



If you have been told you might benefit from Shockwave Therapy, the first question is usually not whether the science sounds promising. It is much more immediate than that.

What does it actually feel like?

That question matters because the name itself sounds intense. “Shockwave” suggests something jarring, painful, or even risky. In practice, the experience is usually far less dramatic than people expect. It is not an electric shock. It is not surgery. It does not involve needles in the way some people assume when they hear the term for the first time. What you feel during a session depends on the area being treated, the reason for treatment, the device being used, and your own pain sensitivity. Even so, there are clear patterns, and most patients describe the sensation in ways that are surprisingly consistent.

A typical session feels like a series of fast, mechanical pulses delivered to a sore or injured area. Some spots feel mildly uncomfortable, some feel sharply tender, and some barely register at all. Often the treatment starts off odd rather than painful. Then, as the applicator moves across a more irritated structure, the sensation becomes more noticeable. It can feel like tapping, snapping, rapid thudding, or a concentrated percussion deep in the tissue. When the clinician finds the exact painful point, that is usually the moment people realize why the treatment was aimed there in the first place.

The important thing to know is that a well-run session should feel purposeful, not punishing.

The sensation is mechanical, not electrical

One of the most common misunderstandings is that Shockwave Therapy feels like electricity moving through the body. It does not. The device creates acoustic pressure waves, and those waves are delivered through the skin into the targeted tissue. Depending on the machine, the pulses may feel superficial or deeper, broader or more focused. But the dominant sensation is mechanical.

For many people, the closest comparison is a very fast massage gun with a smaller, more concentrated tip, although that still does not fully capture it. A massage gun usually spreads force across muscle. Shockwave Therapy often feels more specific, especially when it is targeting a tendon insertion, plantar fascia, calcific deposit,

or chronically irritated tissue. Another comparison people make is to someone drumming a fingertip rapidly on a bruise. That sounds unpleasant, and at times it can be, but it is often brief and controlled.

The area being treated changes the experience a great deal. A broad muscular region, such as part of the gluteal area, may feel intense but manageable. A bony area with a tender tendon attachment, such as the elbow, heel, or front of the knee, can feel much sharper. Tissue that has been chronically painful often reacts more strongly than tissue that is irritated but not severely sensitized.

That difference surprises people. They expect one universal feeling. Instead, treatment of Achilles tendinopathy feels different from treatment of plantar fasciitis, and both feel different from treatment around the shoulder.

What happens when the session starts

The setup is usually simple. You are positioned so the target area is accessible and relaxed. A gel is applied to help transmit the pressure waves efficiently. The clinician places the handpiece against the skin and begins at a lower intensity, then gradually increases it based on your response and the treatment goal.

That gradual start matters. A good clinician rarely jumps straight to the most intense setting. There is a practical reason for this. The body needs a few moments to accommodate to the sensation, and the clinician also needs to identify the tissue response. Early pulses often feel strange but tolerable. Once the treatment zeroes in on the most symptomatic spot, the discomfort can briefly climb.

Many patients say the first thirty seconds are the weirdest part. Not the worst part, the weirdest. The sound of the machine, the quick repetitive pulses, and the uncertainty about what comes next create more tension than the treatment itself. Once that uncertainty fades, people settle in. Some areas remain easy throughout. Others trigger that unmistakable “yes, that’s the exact spot” reaction.

Clinically, that response can be informative. A person with chronic heel pain may barely notice pressure [Shockwave Therapy](#) over neighboring tissue, then flinch when the applicator moves over the most involved segment of the plantar fascia. The sensation is not random. It often maps quite closely to the tissue that has been driving symptoms.

How painful is it, really?

The honest answer is that it ranges from mildly uncomfortable to distinctly painful, but usually within a tolerable and short-lived range.

If someone asks for a number on a ten-point scale, many sessions land somewhere between a 3 and a 6, with brief spikes higher when the most tender point is treated. That is a broad range because people differ so much. An office worker with a small, irritated tennis elbow may call it a 4. A runner with long-standing insertional Achilles pain may call certain moments a 7. Another person with the same diagnosis may shrug and say it was not bad at all.

Pain expectation also changes the experience. Patients who arrive bracing for an electric jolt often feel relieved. Patients who are told it will feel like “nothing” may be startled when a calcific shoulder deposit or highly reactive plantar fascia becomes very sensitive.

In real practice, the sweet spot is not maximum suffering. More intensity is not always better. There is a therapeutic range where the tissue receives an effective dose without forcing the patient to guard, tense up, or dread the next session. A clinician who pays attention to feedback usually adjusts the treatment in real time. Angle, pressure, pulse count, and energy level can all influence comfort.

There are also moments when treatment hurts in a very specific, almost meaningful way. This is common over chronic tendon problems. Patients often say, “That hurts, but it feels like it’s the right place.” That is different from pain that feels alarming, diffuse, or wrong. Distinguishing between productive discomfort and excessive pain is part of skilled delivery.

Different body parts, different experiences

The location of treatment may be the single biggest factor in how a session feels.

Heel pain is a good example. Shockwave Therapy for plantar fasciitis often feels sharpest near the medial heel, where the fascia attaches and where tissue can be very sensitive. People sometimes describe it as rapid tapping on a bruise, but deeper. Once the applicator moves slightly off that focal point, the intensity drops.

Achilles tendinopathy can produce a mixed sensation. In the thicker mid-portion of the tendon, it may feel deep, dense, and punchy. At the insertion near the heel bone, where tissue is compressed against bone and often more irritable, it can feel much more pointed.

Tennis elbow often surprises people because such a small area can be so reactive. The lateral elbow has little soft tissue padding, and tender tendon insertion points can feel quite sharp during treatment. The good news is that sessions over smaller areas are often fairly quick.

Shoulder treatment varies. If the target is a calcific deposit, the sensation can be more intense than people expect, especially during focused work over a small area. If the target is more muscular or broad, the treatment may feel less sharp and more thudding.

Hamstring, gluteal, or other larger soft tissue areas often feel stronger in force but less “bitey.” There is more tissue to absorb the mechanical pulse. Patients may still describe it as intense, but the intensity is usually more diffuse.

A short treatment can feel longer than it is

One interesting feature of Shockwave Therapy is that the session often feels longer than the clock suggests. The active treatment phase may only last a few minutes on a given area, yet because the pulses are rapid and repetitive, people become very aware of each second. That is especially true during the first session, when every sensation is new.

By the second or third visit, many patients relax because they know what is coming. Familiarity changes perception. The treatment may not be objectively gentler, but it often feels more manageable because the body is not reacting to uncertainty.

That first visit is where communication matters most. If the clinician explains what the machine does, starts sensibly, and checks in **Shockwave Therapy** without dramatizing the process, patients usually do well. If the treatment is delivered with no warning and no pacing, even a moderate setting can feel harsher than it needs to.

What you might feel immediately after

Right after a session, the treated area often feels one of two ways. It may feel worked, almost like a deep manual therapy session localized to one spot, or it may feel briefly more irritated than before. Both can happen, and both can be normal.

A few common post-session sensations include:

- mild soreness for several hours
- tenderness to touch over the treated area
- warmth or a flushed feeling in the tissue
- a temporary increase in symptoms before things settle
- a sense of looseness or reduced stiffness when walking or moving

Not everyone experiences all of these. Some people get off the table and say the area feels lighter almost immediately. Others feel no meaningful difference that day and notice change only after a few sessions. Some feel more tender that evening, then wake up better the next morning.

That variability is one reason responsible clinicians avoid making grand promises after a single treatment. Tissue response is individual. The goal is not necessarily instant pain relief in every case. Often the aim is to stimulate a healing response over time, especially in persistent tendon problems that have not responded well to rest alone.

Why some spots hurt more than others

Patients often ask why one tiny point feels so much worse than the surrounding tissue. The explanation is usually anatomical and clinical, not mysterious.

Chronically irritated tendon insertions, fascial attachments, and calcified or degenerative areas tend to be more reactive because the local tissue is already sensitized. There may also be less cushioning over bone. The pressure waves meet that region, and the body recognizes it immediately.

Inflammation is only part of the story. Sensitization matters too. A chronic injury is not just damaged tissue sitting passively in place. It often becomes a region the nervous system has learned to guard. That means mechanical stimulation there can feel disproportionately intense. This does not automatically mean the treatment is harmful. It does mean the area deserves a measured approach.

Experience shows that the most painful point during a session is not always the only important point. Sometimes the surrounding tissue needs treatment as well, especially if the painful area developed in the context of poor load tolerance, stiffness, or compensation patterns nearby. A narrow focus can miss the broader problem.

The rhythm of a course of treatment

One session rarely tells the whole story. Shockwave Therapy is commonly delivered as a series rather than a one-off intervention. The exact schedule varies, but many treatment plans involve several sessions spaced over a few weeks. That matters because the sensation during session one is not always the sensation during session three.

There are patterns that show up often. The first session can feel intense because the area is highly reactive and unfamiliar with the stimulus. The second session may feel easier because the patient knows what to expect. By later sessions, the most tender point may become less sharp, which can be a useful sign that tissue irritability is changing. On the other hand, if intensity stays very high without any meaningful functional improvement, the treatment plan may need rethinking.

Good clinical judgment comes in here. Shockwave Therapy can be useful, but it is not magic, and it is not equally appropriate for every diagnosis. A treatment that feels dramatic is not necessarily effective. A treatment that feels mild is not necessarily ineffective. What matters is whether symptoms, function, and tissue tolerance change in a meaningful direction over time.

What clinicians usually want you to tell them during the session

Patient feedback during treatment is not a courtesy, it is part of the process. Silence can make the session less accurate. If an area feels merely unusual, say so. If a point feels very sharp, say so. If the sensation radiates in a way that suggests a nerve is being irritated rather than the intended tissue being targeted, definitely say so.

Useful feedback usually covers a few practical points:

- whether the discomfort is tolerable
- whether the painful point matches your familiar symptoms
- whether the sensation feels superficial, deep, sharp, or spreading
- whether the intensity changes with small shifts in position
- whether pain lingers or rapidly settles when the applicator moves away

This is not about micromanaging the clinician. It is about helping them calibrate treatment. A patient who says, “That feels strong but fine,” gives useful information. So does a patient who says, “That spot is exactly my pain, but any higher would be too much.” Those details help shape an effective dose.

The emotional side of the first session

This part is rarely discussed enough. A new treatment does not just create a physical sensation. It creates anticipation, and anticipation can amplify discomfort.

The machine is noisy compared with quieter manual treatments. The name sounds aggressive. The first few pulses create uncertainty. Some patients clench without realizing it. When muscles tense around the treatment area, the experience often feels stronger. Once breathing settles and the person stops bracing, the same intensity may feel more tolerable.

I have seen this particularly with foot and elbow cases. A patient comes in convinced the treatment will be unbearable, squeezes the table during the first ten seconds, then looks mildly embarrassed when they realize they can handle it. That reaction is common and understandable. The unknown is often worse than the reality.

There are exceptions, of course. Some patients genuinely find it quite painful, especially over very irritable insertion points. That does not mean they are weak or that the treatment was done incorrectly. It simply means their tissue sensitivity, anatomy, or diagnosis creates a stronger experience. The right response is not to push through blindly. It is to adjust.

What it should not feel like

It helps to know what would be outside the usual pattern. Shockwave Therapy should not feel like burning under the skin, an electric zap shooting unpredictably down a limb, or overwhelming pain that makes you pull away in panic. It should not leave you with major bruising, severe swelling, or escalating pain over the next several days that is far beyond the expected soreness window.

Temporary tenderness is common. Significant deterioration is not something to brush off casually.

A sound clinical approach keeps the treatment targeted, monitors response, and takes the rest of your rehab into account. If you are receiving Shockwave Therapy for a tendon problem, for example, what you do between sessions matters too. Load management, exercise selection, and activity modification often shape the result as much as the device itself.

Is there a “good pain” to aim for?

People often want a simple rule. Should the session feel easy? Should it hurt a lot? Is there an ideal level of discomfort?

In practice, the best target is usually moderate, tolerable intensity that remains controlled and meaningful. Enough sensation that the clinician is reaching the intended tissue, not so much that you tense up and endure it with gritted teeth. Some areas will briefly spike above that, particularly if the pathology is focal and sensitive, but the overall session should remain workable.

That concept can be frustrating for people who like hard numbers. Medicine and rehabilitation often resist that kind of precision because human tissue is not identical from one body to the next. A former athlete with high pain tolerance may barely react to the same setting that makes another person sweat. The correct dose is not a badge of toughness. It is the level that suits the person, the diagnosis, and the tissue response.

Practical expectations before you book

If you are considering Shockwave Therapy and want the plain version, here it is. Expect a session that feels strange at first, then more intense once the treatment reaches the painful tissue. Expect discomfort, but not necessarily severe pain. Expect certain points to be much more tender than others. Expect some soreness afterward. Expect the experience to vary based on where the problem is and how irritated it has become.

Also expect nuance. This is not a spa treatment, but it is not the ordeal the name suggests. Most patients tolerate it better than they feared. Some even find the specificity reassuring because it confirms the clinician is treating the structure that has been causing trouble.

The best sessions are not memorable because they were heroic. They are memorable because they were precise. The clinician identified the right tissue, dosed the treatment sensibly, listened to feedback, and placed the session in a larger plan rather than treating the machine as the whole answer.

So what does a Shockwave Therapy session feel like? Usually like rapid, targeted pulses over sore tissue, odd for a few seconds, sharp in the right spot, manageable for most people, and followed by a worked or tender feeling afterward. Not nothing, not torture, and often far more straightforward than the name makes it sound.

Injury Recovery Center

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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.