

Platelet-Rich Plasma (PRP) Injection for Degenerative Joint Disease (DJD)

Recent scientific advances in the field of orthopedic biologics (orthobiologic "regenerative medicine") have begun to uncover the potential of a patient's own healing power in the treatment of chronic joint pain. While safely used for years in Europe, strong evidence now exists that your own ("autologous") growth factors can provide powerful and long-lasting relief from mild-to-moderate arthritis upon direct injection into a painful joint. This is the basis for the office-based PRP injection, offering a welcome alternative to knee, shoulder or hip replacement for a significant period of time, allowing a mature or "baby-boomer" athlete to participate longer in the sports and activities they enjoy.

PRP (platelet-rich plasma) from your own blood helps initiate the natural healing process via seven or more specific growth factors and presents a "biologic scaffold" for healing in the joint. This tissue infusion delivers a powerful anti-inflammatory signal to the lining of the diseased joint, often substantially relieving pain and improving function. It may also act as a magnet for the body's own healing stem cells.

There are many different preparations of PRP to choose from. The one we have chosen is based on extensive experimental study and several years of clinical use in recreational and even professional athletes, exhibiting a strong record of success in relieving joint pain. With just one or two injections, pain relief is often profound and long-lasting (6 months or more).

While the process is FDA-approved, this specific combination is considered experimental and not covered by most insurance plans (see the ABN). As with all new and innovative techniques, further study is ongoing, but there seems to be very little risk or side effects, especially compared to steroids or visco-supplement "lubricants" that are not a product of your own body like PRP. Probably the only "risk" is that a more severely diseased joint may fail to improve. However, when it works, a consistent decrease in pain is very noticeable over a 2-to-4 week period, often greatly improving joint function and mobility. This improvement tends to last for months longer than that of a steroid or "lubricant" shot.

For the first two or so days after injection, you should ice the joint and take Tylenol (no anti-inflammatories such as ibuprofen/ Advil, Aleve, or aspirin) and resume normal activity without exercise. Gentle range of motion of the joint is encouraged. Joint soreness may be more noticeable for the first few days. After two weeks, you can resume your normal exercise schedule at half the normal pace and/or distance and gradually ramp up your level from there; you should let pain be your guide. Physical therapy may also be recommended. At 2 to 4 weeks, if the pain relief is not 80% or more, a second PRP injection may be scheduled.

Feel free to review these issues with and ask any questions of Dr. Cunningham prior to deciding on a treatment for your joint condition. More information about these products can be found at AustinOrthoBio.com and the associated internet links.

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