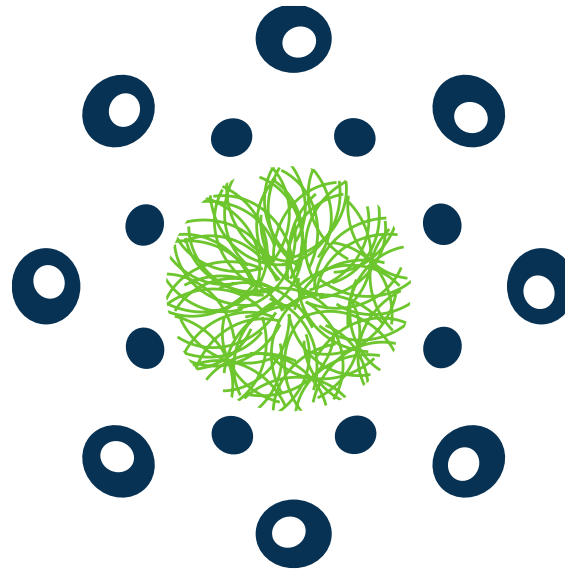


RegenPRP for tendinopathies



In tendinopathies, RegenPRP treatment, in **12 studies**⁽¹⁻¹²⁾ on a total of **394 patients**, provided significant clinical benefits in up to 90% of patients with continuous improvement over time with low levels of relapse.

Intra-lesional and in some cases peritendinous injections of PRP, prepared with RegenKits, show significant positive effects (**decreased pain, improved functionality**), including on patients that were refractory to conventional treatments, on different types of tendinopathies:

- insertional and non-insertional tendinopathies of the Achilles tendon
- patellar tendinopathies
- elbow tendinopathies
- Rotator cuff tears or tendinopathies
- various other enthesopathies (greater trochanter, plantar fascia)

Regen PRP was found to be **particularly effective in insertional tendinopathies**.



In a recent **meta-analysis**, **Fitzpatrick¹³** concluded that leukocyte rich PRP (LR-PRP) was recommended for tendinosis.

As noted by Russo¹⁴, **this conclusion is biased** as it is based on only one study with poor results that used a PRP that was de-leukocyted by filtration in comparison to 11 studies done with LR-PRP.

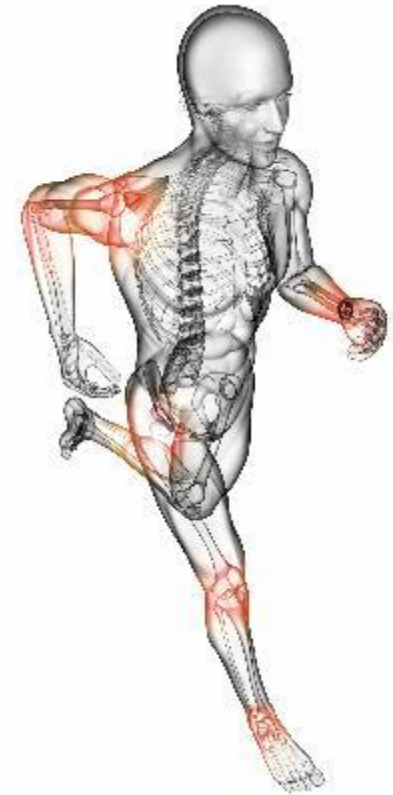
RegenPRP is leukocyte poor PRP (LP-PRP) efficient for tendinosis, without the pain and detrimental effects linked with the high inflammatory reaction induced by LR-PRP.

The composition of the PRP (platelet quality, level of contamination with red and white blood cells) has a significant impact on the therapeutic effect, as shown by Papalia¹⁵ and Filardo¹⁶ on knee osteoarthritis.

LP-PRP, like RegenPRP, are as efficient or even superior to LR-PRP even though LP-PRP are usually with a platelet concentration factor below 3 times (1-3X) the baseline value in blood, while LR-PRP are usually concentrated 4 to 6 times (4-6X).



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