Abstract

Introduction: Diabetes mellitus is one of the major diseases in the world that affect more than 8% of adults meaning approximately 380 million people. It is estimated that in less than 20 years the number of people with DM will reach 600 million. The costs for diabetes mellitus treatment is huge and more than half is spent for its complications. This disease is associated with morbid obesity linked to blindness, renal failure, atherosclerotic vascular diseases and lower limb amputation.

Materials and methods: The aim of this study is to identify non-pharmacological methods, mainly diet and exercise, in which patients diagnosed diabetes mellitus maintain their functions and independence for as long as possible. Recovery program includes:

- Aerobic effort - can include a series of rhythmic and dynamic activities that involve the big muscle groups and are aimed at improving exercise capacity, weight control and increasing muscle strength.
- Muscle growth exercises performed with light weights or apparatus, involving a large number of repetitions used to improve tonus and increase muscle strength.
- Flexibility exercises.

Frequency of exercise sessions depends on the type of exercise, aerobic exercises can be performed at a frequency of 5-7 times/week, while strength exercises are recommended only 2-3 times/week. Balneo-physiotherapy treatment includes thermotherapy and hydro-mineral cures. Thermotherapy is applied in compensated forms and has the role of stimulating burning processes in the body, and therefore, consumption of glucose or fat storage.

Results and conclusions: Physio-kinesiotherapy recovery methods contribute to maintaining healthy joints, kinesthetic information preservation, avoiding musculoskeletal and redness reversals, maintaining muscle trophicity, improving local vasculature and trophicity, improving functional capacity.