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Rehabilitative approach of pelvic floor dysfunctions

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The common denominator in pelvic floor dysfunctions is now recognized as being neuro-muscular. Neurophysiology is assuming an ever increasing role in the diagnosis and management of pelvic floor disorders which may be caused by nerve dysfunction, non-relaxing pelvic floor muscles or both. Urologic disorders and pelvic pain present an obvious relationship. The majority of the urologic chronic pelvic pain syndromes arise from either a possible urinary bladder source known as interstitial cystitis or prostate source known as prostate pain syndrome. Patients' evaluation should start with detailed history and examination. Neurophysiological studies as urodynamics, manometry studies and electrodiagnosis (as EMG, pudendal nerve conduction studies, sacral reflexes and evoked potentials) are helpful in assessing dysfunctions. Rehabilitation of pelvic floor dysfunctions is individualized, depending on the specific etiology. Conservative therapies include behavior modification, pelvic floor therapy, and biofeedback therapy, percutaneous stimulation of the posterior tibial nerve and myofascial release techniques of trigger points. Botulinum toxin injection is effective in reducing urethral sphincter resistance or detrusor overactivity and is used also in treating chronic obstructive constipation. Sacral neuromodulation can be used in the management of refractory voiding dysfunction or selected cases of fecal incontinence.

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New dynamics! New success

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Technological, social and cultural innovations of the last 150 years provided Western society with new and in number expanding generations: those of the old and the very old. These demographic developments demonstrate immense societal success that can be attributed among others to mostly top down organized politics and policies and their focus on urbanization, technical industrialization and education of the population, combined with improvement of prevention-, care- and cure-concepts. The dynamics of this world wide innovation-process continue in a more bottom up fashion and gradually results in new health and health-related paradigms for the next generations, aligned seeking for new success. Physiotherapy is ever since part of the aforementioned process and contributed greatly to this success. Likewise, the profession may play its role in the emerging new paradigms and concepts. Consequently it is time to compliment the profession on the base of several scientific examples and, at the same time, to start an international movement to operate hand in hand in a global fashion to not just seek new success, but truly find and grasp it. Thereby striving for societal, economic and scientific impact for those in need, while battling the endemic problem of physical activity and sedentary behaviors of the public, at large is of great concern.

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