

## Literaturrecherche Elektrotherapie und Ultraschall 1/2007-5/2012

Legende zur Bewertung nach /erste Ziffer Evidenzgrade der Bewertung von Studien

Ia Evidenz aufgrund von Metaanalysen von randomisierten, kontrollierten Studien

Ib Evidenz aufgrund mindestens einer randomisierten, kontrollierten Studie

IIa Evidenz aufgrund mindestens einer gut angelegten, kontrollierten Studie ohne Randomisierung

IIb Evidenz aufgrund mindestens einer anderen Art von gut angelegter, quasiexperimenteller Studie

III Evidenz aufgrund gut angelegter, nicht-experimenteller, deskriptiver Studien, wie z.B.

Vergleichsstudien, Korrelationsstudien und Fallkontrollstudien

IV Evidenz aufgrund von Berichten der Expertenausschüsse oder Expertenmeinungen

und/oder klinischer Erfahrung anerkannter Autoritäten

ad Bewertung nach/2. Ziffer) Hierarchien von Studien:

1. Experimentelle Studien (z.B. Randomisierte kontrollierte Studie (**RCT**) mit versteckter Zuordnung)

2. Quasi-experimentelle Studien (z.B. experimentelle Studie ohne Randomisierung )

3. Kontrollierte beobachtende Studie

3a.Kohorten Studie

3b.Kontrollierte CaseFallstudien

4. Beobachtende Studien ohne Kontrollgruppe

5. Experten Meinung auf Grund der Pathophysiologie, Einzelforschung oder Konsensus

ad Bewertung nach dritter Buchstabe Evidenz der Wirksamkeit

A : Evidenzstufe A (Strong evidence): Konstante Ergebnisse in zahlreichen, hochqualifizierten RCTs.

B : Evidenzstufe B (Moderate evidence) : Konstante Ergebnisse in einer hochqualifizierten

RCT und einem oder mehreren niedrig qualifizierten RCTs oder konstante Ergebnisse in

zahlreichen niedrig qualifizierten RCTs.

C : Evidenzstufe C (Limited bzw. contradictory evidence) : Wechselnde Ergebnisse in zahlreichen RCTs – level 4 studies or extrapolations from level 2 or 3 studies

D : level 5 evidence or troublingly inconsistent or inconclusive studies of any level

P=positive Aussage, d.h. Wirksamkeit gegeben

N=negative Aussage, d.h. keine Wirksamkeit in der untersuchten Indikation

I=inkonklusive Aussage, d.h. Wirksamkeit

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## **Niederfrequenz**

1. Journal of Babol University of Medical Sciences. 13 (2) (pp 19-24), 2011. Date of Publication: March 2011.  
Effect of using Transcutaneous Electrical Nerve Stimulation (TENS) in acupuncture points [Hegu (Li4) and Sanyinjiao (Sp6)] on duration of the first stage of labor.  
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Dynamic TENS in management of low back pain: Cluster analysis for efficiency prediction.  
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Pain relief by applying transcutaneous electrical nerve stimulation (TENS) during unседated colonoscopy: A randomized double-blind placebo-controlled trial.  
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Transcutaneous electrical nerve stimulations may reduce acute pain during intravenous catheterization.  
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The use of transcutaneous electrical nerve stimulation (TENS) for pain relief in labour: a review of the evidence.  
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Methodological quality in randomised controlled trials of transcutaneous electric nerve stimulation for pain: low fidelity may explain negative findings.

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Feasibility study of Transcutaneous Electrical Nerve Stimulation (TENS) for cancer bone pain.  
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TENS therapy in tension headaches-little helps much?!.  
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A Comparison of the Hypoalgesic Effects of Transcutaneous Electrical Nerve Stimulation (TENS) and Non-invasive Interactive Neurostimulation (InterX®) on Experimentally Induced Blunt Pressure Pain Using Healthy Human Volunteers.

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richard2506@hotmail.com

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