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Extracorporeal shockwave therapy (ESWT) in entesopathies: clinical results of 34 patients

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Purpose:

The purpose of this study was to clinically evaluate the efficiency of extracorporeal shockwave therapy for entesopathies.

Materials and methods:

34 patients with mean age of 52.6 (range: 29-72) which suffered from entesopathies in different regions for at least 6 months were included in this study. All patients underwent at least one unsuccessful conservative treatment prior to ESWT.

Prior to treatment pain and function were assessed subjectively by using a visual analog scale ranging from 1 (no pain/full function) to 4 (maximum pain/minimum function).

The follow-up period was 3-18 months with an average follow-up period of 13 months. All patients were treated with ESWT device (Orthospec, Medispec). One to three treatment sessions were provided to each patient with an interval of two weeks between the sessions.

After all sessions were finished pain and function were reassessed in the same method that was used before the beginning of the treatment.

Results:

The overall mean pain value was 2.79 before the treatment and 2.00 after the treatment. 3 patients (8.8%) reported no pain at all after the treatment and in 6 patients (17,6%) a significant improvement in pain was achieved.

14 patients (41.2%) reported of only slight relief of pain and 14 patients (41.2%) reported no change in pain level.

The overall mean function capacity was 3.35 before the treatment and 2.08 after the treatment. 5 patients (14.7%) returned to full functional capacity and in 15 patients (44.1%) a significant improvement in functional capacity was observed. 12 patients (35.3%) reported of slight improvement of functional capacity and in 7 patients (20.6%) no change in the functional capacity was noticed.

Good results of improvement in pain severity and functional capacity were observed in cases of plantar fasciitis, shoulder tendinitis and tennis elbow.

Conclusion:

We think that ESWT is helpful for treatment of entesopathies, especially plantar fasciitis, shoulder tendinitis and tennis elbow, and suggest to include it in treatment algorithms.