

# What's New in Sports Medicine?

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# Disclosure

- This presentation has no ineligible company content, promotes no ineligible company, and is not supported by any ineligible company. I receive no financial remuneration from any ineligible company related to this presentation.

# A lot of things...

- Concussion management
- R.I.C.E vs. M.E.A.T.
- Ultrasound diagnostics and intervention
- Trigger point/myofascial theory
- Rehabilitation protocols
- Early sports specialization
- Elbow epidemic in throwers (especially baseball pitchers)

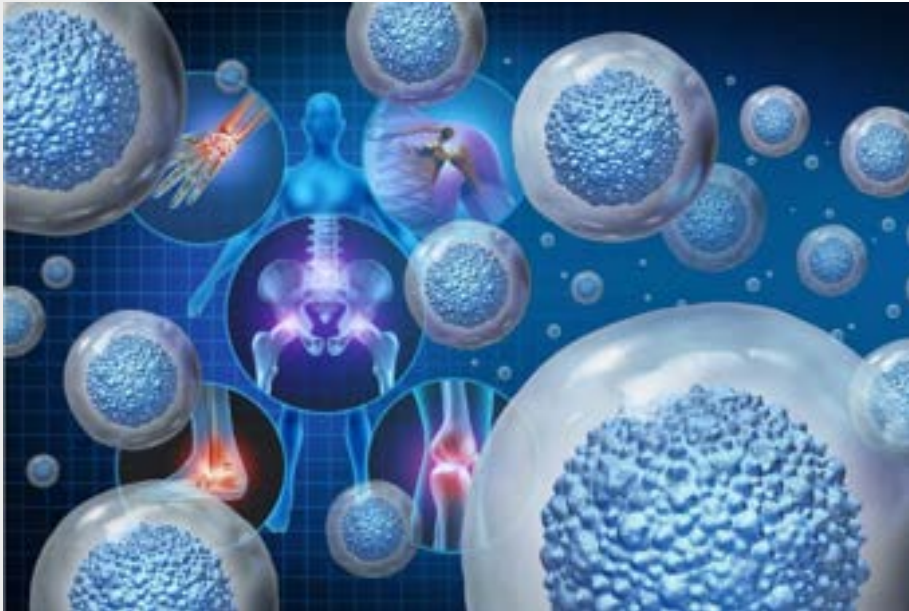


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# Regenerative Medicine

Enabling and enhancing the body's natural repair mechanisms to restore the function of otherwise poorly healing or irreparable tissues in situ.<sup>1</sup>



1. Li Z, et al. Tissue Engineering for Musculoskeletal Regeneration and Disease Modeling. Handb Exp Pharmacol. 2021;265:235-268. PMID: 33471201; PMCID: PMC8049527.

# Regenerative Medicine

- Coined in 1992
- FDA and Congress sanctioned this term in the 2016 21<sup>st</sup> Century Cures Act
- Controversy surrounds the term because of many unfounded claims incorrectly applied to it, with indiscriminate use and aggressive marketing (which hinders progress in this field)
- Encompasses many modalities (Orthobiologics, prolotherapy, exosomes, shock-wave therapy, etc.)

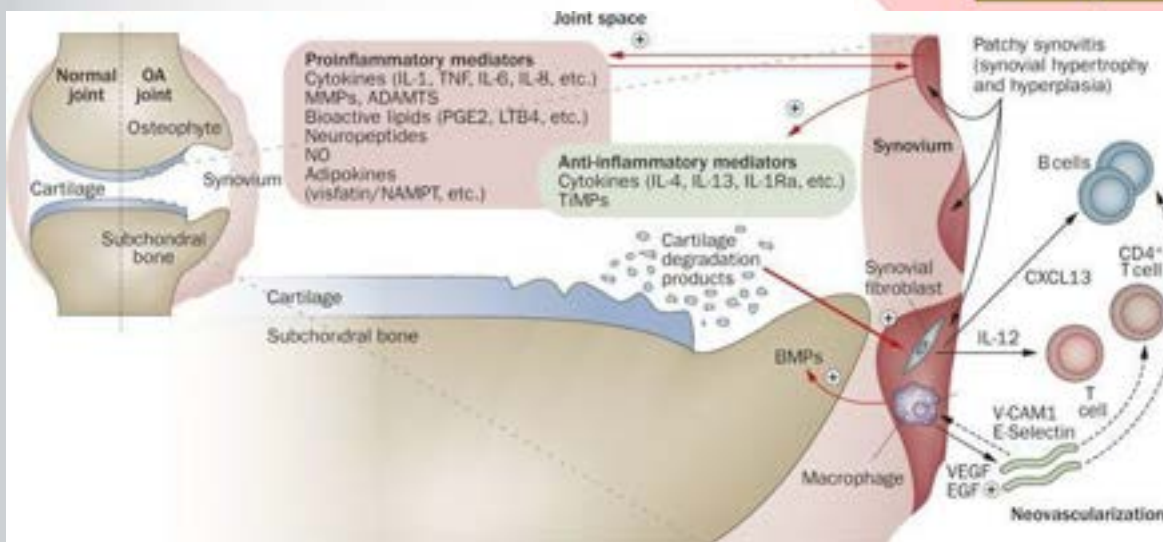
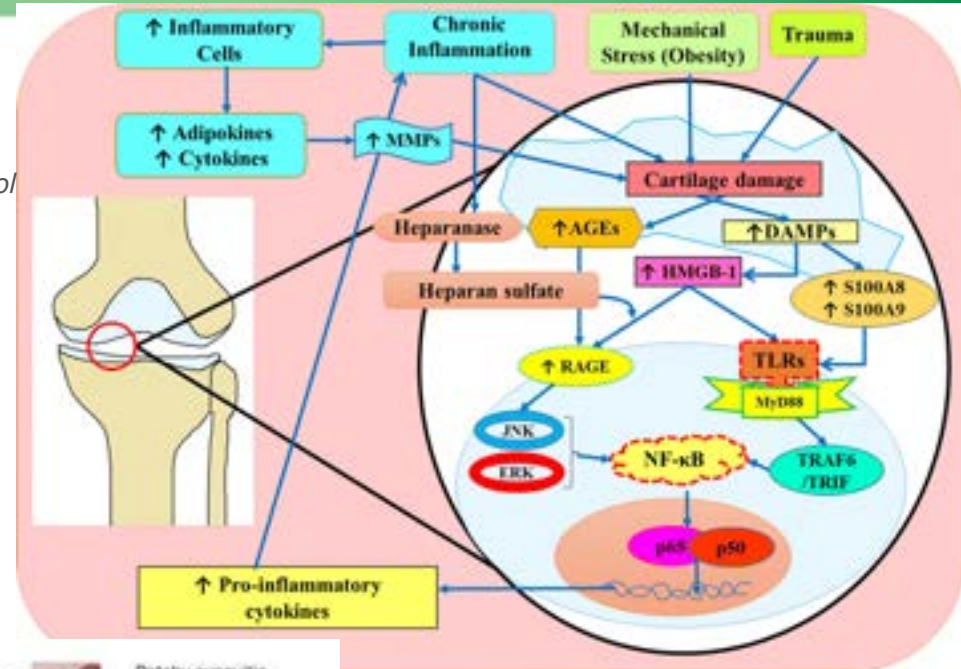
# The Problem - Physiology

- Tendinopathy and Osteoarthritis
- Protracted (tendon) or no known (OA) healing capacity

# Osteoarthritis pathophysiology

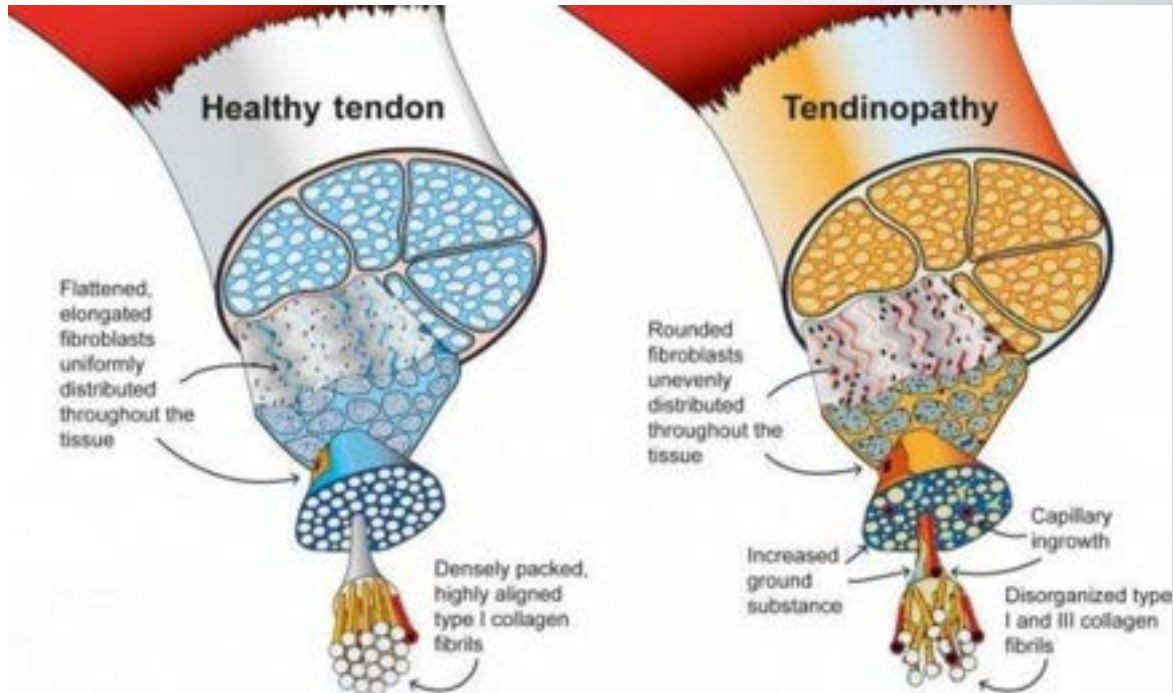
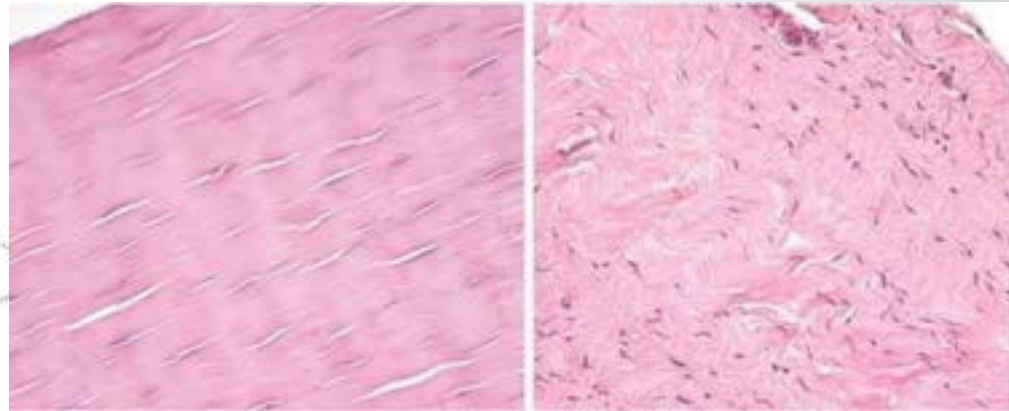
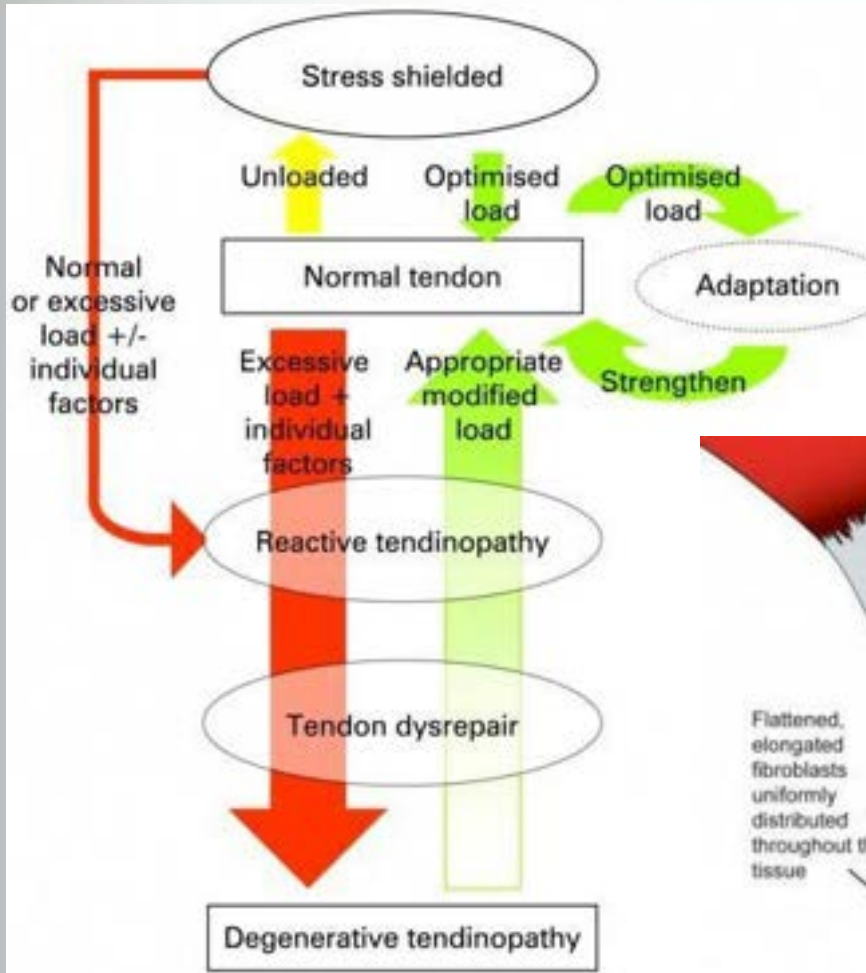
Rosenberg, J.H., Rai, V., Dilisio, M.F. *et al.* Damage-associated molecular patterns in the pathogenesis of osteoarthritis: potentially novel therapeutic targets. *Mol Cell Biochem* **434**, 171–179 (2017). <https://doi.org/10.1007/s11010-017-3047-4>

Sellam, J., Berenbaum, F. The role of synovitis in pathophysiology and clinical symptoms of osteoarthritis. *Nat Rev Rheumatol* **6**, 625–635 (2010). <https://doi.org/10.1038/nrrheum.2010.159>



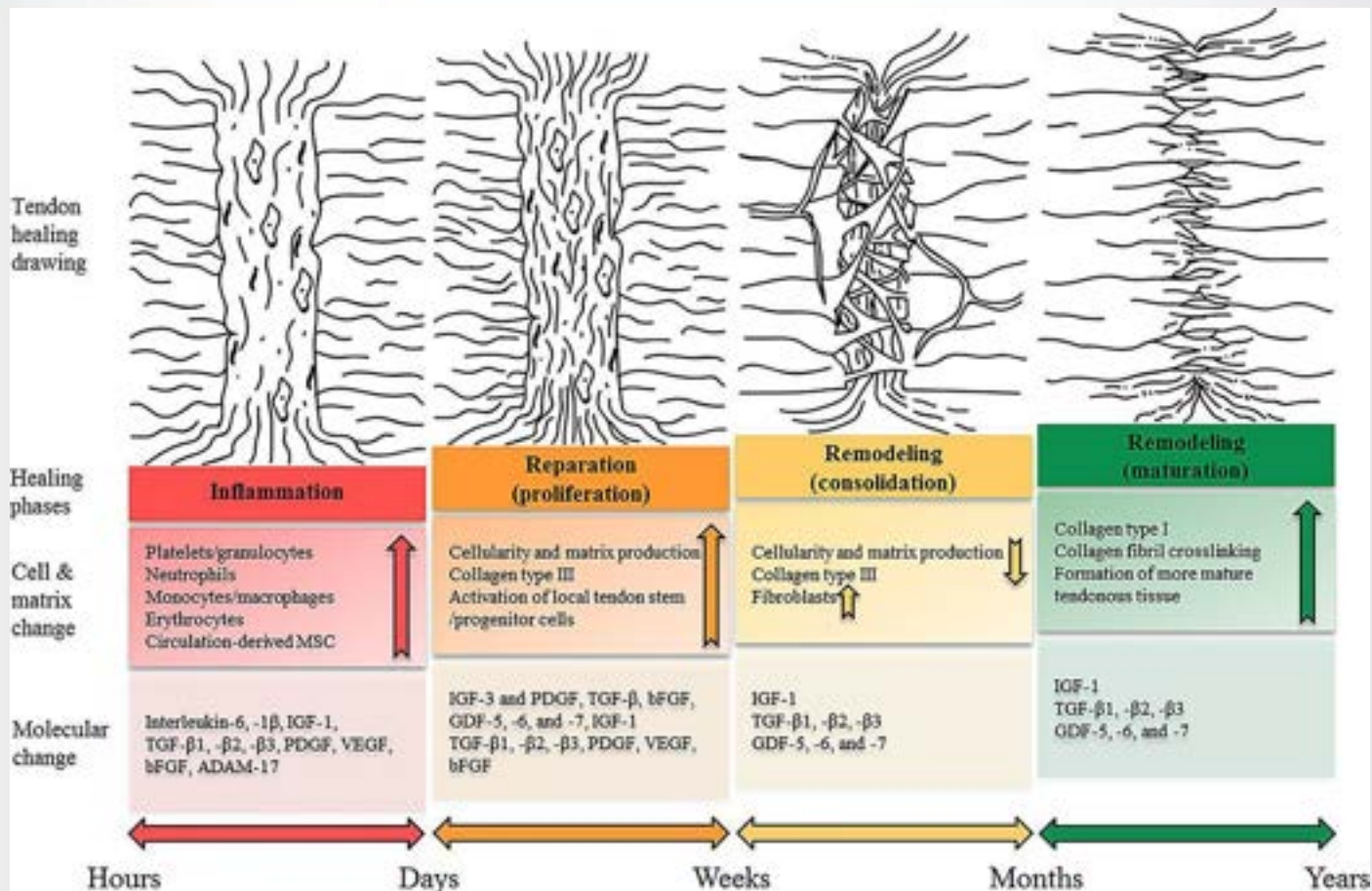


# Tendonopathy pathophysiology





# Tendon (soft tissue) Healing

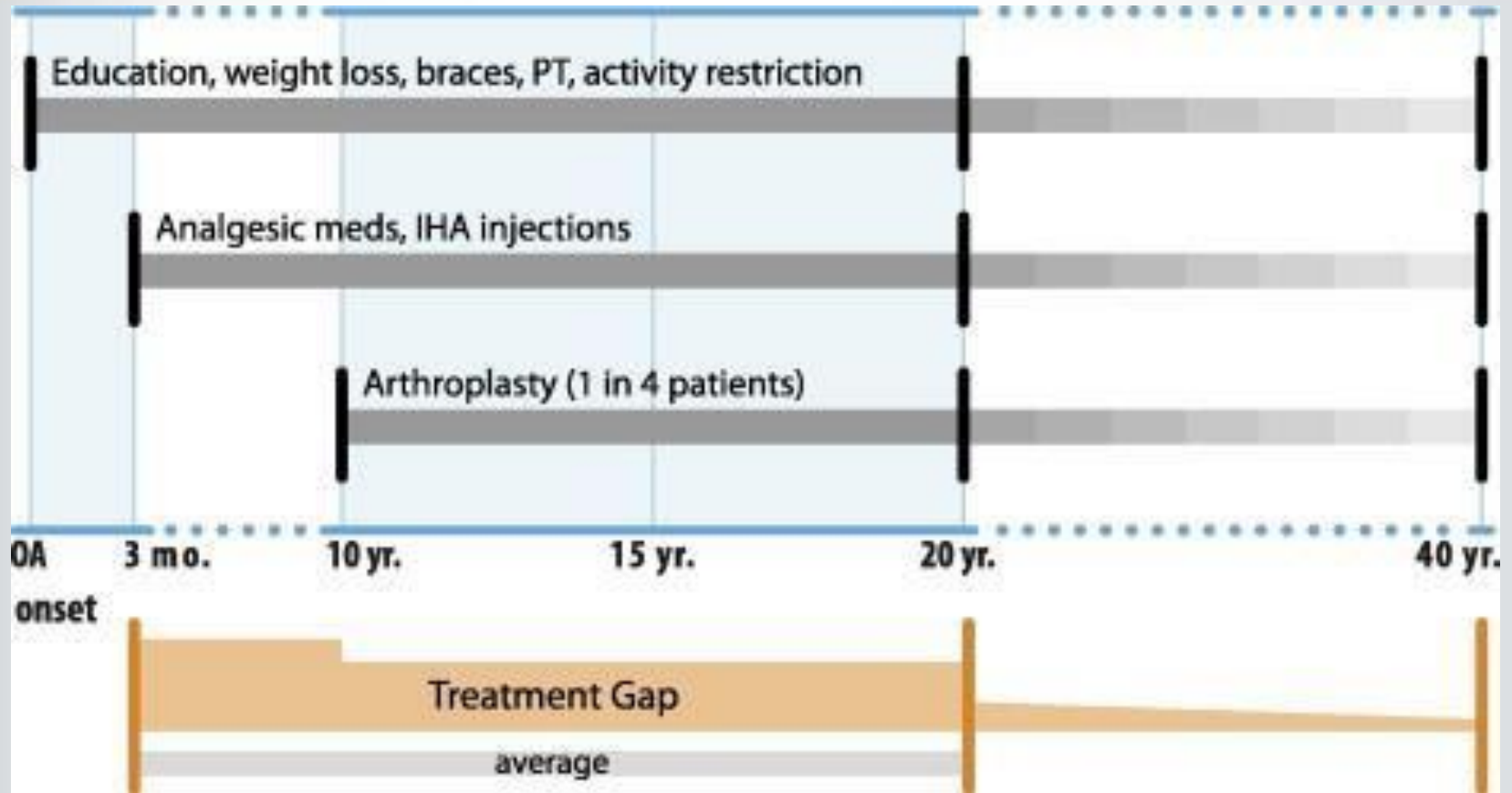


Schneider M, et al. Rescue plan for Achilles: Therapeutics steering the fate and functions of stem cells in tendon wound healing, *Advanced Drug Delivery Reviews*, Volume 129, 2018, Pages 352-375, ISSN 0169-409X, <https://doi.org/10.1016/j.addr.2017.12.016>.  
<https://www.sciencedirect.com/science/article/pii/S0169409X17303198>

# The Problem - Treatment

- Patients have a history of failed treatments
- Near-term and long-term goals of the patient
- What does the patient feel comfortable with?
  - Most don't want surgery
  - Most don't want to keep doing PT if they don't see effect

# Treatment Gap



Nicholas J. et al. Clinical and economic consequences of the treatment gap in knee osteoarthritis management, *Medical Hypotheses*, Volume 76, Issue 6, 2011, Pages 887-892, ISSN 0306-9877, <https://doi.org/10.1016/j.mehy.2011.02.044>.

# Regenerative Medicine

- Can play a role in filling that physiology and treatment gap
- Extracorporeal Shock Wave Therapy (ESWT)
- Orthobiologics, especially platelet rich plasma (PRP)



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# Extracorporeal Shock Wave

# ESWT

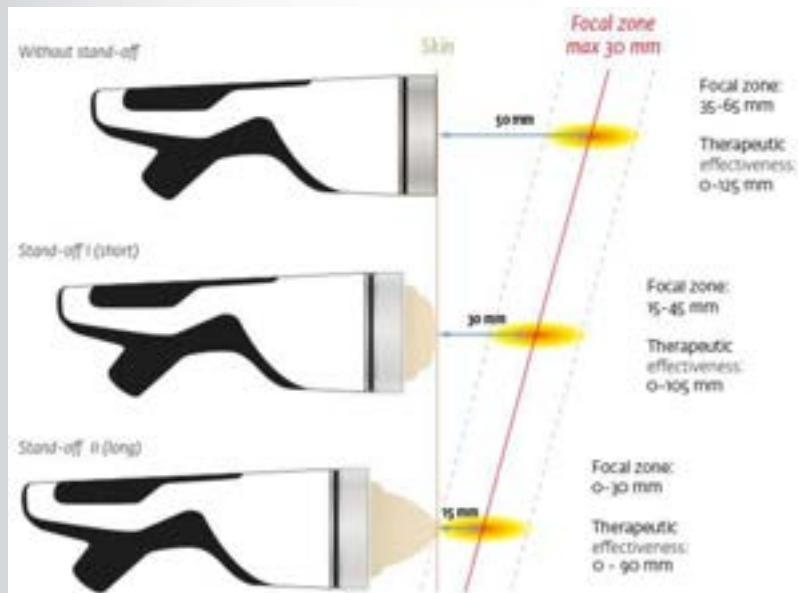
- Research led to pulverizing kidney stones in 1980
  - Bone density noticeably increased in these patients
  - MSK studies started in early '90s
- Acoustic pressure waves which propagate faster than sound
  - Causes abrupt tensile and shear stress on tissues, eliciting a healing response



# ESWT Types

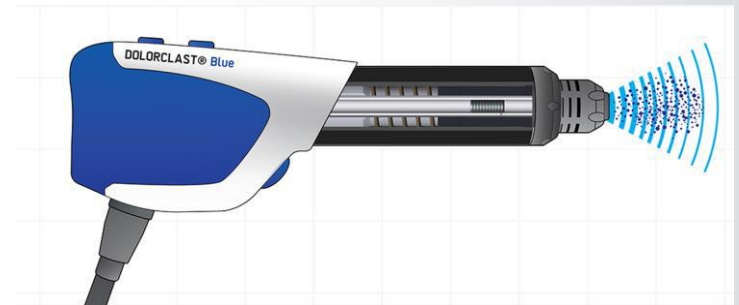
## Focused

- True shock wave
- Focuses to a single point at a greater depth

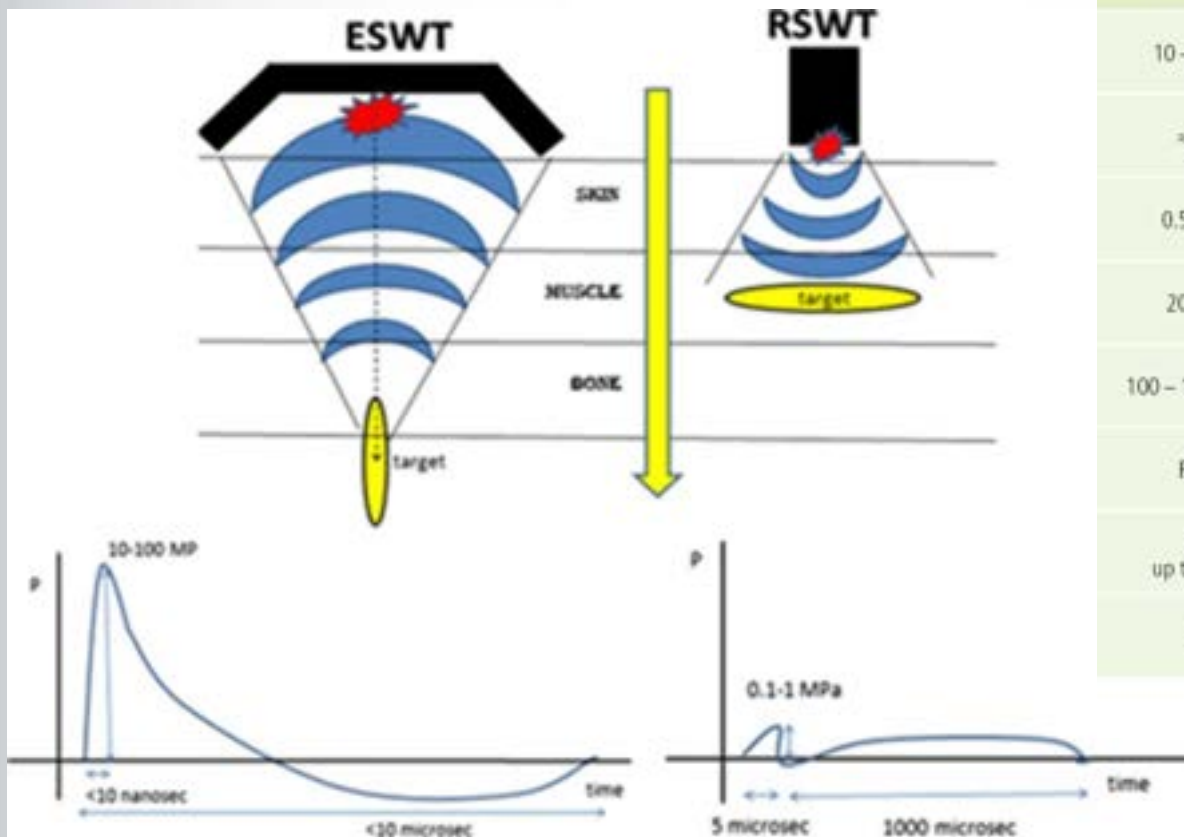


## Radial

- Oscillating pressure wave
- Energy spread from a single point, but does not penetrate as deeply



# ESWT



Shock waves		Pressure waves
10 – 100 MPa	Pressure	0.1 – 1 MPa
$\approx 0.2 \mu\text{s}$	Pulse duration	$\approx 0.2 - 5 \text{ ms}$
0.5 – 2 mNs	Momentum	100 – 200 mNs
20 – 35 mJ	Energy	150 – 200 mJ
100 – 150 MPa/mm	Pressure gradient	0.1 – 0.5 kPa/mm
Focused	Pressure field	Radial, divergent
Large, up to 200 mm	Penetration depth	Small, superficial, up to 50 mm
Cells	Effects	Tissue

Fig. 18: Main differences between shock waves and pressure waves

# ESWT: Mechanism of Action



## PHYSICAL PHASE

positive pressure to stimulate absorption, reflection, refraction, and transmission of energy to tissues and cells



## PHYSICOCHEMICAL PHASE

ESWT triggers the release of biomolecules such as adenosine triphosphate (ATP) for the activation of cell signaling pathways



## CHEMICAL PHASE

Shockwaves alter the functions of ion channels in cell membranes and stimulate the mobilization of calcium



## BIOLOGICAL PHASE

increases the permeability of cell membranes and the ionization of biological molecules.

- Increased cell permeability
- Induces autocrine and paracrine effects

- Intracellular signalling pathways upregulated

- Increase in NO production

- Increased VEGF production
- Induces angiogenesis, osteogenesis, analgesia, immunomodulation
- Reduces inflammation, substance P



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# ESWT: Applicability

- Tendinopathy
  - Plantar fasciitis
  - Achilles tendinitis
  - Patellar tendinitis
  - Trochanteric “bursitis”
  - Rotator cuff
  - Tennis/golfer elbow
  - Wrist tendinitis
- Stress fracture/nonunion
- Bone marrow lesions (arthritis)
- Muscle strain
- Muscle/myofascial pain
- Neuropathy (e.g. carpal tunnel syndrome)

# ESWT: Studies

- Achilles tendinopathy
  - Furia 2006, Rompe 2007, Rasmussen 2008, Rompe 2009, Abdelkader 2021, Rompe 2008, Pinitkwamdee 2020
- Plantar fasciopathy
  - Rompe 1996, Rompe 2003, Ogden 2004, Theodore 2004, Kudo 2006, Gollwitzer 2007, Gollwitzer 2015, Gerdesmeyer 2008, Marks 2008, Hawamdeh 2016, Ibrahim 2017
- Lateral epicondylitis
  - Pettrone 2005, Rompe 2004, Spacca 2005, Yan 2017
- Stress Fracture/Nonunion
  - Moretti 2009, Albisetti 2010, Sansone 2022



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# ESWT: Studies

Systematic review

## Use of extracorporeal shockwave therapies for athletes and physically active individuals: a systematic review

Hye Chang Rhim <sup>1,2</sup>, Jaehyung Shin <sup>2</sup>, Jane Kang, <sup>3</sup> Paige Dyrek, <sup>1</sup> Zack Crockett, <sup>1</sup> Pearl Galido, <sup>4</sup> Carrie Wade, <sup>5</sup> Karsten Hollander <sup>6</sup>, Joanne Borg-Stein, <sup>1</sup> Steven Sampson, <sup>7</sup> Adam S Tenforde <sup>1</sup>

Br J Sports Med: first published as 1

## Extracorporeal Shockwave Therapy in the Management of Sports Medicine Injuries

Schroeder, Allison N. MD<sup>1</sup>; Tenforde, Adam S. MD<sup>2</sup>; Jelsing, Elena J. MD<sup>3</sup>

Author Information

Current Sports Medicine Reports 20(6):p 298-305, June 2021. | DOI: 10.1249/JSR.0000000000000851

## The effect of extracorporeal shock-wave therapy on pain in patients with various tendinopathies: a systematic review and meta-analysis of randomized control trials

Lobat Majidi, Sorour Khateri <sup>✉</sup>, Nikta Nikbakht, Yousef Moradi & Mohammad Reza Nikoo <sup>✉</sup>

BMC Sports Science, Medicine and Rehabilitation 16, Article number: 93 (2024) | [Cite this article](#)

Received: 29 October 2021 | Revised: 9 February 2022 | Accepted: 11 February 2022  
DOI: 10.1002/pms.12196

PRACTICE MANAGEMENT



## Best practices for extracorporeal shockwave therapy in musculoskeletal medicine: Clinical application and training consideration

Adam S. Tenforde MD<sup>1</sup> | Haylee E. Borgstrom MD, MS<sup>1</sup> |  
Stephanie DeLuca MD<sup>1</sup> | Molly McCormack BA<sup>1</sup> | Mani Singh MD<sup>2</sup> |  
Jennifer Soo Hoo MD<sup>3</sup> | Phillip H. Yun MD<sup>4</sup>





# ESWT: General Protocol

- 3-6 weekly sessions (each lasting 10-15 minutes)
- Radial to surrounding tissues, focused directly on pathologic area
- Clinical focusing, titrating energy to tolerance

# ESWT: Practicalities

- Pain relief often immediate, but temporary (hyperstimulation analgesia)
- May improve through the course of treatment, but greatest effects are 4-6 weeks following treatment
- Patients may continue normal activity (“in-season” treatment)
- Easily combined with other treatments (especially PT, but also dry needling, massage, PRP, surgery)



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# ESWT

## Contraindications

- Active cancer in area of treatment
- Pregnancy (gravity in the treatment area)
- Infection or DVT in treatment area)
- Open physes???
- Overlying lungs???

## Adverse Effects

- No known serious side effects
- Sensory nerve hyperstimulation can lead to temporary paresthesia
- Pain during application
- Petechiae/ecchymosis or edema at treatment site

# ESWT: Personal Experience

- 53 y/o female with 18 mos. left shoulder pain
- Tried CSI, barbotage, PT, no effect
- 3 sessions of ESWT

# ESWT: Personal Experience



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# ESWT: Personal Experience

- 49 y/o male former collegiate runner (now recreational) with >1yr of insertional Achilles tendon pain
- 3 sessions of ESWT
- Had his first pain free run in over a year



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# Extracorporeal Shock Wave

ESWT is a non-invasive, minimally interruptive treatment for a wide variety of musculoskeletal disorders, particularly in adjunct, without any known serious side effects.



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# Orthobiologics

# Orthobiologics

- Prolotherapy? Needle Tenotomy?
- Platelet Rich Plasma
- Autologous conditioned plasma, autologous conditioned serum, Autologous protein solution, Alpha-2 macroglobulin
- Bone Marrow
- Adipose Tissue
- Perinatal Tissues



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# Platelet Rich Plasma (PRP)

- Autologous plasma which has a platelet concentration above baseline
  - Leukocyte rich (leukocyte concentration above baseline)
  - Leukocyte poor (leukocyte concentration below baseline)
  - Which leukocytes present (granulocytes and/or agranulocytes)
  - RBC content



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# PRP: Physiology

## “Basic” Basic Science: Growth factors, cytokines

Growth factor or cytokine	Role(s) in wound healing, musculoskeletal repair, and regeneration
Ang-2	Angiogenesis; chondrogenic and osteogenic differentiation
EGF	Endothelial chemotaxis and angiogenesis; MSC and epithelial cell mitogenesis; collagen synthesis; osteogenic and chondrogenic differentiation of MSCs
bFGF	MSC, chondrocyte, osteoblast, and capillary endothelial cells mitogenesis; chondrocyte, myoblast, and osteoblast differentiation
HGF	Angiogenesis, endothelial cell mitogenesis; anti-inflammatory effects
IGF-1	Myoblast proliferation and differentiation; fibroblast chemotaxis and protein synthesis; osteoblast proliferation and differentiation; MSC proliferation and survival
IL-1	Pro-inflammatory and catabolic effects
PDGF-AB	Chemotaxis of inflammatory cells; angiogenesis; fibroblast chemotaxis and proliferation; ECM synthesis;
PDGF-BB	MSC and osteoblast mitogenesis
MMPs	ECM remodeling and tissue degradation
TGF- $\beta$ 1	Fibroblast activation and proliferation; ECM synthesis; endothelial chemotaxis and angiogenesis; MSC proliferation; chondrogenic and osteogenic differentiation
TGF- $\beta$ 2	MSC proliferation; chondrogenic and osteogenic differentiation
VEGF	Angiogenesis and vasculogenesis; macrophage and granulocyte chemotaxis

Yuan, X.(., Gellhorn, A.C. (2020). Platelet-Rich Plasma. In: Cooper, G., Herrera, J., Kirkbride, J., Perlman, Z. (eds) Regenerative Medicine for Spine and Joint Pain. Springer, Cham. [https://doi.org/10.1007/978-3-030-42771-9\\_5](https://doi.org/10.1007/978-3-030-42771-9_5)

# PRP: Applicability

- Tendinopathy
  - Plantar fasciitis
  - Achilles tendinitis
  - Patellar tendinitis
  - Trochanteric “bursitis”
  - Rotator cuff
  - Tennis/golfer elbow
  - Wrist tendinitis
- Osteoarthritis
- Ligamentous injury (e.g. UCL or ATFL tear)
- Meniscus tears?
- Carpal tunnel syndrome?
- Adhesive capsulitis?



# PRP: Studies

- Lateral epicondylitis
  - Hastie 2018, Shim 2022, Niemiec 2022, Li 2022, Kamble 2023

Review > J Shoulder Elbow Surg. 2023 Sep;32(9):1770-1783. doi: 10.1016/j.jse.2023.04.018.  
Epub 2023 May 27.

**Corticosteroid injections for the treatment of lateral epicondylitis are superior to platelet-rich plasma at 1 month but platelet-rich plasma is more effective at 6 months: an updated systematic review and meta-analysis of level 1 and 2 studies**

Erik Hohmann <sup>1</sup>, Kevin Tetsworth <sup>2</sup>, Valda Glatt <sup>3</sup>

Affiliations + expand

PMID: 37247780 DOI: 10.1016/j.jse.2023.04.018

# PRP: Studies

- Plantar fasciitis

Review > Foot Ankle Surg. 2024 Feb 15:S1268-7731(24)00031-6. doi: 10.1016/j.fas.2024.02.004.  
Online ahead of print.

## Platelet rich plasma therapy versus other modalities for treatment of plantar fasciitis: A systematic review and meta-analysis

Agustin Herber<sup>1</sup>, Oscar Covarrubias<sup>2</sup>, Mohammad Daher<sup>2</sup>, Wei Shao Tung<sup>3</sup>, Arianna I. Gianakos<sup>3</sup>

Affiliations + expand

PMID: 38395675 DOI: 10.1016/j.fas.2024.02.004

Randomized Controlled Trial > BMC Musculoskelet Disord. 2023 Mar 7;24(1):172.  
doi: 10.1186/s12891-023-06277-1.

## Effect of platelet-rich plasma versus steroid injection in plantar fasciitis: a randomized clinical trial

Rachit Sharma<sup>\*1</sup>, Narendra Kumar Chaudhary<sup>\*2</sup>, Mandeep Karki<sup>1</sup>, Dev Ram Sunuwar<sup>3</sup>,  
Devendra Raj Singh<sup>4</sup>, Pranil Man Singh Pradhan<sup>5</sup>, Prakash Gyawali<sup>1</sup>,  
Sailendra Kumar Duwal Shrestha<sup>6</sup>, Kailash Kumar Bhandari<sup>1</sup>

Affiliations + expand

PMID: 36882804 PMID: PMC9989576 DOI: 10.1186/s12891-023-06277-1

# PRP: Studies

- Achilles tendinitis (Huang 2023, Desouza 2023)
- Patellar tendinitis (Bosco 2023)
- Gluteal tendinitis (Fitzpatrick 2018)
- Rotator cuff (Dakkak 2024, Shen 2024, Desouza 2024)
- UCL tear (Fucaloro 2024)
- Generally more heterogeneity in the results for above issues.



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# PRP: Studies

- Osteoarthritis

[Orthop J Sports Med](#), 2024 Feb; 12(2): 23259671241227883.

Published online 2024 Feb 26. doi: [10.1177/23259671241227883](#)

PMCID: PMC10896053

PMID: [38410168](#)

## Comparison of Conventional Dose Versus Superdose Platelet-Rich Plasma for Knee Osteoarthritis: A Prospective, Triple-Blind, Randomized Clinical Trial

[Sandeep Patel](#), MS,<sup>†</sup> [Shivam Gahlaut](#), MS,<sup>†</sup> [Tarkik Thami](#), MS,<sup>†</sup> [Devendra Kumar Chouhan](#), MS,<sup>†</sup> [Ashish Jain](#), MD,<sup>‡</sup> and [Mandeep Singh Dhillon](#), MS<sup>†</sup>

Review > [Arthroscopy](#), 2024 Mar 19;50749-8063(24)00206-8. doi: [10.1016/j.arthro.2024.03.018](#).

Online ahead of print.

## A Greater Platelet Dose May Yield Better Clinical Outcomes for Platelet-Rich Plasma in the Treatment of Knee Osteoarthritis: A Systematic Review

[William A Berrigan](#)<sup>1</sup>, [Zach Bailowitz](#)<sup>2</sup>, [Anna Park](#)<sup>3</sup>, [Aakash Reddy](#)<sup>4</sup>, [Ryan Liu](#)<sup>4</sup>, [Drew La](#)

Affiliations + expand

PMID: [38513880](#) DOI: [10.1016/j.arthro.2024.03.018](#)

Meta-Analysis > [Am J Sports Med](#), 2023 Jul;51(9):2487-2497. doi: [10.1177/03635465221095563](#).

Epub 2022 Jun 7.

## The Use of Intra-articular Platelet-Rich Plasma as a Therapeutic Intervention for Hip Osteoarthritis: A Systematic Review and Meta-analysis

[Anthony Lim](#)<sup>1</sup>, [John B Zhu](#)<sup>1</sup>, [Vikas Khanduja](#)<sup>2</sup>

Affiliations + expand

PMID: [35971803](#) PMCID: [PMC10353029](#) DOI: [10.1177/03635465221095563](#)

# PRP: Knowledge Gaps

- Leukocyte rich vs. poor
- Granulocytes vs. agranulocytes
- Platelet concentration, platelet:leukocyte ratio
- Post-procedure protocols
  - Rehabilitation intensity/timing
  - Immobilization vs early movement
  - NSAIDs OK?
- Number of injections to perform



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# PRP: Practicalities

- Often significant discomfort in the days following administration (more mild generally with joints)
- Usually calming to baseline within 10-14 days
- Maximal effect is often 2-6 months after administration
- Because of the downtime, considered an “off-season” treatment
- Should ideally be combined with rehabilitation protocols

# PRP

## Contraindications

- Active infection
- Cancer?
- NSAIDs?
- Anti-coagulants?
- Hematologic disease?

## Adverse Effects

- Same as other injections therapies (infection, though this is typically much less common)
- Discomfort following injection
- Hyperacute response



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# PRP: Personal Experience

- 50 y/o female with right lateral epicondylitis
  - Took 12+ weeks to start noticing improvement
  - Desired contralateral side treatment about 1 year later
- 48 y/o male with left trochanteric tendinitis
  - Pain-free in 4 weeks
- 67 y/o female with left knee OA
  - Relief with 1 injection for about 1 year, repeated twice

# Orthobiologics: Horizons

- Exosomes
- Allogeneic cells
- Stimulation of intrinsic stem cells
- True stem cells (e.g. human skeletal stem cell)
- Immune cell sub-type roles, selective activation
- Gene editing (CRISPR)
- Isolate individual or selective growth factors/cytokines

# Regenerative Medicine

- Can stimulate innate healing responses
- Fills a treatment gap for tendinopathy and osteoarthritis
  - “Another tool in the toolbox”
- Significant knowledge gaps for ideal utilization
  - Exploited to make false claims
- Tremendous potential
  - Right patient, right drug, right dose, right route, and right time



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# Thank you

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