

| | Pregnancy (around foetus) | Pregnancy (anywhere) | Malignancy | Specialised tissue | Active Implants - inc Pacemaker | Active Epiphysis | Metal implant | Local circulatory insufficiency | Epilepsy | Actively Bleeding Tissue | Devitalised tissues | THERMAL SKIN TEST | SHARP/BLUNT SKIN TEST |
|-------------------------------|---------------------------|-------------------------|------------|--------------------|---------------------------------|------------------|---------------|---------------------------------|----------|--------------------------|---------------------|-------------------|-----------------------|
| MODALITY | | | | | | | | | | | | | |
| NON THERMAL | | | | | | | | | | | | | |
| ULTRASOUND (NON THERMAL) | CI | | LOCAL CI | EYE, TESTIS | LOCAL CI | LOCAL CI | | P | | CI | P | if thermal | O |
| PULSED SHORTWAVE | CI | CI | LOCAL CI | EYE, TESTIS | CI | LOCAL CI | P | P | | CI | P | O | O |
| LASER | CI | | LOCAL CI | EYE, TESTIS | | LOCAL CI | | P | | CI | P | O | O |
| ELECTRICAL STIMULATION | | | | | | | | | | | | | |
| GENERIC | CI | | LOCAL CI | EYE, TESTIS | CI | LOCAL CI | | P | CI NECK | CI | P | O | ✓ |
| TENS | CI | | LOCAL CI | EYE, TESTIS | CI | LOCAL CI | | P | CI NECK | CI | P | O | ✓ |
| INTERFERENTIAL | CI | | LOCAL CI | EYE, TESTIS | CI | LOCAL CI | | P | CI NECK | CI | P | O | ✓ |
| OTHER LOW FREQUENCY | CI | | LOCAL CI | EYE, TESTIS | CI | LOCAL CI | | P | CI NECK | CI | P | O | ✓ |
| HEAT | | | | | | | | | | | | | |
| INFRARED | | | LOCAL CI | EYE | | | | P | | CI | P | ✓ | O |
| WAX | | | LOCAL CI | EYE | | | | P | | CI | P | ✓ | O |
| SHORTWAVE (CONT/PULSED) | CI | CI | LOCAL CI | EYE, TESTIS | CI | LOCAL CI | CI | CI | | CI | P | ✓ | O |
| MICROWAVE | CI | CI | LOCAL CI | EYE, TESTIS | CI | LOCAL CI | CI | CI | | CI | P | ✓ | O |
| ULTRASOUND (THERMAL) | CI | | LOCAL CI | EYE, TESTIS | LOCAL CI | LOCAL CI | CI | CI | | CI | P | ✓ | O |
| HOT PACK | | | LOCAL CI | EYE | | P | P | CI | | CI | P | ✓ | O |
| OTHERS | | | | | | | | | | | | | |
| BIOFEEDBACK (NO STIMULATION) | | | | | | | | | | | | O | O |
| COLD THERAPY | P | | LOCAL CI | EYE | | | | CI | | | P | ✓ | O |
| ULTRA VIOLET RADIATION | P | P | LOCAL CI | EYE | | | | | CI | CI | LOCAL CI | SPECIAL | O |
| | | CONTRAINDICATION | | | | | | | | | | | |
| | | LOCAL CONTRAINDICATION | | | | | | | | | | | |
| | | PRECAUTION | | | | | | | | | | | |
| | | NO KNOWN ADVERSE EFFECT | | | | | | | | | | | |
| Updated March 2007 | | | | | | | | | | | | | |