



SHOCKWAVE THERAPY CONSENT

- ❖ **What is extracorporeal radial shockwave therapy?**
 - High energy sound pulses focused to stimulate a healing response.
 - Stimulate repair and blood flow
 - Shockwave also provides pain relief and muscle relaxation and helps with calcification reabsorption.
- ❖ **What should I expect?**
 - Approximately 2000 shocks are administered
 - It is a short treatment (usually five per foot) that will be fairly uncomfortable.
 - Our goal is to use the highest setting that you can tolerate. We will listen to you and make adjustments as needed.
 - After the treatment there might be some pain, bruising and swelling.
 - Some discomfort may be experienced 2-4 hours after the treatment.
 - You must “Take it easy” for 48 hours after the treatment – no matter how good you feel.
- ❖ Pain is usually gone within 48 hours but can last longer.
- ❖ **What should I do if I am in pain after the treatment?** Take Acetaminophen (Tylenol).
 - Do not use anti-inflammatory medications or ice – these will undo the work of the treatment.
- ❖ **Costs** Most studies show benefit in 3 treatments with one week rest in between. I do not believe that a single treatment is worthwhile. The fee is \$250 for three treatments. If you have extended insurance (e.g. Green Shield) ask to see if you have coverage.
- ❖ **What is the success rate of this kind of treatment?**
 - There is no guarantee, but studies show that 50-80% of patients are very happy with the results when asked 2 years later.
 - Most people notice an immediate benefit and long term benefits may take up to three or four months.
 - If there is no improvement Dr. Z will see you again and will work with you to determine the next steps.
- ❖ **Precautions --You should not have shockwave if you have:**
 - Bleeding disorders or are taking blood thinners
 - If you have cancer or a tumor in the area.
 - An active infection in the area
 - Cortisone therapy up to 6 weeks before first treatment

By signing the below, you acknowledge that you understand and accept the risks, benefits and costs of shockwave therapy, and consent to having this therapy administered. All my questions have been answered.

NAME: _____ DATE: _____