SICOT/SIROT 2003

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002-D THE USE OF A MOBILE LITHOTRIPTER IN THE TREATMENT OF TENNIS ELBOW AND PLANTAR FASCIITIS

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Objective: To evaluate the use of the Mobile Lithotripter in the treatment of tennis elbow and plantar fasciitis. Method: A prospective single blind randomized trial was performed on 24 patients with tennis elbow and 23 patients with plantar fasciitis, with a mean duration of symptoms of 11 months. All patients had failed 1 or more methods of treatments namely conservative, topical NSAID, steroid injection and/or surgery. The patients were divided into treatment and placebo groups. The placebo groups received treatment with a clasp on the elbow/heel to stop penetration of shock waves. A baseline pain score was obtained using the Million Visual Analogue Scale (0-10) (1). The affected area was infiltrated with 3-5 mls of 1% lignocaine. The treatment consisted of 2000 shock waves at 2.5 bars of air pressure with a frequency of 8-10Hz. A total of 3 treatments were given at an interval of 2 weeks, each lasting for 3-4 minutes. Results: In the treatment groups, a final pain score at 6 months post treatment showed significant improvement (3 or more points) in 78% of patients with tennis elbow and 93% of patients with plantar fasciitis. In the placebo groups, significant improvement was seen in 1 patient (9%) with tennis elbow. The rest of the patients in the placebo group did not show improvement. This was statistically significant (chi square test). Conclusion: The mobile lithotripter is an effective way of treating tennis elbow and plantar fasciitis but warrants further studies on a larger scale.



SICOT Cairo 2003

The use of a Mobile Lithotripter in the treatment of Tennis Elbow and Plantar Fasciitis

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Introduction

 Lithotripsy has been used for the treatment of renal stones since early 1980's

 Studies on soft tissues penetrated by the shock waves showed increased vascularity

Introduction

 Application in fracture non-unions (Valchanau VD, 1991) and various enthesopathies

 Till recently it's use was limited by the cost and availability of the fixed lithotripters

Introduction

- Introduction of the EMS Swiss Dolorclast Unit made possible it's use in treatment of tennis elbow and plantar fasciitis
- We used a loan machine to set up a prospective single blind randomised trial for treatment of tennis elbow and plantar fasciitis

- Was approved by the ethics committee
- 24 patients with tennis elbow and 23 patients with plantar fasciitis
- M:F 31:16
- Mean duration of symptoms was 11 months
- Had failed one or more method/s of treatment

Randomized into treatment and placebo groups

 Base line pain score was obtained using Million Visual Analogue Scale (0-10)

 Affected area was infiltrated with 3-5 mls of 1% lignocaine

 Placebo group received treatment with a clasp on to prevent penetration of shock waves

Treatment consisted of 2000 shock waves at 2.5 bars of air pressure with a frequency of 8-10 Hz

 Total of 3 treatments were given at intervals of 2 weeks, each lasting for 3-4 minutes

Criteria

Improvement of 3 or more points in the pain score was considered to be significant



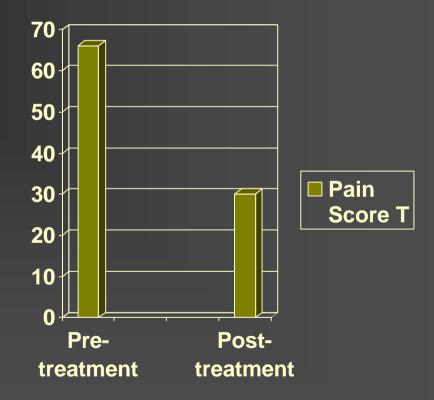
Treatment Group

- 13 patients with pre treatment score of 6.6
- Mean pain score 6 months post treatment 3.0

10 Significant Improvement

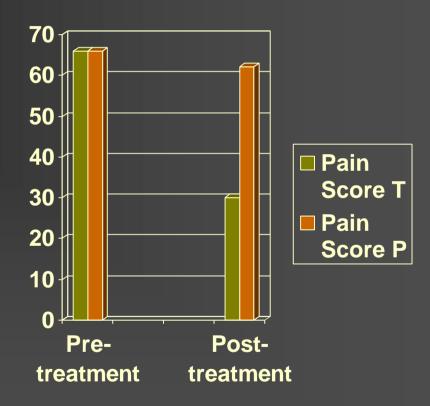
1 No change

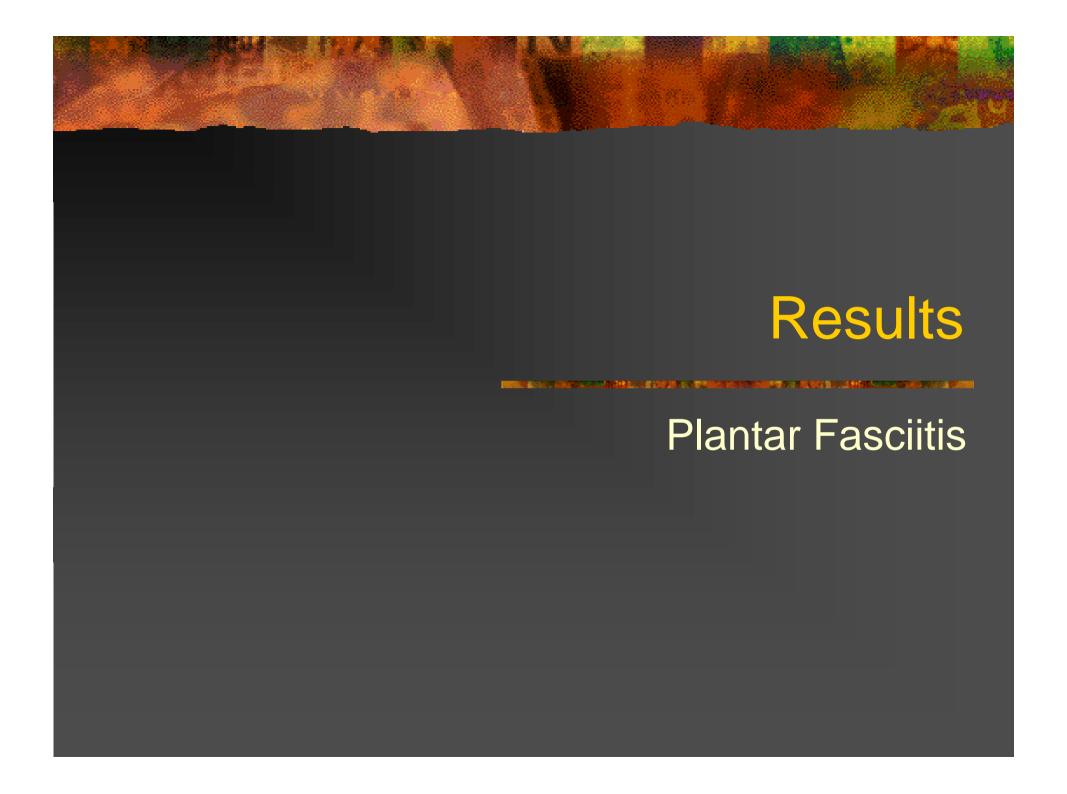
2 Increased pain



Placebo group

- 11 patients with pre treatment score of 6.6
- Mean post treatment pain score at 6 months 6.2
 - 10 No change
 - 1 SignificantImprovement





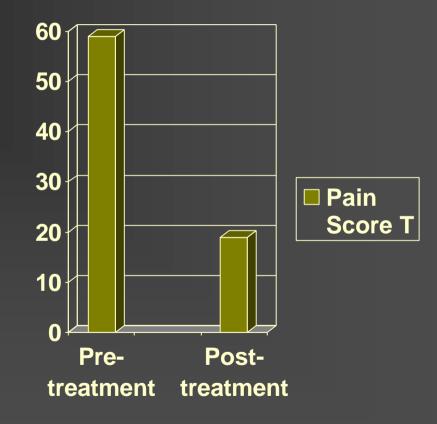
Treatment Group

13 patients with a pre treatment score of 5.9

Post treatment score at 6 months of 1.9

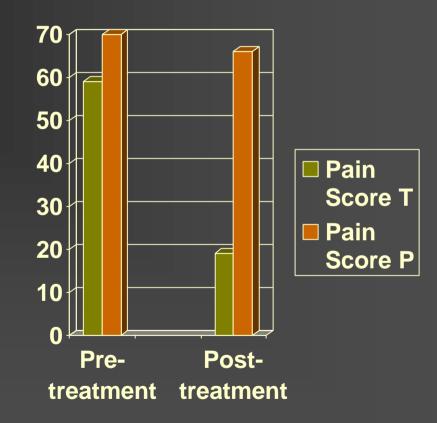
12 SignificantImprovement

1 No change



Placebo Group

- 10 patients with a pre treatment score of 7.0
- Post treatment mean pain score at 6 months 6.6
- None of the patients reported significant improvement



Statistical significance

 Difference was Statistically Significant using Chi Square Test

Conclusion

 Radial shock wave therapy using EMS Swiss Dolorclast Unit is an effective way of treating tennis elbow and plantar fasciitis

 Is effective in cases which have failed other treatments

Conclusion

 Involves a moderate initial investment but will be economical in the long run

Larger studies will provide a more robust evidence

