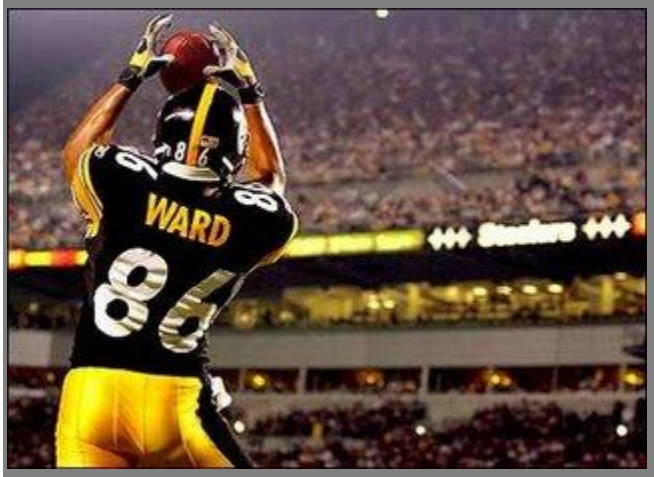
SUNDAY, FEBRUARY 1, 2009

Platelet Rich Plasma (Blood Injection) reportedly used on Hines Ward in Superbowl XLIII



Technorati BLOG FINDER

Just prior to the kickoff of superbowl XLIII, on field reporters from NBC credited Hines Ward's rapid recovery with a knee sprain to Platelet Rich Plasma therapy. According to NBC, Hines Ward had his blood drawn and later had the concentrated platelets injected back into his knee to accelerate healing.

Platelet Rich Plasma (PRP) has been used in numerous professional collegiate, & recreational athletes to accelerate recovery from injury. I have seen firsthand that PRP enables athletes to shorten their recovery time without ill effects. While athletes have the luxury of round the clock trainers, this therapy is useful in the weekend warrior as well.

Southern Medical Journal publishes Research Study

Ward S. Oakley, Jr., MD, Orthopaedic surgeon at Pinehurst Surgical and Connie Tighe, APRN-BC research study entitled ***The Prevalence of a Diabetic Condition and Adhesive Capsulitis of the Shoulder*** was accepted for publication and published in the Southern Medical Journal, in June 2008. According to the Sandhills Multi-Institutional Review Board (SMIRB) this is one of only a few clinical research studies performed by a local physician that they have approved and came to publication.

This clinical research study was conducted at Pinehurst Surgical on 100 consecutive patients with adhesive capsulitis, a condition of the shoulder that causes significant stiffness and pain. Adhesive capsulitis occurs more frequently in women than men, and more commonly during their mid-forties to mid-sixties. There is no known cause for this condition. Its symptoms of pain and stiff are frequently seen with other common conditions of the shoulder such as arthritis and rotator cuff tear. In this clinical study patients who were not know to be diabetic were specifically tested for diabetes. The study results showed that the total prevalence (frequency) of a diabetic condition in patients with adhesive capsulitis was 71.5%. This finding was a significant change from the accepted belief that the frequency was only about 20%. This study was the first to specifically address the frequency of diabetes in patients with this shoulder condition by testing for both diabetes and pre-diabetes. Patients with pre-diabetes have a high likelihood of progressing to diabetes which would then require medical treatment, specifically the need for diabetic pills or insulin injections.

The good news for patients with this condition of adhesive capsulitis is that it is usually self limiting, getting better and resolving on its own over 6-12 months. Patients who have more pain and stiffness than they care to burden with frequently respond rapidly to a steroid injection and physical therapy. Only rarely do patients need to have surgical manipulation (breaking adhesions loose) or surgical arthroscopic debridement of the excessive scar tissue that can build up.

New Shoulder Research Study Underway

Dr. Oakley and C. Tighe, NP have recently been approved by the Sandhills Multi-Institutional Review Board (SMIRB) to conduct their third shoulder study. This study is entitled Treatment of Partial/Interstitial Rotator Cuff Tears with Buffered Platelet-Rich Plasma. Participants of the study will include patients who have a diagnosis of a small (partial) tear of their rotator cuff and have failed to respond to the usual treatments of medicines, therapy, and injections and are considering surgery because of the persistent pain and weakness.

A tear of the rotator cuff of the shoulder can from an injury, from repetitive overhead abuse, and from a simple degenerative process over time. The classic symptoms of a rotator cuff tear are pain in the upper arm most frequently at night, loss of motion at the extremes such as reaching overhead &/or the middle and upper back, and loss of strength of use of the arm. Once there is a complete tear with a gap in the cuff then it will not heal by itself, surgery is required. Partial tears may heal especially younger patients for which there was a significant injury but they should do so within 6-12 weeks with complete resolution of symptoms of pain, loss of motion, and weakness.

Volunteer patients who elect to participant in the study will receive an alternative treatment which consists of a series of one or two injections into their rotator cuff tear of a concentration of their own platelets. Platelets are one of the smaller cells in the blood stream that contain various growth factors. These growth factors are known to be essential and instrumental in starting a healing process of any damaged tissue. Each patient will have to use a sling for a period of one week to protect the tear site of the rotator cuff. Restricted and limited use of the shoulder will be strongly encouraged for 6 weeks.

Participants will be evaluated at specific intervals during the study and followed for a year. It is hoped that this treatment alternative will provide early relief of the pain from a partial rotator cuff tear and achieve healing of that tear thus avoiding the need for surgery. At this time this treatment is not thought to be reasonable for complete tears of the rotator cuff where there is displacement or gap in the cuff tissue. The MRI (magnetic resonance imaging) is the best tool available to determine the presence and severity of a tear of a shoulder's rotator cuff.

Ward S. Oakley, Jr., MD, MBA, has provided orthopaedic care at Pinehurst Surgical since 1994. He received his medical degree from the University Of Tennessee Center for Health Science, Memphis, Tennessee and his MBA, Physician Executive MBA Program, University of Tennessee, 2000.

Connie Tighe, RN, APRN joined Pinehurst Surgical in 1989. Connie received her Bachelor of Science in Nursing and her Master of Science in nursing, from the University of North Carolina at Charlotte, Charlotte, North Carolina.