

(Monday, Wednesday and Friday) for a period of 12 weeks. The number of repetitions was increased by 2 after every 4 weeks of training in both groups to reach 12 repetitions by the 12th week. Both groups were tested with Tinnati Gait Evaluation Test in walking gait before the commencement of training, after 4th, 8th and 12th week of training. However, the interval group showed significant improvement even after 8 weeks of training, whereas the continuous group showed such improvement after 12 weeks of training. It was concluded that interval training was a better mode of training to restore walking gait of stroke patients as more workload can be given with this mode of training.

46 COMPARATIVE EFFECT OF INTERVAL AND CONTINUOUS TRAINING ON WALKING GAIT OF STROKE PATIENTS

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10.1136/bjism.2010.078725.46

Walking gait dysfunction has been a major problem among stroke survivors in Nigeria. Several training methods have been used to promote recovery from walking dysfunction among the patients. One of the most widely used methods is stair climbing. It is, however, not clear as to which of the methods of stair climbing has better recovery from walking gait dysfunction among stroke patients. This study was therefore conducted to find out and to compare the effects of 12 week continuous and interval training by stair climbing of walking gait of stroke patients. To achieve this purpose, a total of 12 volunteer stroke patients attending physiotherapy clinics of Ahmadu Bello University, Teaching Hospital, Zaria, were divided into two groups of six subjects each. Group 1 was the interval training group, which has three repetitions of stair climbing of two sets with 5 min of resting interval between sets and 2 min of resting interval between repetitions. Group 2 was the continuous training group, which has eight repetitions of continuous stair climbing without rest. Both groups underwent their respective training modes on alternate days