

VERMONT REGENERATIVE MEDICINE

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Board Certified in:
Physical Medicine and Rehabilitation
Neuromusculoskeletal Medicine
& Osteopathic Manipulation
Orthopaedic Medicine
Musculoskeletal Ultrasound

Practice limited to:
Physical & Orthopedic Medicine
Osteopathic Diagnosis & Treatment
Image Guided Spinal & Joint Injections
Biological Regenerative Injection Treatment
Diagnostic Musculoskeletal Ultrasound

TREATMENT CONSIDERATIONS IN OSTEOARTHRITIS

MEDICATIONS

Remember: the goal is improved physical and emotional function more than merely pain control!!!

Glucosamine sulfate 1500-2000mg with Chondroitin sulfate 1200mg/day taken once daily are the only proven joint cartilage protective medicines known and are highly recommended, whether it provides symptomatic relief or not!

Tumeric (standardized 95% curcuminoids extract), with Bioperine (for better absorption), has proof that it is statistically as effective as ibuprofen and naproxen, without the cardiac, gastrointestinal or kidney risks! Dose is 375-500mg twice per day. May be taken with Boswellia (frankincense) as well, which appears to be synergistic with Tumeric. Great way to wean off Advil/Aleve/prescription anti-inflammatory medications.

High dose concentrated fish oil (to get at least 2000mg/day of EPA) is great for circulatory and joint health as a way to lower systemic inflammation and counteract (somewhat) an inflammatory diet (S.A.D. or standard American diet!).

Other research proven supplements include SAM-E 400-600mg twice daily without food. SAM-E cannot be taken with most anti-depressants.

MSM 1500-3000mg / day can be synergistic with glucosamine and can be used if it provides some symptomatic relief. There is no good scientific evidence it works on its own, however, though it is completely safe.

Niacinamide 1000mg twice daily has great biochemistry research that it protects joints and it therefore makes sense to try, even if definitive proof is lacking.

It can be worth trying either an herbal anti-inflammatory combination product like Zyflamend or food enzyme product like Wobenzyme taken 3x/day between meals.

Regular medication would typically be sustained release acetaminophen (Tylenol) and NSAIDS (ibuprofen, naproxen, diclofenac, Celebrex, etc.). I strongly recommend against NSAIDS as they have very significant risks, and actually cause progression of arthritis! If needed, pure pain medications such as tramadol or hydrocodone can improve function and lessen pain.

The homeopathic creams Traumeel / T-Relief, Topricin or Triflora can be worth trying, especially for hands and feet. Prescription topical alternatives include the anti-inflammatory Voltarin (diclofenac) gel or Flector (diclofenac) patches. Topical capsaicin cream 0.025% (Zostrix, etc) applied 4x/day has been proven to improve pain (but it does burn initially!) and is best on hands and feet.

PROCEDURES

Hyaluronic acid gel (Synvisc, Supartz, Euflexxa, etc) injections, done weekly or bi-weekly for 3 sessions, done using ultrasound or x-ray guidance. Generally only insurance covered for the knee. Results are variable, take an average of 5 weeks after treatment to see an effect, but when effective it can provide up to 6 months of relief.

Regenerative / prolotherapy injection into the joint and supporting ligaments with proliferant (mostly a simple dextrose solution) to stimulate the body to release growth factors and heal, done using ultrasound or x-ray guidance. Typical treatment course would be monthly for 3-6 months. These would not be covered by most insurance companies. Can be quite effective when there is no excess fluid in the joint and can tighten up loose ligaments that often cause instability and pain.

Regenexx® SCP Super Concentrated Platelets (autologous highly concentrated and purified acellular platelet rich plasma) injections every 3-8 weeks 1-3 times, done using ultrasound or x-ray guidance. Not covered by insurance carriers at this time.

Regenexx SD+ stem cell injections, taken from a patient's posterior pelvis / iliac crests as a bone marrow aspirate that is then super concentrated in our on-site laboratory into various types of stem cells that are then injected into a joint/tendons/ligaments, done using ultrasound and/or x-ray guidance. Also a non-covered service.

Regenexx C culture expanded stem cell injections. This involves 2 trips to Grand Cayman. The first to extract bone marrow and blood from the patient to culture expand, freezing (cryo-preservation), sample testing (genetic, bacterial, etc), and then (on the second visit 4+ weeks later) re-injection of the cells into the

joint/ligament/tendon/spine/nerve targets. Multiple joints as well as the spine can be done at the same session, unlike with the SD procedure.

Arthroscopic debridement (house cleaning) is rarely done and in and of itself is often not very effective unless there is blocked motion from degenerative changes. When this is done it is best to follow up with SD+ and/or SCP once the swelling goes down.

Joint replacement surgery would be the last option, and "success rate" is 90% but satisfaction with the results is in the 50-60% range (higher for Regenexx procedures).