Platelet-Rich Plasma Treatment
Enhanced Healing for Tendons, Labra, Ligaments, and Menisci

Platelet-rich plasma (PRP) treatments have been in clinical use for more than a decade, and thousands of patients across the U.S. receive PRP each year. However, PRP treatment remains somewhat uncommon, perhaps due to the special training and equipment necessary to perform them. PRP treatments involve the injection of autologous blood concentrated with platelets into the injured area. PRP contains numerous cytokines and growth factors which initiate and promote healing by stimulating cell migration, cell proliferation, angiogenesis, and matrix synthesis. PRP treatments are generally indicated for recalcitrant connective tissue and meniscus complaints. Below you will find a list of common uses found in an insurance record review. Any references shown cite studies connecting PRP with favorable outcomes for that specific condition.

- **Epicondylitis/epicondylosis** (level 1 and level 2 evidence)
- **Knee osteoarthritis** (level 1 evidence; improvement persists at 1-year follow-up) and other knee cartilage pathology
- **Post ACL repair surgery**
- **Rotator cuff tears** and other shoulder complaints including post-surgical recovery
- **Knee synovium surgery**
- **Achilles tendinopathy**
- **Achilles tendon tears**
- **Jumper’s knee**
- **Plantar fasciitis**
- **Muscle strains**
- **Osteoarthritis**

To perform PRP treatments at Primary Spine & Rehab, a clinician first draws 20-60cc of venous blood from the patient and spins it down in a specially designed centrifuge. The centrifuge process takes approximately 15 minutes. A local anesthetic is administered to the skin and subcutaneous tissue to maximize comfort during the PRP injections. Treatments usually involve multiple PRP injections over the injured area. The treatments may only be needed once, or they may be repeated as needed once every four to eight weeks. There are no known side effects other than those typically associated with injections. The use of autologous blood negates any risk of immunogenic reactions or disease transfer from the plasma.

Many cases of tendinopathies and muscle strains will resolve with physical therapy from Primary Spine & Rehab for strengthening, conditioning, and activity modification. PRP treatment can be reserved for recalcitrant cases. Corticosteroid injections are common but may have some drawbacks compared to PRP, such as increasing the risk of future injury by masking pain, subcutaneous atrophy caused by superficial injections, and permanent adverse changes within the ultrastructure of tendons caused by intratendinous injection. Repeated, local corticosteroid injections have been linked to plantar fascia rupture. PRP treatments may only be needed once, or they may be repeated as needed once every four to eight weeks. There are no known side effects other than those typically associated with injections. The use of autologous blood negates any risk of immunogenic reactions or disease transfer from the plasma.

Please offer Primary Spine & Rehab to your patients.
REFERENCES


