

Successful shock wave treatment

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Five years ago we introduced radial shock wave therapy in our private practice and started working with it. Since then we have been very successful in the treatment of soft tissue structures such as the forearm extensor muscles, radial humeral epicondylitis, as well as thigh or lower leg pathologies. Radial shock wave treatment is less successful when treating musculo-skeletal conditions. Often it is also very painful for the patient. That is why we decided to buy STORZ MEDICAL's combined extracorporeal shock wave therapy system, the DUOLITH® SD1. We realized that the combined use of radial and focused shock waves offers enormous possibilities.



Dr. Spieker during treatment with DUOLITH® SD1

For nearly four years we have been working with this combined system and treat practically all parts of the body with it. One of the conditions treated with focused shock wave therapy is trochanteric insertional tendonitis. When treating this condition, the energy level has to be adjusted depending on the individual case. Usually we work around the trochanter with energies between 0,20-0,25 mJ/mm² and locate the trigger points with 1500-2000 pulses. If there is a pseudoradicular symptomatology involving the iliotibial

tract, we apply 500 focused shock waves to it with an energy level between 0,07-0,1 mJ/mm². 2000-3000 further radial pulses are recommended for this indication. When treating patients with unspecific foot ailments, we rely on focused shock waves. After three to four treatment sessions at weekly intervals the shock waves show an excellent effect. Due to the compactness of the surrounding soft tissue structures of the foot we work at a low energy level (usually between 0,01-0,10 mJ/mm²), depending on the foot pain symptoms.

An interesting indication in the hand area is rhizarthrosis. When treating this condition it is important to differentiate between palmar and dorsal application of shock waves over the thumb saddle joint. In the first case (palmar), a higher energy level between 0,07-0,10 mJ/mm² is necessary, while in the second case (dorsal) an energy level between 0,01-0,05 mJ/mm² is often enough.

As many of our patients are athletes, we often treat the Achilles tendon area. There we predominantly work with focused shock waves (circa 1000 pulses) with an energy level between 0,10-0,15 mJ/mm².

A further 1000 pulses are applied in the calf area, depending on the symptomatology in the Achilles tendon area (medial or lateral). The corresponding trigger points in the gastrocnemius muscle, soleus muscle and tibialis posterior muscle are identified and treated. Depending on the individual calf, we apply another 5000-6000 radial pulses in the calf area (2,6-3,0 bar).

Combined shock wave treatment has many key advantages. It is highly effective, non-invasive and practically without side effects. That is why the majority of our patients prefer this form of treatment - especially self-pay patients. We perform shock wave therapies every day; due to the high success rate we have been able to achieve a high level of patient satisfaction.

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