How many times will I need to have the treatment?

You will normally require three separate treatments, at weekly intervals. It may be necessary in some cases to extend the course of treatment to four or five, based on how your recovery is progressing.

What happens after the treatment?

You will be able to get up and walk straight after the treatment, and return to your normal day-to-day activities straight away. We would recommend that you do not undertake any strenuous pain-provoking activity or high impact exercise for 48hours after the treatment.

If you experience a sudden onset of pain to the area, or loss of function, contact your GP or attend your nearest ED (A&E).

Can I take pain medication after the treatment?

If you experience pain after the treatment, you can take over-thecounter painkillers such as paracetamol.

If you have any further questions regarding the treatment, please contact the Podiatry Services.

Further information about the service and how to manage a range of foot health problems yourself, can also be found on our website: www.livewellsouthwest.co.uk/project/podiatry

Contact Details

Podiatry Services
Beauchamp Centre
Mount Gould Hospital
200 Mount Gould Road
Plymouth
PL4 7QD

Tel: 01752 434855 Email: <u>livewell.podiatrypatients@nhs.net</u>



Podiatry Services Patient Information Leaflet



Extracorporeal Shockwave Therapy (ESWT)

For the treatment of chronic Plantar Fasciopathy and Achilles Tendinopathy

(January 2023 V1)

What is Extracorporeal Shockwave Therapy (ESWT)?

ESWT is a procedure whereby high energy sound waves ("shock waves") travel through the skin to the affected area of the body. The procedure is non-invasive and low risk. Research has shown that this treatment can be very helpful for cases of plantar fasciopathy ("plantar fasciitis"), or Achilles tendinopathy, particularly when the injury and pain has become chronic in nature. Overall, the treatment has between a 50-70% success rate.

How does it work?

ESWT promotes an anti-inflammatory response in the affected area. This increases the flow of blood to the injured area, which is essential for healing to take place. In chronic, non-healing injuries, ESWT can "jump start" the healing process, and is therefore useful where other forms of therapy (for example physiotherapy, orthotics, ice, pain relief) have not helped.

Who will provide the treatment?

The treatment will be administered by a musculoskeletal podiatrist, or a member of the podiatry support staff. All members of staff have received full training in the use of the equipment.

How should I prepare for the treatment?

- Ensure you are available for the FULL course of treatment.
- Do not take any non-steroidal anti-inflammatory drugs (NSAIDs) during the 2 week period leading up to your first treatment, nor during the course of the treatment itself. If you are unsure if your medications include NSAIDs, consult with your GP or practice nurse.
- Wear comfortable clothing on the day of your treatment, as you will be asked to lie on the treatment couch.

What does a session involve?

You will be asked lie on the treatment couch, in such a way that allows the podiatrist easy access to the injury site. The podiatrist will feel around the affected area to determine where the treatment should be delivered, and then apply a gel to this area (this improves the effectiveness of the shock waves). A probe will then be held against the skin , and the treatment will start. This will then last for between 3-4 minutes.

Are there any side effects?

During and after the treatment you may experience an increase in pain. We will monitor any pain during treatment, and if necessary adjust the settings to make the treatment slightly more comfortable.

It may also cause swelling, bruising, redness and numbness over the following few days, but these should settle before the following treatment.

You must not have ESWT if any of the following apply:

- You are pregnant.
- You are taking anti-platelets other than 75mg aspirin or clopidogrel
- · You have a blood clotting disorder.
- You are under the age of 18.
- You have an infection in your foot.
- You have a history of plantar fascia or Achilles tendon rupture.
- You have had a steroid injection to the injured area in the last 12 weeks.
- You have bone cancer or are receiving active cancer treatment.