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Radial Extracorporeal Shockwave Therapy

Radial extracorporeal shockwave therapy is a common treatment modality that has been utilised in other medical fields for a number of years. Numerous randomised controlled trials have demonstrated radial extracorporeal shockwave therapy is a safe and effective treatment for a number of musculoskeletal conditions, particularly chronic conditions.

Radial shockwaves are high-energy acoustic soundwaves that are transmitted from the handpiece to the painful region. This effect is believed to reduce pain by inhibiting substance P (a neurotransmitter associated with pain), and promoting blood flow and other processes to accelerate healing.

What to Expect

The most painful area is identified and then approximately 2000 shockwaves are applied through the handpiece. It is expected there will be mild discomfort with the procedure, but this should decrease as the shockwaves are applied. **It is important you provide feedback to the Podiatrist on your pain levels, and what you are experiencing during the treatment.** It is expected that the treatment session should take between 3-5 minutes. Following the session you may feel numbness or heaviness in the area, and some patients experience an immediate pain reduction.

Depending on the condition you may require between one and five sessions, although in most cases three is sufficient. The sessions are repeated between 3-7 days.

After treatment, you may feel some soreness that may increase the night after your treatment session. It is common for people to report a bruised feeling. Occasionally bruising will be present or small red dots may appear, which are burst capillaries. Icing following treatment may help to reduce swelling, or paracetamol if required. You should rest for 2-3 days following the treatment.

Side Effects

- Post treatment pain described above
- Local bruising

Risks

- Stress fracture (very rare)
- Rupture of partially ruptured tendons

Contraindications

- Pregnancy
- Bleeding or coagulation disorders and associated medications
- Acute inflammation or infections
- Tumour in treatment area
- Previous corticosteroid injection
- Tendon tear