

LETTERS TO THE EDITOR

Letters from Clive Sinoff, MD

To the Editor,

Dr. Van Pelt has given an excellent description of prolotherapy of the foot and ankle.¹ He states that “If the tendon has a complete rupture then orthopedic surgery is required and referral will be made promptly”. However, there are articles showing that conservative treatment (without prolotherapy) provides very much the same results, perhaps with a higher risk of re-rupture, but less complications, than surgery.^{2,3} Consequently, it seems that even complete rupture can be treated conservatively, and prolotherapy is likely to further increase the success of non-operative treatment.

Clive L. Sinoff, M.D.

REFERENCES:

1. Van Pelt RS. Ankle and foot treatment with prolotherapy. *J Prolotherapy*. 2011;3:576-581.
2. Helander KN. Surgery may not be necessary for acute Achilles tendon rupture. Presentation at American Association of Orthopedic Surgery, 2010. Medscape.com/viewarticle/718559.
3. Atkinson TS, et al. Complete ruptures of the Achilles tendon. Medscape.com/viewarticle/408535.

Dear Dr. Sinoff:

Appreciate your letter. Yes, if someone was to treat it conservatively with Prolotherapy, the patient would have to be in a brace that keeps the Achilles tendon in a shortened position, with the intention of encouraging the two torn ends to reattach. On another note, Prolotherapy can of course be given after surgery. I recently had a patient completely tear his Achilles tendon and wanted to know when he could get Prolotherapy because helio skiing season was approaching. Once he was cleared at his post-op visit by the surgeon, he came in for PRP Prolotherapy. He made, what I would term, a “quicken” recovery and enjoyed the last helio skiing season without incident.

Also, in a separate email, you had mentioned the mix up in Table 1, on page 546 of the February issue, regarding the percentage of female to male patients. The table

should have stated 74% female and 26% male, as it stated in the text. Thanks for pointing that out.

Ross Hauser, MD

Dear Ross,

Obtaining reliable prolotherapy studies is very difficult and your retrospective reports are invaluable. I cannot envisage prospective randomized studies in the future, and as far as I can ascertain, there are only a handful of published small randomized studies. However, I believe that it would be possible to develop convincing prospective non-randomized studies with:

1. Standardized data collection
2. A control group that does not receive prolotherapy for whatever reason—in my situation more than 90% of my patients never receive prolotherapy because of denials by Workers’ Comp.

This is just a preliminary thought. Perhaps such studies could be done in conjunction with the American Osteopathic Association of Prolotherapy Integrative Medicine and the American Academy of Orthopedic Medicine. We would need someone with your expertise and drive to spearhead this. Any thoughts?

Best regards,
Clive Sinoff

Dear Dr. Sinoff:

Thank you for your correspondence. As we all know, doing controlled studies is very difficult and cost prohibitive. We are making a lot of strides in Prolotherapy research, as evidenced by the fact that so many non-Prolotherapy articles mention the word Prolotherapy. Just today, I saw it mentioned in a very prominent Ehlers-Danlos article I was reading. While I appreciate your words as it relates to studies I/Caring Medical have published, the coordination of research with a lot of different centers is not my forte. Though what you describe would be great for Prolotherapy, it would have to be someone with a research background, which few have that are involved with Prolotherapy. Let’s hope someone reading this will take up the gauntlet and pursue this with your suggestions.

Ross Hauser, MD ■