

Treating Chronic Injuries with PRP Injections

PRP Injection Procedure

PRP is “**platelet rich plasma**”, also known as autologous blood concentrate (APC). Platelets are specialized type of blood cells that are involved in injury healing. With PRP, a concentrated platelet solution is injected into the injured area to stimulate healing. Human platelets are naturally extremely rich in connective tissue growth factors. Injecting these growth factors into damaged ligaments and tendons stimulates a natural repair process. But in order to benefit from these natural healing proteins, the platelets must first be concentrated. In other words, PRP recreates and stimulates the body’s natural healing process.

Conditions that benefit from PRP

PRP treatment works best for chronic ligament and tendon sprains/strains that have failed other conservative treatment, including:

- Rotator Cuff Injuries
- Shoulder Pain and Instability
- Tennis and Golfer’s Elbow
- Hamstring and Hip Strains
- Knee Sprains and Instability
- Patellofemoral Syndrome
- Patellar Tendinosis
- Ankle Sprains
- Achilles Tendinosis
- Plantar Fasciitis

Procedure Process, Treatment Regimen and Insurance

In the office, blood is drawn from the patient and placed in a special centrifuge, where the blood is spun down. The platelets are separated from the red blood cells and are concentrated. The red blood cells are discarded, and the resulting platelet concentrate is used for treatment. While the blood is spinning in the centrifuge, the painful area is injected with lidocaine to numb it. The entire treatment, from blood draw, to solution preparation, to injection takes 30-40 minutes. After the initial treatment, a follow-up visit is scheduled 6-8 weeks later. Some patients respond very well to just one treatment. However typically 1 to 3 treatments are necessary. Except for Medicare, PRP injections are covered by most insurance plans, though some require pre-authorization.

Risks, Benefits, and Additional Therapy

Because the injured area is first anesthetized with lidocaine, the actual injections are slightly uncomfortable. Once the lidocaine wears off in a few hours, there is usually mild to moderate pain for the next few days. For the first week after the injections, it is critical to **avoid anti-inflammatory medications**, including: **Advil, Aleve, Celebrex, Ibuprofen, and Motrin**. These will interfere with the healing response. Tylenol is ok. Your doctor may prescribe pain medication also. Anytime a needle is placed anywhere in the body, even getting blood drawn, there is a risk of infection, bleeding, and nerve damage. However, these are very rare. Other complications, though rare, can occur depending on the area being treated, and will be discussed by the doctor before starting treatment. Studies suggest an improvement of 80-85%. Some patients experience complete relief of their pain. The results are generally permanent! To get the maximum benefit from the treatment and to help prevent re-injury a specially designed home-based rehabilitation and exercise program is incorporated into your treatment. This helps the newly developing connective tissue mature into healthy and strong tendon or ligament fibers