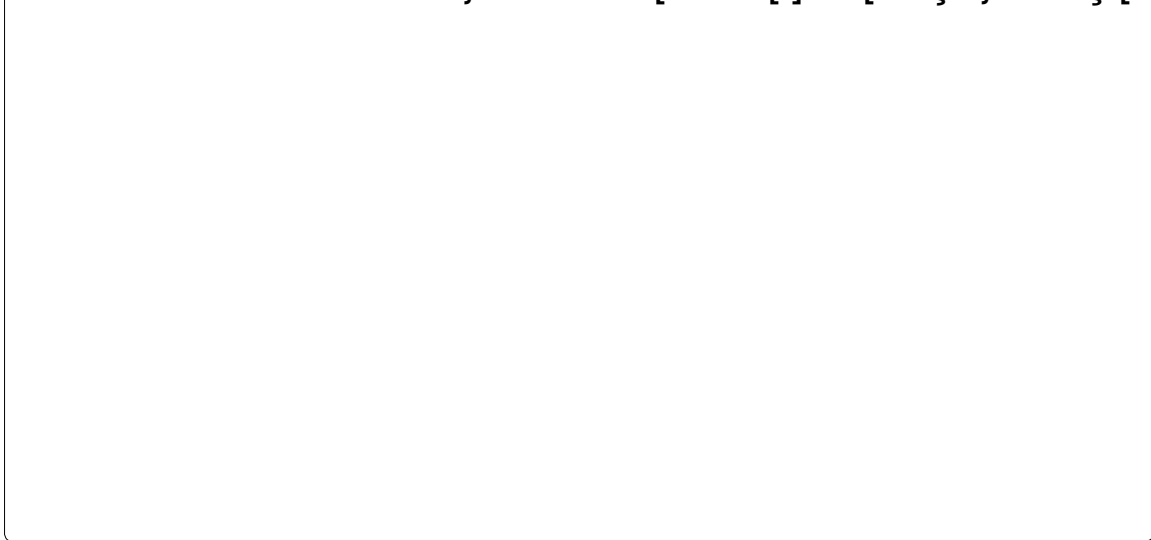


# A Questionnaire Survey to Establish Current Clinical Practice of Radial consuming treatment to treat chronic Lateral Elbow Tendinopathy but expensive

**Conclusion:** The results of the questionnaire present a representative v  
Extracorporeal shockwave therapy on chronic Lateral Elbow Tendinopathy at le  
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**\*Corresponding author:** Úcæ•á [ ] [ ~ [ [ •ÁÖâ { ácía [ •ÉÁÖ^ } æ!c { ^ } cÁ [-ÁÜ@^•á [c@^!æ ] ^ÉÁ W) áç^!•áç^Á [-Á Y ^•cÁEccá&æÉÁÖ!^&^ÁÖÉ { æáKádstasinopoulos@uniwa.gr

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## Study Design and Objectives

Respondents who reported that they used rESWT to treat chronic LET were then asked to report, in their opinion, (i) the aim; (ii) how many chronic LET patients were managed in a clinical setting the last month; (iii) the treatment regimen (number of treatment sessions and frequency of treatment), the protocol (individual or standardised) and the compliance; (iv) the clinical outcome (short-term and long-term effects); (v) the side effects and the contraindications; (vi) if the treatment was painful for patients; and (vii) the cost (expensive or not) and the risk (time consuming or not) applications. All these questions were asked related to the treatment the respondents used to treat LET.

## Pilot Study

A pilot study using the described above questionnaire was carried out in early November 2015. The number of subjects required for a pilot study is often dependent on circumstance and resource [12-15]. Georgoudi, Watson & Oldham (2000) report that ten subjects is a satisfactory number [16]. Since ten subjects have been used to run pilot studies for other questionnaire surveys, the present questionnaire was administered to ten physical therapists in Nicosia. The ten physiotherapists who were selected for the pilot study were drawn from the population for inclusion in the main study. The design of the questionnaire was subsequently discussed with the respondents and their comments noted. The results of the pilot study were not included in the final data analysis.

All respondents returned the questionnaire. Seven out of ten questionnaires were fully completed. Based upon the comments received during the pilot study, limited rewording of a number of questions was thought necessary to improve clarity. The meaning of word "recently" had to be defined (question 9). It was also necessary to reword the questions that asked when respondents attended a course about the conservative treatment of LE and who reproduced the pain in patients by digital palpation. No additional negative comments or

## Study Methods

The email addresses of the 300 Nicosia members of the Cyprus Physiotherapy Association were obtained and random samples of 220 Nicosia physiotherapists (73%) were sent the questionnaire, accompanied by an invitation letter in mid-January of 2016.

The questionnaire was designed to assure the confidentiality and anonymity of the responding physical therapists, since there was no coding to identify the questionnaires. Physical therapists completed the questionnaires and sent the completed questionnaires to the investigator using the self-addressed stamped envelope that was included. When the questionnaire was returned, the returned envelope was discarded maintaining the confidentiality and anonymity of the subjects' responses to the questionnaire.

Oppenheim (1992) suggests that questionnaires should be returned in a period of two weeks from the time they are distributed to participants [18]. However, such a period of time is not long enough to provide a high response rate. Therefore, the investigator of the project chose to extend the deadline of the present study for two more weeks, giving an opportunity to the participants to return the questionnaires in four weeks (by mid-February 2016) from the time which they received them. This deadline was extended in the hope of increasing the response rate. No questionnaires were received after the deadline of the four weeks. No follow-up reminders were sent to assure anonymity.

consideration. RESWT was a commonly used treatment in practice.

The most likely explanations for this are that the rESWT is a common physiotherapy treatment for a plethora of musculoskeletal disorders, no special training machines are needed, no specific “skills” from the physiotherapist are needed, more patients are familiar with it, and patients can understand that they are receiving a real treatment. Future surveys are needed to confirm these explanations and/or to add more.

It was reported that the aim of rESWT was to reduce pain and improve function. This answer was expected because this is the priority aim of physiotherapy management [20].

The recommended regimen for rESWT in the treatment of chronic LET is once per week for 3-5 weeks. All respondents who predominately used rESWT to treat chronic LET reported in the present survey that they administered this treatment for chronic LET once per week for four weeks, supporting the findings of the literature. All respondents reported that they used a standardized treatment regimen. The previously reported regimen may be recommended because of convenience with the clinical route/routine, or alignment with manufacturers’ recommendations, expert advice, and/or personal experience. Future surveys might reveal why all clinicians reported the same treatment regimen. Such research was beyond the scope of this project.

Clinicians reported that they believed that rESWT was an effective treatment for chronic LET in both the short term (one month after the end of treatment) and in the long term (6 months after the end of treatment). However, the exercise program is the most effective conservative treatment approach in the management of LET. The rESWT is recommended when the exercise program fails or other conservative techniques fail. It is known that all the other types of conservative therapy are less effective than the exercise program in the management of LET. In addition, ESWT does not use as a substitute for exercise but as a supplement to exercise program.

In addition, the choice of treatment should be based not only on

