

Extracorporeal Shock Wave Therapy – A Modern And Efficient Method For Treating Musculoskeletal Disorders

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Purpose of the seminar is to present novel therapeutic approach in treatment of Musculoskeletal Injuries and to comprehensively introduce the clinical possibilities of innovative therapeutic approach used in physical therapy and rehabilitation: Shockwave Therapy (SWT) in sports injuries. Participants will be exposed both to theoretical introduction as well as experience sharing about applications on variety of indications.

ESWT - Extra Corporeal Shockwave Therapy is a non-invasive rapid, modern, and efficient method used to reduce and eliminate pain associated with musculoskeletal disorders/pathology. The technology is similar to lithotripsy which is a noninvasive technique to eliminate and reduce the size of kidney stones. ESWT uses sound waves to create strong vibrations (shock waves) which aimed at a certain painful area of the body help to relive pain, tension and calcifications in sore muscles, ligaments, joints etc. and at the same time promote vascularization of the affected area and stimulation of the body's own healing process. Treatment is efficient in inflammation of plantar fascia (plantar fasciitis), osteophytes, elbow pain from overuse (medial and lateral epicondylitis), shoulder pain (tendinopathy, tendinitis, calcification), knee pain in athletes (patellar tendinitis), as well as other frequent musculoskeletal pathology.

Each treatment session lasts between 7-8 minutes, treatments are done once every 6 to 8 days, with a minimum of 3 treatments, whilst in rare cases and if necessary, the patient may require up to 6-7 consecutive treatments. There are just a few known side effects, e.g. edema, erythema and red blotches. I have had no such complaints or signs of side effects in the past five years. This treatment is not recommended in cancer patients, patients with hematologic disorders, postcorticosteroid treatment in the past 6 weeks, thrombosis (DVT) or in pregnancy (for lumbar and abdominal applications). Depending on the application site, efficiency varied from 79% to 92.5%, resulting an average of 86% efficiency - starting with May 2010 to June 2015. Patients were evaluated before and after, both clinically and paraclinically 6 weeks after the last administered treatment.