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1628th Conference

4th Global Experts Meeting on Parkinson's & Movement Disorders

May 14-15, 2018 Singapore

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Scientific Tracks & Abstracts (Day 1)

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Deep brain stimulation in parkinson's disease: Review and update

Harini Sarva^{1, 2} ¹Weill Cornell Medicine, USA ²NY Presbyterian Hospital, USA

Deep brain stimulation has revolutionized parkinson's disease management since its inception nearly two decades ago. Various studies have reported its efficacy in treating the motor symptoms of PD with benefits lasting for years, primarily with regards to tremor, rigidity and bradykinesia. Although non-motor symptoms and gait are not well treated with subthalamic nucleus or pallidal stimulation, DBS plays a major role in improving the quality of life of individuals with advanced PD, characterized by Levodopa-induced motor fluctuations and dyskinesia. In addition, there is an impetus for earlier implantation and treatment with DBS as stimulation along with medical management has been shown to be more advantageous when compared with best medical management alone. Although, the entire mechanism of action of DBS is not understood, its potential role in treating aberrant neuronal firing is an exciting concept and has fostered research into newer technologies and continuous loop stimulation. While the risk of hemorrhage and infection are low they are not negligible and likely represent cumulative data over the last 20 years. This talk will review appropriate patient selection, current studies, newer targets and upcoming technological advances in DBS for PD.

Biography

Harini Sarva is a trained fellow and Movement Disorders Neurologist, currently the Clinical Director of the Weill Cornell Parkinson's Disease and Movement Disorders Institute. She is the Lead Neurologist of DBS program. She has authored and co-authored several peer-reviewed papers and presented her work at national and international conferences. She is presently working on the use of wearable devices to better enhance the evaluation of DBS patients.

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Exercise to improve walking abilities in individuals with parkinson's disease

Ray-Yau Wang

National Yang-Ming University, Taiwan

Parkinson's Disease (PD) is a neurodegenerative disease that affects the brain and results in gait dysfunction due to impaired movement control, such as tremor, rigidity, bradykinesia, and postural instability. The gait dysfunction is demonstrated as decreased walking speed and difficulties in advanced walking including turning and obstacle crossing performance. Such gait dysfunction may affect the functional independence and increase the fall risks. Therefore, training to improve gait performance is essential for people with PD. Treadmill training can improve gait speed, stride length ad walking distance due to mass practice and forced use. The turning-based treadmill training has been reported to improve turning performance due to the task-specificity. The non-invasive brain stimulation, such as the repetitive Transcranial Magnetic Stimulation (rTMS) has been proposed to prime the brain activity to enhance the following training effects. It is noted that the rTMS followed by treadmill training alone.

Biography

Ray-Yau Wang has received her entry-level Physical Therapy training in National Taiwan University, Master's degree in Physical Therapy in Emory University, and practiced as a Physical Therapist in the Rehabilitation Center, Emory University Hospital, USA. She has completed her PhD in Physiology at National Yang-Ming University and is currently the Faculty in Department of Physical Therapy and Assistive Technology, National Yang-Ming University. She concentrates and engages in the physical therapy and medical research in the area of neurorehabilitation. One of her major research areas is to develop the treatment protocols for patients with stroke and parkinson's disease.

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PARKINSON'S & MOVEMENT DISORDERS May 14-15, 2018 Singapore

Rehabilitation outcomes with deep drain stimulator in a patient with lubag disease: A case study

Deborah Symons Queensland Health, Australia

Lubag disease, an X-linked dystonic parkinsonism is a rapidly progressive and disabling neurodegenerative disease affecting mainly male Filipinos with origins from Panay Island. Deep brain stimulators have been used with promising results in parkinson's disease. After failed medical management, a deep brain stimulator was inserted for pain management and symptom control in a patient with advanced lubag disease. Once medically stable from the operative procedure, the patient was transferred to an intensive inpatient rehabilitation program including physiotherapy, occupational therapy upper limb therapy and speech pathology with swallow rehabilitation. Functional independence measure scores were assessed on admission to the rehabilitation unit and on discharge. There were extensive improvements in functional outcomes after intensive inpatient rehabilitation.

Biography

Deborah Symons is currently working as Consultant Neurologist at Queensland Health in Australia.

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