



Old injuries have a way of changing character over time. What starts as a rolled ankle, a stubborn case of plantar fasciitis, a strained hamstring, or a sore shoulder often settles into something less dramatic but more frustrating. The sharp pain fades, yet the area never quite returns to normal. It feels tight in the morning, sore after activity, or oddly weak when you need it most. Many people in that position ask the same question: if this injury has been around for months or [Shockwave Therapy Lakewood, CO](#) even years, is there anything non-surgical that can actually move the needle?

That is where **Shockwave Therapy** often enters the conversation.

If you are looking into **Shockwave Therapy Lakewood, CO** providers for an old injury, the short answer is yes, it can work, but not for every condition, and not for every patient in the same way. The better answer takes a little unpacking. Chronic injuries behave differently than fresh ones. They are usually not dealing with active bleeding or a dramatic tear. More often, they involve poor tissue quality, persistent inflammation, reduced blood flow, scar-like changes, tendon degeneration, and pain patterns that have become deeply ingrained. Shockwave can help in those cases because its job is not to numb the area for a few hours. Its job is to stimulate a healing response in tissue that has stalled.

That distinction matters.

Why old injuries are so hard to treat

Acute injuries are usually easier to understand. Something happened, you rested, maybe you iced it, maybe you went to physical therapy, and the body did most of the repair work on its own. Chronic injuries are messier. By the time someone seeks more advanced care, they have often spent months compensating. Their gait changed. Their posture shifted. They stopped loading the area normally. The original injury may be only part of the story.

Take chronic Achilles pain as an example. A patient might say, "I injured this training for a 10K two years ago, and it never fully calmed down." On exam, the tendon may not just be irritated. It may be thickened, stiff, and less resilient. The calf may be weaker. The ankle may have lost mobility. The tendon is not necessarily "torn" in a dramatic sense, but it is not healthy tissue either. Old tennis elbow behaves similarly. So does gluteal tendinopathy, proximal hamstring pain, and many long-standing heel pain cases.

These conditions often sit in a gray zone. They are too persistent to ignore, but not always severe enough to justify surgery. That is exactly the space where shockwave has become useful.

What shockwave therapy actually does

The name sounds more intimidating than the treatment usually feels. Shockwave therapy uses acoustic waves directed into injured tissue. In experienced hands, the goal is not random force. It is carefully applied mechanical stimulation to wake up tissue that has become stagnant.

For chronic tendon and soft tissue problems, that stimulation may help trigger several useful effects. It can encourage local blood flow, influence cellular activity, and support tissue remodeling. It can also reduce pain sensitivity in some cases. None of this is magic, and none of it means damaged tissue instantly becomes normal. What it often means is that the body gets a stronger biological signal to repair an area that had stopped progressing.

That is why shockwave tends to be discussed more for chronic tendinopathies and persistent soft tissue pain than for a brand-new sprain from last weekend.

There are two broad forms used in practice, radial and focused shockwave. Patients do not always need to know the engineering differences, but they should know that not all devices are the same, not all settings are the same, and results depend heavily on matching the treatment to the diagnosis. A clinic that treats a broad range of musculoskeletal injuries should be able to explain why they are choosing one approach over another.

The old injuries that respond best

When people search for **Shockwave Therapy Lakewood, CO**, they are usually not asking whether it helps every ache in the body. They are asking whether it helps the sort of pain that has lingered despite stretching, rest, injections, orthotics, massage, or standard rehab.

In practice, the most promising cases often include chronic plantar fasciitis, Achilles tendinopathy, tennis elbow, patellar tendinopathy, calcific shoulder tendinopathy, and some long-standing hip or hamstring tendon problems. Those are classic patterns where tissue often becomes degenerative rather than simply inflamed.

That said, “old injury” is a broad label. A chronic muscle strain is different from tendon degeneration. A partially healed ligament injury is different from nerve irritation. Pain left over from a stress fracture is different from pain caused by poor mechanics after the bone has healed. The age of the injury matters less than the actual structure involved and the current state of that tissue.

A simple example illustrates this well. Two people may both say they have had heel pain for a year. One has classic plantar fasciitis with morning pain and tenderness at the heel insertion. The other has a nerve entrapment issue or a fat pad problem. If both get the same treatment, one may improve dramatically while the other sees little change. That does not mean shockwave failed. It means the diagnosis was off.

When it tends to work, and when it tends to disappoint

The most important predictor is not how long the injury has existed. It is whether the condition fits the treatment.

Shockwave tends to work better when the issue is chronic, localized, and clearly tied to tendons or soft tissue structures known to respond to mechanical stimulation. It tends to disappoint when pain is widespread, poorly localized, primarily nerve-driven, or caused by significant instability, severe arthritis, or a structural problem that needs another intervention.

Here are the situations where expectations should be especially careful:

1. A complete tendon tear or major structural rupture.
2. Pain coming mainly from the low back, neck, or nerve root irritation.
3. Advanced joint arthritis with major mechanical loss.
4. Undiagnosed swelling, redness, or systemic symptoms.
5. Cases where no one has identified the true pain generator.

That last point is more common than many people realize. Patients often arrive saying, "My shoulder hurts," when the real issue is a calcific tendon problem in one case, joint degeneration in another, and cervical referral in a third. If you treat all three as the same thing, the results will be inconsistent.

What treatment feels like

One reason some people put this off is the name. They imagine something aggressive or unbearable. Most courses are much less dramatic than expected. The provider applies a handheld device to the target area, often with gel, and delivers pulses over a short session. Depending on the tissue and the settings, it can feel like rapid tapping, sharp pressure, or a deep, intense sensation over tender points. Some areas are easy to tolerate. Others, especially chronic tendon insertions, can be uncomfortable for a few minutes.

That discomfort matters, but it should be purposeful and controlled. Good treatment is not about cranking the intensity without a reason. It is about delivering enough stimulus to affect the tissue while staying within tolerable limits. In clinic, patients often say, "That was intense, but manageable," which is generally a reasonable sign. If someone is bracing so hard they cannot stay relaxed for the session, the dosage may need adjustment.

A typical plan often involves several sessions spaced over a few weeks, not daily treatment for months. Improvement can be gradual. Some people notice a change after one or two visits. Others feel little at first, then realize after a month that stairs, morning steps, or return to sport feels noticeably better. Chronic tissue remodeling rarely happens overnight.

Why rehab still matters

One of the biggest misunderstandings about shockwave is that it replaces strengthening, mobility work, and activity modification. In many cases, it works best when paired with them.

If a tendon has been overloaded for a year, simply stimulating it is not enough. The tissue also needs the right kind of progressive load to remodel. That may mean eccentric calf loading for Achilles issues, foot intrinsic strengthening and calf work for plantar fasciitis, or forearm loading for tennis elbow. If shockwave helps calm pain and improve tissue response, rehab helps the body use that opening productively.

This is where experienced clinical judgment matters most. Some old injuries flare because they have been underloaded for too long. Others flare because the patient keeps doing too much, too soon. The right plan often threads the needle between those extremes.

I have seen chronic heel pain improve only after a patient stopped chasing passive care and finally combined treatment with a deliberate loading plan. I have also seen the opposite, where a highly motivated recreational athlete sabotaged progress by trying to resume hills, sprints, and plyometrics after the second session because the pain had dropped from a six to a three. Temporary pain relief can trick people into resuming stress before the tissue is ready.

A realistic timeline for old injuries

This is where honesty matters more than optimism. Chronic injuries can improve, but they rarely follow a neat schedule.

A fresh irritant can calm in days. A tendon that has been problematic for 18 months often moves in phases. First, the baseline pain may soften. Then the tissue may tolerate daily life better. Only after that does sport, hiking, lifting, or running start to feel safer. Patients who do best usually understand that success is not a single moment. It is a trend.

A realistic course might look like this: over several weeks, morning pain eases, flare-ups become shorter, and activity tolerance starts to climb. Over the next one to three months, strength and capacity improve if the rehab plan is solid. Longer-standing cases may need even more time, especially if the person has biomechanical issues, previous surgeries, or metabolic factors that affect healing.

That slower timeline does not mean the therapy is weak. It means chronic tissue takes time to remodel.

What patients in Lakewood should ask before starting

Not every clinic offering **Shockwave Therapy Lakewood, CO** approaches chronic injuries with the same level of precision. Before starting, it helps to ask practical questions that reveal whether the provider is treating your diagnosis, not just your pain location.

A useful conversation should cover these points:

| What to ask | Why it matters | |---|---| | What diagnosis are you treating? | “Heel pain” or “shoulder pain” is not specific enough. | | Why do you think shockwave fits this condition? | The provider should be able to explain the reasoning in plain language. | | Will I need rehab or exercise with it? | Standalone passive care is often less effective for chronic problems. | | How many sessions are typical? | You want realistic expectations, not vague promises. | | What signs would tell us it is not the right treatment? | Good clinicians have exit criteria, not just enthusiasm. |

That last question is particularly valuable. If a treatment is helping, there should be a pattern of change. If nothing shifts after an appropriate trial, the plan should be reassessed. Sometimes the diagnosis needs updating. Sometimes imaging becomes useful. Sometimes the patient needs a different intervention entirely.

Conditions that often get mislabeled as “old injuries”

One reason people say a treatment “didn’t work” is that they were never treating the right thing. This happens often with pain around the hip, heel, shoulder, and elbow.

For example, some lateral hip pain is tendinopathy. Some is bursal irritation. Some is referred from the low back. Some heel pain is plantar fascia related. Some is a nerve issue. Some shoulder pain is a chronic rotator cuff tendinopathy, while some is joint-related stiffness or referred neck pain. A provider who takes time to palpate structures, assess movement, and review the history can usually narrow the field significantly. Without that step, treatment becomes guesswork.

This is especially relevant for older injuries because compensations build over time. The area that hurts now may not be the only area involved. A runner with chronic Achilles pain may also have calf weakness, limited ankle dorsiflexion, and a training pattern that keeps re-irritating the tendon. Shockwave may help the tendon, but if the whole chain is ignored, progress can stall.

Safety, side effects, and common concerns

Shockwave therapy is generally considered low risk when applied appropriately, but low risk does not mean no risk and no judgment required. Temporary soreness after treatment is common. Mild redness or irritation can happen. Some people feel a little bruised for a day or two, especially over more sensitive areas.

Providers also need to screen for situations where shockwave may not be appropriate, such as certain circulation issues, active infection, some medication considerations, or areas where other diagnoses need to be ruled out first. Responsible care means not treating first and asking questions later.

A practical point that matters to patients: more intensity does not automatically produce better outcomes. The right dose is the one the tissue needs, not the one that sounds most impressive. Care that is too timid may not stimulate change. Care that is too aggressive can spike irritation and reduce adherence. The sweet spot usually comes from experience.

What results actually look like

When shockwave helps an old injury, the results are often more functional than dramatic. People notice that they can walk first thing in the morning without limping. They can stand at work longer. Their warm-up shortens. Their recovery after activity improves. They stop thinking about the pain every time they take stairs or get out of the car.

That may sound modest, but for someone who has been working around pain for a year, those changes are significant. The body starts behaving more normally again.

It is also worth noting that a successful result does not always mean zero pain forever. In chronic musculoskeletal care, success often means lower pain, better capacity, fewer flare-ups, and a return to valued activities without constant guarding. That is a meaningful outcome, especially when it avoids injections, prolonged medication use, or surgery.

So, does it work?

For the right old injury, yes, **Shockwave Therapy** can be an effective treatment. It is especially promising for chronic tendon and fascia problems that have lingered despite more basic care. It works best when the diagnosis is clear, the tissue involved fits the method, and the treatment is paired with a thoughtful loading and rehab plan.

It is not a cure-all. It is not the right answer for every chronic pain complaint. And it should not be sold as a miracle for injuries that have resisted years of poor diagnosis or unmanaged biomechanics.

But in the real middle ground, where many patients live, not acute enough for rest to fix it and not severe enough for surgery to make sense, shockwave often earns its place. If you are dealing with an injury that feels old, stubborn, and unfinished, a careful evaluation is the first step. The treatment itself matters, but the reasoning behind it matters more.

That is the difference between chasing relief and actually helping an old injury move forward.

Injury Recovery Center

Address: 2290 Kipling St Unit 6, Lakewood, CO 80215

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.