

Preliminary effects of a rehabilitation protocol based on the Policettivo System® on posture, balance and neuromotor control



Dr. Giuliano Baron Physiotherapist Creator of the Policettivo System®

Founder of Physiomood Physiotherapy Centre San Zenone degli Ezzelini (Treviso), Italy

In brief, honestly

IMMEDIATE EFFECT (SINGLE SESSION)

Reduced postural sway in most subjects, clearer with eyes closed (area: 6 of 8) and consistent across the three parameters. It is the study's most solid signal.

AT FOUR WEEKS (AT REST)

A mixed, parameter-dependent picture, with no single direction. Strictly preliminary data — not proof of maintenance.

 reduced sway  increase

Cyber-Sabots/Ouaknine platform · descriptive analysis · no efficacy claim

Abstract

INTRODUCTION

Postural control is a complex function of the central nervous system resulting from the continuous integration of somatosensory, vestibular and visual information. The quality of sensory input from the

plantar surface contributes to the regulation of balance, load distribution and motor strategies during standing and movement. [1,2]

The Policettivo System® is a rehabilitation model that combines therapeutic exercise with the selective modulation of sensory input through the use of Policettivo Helical Cushions. The model arises from the hypothesis that combining selective sensory stimulation with therapeutic exercise may promote neuromotor adaptations observable through changes in postural control and balance.

OBJECTIVE

To carry out a preliminary assessment of the effects of a Policettivo System® rehabilitation protocol on the main clinical, postural and stabilometric parameters in subjects with impaired postural control.

MATERIALS AND METHODS

A prospective pilot study lasting approximately four weeks was conducted on nine volunteer participants. All subjects underwent an initial clinical assessment including postural observation, photographic documentation, functional tests and stabilometric evaluation. They then performed a personalised rehabilitation protocol based on the use of Policettivo Helical Cushions. At the end of treatment the same assessments were repeated.

RESULTS

Analysis of the collected data revealed changes in several clinical, postural and stabilometric parameters, with variable magnitude across participants. The observations obtained represent preliminary results useful for the design of subsequent studies.

CONCLUSIONS

The study results suggest that the Policettivo System® rehabilitation protocol may represent a promising approach in postural rehabilitation. However, the small sample size, the absence of a control group and the exploratory nature of the study do not allow definitive conclusions to be drawn regarding the clinical efficacy of the treatment. Controlled studies with larger samples are therefore needed to confirm the preliminary observations that emerged in this work.

Keywords

Policettivo System®; postural rehabilitation; balance; neuromotor control; proprioception; plantar stimulation; physiotherapy; pilot study.

Author's note

This document describes a prospective pilot study carried out at Physiomood Physiotherapy Centre between 2 May and 5 June 2024.

The study is published for scientific and informational purposes, in order to share the methodology, clinical observations and preliminary results obtained during the trial.

The considerations reported here must be interpreted in the context of the methodological limitations inherent to a pilot study and form the basis for future controlled clinical studies dedicated to the evaluation of the Policettivo System®.

2. Introduction

2.1 Scientific background

Postural control is a complex neurobiological function that allows the body to maintain stability, orient itself in space and continuously adapt movement to environmental demands. This process derives from the integration of information from the somatosensory, vestibular and visual systems, processed by the central nervous system through mechanisms of multisensory integration and motor control.

The somatosensory system plays a fundamental role in postural regulation. In particular, input from the plantar surface is one of the main sources of information during standing and walking. The cutaneous mechanoreceptors of the sole of the foot continuously provide information on load distribution, pressure changes and the characteristics of the support surface, contributing to the organisation of the motor responses needed to maintain balance. [3,4,5]

In recent decades, numerous studies have shown that altering plantar sensory input can influence some parameters of postural control and balance. However, the available results are heterogeneous and do not yet allow a precise definition of which characteristics of the sensory stimulus are most effective, nor of the role played by the combination of plantar stimulation and therapeutic exercise.

2.2 Rationale of the Policettivo System®

The Policettivo System® arises from the clinical observation that the quality of the sensory input received during therapeutic exercise may influence the patient's neuromotor response.

The model proposes integrating progressive therapeutic exercises with selective mechanical stimulation of the plantar surface obtained through Policettivo Helical Cushions. The aim is not to replace therapeutic exercise, but to modify its sensory context, on the hypothesis that combining active movement with specific afferent input may promote functional adaptation of postural control.

This study was not designed to demonstrate the neurophysiological mechanisms responsible for such adaptations. These mechanisms represent the theoretical rationale of the model and constitute a working hypothesis that will require further experimental verification.

2.3 Study rationale

Everyday clinical practice has shown, in many patients, improvements in balance, body perception and postural organisation following application of the Policettivo System® rehabilitation protocol. These observations, although lacking the rigour required to be considered scientific evidence, were the starting point for the design of this study.

The main objective was not to demonstrate the efficacy of the protocol, but to verify whether the changes observed in clinical practice were accompanied by measurable changes through postural assessment, clinical tests and stabilometric analysis.

This work therefore represents a prospective pilot study with an exploratory aim, designed to collect preliminary data useful for the design of future controlled studies and to contribute to the development of the Policettivo System® research programme.

3. Materials and Methods

3.1 Study design

This work was designed as a prospective observational pilot study, aimed at a preliminary assessment of the effects of a Policettivo System® rehabilitation protocol in subjects with impaired postural control.

The study was carried out at Physiomood Physiotherapy Centre (San Zenone degli Ezzelini, Treviso, Italy) between 2 May 2024 and 5 June 2024.

The overall duration of the intervention was approximately four weeks.

3.2 Study objective

The objective of the study was to assess whether a rehabilitation protocol combining therapeutic exercise and plantar sensory stimulation through Policettivo Helical Cushions was associated with observable changes in some clinical parameters relating to postural control, balance and motor function.

Given the exploratory nature of the study, it was not intended to demonstrate a causal relationship between the protocol and the observed effects, but rather to collect preliminary data useful for the design of subsequent clinical studies.

3.3 Participants

Nine volunteer participants attending the centre's clinical activity were recruited.

The sample comprised adult subjects of both sexes presenting alterations attributable to postural control, balance or motor function, such as to justify a rehabilitation intervention.

All participants took part in the study protocol voluntarily.

3.4 Inclusion criteria

Subjects meeting the following criteria were included in the study:

age over 18 years;

presence of postural or functional alterations detected during clinical assessment;

independence in standing and walking;

willingness to follow the planned rehabilitation protocol;

consent to the collection and use of clinical data in anonymised form.

3.5 Exclusion criteria

Subjects presenting the following were excluded:

acute or unstable neurological conditions;

orthopaedic conditions incompatible with performing the exercises;

inability to maintain a standing position;

non-adherence to the therapeutic protocol.

3.6 Initial assessment

Before starting treatment, each participant underwent a standardised clinical assessment including:

collection of medical history;

postural observation;

photographic documentation;

functional clinical tests;

balance assessment;

stabilometric examination.

The information collected served as the reference for comparison with the final assessment.

3.7 Rehabilitation protocol

After the initial assessment, each participant performed a personalised rehabilitation protocol based on the Policettivo System® model.

The intervention involved the use of Policettivo Helical Cushions while performing progressive therapeutic exercises aimed at improving postural control and balance.

The configuration of the cushions, the type of exercises and the progression of treatment were adapted to the clinical characteristics of each subject on the basis of the initial physiotherapy assessment.

3.8 Final assessment

At the end of the treatment period, all participants were reassessed using the same procedure as in the initial assessment.

The comparison between the two assessments made it possible to observe any changes in clinical, postural and stabilometric parameters.

3.9 Observed outcomes

The outcomes considered in the study included:

PRIMARY OUTCOMES

changes in static balance;

changes in stabilometric parameters;

changes in postural alignment.

SECONDARY OUTCOMES

changes in symptoms reported by the participant;

changes observed during clinical tests;

individual response to the rehabilitation protocol.

3.10 Data analysis

Given the pilot nature of the study and the limited sample size, a predominantly descriptive analysis was carried out.

The collected data were compared between the initial and final assessments in order to identify any clinically relevant trends and to provide guidance useful for the design of future controlled studies.

The results are therefore presented as preliminary observations and must not be interpreted as definitive proof of the efficacy of the rehabilitation protocol.

4. Results

4.1 Sample characteristics

The study involved nine adult participants with impaired postural control and balance, recruited within the physiotherapy centre's routine clinical activity.

All participants completed the planned rehabilitation protocol and underwent both the initial assessment and the final reassessment.

No adverse events related to the use of the protocol were recorded.

The sex and age composition of the sample is shown in Table 1: five female participants and four male participants, aged between 28 and 57 years (median 41).

Subject	Sex	Age (years)
S1	Female	43
S2	Female	40
S3	Female	28
S4	Male	35
S5	Female	57
S6	Male	47
S7	Male	41
S8	Male	43
S9	Female	41*

Subject	Sex	Age (years)
Summary	5 F / 4 M	median 41 (28–57)

Table 1. Sample composition (n=9). Age calculated at the enrolment date (2 May 2024). *Subject coinciding with the reporting physician; indicative age, date of birth not available in the forms.

4.2 Clinical observations

At the end of the treatment period, clinically detectable changes were observed in several participants.

The main changes concerned:

- improved overall postural organisation;
- greater stability during standing;
- better balance control;
- reduction of some asymmetries observable during clinical assessment;
- improved smoothness in performing functional tests.

The magnitude of the changes varied across subjects, highlighting an individual response to the rehabilitation protocol.

4.3 Stabilometric assessment

The stabilometric assessment was performed using a Cyber-Sabots/Ouaknine platform (acquisition duration 51.2 seconds, sampling frequency 40 Hz) [6], in eyes-open (EO) and eyes-closed (EC) conditions. For each participant the first pre-treatment baseline measure was used; acquisitions corresponding to specific experimental variants were excluded from the analysis. The primary parameter considered is the confidence-ellipse area of the centre of pressure (CoP, mm²); the length of the CoP path (mm) and the median sway velocity (mm/s) were examined as complementary parameters. For all parameters, lower values indicate less postural sway.

Two analyses were distinguished: (a) the immediate effect of the single session, comparing pre- and post-treatment measures on the same day (2 May 2024); (b) the four-week effect at rest, comparing the pre-treatment baseline of 2 May with that of 5 June 2024. Three situations are declared for transparency: for subject S4 the standard pre-treatment baseline of 5 June is not available (excluded from the four-week analysis); for subject S8 the post-session measure of 2 May is not available (excluded from the immediate analysis); subject S9 coincides with the reporting physician. Given the pilot nature and the small sample size, the analysis is descriptive and does not include inferential tests.

Immediate effect of the single session

Subj.	EO pre	EO post	Δ% EO	EC pre	EC post	Δ% EC
S1	235.7	293.9	+24.7	259.2	434.9	+67.8
S2	434.1	145.7	-66.4	612.8	179.3	-70.7
S3	162.4	118.7	-26.9	237.2	148.2	-37.5
S4	162.9	174.6	+7.2	181.5	200.1	+10.2
S5	205.7	137.5	-33.2	200.3	194.6	-2.8
S6	184.8	81.1	-56.1	163.4	90.2	-44.8
S7	287.3	289.3	+0.7	380.2	301.4	-20.7
S8	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
S9	107.4	56.8	-47.1	105.6	80.1	-24.1
Median Δ			-47.2 (5↓/3↑)			-49.4 (6↓/2↑)

Table 2. CoP ellipse area (mm²) before and after the single session (2 May 2024). Δ% = percentage change; negative values indicate reduced sway. S8 excluded.

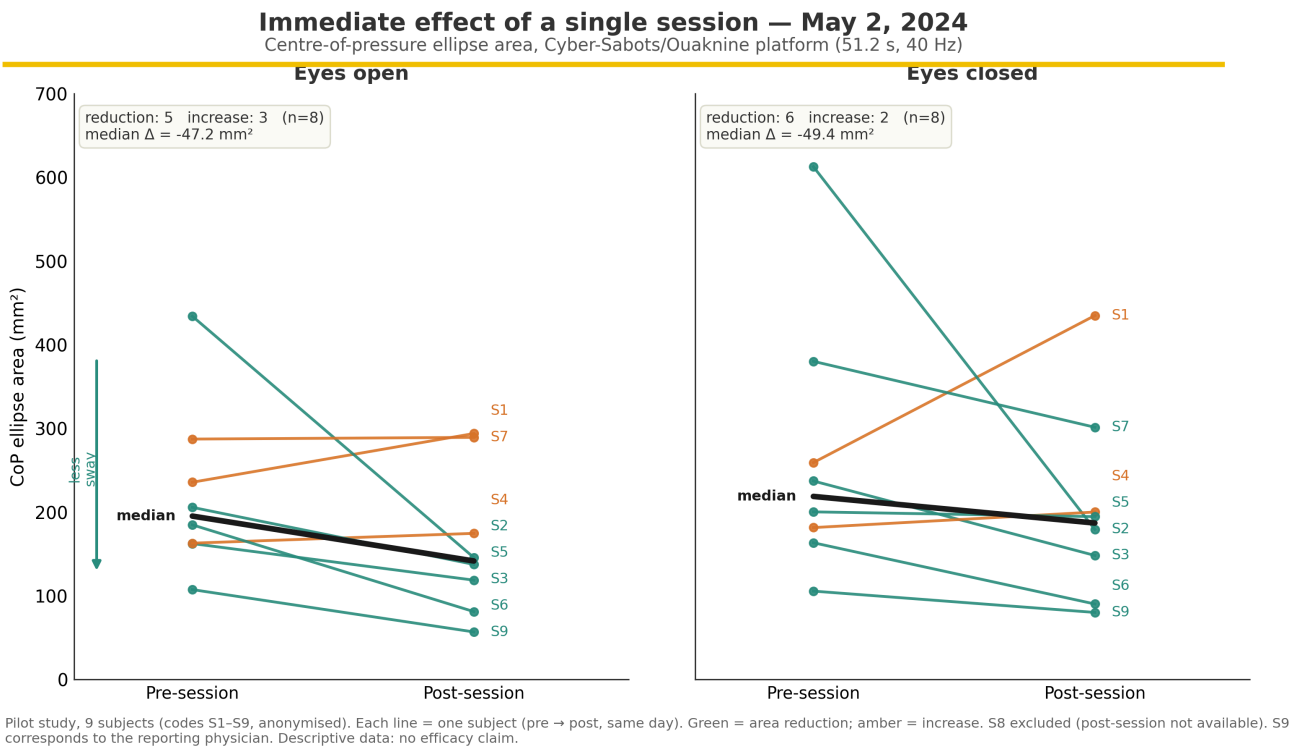


Figure 1. Individual pre → post trajectories of the single session (CoP area). Green = reduction; amber = increase.

Considering the CoP ellipse area, most participants showed reduced sway in the single session, more evident with eyes closed: 6 of 8 participants reduced the area with eyes closed (median -49.4 mm^2) and 5 of 8 with eyes open (median -47.2 mm^2). The same direction is seen in the complementary parameters, also more favourable with eyes closed: path length decreased in 7 of 8 participants (EC) and 6 of 8 (EO), and median velocity in 7 of 8 (EC) and 6 of 8 (EO). The convergence of the three parameters, particularly with eyes closed, is the most consistent signal that emerged from the study.

Four-week effect at rest

Subj.	EO pre	EO post	$\Delta\%$ EO	EC pre	EC post	$\Delta\%$ EC
S1	235.7	579.9	+146.0	259.2	296.7	+14.5
S2	434.1	290.4	-33.1	612.8	406.5	-33.7
S3	162.4	120.4	-25.9	237.2	115.2	-51.4
S4	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
S5	205.7	104.2	-49.3	200.3	155.3	-22.5
S6	184.8	168.9	-8.6	163.4	258.0	+57.9
S7	287.3	208.1	-27.6	380.2	212.9	-44.0
S8	277.2	254.8	-8.1	315.0	388.1	+23.2
S9	107.4	103.8	-3.4	105.6	123.0	+16.5
Median Δ			-32.2 (7↓/1↑)			-13.8 (4↓/4↑)

Table 3. CoP ellipse area (mm^2) in the pre-treatment baseline measures four weeks apart (2 May vs 5 June 2024). S4 excluded.

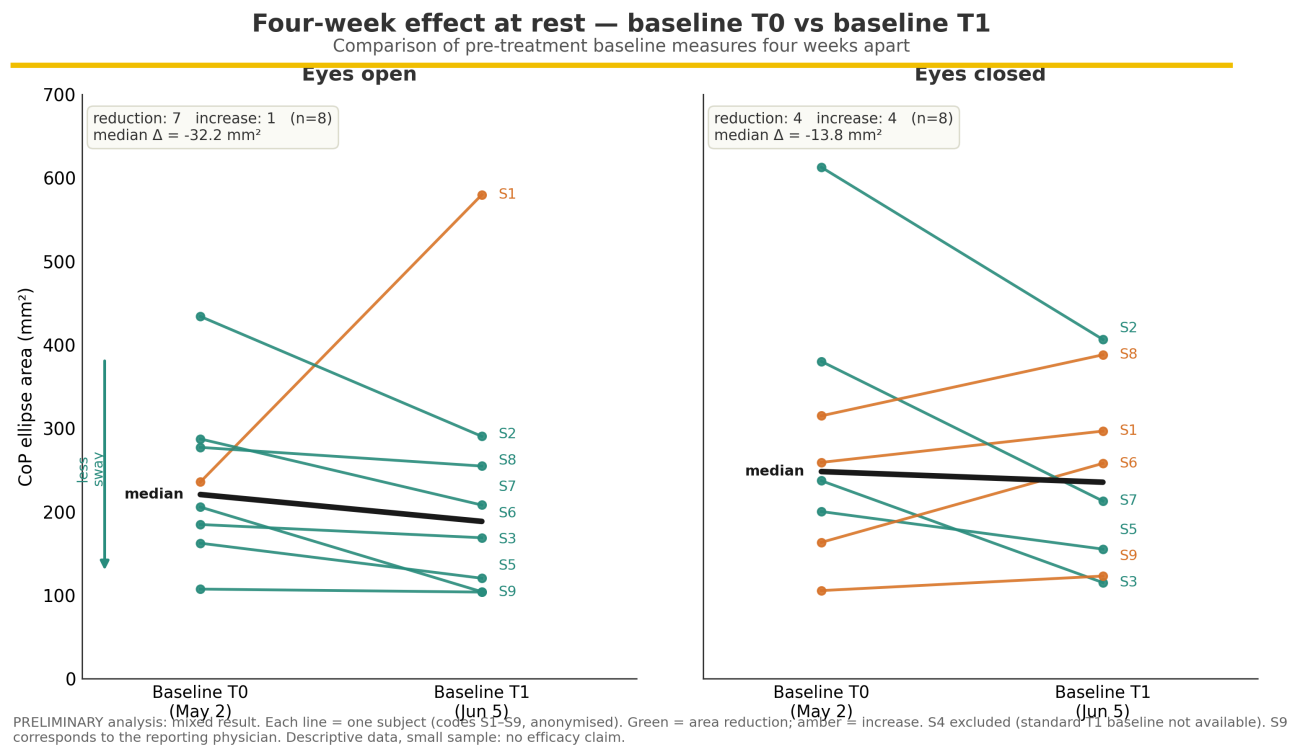


Figure 2. Individual trajectories of the T0 → T1 baseline comparison (CoP area). Green = reduction; amber = increase.

The comparison between baseline measures four weeks apart, on the other hand, gives a heterogeneous, parameter-dependent picture. For CoP area, 7 of 8 participants show a reduction with eyes open (median -32.2 mm^2), while with eyes closed participants split evenly (4 reduced, 4 increased; median -13.8 mm^2). The complementary parameters do not confirm a single direction: with eyes open, length and velocity increase in most subjects (6 of 8), opposite to the area; with eyes closed both decrease in 6 of 8. This discordance indicates that, at rest and at four weeks, no stable, coherent change in postural control can be identified. These observations are strictly preliminary.

Multi-parameter summary

Parameter (condition)	Immediate — outcome	Immediate — median Δ	4 weeks — outcome	4 weeks — median Δ
Ellipse area — EO	5↓ / 3↑	-47.2 mm^2	7↓ / 1↑	-32.2 mm^2
Ellipse area — EC	6↓ / 2↑	-49.4 mm^2	4↓ / 4↑	-13.8 mm^2
Path length — EO	6↓ / 2↑	-32.9 mm	2↓ / 6↑	$+15.8 \text{ mm}$
Path length — EC	7↓ / 1↑	-51.1 mm	6↓ / 2↑	-41.0 mm
Median velocity — EO	6↓ / 2↑	-0.6 mm/s	2↓ / 6↑	$+0.3 \text{ mm/s}$

Parameter (condition)	Immediate — outcome	Immediate — median Δ	4 weeks — outcome	4 weeks — median Δ
Median velocity — EC	7↓ / 1↑	−1.0 mm/s	6↓ / 2↑	−0.8 mm/s

Table 4. Summary of the three parameters. “outcome” = number of participants with a reduction (↓) or increase (↑) out of 8 valid; “median Δ ” = group median change. EO = eyes open; EC = eyes closed.

Overall, the data support two levels of reading. The immediate effect of the single session is consistent across the three parameters and more marked in the absence of a visual reference, a condition in which the plantar somatosensory contribution to postural control is relatively greater. The four-week effect at rest is instead uncertain and not univocal: the best-documented phenomenon in this sample is the acute response to the session, whereas the persistence of the effect will require dedicated designs, with a control group and repeated measures.

4.4 Postural assessment

Photographic analysis carried out before and after treatment showed, in several participants, changes in postural alignment.

The most frequently observed changes concerned:

improved body alignment;

reduction of some asymmetries of the trunk and shoulder girdle;

greater symmetry of support during standing;

better overall organisation of posture.

The interpretation of these observations was carried out through direct comparison between the pre- and post-treatment images.

4.5 Participants’ subjective perception

During the treatment period, participants completed ordinal-response self-assessment forms concerning perceived comfort, subjective postural changes and symptoms. The following data refer to the interim assessment (about two weeks after the start of the protocol) and constitute secondary outcomes of an exclusively subjective nature.

Regarding comfort in performing the exercises, all respondents reported feeling at ease (6 “very much at ease”, 3 “fairly at ease”); none reported relevant discomfort.

In terms of postural perception, all respondents reported at least a slight improvement in posture or balance: 1 described it as “significant”, 3 as “moderate” and 5 as “slight”.

Regarding painful symptoms, assessed on an ordinal scale (no / slight / moderate reduction), 6 of the 8 participants with available data reported a reduction in pain (5 “slight”, 1 “moderate”), while 2 reported no change. This parameter was collected as a subjective self-assessment and not by means of a validated analogue scale.

These observations represent exclusively subjective data reported by the participants and were considered secondary outcomes of the study.

4.6 Summary of results

Overall, the Policettivo System® rehabilitation protocol was associated with observable changes in both the clinical assessments and the stabilometric parameters analysed.

The observations distinguish two levels of reading. In the immediate term, at the end of the single session, most participants showed a consistent reduction of postural sway in the stabilometric parameters, more evident with eyes closed: this is the most solid finding to emerge from the study. The comparison four weeks apart, performed on baseline measures at rest, was instead heterogeneous and parameter-dependent, without a single direction, and should be interpreted as strictly preliminary. In any case, the pilot nature of the study, the absence of a control group and the small sample size do not allow the observed changes to be attributed with certainty solely to the applied protocol.

The results obtained must therefore be considered preliminary and form the basis for the design of future controlled prospective studies.

5. Discussion

This pilot study was carried out to provide a preliminary assessment of the effects of a Policettivo System® rehabilitation protocol on clinical, postural and stabilometric parameters in subjects with impaired postural control.

The observations revealed a non-uniform profile across the different outcomes. The most consistent effect concerned the acute response to the single session, with a reduction of centre-of-pressure sway observed in most participants and more marked in the absence of a visual reference. The changes detected four weeks later, on measures at rest, appeared less defined and inconsistent across parameters, despite a predominantly favourable subjective perception reported by the participants.

Since this work was designed as an observational pilot study, these results do not allow a causal relationship to be established between the applied protocol and the observed changes. They nevertheless

represent a preliminary indication that justifies continuing the research programme.

The main interest of the study lies in the possibility that a rehabilitation approach able to integrate therapeutic exercise and modulation of sensory input may influence postural control. The scientific literature recognises that maintaining posture depends on the integration of information from the somatosensory, vestibular and visual systems. In this context, the plantar surface is one of the main sources of information used by the central nervous system to organise postural responses.

The theoretical model of the Policettivo System® hypothesises that selective mechanical stimulation of the plantar surface, combined with progressive therapeutic exercises, may modify the sensory context in which motor learning takes place. This hypothesis constitutes the physiological rationale of the proposed protocol but was not directly tested in this study.

A further element that emerged during the trial concerns the high variability of individual response. Not all participants showed improvements of the same magnitude, suggesting that factors such as initial clinical characteristics, neuromotor adaptability, adherence to the protocol and the presence of any concomitant conditions may influence the response to treatment.

This observation is particularly relevant from a clinical standpoint, as it confirms the importance of a personalised approach in choosing the exercises and the configuration of the Policettivo Helical Cushions. Indeed, the Policettivo System® protocol does not provide a standardised treatment identical for all patients, but a continuous adaptation based on physiotherapy assessment and periodic reassessment.

Overall, the results obtained suggest that the protocol deserves further scientific investigation. Controlled prospective studies, with larger samples, standardised procedures and medium- and long-term follow-up, will be needed to verify the reproducibility of the observations that emerged in this study and to define more precisely the role of the Policettivo System® in postural rehabilitation.

6. Study limitations

This work is a prospective pilot study with an exploratory aim and, as such, has some methodological limitations that must be considered when interpreting the results.

The main limitation is the small sample size. The study involved nine participants, an adequate number for a preliminary trial but insufficient to draw conclusions generalisable to the whole population. The results must therefore be interpreted as initial observations requiring confirmation through larger studies.

A second limitation concerns the absence of a control group. All participants received the same rehabilitation protocol, and it was not possible to compare the results with subjects undergoing different treatments or a standard intervention. Consequently, the observed changes cannot be attributed with certainty solely to the Policettivo System® protocol.

The study also has a relatively short observation period, limited to about four weeks. This duration allows short-term changes to be documented, but does not make it possible to determine whether the observed effects are maintained over time, nor to assess any medium- and long-term adaptations.

A further limitation concerns the completeness and standardisation of the data. For two participants, some acquisitions were not available (the initial post-session measure in one case, the four-week control baseline in the other), reducing the sample size of individual analyses. In addition, the discordance observed between the different stabilometric parameters in the four-week comparison suggests caution in interpreting the effect at rest. Finally, the subjective outcomes were collected using ordinal-response forms rather than validated scales, which limits their comparability.

A further element to consider concerns the clinical heterogeneity of the sample. Participants had different functional characteristics, a condition that reflects normal physiotherapy practice but that can influence the individual response to treatment. This variability makes the interpretation of the results more complex and suggests the need for future studies conducted on clinically more homogeneous populations.

The rehabilitation protocol was also personalised on the basis of each participant's physiotherapy assessment. Although this choice reflects the clinical approach of the Policettivo System®, it introduces methodological variability that makes it more difficult to compare the effects of the intervention uniformly across subjects.

Finally, this study was not designed to directly investigate the neurophysiological mechanisms hypothesised to underlie the protocol. The interpretations proposed in the rationale represent a theoretical model consistent with current knowledge of postural control and sensory integration, but do not constitute experimental proof of the biological mechanisms involved.

Despite these limitations, the study also has some points of interest. All participants underwent the same initial and final assessment pathway, including clinical observation, photographic documentation, functional tests and stabilometric analysis, allowing systematic data collection. Moreover, the protocol was applied in a real clinical setting, increasing the practical relevance of the observations.

Taken together, the results obtained must be considered preliminary evidence, useful for guiding the development of future controlled prospective studies, with larger samples, more standardised protocols and extended follow-up, in order to verify with greater scientific robustness the efficacy and possible mechanisms of action of the Policettivo System®.

7. Conclusions

This prospective pilot study represents the first attempt to systematically evaluate a rehabilitation protocol based on the Policettivo System®, integrating clinical observation, postural assessment, photographic documentation and stabilometric analysis.

The observations showed, particularly immediately after the single session, a reduction of postural sway in most participants, more marked with eyes closed; four weeks later the picture was instead less defined. These instrumental findings were accompanied by a predominantly favourable subjective perception, with a self-reported reduction of symptoms in several participants.

These results, although not allowing a causal relationship to be established between the applied protocol and the observed changes, suggest that the proposed rehabilitation approach deserves further investigation through clinical studies of higher methodological quality.

One of the most relevant aspects to emerge from this work concerns the possibility of integrating the modulation of sensory input with therapeutic exercise within a personalised rehabilitation pathway. This approach differs from the simple application of a device, because it treats the intervention as a complex one in which physiotherapy assessment, the choice of Policettivo Helical Cushion configuration, exercise progression and periodic reassessment are closely interdependent components.

From a scientific standpoint, this study does not demonstrate the neurophysiological mechanisms hypothesised to underlie the Policettivo System®, nor does it allow its clinical efficacy to be asserted definitively. However, the observations provide preliminary data that justify continuing the research programme and designing controlled prospective studies with larger samples, standardised protocols and medium- and long-term follow-up.

The future objective will be to verify, with increasingly rigorous methodologies, whether the changes observed in this study can be confirmed in larger populations and in different clinical settings, thus contributing to the development of new knowledge in postural rehabilitation and neuromotor control.

In conclusion, this study must be regarded as a starting point and not as a destination. The data collected represent the first observational evidence of the Policettivo System® research programme and form the methodological basis on which to develop future clinical investigations aimed at clarifying the role of sensory modulation integrated with therapeutic exercise in postural rehabilitation.

8. Final declarations

References

The following references are the essential, verified and indexed scientific sources supporting the physiological and methodological rationale of the study.

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Conflict of interest

The author declares that he is the creator of the Policettivo System® and of the Policettivo Helical Cushions, the subject of this study.

This information is declared in accordance with the transparency principles required by scientific research. The interpretation of the results was carried out according to methodological criteria consistent with the exploratory nature of the study and taking into account the limitations described in this manuscript.

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This study was carried out without dedicated public or private funding.

All design, data collection, clinical assessment and analysis activities were carried out at Physiomood Physiotherapy Centre as part of its internal clinical and research activity.

Data availability

The clinical data collected during the study are kept at Physiomood Physiotherapy Centre.

To protect participant privacy, individual data are not publicly available. Reasoned requests for consultation may be evaluated by the author in compliance with applicable regulations and after removal of any identifying information.

Document version

Prospective Pilot Study – Policettivo System®

Version 1.1

June 2026

Physiomood — Physiotherapy Centre, San Zenone degli Ezzelini (Treviso), Italy.

Prospective observational pilot study. Descriptive data on a small sample (n=9), reported anonymously (S1–S9). The observations are preliminary and do not constitute proof of clinical or therapeutic efficacy.

Declared conflict of interest: the author is the creator of the Policettivo System® and of the Policettivo Helical Cushions.