

## Shockwave and Vibration Therapy With Tim Watson

### Tim Watson

- Professor of Physiotherapy at the University of Hertfordshire
  - His sole responsibility at the university is research
- Has been a Physiotherapist for over 40 years.
- [See Tim Watson Pts. 1+2 for more information about him]

### The Broadcast

- Demonstration of specific machines
  - Unbiased discussions of usefulness etc.
  - Tim doesn't endorse or promote any particular machine.
- Research-based reviews of the machines.
- Information available at [www.electrotherapy.org](http://www.electrotherapy.org)
  - Soon to contain reviews of products

### Shockwave Therapy

- Two versions of shockwave: Focused and Unfocused.
  - Focused: energy is more concentrated as it leaves the applicator.
    - Most probably suited to a specialist practice.
  - Unfocused: energy coming from the applicator diverges in the tissue, making it less concentrated and non-destructive.
    - Kit such as a radial shockwave machine.
    - Such a machine would be the appropriate type for clinic.
- Shockwave machines previously stood on massive pedestals.
  - Now, getting smaller and they're getting cheaper.
- 5 years ago, estimated cost would have been £25,000 per machine.
  - Now, the price is way under £10,000.
  - Direct, cheap imports from China can be poor and have short lifespans.
- No need to spend £25,000 on large machine when a small unit can give you clinically effective evidence.
- Poor/Good quality can be accessed by the lifespan guarantee.
  - 500,000 shocks or quality machines may take 3 million before maintenance

- needed.
- Cheap to buy, does not necessarily mean cheap running costs- look for balance.
- Mechanical Therapy as opposed to Electrotherapy.
- Shockwave Therapy delivers 10/20 etc. hits a second.
  - In comparison, ultrasound delivers mechanical energy perhaps a couple of million times a second.
  - It's deliberately sending a mechanical pulse into the tissue
  - Mechanically provoking tissues or wounds into responding.
  - Can be uncomfortable during and around treatment
- E.g. Routinely used to break kidney stones.
  - Researched late '60s- early '70s.
  - Although successful, the treatment was breaking up bone and destroying musculoskeletal tissues.
    - Problem resolved with toned down power- more power just not needed.
    - Pulse remains 'uncomfortable' but won't damage tissues.
  - In short, the treatment is useful for chronic problems.
    - E.g. chronic Achilles, chronic plantar fasciitis
  - Would be used in conjunction with exercise and some manual therapy work such as postural etc.
  - Frequency does not change outcome of the treatment; however, number of hits is important.
    - Best evidence at the moment is pointing very clearly at around 2,000 shocks.
    - Once a week, conversely to everyday when carrying out ultrasound.
  - Deliberately winds tissues up.
    - Making it more acute and more responsive.
  - Allows you to use the acuteness as the driver to get you through the repair sequence.
  - Any immediate pain relief is a by-product.
- Conditions: The Tendinopathy type problem
  - Plantar Fascia, Achilles, Patellar Tendinopathy
  - Greater Trochanteric Pain Syndrome (only non-classic Tendinopathy)
  - Medial and Lateral Elbow, Supraspinatus, Biceps and Tendons
- A few studies have been carried out on the effect on calcification.
  - Success dependent on size of machine
  - Perhaps not practical without having the really 'high powered machines'.
- There is also attempts to try the therapy with fractures that won't mend.
- Also being used on muscle problems as opposed to just tendon problems.
  - Early research in this field is looking good.
- Treating erectile dysfunction.
- Children with cerebral palsy with massively spastic muscles have seen some really good effects.
  - Would have to be a long-term treatment protocol.
  - Treatment once a week/fortnight can have massive impacts on quality of life.
    - Manageable; ten-minute session each week.
  - Long way into the future, smaller units may allow this to be home-managed.
- Use in dental treatments also being tested.
- Overall, strong evidence-based research behind Tendinopathy with much of these ideas

developing interestingly.

- Charges:
  - Some practitioners charge hundreds for sessions and request upfront payment.
  - Not necessarily needed, you can work on the premise that you may be the only practitioner with the kit in the area.
- Contraindicators:
- A lot of contraindicators developed from high-powered focus shockwave therapy.
- If you apply too much energy to a cemented implant, it has the potential to loosen it.
  - Knee replacements etc.- probably wouldn't be affected by standard clinic machines but better not to risk it.
- Osteoporotic patients are not a contraindicator.
  - Papers on this have been limited.
  - For generalised osteoporosis and BMD issues, a vibrating platform has got better evidence than shockwave.
- Hip problems? Capacity to irritate a bursa?
  - Definitely can irritate bursa
  - Would be used on unresolved chronic bursitis as opposed to acute.
  - Important to warn patient that treatment is not subtle and doesn't make everything better immediately.

#### Unresolved Plantar Fasciitis as an example

- Provocative Treatment
- Evidence from cases would estimate a treatment a week for up to 5 weeks as 'usually sufficient'.
  - 2,000 shocks a session.
  - Treatment can take as little as 10-minutes.
- Combine with eccentric loading.
  - May not have worked pre-shockwave treatment but in conjunction there is more chance it will work.

#### Patellar Tendinopathy as an example

- Practitioner explains that treatment won't be comfortable and how it works.
  - Check contraindications.
- Option to get the patient used to the feel by testing on a non-damaged area.
- Set at the kind of power level which would be used clinically.
- If machine is used without the silicon, apply some gel. (can be standard ultrasound gel etc.)
  - Aids energy transmission into the tissue.
  - Makes the treatment more comfortable.
- Treat on couch ideally with 15/20 degrees flexion of a knee over a pillow.
- Locate the most aggravated part of that patellar tendon.
- Focus on the most obvious problem but share across whole area and deliver 2000 shocks.
- Treatment is unaffected by any number of breaks or stoppages- reaching the required hits is more important than the length of time it takes to get there.
- Machines often come for suggested programs for various ailments.

- Evidence behind varying ‘number of hits etc.’ is limited.

### Manufacturers and Equipment

- E.g. Zimmer
- EMS an example of a distributor.
  - Distributors probably safest option when purchasing as they will give you:
    - A: the service
    - B: the quality guarantee
    - C: Replacement guarantee
    - D: Servicing of the kit.
- Can buy straight from China or eBay but does not guarantee the above.
- Different applicator heads can change concentration.
- Standard head is approximately 12-15mm across.
  - Used for most areas, even fingers, wrists and thumbs etc.
- Larger applicators tend to be used for muscle.
  - More practical.
- Smaller applicators can be approximately 6mm.
  - Can be pretty wicked- less commonly used.
- A lot of distributors offer lease as well as outright purchase.

### Research

- 2000 hits:
  - A lot of research behind the number of hits dealt.
  - Research began much lower at 100-500 hits.
  - The number was steadily increased to where it is now.
    - Likely, that certain people deal even more hits per treatment.
    - At some point, there must be a number of hits which provokes the tissue too much.

### How does the machine actually function?

- A tube down the middle is filled with oil and there’s a ball-bearing and firing piston.
  - The ball bearing is blasted down the tube and hits the end, which is the contact with your skin (the hit).
    - Here is where the shockwave is generated, transmitting the energy into your tissues.
- A sleeve can be attached to reduce irritation, which doesn’t affect the treatment outcome.
- When there is no sleeve, hygiene-wise, it’s important to clean with an alcohol-based wipe.
  - On wounds, a sterile barrier between the wound and machine would be necessary.
- Most of the time, hygiene precautions only need to be the same as for an ultrasound treatment head as you don’t often tend to be in contact with open tissue.

### Key priorities when purchasing:

- Control over the machine
  - Ability to vary how powerful the shock is and amount of energy pushed into the tissue.

- Ability to vary frequency.
    - Not in terms of clinical output but rather patient acceptance.
- Balance pricing in terms of product but also replacement parts and maintenance.
  - E.g. Replacement heads cost approx. £350.00

### Muscle Stimulation

- Similar to TENS
  - TENS designed to stimulate the sensory nerves.
  - (1) Muscle Stim is very efficient at stimulating motor nerves.
  - Neither exclusively carry out these functions.
- E.g. Applying a TENS machine to a muscle such as the forearm flexors.
  - Turning up the settings even on a TENS can fire the motor nerves.
  - The machine forces the muscle to fire by firing the motor nerves.
- A concept that can be applied to erectile dysfunction etc.
- Muscle stims are bigger and more expensive than TENS.
  - However, they add patterns to the contraction process, which aren't possible with TENS.
  - Bringing a contraction on, holding, letting go and then rest.
  - Work muscle at higher frequency (e.g. 30 hertz) then stimulate at low frequency (e.g. 4 hertz)
    - Maintaining 'tingling' low frequency allows local blood to flow.
- (Demo machine in video supplied by Win Health)
- Safe to use on necks and trigger points.
  - Perhaps not so much on the front of the neck but rather the back.
- Damaged muscle:
- Treatment would ideally take place each day for 30 minutes.
- No need to see patient in this time, possible to lend them machine for a fee and they can 'treat themselves'.
  - Takes very little time to teach patient how to set up the machine for treatment.
  - Treatment could be carried out at work, whilst watching the TV...
  - Win-win- practitioner is earning money without working and patient gaining good clinical results.
- Evidence suggests this needs to be carried out alongside exercise and not as replacement.
- The patient works with the machine (potentially working against contraction/extension etc.)
- As implied, this machine can be used domestically.
  - Basic price could be £30.00.
- Benefits of Muscle Stim with MS and Parkinson's etc.:
- Previously, it was argued that you should never use muscle stim with such patients.
- Now, there's a substantial body of evidence (stroke) that says this facilitates recovery.

### Vibration Plate

- Began through use in the gym, supposedly enhancing the effect of your exercise when carried out on the plate.
- Has steadily crept into the therapy world, from those wishing to reduce recovery time after

exercise to the elderly who wish to improve their balance.

- Large range of patients: stroke, cerebral palsy, Parkinson's, reducing risk of diabetic neuropathy.
- (Demo machine in video supplied by PCS Global)
  - Portable machine costing £1,200.
- Many clinic machines have bars for the patient to hold onto.
- Vibrations vary: laterally or vertically.
  - Vertical vibrations are the ones that people get the best strength changes from.
  - Lateral Vibrations seem suited to improving balance.
- Vibrations can be around 2/3mm.
- Certain clinics now have an exercise/gym area which entail a fee and then the patient can use the vibration plate and incorporate it into their treatment.
- There is also a long-term benefit regarding obesity, helping sustain weight loss over a longer period.

#### A 'different variation' of Ultrasound

- From a well-known manufacturer called ENRAF in the Netherlands.
- An ultrasound machine with a fairly standard treatment head.
- Using a solid gel pad, this type of machine holds the treatment head in place at the ideal 90-degree angle.
  - Delivers the ultrasound which is decided by the practitioner.
  - Do not use squirty gel with this machine as it goes straight into the tube and hampers the machine.

# First Draft