



CANADIAN ASSOCIATION OF ORTHOPAEDIC MEDICINE
ASSOCIATION CANADIENNE DE MÉDECINE ORTHOPÉDIQUE

CONSENSUS STATEMENT ON THE USE OF AUTOLOGOUS PLATELET RICH PLASMA (PRP) IN CANADA

BY: THE CANADIAN ASSOCIATION OF ORTHOPAEDIC MEDICINE

DATE: June 20, 2019

We, the Board of the Canadian Association of Orthopaedic Medicine, state that platelet-rich plasma injections are safe and efficacious in the appropriate clinical context, pose minimal risk to patients, reduce reliance on opioid and other medications for pain, and improve functional status. The 20% of Canadians who live with chronic pain, in addition to those with injuries and degenerative conditions which often benefit from regenerative injection treatments, should have access to this treatment.

This consensus document reflects the current state of knowledge and should also be read in conjunction with the systematic reviews which are referenced herewith.

Based on the current best available literature, there are a wide range of musculoskeletal conditions which may benefit from PRP, and in particular, evidence clearly supports the use of PRP injections for the following indications:

- High quality (systematic review and meta-analysis) evidence exists for leukocyte-rich PRP injection for lateral epicondylitis^{1,2} (tennis elbow) and leukocyte-poor PRP for osteoarthritis of the knee (OA)²
- Moderate high-quality evidence supports the use of leukocyte-rich PRP injection for patellar tendinopathy, rotator cuff injuries¹, and of PRP injection for plantar fasciitis and donor site pain in patellar tendon graft BTB (bone-patellar tendon-bone) ACL (anterior cruciate ligament) reconstruction²
- It is likely that PRP is effective for other similar joint and soft tissue conditions and further research is on-going
- Multiple systematic reviews and meta-analyses support the use of PRP injections specifically pertaining to knee OA (osteoarthritis).^{3,4,5,6,7}

PROVISION:

Strict aseptic technique must be adhered to, and image guidance (ultrasound or other) is strongly advised for neuraxial injections or for injecting deep structures.

Respectfully submitted by the 2019 CAOM Board, (to be signed in October 2019 at the AGM) represented by Dr. Jannice Bowler (President 2019)

J. Bowler

References:

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4. Augustinus B M Laudy, et al, *British Journal of Sports Medicine*, 2015
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