

IT'S A WIDE WIDE WORLD

Why I Switched from Orthopedic Surgery to Prolotherapy

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THE JOURNEY

In 1975, after I finished my clinical education as an orthopedic surgeon, I opened my private office as an orthopedist in Luebeck, Germany. In those days the possibilities to operate were not so good for young orthopedic surgeons. Big operations, like hip replacements, were done only in the large public hospitals.

At that time I decided to treat soft tissues with injections, medication, and physiotherapy and not to operate any more. In the beginning, numerous shoulder patients had a problem when medication was not successful. I started studying manual therapy, but to manipulate a cervical spine was not the solution of shoulder problems, as my teachers at that time insisted. At last, I remembered a little booklet from Dr. James Cyriax from London who gave me diagnostic and treatment advice for shoulders which turned out to be very successful. So I took extended training in orthopedic medicine by Cyriax, which was not common in Germany at the time.

CORTISONE VERSUS PROLOTHERAPY

The only treatment after a secured shoulder diagnosis in those days was a cortisone injection. Cortisone typically helped very quickly, but the problem had a tendency to come back. After several injections with cortisone, the risk of a rupture of the treated tendon was present or the success of the injection diminished. While practicing traditional cortisone injections, I was introduced to Prolotherapy by one of my teachers in manipulation, Professor Tilscher, from Vienna.

In 1998, after 20 years of treating only low back pain patients with Prolotherapy, I introduced my colleague, orthopedist Dr. Baehnisch, from Leipzig, Germany to Prolotherapy. He traveled to the United States several times where he received in depth training from Dr.'s Ravin and Cantieri. These doctors used the Cyriax diagnostic and treatment techniques as well, so it was not

difficult to follow their advances. Consequently, we were able to set up new standards for our own work back in Germany. I started treating shoulder tendon problems with Prolotherapy and could leave the cortisone path behind with all its associated problems.

SUCCESSFUL RESULTS WITH PROLOTHERAPY

From the year 2000 until 2006, I have compiled 1500 cases in which I used Prolotherapy as the primary mode of treatment. The treatments were successful in 88.3% of them.

In Germany, we once believed that Prolotherapy would only work on ligaments and not on tendons. My own success in treating tendinosis of shoulder tendons since 2002 defeated that whole theory in my mind. A tendinosis means a weakness of a tendon accompanied with some signs of inflammation.

My experience with hip pain brings further proof to the efficacy of Prolotherapy, as there is a similar problem with hip pain. Cyriax teaches that a hip has to show a so-called capsular pattern when the doctor moves the joint for diagnostic reasons. The pain is expected in the groin if this joint is really the problem. But many patients show more pain on the outer side of the hip going down to the knee. The large bone called the greater trochanter, where the gluteal muscles and a bursa (fluid filled sac) attach is often the origin of the pain and typically such a person is diagnosed with trochanteric bursitis (inflammation of the bursa).

Until the year 2000, I typically injected this bursa, like all my teachers before me, with 40 mg Triamcinalone (cortisone) with mostly good, but only temporary relief. So people came back for more injections. At the end, I recall five patients who did not respond any more to this therapy. So I sent them to an orthopedic clinic, where the bursa was surgically removed.

One side note that I would like to mention: My security in those difficult diagnostic cases is always the test injection with a local anaesthetic. Although the Cyriax techniques are very accurate, they sometimes fail, especially in the important shoulder diagnostic. MRI's are not useful, so I rarely order them. For patients with chronic pain on their long road from expert to expert, test injections provide a hopeful sign to convince them that their diagnosis has really been secured. ■

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