

Dr. Gurpreet Singh Padda, MD: Half of Diabetic Nerve Damage Causes No Symptoms, and It Still Causes Falls

For Falls Prevention Awareness Week, Dr. Gurpreet Singh Padda, MD argues that lost sensation in the feet is a mechanical emergency long before it's painful one

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EINPresswire.com/ -- Dr. Gurpreet

Singh [Padda](#), MD, MBA, MHP, who

directs [Regenerate](#), a physician-led peripheral neuropathy clinic in St. Louis, is marking Falls Prevention Awareness Week by making the mechanical case for finding a patient population that currently gets found by accident. Roughly 40 percent of people with diabetes develop peripheral neuropathy. As many as half of those cases produce no symptoms at all, which means nerve



Regenerate Logo

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Every fall I see happened in the three-tenths of a second nobody measures.”

*Dr. Gurpreet Singh Padda,
MD, MBA, MHP*

damage already present in people who have not noticed it and have not been told (ADA Standards of Care in Diabetes 2026, section 12, Diabetes Care 2026;49(Suppl. 1): S261).

Those patients are not spared. They are unwarned, and the warning is what the fall usually delivers.

Balance is a sensory calculation.

Balance is not maintained by the inner ear alone. It depends continuously on proprioceptive and cutaneous feedback from the feet: pressure, position, texture, the precise moment a heel meets a surface. That stream is fast, unconscious, and constantly correcting, and almost nobody is aware of running it.

When protective sensation degrades, the stream thins. The body compensates with a wider, more cautious, less efficient gait, and by leaning harder on vision. The strategy works in daylight on a level floor. It fails at night, on stairs, on uneven ground, and in the moment of an unexpected perturbation, which is precisely when falls happen. The compensation is also invisible in a clinic, because a clinic is a bright room with a flat floor.

"A patient can stand still perfectly well in my office and be unsafe on their own stairs at two in the morning," Dr. Padda said. "Standing still is not the test. Recovery from a stumble is the test."

The muscle problem underneath

Sensory loss is only half the mechanism. The other half is metabolic, and it is the half that gets assigned to age rather than to disease.

Insulin resistance impairs skeletal muscle protein synthesis, and type 2 diabetes accelerates age-related loss of muscle mass and, more importantly for falls, muscle power, the ability to generate force quickly. Recovering from a stumble is a power task measured in fractions of a second. It is not a strength task, and a patient who can rise from a chair without difficulty may still have nothing available in the window that actually matters.

So the patient with long-standing diabetes frequently arrives with both failures at once: degraded sensory input telling them where they are, and degraded neuromuscular output letting them do something about it. Vitamin D insufficiency, common in this population, compounds the muscular side. Neither failure is likely to be the reason the patient came in.

This is why the clinic treats falls risk as a metabolic finding rather than a geriatric one. Framed as geriatric, it gets a handout. Framed as metabolic, it gets a workup.

"We count amputations," Dr. Padda said. "We do not count the falls, and the falls take the independence first."

What evaluation should include

Regenerate begins with electrodiagnostic testing, nerve conduction studies and needle electromyography performed on site, to establish whether a nerve is compressed, metabolically injured, or both, and to localize it. That distinction directs treatment. It also gauges how much protective sensation remains, which matters for balance and which a symptom history cannot provide, since half of these patients have no symptoms to report.

Care includes balance and gait training aimed at the specific instability of advanced neuropathy rather than general deconditioning, durable medical equipment prescribed and dispensed as part of rehabilitation, and wound care for patients with reduced protective sensation. Treatment of the underlying nerve injury may include peripheral or vagal nerve stimulation, endoscopic decompression where entrapment is present, photobiomodulation, or infusion therapy addressing metabolic and oxidative drivers.

The home is treated as part of the clinical picture, not an afterthought. Lighting, thresholds, stair

rails and bathroom transfers are where the mechanism the clinic has just measured meets the environment the patient actually lives in.

"Home safety is a prescription," Dr. Padda said. "Grab bars and lighting are not lifestyle advice to a patient who cannot feel the floor."

ABOUT REGENERVE

Regenerve, Advanced Peripheral Neuropathy Treatment Center, is a physician-led clinic in St. Louis, minutes from St. Louis Lambert International Airport, and is led by Dr. Gurpreet Singh Padda, MD, MBA, MHP, a board-certified pain physician. Care targets the underlying causes of nerve damage: metabolic, autoimmune, nutritional, structural, and toxic.

Dr. Gurpreet Singh Padda, MD, MBA, MHP

Regenerve

+1 314-886-5902

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