

W O N D E R   W H Y ?

# The Making of a Prolotherapist

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**Dr. Stoll performing Prolotherapy on a patient's knee.**

**E**nthusiastically, I started my first day of practice as a Physiatrist with all of the tools I learned in training, ready to diagnose and treat all of the sports and spine maladies I had so carefully studied. I worked diligently to practice evidence-based medicine and applied solid, scientifically proven principles to the patients who presented in my office each day. Over the course of time however, my patients did not seem to be getting better and moving on with their lives. I began to recognize that I was accumulating a growing population of patients requiring on-going treatment and medications to maintain their already limited daily activities. I was forced to ask myself, “What am I doing to improve my patients’ conditions and return them to high quality, independent lives?” and “Am I creating a population of patients who are dependent on a system of passive treatment for their quality of life?” Many of these people related stories such

as an inability to pick up their baby out of the crib, or even hold the baby for more than a couple of minutes due to severe pain. Dads, moms, and grandparents were unable to play with their children and often had to say no to those pleading, smiling faces. Some faced economic hardship, as they were unable to return to their jobs due to unremitting pain. Many had significantly reduced the sphere of their quality of life, living to just to get through the day. I began to realize that I did not have an answer for my patients and I refused to settle for the easy answer of “You will just have to live with it.”

Working as a team physician for a Division I University, I also began to see a large number of athletes with “soft tissue” injuries not identifiable on traditional imaging studies, yet limiting their participation, and in some cases preventing them from active play. The trainers, athletes, and parents were frustrated once conservative treatment was exhausted but the pain and impairment persisted. All of the treatment modalities I learned in training fell short and I was forced to ask myself, “What am I treating and is there a better way?”

Finally I began to see a trend of both recurrent and recalcitrant pain in my treatment of low back pain patients. Patients that were seemingly success stories early on, and had returned to their lives after one or two transforaminal epidurals and Physical Therapy, would return to my office reporting the unfortunate return of their low back pain. Further intensive treatment following all of the recommended algorithms for pain management and rehabilitation returned mediocre results and a large number of defeated patients. The best of conservative care, including kinetic chain based physical therapy, fluoroscopic injections, chiropractic treatment, acupuncture, dietary excellence, medications both pharmaceutical and homeopathic, and medium level laser, failed to resolve their pain syndromes. In many of the cases, because of vague and diffuse symptoms, I could not identify the pain generator and could not offer any further treatment options, nor any hope.

Motivated by the stories and faces frequenting my growing practice, I began to intensely research the musculoskeletal system and treatment options. My focus turned toward regenerative and restorative medicine focusing on healing. I postulated that if treatment could stimulate healing and restoration of injured tissues, then patients would not only experience pain relief, but would gain their independence from my disease management based practice and see me only at the restaurant or juice bar.

I recalled hearing during residency, some vague and generally unfavorable reports of “sclerotherapy” treatment for low back pain. So with no other leads, I began to read online articles about this “controversial” treatment. During the research process, I found numerous articles touting the benefits of a more modern concept, Prolotherapy or regenerative injection therapy. The information seemed promising and I contacted Dr. Reeves by email to ask him if these patient histories and success stories were accurate. He confirmed the remarkable benefits and referred me to the American Association of Orthopaedic Medicine, where I attended my first conference in Chicago in 2004. The lectures answered many of my seemingly unanswerable questions, highlighting the importance of collagen and ligament injury as a treatable source of chronic musculoskeletal

pain. The big picture of musculoskeletal medicine started to come into focus for the first time. With eyes wide shut, I watched Prolotherapy performed for the first time during the patient demonstration section, almost not believing what I was seeing. I never imagined that a needle could be accurately passed through the skin so many times without fluoroscopy. Later, I had an opportunity to visit with these patients who shared case histories that reminded me of many of my patients. I was encouraged as they validated the benefits of Prolotherapy, their changed lives, and I was hopeful that I was now on the right path.

I was trained to use fluoroscopy for injections and felt grossly under-trained to perform blind spinal injections. While at the AAOM conference, I learned about the cadaver based program held annually at the University of Wisconsin, through the Hackett Hemwall Foundation, and attended their fall conference later that year. The course thoroughly prepared me to begin safely performing Prolotherapy, and I returned to my office to begin performing some basic Prolotherapy on knees, shoulders, and elbows. With each passing month, patients returned to my office reporting improved pain, function, and quality of life, and substantially decreased use of any pain medications. My confidence grew both in my skills and in the positive outcomes achieved through the regenerative injections. I also noticed that my patients were able to return to their lives and reached a point where they no longer needed to schedule follow-up visits. Enthusiastically, I pursued more training through the University of Wisconsin courses, returned to my anatomy books and discussions with mentors. Prolotherapy and the study of Biotensegrity dramatically expanded the successful treatment of my patients. More than any other treatment I currently employ in my practice. It has become a cornerstone in my conceptual understanding of the musculoskeletal system, led to more accurate diagnoses, and produced consistently successful treatment protocols. Furthermore, this field brought clarity where there was once confusion and uncertainty.

During the past five years, the study and application of Prolotherapy has filled a critical void in my education that has transformed both my practice and the lives of my patients. I also realize that I have just embarked on an exciting journey of continual learning with a tremendous group of like-minded physicians and practitioners whose ideals truly embody the timeless ideals of the Hippocratic Oath. ■



**Dr. Stoll using Prolotherapy to eliminate the pain from a hip injury.**