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Achilles Tendon Injury and PRP Therapy: Q &A with Dr. Westerfield

Dr. Westerfield is a Sports Medicine physician who treats non-operative orthopedic patients at Florida Orthopaedic Institute's new Citrus Park location in Tampa, Florida. He is a member of both the Sports Medicine Team and the Regenerative Medicine Team who brings the most up to date techniques and research on Stem Cell and PRP Therapy to the Tampa Bay area.

Q: What is a typical Achilles tendon injury?

A: The Achilles tendon is one of the longest tendons in the body that attaches your calf muscles to the back of your heel. This helps provide the explosive power for jumping and sprinting. Achilles tendon injuries can sometimes be tendonitis that causes a nagging minor pain in the back or your ankle or it can be a significant tear that disrupts your ability to plant your foot. For some elite athletes, this can be the end for a promising professional career. For others, it can be a year-long struggle to get back to pre-injury function. Most Achilles injuries involve tendonitis, an acute inflammation that can resolve in a couple of months with appropriate treatment.

Q: How do you typically treat Achilles tendon injuries?

A: A brief physical exam and history can tell me if I need an x-ray to rule out other ankle injuries. I will also use an ultrasound in clinic to better visualize the tendon and will follow-up with a MRI for significant or complete tears. Research has shown us that early mobilization, RICE (rest, ice, compression, elevation), NSAIDs, and supervised eccentric based physical therapy with get most patients back to normal activities in 6-8 weeks. Patients with more severe symptoms will often need a prescription for pain medication, and immobilization in a walking boot for a few weeks. These injuries can linger for months and have a high rate of recurrence. While rare, these injuries will sometimes require surgery.

Q: Will a PRP injection help speed my recovery?

A: Some Achilles tendon injuries require more aggressive treatment to help supplement traditional therapies. For these patients, I will sometimes consider adding platelet rich plasma (PRP) injections. I typically put Achilles tendon injuries into the following 2-categories when considering PRP:

- 1) My high school, collegiate, and elite athletes who are looking to help jumpstart the healing process. Research has shown PRP reduces pain and leads to the recovery of the tendon matrix.
- 2) Chronic tendonitis or partial tears that have not responded to prolonged conservative treatment with NSAIDs, immobilization, and physical therapy.

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 grown factors. It is then injected back into the injured tissue in the Achilles to help accelerate healing, reduce pain and increase functionality.

Q: Why is PRP the best treatment for Achilles tendon injuries?

A: While PRP may help my athletes get back to sport quicker, I believe most Achilles tendon injuries will get better over time with conservative treatment. The recent data on PRP for Achilles tears is certainly compelling, but there is a significant cost that is not paid for by insurance. I definitely feel that PRP therapy is finally offering a reasonable alternative for treating chronic Achilles injuries.

Q: I have a complete Achilles tendon rupture. Will PRP help me heal quicker?

A: That's a tough question to answer. There is a lot of anecdotal evidence suggesting good results with Stem Cells and PRP, but solid research is lacking. It is certainly reasonable to have an informed discussion with a patient on how PRP might be used to augment traditional non-operative treatments.

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 tendon 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 after the procedure. Patients are placed in a boot for 1-2 weeks and will require somebody to drive them home. 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 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.