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Minimally invasive cosmetic dentistry

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With the changes in dental materials, techniques, the old adage of "extension for prevention" and the confusion over when we need to prepare and what exactly are no prepare veneers, Dr. Goodlin will share with you some techniques that can be used from the simplest cases to full mouth reconstruction, allowing the practitioner to provide minimally invasive dentistry, preserving enamel and structural integrity of the teeth in a predictable and easy way that is sure to elevate your dentistry to the next level! Dr Goodlin will also provide a condensed 20-30 minutes inspirational talk showing the basic technique utilizing a mock up to guide your diagnosis and treatment planning through to final restorations! This one is a life changer!

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An outcomes comparison of the effects of aquatic and robotic-based rehabilitation for children with cerebral palsy

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Background: Children and adolescents with cerebral palsy (CP) experience many types of disabilities and functional impairments that effect motor function and the gait cycle. The physical rehabilitation of children with CP commonly places therapeutic emphasis on improving muscle strength, physical and cardiorespiratory fitness, motor control and functional independence. The therapeutic environments of both aquatic and robotic-based therapies provide additional benefits to the rehabilitation process by reducing the effects of gravity. However, with multiple intrinsic differences between them, little research has been performed to compare the outcomes of these therapies. While the aquatics therapies have been widely used as a rehabilitative modality for pediatric CP, robotic-assisted gait training (RAGT) is a relatively novel therapeutic approach to gait therapy. Several studies have examined the efficacy of both the therapeutic modalities.

Purpose: The purpose of this review is to examine the trends in the therapeutic efficacy of utilizing aquatic and RAGT therapies as a restorative modality for motor, cardiovascular and gait performance for children with CP.

Results: The present studies show that RAGT therapies may provide multiple therapeutic benefits to children with CP, including statistically significant improvements in gross motor function and multiple gait characteristics. Additionally, the available documented evidence in aquatic CP rehabilitation supports the idea that aquatic exercise therapy may be beneficial for children and adolescence with CP, with considerable evidence supporting improvements in gross motor function. Aquatic and RAGT therapies show similar outcomes in most functional tests and may be a safe and favorable complement to current physiotherapy regimens.

Conclusion: Various degrees of functional improvements are a noticeable trend among all presented studies. Further studies in both therapeutic modalities are warranted, and implementation of similar therapeutic protocol may be valuable to a rehabilitation care plan. The highly repetitive and task-specific nature of both therapies may provide a valuable paradigm for children with CP who have never learned a normal gait pattern.

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