

SPORTS

# Plasma helps Hines Ward be Super

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SUNDAY, FEBRUARY 8, 2009, 1:27 AM

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Despite two weeks of intensive physical therapy, Hines Ward got on the field for last Sunday's Super Bowl probably because of a platelet rich plasma (PRP) injection. Ward suffered a sprained medial collateral ligament of his right knee during the AFC Championship Game. These injuries can often take weeks to heal, but Hines wasn't about to let it affect his ability to play. For this reason, the Steelers' medical staff pulled out all of the stops, including the use of a new treatment for tendon and ligament injuries.

According to Brian Halpern, MD, a sports-medicine specialist at The Hospital for Special Surgery, "Tendon and ligament healing relies on adequate blood supply and cellular migration. Platelet-derived growth factors are critically involved in this process."

Platelet rich plasma (PRP) injections help the body regenerate and heal by harnessing these growth factors. To obtain the PRP, a small amount of a patient's own blood is drawn. The blood is then spun down in a centrifuge for a few minutes, which isolates the PRP with growth factors. The PRP isolate is then injected back into the injured area. The goal is to enhance the healing environment by concentrating the essential components of repair from the patient's own blood, thus limiting side effects and facilitating healing.

Hines Ward isn't the only professional athlete to reap the benefits of PRP. Takashi Saito, the closer for the L.A. Dodgers, was able to pitch in the playoffs thanks to a PRP injection into his right elbow's ulnar collateral ligament, which saved him from Tommy John surgery.

What's most exciting is that these injections aren't just reserved for professional athletes. Tendinitis affects just about everyone sometime in their life. Whether it's the rotator cuff, patellar tendon, or tennis elbow, tendinitis is usually the result of overuse of the affected tendon. Usually the condition is temporary and can be easily relieved with rest, ice, and the use of inflammatory medicines (such as Ibuprofen). Sometimes physical therapy and/or cortisone injections are necessary. That being said, there are times when the pain persists. According to Halpern, "It can seem crippling to the sufferer, and when the pain and dysfunction reach that point, a high-tech answer in the form of PRP is available for suitable patients."

PRP first received critical notice in 1998. Most of the work has been done with chronic tennis elbow, which is a common problem for many patients. In one study published in the American Journal of Sports Medicine, at two years after the PRP injection, more than 90% of patients demonstrated a reduction in pain. Most were better within the first six months.

It is quite possible that in the near future, PRP injections will become a routine part of the treatment algorithm for tendinitis. "In patients who fail to respond to anti-inflammatory medications and physical therapy, an injection of PRP may save patients a trip to the operating room," adds Dr. Halpern. "The future looks very promising as we attempt to concentrate these biologically active growth factors at the bedside to help patients in pain. Allowing the body to heal itself is not just logical. ...It is very effective."

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