



# DUBLIN FAMILY Chiropractic

6365 Shier Rings Rd., Ste. A, Dublin, OH 43016 p) 614.764.4001 f) 614.764.4002  
www.dublinfamilychiropractic.com

## Focus Shockwave Wave Therapy Consent Form

Focus Shockwave Therapy (F-SW), also known as extracorporeal shockwave therapy (ESWT), is one of the most cost effective and safest procedures for management of musculoskeletal disorders including tendinopathies. It works by producing a series of sound waves that are designed to enhance blood flow and stimulate the cellular process that contributes to healing and regeneration of the targeted area.

Focus Shockwave Therapy is used to treat a variety of conditions, including (but not limited to):

Plantar fasciitis	Achilles tendonitis	Tennis elbow
Golfer's elbow	Patellar tendonitis (runner's knee)	Hip bursitis
Rotator cuff issues	DeQuervain's tenosynovitis (thumb/wrist)	Biceps tendonitis
Shoulder bursitis	Anterior/Posterior Tibial tendonitis	Frozen shoulder

The treatment consists of 2000 "shocks" being administered to the treatment area, which takes approximately 3-4 minutes. The treatment is intended to be *uncomfortable, but tolerable*. However, if you can not tolerate the recommended intensity, we can adjust it to a more comfortable level. Be aware that this decrease in intensity could result in the need for additional sessions.

There are minimal known side effects of F-SW. It is recommended, however, that this form of treatment NOT be used in patients with the following conditions:

- Pregnancy
- Hemophiliacs/anticoagulants/hemorrhaging/bleeding/clotting
- Cancer (tumors or cancerous areas) or anyone undergoing chemotherapy
- Analgesia/paresthesia (numbness and tingling or altered sensation)
- An electromagnetic implanted device
- Open wounds, skin irritation or acutely inflamed areas
- Metal plates, pins, screws or rods in the area that needs treated
- Corticosteroid injection in the past 6 weeks (or NSAIDs in the past 2 weeks)

Some side effects may include: minor pain, temporary inflammation, petechiae (small red dots on the surface) and possible lesions (if after cortisone therapy). The purpose of Shockwave Therapy is to produce a natural inflammatory response in your body to accommodate healing so we do NOT recommend using anti-inflammatory medications or ice after a treatment. However, Tylenol can be used, if necessary, as long as you have no reactions to this medication.

Focus Shockwave Therapy has a success rate of 80-85% in cases with a minimum of **3 treatment sessions**, delivered at **five to ten day intervals** for most chronic tendinopathies. \*More treatments may be required for severely restricted joints or long-term chronic cases or arthropathies. Based on this information, the **initial cost of treatment will be \$450**, which is a breakdown of **\$150 per treatment session**. Payment in full is due at the time of the first treatment. *Payment options include: FSA, HSA, HRA, CareCredit, Debit/Credit, and Cash. Insurance billing is not available at this time.*

It is recommended that you not participate in any physical activity for **48 hours** after a Shockwave Therapy session. You might feel a decrease in pain immediately after the therapy; however, care is still needed as your body will be involved in an intense inflammatory response to activate the body's natural healing. It is also recommended to eat a balanced diet rich in proteins and anti-oxidants and drink plenty of water. \*Additional resources are available about a "Regenerative Diet" if you're interested.

Shockwave Therapy is only one therapy and can and SHOULD be combined with other modalities including, but not limited to:

Chiropractic Adjustments	Massage Therapy	Dry Needling	Infrared Sauna
--------------------------	-----------------	--------------	----------------

I hereby consent to the performance of Focus Shockwave Therapy on me by Dublin Family Chiropractic/Dr. Jamie L. Berringer, DC, CCSP. I have read or have had read to me the above consent. I have also had an opportunity to ask questions about its content and by signing below, I agree to the procedures. I understand that there are no guarantees with any type of treatment as it is dependent upon each individual's ability to heal.

I intend this consent form to cover the entire course of care for my present condition(s) and for any future conditions(s) for which I seek care. I also understand that I am financially responsible for all services. No refund is available after payment. I acknowledge that individual results may vary and no healthcare procedure is guaranteed to be 100% effective.

---

Signature (client/parent/guardian)

---

Date

\*(Our device is FDA approved for treatment of such conditions, although we are not limited by the FDA.)

*Please ask questions if you do not understand this document or the treatment that is about to be performed.*