Prolotherapy with Platelet Rich Plasma is a Good Alternative for Labrum and Menisci Degeneration and/or Tears

What is PRP?
Platelets play a central role in blood clotting and wound healing. Tissue repair begins with clot formation and platelet degranulation, which release the growth factors necessary for wound repair. Platelet-derived growth factors are biologically active substances that enhance tissue repair mechanisms. After platelets are activated at a wound site, proteins are released that directly and indirectly influence virtually all aspects of the wound healing cascade. Studies have shown a direct correlation between the platelet concentration and the level of secretory proteins, as well as the amount of proliferation involved in the wound healing.

In basic terms, PRP involves the application of concentrated platelets, which release a supra-maximal quantity of growth factors which stimulate recovery in non-healing injuries. PRP causes a mass influx of growth factors, such as platelet-derived growth factor, transforming growth factor and others, which exert their effects of fibroblasts causing proliferation and thereby accelerating the regeneration of injured tissues. Specifically PRP enhances the fibroblastic events involved in tissue healing including chemotaxis, proliferation of cells, proteosynthesis, repairation, extracellular matrix deposition, and the remodeling of tissues. Bottom line here is that tissues can heal faster with PRP!

How is PRP done?
The preparation of therapeutic doses of growth factors consists of an autologous blood collection (blood from the patient), plasma separation (blood is centrifuged), and application of the plasma rich in growth factors (injecting the plasma into the area.) In other words, PRP is done just like any other Prolotherapy treatment, except the solution used for injection is plasma enriched with growth factors from your own blood. Typically patients are seen every 4-6 weeks like other Prolotherapy patient. Typically two to six visits are necessary per area.

Where is PRP used?
In the scientific literature are reports of soft tissue injuries treated with PRP including tendinopathy, tendonitis, acute and chronic muscle strain, muscle fibrosis, ligamentous sprains and joint capsular laxity. PRP has also been utilized to treat intra-articular injuries. Examples include arthritis, arthrotfibrosis, articular cartilage defects, meniscal injury, and chronic synovitis or joint inflammation.

PRP has been used successfully to enhance surgical outcomes in maxillofacial, cosmetic, spine, orthopedic, and podiatric surgery. In regard to its use today, you will see that the majority of doctors using it apply it onto their current knowledge -base of Prolotherapy. In other words, the doctors doing PRP are using it as a proliferant, much like they use other solutions in Prolotherapy. In simple terms, PRP is a type of Prolotherapy!

Is PRP proven? The answer to this question depends on what condition you are talking about and who you ask. In regard to lateral epicondylosis, according to one author, "There is strong pilot-level evidence supporting the use of Prolotherapy, polidocanol, autologous white blood and platelet rich plasma injections in the treatment of lateral epicondylosis." If you ask Dr. Hauser, "Absolutely Prolotherapy with or without PRP works great for lateral epicondylosis (tennis elbow/lateral elbow pain)! This is just one example. In my experience, PRP works great for tendinosis, menisci or labrum degeneration or tears, and ligament injuries not healing with other Prolotherapy solutions."