

PRP (Platelet Rich Plasma) for Joint Pain and Chronic Tendon Injuries

If you have tried and failed physical therapy, cortisone injections, medication, or even surgery, then PRP (platelet rich plasma) may be just the right option for you. The same therapy used by athletes for treatment of acute and chronic tendon, ligament and muscle injuries.

PRP is gaining increased popularity in the sports medicine field nationally especially because it is more of a “natural” therapy using the patient’s own blood.

PRP injection therapy, involves injecting some of the patient’s own blood into the chronically damaged tendon or ligament. A small amount of the patient’s own blood is drawn in the office, similar to getting a standard blood test. The blood is then spun down in a special centrifuge, which highly concentrates the platelets in the blood. The resulting platelet concentrate is then injected directly into the damaged portion of the ligament or tendon under ultrasound guidance.

Some recent studies (1-4) have also shown the PRP is more effective than hyaluronic acid injections for osteoarthritis of the knee.

Sprains involve damage to ligaments, whereas strains are muscle or tendon injuries. While acute injuries generally are treated with rest, ice, and anti-inflammatory medications, chronic problems may not respond.

PRP injections are given approximately once every 6 weeks, and usually one to three treatments are required. The actual injection takes only a few minutes. But the entire process, from drawing the blood, to spinning it down in the centrifuge, and then injecting it, can take 20-30 depending on the area of injury or injuries.

Prior to injecting the platelet concentrate, the injured area and overlying skin first are anesthetized with a local anesthetic to reduce any discomfort from the injection. There is a period of several days of soreness after the treatment. Patients are discouraged from taking anti-inflammatory medications, such as Motrin or Aleve, since these can actually hinder the healing process. Tylenol is allowed during this time.

Injuries that are particularly responsive to PRP treatments include chronic tennis elbow, rotator cuff, Achilles tendon, and patellar tendon injuries. However, any chronic tendon or ligament injury that has failed other conservative treatment can be treated with PRP.

The risks from treatment are very rare and are related to the injection itself, not the solution injected. They can include localized bleeding or bruising or, very rarely, temporary nerve damage.

The future of treating orthopedic and sports medicine injuries is now with the use of “Orthobiologics” such as PRP. Consider a consultation to see if you are a candidate for PRP therapy.

The treatment may not be covered by insurance plans.

References

1. American Journal of Sports Medicine 2012, Volume 40: p. 2822
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