

Commentary on the “comparative effectiveness of medium- and low-intensity extracorporeal shock wave therapy for plantar fasciitis”

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Dear Editor,

We read with great interest the article by Kılıc et al.¹ titled “Comparison of the effectiveness of medium- and low-intensity extracorporeal shock wave therapy in patients with plantar fasciitis.” The authors should be commended for addressing the clinically relevant and ongoing debate regarding optimal ESWT energy levels in the management of plantar fasciitis.

The study was impressively put together. By using a randomized controlled design and including a placebo group, the authors gave us results we can actually rely on. I also appreciated that they didn’t just look at pain scores (VAS); by using tools like the Foot Function Index and the Nottingham Health Profile, they captured how this treatment affects a person’s overall quality of life and daily movement.¹

Seeing that both medium- and low-intensity therapy led to real improvements is encouraging. It’s a meaningful contribution to the field that helps us feel more confident in the rehab plans we design for our patients. However, several methodological and interpretative aspects merit further discussion.

First, although the authors initially randomized 60 participants, a relatively high dropout rate resulted in final group sizes of 14, 17, and 11 participants. This attrition substantially reduced statistical power, as acknowledged by the reported post-hoc power of approximately 58%. Consequently, the absence of significant between-group differences—particularly between low- and medium-intensity ESWT—may partly reflect insufficient power rather than true equivalence.

Second, all groups, including the placebo group, received cold pack application and a standardized exercise program. While ethically appropriate, this co-intervention likely contributed

to the significant improvements observed in the placebo group across pain, function, and quality-of-life measures. As a result, isolating the independent effect of ESWT intensity becomes challenging, and the strong placebo response should be interpreted with caution.

Additionally, effect sizes and confidence intervals were not reported. Reliance solely on p-values limits understanding of the magnitude and precision of treatment effects. The absence of minimal clinically important difference (MCID) thresholds also restricts the interpretation of whether statistically significant changes were clinically meaningful.²

Despite these limitations, the study contributes valuable data suggesting that both low- and medium-intensity ESWT are beneficial for short- to mid-term management of PF, with no clear superiority of one intensity over the other. This information is particularly useful for clinicians when balancing treatment efficacy, patient tolerance, and resource availability.

Overall, this study provides reassuring evidence that both low- and medium-intensity ESWT can produce meaningful short-term improvements in pain and function in plantar fasciitis. The authors’ transparent reporting and acknowledgment of limitations lay a strong foundation for future adequately powered trials with longer follow-up to further clarify dose-response relationships.

ETHICAL DECLARATIONS

Informed Consent

Written informed consent from the patient is not required for the publication of this correspondence and related clinical details.

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Conflict of Interest

The authors declare no conflicts of interest.

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