

PRP (Platelet Rich Plasma)

A natural treatment for pain and injury

PRP is well established injection series and is gaining popularity among *high school, collegiate, and professional athletes* in order to **more rapidly return them to competition** and *potentially* avoid surgery for certain injuries.

World-class athletes such as Tiger Woods, Hines Ward of the Pittsburgh Steelers, and Rafael Nadal have used PRP to treat both acute and chronic injuries with amazing results.

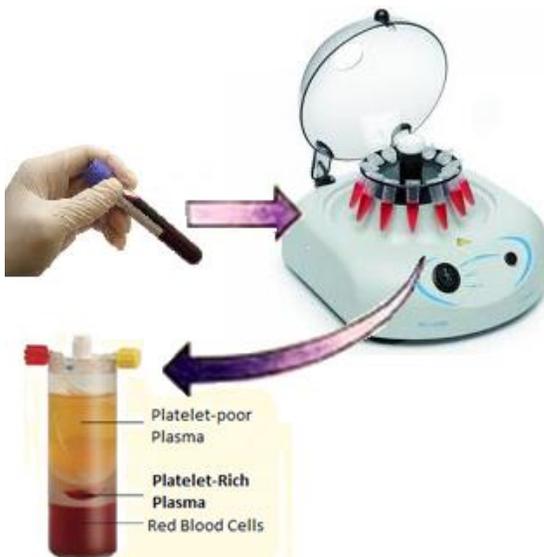


In addition, PRP has been found to be beneficial in **relieving pain** and **improving function** in people with **arthritis**. Platelets, a component of blood, are thought to be responsible for the beneficial effect of PRP through the release of

various growth factors. **These growth factors can aid in the growth of new tissue, new bone, new blood vessels**, and many other natural healing properties of your body.

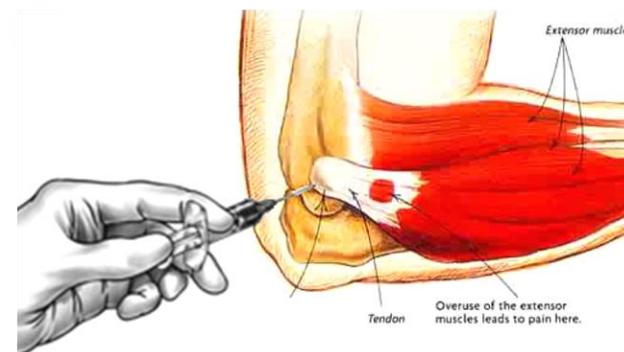
How is it made?

PRP is made by using a **sample of your own blood** drawn on the day of the injection. By use of a special centrifuge, a sample of blood can be spun down (hard spin) allowing the components to separate based on weight leaving a sample of plasma on top and red blood cells on bottom. The plasma portion can be extracted and another spin cycle (soft spin) will further separate the platelet-rich plasma from the platelet-poor plasma.



How is it given?

PRP is given as an **injection**, typically under *ultrasound guidance*. On average it takes about 15 minutes from blood draw until the PRP is ready. During that time your physician will locate and mark the area the PRP will be injected, and will prep the area for the procedure.



How long will it last?

The goal is **after one injection, your pain is significantly to entirely eliminated**, and you will be able to return to your normal function. Clinical studies are evolving regarding the long-term results to say with absolute certainty the duration of the advantageous effects. *Some patients require more than one PRP injection*. This will be evaluated two months after the procedure has been performed.

What are the side effects?

Injection side effects, such as *soreness* at the area of injection, are common. *Infection* is always a risk with any type of injection; however, the risk is *less* than the risks associated with much more commonly performed corticosteroid injections. Because PRP is composed of your own blood, there is **no risk of transmissible diseases** such as *HIV* and *hepatitis*, as there is in other blood products from anonymous donors.

When is it indicated?

PRP is primarily **used to treat chronic tendon and ligament injuries**, such as *lateral* and *medial epicondylitis* (tennis and golfer's elbow, respectively). It is a **treatment option when more conservative options have failed to provide adequate relief**. Conservative options include *rest*, *icing/bracing*, *physical therapy*, *corticosteroid injections*, *osteopathic manipulative treatment (OMT)* and/or *non-steroidal anti-inflammatory drugs (NSAIDs)*. It is also becoming an *emerging treatment* for patients with **arthritis**. PRP could be an *alternate treatment option* for you to discuss with your physician. PRP is generally **indicated in areas of the body that do not have an adequate blood supply to promote proper healing**.

It is also being utilized as an adjunct to surgery in the repair of tendons such as anterior cruciate ligament (ACL) repairs.

Conditions Treated

Shoulder & Arm Injuries

- Rotator cuff tendonitis and partial tears
- Golfer's and tennis elbow
- Elbow tendonitis
- Ligament sprains/tears

Back Injuries

- Facet joint arthritis
- Sacroiliac joint pain

Hip Injuries

- Hip girdle muscle pain or injury
- Bursitis
- Hamstring tendonitis and tears

Knee Injuries

- Patellar tendonitis/tendinosis
- Quadriceps muscle pain
- Ligament sprains and tears
- Bursitis

Foot & Ankle Injuries

- Plantar fasciitis
- Achilles tendonitis/tendinosis
- Ankle sprains
- Bursitis
- Tendon and ligament strains/tears

What is the evidence?

Several studies of lateral epicondylitis (tennis elbow) demonstrate a **significant pain reduction** over the course of 1-3 years, with **significant improvement in pain** after 1 year when compared with corticosteroid injections.

Studies have demonstrated that **PRP outperformed corticosteroid and viscosupplementation injections** (a commonly performed therapy for osteoarthritis), especially in those with more advanced disease. Other studies also indicate that PRP is useful for the

management of chronic low back pain, especially those with sacroiliac instability.

While insurance companies still see PRP as being experimental, it is a very well-studied treatment and the evidence showing its efficacy continues to grow each year. There are numerous research papers, case studies, and articles advocating PRP therapy for injuries involving rotator cuff, hamstring tears, plantar fasciitis, and meniscus tears.

How much does it cost?

PRP has not been approved by the FDA and is typically not covered by insurance. **Each injection will cost \$800** on the day of the procedure. Other packaged deals are available for a series of injections (*if needed*). You are able to use your *medical flexible spending accounts* to pay for this procedure.

What happens after the procedure?

Your physician may temporarily place you in a sling (for upper extremity procedures) or a boot, brace, and/or crutches (for lower extremity procedures). A rehabilitation program will be designed specifically for your condition.

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