

**VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP)
CLINICAL PRACTICE RECOMMENDATIONS
TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNITS**

I. Background:

- a. VHA's Prosthetic and Sensory Aids Service Strategic Healthcare Group was directed by the Under Secretary for Health to establish a Prosthetic Clinical Management Program (PCMP). The objectives are to coordinate the development of guidelines for prosthetic prescription practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.
- b. TENS units are battery powered electrical stimulation devices generally used as adjunctive therapy in both acute and chronic pain. While there is no evidence that TENS units effect any repair of damaged tissues or structures that may be the root cause of a particular pain syndrome, they may provide symptom relief. Treatment outcomes may be affected by the user's psycho/social status or the concurrent use of medications.
- c. Current medical literature is of insufficient quality and extent to reach definitive conclusions regarding efficacy of, or indications for, TENS units. Therefore, application of TENS units are most often based on the clinical judgment of individual practitioners as they evaluate their specific patients. Other proven treatment modalities should be given strong consideration prior to prescribing TENS units. The Veterans Healthcare System spends approximately \$1.7 million dollars annually on TENS units.

II. Policy: The purpose of the clinical practice recommendations is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective prescribing.

III. Action

a. Clinical Practice Recommendations/Medical Criteria: Utilization of a TENS unit to treat pain is not a substitute for a thorough diagnostic work-up to determine the etiology of pain. TENS may be considered for pain management, regardless of duration, age, sex or most psychological factors. Appropriate use of a TENS unit should result in improved mood or quality of life, improved physical or functional capacity, or diminished use of other analgesics. In some cases, the positive effect of a TENS unit will be demonstrated only when withdrawal of TENS causes a decrement in mood, quality of life, physical or functional capacity, or an increase in the demand for other analgesics. For centralized prosthetic funding of TENS units, it is **required** that programs utilizing TENS units as part of treatment programs incorporate use of a formal outcome assessment tool to measure these changes (ex. McGill Pain Questionnaire, SF-36V, the Bother Scale).

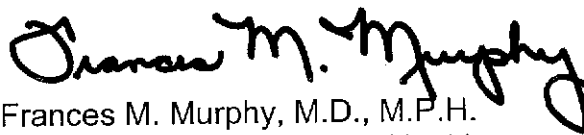
b. Common Uses for TENS have included (but are not limited to) pain from: Cervical spine dysfunction, diabetic neuropathy (distal), dysmenorrhea, edema, joint dysfunction (including arthritis, inflammation, edema, etc.), lateral epicondylitis, low back dysfunction, prolonged muscular contraction, neuralgias (deafferentation [complex regional pain syndrome, phantom limb pain, shingles, causalgia, etc.]), shoulder dysfunction (including adhesive capsulitis, *impingement* syndrome, etc.), and temporomandibular joint dysfunction.

c. Medical Contraindications: TENS is contraindicated for patients with cardiac pacemakers (demand type). TENS should not be used with electronic monitoring, used over the carotid sinus, or used during pregnancy (safety has not been established). TENS is generally considered to be ineffective in treatment of pain of central origins with the exception of phantom limb pain.

d. Prescriptions for TENS units can be written by any provider with prescriptive privileges. The prescription should include a referral to a qualified professional (e.g., an individual specifically trained in use of electrical stimulation as a treatment modality) for necessary patient training in proper use and care of the device. Before a TENS unit can be dispensed, the veteran or caregiver must demonstrate that he or she knows how to apply and operate the device and that there was at least one setting on the unit that did not increase discomfort. Reasons for withholding a TENS unit that has been ordered would be increased pain when the unit was tried (despite repositioning and changing the settings) or patient refusal after a unit was demonstrated.

IV. References

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APPROVED/DISAPPROVED: Frances M. Murphy, M.D., M.P.H.
Acting Under Secretary for Health

Date: FEB 28 2002