Galileo Training — Can 8 weeks of Galileo Training at age 80 decrease fall risk and improve quality of life **?**
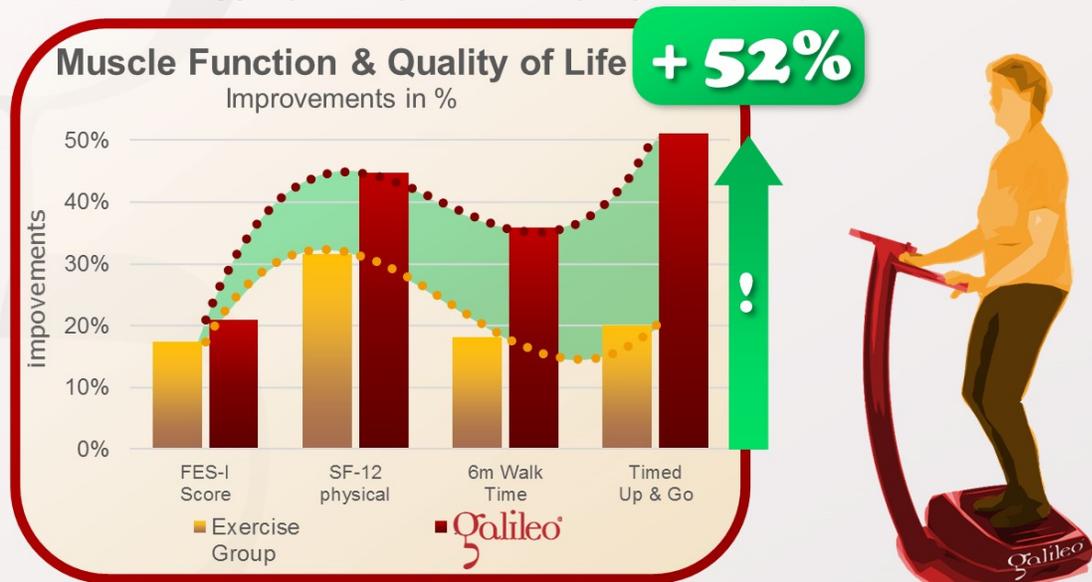
The answer is: YES

This study reported the effects of 8 weeks of Galileo Training on fall risk, balance and quality of life in high fall risk, frail elderly (age 71 to 88, 15-30Hz, 5*1min., 3/week, 8 weeks). Both groups received additional 180 min. per week training therapy. With only extra 15 minutes per week the Galileo group showed about double the effects of the training group with improvement of quality of life (+44%) and decreased fall risk (-50%).

Muscle Function & Quality of Life **+ 52%**
Improvements in %

[Chart: Improvements (%) for Exercise Group vs Galileo across FES-I Score, SF-12 physical, 6m Walk Time, Timed Up & Go]

- Exercise Group
- Galileo

Pollock RD, Martin FC, Newham DJ: Whole-body vibration in addition to strength and balance exercise for falls-related functional mobility of frail older adults: a single-blind randomized controlled trial.; Clin Rehabil, 26(10):915-23, 2012; PMID: 22324058; GID: 3364

Galileo Research Fact Sheet #53   Home & Wellness: Fall Risk & Quality of Life   www.galileo-training.com

Galileo Training can be used very efficiently to compensate one of the most relevant effects of aging - the loss of muscle function and flexibility causing increased fall and fracture risk.

As already shown in #GRFS49, #GRFS48 and #GRFS42 this study once more shows that even in old age (in this case up to 89 years) Galileo Training improves physical function in balance and muscle power.

In this study high fall risk, frail 72 to 89-year-olds where trained over a period of 8 weeks only. Both groups received intensive physical therapy 3 times for 60 minutes per week. The Galileo group only received an additional 5 minutes Galileo Training per session (up to 30Hz, foot position 2mm to 4mm, legs bent slightly).

Nevertheless, the Galileo Groups showed about double the training effect then the normal training group – concerning quality of life questionnaires (up to 44% improvement) as well as muscle function measured by every-day tasks like 6min. walking speed, balance and Timed up and go test and fall risk with improvements of up to 52%. More evidence for the fact that Galileo Training can be used very effectively at any age and that Galileo Training delivers what it was designed for over 20 years ago by Hans Schießl:

Short Galileo-Training will improve over-all fitness and quality of life in aging!

Whole-body vibration in addition to strength and balance exercise for falls-related functional mobility of frail older adults: a single-blind randomized controlled trial.

Pollock RD[1], Martin FC, Newham DJ.

Abstract

OBJECTIVES:

To investigate the effects of whole-body vibration in addition to an exercise programme on functional mobility and related outcomes for frail older fallers.

DESIGN: *Single-blind randomized parallel group trial.*

PARTICIPANTS:

Frail older fallers: 38 (80 ± 8.6 years) performed the exercise with whole-body vibration (vibration group), and 39 (82 ± 8.1 years) without (exercise group).

INTERVENTION:

Sixty minutes supervised exercise class three times weekly for eight weeks ± whole-body vibration (up to 5 × 1 minute, 15-30 Hz and 2-8 mm peak-to-peak).

MEASUREMENTS:

Timed Up and Go, 6-m walk, static balance, fear of falling (FES-I) and self-reported health status (SF-12 version 2) were assessed at baseline, four weeks (mobility measures only), eight weeks and six months.

RESULTS:

Timed Up and Go and 6-m walk improved in both groups at eight weeks ($P < 0.01$), but significantly more in the vibration group (timed up and go: 38 vs. 20%, $P < 0.05$); 6-m walk: (36 vs. 18.1%, $P < 0.05$, respectively). Balance, fear of falling and physical component of the self-reported health status improved similarly in both groups ($P < 0.05$). At follow-up, no significant differences from baseline remained for any measure. The mean total time experienced was 37% of maximal target.

CONCLUSION:

The addition of whole-body vibration to strength and balance exercise resulted in greater improvements in functional mobility than exercise alone, despite achieving lower than anticipated exposure. Gains from neither intervention were sustained at six months

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