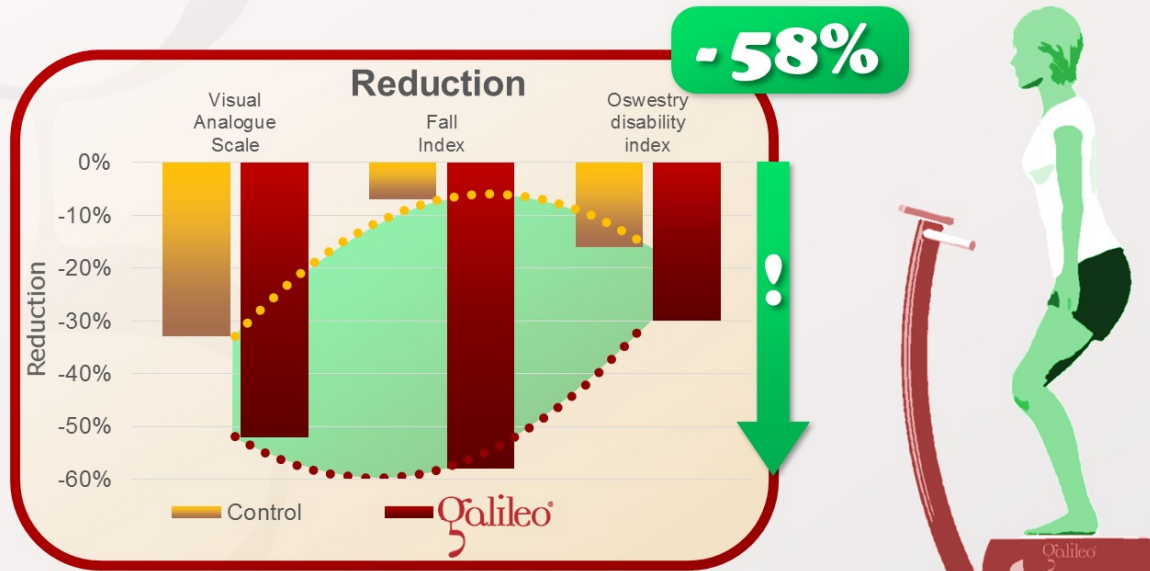


Can Galileo Training reduce back-pain and fall-risk at the same time ?

The answer is: YES

This study examined whether Galileo Training can decrease back-pain and fall-risk while improving balance for patients with chronic back-pain (18 Hz, 5 min., 2/week, 12 weeks, slightly bent knees, Pos. 2). The control group used intensive lumbar stability training. The Galileo Training Group improved significantly (improvement fall-index: 58%, back-pain 52%) while the exercise time was much shorter than in the control group.



Yang J, Seo D: The effects of whole body vibration on static balance, spinal curvature, pain, and disability of patients with low back pain.; J Phys Ther Sci, 27(3):805-8, 2015; PMID: 25931735; GID: 3900

This study from Korea uses the identical Galileo Training exercises as the study from 2002 #GRFS25 from Rittweger et.Al. It also uses the simple set-up of Galileo Training at 18Hz for 5 minutes twice a week, knees bent slightly.

And it also reports the results of Rittweger et.Al. with a reduction of 52% of back-pain (VAS-scale) within 12 weeks.

In addition, less subjective parameters like Posturography (balance) and fall risk (fall index) were used which improved by 58% and the Oswestry disability index, which describes the limitations on every-day living caused by a condition which improved by 30%.

All this with only 5 minutes of training per session!

The control group used a time consuming lumber spine exercise program focusing on stretching but showed much smaller results.



[J Phys Ther Sci](#). 2015 Mar;27(3):805-8. doi: 10.1589/jpts.27.805. Epub 2015 Mar 31.

The effects of whole body vibration on static balance, spinal curvature, pain, and disability of patients with low back pain.

Yang J¹, Seo D².

Abstract

PURPOSE

The purpose of this study was to investigate the impact of whole body vibration (WBV) on static balance, spinal curvature, pain, and the disability of patients with chronic lower back pain.

SUBJECTS AND METHODS

The subjects were of 40 patients, who were randomly assigned to WBV and control groups. Twenty-five minutes of lumbar stability training and 5 minutes of WBV were conducted for the WBV group, and 30 minutes of lumbar stability training was conducted for the control group. The training was conducted three times per week for a total of 6 weeks. Static balance, spinal curvature, pain, and disability were measured before and after the intervention.

RESULTS

After the intervention, the WBV group showed a significant differences in static balance, spinal curvature, pain, and disability. The control group presented significant differences in pain, and disability. In the comparison of the two groups, the WBV group showed more significant improvements in the fall index and pain.

CONCLUSION

WBV can be recommended for the improvement of the balance ability and pain of chronic lower back pain patients.

PMID: 25931735 PMCID: [PMC4395719](#) DOI: 10.1589/jpts.27.805