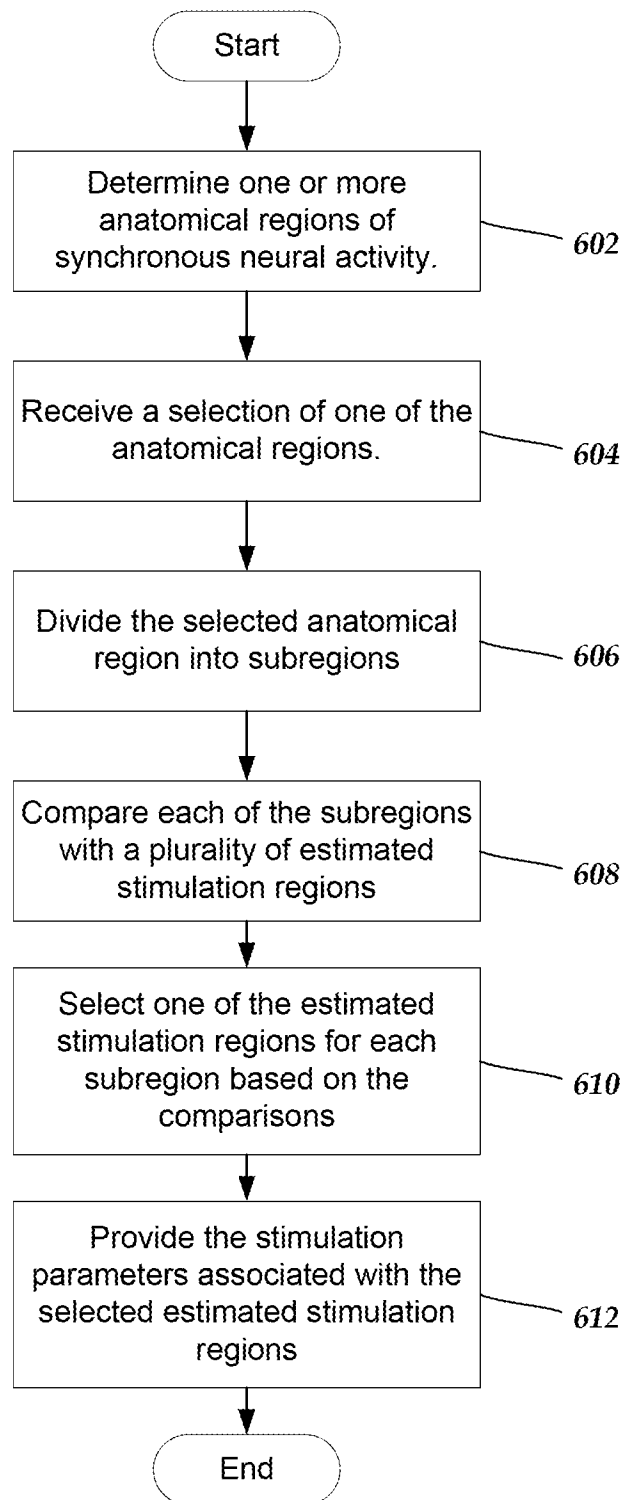


Fig. 4
3/5

**Fig. 5**

**Fig. 6**

INTERNATIONAL SEARCH REPORT

International application No
PCT/US2016/039641

A. CLASSIFICATION OF SUBJECT MATTER
INV. A61N1/36 A61N1/372 G06F19/00
ADD.

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
A61N G06F

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

EPO-Internal, WPI Data

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 2013/150922 A1 (BUTSON CHRISTOPHER R [US] ET AL) 13 June 2013 (2013-06-13) the whole document -----	1-15
X	US 2012/265268 A1 (BLUM DAVID ARTHUR [US] ET AL) 18 October 2012 (2012-10-18) paragraphs [0059] - [0066], [0097], [0101] - [0105]; figures 5,13,14A,14B -----	1,4,8
X	US 2006/017749 A1 (MCINTYRE CAMERON C [US] ET AL) 26 January 2006 (2006-01-26) the whole document -----	1,4,8
X	US 2012/330622 A1 (BUTSON CHRISTOPHER R [US] ET AL) 27 December 2012 (2012-12-27) the whole document -----	1,4,8



Further documents are listed in the continuation of Box C.



See patent family annex.

* Special categories of cited documents :

"A" document defining the general state of the art which is not considered to be of particular relevance

"E" earlier application or patent but published on or after the international filing date

"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

"&" document member of the same patent family

Date of the actual completion of the international search

17 August 2016

Date of mailing of the international search report

25/08/2016

Name and mailing address of the ISA/

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INTERNATIONAL SEARCH REPORT

Information on patent family members

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