If you have a shockwave therapy appointment coming up, the practical questions usually arrive before the treatment does. What should you wear? Do you need to bring imaging, a referral, or your gym shorts? Should you eat beforehand? Can you go back to work right after?

Those details matter more than people expect. A smooth session often comes down to simple preparation. When you dress appropriately and bring the right items, your clinician can assess the painful area properly, position you comfortably, and spend more time treating the issue instead of working around avoidable obstacles. It also helps you feel less self-conscious, especially if the treatment area is somewhere awkward, like the upper hamstring, inner heel, hip, or front of the shoulder.

Shockwave therapy itself is usually straightforward. It is commonly used for tendinopathies and stubborn soft tissue pain, including plantar fasciitis, Achilles tendon pain, tennis elbow, patellar tendinopathy, calcific shoulder pain, and some gluteal tendon problems. Sessions are often short, sometimes 10 to 20 minutes of actual treatment time, though the full appointment may be longer if it includes reassessment, exercise review, or a change in your care plan. The challenge is not usually the length of the visit. The challenge is access, comfort, and being ready for what the session involves.

The first principle: dress for access, not style

The best clothing for shockwave therapy is clothing that lets your clinician reach the painful area quickly and position the body part without a struggle. That sounds obvious, but many patients understandably show up in workwear, skinny jeans, shapewear, tights layered under trousers, or a dress that makes treatment nearly impossible without changing.

A good rule is simple: if the painful area cannot be uncovered or reached within a few seconds, your outfit is probably not ideal.

For lower body treatment, loose shorts are often the safest choice. They work well for plantar fasciitis, Achilles issues, patellar tendon pain, hamstring insertion pain, and many hip-related conditions. If your appointment is for

the foot or heel, you may think any outfit will do because only the shoe comes off. In practice, clinicians often need to check calf tightness, ankle mobility, or the tendon higher up, so pants that roll up easily are still helpful.

For upper body treatment, a sleeveless top, loose T-shirt, or athletic shirt usually works best. Shoulder treatment often requires access to the upper arm, shoulder blade region, or collarbone area. Tight long sleeves can get in the way, especially when gel is applied and the handpiece needs a clean angle on the tissue. For elbow treatment, short sleeves are usually enough, though fitted dress shirts can still be frustrating.

For gluteal tendon pain or high hamstring pain, clothing choice matters even more. These are common areas where people show up dressed in a way that makes them tense before the session starts. Loose athletic shorts, soft joggers, or stretchy activewear are much easier to work with than rigid denim or structured trousers. Clinics are used to maintaining modesty, but clothing still sets the tone for how relaxed or awkward the session feels.

What “comfortable” really means in a clinic

Comfort is not just about how soft the fabric feels. It is also about how easily you can move, lie down, sit, or turn during the session. Shockwave therapy often requires a certain position to expose the tendon and reduce muscle guarding. That might mean lying on your side for a hip issue, lying face down for a calf or hamstring problem, or sitting with the foot supported for plantar fasciitis.

The best outfits allow easy movement without needing constant adjustment. Activewear usually wins here, but not all activewear is equal. Compression leggings can be fine for some areas, but they are less useful if the treatment site is under several tight layers. Sports bras are practical for shoulder or upper back treatment. Thick hoodies, belts, and bulky pockets are not.

Footwear matters too. Wear shoes you can remove quickly. If your treatment is for the foot, ankle, or Achilles, the clinician may want to watch you walk before or after treatment. Shoes you actually wear in daily life can provide useful information, especially if they are linked to your symptoms. That said, if your regular shoes are muddy, soaked, or heavily soiled from a run or worksite, bring them in a bag rather than carrying them onto a treatment table area.

Why clinics often ask you to avoid jeans

Jeans come up so often that they deserve their own section. They are durable, familiar, and many people come to appointments straight from work. But they are a poor match for most shockwave therapy sessions.

Denim does not roll up well over the calf. It bunches behind the knee. It can press uncomfortably into the thigh when you lie down. For hip, hamstring, and knee problems, it often limits positioning. Even when access is technically possible, the appointment becomes clumsier. A session that should feel professional and efficient can turn into repeated clothing adjustments and unnecessary exposure.

The same applies to restrictive office wear. Pencil skirts, suits, shapewear, and formal shirts create friction where none is needed. If you must come from work, it is worth bringing a change of clothes, even if it is just a pair of shorts and a T-shirt.

The treatment area changes what makes sense

Not all shockwave therapy sessions require the same preparation. What you wear for plantar fasciitis is not the same as what you wear for calcific shoulder pain.

For heel pain, most people do well in loose trousers, joggers, or shorts, along with socks and shoes that are easy to remove. For Achilles pain, the lower leg needs to be exposed higher up, so avoid narrow pant legs that cannot be pulled above the calf. For patellar tendinopathy, shorts are by far the easiest option because the tendon sits just below the kneecap and is best accessed with the knee slightly bent or supported.

Shoulder treatment usually calls for a sleeveless top or a shirt with enough room to expose the shoulder fully. A bra strap can usually be worked around respectfully, but halter styles or very restrictive undergarments can complicate positioning. For lateral hip pain, gluteal tendon pain, or greater trochanteric pain, stretchy shorts or soft athletic bottoms are usually best. For tennis elbow, a short-sleeved shirt is often enough, though some clinicians may also assess the shoulder and upper back if the problem has been persistent.

If you are unsure, call the clinic and tell them the body part being treated. Reception teams answer this question all the time, and a ten-second conversation can save you a frustrating appointment.

What to bring if it is your first session

Clothing is only half the preparation. What you bring can affect whether the clinician spends the session treating you or collecting missing information.

Bring anything that helps explain the history of the problem. If you have had imaging, a prior diagnosis, a referral note, or a treatment plan from a physiotherapist, sports doctor, podiatrist, or orthopedic specialist, it is useful to have it available. Some clinics already have those records. Others do not. It is always better to have them and not need them than to need them and not have them.

If you use orthotics, braces, taping, or a night splint, bring those too when they are relevant. They can offer clues about load, biomechanics, and what has already been tried. For runners, it can also help to bring your usual training shoes, especially if heel, Achilles, knee, or hip pain is involved.

Here is a practical first-visit checklist:

- Photo ID and any required insurance or payment information
- Referral notes, imaging reports, or prior treatment records if you have them
- The shoes, brace, orthotics, or support you regularly use for that body part
- A change of appropriate clothing if you are coming from work
- A short summary of your symptoms, including how long they have been present and what aggravates them

That last item matters more than it sounds. Patients often arrive with a clear memory of the pain itself but a fuzzy timeline. If you can tell the clinician when it began, whether it followed a load increase or injury, what treatments you have tried, and whether it is worse in the morning, after sport, or the next day, the appointment becomes much more useful.

What not to bring, or at least not to rely on

There is no need to overpack for shockwave therapy. Most sessions are simple. You do not need a recovery bag, special post-treatment clothing, or a suitcase of supplements. The goal is to show up prepared, not burdened.

A lot of people ask whether they should bring someone with them. Unless you have mobility limitations, language needs, or a reason you may feel unwell, most adults do not need a companion. Shockwave therapy is generally an outpatient treatment and people usually leave independently. If the area being treated makes

certain movements uncomfortable, then having someone drive can be useful, but for many patients it is unnecessary.

It is also wise not to assume that a verbal summary is enough if you have a complex history. If your case involves multiple scans, prior injections, surgery, or long-standing symptoms, written information prevents errors and saves time.

The question of lotion, sweat, and skin products

This is a small detail that clinics notice immediately. Try not to arrive with heavy lotion, body oil, or thick topical pain creams on the treatment area. Shockwave therapy uses gel to help transmit energy, and heavily moisturized or medicated skin can make the setup messier. It is not a disaster if you forget, but clean skin is easier.

If you are coming from a workout, it is courteous to freshen up if you can. Many people schedule appointments before work, at lunch, or after training, so clinicians do not expect perfection. Still, treatment often involves direct contact with the area, palpation, and repositioning, and basic hygiene helps everyone.

If you use topical anti-inflammatory gel, mention it. Do not assume it is irrelevant just because it is applied to the skin. Your clinician may want to know what you are using and how often, especially if the response to treatment has been inconsistent.

Should you eat before a session?

For most people, yes, eating normally is sensible. Shockwave therapy can be uncomfortable, particularly in tender, chronic tendinopathies. You do not need a heavy meal, but turning up dehydrated, underfed, and stressed is not ideal. A light meal or snack beforehand is usually enough.

Hydration helps too, not because it changes the effect of the treatment dramatically, but because people tolerate appointments better when they are not running on coffee and fumes. If you are prone to feeling faint during medical procedures, tell the clinician beforehand. That is uncommon, but worth mentioning.

What the session may feel like, and why that affects preparation

One reason to think carefully about clothing is that shockwave therapy is not massage. It can be quite tolerable for one person and surprisingly sharp for another, depending on the condition, the tissue being treated, the machine settings, and the sensitivity of the area.

For plantar fasciitis, many people describe the treatment as intense but manageable, especially around the medial heel. For Achilles tendinopathy, the tenderness can build as the session progresses. For calcific shoulder pain, the experience varies widely. Some patients barely flinch. Others need the intensity adjusted and benefit from pauses. A clinician will usually work within a tolerable range, but body tension still matters. Tight clothing often makes people brace, and bracing makes treatment harder.

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That is why practical comfort beats appearance every time. When people arrive in flexible clothing and know what to expect, they usually settle into the session faster and tolerate it better.

After the session, you will probably want to move normally

Most people can return to work and routine daily activity after a shockwave therapy session. That does not mean the area will feel exactly the same. Some mild soreness, sensitivity, or a bruised feeling is common for a day or two. In some cases, people feel little immediately afterward and notice the soreness later that evening.

Dress with that in mind. If your treatment is for the heel, Achilles, or knee and you need to walk several city blocks afterward in rigid dress shoes, that may not be ideal. If your shoulder is being treated and you are planning to carry a heavy laptop bag on that side right after the appointment, expect to notice it. These are not reasons to avoid treatment, just reasons to think one step ahead.

A soft, easy-to-carry bag is often better than a heavy shoulder bag. Supportive shoes are often better than stiff formal footwear after lower limb treatment. If your appointment is on a workday, it may be worth planning a lighter physical schedule for the next several hours.

A few things clinicians wish patients knew

The biggest misconception is that preparation has to be complicated. It does not. Good preparation is modest, practical, and specific to the body part.

The second misconception is that clinics care what brand you wear. They do not. What matters is access, cleanliness, and ease of movement. The most useful outfit in a shockwave therapy clinic is often the least remarkable one, loose shorts, a plain T-shirt, and shoes you can slip on and off.

The third is that people sometimes hide useful information because they think it is unrelated. They forget to mention the cortisone injection from six months ago, the orthotics that made things worse, the long hike before the flare, or the fact that the pain only shows up the morning after activity rather than during it. Those details often shape treatment decisions more than people realize.

Situations that need extra thought

There are a few edge cases where preparation deserves more attention. If you have sensitive skin, tell the clinician if ultrasound gel, adhesives, or topical products have irritated you before. If you have trouble lying flat, mention that when booking so the clinic can plan positioning. If you are pregnant, have a bleeding disorder, use anticoagulants, or have had a recent injection or surgery near the area, those are clinical details the provider needs before treatment, not after you are on the table.

If you are an athlete coming from training, think about your schedule honestly. Shockwave therapy is often part of a broader tendon management plan, not a standalone fix. If the clinician gives you instructions about modifying load after treatment, what you wear and bring should support that plan. For example, if you know you may need to switch into more supportive footwear afterward, bring it. If your work requires steel-toe boots and the treated area is your heel, plan for that conversation.

A simple way to decide your outfit the night before

If you want a reliable method, imagine the exact body part being treated and ask yourself three questions. Can the area be exposed quickly? Can I move into awkward positions without fuss? Will I be comfortable walking out if the area feels a bit sore?

If the answer to any of those is no, change the outfit.

The same logic applies to what you bring. Will this item help the clinician understand the problem, assess the area, or support me afterward? If yes, bring it. If not, leave it at home.

These are the most common mistakes worth avoiding:

- Wearing tight, restrictive, or hard-to-adjust clothing over the treatment area
- Forgetting relevant imaging, referral notes, or a summary of previous treatment
- Arriving with heavy lotion, topical creams, or poor access to clean skin
- Planning to carry heavy bags or wear impractical shoes immediately after lower limb or shoulder treatment
- Assuming the clinician already knows your full history when records have not been shared

If you feel awkward, that is normal

A final practical point, because many patients feel this but do not say it out loud: some shockwave therapy sessions are awkward by nature. Hip, glute, groin-adjacent, upper hamstring, and chest-adjacent shoulder work can make even confident adults feel exposed. Good clinicians know this and usually move efficiently, explain positioning clearly, and preserve modesty as much as possible. You can help by wearing clothing that makes coverage easier, not harder.

If you are unsure what will happen during the session, ask when you book. Knowing whether you should wear shorts, a sports bra, or a loose top can remove a surprising amount of stress. It also means the appointment starts with confidence rather than apology.

Shockwave therapy works best when the logistics disappear into the background. The right clothing gives access without fuss. The right items in your bag give context without delay. Then the session can focus on what matters, your pain, your function, and whether the treatment fits into a sensible recovery plan. That is the real goal of preparation, not perfection, just fewer avoidable obstacles between you and effective care.

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FAQ About Shockwave Therapy

What does shockwave therapy actually do?

Shockwave therapy delivers high-energy acoustic sound waves through the skin to an injured area. This process "wakes up" stubborn, chronic soft-tissue injuries by increasing local blood flow, breaking down calcifications, and triggering the body's natural cellular repair and tissue regeneration mechanisms.

What are the drawbacks of shockwave therapy?

Shockwave therapy can cause temporary pain, skin redness, bruising, swelling, or numbness at the treatment site. It may require multiple sessions, can be costly out-of-pocket because insurance often does not cover it, and is unsafe for pregnant individuals or those with blood-clotting disorders.

Does shock wave therapy really work?

Yes, shock wave therapy (extracorporeal shockwave therapy, or ESWT) works well for specific chronic soft-tissue and bone conditions, showing success rates around 60% to 80% for stubborn issues like plantar fasciitis and tennis elbow when other conservative treatments fail.