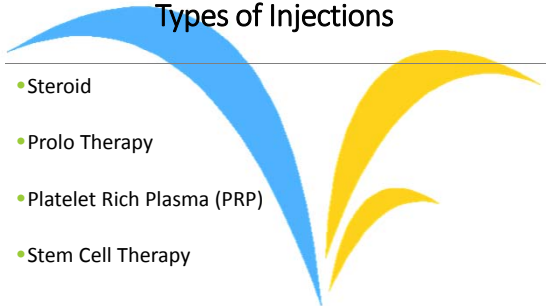



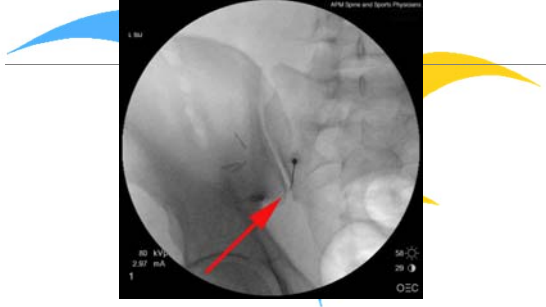
**NON-OPERATIVE TREATMENT:
SI-JOINT INJECTIONS**

DR. ADAM LEWIS / BRAD SUTIKA
4/23/2016



Types of Injections

- Steroid
- Prolo Therapy
- Platelet Rich Plasma (PRP)
- Stem Cell Therapy



AP Lumbar and Sacral Projections

Pain Management

- Philosophy
- Imaging doesn't always show a pain generator
- Spend money on treatment not imaging
- Pretreat with protein bars and apple juice

Steroid Injections

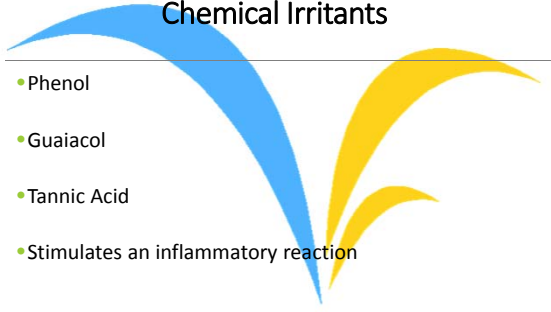
- Gold Standard for diagnosis
- Inject at the inferior portion of the joint
- Use contrast to define the anatomy
- Small amount of local anesthetic to avoid blocking other nerves/joints

Prolo Therapy

- Concentrated Dextrose and a local anesthetic
- Stimulates an inflammatory reaction
- 3 to 5 sessions (2 week intervals)
- Other agents may be added (pumice solution)

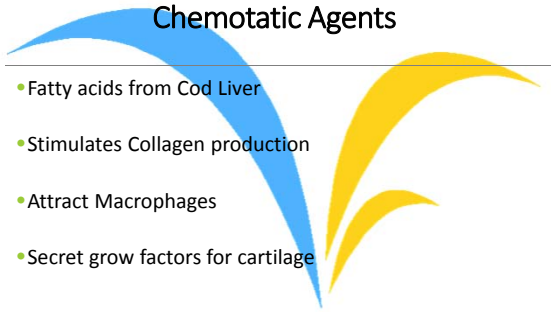
Chemical Irritants

- Phenol
- Guaiacol
- Tannic Acid
- Stimulates an inflammatory reaction



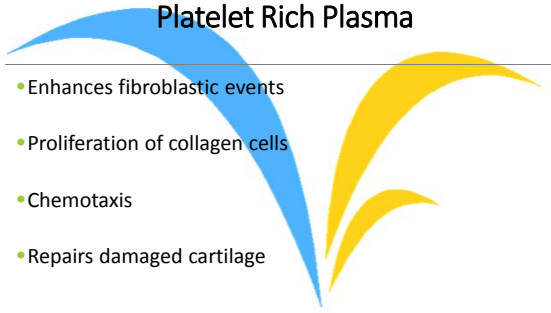
Chemotatic Agents

- Fatty acids from Cod Liver
- Stimulates Collagen production
- Attract Macrophages
- Secret grow factors for cartilage



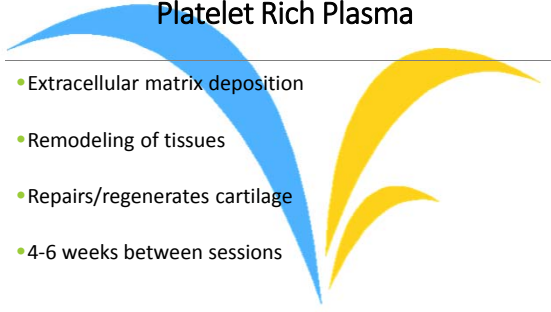
Platelet Rich Plasma

- Enhances fibroblastic events
- Proliferation of collagen cells
- Chemotaxis
- Repairs damaged cartilage



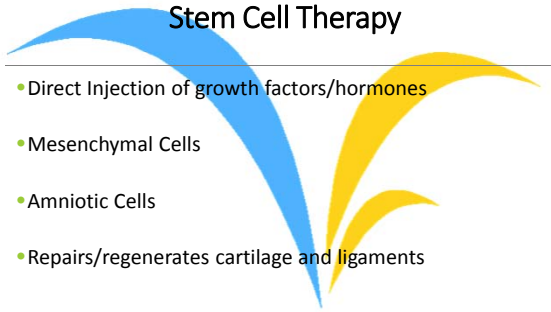
Platelet Rich Plasma

- Extracellular matrix deposition
- Remodeling of tissues
- Repairs/regenerates cartilage
- 4-6 weeks between sessions



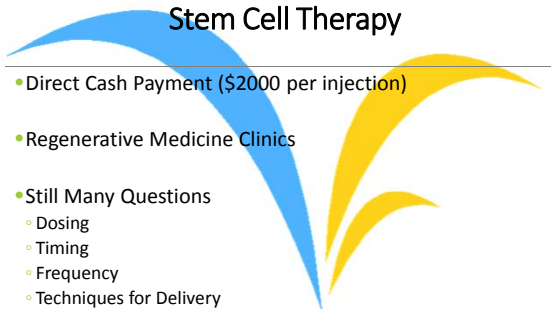
Stem Cell Therapy

- Direct Injection of growth factors/hormones
- Mesenchymal Cells
- Amniotic Cells
- Repairs/regenerates cartilage and ligaments



Stem Cell Therapy

- Direct Cash Payment (\$2000 per injection)
- Regenerative Medicine Clinics
- Still Many Questions
 - Dosing
 - Timing
 - Frequency
 - Techniques for Delivery



Conclusion

- Very little scientific evidence
- Expensive therapy
- Further work needed to define best practices
- Steroids, radiofrequency, and fusion still the best option

