

Platelet-Rich Plasma (PRP) Therapy

Header: Information about our use of Platelet-Rich Plasma (PRP) in facet joint injections or other joints

Opening Statement: In select patients, we may consider the use of autologous Platelet-Rich Plasma (PRP). This is a treatment involving the concentration of a patient's own blood platelets to deliver growth factors to a targeted injury site. This option may be discussed when facet-mediated pain has been supported by diagnostic facet joint injections and/or medial branch blocks, and/or when the clinical presentation strongly suggests facet involvement following a motor-vehicle collision involving flexion-extension ("whiplash-type") trauma. PRP is utilized to deliver a concentrated volume of the patient's own biological signaling molecules, which may support the healing of soft tissues, joint capsules, and modulate inflammation in whiplash-related injuries.

Scientific Rationale: Following a shared decision-making process and informed consent, PRP may be considered—particularly in patients where the clinical goal is to reduce inflammation and potentially address the biological environment of a traumatic facet-joint or capsular injury, including internal derangement that may not be visible on standard MRI. Because PRP is derived from the patient's own blood (autologous), there is no risk of immune rejection. The proposed goals are to promote a favorable healing environment, reduce pain, and potentially limit the development of persistent pain or pain sensitization. Whether PRP treatment can definitively prevent the development of chronic pain has not been fully established in large-scale clinical studies.

Evidence and Limitations: Clinical studies and case series evaluating PRP for spinal and facet joint indications are a well-researched area of orthobiologics. The evidence includes clinical trials, comparative studies, and systematic reviews suggesting potential benefits over corticosteroid injections in specific populations. However, high-quality, large-scale randomized controlled trials specifically comparing PRP to established standard-of-care treatments for Whiplash-Associated Disorders (WAD) are ongoing and continue to evolve. We maintain a bibliography of relevant peer-reviewed studies and will provide citations on request. We have also created an internal review paper compiling the existing evidence and scientific rationale for this treatment, which is available upon request.

It is important to note that the use of PRP to treat underlying joint pathology does not refute or preclude the need for potential radiofrequency ablation (RFA) if ongoing pain persists. Patients are counseled that symptom improvement is not guaranteed, symptoms may recur, and additional treatment—including radiofrequency ablation or

other therapies—may be necessary. We review the available scientific rationale, the current limitations of the evidence, and the clinical appropriateness of PRP before treatment.

Regulatory and Product Information: Unlike allografts, PRP is an autologous treatment prepared at the point of care. The preparation of PRP involves drawing the patient's blood and using a centrifugation system (cleared or approved by the FDA for the preparation of platelet-rich plasma) to isolate and concentrate the platelet fraction. We use systems that comply with FDA 510(k) clearance requirements for the preparation of platelet-rich plasma.

We perform these procedures under strict sterile conditions using image guidance (e.g., fluoroscopy or ultrasound). We follow manufacturer instructions for the operation of the centrifugation device and the processing of the blood sample. We track patient outcomes and any adverse events. Published medical literature reports low rates of serious adverse events when PRP is processed and injected under sterile, image-guided conditions.

Processing and Administration Information: [add link to see Manufacturer's Information](#)

Peer-Reviewed Published References: Allison DJ, Ebrahimzadeh S, Muise S, et al. Intra-articular corticosteroid injections versus platelet-rich plasma as a treatment for cervical facetogenic pain: a randomized clinical trial. *Regional Anesthesia & Pain Medicine* 2024.

Manchikanti L, Abd-Elseyed A, Kaye AD, Sanapati MR, Pampati V, Shekoochi S, Hirsch JA. A systematic review of regenerative medicine therapies for axial spine pain of facet joint origin. *Current Pain and Headache Reports* 2025 Dec;29(1):61.

Allison DJ, Loh E, Burnham R, et al. Leukocyte poor platelet rich plasma vs leukocyte rich platelet rich plasma as a treatment for cervical facetogenic pain: A pooled analysis. *Interventional Pain Medicine* 2025;4:100566.

Hassan M, et al. Platelet-rich plasma for the treatment of facet joint pain: a systematic review of the literature. *Journal of Pain Research* 2024. [Note: You may adjust citations based on your specific bibliography].

Internal – Non-Published Educational Review Articles with Citations: Utilizing platelet-rich plasma and amniotic allografts for facet joint intervention in acute Whiplash-Associated Disorders: a pathway to enhanced recovery (O'Connor)

Platelet Rich Plasma and Amniotic Allograft Product Interventions: The Basic Science (O'Connor)