

Extracorporeal Shockwave Therapy (ESWT) for Orthopaedic Indications

Date:	August 2020	Date of Last Review:	November 2017
<p>Policy: Referral for extracorporeal shockwave therapy (ESWT) for orthopaedic indications is considered a low priority and will only be commissioned by the NHS on an individual case basis. Clinicians need to apply to the exceptional cases panel for approval of funding. (Funding request form available here).</p> <p>Non-orthopaedic indications, for example the destruction of urinary tract stones, are not included in these policy restrictions.</p> <p>It is the responsibility of referring and treating clinicians to ensure compliance with this policy.</p>			

Definition:	Extracorporeal shockwave therapy involves the use of shock waves that are passed through the skin to the affected area. ¹ The mechanism for the action of ESWT is not currently clear, but it is considered to help in breaking up calculus deposits or to help in promoting tissue healing. ¹ As well as in the fragmentation of kidney, ureter and gallbladder stones, ESWT has been used in orthopaedic conditions, such as the treatment of tendonitis of the shoulder, elbow and ankle, bone necrosis and osteoarthritis.
Estimated numbers of people affected:	Orthopaedic conditions that may potentially be treated with ESWT affect a large number of people. For example, around 0.8% of people may have a current diagnosis of lower limb tendinopathy ^{2, 3} (eg Plantar fasciitis or Achilles tendinopathy). This would equate to around 7,000 people in Cambridgeshire and Peterborough.
Evidence and rationale:	<p>There are a large number of sham-controlled RCTs of ESWT for different indications, but there is uncertainty around the quality of these trials. Because outcomes are subjective (patient-rated pain or joint score), any failure of patient blinding becomes an important source of bias and, for the majority of orthopaedic indications, NICE state that the evidence is 'inconsistent'²⁻⁴, 'does not appear adequate'⁵ or is 'limited in quality and quantity'.⁶</p> <p>The greatest effect size is seen for shoulder score in patients with calcific tendinopathy⁷, and NICE Interventional Procedure Guidance 21 states that the evidence is 'adequate' to support its use.⁸ However, greater benefit has been shown for ultrasound-guided needling compared with ESWT and this is likely to be a more effective option.^{9, 10}</p>
Priority:	Lower clinical priority.

GLOSSARY:

Bone necrosis:	Death of bone tissue due to a lack of blood supply.
Extracorporeal:	Procedure performed outside of the body.
Osteoarthritis:	Breakdown of cartilage in one or more joints causing pain and stiffness.
Tendonitis/Tendinopathy:	Inflammation of the tendon.

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