

## Shock Wave Therapy (UHT)

Diseases associated with overstrain of the musculoskeletal system are one of the most acute problems of modern traumatology. Repeated stereotypical (for example, when playing tennis) or periodic explosive loads can cause painful conditions both in people professionally associated with such loads and in low-trained and elderly people, who make up the vast majority of urban residents.

The advent of extracorporeal shock wave therapy in the 1990s was a breakthrough in neurology and traumatology in the treatment of such diseases.

ECM is a non-invasive biosurgery, as it allows you to achieve profound changes in the structure of tissues and affect the immediate cause of the pathological process. The UVT method is based on a short-term application to the area of the disease of high-energy vibration (infrasound waves of a certain frequency), which: steadily reduces pain, improves local blood circulation, loosens painful bone outgrowths, calcification sites, fibrous lesions, followed by gradual resorption of their fragments.

Especially high is the effectiveness of UVT in the treatment of heel spurs and epicondylitis.

The calcaneal spur occurs as a result of aseptic inflammation in the area of attachment of the aponeurosis of the sole to the calcaneal tuber. As a result, there is irritation of the periosteum of the calcaneus, micro-tears appear at the site of attachment of the plantar fascia and, as a result, an inflammatory process develops in this area. As a rule, then calcium salts are deposited, resulting in an osteophyte or calcaneal spur.

Most often, the formation of spurs contributes to one kind or another of flat feet. The clinical picture of the disease is quite characteristic: pain in the calcaneal region, extending to the arch of the foot and throughout the calcaneal region, which occurs when walking, running, etc. The heel spur is clearly visible on x-rays or in the process of ultrasound examination.

*The course of treatment for heel spurs with this method consists of 5 sessions. The session is held 1 time in 5 - 7 days. In this case, there is no need to take anti-inflammatory drugs, other physiotherapeutic procedures. The effectiveness of the treatment of heel spurs by the method of shock wave therapy is 90-95%!*

**Epicondylitis** is a degenerative-dystrophic process in the places of attachment of muscles to the epicondyles of the humerus. This process is accompanied by reactive inflammation of adjacent tissues. Clinically distinguish external shoulder epicondylitis (the so-called tennis elbow), which is more common, and internal shoulder epicondylitis. External epicondylitis occurs mainly in individuals who produce frequently repeated, stereotypical movements, for example, massage therapists, tennis players.

Sometimes epicondylitis is the result of a direct injury to the elbow or can be caused by a single intense stress (for example, carrying a heavy suitcase). Men suffer more often than women. The main clinical symptom of external epicondylitis is local pain in the external epicondyle. This pain can spread up the outer edge of the arm and down to the middle of the forearm. At rest, pain is absent and manifests itself upon palpation in the area of the affected supra-lye or certain movements - extension and supination of the forearm (especially with a combination of these movements).

The pain is usually progressive. The appearance of the elbow joint with epicondylitis is not changed, and passive movements in most cases are not limited. On palpation, a point with maximum pain is determined. The course of external epicondylitis is chronic. The treatment of epicondylitis is complex. To increase the effectiveness of treatment, special attention is paid to the identification and elimination of pain trigger points that are affected by UVT.