



Elbow tendinitis has a way of sneaking into ordinary life. It starts as a small protest when you lift a coffee mug, pull a grocery bag from the car, or twist open a jar. Then it becomes the ache you feel while typing, gripping a tennis racquet, carrying tools, or reaching for a backpack in the back seat. By the time many people seek treatment, the problem has already been hanging around for months.

That pattern is especially common with lateral epicondylitis, better known as tennis elbow, and medial epicondylitis, often called golfer's elbow. Despite the sports nicknames, plenty of people with these conditions have never played a match or swung a club. I see it often in desk workers, parents lifting children, mechanics, hairstylists, contractors, climbers, and active adults who simply did too much too soon.

For people dealing with stubborn elbow pain, Shockwave Therapy has become an increasingly useful option. It is not magic, and it is not the right answer for every elbow. But in the right case, it can help wake up a tendon that has stalled in a chronic pain cycle and push recovery in the right direction.

Why elbow tendinitis becomes so persistent

The elbow is a small region that handles a surprising amount of force. Every time you grip, lift, twist, pull, or stabilize your wrist, you recruit the tendons attaching near the bony points of the elbow. When those tissues are overloaded repeatedly, the body may not fully repair the tiny areas of damage fast enough to keep pace.

That is where things get frustrating. In acute injuries, inflammation often dominates early on. In chronic tendinitis, the picture is usually more complicated. The tendon can become disorganized, irritable, and less efficient at tolerating load. In plain language, the tissue loses some of its resilience. The pain lingers not because you are weak or doing something wrong, but because the tendon is not responding well to the stress being placed on it.

This is why rest alone often disappoints. Taking a break may calm symptoms for a week or two, but as soon as normal activity returns, the elbow flares again. The tendon has not rebuilt its tolerance. It has simply had a short vacation.

That distinction matters. If the real issue is poor tendon capacity, treatment needs to do more than mute pain. It has to improve the tissue's ability to handle force.

What Shockwave Therapy actually is

Shockwave Therapy uses high-energy acoustic waves delivered **Shockwave Therapy Lakewood, CO** through the skin to the painful tissue. The word "shockwave" sounds aggressive, but the treatment is non-surgical and typically done in an outpatient setting. No incision is involved. No sedation is needed. A gel is applied to the skin, and a handheld device targets the affected area.

The goal is not to numb the elbow for a few hours. The goal is to stimulate a healing response in a tendon that has become chronic and stubborn. In clinical practice, the treatment is often used when standard care has helped only partially, or when someone wants to avoid a more invasive path.

Patients usually ask whether it hurts. The honest answer is that it can be uncomfortable, especially over a tender tendon insertion. That said, most people tolerate it well, and the intensity can be adjusted. The sensation is often described as rapid tapping, pulsing, or a deep, concentrated thumping over the sore spot. A session is relatively short, and discomfort tends to settle quickly afterward.

There are different forms of Shockwave Therapy, including radial and focused systems. Both are used in musculoskeletal care, but they deliver energy differently. Which one is appropriate depends on the tissue being treated, the depth of the problem, the machine available, and the clinician's judgment. For elbow tendinopathy, either may be considered depending on the case and the treatment approach.

When Shockwave Therapy makes sense for elbow pain

The best candidates are usually people with pain that has lasted longer than a few weeks and has not resolved with activity modification, basic home care, or routine physical therapy alone. Chronic tennis elbow is one of the more common reasons people pursue Shockwave Therapy Lakewood, CO services, especially when gripping strength has dropped and the pain keeps cycling back.

In my experience, the treatment tends to fit a particular profile. The person often says something like, "It is not excruciating every minute, but it never fully goes away," or, "I can function, but every time I try to return to normal workouts or house projects, it lights up again." That is classic chronic tendon behavior.

There are also cases where Shockwave Therapy is probably not the first choice. If the elbow pain is coming from a recent traumatic injury, significant ligament damage, a fracture, a nerve issue, or referred pain from the neck, a different workup is needed. If someone has clear numbness, marked instability, major loss of motion, or a dramatic swelling event, it is worth slowing down and making sure the diagnosis is correct.

That point gets overlooked too often. "Elbow pain" is not a diagnosis. It is a location. Before treating the area, a clinician should determine whether the problem is truly tendon-based.

What a proper evaluation should look like

A good exam for elbow tendinitis does not stop at pressing on the painful spot. It should look at how symptoms began, what activities trigger pain, whether grip strength is affected, how the wrist and forearm move, whether the shoulder and neck are contributing, and whether the tendon is reacting to load in a predictable way.

For lateral elbow pain, resisted wrist extension, gripping tasks, and lifting with the palm down often reproduce symptoms. For medial elbow pain, resisted wrist flexion or forearm pronation may be more provocative. The

exact pattern matters. Two people can point to the same elbow and still need different treatment plans.

Imaging is not always necessary, but it can be useful in selected cases. Ultrasound or MRI may help clarify whether there is significant tendon degeneration, partial tearing, or another structure involved. That said, imaging findings should never be read in isolation. Plenty of people have ugly-looking tendons on a scan and function fairly well, while others have severe pain with less dramatic imaging changes.

What treatment sessions usually feel like

Most Shockwave Therapy visits are straightforward. The clinician identifies the tender region, applies coupling gel, and delivers pulses to the target area. A treatment can take roughly 10 to 20 minutes depending on the protocol, the machine, and whether nearby tight structures are also being addressed.

During the session, the feeling tends to peak over the exact irritated portion of the tendon. Patients often notice that the most painful points are also the most relevant points. That can be useful feedback. Sometimes the clinician will also address the forearm muscle belly if the surrounding tissue is contributing to overload.

Afterward, it is normal to feel some temporary soreness. The area may be mildly tender for a day or two, similar to the feeling after a concentrated deep tissue treatment or a heavy workout for an undertrained area. Most people can continue daily activity, but they are usually advised not to test the elbow with aggressive lifting or high-volume gripping right away.

One thing that helps set expectations is understanding that response is rarely immediate. Some people feel better within a week. Others notice the first meaningful change after several sessions. Tendons are slow tissue. Improvements often arrive in stages, not all at once.

How many sessions are typically needed

There is no universal number that fits every case, but many protocols involve a short series over several weeks. Chronic tendon problems usually respond better to consistency than to a single heroic treatment. If someone expects one appointment to erase six months of elbow pain, disappointment is likely.

A realistic clinical conversation includes both optimism and restraint. The right patient may see a noticeable reduction in pain, improved grip tolerance, and easier return to lifting or sport. But even a good result often requires supporting work around the treatment.

This is where experience matters. Shockwave Therapy is often most useful as part of a plan, not as a standalone event.

Why rehab still matters after Shockwave Therapy

A painful tendon needs better load tolerance. That means exercise usually remains part of the equation. The elbow has to relearn how to manage gripping, wrist motion, forearm rotation, and force transfer from the shoulder and trunk. If it only receives passive treatment and never rebuilds capacity, the same overload cycle can return.

The rehabilitation side is rarely glamorous, but it is where durable progress happens. Early exercises may focus on isometrics for pain modulation and low-irritation loading. As symptoms settle, loading can progress to eccentric or heavy slow resistance work, depending on the case and the clinician's model. Grip strength often needs to be rebuilt gradually, not forced.

It is also common to address technique and workload. A tennis player may need a look at racquet grip size and hitting volume. A carpenter may need a short-term strategy for tool use. A remote worker may need keyboard, mouse, and wrist setup changes, especially if the forearm stays under low-grade tension all day. Small adjustments can reduce repeated tendon irritation while healing catches up.

Common mistakes that slow recovery

A few patterns show up again and again in stubborn elbow cases:

- waiting too long to reduce aggravating load
- resting completely for weeks, then jumping straight back into full activity
- focusing only on the elbow while ignoring shoulder, wrist, or grip mechanics
- chasing temporary pain relief without rebuilding tendon capacity
- assuming every elbow ache is “just tennis elbow” without an evaluation

The second mistake is one of the most common. Tendons dislike abrupt spikes in demand. Someone stops lifting for a month because the elbow hurts, feels a bit better, then returns to pull-ups, yard work, and long typing sessions all in the same week. The tendon is not ready, and the flare gets blamed on bad luck. Usually it is just a loading mismatch.

What results can patients reasonably expect

Reasonable expectations are important because they help people stay with the process. With well-selected patients, Shockwave Therapy can reduce pain, improve function, and support a return to activity. The best outcomes tend to occur when the diagnosis is accurate, the condition is chronic rather than acutely inflamed, and the patient follows through with smart loading progression.

That does not mean every elbow becomes perfect. Some chronic tendons have been irritated for a long time. Some patients have job demands that keep challenging the tissue every day. Others have more than one issue going on, such as tendon irritation plus cervical referral or radial nerve sensitivity. Those cases may improve, but often more gradually.

If I had to give the most practical guidance, I would say this: look for trends rather than day-to-day drama. Better grip tolerance, less morning ache, fewer pain spikes during normal tasks, and easier recovery after activity are meaningful wins. Recovery from tendinopathy is often measured in weeks and months, not in dramatic overnight [Click here!](#) changes.

Who should be careful or consider other options

Shockwave Therapy is generally well tolerated, but it is not appropriate for every person. The treating provider should screen for medical considerations and make sure the therapy fits the diagnosis and the patient’s health history.

Some situations deserve extra caution or an alternative approach:

- unexplained swelling, trauma, or suspected fracture
- significant numbness, tingling, or weakness suggesting nerve involvement
- known bleeding concerns or certain medication issues, depending on clinical guidance
- pregnancy in areas where treatment is not advised

- a diagnosis that points away from tendon pathology

This is part of why a local, in-person assessment matters. A generic internet description cannot tell whether your elbow pain is tendon-related, joint-related, nerve-related, or referred from somewhere else.

The Lakewood, CO angle, and why local activity patterns matter

In Lakewood, CO, elbow tendinitis is not limited to one demographic. The area's mix of active adults, tradespeople, racquet sport players, golfers, climbers, and desk-based professionals creates a steady stream of overuse patterns. Add in seasonal yard projects, garage gym workouts, mountain recreation, and weekend warrior habits, and elbows get tested in all kinds of ways.

That local context matters because treatment should match real life. Someone training for climbing in nearby terrain has different loading demands than someone whose elbow pain appears after long mouse use and weekend pickleball. A one-size-fits-all protocol misses too much.

When people search for Shockwave Therapy Lakewood, CO, they are usually looking for more than a machine. They want an answer to a practical question: "Can I get back to the things I need and want to do without this elbow controlling my day?" That is the right question. Good care should connect the treatment to your actual activities, not just to a diagnosis label.

What to ask before starting Shockwave Therapy

It is worth asking a provider how they confirm elbow tendinopathy, how many sessions they typically recommend, what type of Shockwave Therapy they use, and what role exercise plays after treatment. Those answers tell you a lot about whether the plan is thoughtful or overly simplistic.

You should also ask what progress markers they use. Pain score alone is not enough. Grip tolerance, functional tasks, recovery after activity, and return-to-sport or return-to-work capacity are all more useful than a single number from zero to ten.

Another good question is whether the provider changes the plan if symptoms plateau. Experienced clinicians know that some cases need modified loading, additional manual treatment, evaluation of the neck or shoulder, or a reassessment of the original diagnosis. A rigid protocol applied to every elbow is rarely ideal.

A realistic picture of recovery

The people who do best with Shockwave Therapy usually understand two things from the start. First, the tendon needs stimulation and progressive loading, not just passive care. Second, improvement tends to be gradual and cumulative.

That can be hard to accept when pain has been interrupting work, sleep, workouts, or hobbies. But it is also what makes recovery sustainable. The point is not to create one pain-free afternoon. The point is to build an elbow that can tolerate life again.

For someone with chronic tennis elbow, that may mean gripping a skillet without wincing, carrying a cooler with confidence, returning to backhand practice, or finishing a week of computer work without the usual throbbing on Friday night. For someone with golfer's elbow, it may mean lifting weights, using tools, or swinging a club without the familiar tug at the inner elbow.

Shockwave Therapy can be a strong part of that process when used well. It is not a shortcut around rehab, and it is not a cure-all for every cause of elbow pain. In the right patient, though, it can help shift a stalled tendon out of its long plateau and create a better window for recovery.

If your elbow pain has lingered, keeps recurring with normal activity, or has not responded to basic care, a targeted evaluation is the smart next step. The right diagnosis comes first. From there, Shockwave Therapy may be a useful tool, especially when paired with a load-management and strengthening plan that respects how tendons actually heal.

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FAQ About Shockwave Therapy Lakewood, CO

What does shockwave therapy actually do?

Shockwave therapy uses high-energy acoustic sound waves to boost blood flow, break up calcium deposits, and trigger the body's natural repair process in damaged tissues.

What are the drawbacks of shockwave therapy?

The main drawbacks of shockwave therapy include treatment discomfort, temporary side effects, and strict medical restrictions.

How much does shockwave therapy cost?

A single session of shockwave therapy typically costs between \$100 and \$500, with most patients spending an average of \$150 to \$300 per visit out of pocket. Because the overall cost depends heavily on the condition being treated and the number of sessions required, total treatment packages generally range from \$300 to \$3,000.