**Graeme Saker – February 2019, Shockwave treatment**

Mark,

Had yet another dose of shock wave therapy as the improvement is noticeable but the slight lack of confidence decided this.

Another reason for more is the wear and tear and residual scar tissue that I have, which this therapy helps to break down and hence aid recovery.

When you have a lot of scar tissue from previous strains it makes the repair / recovery slower. In a younger athlete they may require less.

Previously you asked was there anything technical that enabled one to distinguish a difference.

He explained that he looks for a significant red reaction to the area immediately afterwards, which is a good sign because blood flow has increased and the area is nice and active, even if temporarily angry.

The treatment is painful, but not unbearable, but is made harder, when for brief spells they ask you to “paddle” your foot which increases the shock impact momentarily whilst getting the tendon to go through its range of movement.

They can either tape or attach the electrode pad to the affected area (after applying the gel) and leave it there, or hold the pad themselves and initiate a massaging movement around the area which is a little more painful.

When you finish the treatment you can walk off without any bother which is something else they encourage and look for to gauge improvement and reaction.

This treatment is accompanied later by calf raise pumps at ten to two and ten past two and what he called “cocky walking” which is essentially on your toes, but tiny steps so that your toes do not get beyond the ball of your foot. All are done until you feel the calf working really hard but in control.

The other aspect that really governs all improvement is down to the athlete who all being well can simply get on their toes when running without discomfort and have that confidence to that without dropping back on heels for “protection”.

Cheers.

I may try for Saturday morning session and will let you know about Milton Keynes as soon as I can.

**Graeme**