

MODALITY	Malignancy (LOCAL)				Malignancy (ANYWHERE)			
	CSP	Canada	Aus	SUMMARY	CSP	Canada	Aus	SUMMARY
ULTRASOUND								
Pulsed/Non Thermal	CI	CI	PREC	CI	OK	OK	PREC	OK
Continuous/Thermal	CI	CI	CI	CI	OK	OK	CI	OK
LASER	CI	CI	PREC	CI	OK	OK	PREC	OK
SHORTWAVE / MICROWAVE/RF								
Continuous Shortwave	CI	CI	NO INFO	CI	OK	OK	NO INFO	OK
Pulsed Shortwave	CI	CI	CI	CI	OK	OK	CI	OK
Microwave	CI	NO INFO	CI	CI	OK	NO INFO	CI	OK
ELECTRICAL STIMULATION								
GENERIC	CI	CI	PREC	CI	OK	OK	PREC	OK
SUPERFICIAL HEAT / COLD								
INFRARED	CI	NO INFO	CI	CI	OK	NO INFO	CI	OK
HOT PACK	CI	CI	CI	CI	OK	OK	CI	OK
COLD/CRYOTHERAPY	CI	OK	OK	OK	OK	OK	OK	OK
OTHERS								
BIOFEEDBACK (NO STIMULATION)	OK	NO INFO	NO INFO	OK	OK	NO INFO	NO INFO	OK
ULTRA VIOLET RADIATION	CI	NO INFO	OK	PREC	OK	NO INFO	OK	OK
SHOCKWAVE	NO INFO	NO INFO	NO INFO	CI	NO INFO	NO INFO	NO INFO	CI
		CONTRAINDICATION				PRECAUTION		
		NO KNOWN ADVERSE EFFECT				NO INFORMATION INCLUDED		
Information abstracted from Australian APA Guidance (2001); Chartered Society of Physiotherapy (UK) Guidance (2006) and Canadian Physiotherapy Association Guidance (2010)								