

**Shoulder Platelet Rich Plasma (PRP) Injections**

**Common Questions**



**More information can be found on  
Dr. Stetson's website at [www.sportsmedicinedr.com](http://www.sportsmedicinedr.com)**

**WHAT IS PLATELET RICH PLASMA (PRP)?**

Platelets are cell fragments found in blood that have several roles in your body. Platelets are most commonly known to assist in clotting blood. They also play a role in your body's reparative processes. Platelet rich plasma (PRP) is made up of high concentrations of platelets and growth factors from your own body. When injected into areas of inflammation or tissue damage, PRP can promote healing. An injection of PRP into the shoulder has been shown in recent studies to possibly aid in the healing process of rotator cuff tears after surgery (References 1 and 2). Unfortunately, it has not been shown to be effective in rotator cuff tendinitis or shoulder impingement but further research still needs to be done in these areas.

**HOW IS A PRP INJECTION DONE?**

A PRP injection can be done at the time of surgery in order to accelerate or aid in the healing process of rotator cuff repairs. At the end of surgery, a simple blood draw is performed and the syringe is placed into a centrifuge and is spun for approximately 5 minutes. This step separates the platelets from the other components of blood that will be discarded. The PRP then is injected under direct arthroscopic vision into the area of the rotator cuff repair.

**ADVANTAGES/DISADVANTAGES OF PRP**

**Treatment of Rotator Cuff Tendinitis or Impingement**

The use of PRP for the treatment of rotator cuff tendinitis or impingement is controversial. However, new recent studies (Ref. 3) have shown that PRP when injected into the subacromial space of the shoulder slowly but significantly improved pain, range of motion, strength and overall function at 6 months compared to a steroid injection which only gave short term relief.

**Surgery**

Recent research studies have shown that PRP used at the time of rotator cuff repair surgery can significantly reduce the rate of re-tearing and/or incomplete tendon healing after a rotator cuff repair after surgery. Two recent studies (references 1 and 2) have shown a reduction in re-tear rates of the rotator cuff if PRP is

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#### **Dr. Stetson**

injected at the time of the surgery. We are therefore recommending a PRP injection at the time of surgery for any patient that undergoes an arthroscopic rotator cuff repair.

The disadvantage of this is that PRP is currently not covered by any insurance. If you are interested in having the PRP injection at the time of your next office visit or at the time of your arthroscopic rotator cuff repair, it must be paid out of your own pocket (cash or credit card).

If you are interested, you can discuss this with Dr. Stetson and his assistant Suzie can provide you with the cost of the procedure. Her email is [suzie@stetsonleeortho.com](mailto:suzie@stetsonleeortho.com)

### **WHAT IF I HAVE ANY OTHER QUESTIONS?**

If you have any other questions, more information can be found on Dr. Stetson's website at [www.sportsmedicinedr.com](http://www.sportsmedicinedr.com) or just call Dr. Stetson's office and speak to his assistant Suzie, we are always happy to answer any questions you may have.

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### **REFERENCES**

- 1) Ryan J., Imbergamo C., Sudah S., et al. Platelet-Rich Product Supplementation in Rotator Cuff Repair Reduces Retear Rates and Improves Clinical Outcomes: A Meta-analysis of Randomized Controlled Trials. *Arthroscopy: The Journal of Arthroscopic and Related Surgery*. Vol. 37 (8) August 2021: 2608-2624.
- 2) Hurley E., Colasanti C., Anil U., et al. The Effect of Platelet-Rich Plasma Leukocyte Concentration on Arthroscopic Rotator Cuff Repair: A Network Meta-analysis of Randomized Controlled Trials. *The American Journal of Sports Medicine*. Vol. 49, (9) 2021: 2528-2534.
- 3) Jo CH, Lee SY, Yoon KS, Oh S, Shin S. Allogeneic Platelet-Rich Plasma versus Corticosteroid Injection for the Treatment of Rotator Cuff Disease: A Randomized Controlled Trial. *J Bone Joint Surg Am*. 2020; 102: 2129-2137.