

# Prolotherapy for Professional Sport Injuries

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A professional athlete's career frequently depends on the ability to bounce back from injuries that are an unfortunate but routine part of their sport. All too often we hear of a lengthy interruption in a professional athlete's participation or the premature ending of an athlete's career due to injury. It is especially disheartening when their desire to play is still very strong and the only thing lacking is cooperation from the parts of their body that have unhealed injuries. The mind is willing but the body is not. These injuries are begging to be repaired. These tissues are begging for Prolotherapy.

Prolotherapy works simply and elegantly by targeting the injury site and then stimulating the amazing regenerative potential that our own immune system possesses. More and more professional athletes are happy to discover that Prolotherapy can not only eliminate the pain from their new or lingering injuries but will also improve the strength, quickness and agility they feared were gone for good. This is only possible with adequate tissue repair.

At present, most athletic injuries are initially treated with strategies designed to reduce pain and inflammation at the injured site. Because the temporary swelling and discomfort from injuries can be a nuisance to athletic performance, athletic trainers have utilized many methods to reduce or eliminate inflammation. Unfortunately, this presents a dilemma that continues to be poorly recognized from the little leagues right up to most professional sports organizations.

Simply put, methods that suppress inflammation may actually be too successful for the athlete's own good. In a worst case scenario, an injury that would naturally heal completely if left alone becomes a lingering, chronic one if inflammation (i.e. repair) is suppressed too much. Yes, the body's natural process of repair is called inflammation. Inflammation isn't a side effect of the repair process, it is the repair process. This needs to be kept in mind when deciding whether to use anti-inflammatory methods to treat athletic injuries.

Fortunately, as the following athletes have come to realize, if unrepaired tissue is the limiting factor in returning to their former greatness, the brief inflammation they endure as a result of the Prolotherapy repair process is a miniscule price to pay to return to the sport they love.

Debbie Parris-Thymes placed fourth in the 1996 Olympics in the 400-meter hurdles. The world-class runner from Jamaica also won a gold medal in the 2001 track and field world championships. However, by 2003 injuries were taking their toll and her times were suffering. Like a lot of athletes she nevertheless continued to train, enduring the increasing pain until it became too much to bear. She eventually knew that she would have to obtain significant relief from what she initially thought was "just a hamstring injury" or her career would come to a premature end.

Naturally, she consulted medical experts who gave her bad news. Not only did the doctors tell her she would need spine surgery, but that whether she had surgery or not it would be unlikely for her to effectively compete in a sport where fractions of a second mean the difference between winning or not.

Fortunately, a physical therapist she consulted knew about the benefits of Prolotherapy and recommended that she consider this treatment instead of surgery. She was more than happy to see if Prolotherapy could help her recover when she heard there was very little down time, no surgery or hardware implanted in her body, there was no lengthy and painful rehabilitation period and it worked purely by stimulating the body's own repair mechanism.

At our first visit she pointed to the location where her right hamstring muscles attach to the part of her pelvic bone called the ischium and was convinced that she only needed that area injected. After a very modest amount of improvement, round two of injections also included her right sacroiliac joint. After a third round of injections done only to a part of her spine called the thoracolumbar junction, she became pain-free for the first time in many months and stayed that way for years to follow. She felt so

good that she decided to return to professional track. She later wrote: “As a result of the Prolotherapy treatment I found that it helped me to be able to continue competing for a few more years whereas without treatment I would have had to retire a lot earlier from competition because I was usually in so much pain.”

So instead of retiring in 2003, she won her 2004 and 2005 national championship events, had a top ten finish in the 2004 Olympics, and narrowly missed the finals of the 2005 World championships.

Michael Clayton ended his stellar collegiate football career at Louisiana State University with the school record for most career touchdowns scored. As a wide receiver he helped LSU win the NCAA national championship in 2003 and then became a first round draft pick by the Tampa Bay Buccaneers in 2004. In his first year as a pro, he led his team and all NFL rookies with 80 receptions for 1193 yards and 7 touchdowns. Unfortunately, by the last game of the second season he had to sit out because of the intense pain from an injury known as “turf toe.” Usually occurring to tendons and ligaments at the base of the big toe this injury occurs less often than an ankle sprain, however, frequently being more painful, it is responsible for more lost playing time in football players. This injury usually occurs when the injured player is struck on back of the lower leg when his forefoot is planted on the ground tearing soft tissues under the ball of the foot.

Without adequate repair of these tendons and ligaments, turf toe can be a recurring problem. Michael’s case wasn’t unusual. It first happened to him in college and now recurred as a pro. Typically, flare-ups of turf toe are treated by rest and anti-inflammatory treatments better suited for acutely decreasing symptoms than by inducing the rigorous tissue repair needed to eliminate recurrence.

While it is true that resting an injury may give a respite in pain, rest alone rarely, if ever, initiates the body’s healing response. Adding anti-inflammatory drugs and techniques may decrease even further the likelihood of significant repair of these tissues since again, the body’s repair mechanism is inflammation.

After one round of Prolotherapy to the tendons and ligaments of this part of his forefoot, Michael’s turf toe pain was completely gone and hasn’t returned since.

Kirston Pittman had the unique distinction of being the first player in college football history to own two BCS championship rings. In 2003, as a defensive end he earned freshman All-SEC and honorable mention All-American honors helping LSU win their national championship that year. The second championship in 2007 was especially sweet since he had missed the entire 2006 season with an Achilles tendon rupture that occurred during pre-season training. The part of his tendon that had ruptured healed well following surgical repair. However, the place where his now somewhat shorter Achilles tendon attached to his heel bone became a new problem called enthesopathy, or chronic tendinosis. For one and a half years following this injury every step he took was painful, including the entire 2007 championship season. During this period his heel was repeatedly treated with the usual modalities used by athletic trainers and also injected with cortisone. Because the Achilles tendon attachment to the bone was in a weakened state, a bone spur developed and grew larger over that year and a half. Then, he began Prolotherapy to the heel and soon became pain-free for the first time in almost two years. Prolotherapy also arrests the process of bone spur formation since the much stronger tendon attachment no longer pulls away from the bone, which is the stimulus for spur formation.

He was looking forward to a pro career when he signed a two-year contract with the St. Louis Rams and began the 2009 training camp pain-free. With the rigorous training the heel pain started to creep back in and he faced a dilemma. Although Prolotherapy had proved itself to Kirston, the team’s orthopaedic surgeon recommended a different approach. Kirston was told he only had two choices. Either he would undergo surgery to remove the heel spur and be out for the entire season or face immediate retirement before his career started. Prolotherapy wasn’t one of the options given to him, raising a point.

Occasionally, Prolotherapists and orthopaedic surgeons will view sports injuries somewhat differently leading to different treatment approaches. For



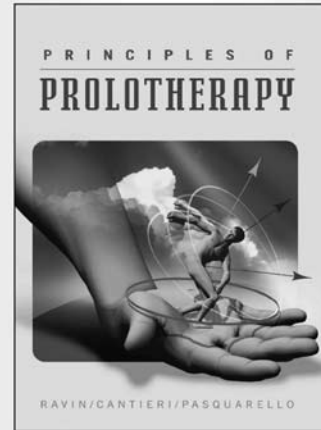
**Dr. Kramm treating one of his athlete patients.**

example, in the case of bone spurs a Prolotherapist sees the culprit as a weak tendon or ligament attachment to the bone. When the weakened tendon slowly pulls away from bone, the bone will naturally grow into the gap thus created. The bone spur is therefore a byproduct of this process rather than the sole source. Since Prolotherapy creates stronger tendon and ligament attachments to bone the problem is solved without requiring the bone spur to be removed. No spur removal means no lengthy and painful recovery period before they return to action.

An orthopaedic surgery approach will often implicate the bone spur seen on X-ray as the source of the problem necessitating spur removal to achieve relief. Orthopaedic surgeons who don't perform Prolotherapy unfortunately don't have the opportunity to witness what is commonly seen by the Prolotherapist: the complete resolution of pain and return to full function following Prolotherapy without actual spur removal.

We'll never know if all Kirston needed was a "touch-up" of Prolotherapy injections to the heel, which may have allowed him to play the entire 2009 season that he will now miss.

Prolotherapy has saved many a professional athlete's career. It would save many more if it was routinely considered in the treatment regimen considered by the athletic trainers and orthopaedic surgeons charged with bringing these talented individuals back to professional competitiveness. I have personally observed that many of the professional athletes who have been treated by Prolotherapy retrospectively considered it a stroke of luck to have heard about it. Thankfully, this is changing as word is spreading about the many advantages of Prolotherapy to the professional athlete seeking full return to competitiveness in the least amount of time and in the least amount of pain. ■



With more than 250 color photographs and 100 anatomical illustrations, *Principles of Prolotherapy* provides a comprehensive guide to the body's musculoskeletal anatomy as it pertains to the practice of Prolotherapy.

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