



Peter Worthington

Shock wave therapy on Peter Worthington's painful heel hasn't improved his tennis game but has at least allowed him to participate

This is a personal story that's a mixture of pain, stoicism, perhaps stubbornness, and a medical treatment that's neither widely understood nor practised by doctors.

For me, it verges on the miracle cure category.

It began about 25 years ago when I was playing a lot of tennis on hard courts, and developed such pain in the heel and sole of the foot that after a day on the courts I'd have to take several days off.

After grumbling and trying various insoles from the drug store, I was persuaded to get custom-fitted ones from specialists and, miraculously, the problem was solved. I've worn those same insoles since, and they're now worn down and cracked and should have been replaced 20 years ago. I've forgotten where I got them.

Then last February, the heel of one foot got so painful that for most of the month I couldn't walk. Literally.

I hopped and dragged the foot like Quasimodo. Finally the pain eased — until last month, when my left heel was so painful to pressure, that again I couldn't walk.

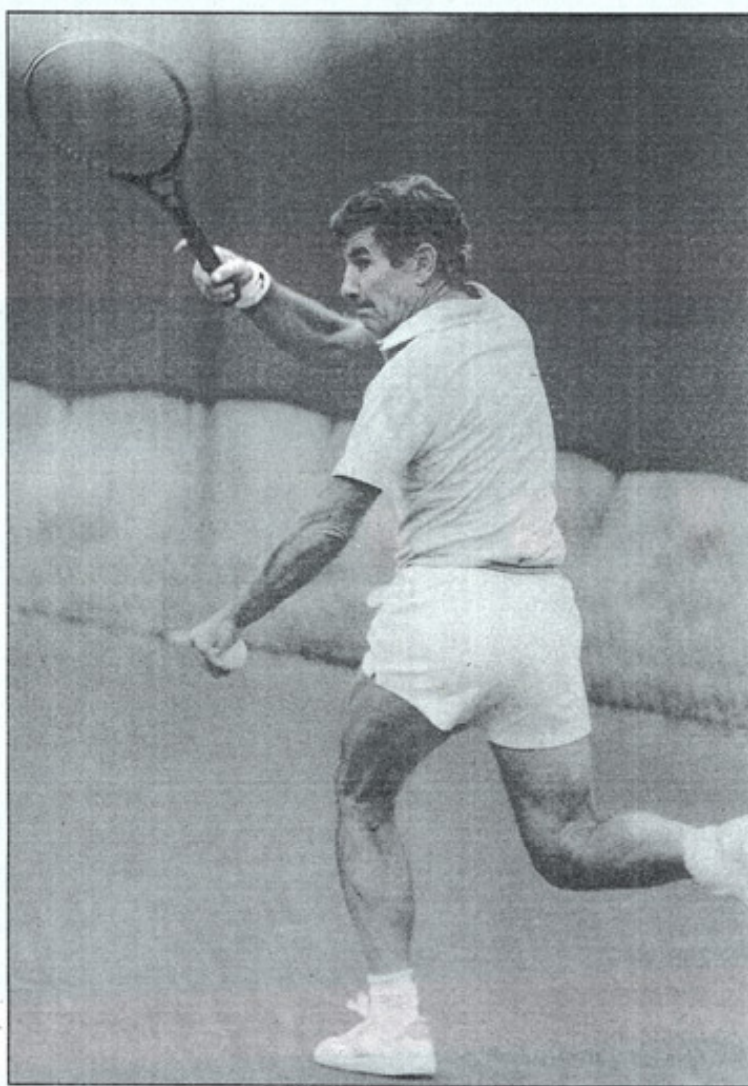
Resisted doctor

Despite my wife and family repeatedly urging me to go to a doctor, I resisted. "It's chronic," I said. "No point bothering the doctor." I was reconciled to toughing out the pain until it subsided. It hurt at night and in the morning I'd have to stand for 30 seconds until blood circulated in the heel area, enabling me to hobble to the bathroom.

Then I ran into a friend, Dr. Rob Gordon, one of the country's top sports doctors and an orthopedic surgeon who had to develop another line of medicine when a car accident robbed him of the wrist-strength necessary for heavy orthopedic surgery.

Gordon checked my foot and, in perhaps 12 seconds, diagnosed plantar fasciitis — the sort of injury that plagues professional athletes, and what affects the Raptors' Chris Bosh, Blue Jays third baseman Troy Glaus and cut Joe DiMaggio's career short. I recently kept David Beckham from playing soccer. To my surprise, it's a startlingly common affliction.

The diagnosis was confirmed by an ultrasound that showed the tissue under the heel bone in both feet, extending down the foot towards the



Peter Worthington, seen here in his tennis-playing prime, is back on the courts again after undergoing shock wave treatment on a painful and debilitating foot condition.

toes, was thick with scar tissue and the cause of pain.

"In essence, the tissue is dead," Gordon said. "But all is not lost. I think I can help revitalize it." Conventional treatment for plantar fasciitis is rest, ice packs and even a home remedy ultrasound gizmo that's advertised on the internet. In fact — no cure.

Ever since he became physically unable to perform orthopedic surgery due to his permanently damaged wrist, Gordon has pioneered little-known "shock wave therapy" for injuries such as my heel, tennis elbow and assorted shoulder, joint and tendon

problems. He's now recognized as a world leader in this therapy — certainly the top in North America.

It was a system developed in Switzerland, where five companies make "shock wave" machines. Most doctors are only vaguely aware of the treatment, which Gordon has been using for 10 years, and has developed a thriving clinic of which he is director: The Institute for the Non-Surgical Treatment of Bone, Heel and Joint Pain (shockwave-doc.com).

Even on the understanding that the procedure has a 20% failure rate, I'd have been

eager if the success rate was only 20% — plantar fasciitis is that painful, that frustrating, that debilitating.

There may be 30 shock wave machines in Ontario and, according to Gordon, it takes about three months to effect a permanent cure. But symptoms and pain are likely to vanish after the first or second of weekly five-minute sessions. Treatment consists of a handheld device that sends short jack-hammer jolts for five minutes into the heel and, in layman terms, shakes up the molecules, revives dead tissue, and encourages more small blood vessels into the

heel area.

Technically, it's known as extracorporeal shock wave therapy (ESWT), and though it's been written about in medical journals, many doctors are still unaware of it — perhaps because treatment is not covered by OHIP, and perhaps because many do not read their medical journals. Or because it wasn't taught to them in medical schools.

Or a combination of all three.

It's a non-invasive alternative to surgery. The "shock wave" jolts into bone, joint and tendon disorders are really "acoustic" shock waves that re-injure the damaged tissue and break up scarring that has occurred. It encourages the regeneration of blood vessels and bone cells that enhance healing. There are no side effects — no down side, even if treatment doesn't work.

Before my first session I chatted with a retired nurse whose plantar fasciitis was so painful she couldn't sleep. Painkillers didn't help, all treatments had failed, life was hell. After three sessions she said the improvement was like being able to breathe again. This nurse didn't care that OHIP didn't cover it. Pain was such that she said she'd have paid anything, even mortgage the home, to get relief.

While I wasn't in her category, her experience was encouraging.

The therapy doesn't exactly hurt, but it's mildly uncomfortable. The rat-tat-tat jolts going into the heel area cause sharp twinges up the bone as tender spots are hit. But it lasts only five minutes — to be repeated a week later. Apparently some people experience increased heel pain after the first treatment, but it doesn't last. After one session, I was walking with barely a limp.

Professional sports teams and athletes know and value shock wave therapy. One gathers that Gordon — once junior tennis champion of Canada before he had to learn to play with his left hand because of his weakened right wrist — is impatient with professional athletes who, because of high salaries, tend to get back into action when pain eases and before injuries are repaired.

As well as working with

Tennis Canada, Gordon is a medical consultant for the Jockey Club (shock wave therapy even helps horses). His patients include athletes from all professional sports. For the life of me, I don't understand why every professional sports team doesn't have a shock wave machine in the locker room. Perhaps the prejudices of OHIP explains why so little is known about it as a solution for plantar fasciitis, or joint trauma.

The cost per session varies between \$150 and \$300, and there's a waiting line. (In the U.S., Gordon says, treatment costs thousands). The *Journal of the American Academy of Orthopaedic Surgeons* estimates 10% of Americans — nearly 30 million people — have endured plantar fasciitis.

Experiments on dogs (not in Canada, I'm assured) show that when run on treadmills until the plantar condition develops, subsequent shock wave treatment results in increased blood vessels showing up on X-rays of the trauma area, thus hastening repair of damaged tissue.

Until taking shock wave therapy, I (stubbornly) was in denial and kept trying to play tennis without moving much. Pathetic. I've had three sessions of five-minute shock wave therapy, and now it's only age and geriatric deterioration that slows down my running game, not the curse of plantar fasciitis.

Gordon accepts my accolades with boyish modesty.

"Most of my patients feel as you do," he said. "The treatment is simple and usually so effective that it's a great pity more people suffering, as you were, don't know that relief is possible."

Don't blame people. Blame doctors, especially chiropractors and podiatrists, for continued ignorance and blame the prejudice of OHIP for boycotting treatment. But that's another story.

Anyway, for anyone reading this who has tennis elbow or whose heel feels as if the bone is bruised or has calcified shoulders, look into the shock wave therapy. It's like getting a new life.

As for my tennis, I still lose to the same people who beat me before my heel erupted. I guess no treatment is perfect!



GORDON
Miracle worker