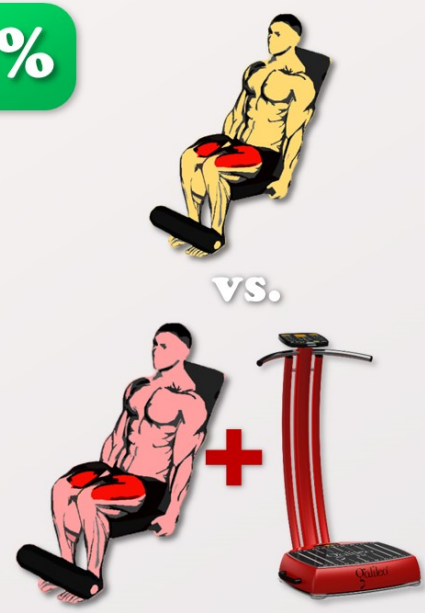
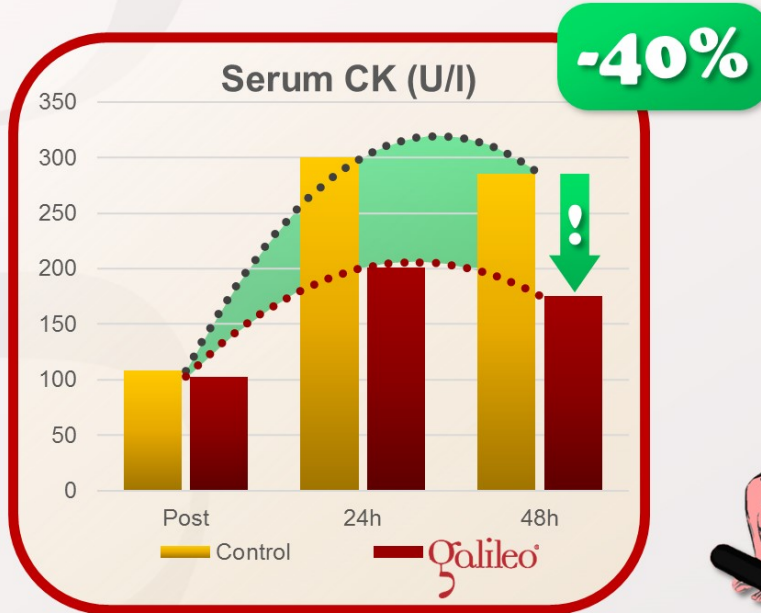


Can Galileo Training reduce Creatine Kinase ?

The answer is: YES

This study examines the influence of additional Galileo Training on delayed muscle soreness. Both groups trained eccentric Quadriceps extensions at 120% 1RM. The Galileo group added 3 minutes of Galileo training at 12Hz. Galileo Training reduced the muscle soreness by 50 and Creatine Kinase (CK) levels by 40%.



Timon R. et.al.: Effects of whole-body vibration after eccentric exercise on muscle soreness and muscle strength recovery.; J Phys Ther Sci, 28(6):1781-5, 2016; PMID: 27390415; GID: 4212



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Effects of whole-body vibration after eccentric exercise on muscle soreness and muscle strength recovery.

Timon R1, Tejero J1, Brazo-Sayavera J1, Crespo C1, Olcina G1.

Abstract

PURPOSE:

The aim of this study was to investigate whether or not a single whole-body vibration treatment after eccentric exercise can reduce muscle soreness and enhance muscle recovery.

SUBJECTS AND METHODS:

Twenty untrained participants were randomly assigned to two groups: a vibration group (n=10) and control group (n=10). Participants performed eccentric quadriceps training of 4 sets of 5 repetitions at 120% 1RM, with 4 min rest between sets. After that, the vibration group received 3 sets of 1 min whole body vibration (12 Hz, 4 mm) with 30 s of passive recovery between sets. Serum creatine kinase, blood urea nitrogen, muscle soreness (visual analog scale) and muscle strength (peak isometric torque) were assessed.

RESULTS:

Creatine kinase was lower in the vibration group than in the control group at 24 h (200.2 ± 8.2 vs. 300.5 ± 26.1 U/L) and at 48 h (175.2 ± 12.5 vs. 285.2 ± 19.7 U/L) post-exercise. Muscle soreness decreased in vibration group compared to control group at 48 h post-exercise (34.1 ± 11.4 vs. 65.2 ± 13.2 mm).

CONCLUSION:

Single whole-body vibration treatment after eccentric exercise reduced delayed onset muscle soreness but it did not affect muscle strength recovery.

PMID: 27390415 PMCID: [PMC4932056](https://pubmed.ncbi.nlm.nih.gov/PMC4932056/) DOI: [10.1589/jpts.28.1781](https://doi.org/10.1589/jpts.28.1781)