



This Study investigated the effects of Galileo Therapy in combination with treadmill therapy on gait parameters and walking distance in stroke patients.

Both groups received identical treadmill therapy (20 minutes, 3 times per week, over a period of 6 weeks).

The Galileo group received additional Galileo Therapy as a warm-up/pre-conditioning of just 4,5 minutes per session

(4*45 sec. + pause) at 20-30Hz (6 exercises with increasing intensity (Week 1-2: weight shift, slight squats, Week 3-4: weight shift, Lunges, Week5-6: one leg stand, deep squat).

The Galileo group showed significantly higher results on all functional parameters with improvements by a factor 3.25 (+225%) higher than treadmill therapy itself.

This study is a typical example of the practical experiences in the combination of Galileo Therapy e.g. as preparation for other established therapy methods: Improved therapy results with only little extra time –

The question remains: How much could be achieved if more extra time would be invested in the Galileo Therapy?



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Whole-Body Vibration Combined with Treadmill Training Improves Walking Performance in Post-Stroke Patients: A Randomized Controlled Trial.

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BACKGROUND

Stroke is characterized by an asymmetrical gait pattern that causes poor stability and reduces overall activity levels.

The aim of this study was to investigate the effect of whole-body vibration combined with treadmill training (WBV-TT) on walking performance in patients with chronic stroke.

MATERIAL AND METHODS

Thirty ambulatory chronic stroke patients were randomly allocated to the WBV-TT group or the treadmill training (TT) group.

The participants in the WBV-TT group performed 6 types of exercises on a vibrating platform for 4.5 minutes and then walked on the treadmill for 20 minutes.

The participants in the TT group conducted the same exercise on a platform without vibration and then walked on the treadmill in the same manner.

The vibration lasted for 45 seconds in each exercise, and the intervention was performed 3 times weekly for 6 weeks.

The treadmill walking speed was gradually increased by 5% in both groups. The outcome measures included the temporospatial parameter of gait (GAITRite®) and 6-minute walk test.

RESULTS

The WBV-TT group showed significant improvements in walking performance with respect to walking speed, cadence, step length, stride length, single-limb support, double-limb support, and 6-minute walk test compared with baseline ($p < 0.05$).

Significant improvements were also seen in walking speed, step length, stride length, and double-limb support compared with the TT group ($p < 0.05$).

CONCLUSIONS

These findings indicate that WBV-TT is more effective than TT for improving walking performance of patients with chronic stroke.

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