

PLATELET RICH PLASMA (PRP) INJECTIONS FOR JOINT PAIN & SPORTS INJURIES

The Sport GPs at Australian Sports Doctors (ASD) in Melbourne are dedicated to assessing and managing musculoskeletal conditions and sports injuries. Our doctors will carefully assess your condition and work with you to offer a comprehensive management plan. They may also assess suitability for treatment with PRP injections (Platelet Rich Plasma) for joint pain or tendon injuries.

Common conditions our doctors may offer on-site evidence-based PRP injections for include:

- Knee Pain – Osteoarthritis, Degenerative Meniscal Tear ^[1, 2]
- Elbow pain – Tennis Elbow, Golfers Elbow ^[3]
- Heel pain – Plantar Fasciitis ^[4, 5]

Other conditions with emerging evidence that may be suitable for PRP injections include:

- Hip pain – Gluteal tendinopathy^[6], Hip arthritis ^[7]
- Shoulder pain – Rotator Cuff Tear or Tendinopathy ^[8]
- Ankle pain – Achilles Tendinopathy ^[9-11]

In cases where PRP injections may not be suitable, our doctors may also refer you to our extended network of reputable orthopaedic specialists and/or physical therapists that they work closely with.

Our clinic is open 7 days a week and no referral is required to see our Sports GPs. I-MED Radiology is located adjacent or on-site which allows for convenient access to imaging scans if needed.

CALL TODAY (03) 9455 1112

NO REFERRAL REQUIRED. OPEN 7 DAYS!

BOOK ONLINE

ASD (Australian Sports Doctors Pty Ltd) and AOSM (Australian Orthopaedic and Sports Medicine Clinic)
Suite 3, Level 5, 10 Martin St - Heidelberg VIC 3084

Ph: 9455 1112 - Fax: 9455 3736 - www.sportsdocs.com.au - www.aosm.com.au

© 2020 Australian Sports Doctors

The contents of this document are subject to copyright, intended solely for the staff of ASD/AOSM, and contains confidential and/or privileged information. Unauthorised use or dissemination of this communication is not permitted without prior permission of the author. We observe relevant Privacy and Confidentiality laws for information that we collect about you, please see our Privacy Policy on our website.

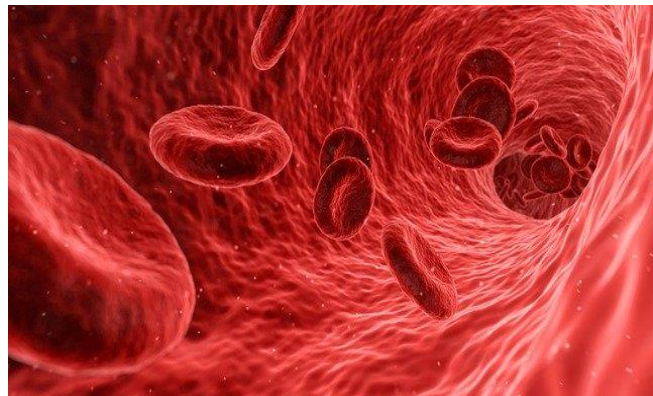


WHAT IS PRP AND HOW IS IT COLLECTED?

PRP is the straw-coloured plasma component extracted from your own whole blood, containing a rich concentration of platelet cells with their associated anti-inflammatory and growth factor proteins – in amounts up to 2 times greater than usually found in whole blood. Once 15mls of your blood is collected (a similar experience to having a routine blood test), a centrifuge is used to separate the red cells to the bottom of the enclosed syringe, leaving the plasma containing the concentrated platelets to be extracted from the top. The PRP is then injected by your doctor into your knee joint whilst it is fresh.

HOW DOES PRP WORK?

PRP contains a high concentration of platelets that normally play an important role in forming scaffolding after tissue injury and initiating a healing response. Studies demonstrate that following PRP injection, numerous platelet-associated growth and anti-inflammatory factors increase, and are associated with improved pain and function for conditions such as



knee osteoarthritis. Although PRP for knee pain has not been proven to regrow cartilage in living humans, there is good emerging evidence that it can improve symptoms in several joint and tendon related conditions, potentially for 1-2 years.^[2]

DOES PRP FOR KNEE PAIN WORK FOR EVERYONE?

PRP for knee pain may not be suitable for everyone, but studies indicate that patients with early to moderate osteoarthritis, may have an appreciable improvement in knee pain and function at 3, 6 and 12 months.^[2] There is variation in results between response rates, the degree of arthritis, and the type of PRP protocol administered, but studies show positive symptom data out to 1-2 years, with some studies even showing that there is no further progression of arthritis on MRI.^[12]

HOW IS PRP INJECTED AND WHAT ARE THE RISKS?

A single 6ml syringe of your PRP is injected directly into the knee joint space by a doctor via a needle of similar size used for routine blood tests. As with any injection, there is a small risk of bleeding or knee joint infection (said to be less than 1:100 in healthy people). Every effort is made to reduce the risk of infection, using antiseptics and sterile technique. A temporary flare of stiffness, pain and swelling may sometimes occur but generally responds well to paracetamol, relative rest and ice packs. Improvement may be noticed within the first few weeks.

HOW MUCH DOES PRP COST AT ASD/AOSM?

Your initial consultation with ASD (to discuss your suitability for PRP for knee pain) is partly covered by Medicare, leaving a gap of approximately \$100 (depending on the duration of the consultation and other issues discussed). Medicare, Workcover and TAC generally do not provide patient rebates for the PRP injection fee. A fee of \$280 (incl GST) applies per injection. The majority of this cost is to cover the consumables and centrifuge required to collect PRP.

WHAT CAN I EXPECT AFTER MY TREATMENT?

We ask that you have relative rest from exercising the area for 24-48 hours following injection. Note also that we ask you to not take any aspirin or anti-inflammatories (eg. Nurofen, Voltaren) 3 days before and for 7 days after treatment as these medications may interfere with the platelet function and the effectiveness of the treatment. You are able to return to daily activities and progress to exercises as prescribed by your doctor or physical therapist as symptoms improve over the week.

HOW DO I BOOK AN APPOINTMENT?

You can book an appointment by clicking the book online button below or by calling (03) 9455 1112. Appointments are available 7 days a week, and no referral is required.

ABOUT OUR DOCTORS

DR JAMES TAYLOR

Quality medical care for all athletes and active people, with a personable approach tailored to your activity needs. From prevention to rehab, and from diagnosis to health – to achieve your full potential

- Sports GP doctor, founding director of Australian Sports Doctors
- Member Sports Medicine Australia (SMA)
- MBBS 1996
- LLB 2001
- FRACGP 2008
- Fellow of and Quality Assurance Examiner for the RACGP (Royal Australian College of GPs)
- Has worked in the Ivanhoe region since 2009
- Surgical assistant to surgeons associated with Australian Orthopaedic & Sports Medicine Clinic – AOSM (at Warringal Private Hospital)
- Accredited presenter for Sports Medicine Australia (SMA) Sports Trainer's and Concussion Courses



DR TRACY SHANG

Strives to provide personalised, thorough and compassionate care for all ages and abilities – a holistic approach focused on improving function and performance

- Sports GP doctor, founding director of Australian Sports Doctors
- Member Sports Medicine Australia (SMA)
- MBBS (Hons) 2005
- Dip Child Health 2009
- FRACGP 2010
- Fellow and Examiner RACGP (Royal Australian College of GPs)
- Has worked in the Ivanhoe and Eltham regions since 2008
- Surgical assistant to surgeons associated with Australian Orthopaedic & Sports Medicine Clinic – AOSM (at Warringal Private Hospital)
- Accredited presenter for Sports Medicine Australia (SMA) Sports Trainer's and Concussion Courses



References

1. Dai, W.L., et al., *Efficacy of Platelet-Rich Plasma in the Treatment of Knee Osteoarthritis: A Meta-analysis of Randomized Controlled Trials*. *Arthroscopy*, 2017. **33**(3): p. 659-670.e1.
2. Southworth, T.M., et al., *The Use of Platelet-Rich Plasma in Symptomatic Knee Osteoarthritis*. *J Knee Surg*, 2019. **32**(1): p. 37-45.
3. Miller, L.E., et al., *Efficacy of platelet-rich plasma injections for symptomatic tendinopathy: systematic review and meta-analysis of randomised injection-controlled trials*. *BMJ Open Sport & Exercise Medicine*, 2017. **3**(1): p. e000237.
4. Chiew, S.K., T.S. Ramasamy, and F. Amini, *Effectiveness and relevant factors of platelet-rich plasma treatment in managing plantar fasciitis: A systematic review*. *Journal of research in medical sciences : the official journal of Isfahan University of Medical Sciences*, 2016. **21**: p. 38-38.
5. Ling, Y. and S. Wang, *Effects of platelet-rich plasma in the treatment of plantar fasciitis: A meta-analysis of randomized controlled trials*. *Medicine*, 2018. **97**(37): p. e12110-e12110.
6. Fitzpatrick, J., et al., *Leucocyte-Rich Platelet-Rich Plasma Treatment of Gluteus Medius and Minimus Tendinopathy: A Double-Blind Randomized Controlled Trial With 2-Year Follow-up*. *Am J Sports Med*, 2019. **47**(5): p. 1130-1137.
7. Zhao, Z., J.X. Ma, and X.L. Ma, *Different Intra-articular Injections as Therapy for Hip Osteoarthritis: A Systematic Review and Network Meta-analysis*. *Arthroscopy*, 2020.
8. Cai, Y.Z., C. Zhang, and X.J. Lin, *Efficacy of platelet-rich plasma in arthroscopic repair of full-thickness rotator cuff tears: a meta-analysis*. *J Shoulder Elbow Surg*, 2015. **24**(12): p. 1852-9.
9. Wang, Y., et al., *Efficacy of platelet-rich plasma injections for treating Achilles tendonitis : Systematic review of high-quality randomized controlled trials*. *Orthopade*, 2019. **48**(9): p. 784-791.
10. Filardo, G., et al., *Platelet-rich plasma injections for the treatment of refractory Achilles tendinopathy: results at 4 years*. *Blood Transfus*, 2014. **12**(4): p. 533-40.
11. Guelfi, M., et al., *Long-term beneficial effects of platelet-rich plasma for non-insertional Achilles tendinopathy*. *Foot and ankle surgery : official journal of the European Society of Foot and Ankle Surgeons*, 2015. **21**: p. 178-81.
12. Halpern, B., et al., *Clinical and MRI outcomes after platelet-rich plasma treatment for knee osteoarthritis*. *Clin J Sport Med*, 2013. **23**(3): p. 238-9.