**Supplemental Method:**

Programming was performed by first checking impedances for each contact, then determining the threshold for paresthesia using each of the 4 contacts in bipolar mode, moving from distal to proximal cathodes with adjacent anode using frequency of 60 Hz and pulse width of 450 us. Once this initial programming achieved clear paresthesia locations, fine tuning was performed by either widening the field by adding cathodes or tightening it by reducing pulse width. During the programming appointment, patients were tested with 60 Hz versus 80 Hz and asked to pick the more pleasant percept. If the patient selected the higher or lower frequency offered, then the patient was again tested with a frequency 20 Hz higher or lower than the last one selected. That is, if 60 Hz was better than 80 Hz, 40 Hz was compared to 60 Hz. This was repeated until the patient had selected the most satisfying frequency.