PRP for joints & tendons

Potential benefits, important limits, and questions worth asking.

THE KEY POINT

PRP may be worth discussing for selected conditions. A diagnosis and a realistic comparison with other care come first.

What is PRP?

Platelet-rich plasma is prepared from a small sample of your own blood. A centrifuge separates the sample so a platelet-rich portion can be used in an injection. PRP is different from a stem-cell product. Benefits, if any, may take weeks to become noticeable. [1]

Why might someone consider it?

A 2026 AAPM&R guidance statement supports considering PRP for selected people with mild or moderate knee osteoarthritis who still have symptoms despite conservative care. Preparation and treatment protocols vary, and not everyone improves. [2]

What should you not expect?

Symptom relief is different from cartilage regrowth. AAHKS does not recommend routine biologic injections for advanced hip or knee arthritis. Do not assume an injection will rebuild an arthritic joint or eliminate a future need for surgery. [4]

Education only. Individual care requires a qualified clinician. Clinical review pending.

Evidence, benefits & tradeoffs

Knee osteoarthritis

In the 2021 RESTORE trial, PRP did not significantly outperform saline for pain or cartilage-volume loss at 12 months. Results differ across studies, so discuss both the research and current guidance with a qualified clinician. [3]

Ankle osteoarthritis

AAOS's July 2026 guideline recommends against PRP injections for symptomatic ankle osteoarthritis. Results from the knee should not be generalized to the ankle. [5]

Achilles tendon problems

A randomized trial of 240 people found no significant improvement in chronic midportion Achilles tendon dysfunction at six months after a single PRP injection versus sham. [6]

RISKS TO DISCUSS

Discuss temporary soreness, bruising and increased pain, as well as infection, bleeding, tissue injury or nerve injury. Tell the treating clinician about medications and medical conditions; do not stop a prescribed medicine on your own. [1,20]

Compare the alternatives

Ask about diagnosis-specific exercise or physical therapy, activity changes, weight management when appropriate, medicines, other injections and surgery when indicated. PRP should be compared with the full care plan. [15]

Make the conversation count

1. What is my exact diagnosis and severity?
2. Which studies match my condition and proposed PRP preparation?
3. What care should I try or optimize first?
4. What improvement is realistic, and when will we reassess?
5. What is the full cost, including repeat visits and rehabilitation?
6. What happens if I do not improve, or if I develop a complication?

Why evaluation matters

If pain keeps interfering with walking, sleep, work or usual activity, arrange an assessment. The useful first step is understanding the cause and options, not committing immediately to an injection.

The RegenLuma approach

RegenLuma's brand commitment is clarity before commitment: explain the evidence, discuss alternatives, and give you time to make an informed choice. Confirmed services and treating clinicians will be published as clinic arrangements are finalized.

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Sources & your notes

Read the original resources for context. These sources support education; they do not endorse RegenLuma or determine your eligibility for treatment.

[1] AAOS OrthoInfo: Platelet-Rich Plasma (PRP) (Current patient resource)

[2] AAPM&R: 2026 guidance on PRP for knee osteoarthritis (April 16, 2026)

[3] JAMA / University of Melbourne researchers: RESTORE randomized clinical trial: PRP versus saline for knee osteoarthritis (2021)

[4] American Association of Hip and Knee Surgeons: Position statement: biologics for advanced hip and knee arthritis (2025)

[5] American Academy of Orthopaedic Surgeons: 2026 ankle osteoarthritis guideline (July 2, 2026)

[6] JAMA / University of Warwick researchers: Randomized trial: PRP versus sham for chronic midportion Achilles tendinopathy (2021)

[15] NIH / NIAMS: Osteoarthritis: diagnosis, treatment, and steps to take (September 2023; current patient resource)

[20] Johns Hopkins Medicine: Platelet-rich plasma injections: patient education (Current university health-system resource)

Notes for my visit

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