

UAB Sports Medicine Staff prides themselves in staying up to date with new innovations in medicine. Just recently Dr. Garth, MD performed this new form of treatment, platelet-rich plasma injection to treat a patient with chronic elbow tendinosis. This form of treatment has been shown to increase nutrients to the site of the injury, which reduces inflammation associated with tendinosis. We are providing you with an attached abstract, "Treatment of Chronic Elbow Tendinosis With Buffered Platelet-Rich Plasma" by Allan Mishra, MD and Terri Pavelko, PAC, PT, that shows benefits of the platelet-rich plasma injections. Please feel free to contact our staff with any questions pertaining to this abstract.

Treatment of Chronic Elbow Tendinosis With Buffered Platelet-Rich Plasma

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Background: Elbow epicondylar tendinosis is a common problem that usually resolves with nonoperative treatments. When these measures fail, however, patients are interested in an alternative to surgical intervention.

Hypothesis: Treatment of chronic severe elbow tendinosis with buffered platelet-rich plasma will reduce pain and increase function in patients considering surgery for their problem.

Study Design: Cohort study; Level of evidence, 2.

Methods: One hundred forty patients with elbow epicondylar pain were evaluated in this study. All these patients were initially given a standardized physical therapy protocol and a variety of other nonoperative treatments. Twenty of these patients had significant persistent pain for a mean of 15 months (mean, 82 of 100; range, 60-100 of 100 on a visual analog pain scale), despite these interventions. All patients were considering surgery. This cohort of patients who had failed nonoperative treatment was then given either a single percutaneous injection of platelet-rich plasma (active group, n = 15) or bupivacaine (control group, n = 5).

Results: Eight weeks after the treatment, the platelet-rich plasma patients noted 60% improvement in their visual analog pain scores versus 16% improvement in control patients ($P = .001$). Sixty percent (3 of 5) of the control subjects withdrew or sought other treatments after the 8-week period, preventing further direct analysis. Therefore, only the patients treated with platelet-rich plasma were available for continued evaluation. At 6 months, the patients treated with platelet-rich plasma noted 81% improvement in their visual analog pain scores ($P = .0001$). At final follow-up (mean, 25.6 months; range, 12-38 months), the platelet-rich plasma patients reported 93% reduction in pain compared with before the treatment ($P < .0001$).

Conclusion: Treatment of patients with chronic elbow tendinosis with buffered platelet-rich plasma reduced pain significantly in this pilot investigation. Further evaluation of this novel treatment is warranted. Finally, platelet-rich plasma should be considered before surgical intervention.