



Partial UCL tear- PRP information

Q: What is the Tommy John Ligament? A: In medical parlance, the Tommy John Ligament is also known as the Ulnar Collateral Ligament (UCL). This is a stabilizing ligament on the inside of the elbow that was famously torn by Major League Baseball pitcher Thomas John. He was the first patient to have an UCL repair in 1974 by Dr. Frank Jobe. For baseball pitchers, this is a crucial ligament that has been responsible for the end of many baseball player's careers. In young players with elbow pain, injury to the UCL is one of the major causes of "Little Leaguer's Elbow". For collegiate and professional players, a complete tear involves Tommy John surgery and a tough, year-long road to recovery.

Q: How do you typically treat UCL injuries? A: This can be a frustrating injury to treat in the early symptomatic stages. Initial treatment involves shutting the athlete completely down for a few weeks, beginning a focused physical therapy program, and then transitioning through a throwing program that focuses on throwing mechanics. Once successfully navigating this program without recurrence of symptoms a return to throwing and pitching is expected. I may supplement this process with a short course of anti-inflammatory (NSAIDs) medications. A physical exam, x-rays and MRI will help differentiate between bone versus ligament damage.

Q: What if I've done all of this before and it didn't work? A: Even with aggressive treatment and repeated periods of rest, some patients may continue to have pain and throwing difficulty after a MRI documented partial UCL tear. For patients on a short time line for return to play or those who have failed reasonably aggressive treatment, I have started using Platelet Rich Plasma Therapy as an alternative to surgery.

Q: What is Platelet Rich Plasma (PRP) Therapy? A: PRP therapy is a clinic based, non-surgical procedure that involves taking a patient's blood and using a centrifuge to isolate and concentrate a platelet rich solution. This concentrated PRP is rich in a patient's own natural healing and growth factors. It is injected back into a partially torn ulnar collateral ligament to help accelerate healing, reduce pain and increase functionality.

Q: Why is PRP a good treatment for UCL injuries? A: PRP is not for everyone. There is excellent and compelling data looking at return to play and PRP for patients who have failed reasonable conservative treatment. For those patients with minor UCL tears, I feel that PRP therapy is finally offering a reasonable alternative to surgery that has solid research supporting patient relief.

Physician Signature: _____

Date: _____

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Q: Can you tell me more about the procedure? A: I do this procedure under ultrasound guidance in the clinic with the use of local anesthesia. Ultrasound does not expose the patient to any radiation and allows me to spare patients the risks associated with general anesthesia. A typical office visit for PRP therapy will take less than 1-hour. A nurse will draw blood from your arm and then process it in a centrifuge for 15-minutes to isolate a concentrated platelet solution. I will then use an ultrasound machine to identify the damaged UCL and inject the PRP solution into the target tissue. Depending on the severity of the initial tissue injury, additional PRP injections are sometimes required.

Q: What Can I expect after the office visit? A: There may be some mild soreness after the procedure, so a prescription for pain medications is usually provided. Patients are told not to take anti-inflammatory medications 1-week before the procedure and for 6-weeks after the last injection. Patients may restart their physical therapy program 7-days after their PRP injection.

Q: Who is not a good candidate for PRP therapy? A: Patients with active infections, pregnancy, Parkinson, Cerebral Palsy, blood borne cancers (lymphoma or leukemia) or high dose Coumadin (warfarin).

Q: Any last thoughts? A: While Platelet Rich Plasma is certainly a cutting edge therapy that helps the body naturally heal itself without surgery, it is not covered by insurance plans. I encourage all my patients to exhaust all reasonable attempts at conservative treatment before moving on to Platelet Rich Plasma therapy. This procedure should be only one of the many tools in the “physician tool box” to help you achieve your goals.

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