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Non- Pharmacological interventions for Lateral Axial Dystonia (Pisa syndrome) in Parkinson's diseases: A review

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Ostural deformities are frequent and disabling complication of Parkinson's diseases. Pisa syndrome (PS), or lateral axial dystonia is a postural deformity characterized by a marked lateral flexion of trunk. PS studies showed patterns of trunk muscles hyperactivity ipsilateral or contralateral to bending side. Recent evidences found that PS is correlated with more impairments vestibulospinal tract, upper limb functions, spine pain, and quality of life. The aim of this abstract to review the non-pharmacological interventions for PS in Parkinson's diseases through MEDLINE database. The current evidence shows a set of non-pharmacological interventions address PS as: exercise interventions, Botulinum toxin, spine surgery, spinal cord stimulation, and subthalamic deep brain stimulation. The studies show positive effects for exercise interventions, Botulinum toxin,

spinal cord stimulation, and deep brain stimulation on lateral trunk deformity, spine pain, and motor impairments. Spine surgery did not improve spine deformities or motor impairments. Exercise and Botulinium toxin recommended considering the hyperactive muscles regardless the bending side. Observational studies found that the more impaired muscles are paraspinal, abdominal oblique, rectus femoris, rectus abdominis, external oblique, and quadratus lumborm. According to the previous findings, non-pharmacological interventions except spine surgery are beneficial option for PS. More consideration for the impaired muscle, dystonia characteristics, and trunk proprioception is required to treat and rehab patients with PS.

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