The efficacy of ultrasound-guided percutaneous needle tenotomy (PNT) versus platelet rich plasma (PRP) with PNT in the treatment of chronic tendinosis

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Purpose:

Assess whether percutaneous needle tenotomy supplemented with peritendinous platelet rich plasma is more effective than percutaneous needle tenotomy alone in terms of improving pain and function associated with chronic tendinosis. Determine the feasibility for larger randomized controlled trial for a specific tendinosis assessed in this study.

Design:

Randomized controlled pilot study. Study subjects are assigned to receive PNT with peritendinous PRP or PNT using a 1:1 randomization method. Participants are blinded to treatment group assignment, but the treating physician is not. Data on participant-reported pain, function, well-being, return to activity, and reduction in pain medication usage are collected at baseline as well as 2, 4, 6, 8, 12, 24, 36, 52, and 104 weeks post-procedure.

Inclusion Criteria:

- At least 5/10 VAS pain associated with clinically and ultrasonographically confirmed tendinosis
- At least 3 months of pain that has failed conservative treatment
- 18-100 years of age
- English speaking/literate

Exclusion Criteria:

- Partial or full thickness tear of affected tendon
- Corticosteroid injection to affected tendon within 3 months of study procedure
- Taking Coumadin or other anticoagulant or anti-platelet medication
- Known coagulopathy or bleeding dyscrasia
- Current or recent fluoroquinolone prescription
- Prior PNT or PRP injection to affected tendon
- Known systemic illness (e.g. vasculitis, autoimmune or inflammatory disease, uncontrolled diabetes)
- Presence of other musculoskeletal injury or tendon rupture in the region
- Currently pregnant or plans to become pregnant during the study
- Non-English speaking/illiterate

If you would like more information about the study, please contact the Department of Physiatry Research Assistant:

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