



Booking your first Shockwave Therapy appointment often comes with two reactions at once: hope and uncertainty. Hope, because you are usually there for a stubborn problem that has not responded well to rest, stretching, medication, or time. Uncertainty, because the name sounds more dramatic than the treatment often feels in practice.

That gap between expectation and reality is where preparation matters. Patients who arrive knowing what the session is for, what the clinician needs from them, and what they may feel during and after treatment tend to have a smoother first visit. They also make better decisions. Shockwave Therapy can be useful for certain tendon, fascia, and soft tissue problems, but it is not universal, and the first appointment works best when you treat it as a clinical evaluation as much as a treatment session.

If you are heading in for plantar fasciitis, tennis elbow, Achilles tendinopathy, shoulder calcification, patellar tendon pain, or another chronic overuse issue, here is how to get ready in a practical, sensible way.

Start with the right expectation

One of the most common misconceptions is that Shockwave Therapy is a single-visit fix. In real practice, that is rarely how it works. Many clinics use a series of sessions, often spaced about a week apart, though protocols vary based on the condition, the device, and the clinician's judgment. Some patients feel noticeable relief quickly. Others feel little change after the first visit and improve more gradually across several weeks.

That matters because people who expect an instant result can misread the first session. They walk out sore, decide it "didn't work," and never complete the plan. The better expectation is this: the first appointment is usually about confirming that you are an appropriate candidate, setting a baseline, delivering treatment if indicated, and explaining what the next phase looks like.

A good clinician will also explain that symptom relief is only part of the story. For chronic tendon problems especially, the larger goal is often to stimulate a healing response in tissue that has stalled. That process does not always announce itself dramatically on day one.

Know what problem is actually being treated

Shockwave Therapy is not just a generic pain treatment. It is typically used for musculoskeletal conditions where the tissue has become chronically irritated, degenerative, or resistant to conservative care. It is often discussed for plantar fasciitis, insertional Achilles pain, mid-portion Achilles tendinopathy, lateral epicondylitis, patellar tendinopathy, greater trochanteric pain, and some calcific shoulder issues. Depending on the clinic, it may also be used in selected myofascial pain patterns or trigger point work.

That does not mean every heel pain or elbow pain complaint belongs under the same umbrella. Heel pain, for example, can come from plantar fasciitis, nerve irritation, fat pad syndrome, a stress injury, inflammatory arthritis, or referred pain higher up the chain. If the diagnosis is unclear, preparation should begin with records, imaging if you have it, and a clear symptom history. The best first session is built on diagnostic clarity.

A patient once described her heel pain to me as "classic plantar fasciitis" because a friend had the same thing. What she actually had was pain that worsened with prolonged standing but did not behave like typical first-step morning pain, and her tenderness was not where you would expect. Her clinician changed course after the exam and recommended further workup instead of diving into treatment. That kind of course correction is a sign of careful care, not hesitation.

Bring a usable history, not just a vague memory

Your clinician will likely ask questions that feel repetitive, but the details matter more than most people expect. When did the pain begin? Was it linked to a training jump, a change in shoes, a new job task, or a period of inactivity? Is the pain sharp, aching, hot, stiff, or diffuse? What makes it worse, and how long does it take to settle? Have you already tried physical therapy, orthotics, night splints, corticosteroid injections, dry needling, massage, or activity modification?

You do not need a typed report, but you should arrive with answers. If your memory gets slippery under stress, jot down a timeline the night before. Include when symptoms started, what treatments you have tried, how long each one lasted, and whether anything gave temporary or meaningful relief. That helps the clinician decide whether Shockwave Therapy fits your case and whether the tissue has already been through several cycles of failed treatment.

If you have imaging reports, bring them. An ultrasound report showing tendon thickening or calcification can be helpful. So can an MRI report, though not every condition requires one. Even if the clinician does not need the images themselves, the report may spare you from repeating studies or chasing old records later.

Review medications and health conditions before you arrive

This part is easy to underestimate. Patients often think of Shockwave Therapy as a simple machine-based treatment, so they mention only the painful body part and leave out the rest of their medical history. That is not enough.

Your provider should know if you take blood thinners, have a bleeding disorder, are pregnant or might be, have active infection near the treatment area, have a history of poor wound healing, or have a known nerve disorder affecting the area. Depending on the body region and the type of device used, certain implanted medical devices or recent injections may also matter. Clinics differ in their protocols, but the safest approach is to disclose broadly and let the provider sort out relevance.

Anti-inflammatory medication **Shockwave Therapy** is another common question. Some clinicians prefer patients to avoid nonsteroidal anti-inflammatory drugs around the time of treatment because the therapy is thought to work partly by initiating a healing response. Others give more nuanced guidance depending on the diagnosis and the patient's pain level. Do not guess. Ask the clinic beforehand if they have a medication policy, especially if you routinely take ibuprofen, naproxen, or prescription anti-inflammatories. Never stop a prescribed medication without direct medical advice.

Wear clothing that makes the target area easy to reach

It sounds basic, but clothing can shape the whole pace of the session. Shockwave Therapy requires direct access to the treatment area, and the clinician usually needs enough room to [Shockwave Therapy](#) examine the tissue first, identify the tender zone, apply gel, and move the handpiece without fighting denim, compression layers, or restrictive seams.

For foot and ankle problems, bring shorts or pants that roll up easily. For knee or patellar tendon issues, shorts are usually best. For hip pain, choose clothing that allows easy access to the outer hip without too much repositioning. For shoulder or upper arm treatment, a tank top or loose shirt can save time and spare you the awkwardness of half-undressing in a small room.

Jewelry, body lotion, and elaborate taping are worth thinking about too. Lotion can interfere with the treatment gel and grip. Heavy athletic taping will need to come off. If you have recently applied pain patches or topical medication, mention that before the session starts.

Understand what the first appointment usually includes

Every clinic runs a little differently, but a well-structured first visit often includes a discussion of your symptoms, a physical exam, an explanation of whether Shockwave Therapy is appropriate, and then treatment if both you and the clinician decide to proceed. In some practices, the first session is more evaluation-heavy. In others, the exam and first treatment happen in one visit.

The treatment itself is typically brief, often measured in minutes rather than half an hour of active machine time, though the full appointment can take longer because the assessment matters. A gel is applied to the area, the clinician places the applicator against the skin, and pulses are delivered to the target tissue. The sensation varies. Some people describe it as tapping, snapping, or repetitive deep percussion. Others find it sharp in very tender spots, especially where chronic tissue is highly sensitized.

Intensity is not a contest. Patients sometimes think they need to “push through” the highest tolerable setting for the therapy to count. That is rarely a useful attitude. There is a difference between therapeutic discomfort and

overwhelming pain that makes the surrounding muscles guard or causes you to pull away. Good clinicians usually build intensity gradually and read both your response and the tissue's behavior.

Be ready for some discomfort, but do not dramatize it

The word "shockwave" can make people imagine electricity or sudden jolts. In most musculoskeletal settings, what patients feel is more mechanical than electrical. Still, discomfort is common, especially in small, highly irritated structures like the plantar fascia insertion or the outer elbow.

Pain during treatment is not identical from person to person. A professional runner with chronic Achilles pain may tolerate it with little fuss, while an office worker with a very reactive lateral elbow can find even moderate settings intense. Neither reaction tells you whether the therapy will work. Tissue location, nervous system sensitivity, duration of symptoms, and the clinician's treatment goal all affect the experience.

If you are anxious about pain, say so before treatment begins. That is useful information, not a weakness. The clinician can explain how they titrate the session, what language to use during treatment, and when to speak up. Patients who stay silent out of politeness tend to have worse experiences than those who communicate clearly.

Eat, hydrate, and plan your day sensibly

You do not need a special pre-treatment diet, but arriving dehydrated, underfed, and rushed is a poor setup for almost any medical appointment. If you are prone to lightheadedness with painful procedures, have a normal meal or snack beforehand unless the clinic has told you otherwise. Drink enough water to feel normal, not sloshy. Build in extra time so you are not speed-walking from the parking lot with your stress response already elevated.

It also helps to think about what comes after the appointment. If your treatment area is the foot or Achilles tendon and your job keeps you on your feet for ten straight hours, ask ahead whether you should schedule the session on a lighter day. Most people can return to routine activity, but "routine" is not the same as a maximal training session, a warehouse shift in steel-toe boots, or a weekend of hiking.

Know which questions are worth asking

A first appointment is easier when you know what you want to leave with. Patients often focus only on "Will it hurt?" when the more useful questions are about suitability, timeline, and the plan around the procedure.

Here are the questions that usually matter most:

1. What diagnosis are you treating, and how confident are you in it?
2. How many sessions do you typically recommend for this condition?
3. What should I avoid after treatment, and for how long?
4. When should I expect improvement, and what counts as a normal response?
5. What else should I be doing alongside Shockwave Therapy, such as loading exercises or footwear changes?

Those five questions often reveal the quality of the treatment plan. If the answers are vague, especially around diagnosis and post-treatment guidance, take note. Shockwave Therapy tends to work best as part of a broader management strategy, not as an isolated machine session detached from exercise, biomechanics, or activity modification.

Do not treat it as a substitute for everything else

This is where disappointment often starts. A patient gets referred for Shockwave Therapy after months of nagging tendon pain, attends several sessions, but never changes the training error, never progresses tendon loading, and keeps wearing the same unsupportive footwear that flares symptoms every day. The treatment then gets blamed for failing, even though the larger problem was never addressed.

For many chronic tendon and fascia issues, the clinic visit is only one piece. Progressive loading, temporary activity modification, sensible footwear, strength work up the kinetic chain, and sometimes weight-bearing management still matter. If your provider does not mention any of that, ask. If they do mention it, listen carefully. The machine is not there to rescue a structure that you continue to overload in exactly the same way every day.

That does not mean you must stop all activity. In fact, many patients do better when they keep moving within tolerable limits. But “keep moving” is different from “ignore every pain signal.” Part of preparing well is being open to a more strategic approach than pure rest or pure grit.

Be honest about recent treatments, especially injections

A detail that often changes timing is whether you recently had a corticosteroid injection, platelet-rich plasma treatment, or another procedure near the area. Some clinicians prefer a certain waiting period between interventions. The reason is not always rigid, but it can influence the tissue response, the exam findings, or the logic of the treatment plan.

The same goes for recent flare-ups. If you turned a chronic mild tendon issue into an acute, red-hot pain spike with a hard workout two days before the appointment, say so. That may not cancel the session, but it can change what the clinician decides to do. An irritated, freshly overloaded tendon is not always managed the same way as a stable chronic one.

Plan for a normal, not heroic, recovery window

Most patients do not need a dramatic recovery setup after Shockwave Therapy. You can usually walk out, drive, and continue with much of your day. That said, the area may feel tender, heavy, bruised, or more reactive for a short period. Some people report soreness for a day or two. Others feel almost nothing that same evening and then notice changes later.

A sensible post-appointment plan usually includes giving the tissue a little breathing room while following the clinic’s activity instructions closely. If you are used to judging every treatment by how you feel that same night, try to resist. The more useful markers are often function the next morning, pain during your usual aggravating activity over the next several days, and whether baseline stiffness begins to ease across the treatment series.

If you are a recreational runner with plantar fascia pain, for example, it is wise to ask whether your next run should be skipped, shortened, or done at an easy effort. If you play racket sports and are being treated for tennis elbow, ask whether gripping drills or match play need a brief modification. Small adjustments matter more than grand gestures.

Watch for red flags, but expect ordinary soreness

After the session, a mild increase in tenderness is often within the range of normal. What is not normal is a response that seems out of proportion, such as marked swelling, severe bruising, intense pain that keeps escalating, or any symptom that suggests something other than expected treatment soreness. The clinic should tell you what to watch for and when to call.

That advice is especially important if you have complicated medical issues, a history of unusual medication reactions, or reduced sensation in the area being treated. When in doubt, ask for written aftercare instructions. Many misunderstandings happen not because the treatment went poorly, but because the patient left the clinic remembering only half of what was said.

Small practical steps that make the first visit easier

Most first appointments go better when patients handle the boring details before they become obstacles. Fill out forms ahead of time if the clinic offers them online. Verify whether you need a referral, imaging report, or prior records. Check whether the clinic expects payment at the time of service and whether Shockwave Therapy is covered, partially covered, or self-pay. Coverage varies widely, and few things sour a promising treatment plan faster than an unexpected bill.

A short pre-appointment checklist helps:

1. Bring any relevant imaging reports and a clear symptom timeline.
2. Wear clothing that exposes the treatment area easily.
3. Ask ahead about medication guidance, especially anti-inflammatories and blood thinners.
4. Eat normally, hydrate, and leave enough travel time to arrive calm.
5. Be prepared to discuss activity level, recent treatments, and medical history honestly.

These are not glamorous steps, but they prevent the usual friction. They also help the clinician spend more time on the problem itself and less time untangling missing information.

If you feel uncertain, that is useful information

Some patients know immediately that they want to proceed. Others need to hear the rationale, alternatives, and likely timeline before they are comfortable. That is reasonable. A first appointment is not a loyalty test. It is an opportunity to understand why Shockwave Therapy may or may not suit your condition.

A careful provider should be able to explain not only the potential benefits but also the limits. If your pain pattern does not fit the expected diagnosis, if your symptoms are too acute, if another treatment should come first, or if the evidence for your particular issue is weaker than average, you deserve to hear that plainly. Restraint is often a mark of competence.

Preparation, then, is not only about what to wear or what time to arrive. It is about showing up ready to participate in a thoughtful clinical decision. Bring your history. Bring your questions. Bring a realistic sense of what treatment can and cannot do. When you do that, the first Shockwave Therapy appointment becomes far less mysterious and far more useful, whether the plan is to start treatment that day or reconsider the path entirely.

Injury Recovery Center

Address: 14241 E 4th Ave Building 5, Ste. 5-354, Aurora, CO 80011

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.