



***International Society for Medical  
Shockwave Treatment***

**ISMST Editorial**

Dear ladies and gentleman, dear friends, dear shockwave family,

It is a distinct pleasure for me to open the shockwave year 2019 with this editorial. Clinical shockwave therapy was started on Feb 7, 1980 in Munich, Germany with a successful kidney stone lithotripsy. Over the past 39 years, shockwave therapy has gained a significant momentum, not only in clinical, but also in scientific dimensions, society dimensions and, not the last, educational dimensions.

The ISMST was constituted in 1997 in London (as ESMST), and renamed in 1999 as ISMST – some 20 years ago. The annual scientific ISMST meeting have always been - and will be - a hotspot for international shockwave therapy.

Reviewing the past ten years of ISMST meeting abstracts, I found the following developments, which will be highlighted in more detail in Beijing in May:

- While at ISMST annual meeting 2006 in Rio de Janeiro tendons and bone ESWT presentations were dominant (71% of all presentations) at the following ISMST conferences analyzed in my study (2011 Kiel, 2013 Vienna, 2018 Auckland) additional indications like ESWT on muscles & fascia, skin and in neurology indications get traction (from 7% in 2006 to 27% in 2018).
- Stem cell action of ESWT has been highlighted already in 2006 in a number of presentations well before full paper publications.
- Active participation of Asia is essentially strengthened in the recent years at ISMST annual conferences (from 9% to 64%).

For the first time the ISMST shockwave family will travel to China. Following my annual meeting analysis and given the much strengthened active participation from Asian countries in the past ten years, this location is chosen wisely. We are looking really forward to an outstanding and exciting ISMST conference with all of our shockwave family members reunited.

Educational-wise, shockwave therapy has improved quite substantially both, on national shockwave society levels as well as on the ISMST international level. Shockwave has a significant learning curve. This holds true especially if we consider

not only focused and/or radial pressure waves by trained physicians, but even more important when radial pressure waves is operated by non-physicians. The importance of a proper diagnosis first before considering radial pressure and/or focused ESWT, the proper setup of technologies, and the appropriate practical execution of ESWT cannot be overestimated in my personal opinion.

Our ISMST newsletter editor Dr Kandiah Raveendran has entitled his first editorial “the art of shockwave” – and I fully support him in this regard!

Sincerely yours

Prof. Dr. Karsten Knobloch, FACS  
President German shockwave society DIGEST