ACP Therapy

For Mild to Moderate Osteoarthritis
and Certain Sports Injuries

SAFE AND EFFECTIVE
10 Years ACP
SAFE AND EFFECTIVE

ACP Therapy – How It Works

ACP Therapy

The healing of injured or inflamed tissue involves a complex and precisely regulated series of natural processes within the body. Thrombocytes (platelets) play an important role in this process. At the site of injury they release growth factors that initiate the restoration of injured tissue and inhibit painful inflammatory processes.

ACP therapy is based on our understanding of these processes. With a high concentration of growth factors[7], it supports the body's self-healing processes.[1-6]

ACP Therapy for Mild to Moderate Osteoarthritis

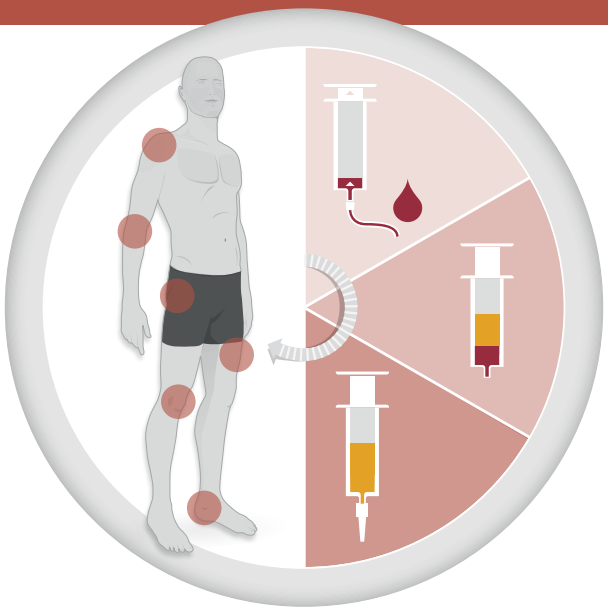
More and More People are Physically Active into Advanced Age

Often, physical activity is restricted by osteoarthritis. Typical symptoms in early osteoarthritis include joint ache and morning stiffness. Another typical symptom is pain after long periods of inactivity that subsides after a short walk. These symptoms are caused by wear and tear of the joint cartilage.

When Can ACP Therapy Help?

ACP therapy can be employed for patients with painful mild to moderate osteoarthritis (grade I - III).[1-3]

ACP Therapy



The Treatment Process

1. Blood is drawn from a vein in the arm
2. A separation procedure extracts and concentrates the desired body substances[7]
3. These substances are injected into the affected region

Advantages for the Patient

- Outpatient procedure
- Rapid (< 30 min) process
- Biologic substances produced by your own body

Studies on ACP therapy have not reported any undesirable side effects or complications.[1, 5]

ACP Therapy for Certain Sports Injuries

Your Opportunity to Return to Activity Faster!

If you are currently receiving treatment for a ligament, tendon, or muscle injury, ask your doctor about how adjunctive ACP therapy could support the healing process.

When Can ACP Therapy Help?

Studies have confirmed the effectiveness of ACP therapy in epicondylitis (tennis elbow)[4], patellar tip syndrome (jumper's knee)[6] and plantar fasciitis (calcaneal spurs)[5].

Studies

* The note refers to mild and moderate osteoarthritis as well as tendon injuries (please see studies listed below)

1. Smith PA: Intra-articular Autologous Conditioned Plasma Injections Provide Safe and Efficacious Treatment for Knee Osteoarthritis. The American Journal of Sports Medicine. 2016;44(4):884-91

2. Cerza F et al: Comparison between hyaluronic acid and platelet-rich plasma, intra-articular infiltration in the treatment of gonarthrosis. The American Journal of Sports Medicine. 2012;40(12):2822-7

3. Cole BJ et al: Hyaluronic Acid Versus Platelet-Rich Plasma: A Prospective, Double-Blind Randomized Controlled Trial Comparing Clinical Outcomes and Effects on Intra-articular Biology for the Treatment of Knee Osteoarthritis. The American Journal of Sports Medicine. 2017;45(2):339-46

4. Ford RD et al: A retrospective comparison of the management of recalcitrant lateral elbow tendinosis: platelet-rich plasma injections versus surgery. Hand (N Y). 2015;10(2):285-91

   Lebiedzinski R et al: A randomized study of autologous conditioned plasma and steroid injections in the treatment of lateral epicondylitis. International Orthopaedics. 2015;39(11):2199-203

   Opposite view:
   Montalvan B et al: Inefficacy of ultrasound-guided local injections of autologous conditioned plasma for recent epicondylitis: results of a double-blind placebo-controlled randomized clinical trial with one-year follow-up. Rheumatology. 2016;55(2):279-85

5. Chew KT et al: Comparison of autologous conditioned plasma injection, extracorporeal shockwave therapy, and conventional treatment for plantar fasciitis: a randomized trial. PM&R. 2013;5(12):1035-43

6. Zayni R et al: Platelet-rich plasma as a treatment for chronic patellar tendinopathy: comparison of a single versus two consecutive injections. Muscles Ligaments Tendons Journal. 2015;5(2):92-8

7. Mazzocca A et al: The positive effects of different platelet-rich plasma methods on human muscle, bone, and tendon cells. The American Journal of Sports Medicine. 2012;40(8):1742-9

For information on the studies please contact your doctor.

This flyer was produced by:

Arthrex – The Company

For more than 35 years, Arthrex has played a key role in the development of new treatments for joint diseases. With more than 4 000 employees worldwide in research, development and sales, Arthrex is one of the leading companies in reconstructive orthopedic surgery.

Do You Have Any Questions?

Your physician will be happy to provide further information.

Arthrex GmbH | Erwin-Hielscher-Str. 9 | 81249 Munich | DE

LPG2-00006-EN_F