

Editorial

Why Extracorporeal Shockwave Therapy is used in the Treatment of Chronic Insertional Achilles Tendinopathy?

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DEAR EDITOR,

Extracorporeal shock wave therapy (ESWT) is one of the most common recommended electrotherapeutic modalities for the management of chronic Achilles Tendinopathy (AT). However, the term chronic AT is not clear in the literature. The term chronic AT is ranged in the literature from 4 weeks to 6 months after the first onset. A patient with 4 weeks of AT does not have the same symptoms with a patient with 6 months of AT, so the ESWT is applied in a different way in a patient with four weeks of AT and in a patient with 6 months of AT. There is not a standard protocol in the management of chronic AT using the ESWT. There is not a standard protocol in the management of chronic AT because the medical society does not define the term chronic AT. If the medical society defines the term chronic AT, a standard recommended protocol of ESWT in the management of chronic AT will be applied.

ESWT is usually recommended when the symptoms persist for more than 6 months or all the other types of conservative therapy fail. However, there is lack of strong evidence in the literature to support the above recommendations. Why someone recommend

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the use of ESWT 6 months after the first onset? Can it be used earlier than 6 months after the first onset? I think the above will be solved when the medical society defines the term chronic AT. Moreover, the heavy-slow resistance exercise program is the most promising conservative treatment approach in the management of AT. The ESWT is recommended when the heavy-slow resistance exercise program fails or other conservative techniques fail. It is known that all the other types of conservative therapy are less effective than the heavy-slow resistance exercise program in the management of LET. In addition, ESWT does not use as a substitute but as a supplement to heavy-slow resistance exercise program.

ESWT is applied only in the area of pain. I wonder if it can be applied in a different way, like scanning the whole area. Perhaps, the combination of the above two ways of application, scanning and painful (sensitive) point, leads to a better clinical result. More research is needed to support the above recommendation.

A debate on the above topics is most welcome as existing aspects may contribute to misunderstanding and inappropriate treatment.