

Treat shoulder pains with the Duolith SD1 combined shockwave therapy device from Storz Medical

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Many patients seek out my orthopaedic practice for their shoulder pain. These pains hinder the patients not only in many everyday movements; they also often disturb their sleep. A narrowing of the space under the acromion usually leads to irritation of the supraspinatus tendon and biceps tendon and to pain in the upper arm, often accompanied by radiating discomfort down to the fingers. Examination of the patient reveals extreme myogelosis in the musculature controlling the scapula, caused by many years of poor posture of the pectoral girdle while working on the computer, during long drives or from one-sided stresses in the workplace. These result in a forward tilting of the scapula and acromion, accompanied by a constriction of the space through which the biceps tendon and the tendons of the rotator cuff must glide.



Figure 1: drawing of the shoulder

Before contemplating a surgical widening of the shoulder space, the attempt should first be made to rectify the muscular imbalance. The muscle training program that is actually necessary can often not be carried out because of the painfulness of the shoulder. This is where treatment of trigger points with shockwave therapy is recommended. Here in our surgery we are successfully using the DUOLITH SD1 from Storz Medical AG.

As a rule, 5-8 treatments are first necessary with focused shockwaves, followed by radial pressure waves at an interval of approximately 1 week. By focusing the shockwaves on one region, the trigger point can be precisely located and treated. The focus depth of up to 7 cm is very advantageous here. I apply approximately 500 impulses each to around 5-6 trigger points. The same pain often appears during treatment which the patient feels with arm strain or at night. The shockwave causes improved blood circulation in the muscle nodules while at the same time interrupting the pain signals to the brain.

As a result of this treatment, the metabolic products were mobilized which had initially collected in the tense muscle (e.g. lactic acid, CO₂, etc.). Therapy is therefore continued after the focused treatment with radial pressure waves from the DUOLITH SD1. These radial pressure waves are suited to surface treatment and promote blood circulation and the flow of lymph from the muscle, thus reinforcing the therapeutic effect.

Immediately after treatment, which lasts approximately 20 minutes, the patients experience a marked reduction in pain, and movement of the shoulder is significantly improved.

The musculature that controls the scapula can be trained once the trigger points have been eliminated from those muscles. The scapula can be actively moved back again, and the tendon irritation under the acromion decreases. Nighttime pain is reduced after just 2-3 therapy sessions. Patients should take part in motion therapy or muscle-building training in order to utilise their improved and pain-free mobility.

Another helpful means for activating muscle and connective tissue is the new V-Actor applicator from Storz Medical.



Figure 5: V-Actor applicator



Figure 2: F-SW applicator (focused shockwaves)



Figure 3: Duolith SD1 Tower



Figure 4: R-SW applicator (radial pressure waves)

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