

For Referring Providers

A Trusted Partner for Joint Injection Therapy

At **Joint Pain Solution Center**, we value the role 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 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? Watch this short video to [learn more](#).

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](#).

Referral Criteria

Primary care 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.

Focused Scope, No Competition for Primary Care

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 on next page.

Provider Referral Form

Referring Provider Information	
Practice Name: _____	
Provider Name: _____	
Phone: _____	
Fax: _____	
Email: _____	
Address: _____	
Patient Information	
Patient Name: _____	Reason for Referral
Date of Birth: _____	Joint(s) of Concern (check all that apply):
Phone: _____	<input type="checkbox"/> Knee
Email (optional): _____	<input type="checkbox"/> Shoulder
Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email	<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>	