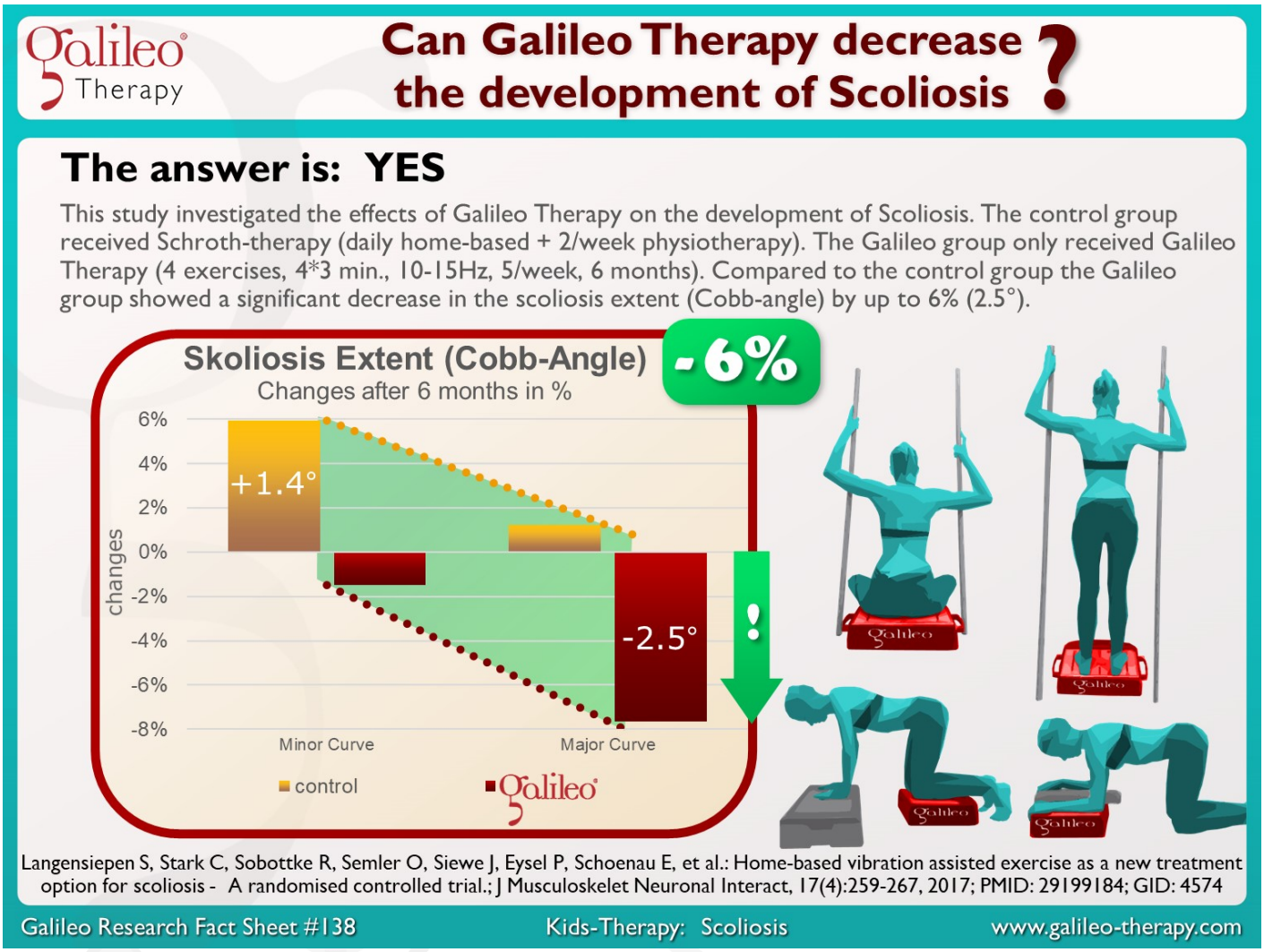

This study investigated the effects of Galileo Therapy on the development of Scoliosis. The study tested the extent of the scoliosis (Cobb-angle) before and after 6 months of Galileo Therapy.

The control group received their standard therapy (in this case Schroth therapy) daily home based and 2 times per week 1 hour advised by a physiotherapist.

The Galileo group received only Galileo Therapy (4*3 minutes, 5 sessions per week, 10-25Hz).

Each session consisted of 4 different exercises with using additional simple tools for posture correction:

Upright standing (16-20Hz, relaxation), sitting (18-25Hz, strengthening), quadruped arms (10-20hz, relaxing), quadruped legs (10-20Hz, relaxing).

While the control group was quite stable and in some aspects even worsened, the Galileo group in average could show a significant decrease in the extent of the Scoliosis (Cobb-angle) of up to 6% (-2.5°).

Galileo Therapy therefore can be used to compensate muscular effects causing Scoliosis.

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Home-based vibration assisted exercise as a new treatment option for scoliosis - A randomised controlled trial.

Langensiepen S[1], Stark C, Sobottke R, Semler O, Franklin J, Schraeder M, Siewe J, Eysel P, Schoenau E.

OBJECTIVES:
The aim of this study was to evaluate the effect of scoliosis specific exercises (SSE) on a side-alternating whole body vibration platform (sWBV) as a home-training program in girls with adolescent idiopathic scoliosis (AIS).

METHODS:
40 female AIS patients (10-17 years) wearing a brace were randomly assigned to two groups.

The intervention was a six months, home-based, SSE program on a sWBV platform five times per week. Exercises included standing, sitting and kneeling.

The control group received regular SSE (treatment as usual). The Cobb angle was measured at start and after six months. Onset of menarche was documented for sub-group analysis.

RESULTS:
The major curve in the sWBV group decreased significantly by -2.3° (SD±3.8) (95% CI -4.1 to -0.5; P=0.014) compared to the difference in the control group of 0.3° (SD±3.7) (95% CI -1.5 to 2.2; P=0.682) (P=0.035).

In the sWBV group 20% (n=4) improved, 75% (n=15) stabilized and 5% (n=1) deteriorated by ≥5°.

In the control group 0% (n=0) improved, 89% (n=16) stabilized and 11% (n=2) deteriorated. The clinically largest change was observed in the 'before-menarche' sub-group.

CONCLUSIONS:
Home-based SSE combined with sWBV for six months counteracts the progression of scoliosis in girls with AIS; the results were more obvious before the onset of the menarche.

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