**Table E35. Data abstraction of randomized controlled trials of interferential therapy**

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| **Author, Year** | **Country****Number of Centers and Setting** | **Inclusion Criteria** | **Number Randomized, Analyzed****Attrition** | **Intervention** |
| Lara-Palomo, 2013 | SpainSingle center | Non-specific low back pain ≥3 months, 18 to 65 years ofage, RDQ ≥4, unable to achieve lumbar muscle flexion- relaxation in trunk flexionExclude: Undergoing other physical therapy treatment; presence of lumbar stenosis, fibromyalgia, or spondylolisthesis; history of spinal surgery or neuromuscular kinesiotape therapy; received corticosteroids in past 2 weeks; disease of central or peripheral nervous system | Number randomized:62Number analyzed: 61Attrition: 1.6% (1/62) at10 weeks | A: Interferential therapy: Bipolar current,carrier frequency 4000 Hz at constant voltage and amplitude modulation 80 Hz, applied to lumbar area for 30 minutes at 30-50 mA, 20 sessions over 10 weeks (n=31)B: Superficial massage: Effleurage, superficial pressure, and skin rolling on the lower backfor 20 minutes, 20 sessions over 10 weeks(n=31) |

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| **Author, Year** | **Study Participants** | **Duration of Pain (acute, subacute, chronic)** | **Duration of Followup** |
| Lara-Palomo, 2013 | Mean age: 50 vs. 47 yearsFemale: 70% vs. 65% Race: Not reportedBaseline pain (mean, 0-10 VAS): 6.67 vs. 6.52Baseline ODI (mean, 0-100): 36.07 vs. 37.94 | All chronic (≥ 3 months), mean duration notreported | 10 weeks (at end of therapy) |

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| **Author, Year** | **Results****(list results for acute, subacute, and chronic separately)** | **Adverse Events Including Withdrawals** | **Funding Source** | **Quality Rating** | **Comments** |
| Lara-Palomo, 2013 | A vs. B, mean difference in change from baseline at 10 weeksPain (0-10 VAS): -1.06 (95% CI -1.91 to -0.22) ODI (0-100): -5.20 (95% CI -10.82 to 0.42) RDQ (0-24): -3.01 (95% CI -4.53 to -1.47)SF-36 Physical function (0-100): 5.57 (95% CI -2.27 to 13.41) SF-36 Physical role (0-100): 7.02 (95% CI 1.05 to 12.98)SF-36 Body pain (0-100): 4.72 (95% CI -0.28 to 9.71)SF-36 General health (0-100): 1.09 (95% CI -3.22 to 5.41) SF-36 Vitality (0-100): 2.04 (95% CI -3.36 to 7.43)SF-36 Social functioning (0-100): 1.14 (95% CI -3.88 to 6.15) SF-36 Mental health (0-100): 2.37 (95% CI -3.39 to 8.14)SF-36 Emotional role (0-100): 3.27 (95% CI -1.58 to 8.12)RDQ worsened by >2.5 points: 10% (3/30) vs. 13% (4/31), RR 0.78 (95% CI 0.19 to 3.18) | Not reported | Reports nofunding | Fair |  |

**Please see Appendix C. Included Studies for full study references.**