

An ideal complement to TCM

Extracorporeal shock wave therapy (ESWT) in a combined approach

After many years' experience concerning the influence of acupuncture on disorders affecting myofascial chains – i.e. the tendinomyofascial meridians as a conceptual aspect of traditional Chinese medicine (TCM) – the range of treatment options has been enhanced by Hunek's neural therapy for treating regulatory disorders using the neurovegetative approach, and by osteopathy according to the fascial distortion model (FDM). All of these techniques recognize, and treat, myofascial trigger points (mTrPs; 'dry needling' of Qi, blood and mucus stasis in TCM; injection of conventional mTrPs with procaine in neural therapy; manual techniques used on what, under the FDM, are known as herniated trigger points).

The successful treatment of iliotibial tract syndrome with symptoms of runner's knee using ESWT



Fig. 1: Active muscular trigger points and pain projection zones on palpation

and in combination with TCM is described by way of illustration. After treatment of the marked mTrPs (Fig. 1) with radial shock wave therapy (R-SW, approx. 4,000 shock waves, Fig. 2) and focused shock wave therapy (F-SW, 1,000 shock waves, Fig. 3),

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Since his setting up in private practice in Vechta, combined shock wave therapy (initially with the DUOLITH® SD1 system and now with the DUOLITH® SD1 »ultra« (Fig. 5)) has become an ideal complement to the range of treatment options and is now indispensable in the everyday routine of the practice specializing in orthopaedics and pain therapy.



manual trigger band treatment – deep thumb pressure from the anterior superior iliac spine to the tibial tuberosity with subsequent cryotherapy – took place following smoothing with the V-ACTOR® handpiece. The smoothed area also included



Fig. 2: R-SW



Fig. 3: F-SW

the peroneal group of the lower leg (gall bladder meridian). In order, with the knee flexed, to further loosen the adhesion of the muscles with the enveloping fascia, several Kiwi vacuum extractors were applied over the iliotibial tract

and the peroneal group of the lower leg. These exert adjustable levels of suction pressure at specific points. Walking and doing stretching exercises with the Kiwis enabled the patient to actively stretch the fascia. After the second treatment, the patient also received an intra-arterial injection of 5 ml procaine 1%, the aim of which was greater arterial perfusion of the lower extremity.

AcuTape – elastic tape that leads to stimulation of the proprioceptors and to increased local circulation – was subsequently applied. This supports the body's autoregulation mechanisms and stimulates lymph flow. After three treatments, the patient enjoyed long-term freedom from symptoms, even during sporting activity. To aid with



Fig. 5: DUOLITH® SD1 »ultra«

after-treatment and prophylactic care, the patient uses a 'Blackroll' foam roller. The overall treatment strategy was in accordance with the 'Swiss Approach to Trigger Point Therapy' after Dr

Dejung from Winterthur; I Compression of the TrP, II Stretching the region of the TrP, III Fascial stretching, IV Loosening of the intermuscular gliding layers, V Active stretching and relaxation of muscles.

» Source: STORZ MEDICAL

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Ideale Ergänzung zur TCM

Extracorporelle Stoßwellentherapie (ESWT) im kombinierten Ansatz

Nach langjähriger Erfahrung mit der Akupunktur in ihrer Weiterbildung im Bereich der Traditionellen Chinesischen Medizin (TCM) beschreiben die Autorinnen, wie sie durch die Kombination von TCM und der neuartigen Extracorporellen Stoßwellentherapie (ESWT) die Behandlungsoptionen für diese muskulären und faszialen Triggerpunkte (mTrPs) erweitert haben können. In Kombination mit TCM wird die Behandlung von muskulären Triggerpunkten (mTrPs) nach Hunek, die Anwendung von Kiwi-Vakuumextraktoren (Kiwi) und der Anwendung von AcuTape (elastisches Tape) beschrieben. Die Autoren berichten über die erfolgreiche Behandlung von Iliotibialband-Syndrom (ITBS) durch die Kombination von ESWT und TCM.

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Abbildung 1 zeigt die markierten muskulären Triggerpunkte (mTrPs) am Rücken. Die Abbildung 2 zeigt die Anwendung von Radial Shock Wave (R-SW) zur Behandlung des mTrPs. Die Abbildung 3 zeigt die Anwendung von Focused Shock Wave (F-SW) zur Behandlung des mTrPs. Die Abbildung 4 zeigt die Anwendung von Kiwi-Vakuumextraktoren zur Behandlung des mTrPs. Die Abbildung 5 zeigt die Anwendung von AcuTape zur Behandlung des mTrPs.

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