CLINICAL PROOF

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INDICATION	STUDY	PEDro	SCO	COME	ENERGY DENSITY		SIONS INTER	JAL DUI	SES
INDIA	STUP	PEU	00,	DEVI	ENER	SED	INTE	IWPS	
Calcifying tendonitis of the shoulder	Kvalvaag et al. (2017) 37	9	+ 4	Swiss DolorClast [®] (EMS)	Up to 0.24 (ED ₊) ⁵	4	7	2,000	The study by Kvalvaag et al. (2017) was performed w with the Swiss DolorClast [®] Radial handpiece. The mu Kolk et al. (2013) may explain the different outcomes
	Cacchio et al. (2006) 16	9	+	Physio SW Therapy (Pagani)	0.10 (ED+)	4	7	2,500	
	Kolk et al. (2013) 34	7	-	Swiss DolorClast [®] (EMS)	0.11 (ED ₊)	3	12	2,000	
Subacromial pain	Engebretsen et al. (2009) 15	8	-	Swiss DolorClast® (EMS)	0.1 – 0.16 (ED ₊)	4-6	7	2,000	In these studies, patients with rotator cuff rupture were the Swiss DolorClast [®] .
	Engebretsen et al. (2011) 16	7	-	Swiss DolorClast® (EMS)	0.1 – 0.16 (ED ₊)	3	5	2,000	
Adhesive capsulitis of the shoulder Primary long bicipital tenosynovitis	Hussein & Donatelli (2016) 27 Liu et al. (2012) 43	9	+ +	Swiss DolorClast [®] (EMS) Swiss DolorClast [®] (EMS)	0.16 (ED ₊) 0.12 (ED ₊)	4 4	7	2,000	
Timary long bicipital tenosynovitis	Spacca et al. (2005) 47	8	+	Physio SW Therapy (Pagani)	"1.2 bar" and "1.0 bar"	4	7	2,000	
	Gündüz et al. (2012) 22	7	+	Not specified	"1.4 bar"	10	1	500	
	Yang et al. (2017) s2	7	+	Swiss DolorClast® (EMS)	"2 – 3.5 bar"	3	1	2,000	
ateral epicondylitis	Capan et al. (2016) or	6		ShockMaster 500 (Gymna)	"1.8 bar"	3	7	2,000	
	Sarkar et al. (2013) 41	5	+	Masterpuls MP 100 (Storz)	0.06 (?)	3	7	2,000	
	Lee et al. (2012) 38	5	+	Swiss DolorClast [®] (EMS)	0.06 – 0.12 (ED+)	3	7	2,000	
	Mehra et al. (2003) 4	4	+	Swiss DolorClast [®] (EMS)	0.10 (ED ₊)	3	14	2,000	
Carpal tunnel syndrome	Wu et al. (2016) 81	7	+	Physio SW Therapy (Pagani)	"4 bar"	3	7	2,000	A similar RCT with the Swiss DolorClast [®] is currently of
Coccydynia	Lin et al. (2016) 42	6	+	BTL-5000 (BTL)	"3 to 4 bar"	4	7	2,000	A similar not with the Swiss Dolorolast is currently t
Proximal hamstring tendinopathy	Cacchio et al. (2011) 16	8	+	Swiss DolorClast [®] (EMS)	0.18 (ED+)	4	7	2,500	
Greater trochanteric pain syndrome	Weckström et al. (2016) eo		(+)	Masterpuls MP 100 (Storz)	0.1 – 0.4 (ED _{total}) (2-4 bar)	3	7	3,200	
	Rompe et al. (2009b) 50	5	+	Swiss DolorClast [®] (EMS)	0.12 (ED ₊)	3	7	2,000	
	Imamura et al. (2017) 29	9	-	Swiss DolorClast [®] (EMS)	Up to 0.16 (ED ₊) ⁵	3	7	2,000	Another RCT performed with the Swiss DolorClast® ar
Knee osteoarthritis	Li et al. (2015) 1	4	+	Swiss DolorClast [®] (EMS)	0.04 - 0.16 (ED+)	7	?	600 ⁶	showed positive outcome when treating knee osteoart
Achilles tendinopathy	Rompe et al. (2007) 55	8	+	Swiss DolorClast® (EMS)	0.10 (ED ₊)	3	7	2,000	
	Rompe et al. (2008) 56	8	+	Swiss DolorClast [®] (EMS)	0.12 (ED+)	3	7	2,000	
	Rompe et al. (2009a) 57	8	+	Swiss DolorClast® (EMS)	0.12 (ED+) 0.10 (ED+)	3	7	2,000	
Plantar fasciopathy	Gerdesmeyer et al. (2008) 18	9	+	Swiss DolorClast® (EMS)	0.16 (ED ₊)	3	14	2,000	
	Ibrahim et al. (2010) 28	9	+	Swiss DolorClast® (EMS)	0.16 (ED ₊)	2	7	2,000	
	Rompe et al. (2010) 59	8	-	Swiss DolorClast [®] (EMS)	0.16 (ED+)	3	7	2,000	In this study by Rompe et al. (2010a) on newly diagno program resulted in better clinical outcome than rESV
	Lohrer et al. (2010) ++	8	+	Duolith SD 1 radial part (Storz)	0.17 (ED _{total})	3	7	2,000	
	Chow & Cheing (2007) ••	7	+	Swiss DolorClast [®] (EMS)	0.05 – max. tolerable ED+	3	7	1,000	1 0
	Rompe et al. (2015) 40	7	+	Swiss DolorClast® (EMS)	0.16 (ED ₊)	3	7	2,000	
	Eslamian et al. (2016) 17	7	+	Swiss DolorClast [®] (EMS)	0.2 (?) (ED ₊)	5	3	2,000	
	Shaheen (2010) 66	6	+	Swiss DolorClast® (EMS)	0.06 – 0.14 (ED ₊)	3	7	2,000	
	Konjen et al. (2015) 35	6	+	Swiss DolorClast [®] (EMS)	0.08 (ED ₊)	6	7	2,000	
	Ulusoy et al. (2017) 71	6	(+)	BTL-5000 (BTL)	"2.5 bar"	3	7	2,000	
	Grecco et al. (2013) 20	5	+	Swiss DolorClast [®] (EMS)	0.12 (ED+)	3	7	2,000	
	Greve et al. (2009) 21	5	+	Swiss DolorClast® (EMS)	0.12 (ED+)	3	7	2,000	
	Marks et al. (2008) 47	5	-	Swiss DolorClast [®] (EMS)	0.16 (ED+)	3	3	2,000	Potential reasons for the negative outcome of the stud
	Akinoglu et al. (2017) 🚥	5	+	Swiss DolorClast® (EMS)	"0.2 and 0.3 mJ/mm ² "7	3	7	2,000	
	Mehra et al. (2003) 👐	4	+	Swiss DolorClast [®] (EMS)	0.10 (ED+)	3	14	2,000	
	Krukowska et al. (2016) 36	4	+	BTL-5000 (BTL)	"2.5 bar"	4	3.5	2,000	
Trigger points / myofascial pain syndrome	Cho et al. (2012) ••	5	+	JEST-2000 (Joeunmedical)	0.12 (?)	1		1,000	RCTs on trigger points / myofascial pain syndrome us
	Damian & Zalpour (2011) 12	4	+	Masterpuls MP 200 (Storz)	Not specified	5.5	7	?	
	Lee & Han (2013) 39	4	-	JEST-2000 (Joeunmedical)	Not specified	1	-	1,000	
Spasticity	Dymarek et al. (2016) 14	6	+	BTL-5000 (BTL)	0.030 (?)	1	-	1,500	
	Vidal et al. (2011) 73	4	+	Swiss DolorClast® (EMS)	0.10 (ED ₊)	3	7	2,000	

¹The PEDro database (www.pedro.org.au) is a freely available database of over 37,000 randomized controlled trials (RCTs), ² Evidence-Based Medicine Level 1. ³ As of September 09, 2017, systematic reviews and clinical practice guidelines in physical and rehabilitation medicine. For each RCT, review or guideline, the PEDro database provides the citation details, the abstract, and a link to the full text, where possible. All RCTs listed in the PEDro database are independently assessed for quality (the assessment criteria are summarized in Schmitz et al., 1998). PEDro is currently the largest independent database on topics related to physical and rehabilitation medicine. It was developed by The George Institute for Global Health affiliated with the University of Sydney, Australia. ⁴ Positive outcome in a subgroup of n=46 patients with calcifying tendonitis of the shoulder. ⁵ Depending on what the patient tolerated. ⁶ 600 impulses at "0.2 mJ/mm²⁰ (most probably ED^{tell} provided in this study).

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COMMENTS

with the Power⁺ handpiece, and the study by Kolk et al. (2013) nuch higher energy applied by Kvalvaag et al. (2017) compared to s of these studies.

ere also included. However, the latter is not an indication for

y ongoing.

and the Power+ handpiece (not yet listed in the PEDro database) arthritis (Zhao et al., 2013).

nosed plantar fasciopathy, a certain plantar fascia-specific stretching SWT using the Swiss DolorClast[®].

udy by Marks et al. (2008) were discussed in Schmitz et al. (2013).

using the Swiss DolorClast® are currently ongoing.