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Letter to the Editor

Comment to the article: Influence of therapist supervision and body weight support on gait training in stroke patients

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We would like to make a few comments about the study titled "Influence of therapist supervision and body weight support on gait training in stroke patients" published in *Turkish Journal of Physical Medicine and Rehabilitation,* 2025;71(3):325-32.[1] We thank the authors for this labor-intensive publication. Firstly, we note that the study was conducted with a different study design. Factorial design studies are usually preferred, as they allow for the opportunity to answer multiple research questions and allow for the study to be conducted with a smaller number of patients. However, we believe that this study design can pose a problem in answering the research question in medical science.

In the method section of the study, we realize that the order of patient evaluation was determined using a six-sided dice. However, the face of each dice represents which group, as is often the case in factorial design studies, is not clearly defined. This can make it difficult for the reader to understand the study evaluations. It is also mentioned that there was a one-day interval between assessments. We believe that the learning factor of the patients may also be influential in these similar walking evaluations. Confounding or blocking effects may occur in factorial design studies.[2] One of the treatment goals in stroke is to restore and improve walking function in patients. Previous studies have shown that bodyweight-supported walking training is more effective on walking function than conventional methods.[3,4] However, Chan Hyun et al.[1] conducted a study evaluating patients only once, which may not provide sufficient evidence. Furthermore, the use of different bodyweight-supported walking devices may have contributed to differences between studies. The patients included in the study were those currently with a Functional Ambulation Category (FAC) of 3 or above. This suggests that the patients at the worst level are those requiring only supervision. In this case, weight-supported walking training may not be necessary for these patients in routine treatment. The very short study duration, single-center design, and absence of detailed demographic data, such as comorbidities, history of falls, and stroke burden, may have limited the ability to assess their potential impact on the outcomes. The lack of statistically significant differences in outcome measures may, at least in part, be attributable to these methodological constraints. Collectively, the limitations acknowledged by the authors complicate the interpretation and robustness of the study findings.

In conclusion, we believe that further double-blind, prospective, randomized studies would provide greater reliability in terms of study results. Furthermore, gait training with weight support and/or supervised gait training may be necessary in stroke patients, depending on the individual needs of the patients.

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