Radial shock wave therapy in the treatment of lateral epicondylitis

E. Ilieva
Department of Physical and Rehabilitation Medicine, Medical University, Vassil Aprilov 15a, 4002 Plovdiv, Bulgaria
E-mail address: elena_md@yahoo.com.

Keywords: Radial shock wave therapy; Lateral epicondylitis

Introduction.—Lateral epicondylitis is one of the most common overuse syndromes. There are different treatment modalities and their effectiveness is rather controversial.

Aim.—Evaluate the effect of radial shock wave therapy in lateral epicondylitis.

Material and methods.—Treat with one session per week for 5 weeks patients with lateral epicondylitis. A session consisted of 2500 shocks at 2 bars. Pain was evaluated before treatment, at 3, 6 and 12 months after treatment at rest, at palpation and during Thomsen’s test (VAS) and the Patient-Rated Tennis Elbow Evaluation (PRTEE) questionnaire were performed.

Results.—Sixteen patients, mean age 47.2 ± 2.3 years 15.6 ± 4.6 lasting for months were included in the study.

VAS values were:

- at rest from 3.75 ± 0.49 before therapy to 1.94 ± 0.46 at 3 months and 0.69 ± 0.38 at 1 year;
- at palpation from 7.44 ± 0.38 before therapy to 3.56 ± 0.40 at 3 months and 1.46 ± 0.56 at 1 year;
- at Thomsen test from 5.87 ± 0.46 before therapy to 2.5 ± 0.40 at 3 months and 1 ± 0.38 at 1 year.

PRTEE showed significant reduction of pain and functional improvement. The total score improved from 56.75 ± 2.34 before therapy to 27.53 ± 3.7 at 3 months and 13.69 ± 4.48 at 1 year.

Discussion/Conclusion.—Radial shock wave therapy can be recommended as second line treatment in lateral epicondylitis evolving for more than 6 months when other conservative treatments have failed.

Further reading

Radial shock wave therapy can be recommended as second line treatment in lateral epicondylitis evolving for more than 6 months when other conservative treatments have failed.

SF was the most discriminating gait variable (73% of patients and controls). SF, SR, and CCP were different between patients and controls. There was a non-significant association between SF, FIQ and physical components of Short-Form 36 (P = 0.05) while CCP was correlated to pain (P = 0.01). The SF cluster identified three subgroups with a particular one characterized by normal SF, low pain, high activity and hyperkinesia. The SR cluster identified two subgroups another one characterized by normal SF, high pain, high activity and hyperkinesia. The SR cluster identified two subgroups another one characterized by normal SF, low pain, high activity and hyperkinesia. The SR cluster identified two subgroups another one characterized by normal SF, low pain, high activity and hyperkinesia. The SR cluster identified two subgroups another one characterized by normal SF, low pain, high activity and hyperkinesia. The SR cluster identified two subgroups another one characterized by normal SF, low pain, high activity and hyperkinesia.