

For Referring Providers

A Trusted Partner for Joint Injection Therapy

At **Joint Pain Solution Center**, we value the role that primary care providers and other providers play in coordinating and managing their patients' overall health. When you refer a patient to us for joint injection therapy, you can be confident they are in experienced, careful, and professional hands.

We specialize exclusively in non-surgical joint pain management, with a focus on radiation-free, image-guided joint injections and regenerative treatments such as platelet-rich plasma (PRP). Our care model is designed to complement—not replace—your ongoing management of the patient.

Not completely familiar with regenerative treatments like PRP? Click this link to watch a short video to [learn more](#) or scan QR to watch:



A New Understanding of Arthritis

Most of us were trained to view osteoarthritis as a simple “wear-and-tear” process resulting in progressive cartilage loss, symptom management, and eventual joint replacement. While intuitive, this model is incomplete. Articular cartilage is living tissue maintained by chondrocytes, and arthritis commonly develops in non-weight-bearing joints such as the hands, suggesting factors beyond mechanical overload.

A more accurate framework recognizes osteoarthritis as a disorder of **chronic inflammatory signaling** within the joint microenvironment. Catabolic cytokines and mediators can drive chondrocytes into a self-perpetuating inflammatory state resulting in impaired cartilage maintenance and accelerating degeneration.

Biologic therapies such as **platelet-rich plasma (PRP)** offer a newer approach by modulating intra-articular signaling rather than simply suppressing symptoms. PRP may help shift the joint environment toward healthier homeostasis, improving pain and function in appropriately selected patients.

Collaborative, Physician-to-Physician Care

We approach every referral as a partnership. Your patient is evaluated thoroughly, treated appropriately, and returned to your care with clear documentation and communication. We do not assume the role of primary care, nor do we redirect patients away from their established providers.

You can expect:

- Careful patient selection and evidence-based treatment recommendations
- Clear procedural notes and follow-up summaries
- Prompt communication regarding outcomes or concerns
- Respect for your treatment plan and long-term patient relationship

Patient Safety

All injections are performed by a physician with extensive experience in joint pathology and injection techniques. We emphasize:

- Conservative, medically appropriate treatment plans
- Strict sterile technique and safety protocols
- Image guidance when clinically indicated
- Realistic counseling on expected outcomes and alternatives

If a patient is not an appropriate candidate for injection therapy, we will advise them accordingly and communicate our findings back to you.

Clinical Standards

Not all biologic preparations, including platelet-rich plasma (PRP), are the same. Unlike off-the-shelf medications, biologics are derived from the patient's own blood and are highly dependent on proper collection, processing, and concentration techniques.

If an inadequate volume of whole blood is obtained or if the centrifugation system does not effectively concentrate platelets, the resulting PRP may be subtherapeutic. For this reason, our practice places strong emphasis on standardized, evidence-based preparation protocols.

We emphasize:

- Obtaining **adequate volumes of whole blood** to achieve a therapeutic PRP dose
- Targeting a platelet concentration of approximately **5× to 7× baseline circulating levels**, which corresponds to an estimated **3–7 billion platelets per injection**, a range supported by the majority of published studies
- Consistent processing techniques to ensure reproducibility and quality control

One of the primary reasons PRP outcomes vary between practices is differences in preparation and platelet concentration. To address this, we utilize one of the leading PRP centrifugation systems available, the **Arthrex Angel System**, which allows for precise platelet concentration and reliable biologic consistency.

Click link to watch video on the [Arthrex Angel System](#) or scan QR code to watch:



Referral Criteria

Providers may consider referral to **Joint Pain Solution Center** for patients who meet one or more of the following criteria:

- Chronic or recurrent joint pain (e.g., knee, shoulder, hip, or other major joints) lasting **>3 months**
- Osteoarthritis or degenerative joint disease confirmed clinically or radiographically

- Persistent joint pain despite **conservative management** (activity modification, NSAIDs, physical therapy, or bracing)
- Patients seeking **non-surgical treatment options** for joint pain
- Patients who are **not surgical candidates**, wish to delay surgery, or prefer to explore regenerative options
- Sports- or activity-related joint injuries appropriate for injection therapy
- Patients interested in **image-guided joint injections** for improved accuracy and safety

Patients with active infection, unstable medical conditions, or contraindications to injection therapy will be identified during evaluation and referred back to you with appropriate recommendations. Of note, a patient on blood thinner is not an absolute contraindication.

Focused Scope, No Competition for Primary Care or Other Specialty

Our practice is intentionally limited in scope to joint injection therapy and related musculoskeletal care. We do not manage chronic medical conditions, prescribe unrelated medications, or provide overlapping primary care services. Our goal is to support you by offering a specialized service that enhances patient outcomes while preserving continuity of care.

Easy Referrals, Clear Communication

Referring a patient is straightforward, and our team ensures a smooth experience for both you and your patient. We are always available to discuss cases, answer clinical questions, or review whether a patient may be an appropriate candidate before referral.

Please see **referral form** and **case study** on next pages. If you have an urgent question or need, please call or text us at **954-363-9080**. We promise to respond quickly.

Provider Referral Form

Referring Provider Information	
Practice Name: _____ Provider Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____	
Patient Information	
Patient Name: _____ Date of Birth: _____ Phone: _____ Email (optional): _____ Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email	Reason for Referral Joint(s) of Concern (check all that apply): <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder <input type="checkbox"/> Hip <input type="checkbox"/> Elbow <input type="checkbox"/> Ankle <input type="checkbox"/> Other: _____
Primary Diagnosis / Clinical Concern (if known): _____	Duration of Symptoms: <input type="checkbox"/> < 3 months <input type="checkbox"/> 3–6 months <input type="checkbox"/> > 6 months
Requested Evaluation or Treatment <input type="checkbox"/> PRP Injection Evaluation <input type="checkbox"/> Joint Injection (physician to determine most appropriate therapy) <input type="checkbox"/> Ultrasound-Guided Injection <input type="checkbox"/> Conservative Joint Pain Evaluation <input type="checkbox"/> <i>Please evaluate and treat as clinically appropriate</i>	Relevant Clinical Information (optional but helpful) <input type="checkbox"/> Imaging available (X-ray / MRI / Ultrasound) <input type="checkbox"/> Prior injections <input type="checkbox"/> Physical therapy completed <input type="checkbox"/> NSAIDs or other conservative measures attempted
Additional Notes: _____ _____	
Care Coordination <input type="checkbox"/> Please send consultation and procedure notes back to referring provider <input type="checkbox"/> Provider would like to discuss case prior to treatment	
How to Submit Email: contact@jointpainsolutioncenter.com Fax: 833-438-2130 Phone: 954-363-9080 Website: www.jointpainsolutioncenter.com	
<i>Our office will contact the patient directly to schedule and will keep your office informed throughout the process.</i>	

Patient Case Study

Platelet-Rich Plasma for Lateral Epicondylitis (Tennis Elbow): A Case Study

Tennis Elbow is commonly managed with activity modification, NSAIDs, corticosteroid injections, and physical therapy. However, symptom relief is often transient, and repeated corticosteroid exposure may accelerate cartilage degeneration. Regenerative approaches such as PRP have gained interest for patients with persistent symptoms despite conservative management.

Patient Presentation

A 57-year-old active female presented with a 3-year history of progressive right sided lateral elbow pain. Symptoms were exacerbated by gripping with the right hand and during racquetball play. She is right hand dominant. Prior treatments included physical therapy, oral NSAIDs, and two corticosteroid injections with diminishing benefit.

Examination & Imaging Finding

Physical exam demonstrated right lateral epicondyle tenderness to palpation and pain on extension of the right wrist. Ultrasound images, shown in photo below, showed common extensor tendon inflammation and micro-tendinous tears as seen in the dark/anechoic tendon regions (red arrow) near right lateral epicondyle tendon insertion site.



Assessment & Clinical Reasoning

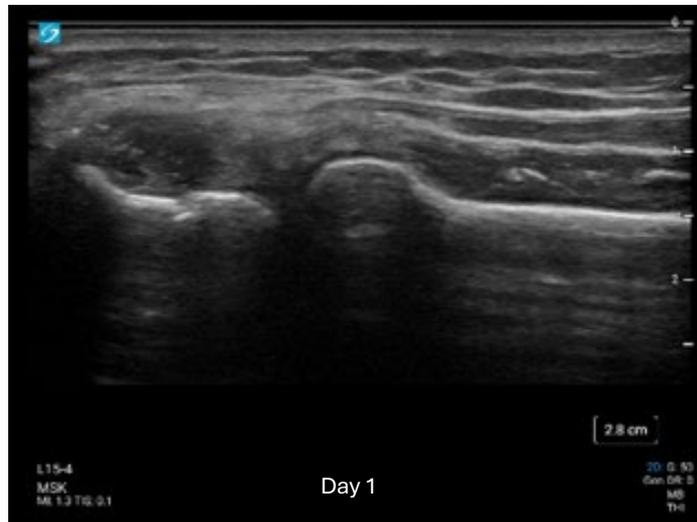
Given persistent symptoms despite conservative care and the patient's desire to avoid surgical intervention, PRP was selected to address the inflammatory and degenerative components of her lateral epicondylitis while minimizing risk to articular cartilage.

The patient underwent a single ultrasound-guided leukocyte-rich PRP injection. Approximately 2.5 mL of PRP was injected intra-tendinously using in plane approach. Post-procedure care included activity modification and avoidance of NSAIDs for 2 weeks.

Outcome & Follow-ups

At 1-month and 2-month follow-ups, the patient reported a reduction in pain from 8/10 to 1/10, and resolved pain upon gripping with her right hand. At 3 months the patient uses no NSAIDs and is ready to go back to playing racquetball.

Serial ultrasound images of the common extensor tendon from months 1–3 demonstrated progressive restoration of normal tendon echogenicity (white/gray color) and fibrillar architecture. By month 3, only a small focal area of persistent hypoechoogenicity (dark space) remained consistent with residual inflammation.



(Teaching pearl: Normal tendon appears hyperechoic (whitish/gray) with a uniform fibrillar pattern (like aligned fibers of a paint brush) on ultrasound. Progressive return of this appearance over time suggests biologic remodeling rather than symptomatic suppression alone.)

Discussion

This case aligns with emerging evidence supporting PRP for the definitive treatment of lateral epicondylitis. While results cannot be generalized, conservative therapies and corticosteroid injections may provide short-term relief, they do not address underlying tendon pathology and are associated with higher recurrence rates. Platelet-rich plasma (PRP) offers a biologically targeted approach by delivering growth factors that support tendon remodeling and collagen regeneration. Evidence suggests PRP may provide superior mid- to long-term outcomes compared with corticosteroids in chronic, treatment-refractory cases, with improvement occurring gradually as part of a regenerative process. When delivered under ultrasound guidance and combined with appropriate rehabilitation, PRP represents a reasonable treatment option for selected patients with lateral epicondylitis.