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Letter to the Editor

Response to Letter to the Editor: The effect of Tecar therapy on neurological disorders and nerve conduction velocity of lower limbs in peripheral neuropathy of type 2 diabetic patients: A six-week follow-up study

Maryam Niajalili[1], Mohamad Mohsen Roostayi[2], Aliyeh Daryabor[2], Sedigheh Sadat Naimi[2], Mitra Javan Amoli[3]

[1]Department of Physiotheraphy, School of Rehabilitation, Shahid Beheshti University of Medical Sciences, Tehran, Iran
[2]Physiotherapy Research Center, School of Rehabilitation, Shahid Beheshti University of Medical Sciences, Tehran, Iran
[3]Student Research Committee, School of Rehabilitation, Shahid Beheshti University of Medical Sciences, Tehran, Iran

We would like to thank you for the opportunity to respond to the issues raised in the letter on "*The effect of Tecar therapy on neurological disorders and nerve conduction velocity of lower limbs in peripheral neuropathy of type 2 diabetic patients: A six-week follow-up study.*"[1] We would also like to thank Sharma and Jeyanthi[2] for their interest and contribution to our manuscript.

We will be happy to clarify these components of our case in this response to the letter. For the first comment, we did not directly mention the study hypothesis. However, we mentioned the aim in the last sentence of the introduction: "The present research aimed to perceive how capacitive Tecar therapy affected neuropathy symptoms and signs, as assessed by Michigan Neuropathy Screening Instrument and motor nerve conduction velocities in these patients." Thus, we discussed our findings in the discussion section.

For the second comment, the age range of the patients and their history of diabetic neuropathy were mentioned according to the references in the article. However, according to the patients and methods section, people with the age range of 40 to 78 years were included in the study. Furthermore, according to Table 1, the duration of involvement of the patients was more than five years.

Regarding the sample size in the third comment, we mentioned a 95% confidence level, 0.05 probability level (α), and 80% power (p). This sample size was estimated by a statistics specialist using a formula. In the formula, the effect size was not needed. For blinding of the individuals, although the patients were informed about the complete process of the study, they were not informed about the placement in the groups; in other words, only the patients were blinded in the study. This is one of the limitations of the study mentioned in the discussion section. Therefore, the blinding of the therapists should be included in future studies to improve the accuracy of the study. In the patients and methods section, we wrote that the randomized clinical trial was performed as a single-blind (patients) pretest-posttest. Therefore, it is clear that blinding is related to patients. Moreover, we used a sham Tecar group in our article and stated that the protocol of the sham group was similar to the study group, except for the intensity applied for this group, which was set to zero. We also mentioned that diabetic patients with neuropathic symptoms were treated with infrared radiation and Tecar therapy in the study group, while patients in the control group were given infrared radiation and sham Tecar.

Corresponding author: Sedigheh Sadat Naimi, PhD. Physiotherapy Research Center, School of Rehabilitation, Shahid Beheshti University of Medical Sciences, 1616913111 Tehran, Iran.
E-mail: naimi.se@gmail.com

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