

## **3<sup>rd</sup> International Conference and Exhibition on**

## **Physical Medicine & Rehabilitation**

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## The role of peripheral nerve injections in the diagnosis and treatment of CRPS

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Complex Regional Pain Syndrome (CRPS) has been a very difficult pain syndrome to diagnose and treat, primarily because the criteria are clinical, and the treatments primarily symptomatic. Most of the research on CRPS has focused on the central sensitization, but there has been a recent recognition of the peripheral disease mechanisms that may trigger and maintain CRPS. The onset of CRPS is usually triggered by an injury (which may have been "trivial") with resultant pain, sensory dysfunction, edema, and trophic changes that can spread to other areas of the body. Classically, CRPS has been divided into Type I (without a nerve lesion) and Type II (with a documented nerve injury), and has been regarded as primarily a disorder of the central nervous system mediated by sympathetic dysfunction. Type I is much more common, and may reflect an unrecognized small peripheral nerve entrapment. The lack of diagnosis and therefore treatment of an underlying pathology (peripheral nerve entrapment) may have contributed to the lack of consistent response to a wide variety of treatments. This lecture will focus on the potential mechanism of injury (peripheral nerve entrapment), leading to the initiation and perpetuation of CRPS. Several clinical scenarios will be presented, illustrating these mechanisms, describing the diagnostic injections as well as the cryoanalgesia techniques for treatment.

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## Exercise is medicine for preventing Type 2 diabetes

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Type 2 diabetes is a metabolic condition in which the person's fasting blood sugar becomes higher than normal. In 2012, diabetes affected ~29.1 million adults in the US. Its economic burden was \$245 billion; this represents a 41% cost increase from 2007 to 2012. Attention is now being given to a high risk group called "pre-diabetics" in which a person has a blood sugar that is higher than normal but does not meet the criteria for T2DM (Type 2 Diabetes Mellitus). In 2012, the estimated number of adults with pre-diabetes was 86 million and 70% of these patients transition to T2DM within 3 to 6 years. Current treatment for pre and diabetes includes pharmaceutical and lifestyle intervention. In 1995, Metformin became the medication of choice for diabetes and it is recommended by the American Diabetes Association as the first line medication. However, since 1995 the incidence of diabetes has risen almost 73% from 8 million to 29.1 million. In a study by the Diabetes Prevention Program, participants were divided into placebo, metformin or lifestyle intervention groups and followed for an average of three years. The incidence of diabetes was still better in the lifestyle group than metformin group; 58% and 31% respectively. If the rise in diabetes is to be turned back then lifestyle interventions must become the first line agent.

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