ESWT TREATMENT — SESSION RECORD

Session #		Session Date		Time		Practitioner	

PATIENT IDENTIFICATION

Patient Name		Patient ID / MRN	
Date of Birth		Sex	
Primary Diagnosis		ICD-10	
Anatomical Site		Side (L / R / Bilat)	
Symptom Duration		Session # of planned ——	

PRE-TREATMENT ASSESSMENT

VAS Pain Score (circle one):

Pre-Session VAS	0	1	2	3	4	5	6	7	8	9	10

Sleep quality since last session (0–10)		Pain medication used (last 24h)	
Activity level vs. baseline (%)		New symptoms / red flags	
Contraindication screen (any new conditions, pregnancy status, anticoagulants, infection, etc.)			

Consent confirmed and treatment plan reviewed:

☐ Verbal ☐ Written (initial visit) ☐ Re-consent obtained ☐ Patient declined

DEVICE & DOSE PARAMETERS

Device Type (check one):

☐ F-ESWT (Focused) ☐ R-ESWT (Radial / RPW) ☐ Combined F + R

Manufacturer / Model		Applicator / Handpiece	
Localization		Coupling gel applied	
Local anesthesia (Y / N)		Patient position	

Dose — Focused ESWT (complete if F-ESWT used)

Energy Flux Density (mJ/mm²)		Energy level (device setting)	
Penetration depth (mm)		Total energy (mJ)	

Dose — Radial ESWT (complete if R-ESWT used)

Pressure (bar)		**Pressure level (device setting)**	
Applicator diameter (mm)		**Focus depth (mm, if adjustable)**	

Dose — Common Parameters

Frequency (Hz)		**Total # pulses / shocks**	
Treatment duration (min)		**Sub-sites treated**	

INTRA-TREATMENT OBSERVATIONS

VAS During Treatment	0	1	2	3	4	5	6	7	8	9	10

Patient tolerance		**Dose adjusted during session (Y / N)**	
Reason for adjustment		**Pulses delivered before adjustment**	

POST-TREATMENT ASSESSMENT

VAS Immediately Post	0	1	2	3	4	5	6	7	8	9	10

Change vs. pre (ΔVAS)		**Subjective response**	
Roles & Maudsley (1–4)		**PROM used (VISA-A / VISA-P / AOFAS / other)**	
PROM score this session		**Return-to-activity (%)**	
ROM change (degrees, if measured)		**Functional test (single-leg hop, grip, etc.)**	

ADVERSE EVENTS

Any adverse event this session?

☐ No ☐ Minor ☐ Moderate ☐ Severe

Check all that apply:

☐ Petechiae ☐ Hematoma / bruising ☐ Local swelling ☐ Skin redness ☐ Pain flare (24–72h)

☐ Numbness / paresthesia ☐ Headache ☐ Vasovagal ☐ Migration of calcific deposit ☐ Other:

AE description / onset / duration	
Action taken / referral / follow-up plan	

PATIENT-REPORTED RESPONSE

☐ Much better ☐ Better ☐ Same ☐ Worse ☐ Much worse ☐ Too early to tell

Patient comments / functional changes since last session	

CLINICAL NOTES & NEXT-SESSION PLAN

Clinical reasoning / observations	
Adjuncts (manual therapy, exercise, taping, orthotic, education)	
Home program / activity guidance given	
Next session date / planned dose change	

SIGNATURES

Practitioner signature		**Date**	
Patient signature		**Date**	

Cautions: *Confirm absence of pregnancy over treatment site, active malignancy in treatment field, coagulopathy/anticoagulant overlap, open growth plates over physis, acute infection, implanted electronics in field, and direct treatment over major nerves/vessels/lungs. This form is documentation only and does not replace clinical judgment.*