

PEARLS

Clinical question Do automated electromechanical-assisted gait training devices improve walking after stroke? **Bottom line** Patients who receive automated electromechanicalassisted gait training in combination with physiotherapy after stroke are more likely to achieve independent walking than patients receiving gait training without these devices. The devices plus physiotherapy increased walking capacity (mean difference 34 metres walking in 6 minutes) but did not increase walking velocity significantly. The results could be interpreted as preventing one patient remaining dependent in walking after stroke for every four treated. This apparent benefit is, however, not supported by all secondary variables (such as walking speed and walking capacity). Therefore, it is still not clear if such devices should be applied in routine rehabilitation, or when and how often they should be used. Caveat The results must be interpreted with caution because variations between the trials were found with respect to duration and frequency of treatment, and differences in ambulatory status of patients. Further, some trials (2) tested electromechanical devices in combination with functional stimulation. Context Electromechanical-assisted gait training uses specialist machines to assist walking practice, and can reduce dependence on therapists. The machines consist of either of a robot-driven exoskeleton orthosis¹ or an electromechanical solution with two driven foot plates simulating the phases of gait.² Mehrholz J et al. Electromechanical-assisted training for **Cochrane Systematic** walking after stroke. Cochrane Reviews 2007, Issue 4. **Review** Art No: CD006185. DOI: 10.1002/14651858. CD006185.pub 2. This review contains 8 trials involving 414 participants in 6 countries.

Electromechanical assisted training improves walking after stroke

Pearls No. 60, April 2008, written by Brian R McAvoy

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

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PEARLS Practical Evidence About Real Life Situations

Colombo G et al. Journal of Rehabilitation Research and Development 2000;37:693–700. Hesse S et al. Biomedical Engineering 1999;44:194–201.

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