

General Commissioning Policy Statement

Treatment	Extra Corporeal Shock Wave Therapy (ESWT)
For the treatment of	Localised tendonitis
Background	This commissioning policy is needed because the cost-effectiveness evidence base for this treatment is variable. As such, the treatment is not routinely commissioned and so individual patient requests are currently considered via the Individual Funding Request (IFR) process.
Commissioning position	<p>NHS Hull does not routinely commission ESWT for localised tendonitis. Individual requests for this treatment may be considered, by exception, in all patients with a tendonitis that :</p> <ul style="list-style-type: none"> has an established diagnosis is refractory to rest and other treatments (see below) <p>AND</p> <ul style="list-style-type: none"> causes significant pain and/or interference with activities of daily living. <p>Additionally, in order for requests for ESWT to be considered by the IFR Panel, patients with Trochanteric Bursitis (hip) must :</p> <ul style="list-style-type: none"> Have symptoms that are refractory to rest, 1 month of drug treatment with paracetamol or non-steroidal anti-inflammatory drugs (NSAIDs), physiotherapy and 3 corticosteroid injections. Have a BMI <30, as excess weight can exacerbate symptoms. <p>Patients with Calcific Tendonitis (shoulder) must:</p> <ul style="list-style-type: none"> Have symptoms that are refractory to rest, anti-inflammatory drugs, corticosteroids, physiotherapy, aspiration or lavage. <p>Patients with Lateral Epicondylitis (tennis elbow) must:</p> <ul style="list-style-type: none"> Have symptoms that are refractory to rest, application of ice, analgesic medication, NSAIDs, orthotic devices, physiotherapy, eccentric training/stretching and corticosteroid injection. <p>Patients with Achilles Tendinopathy (ankle) must:</p> <ul style="list-style-type: none"> Have symptoms that are refractory to rest, application of ice, NSAIDs, orthotic devices, physiotherapy (including eccentric loading exercises) and corticosteroid injection. <p>Patients with Plantar Fasciitis (heel) must:</p>

Notes

1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.
2. General Commissioning Policies are agreed by the Planning and Commissioning Committee on behalf of NHS Hull CCG.

	<p>Have symptoms that are refractory to rest, application of ice, analgesic medication, NSAIDs, orthotic devices, physiotherapy, eccentric training/stretching and corticosteroid injection.</p> <p>Providers of Extra Corporeal Shock Wave Therapy must :</p> <p>provide each patient with an information leaflet which explains that the benefits and risks of the treatment are uncertain</p> <p>audit all patient outcomes with a minimal 12 month follow-up.</p> <p>Where the treatment is approved for an individual, no more than three outpatient sessions will be commissioned.</p>
Effective from	Sept 2012
Summary of evidence / rationale	<p>ESWT is a non-invasive treatment in which a device is used to pass acoustic shockwaves through the skin to the affected area. Ultrasound guidance can be used to assist with positioning of the device. ESWT may be applied in one or several sessions. Local anaesthesia may be used because high-energy ESWT can be painful.</p> <p>The mechanism by which this therapy might have an effect on tendinopathy is unknown.</p> <p>NICE have reviewed this therapeutic intervention in several types of localised tendonitis (Refs 1-5). The evidence for efficacy of ESWT in Trochanteric Bursitis and Calcific Tendonitis of the Shoulder is most robust. However, the evidence for efficacy of ESWT in tendonitis of the elbow, ankle and heel is equivocal since the results of clinical studies were conflicting and there was evidence of a substantial placebo response.</p> <p>Because the benefits and risks are uncertain and there is a lack long term data, NICE recommends that patients must first have tried other evidence based treatments.</p>
Date	June 2017
Review Date	June 2018
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References:

1. NICE (2003) IPG 21 Extra-Corporeal Shockwave Lithotripsy for Calcific Tendonitis (Tendinopathy) of the Shoulder. www.nice.org.uk/ipg21
2. NICE (2009) IPG 311 Extracorporeal shockwave therapy for refractory plantar fasciitis <http://www.nice.org.uk/ipg311>
3. NICE (2009) IPG 312 Extra-Corporeal Shockwave for refractory Achilles tendinopathy. <http://www.nice.org.uk/ipg312>
4. NICE (2009) IPG 313 Extra-corporeal shockwave lithotripsy for refractory tennis elbow. <http://www.nice.org.uk/ipg313>
5. NICE (2011) IPG 376 Extracorporeal shockwave therapy for refractory greater trochanteric pain syndrome. <http://www.nice.org.uk/ipg376>