



If your clinician has recommended Shockwave Therapy, you are probably balancing two thoughts at once. One is hope, especially if you have been dealing with a stubborn tendon problem, heel pain, or another nagging musculoskeletal issue that has not responded to rest, stretching, or standard physical therapy alone. The other is uncertainty. The name sounds intense, and first appointments always come with practical questions: What should you wear? Will it hurt? Do you need to stop exercising? Should you take pain medicine before you go?

Those questions matter because preparation shapes the experience. Patients who arrive knowing what the session is for, what it can and cannot do, and how it usually feels tend to tolerate treatment better and stick with the full plan. That last part matters more than most people expect. Shockwave Therapy is rarely a one visit fix. It is usually one piece of a broader recovery strategy, and the first session works best when you treat it as the beginning of a process rather than a dramatic single event.

What Shockwave Therapy is actually trying to do

Shockwave Therapy uses acoustic waves delivered through a handheld device to a targeted area of tissue. In practice, it is commonly used for tendon and soft tissue conditions such as plantar fasciitis, Achilles tendinopathy, patellar tendinopathy, tennis elbow, calcific shoulder tendinopathy, denvercarcrashdoctor.com **Shockwave Therapy** and some chronic muscular trigger points. The goal is not simply to numb pain for a few hours. It is generally used to stimulate a healing response in tissue that has become slow to recover, poorly organized, or chronically irritated.

That distinction is worth understanding before your first appointment. People sometimes walk in expecting a massage, an ultrasound treatment, or something comparable to a TENS unit. Shockwave Therapy does not feel like any of those. Depending on the type of machine and the condition being treated, it can feel like a series of rapid taps, pulses, or focused zings delivered to a very specific sore area. The sensation varies a lot by body part. A fleshy calf often feels different from the bottom of the heel, and a thickened Achilles tendon feels different from a bony elbow.

Clinicians also differ in how they dose the treatment. Some use radial shockwave devices, which spread energy more broadly through the tissue. Others use focused shockwave systems that deliver energy more precisely and often more deeply. From a patient standpoint, the important thing is not memorizing the engineering. It is understanding that your provider should be selecting settings based on your diagnosis, pain tolerance, tissue depth, and the stage of the condition.

The best preparation starts before the day of treatment

A good first session begins with a clear diagnosis. This sounds obvious, but it is the step that often gets rushed. Shockwave Therapy can be very useful when the right tissue is being treated for the right reason. It is less useful when pain is referred from somewhere else, when the condition is inflammatory in a way that needs another approach, or when the issue is not mechanical at all.

If your diagnosis has been vague, ask your provider to explain exactly what structure is being treated. "Heel pain" is not enough. Plantar fascia, fat pad irritation, nerve irritation, and referred calf dysfunction can all feel like heel pain, but they are not managed the same way. The same goes for "shoulder pain" or "knee pain." Specificity improves outcomes.

It also helps to tell your provider what you have already tried and how your symptoms behave in real life. A short, accurate history is more useful than a dramatic one. Mention whether pain is worse first thing in the morning, after running, when climbing stairs, or after sitting. Note whether symptoms ease during activity and then flare later. These patterns help the clinician confirm that Shockwave Therapy fits the picture.

Questions worth asking before you start

You do not need to show up with a printed questionnaire, but asking a few direct questions can spare confusion. In clinic, the patients who feel most at ease are usually the ones who know what the game plan looks like.

- What condition are you treating, exactly, and why do you think Shockwave Therapy is appropriate?
- How many sessions do you usually recommend for cases like mine?
- What level of discomfort should I expect during and after treatment?
- Should I avoid anti-inflammatory medication, heavy exercise, or other treatments around the session?
- What signs would suggest the treatment is helping, or not helping?

Those answers should be clear and practical, not vague sales language. If a provider cannot explain expected soreness, timing, and likely response, that is a red flag. Serious clinicians talk in ranges and probabilities. They do not promise miracles.

Medications, supplements, and medical history deserve a quick review

This is one of the most overlooked parts of preparation. Shockwave Therapy is generally well tolerated, but your provider still needs a reliable snapshot of your medical context. Let them know if you take blood thinners, have a bleeding disorder, are pregnant, have a pacemaker or implanted device, have reduced sensation in the area, or have had recent injections or surgery near the treatment site. Some of these factors do not automatically rule out therapy, but they can change how and whether treatment should be done.

The same caution applies to pain medication. Many clinicians prefer that patients avoid taking anti-inflammatory drugs around treatment, especially when the goal is to stimulate a healing response rather than mute symptoms. That does not mean you should stop prescribed medication on your own. It means you should ask for instructions specific to you. If you normally take ibuprofen before any physically uncomfortable appointment, pause and ask first.

Supplements matter less often, but still mention anything relevant, especially if it affects bleeding risk. Fish oil, high dose vitamin E, and certain herbal supplements can be worth flagging in patients who bruise easily.

What to wear and what to bring

This part is simple, but it influences how smoothly the visit goes. Wear clothing that allows quick access to the treatment area. For a foot or Achilles issue, loose pants or shorts are easiest. For an elbow problem, sleeves that roll easily save time. For a shoulder, a tank top or loose shirt is much more practical than structured clothing.

There is no need to bring much beyond the basics, but there are a few things that help.

- Your imaging reports, if you have them, or access to them on your phone
- A concise list of current medications
- Supportive shoes if your condition involves walking or standing pain
- Questions you want answered before treatment begins

If you use orthotics, a brace, or a tendon strap, bring those too. They give the clinician context. Sometimes a worn running shoe tells a more useful story than a detailed verbal description.

Eat, hydrate, and do not arrive depleted

People tend to overcomplicate this. You do not need a special pre treatment meal, but showing up hungry, dehydrated, or straight from an exhausting workout is rarely a good idea. A normal meal or snack beforehand helps. Good hydration makes almost any treatment session more tolerable. If you are the type who gets lightheaded when anxious or when in mild pain, this matters even more.

I have seen first sessions go sideways for reasons that had nothing to do with the therapy itself. The patient skipped lunch, rushed in late, had three coffees, and expected to “push through it.” Then a moderate level of discomfort felt overwhelming. It is not dramatic, just preventable.

Expect a proper assessment, not a conveyor belt experience

Your first visit should not begin with a machine pressed to your skin before anyone has watched you move or touched the area. Even when Shockwave Therapy has been pre booked, a good clinician reassesses the tissue. They should palpate the painful structure, ask how symptoms behave, and sometimes test strength, flexibility, tendon loading, or nearby joint mechanics. This is especially important if your pain has changed since the referral.

That assessment often surprises patients because it may reveal that the most tender point is not the only target. With plantar fascia pain, for example, the calf complex, foot mechanics, and loading pattern matter. With tennis elbow, the wrist extensor tendon may be the headline problem, but shoulder control and grip load often influence the story. The treatment may still focus on one area, but the broader plan should not ignore the chain around it.

What the first session usually feels like

The sensation ranges from mildly uncomfortable to distinctly sharp, depending on the body part, the settings used, and how irritable the tissue is. Most sessions start at a lower intensity so you can get used to the feeling. Then the clinician adjusts based on your response.

A common misconception is that more pain means better treatment. That is not how experienced providers think. There is a sweet spot. Too little energy may not challenge the tissue enough. Too much can make you guard, tense up, and dread the next appointment, which is counterproductive. A tolerable, controlled level of discomfort is usually the aim.

The session itself is often shorter than patients expect. The active treatment portion may last only several minutes, though the full appointment is longer once assessment, explanation, and aftercare are included. Gel is typically applied to help transmit the waves. You may hear clicking or tapping from the device. Some areas feel achy afterward, similar to a deep bruise or a post treatment soreness that lingers for a day or two.

One practical point helps here: speak up during the session. "It is tolerable but sharp in one spot" is useful feedback. "I am fine" while your entire leg is tensed like a cable is not. Clinicians can often adjust angle, pressure, intensity, or treatment location to make the session more productive and less unpleasant.

Nerves are normal, but fear often comes from the name

The term "shockwave" can make the treatment sound more dramatic than it is. Patients sometimes imagine electricity, shocks, or something invasive. It is none of those. The treatment is external, mechanical, and usually done in an outpatient setting without sedation. For many people, the anxiety beforehand is worse than the treatment itself.

If you are pain sensitive, say so. That is not a weakness, it is useful information. A skilled provider can pace the first session accordingly. In fact, a cautious first session often leads to better adherence because you learn the sensation without feeling ambushed by it.

What not to do right before the appointment

Try not to stack variables. A first Shockwave Therapy session is not the ideal time to test a new gym program, run hard through pain, or get an aggressive deep tissue massage on the same area a few hours beforehand. You want a reasonably calm baseline so both you and your clinician can judge the response clearly.

It also helps not to numb the area with topical creams unless your provider has told you to. Part of treatment dosing depends on your symptom response. If the tissue has been chemically dulled right before the session,

feedback becomes less reliable.

The first 48 hours after treatment matter

Aftercare is where expectations need to be realistic. Some patients feel a little looser the same day. Others feel no immediate change. Some feel temporarily more sore. All three can fall within a normal early response, depending on the condition and the treatment dose.

What matters is how you manage that window. Most clinicians want relative load management rather than strict immobilization. That means avoiding activities that significantly flare the treated tissue while keeping normal gentle movement where appropriate. If you get Shockwave Therapy for Achilles tendinopathy, for example, it would be unwise to test your progress with hill sprints that evening. At the same time, total inactivity is not usually the goal unless your provider gives a specific reason.

A simple rule works well: avoid the temptation to either baby it completely or challenge it impulsively. Stay in the middle. Walk, move, and follow the plan you were given.

Pairing Shockwave Therapy with rehab is often what makes it work

This is one of the biggest reasons outcomes vary. Shockwave Therapy can be a useful catalyst, but many chronic tendon problems improve best when treatment is paired with a progressive loading program. That may include calf raises for Achilles issues, foot intrinsics and load management for plantar fascia pain, eccentric or heavy slow resistance work for patellar tendinopathy, or graded forearm loading for tennis elbow.

Patients sometimes want to separate passive and active care, as if the machine will do the fixing and exercise is optional. In chronic musculoskeletal rehab, that mindset usually limits progress. Tendons and fascia need a reason to reorganize. Exercise provides that reason.

I once saw a runner with longstanding proximal hamstring pain who was eager for Shockwave Therapy because previous strengthening had felt slow and frustrating. The treatment helped settle the irritability enough for loading to become more tolerable, but the real turning point came when the strength plan was progressed consistently over several weeks. The machine opened the door. The rehab work walked through it.

Signs the treatment plan is being handled well

Good care tends to look ordinary from the outside. The provider explains the rationale, doses treatment carefully, tracks response over time, and adjusts based on function, not just pain in the moment. They also tell you what failure would look like. If there is no meaningful change after an appropriate number of sessions, or if your symptoms behave in a way that does not match the original diagnosis, the plan should be reassessed.

That is especially important because some conditions mimic tendon pain. Nerve irritation, referred pain from the spine, inflammatory conditions, and stress injuries can all confuse the picture. A competent clinician does not keep repeating the same treatment just because it is available.

When to be cautious or ask for a second opinion

There is a difference between normal uncertainty and a situation that deserves more scrutiny. If you have severe night pain, unexplained swelling, sudden weakness, fever, recent trauma, or symptoms that do not fit a straightforward overuse pattern, a deeper medical evaluation may be more important than pushing ahead with

treatment. The same applies if the diagnosis was made quickly with little examination and no one has explained why other causes were ruled out.

Be especially careful if you are being sold a package of many sessions before anyone has evaluated your response to the first one. Shockwave Therapy can be appropriate and evidence informed for selected conditions, but it should not be sold like a cosmetic subscription.

How to think about results without sabotaging yourself

The first session is not a final verdict. Chronic tissue problems usually change gradually. Improvement may show up first as less morning stiffness, easier warm up, fewer pain spikes after activity, or slightly better tolerance to loading. Those are meaningful signs, even if the pain scale has not transformed overnight.

It helps to track one or two functions that matter to you. Not ten. If plantar fascia pain is the issue, maybe your markers are the first ten steps in the morning and your ability to walk through the grocery store without limping. If it is patellar tendon pain, maybe it is stairs and a controlled squat. Functional markers beat vague memory almost every time.

Practical preparation the night before and morning of

The simplest routine is usually the best. Get normal sleep if you can, eat normally, hydrate, wear accessible clothing, and arrive a few minutes early so you are not starting the session tense and rushed. If forms or imaging are needed, gather them ahead of time. If your provider gave instructions about medication or exercise restrictions, follow them closely.

Most importantly, bring a calm but curious mindset. Your job is not to be tough. It is to be clear, observant, and honest about what you feel. The clinician's job is to interpret that information and deliver treatment appropriately.

Shockwave Therapy tends to go best when the expectations are grounded. It is not magic, but it is not meaningless either. For the right person, with the right diagnosis, delivered well and combined with sensible rehab, it can be a very useful step in getting a stubborn problem moving in the right direction. Your first session should feel less like a leap into the unknown and more like the start of a structured plan. That is the kind of preparation that actually helps.

Injury Recovery Center

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FAQ About Shockwave Therapy

What does shockwave therapy actually do?

Shockwave therapy delivers high-energy acoustic sound waves through the skin to an injured area. This process "wakes up" stubborn, chronic soft-tissue injuries by increasing local blood flow, breaking down calcifications, and triggering the body's natural cellular repair and tissue regeneration mechanisms.

What are the drawbacks of shockwave therapy?

Shockwave therapy can cause temporary pain, skin redness, bruising, swelling, or numbness at the treatment site. It may require multiple sessions, can be costly out-of-pocket because insurance often does not cover it, and is unsafe for pregnant individuals or those with blood-clotting disorders.

Does shock wave therapy really work?

Yes, shock wave therapy (extracorporeal shockwave therapy, or ESWT) works well for specific chronic soft-tissue and bone conditions, showing success rates around 60% to 80% for stubborn issues like plantar fasciitis and tennis elbow when other conservative treatments fail.