

OrthoBiologic treatments clinic - Surgery replacing treatments

PRP Injections for Musculoskeletal Conditions

A specialist referral service for GPs and Physiotherapists

About the service

We provide specialist assessment and management of patients with a wide range of musculoskeletal conditions, with **Surgery replacing treatments** including the use of advanced platelet-rich plasma (PRP) therapies where clinically appropriate.

Our approach focuses on accurate diagnosis, patient-specific treatment selection, and evidence-informed care.

Conditions commonly referred

- Lateral epicondylitis (Tennis elbow)
 - Medial epicondylitis (Golfers elbow)
 - Shoulder Impingement & AC Joint pain
 - Rotator cuff tendinopathy and partial rotator cuff tears
 - Adhesive capsulitis (frozen shoulder)
 - Shoulder Glenohumeral osteoarthritis
 - Greater trochanter pain syndrome (Trochanteric Bursitis)
 - Knee osteoarthritis
 - Patellar tendinopathy
 - Achilles Tendinopathy
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Our PRP approach

We utilise **Tropocells PRP**, a next-generation system characterised by:

- High platelet concentration (high-dose PRP)
- No Polymorphonuclear cells
- Monocyte-rich cellular composition
- No Red blood cells
- Standardised and reproducible preparation

Current evidence suggests that **high platelet dose with this cellular composition provides an Anabolic properties of the PRP and are key determinants of PRP efficacy**, influencing growth factor release, inflammatory modulation, and tissue healing response.

This biologically targeted approach aims to optimise clinical outcomes compared to non-standardised PRP preparations.

Evidence-informed treatment

- PRP demonstrates **moderate evidence of benefit in chronic tendinopathies**, including lateral epicondylitis and patellar tendinopathy
- In rotator cuff disease, PRP may provide **improved medium-term outcomes compared to corticosteroid injections in selected patients**
- In osteoarthritis (particularly knee), evidence is **variable but supports symptomatic improvement in selected patients**
- In adhesive capsulitis, PRP appears **at least comparable to corticosteroid injections** in improving pain and function

Clinical outcomes may vary depending on indication, patient factors, and PRP formulation.

Procedure

- Delivered as a single injection or staged treatment depending on indication
- May be Performed under **ultrasound guidance** for accuracy and safety as needed
- Followed by tailored rehabilitation advice

Referral indications

Consider referral for patients with:

- Persistent or function-limiting musculoskeletal pain
- Incomplete response to initial conservative management
- **Patients seeking alternatives to corticosteroid injections**

- **Patients wishing to avoid or delay surgical intervention where appropriate**
- Recurrent or chronic tendinopathy
- Symptomatic osteoarthritis affecting function

Referral can be made at any stage where specialist assessment and discussion of treatment options is required.

PRP may be considered as part of a spectrum of non-operative treatments, particularly in patients aiming to minimise corticosteroid exposure or avoid surgical intervention.

What patients and referrers can expect

- Clear diagnosis and management plan
- The Orthobiologic treatment (PRP, TropoVisc)
- Ultrasound-guided intervention where appropriate
- Written communication following consultation
- Advice regarding rehabilitation and onward management

Referral process

Please contact our office at bm@readingshoulderunit.com / 07367 582777

We are happy to discuss cases prior to referral.

Selected references

- Xiong Y et al. (2023) *Efficacy and Safety of Platelet-Rich Plasma Injections for the Treatment of Osteoarthritis: A Systematic Review and Meta-Analysis of Randomized Controlled Trials*
- Kwong CA et al. (2021) *Platelet-Rich Plasma in Patients With Partial-Thickness Rotator Cuff Tears or Tendinopathy Leads to Significantly Improved Short-Term Pain Relief and Function Compared With Corticosteroid Injection: A Double-Blind Randomized Controlled Trial*
- Hamid MS et al. (2021) *Platelet-Rich Plasma for Rotator Cuff Tendinopathy: A Systematic Review and Meta-Analysis*
- Nudelman B et al. (2023) *Platelet-Rich Plasma Injections for Shoulder Adhesive Capsulitis Are at Least Equivalent to Corticosteroid or Saline Solution Injections: A Systematic Review of Prospective Cohort Studies*
- Corsini A et al. (2025) *Re-Evaluating Platelet-Rich Plasma Dosing Strategies in Sports Medicine: The Role of the “10 Billion Platelet Dose” in Optimizing Therapeutic Outcomes—a Narrative Review*
- Sundman EA et al. (2011) *Growth Factor and Catabolic Cytokine Concentrations Are Influenced by the Cellular Composition of Platelet-Rich Plasma*
- King W et al. (2018) *Role of White Blood Cells in Blood- and Bone Marrow-Based Autologous Therapies*
- Di Martino A et al. (2022) *Leukocyte-Rich Versus Leukocyte-Poor Platelet-Rich Plasma for the Treatment of Knee Osteoarthritis: A Double-Blind Randomized Trial*

Further references available on request

Appointments:

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For patient testimonials see website:

<http://www.readingshoulderunit.com/patient-information/feedback>

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Professor Levy has a professional relationship with the company that makes the Verso prosthesis. He helped design it and acts as their Chief Medical Advisor and Company Secretary. However, he does not receive any money, royalties, or financial rewards when this device is used. He holds shares in the manufacturing company in lieu of granting the patent. He is telling you this so you have full transparency. He believes this is the best device for your specific medical needs, but you are completely free to ask for an alternative or a second opinion

