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Physiotherapy management of COPD exacerbations**Juan E Keymer R**

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COPD is a preventable and treatable disease with some significant extrapulmonary effects that may contribute to the severity in individual patients. Its pulmonary component is characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lungs to noxious particles or gases. Today it is the 4th leading cause of death in the US and the 9th in Chile, meaning 10% of adult patient hospitalization. The European Union has estimated an expenditure of 38.6 billion euros in pac with COPD. COPD can be classified as mild, moderate, severe and very severe. Respiratory mechanics is altered due to an increase in lung volume (CRF), with flattening of the diaphragm and loss apposition area of the diaphragm. This is because increase in inflammatory airways with small accumulation of inflammatory cells and edema of mucous plugs in walls bronchioles. The leading cause of hospitalization of these patients is the exacerbation of COPD, which is an event characterized by a change in breathlessness, cough and/or expectoration baseline patient beyond the daily variability, enough to justify a change in treatment. Patients experiencing frequent exacerbations of COPD have higher mortality, reduced exercise capacity and muscle atrophy. The etiology of exacerbations causes an increase in small airway inflammation, aggravations added co-morbidity and airway damage. The clinical management of exacerbations is mainly to: bronchodilators, corticosteroids, antibiotics, oxygen therapy strategies bronchial hygiene and noninvasive mechanical ventilation. You are the last two ones that will develop, showing how to prevent and treat complications of prolonged rest and the benefits of VNI.

Biography

Juan E Keymer R is graduated in 1994 as a Kinesiologist at the Universidad Pontificia Catholic University of Chile. Subsequently, he did his post-graduation at the Catholic University of Maule in 1996 and specialized in Respiratory Kinesiology. He has been a recognized speaker at national conferences of respiratory and intensive area in Chile. In 2007, he is certified through the Latin American Council of Respiratory Therapy as a Respiratory Therapist. In 2010, he works in the union sphere as President Division of Kinesiology Chilean Society of Intensive Care Medicine. In 2015, he is elected nationally as a National Treasurer of the College of Physiotherapists of Chile. He is currently the Technical Head of the UPC in German Clinic of Santiago, a National Technical Advisory at dellnstituto Chest of Chile and Director of Graduate Intensive Kinesiology at the University of Chile Development.

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