CLINICALLY PROVEN RESULTS → THE PEDro[1]

30/45 OF THE RCTS[2] ON R-ESWT LISTED IN THE PEDRO DATABASE[3] WERE PERFORMED WITH THE SWISS DOLORCLAST® RADIAL SHOCKWAVE DEVICE.
IN 80% OF THE STUDIES, THE SWISS DOLORCLAST® RADIAL SHOCKWAVE DEVICE RESULTED IN BETTER CLINICAL OUTCOMES THAN THE CONTROL GROUP

ALL STUDIES HAVE BEEN PERFORMED WITH EXTERNAL COMPRESSORS

INDICATION	STUDY	PEDro SCORE	OUTCOME	DEVICE	ENERGY DENSITY	SESSIONS	INTERVAL	IMPULSES	COMMENTS
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 with the Power+ handpiece, and the study by Kolk et al. (2013)
	Cacchio et al. (2006) [05]	9	+	Physio SW Therapy (Pagani)	0.10 (ED+)	4	7	2,500	with the Swiss DolorClast® Radial handpiece. The much higher energy applied by Kvalvaag et al. (2017) compared to
	Kolk et al. (2013) [34]	7	-	Swiss DolorClast® (EMS)	0.11 (ED+)	3	12	2,000	Kolk et al. (2013) may explain the different outcomes of these studies.
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 also included. However, the latter is not an indication for
	Engebretsen et al. (2011) [16]	7	-	Swiss DolorClast® (EMS)	0.1 – 0.16 (ED+)	3	5	2,000	the Swiss DolorClast®.
Adhesive capsulitis of the shoulder	Hussein & Donatelli (2016) [27]	9	+	Swiss DolorClast® (EMS)	0.16 (ED+)	4	7	2,000	
Primary long bicipital tenosynovitis	Liu et al. (2012) [43]	5	+	Swiss DolorClast® (EMS)	0.12 (ED+)	4	7	1,500	
Lateral epicondylitis	Spacca et al. (2005) [67]	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) [82]	7	+	Swiss DolorClast® (EMS)	"2 – 3.5 bar"	3	1	2,000	
	Capan et al. (2016) [07]	6	-	ShockMaster 500 (Gymna)	"1.8 bar"	3	7	2,000	
	Sarkar et al. (2013) [61]	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) [48]	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 ongoing.
Coccydynia	Lin et al. (2016) [42]	6	+	BTL-5000 (BTL)	"3 to 4 bar"	4	7	2,000	
Proximal hamstring tendinopathy	Cacchio et al. (2011) [06]	8	+	Swiss DolorClast® (EMS)	0.18 (ED+)	4	7	2,500	
Greater trochanteric pain syndrome	Weckström et al. (2016) [80]	6	(+)	Masterpuls MP 100 (Storz)	0.1 – 0.4 (ED total) (2-4 bar)	3	7	3,200	
	Rompe et al. (2009b) [58]	5	+	Swiss DolorClast® (EMS)	0.12 (ED+)	3	7	2,000	
Knee osteoarthritis	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® and the Power+ handpiece (not yet listed in the PEDro database)
	Li et al. (2015) [41]	4	+	Swiss DolorClast® (EMS)	0.04 – 0.16 (ED+)	7	?	600[6]	showed positive outcome when treating knee osteoarthritis (Zhao et al., 2013).
Achilles tendinopathy	Rompe et al. (2007) [56]	8	+	Swiss DolorClast® (EMS)	0.10 (ED+)	3	7	2,000	
	Rompe et al. (2008) [57]	8	+	Swiss DolorClast® (EMS)	0.12 (ED+)	3	7	2,000	
	Rompe et al. (2009a) [57]	8	+	Swiss DolorClast® (EMS)	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 diagnosed plantar fasciopathy, a certain plantar fascia-specific stretching
	Lohrer et al. (2010) [44]	8	+	Duolith SD 1 radial part (Storz)	0.17 (ED total)	3	7	2,000	program resulted in better clinical outcome than rESWT using the Swiss DolorClast®.
	Chow & Cheing (2007) [09]	7	+	Swiss DolorClast® (EMS)	0.05 – max. tolerable ED+	3	7	1,000	
	Rompe et al. (2015) [60]	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) [64]	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 study by Marks et al. (2008) were discussed in Schmitz et al. (2013).
	Akinoglu et al. (2017) [02]	5	+	Swiss DolorClast® (EMS)	"0.2 and 0.3 mJ/mm²"[7]	3	7	2,000	
	Mehra et al. (2003) [48]	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) [08]	5	+	JEST-2000 (Joeunmedical)	0.12 (?)	1		1,000	RCTs on trigger points / myofascial pain syndrome using the Swiss DolorClast® are currently ongoing.
	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	

[1] The 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., 2015). All but two of the PEDro scale items are based on the Delphi list (Verhagen 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 per acupuncture point. [7] 500 impulses at "0.2 mJ/mm²" followed by 1,500 impulses at "0.3 mJ/mm²" (most probably ED total provided in this study).

# EDUCATION

SWISS DOLORCLAST® ACADEMY (SDCA)

The Swiss DolorClast® Academy provides training programs specifically for allied health practitioners like you. It offers flexible shockwave and laser training programs worldwide to spread knowledge about Guided DolorClast Therapy and optimise treatment results. The Academy will keep you up-to-date on the latest clinical advances and help you heighten your visibility after being trained and certified.

The courses are based on the latest scientific knowledge from Swiss-trained practitioners. Practise and improve your treatment expertise by using the Swiss original DolorClast® devices that represent the technology aspect of the unique Guided DolorClast® Therapy. You'll leave with the tools to create a high performing practice!

BOOK AN SDCA CPD COURSE

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OR CONTACT
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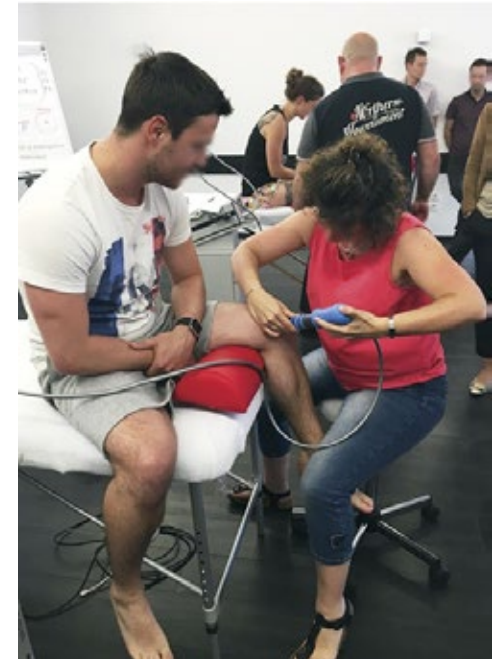
TEST YOUR KNOWLEDGE
WEBINARS ON-DEMAND

The Swiss DolorClast® Academy Online webinars are available at any time, place and space that suits you. We're proud to offer you free CPD webinars across a range of topics including how to create a Shockwave Therapy business plan, how to optimise clinical results, how to increase your achilles tendinopathy success rates & much more!
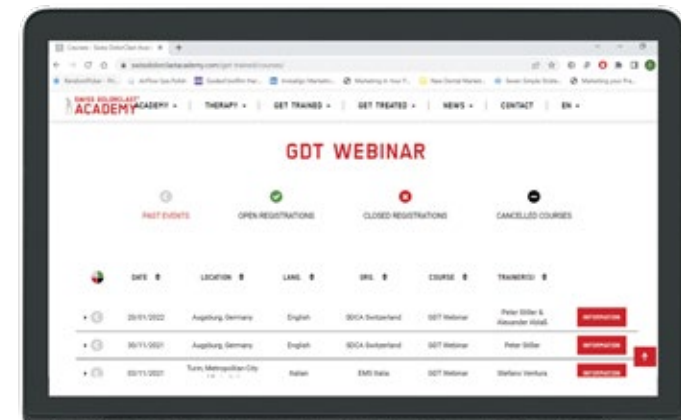
🌐 **LOCAL AND INTERNATIONAL WEBINARS:** ems-dolorclast.com.au/webinars