

Peter A. Fields MD, DC
Board Certified Medical Physician
Board Certified Chiropractor
Director

 Pacific
Prolotherapy &
Medical Wellness
Center

My Practice

- Orthopedic/Sports Medicine
- Holistic/Integrative Health
- Bio- Identical (Natural) Hormones
- Age Management (Longevity) Medicine
- Natural Alternatives to Prescription meds
- Nutrition/Weight loss

Additional training

- Physician/Instructor with the Hackett-Hemwall Foundation (www.hacketthemwall.org)
- *Honduras and Mexico Annual Prolotherapy Clinics*
- *Anatomy, Diagnosis and Treatment of Chronic Myofascial Pain with Prolotherapy*



Hackett Hemwall Foundation Honduras 2008

Memberships

- American Association of Orthopedic Medicine (AAOM)
- American Academy of Anti-Aging Medicine (A4M)
- International Hormone Society (IHS)
- American College for the Advancement of Medicine (ACAM)
- American Academy of Family Practice (AAFP)
- American Chiropractic Association (ACA)

**Arthritis, Sports
Injuries & Joint Pain
Can Prolotherapy
Help?**

Arthritis



Definition

- Arth: joint
- itis: inflammation

Over 100 Types of Arthritis

- Osteo (DJD, Degenerative)
- Rheumatoid
- Ankylosing Spondylitis
- Polymyalgia Rheumatica
- Psoriatic
- Gout

Osteoarthritis (DJD)

- Most Common type
- Any Joint
- Most often in knees, spine, hips and hands
- Deterioration of cartilage

DJD - Risk Factors

- Over 40 years of age
- Physical labor
- Injuries
- Obesity
- Genetics
- Defective cartilage

SPORTS INJUIRES



Sports Injuries

- Injuries that occur while being active
- Back pain, Neck pain, Sprains (ligaments), Strains (tendons), pulled Muscles, etc

How to SI happen?

- Improper training
- Out of Shape
- Lack of Flexibility (stretching)
- Not warming up
- Accidents
- Improper gear

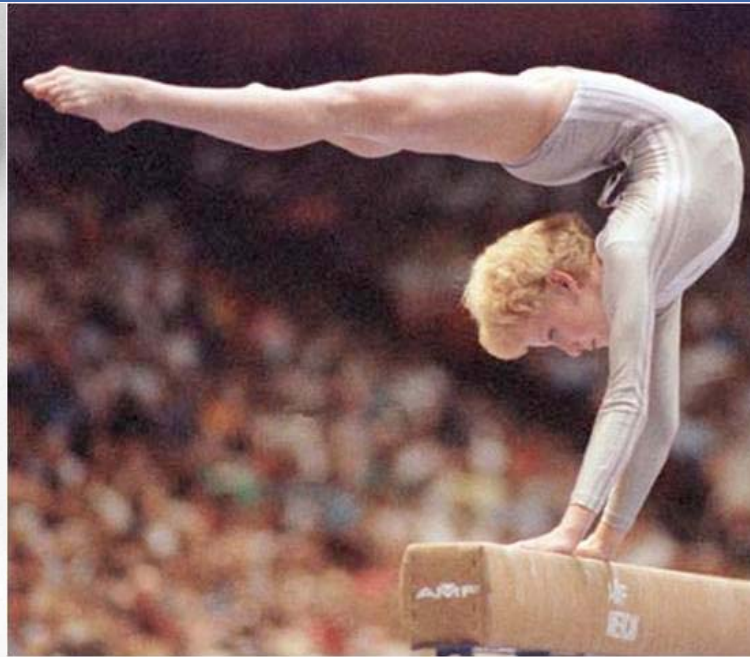
SPORTS INJUIRES

- Very common
- Acute (sprains, fractures, tears)
- Chronic (tendonitis, tendonosis, overuse)

Sports Injuries

- Acute (10%) - sudden, painful, new onset
- Chronic (20%)- slow onset, aching
- Acute on Chronic (70%) – long standing injury with acute exacerbation

JOINT PAIN



Joint Pain

- Knee - running, walking, bicycling, skiing, tennis, weight lifting, bowling and more
- Rotator Cuff (shoulder)- swimming, tennis, golf, surfing, weight lifting, bowling
- Elbow – tennis, golf, swimming

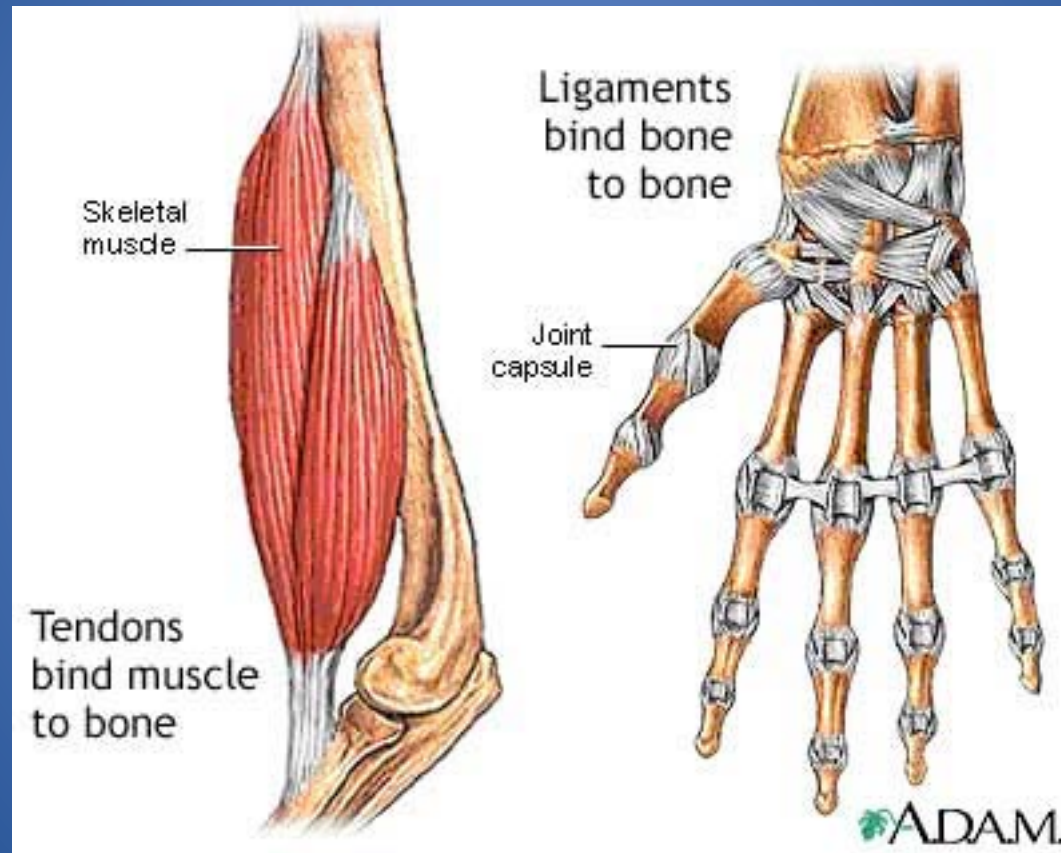
**Inflammation and Pain
are the result of joint
dysfunction.**

Joint dysfunction is commonly the result of weak or loose ligaments and/or tendons

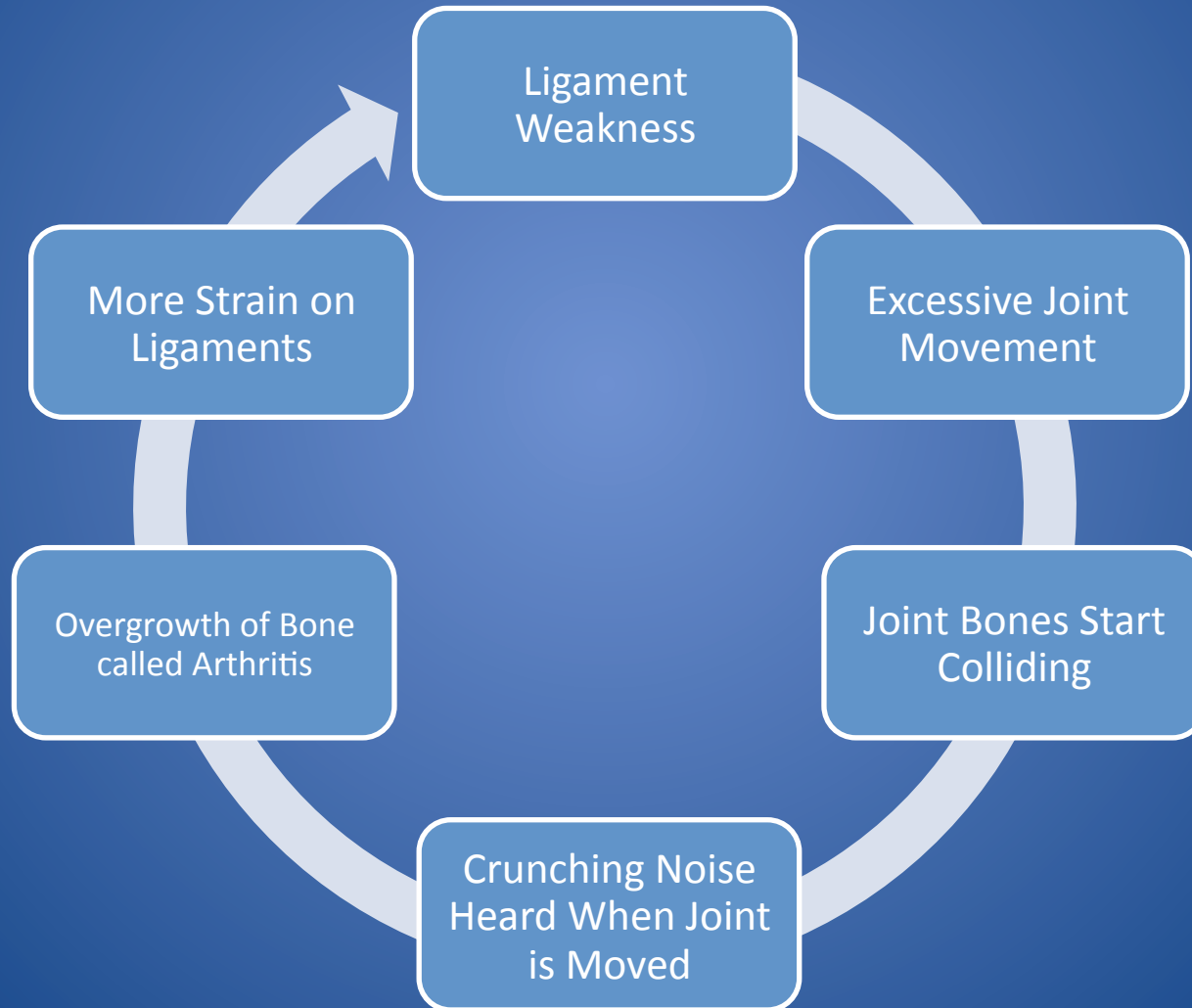
Ligaments versus Tendons

- Ligaments attach bone to bone
- Tendons attach a muscle to a bone

Ligaments vs Tendons



Weak Ligaments

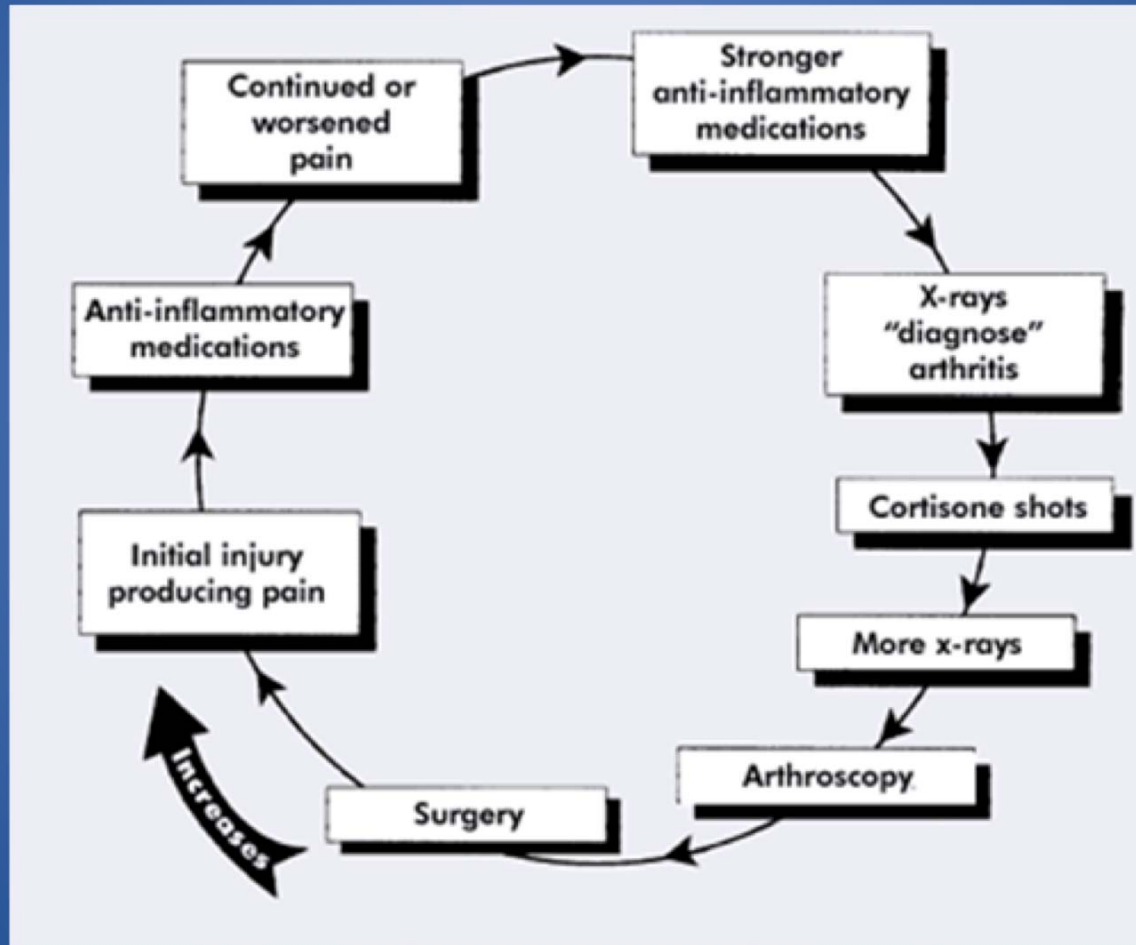


Common treatment of Joint Pain



- “You need to learn to live with it.”
- “There is nothing more we can do about it.”
- “Take these pain meds” (to cover it up)

Pain/Medicine/Surgery



Conventional Medicine

- Ibuprofen (Motrin), Advil, Naprosyn
- Cortisone
- Pain and Muscle relaxants
- Physical Therapy
- Rest
- Surgery

NSAIDS DON'T FIX

- Almekinders and Temple after a thorough review of the literature concluded there is **little evidence** for NSAIDS and cortisone in the treatment of tendinopathy.
 - Journal of Medicine, Science, Sports & Exercise

NSAIDS - Non-Steroidal Anti-Inflammatory Drugs

- Impair ligament/tendon healing
- Hinder cartilage production
- Stomach irritation or bleeding
- Raise Blood Pressure
- Decrease pain

Cortisone versus Prolotherapy

Prolo

Cortisone

• Healing	enhanced	inhibited
• Repair	enhanced	inhibited
• Collagen Growth	enhanced	inhibited
• Tendon Strength	enhanced	inhibited
• Ligament Strength	enhanced	inhibited
• Cartilage Strength	enhanced	inhibited

Dangers of Anti-Inflammatory Medicines Interview

**Visit www.DrFields.com to View
Video**

Surgery

- Most orthopedic surgeries are elective
- Surgery is irreversible
- Back surgery: 50% get better; 25% the same; 25% get worse
- Rehabilitation and recuperation

Knee Surgery

- Arthroscopic surgery does not improve outcomes in patients with osteoarthritis of the knee. Meniscal damage in the knee is not necessarily correlated with arthritis or joint problems, according to two studies published in *The New England Journal of Medicine*

MRI's

- Show abnormalities not related to the pain
- One study : “Overall, MRI diagnoses added little guidance to patient management and at times provided false information.”
- The Textbook of Orthopedic Medicine (Ombregt et al.) states, “The results of radiographic examinations should never be given to the patient as a diagnosis.”

MRI's

- Abn findings exist in pain free people
- *New England Journal of Medicine* : 98 pain-free people, 64% had abnormal back MRI's
- Asymptomatic, pain-free individuals -20's to 80's -changes present in almost everyone
- 62% as young 20 (pain free) had abnormal knee scans
- 90% of scans were abnormal for pain-free individuals in their 70s

Knee – Meniscus Injury



Surgery or Prolotherapy?

- If you have seen an Orthopedic Surgeon also see an experienced Prolotherapist
- If Prolotherapy is for you, get four treatments.
- 50% better (or more) after these treatments

Things I would tell my mother

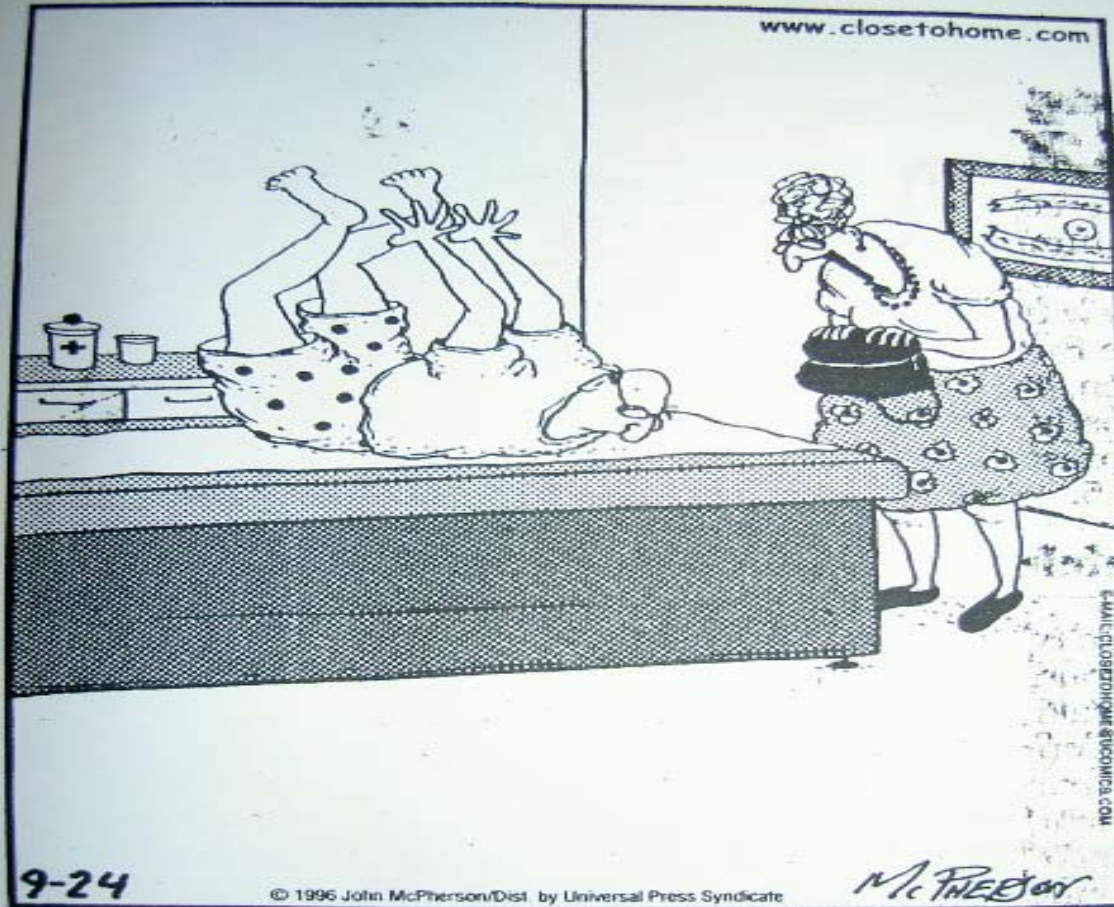
- How much of the practice is dedicated to Prolotherapy?
- Who performs the treatment?
- Does the doctor treat every joint?
- Where did they learn Prolotherapy?
- Do they get continuing education

Prolotherapy

- Most patients do great
- Remember that it is your body
- Ultimately, the decision is yours.

Rest

CLOSE TO HOME JOHN McPHERSON



"The doctor says it's just a pinched nerve."

OR NOT FACE REALITY



Prollotherapy

Prolotherapy

- WEBSTER'S Dictionary:
- “the rehabilitation of an incompetent structure, such as ligaments or tendons, by the proliferation of new cells.”



Prolotherapy-other names

- **Proliferative Therapy**
- **Regenerative Injection Therapy (R.I.T)**
- **Sclerotherapy**
- **Non-surgical ligament reconstruction**

Prolotherapy

- "*Prolo*" = *proliferation*

- Injection technique/non-surgical
- The treatment causes the proliferation (growth, formation) of new ligament or tendon tissue in areas where it has become weak

Prolotherapy

- Natural method - allows the body to heal itself
- stimulates the proliferation (growth) of normal cells and tissue
- your body then repairs weak, torn ligaments and/or tendons
- Modern model founded in the 1950s by Drs. George Hackett and Gustav Hemwall

Prolotherapy

- Weak Ligaments and tendons
- Increased cartilage degeneration, bone-on-bone friction and pain.
- Poor circulation but as nerves stretch/irritated - produce pain and weakness

Prolotherapy: How does it work?

- Injecting prolotherapy solution to the sites of pain and weakness
- Stimulate the bodies own healing mechanism to repair and rebuild
- Causes an inflammatory response



How Does Prolotherapy Work?

- Proliferation (growth) of ligament or tendon
- Weakened area heals and the pain is reduced or eliminated.
- Stronger, more vibrant, less painful tissue

Why Prolotherapy?

- Better outcome & less down time than most surgeries
- Fixes the cause, not just the effect!
- More conservative and less invasive than surgery
- Ankle sprain recurrence rates are in the 50% to 70% range
- Shoulder re-dislocation rates are 50-90%
- Joint replacements can sometimes not work out as intended

Research

- *Lancet* -- Sansum Medical Clinic and Research
- 81 patients with chronic low back pain, 40 who received prolotherapy reported the greatest reduction in pain and disability scores after six months.

Research

- *Journal of Alternative Therapies*: Reeves and Hassanein.
- Knee arthritis: Patients who got prolotherapy had greater reductions in pain while walking, had fewer episodes of knee buckling, and gained a greater range of motion than did those who got placebo injections

Spine/Vertebrae Instability

- Young spine = disks separate the vertebrae and ligaments keep the vertebrae together and aligned.
- With aging the following:
 - dehydration and weakening of the disc
 - allowing disc bulging - decreases the distance between the vertebrae
 - creates a laxity in the ligaments and an instability of the vertebral segment or segments.

Proliferants

- Dextrose – the most common
- Sodium Morrhuate
- P2G: Dextrose, phenol and glycerine

Prolotherapy First – Surgery Last

- **No recovery time or rehabilitation**
- **Can stay up and active**
- **No side effects if it does not work**
- **Surgery if Prolotherapy fails to resolve most of your symptoms**

Prolotherapy Interview

**Visit www.DrFields.com to
View Video**

IDEAL CANDIDATES



What does Prolotherapy Treat

- Arthritis
- Sports Injuries
- Degenerated joints
- Knee pain
- Back pain
- Neck pain
- Ankle Pain
- Shoulder pain
- Bursitis
- Tendonitis
- Sciatica
- Headaches
- Fibromyalgia
- TMJ

Knee

- Arthritis
- ACL/ PCL
- Coronary ligaments
- MCL/LCL
- Patellar (Knee Cap) instability
- Quadriceps (Thigh) tendon
- Ilio Tibial Band (TFL)



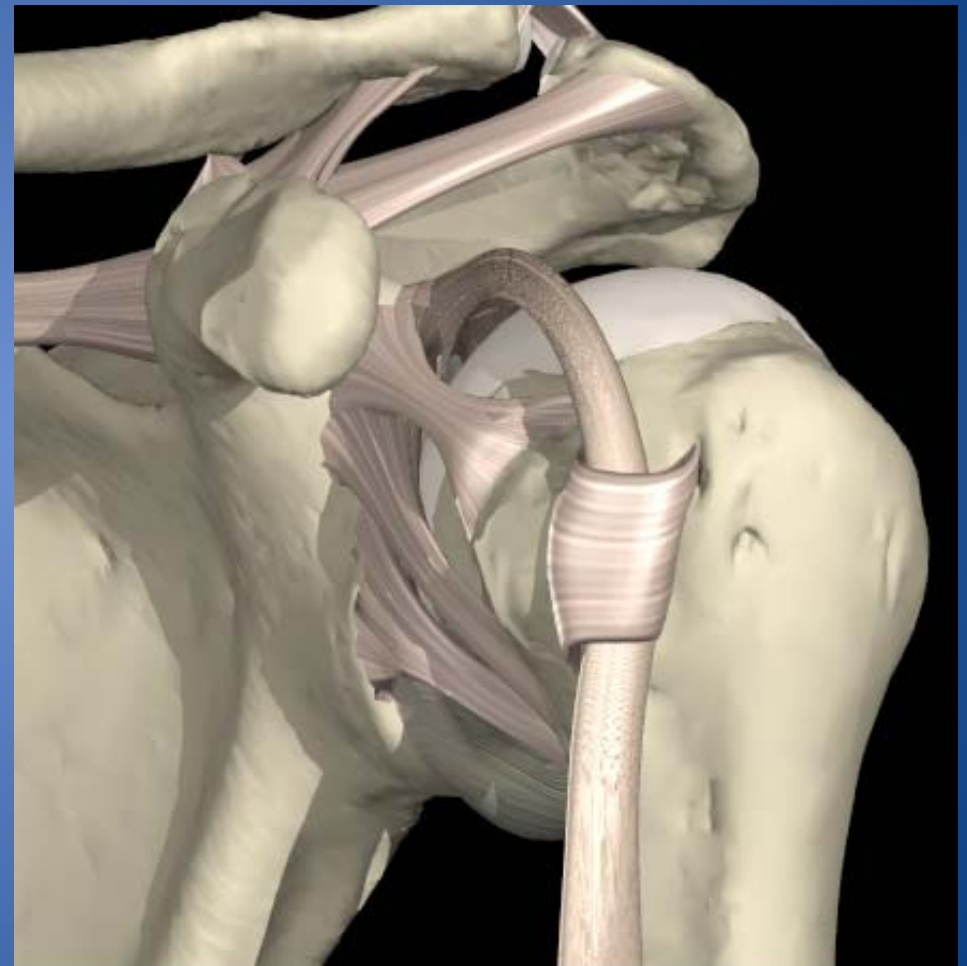
Interactive Knee 1.1 © 2000 Primal Pictures Ltd.



Interactive Knee 1.1 © 2000 Primal Pictures Ltd.

Shoulder

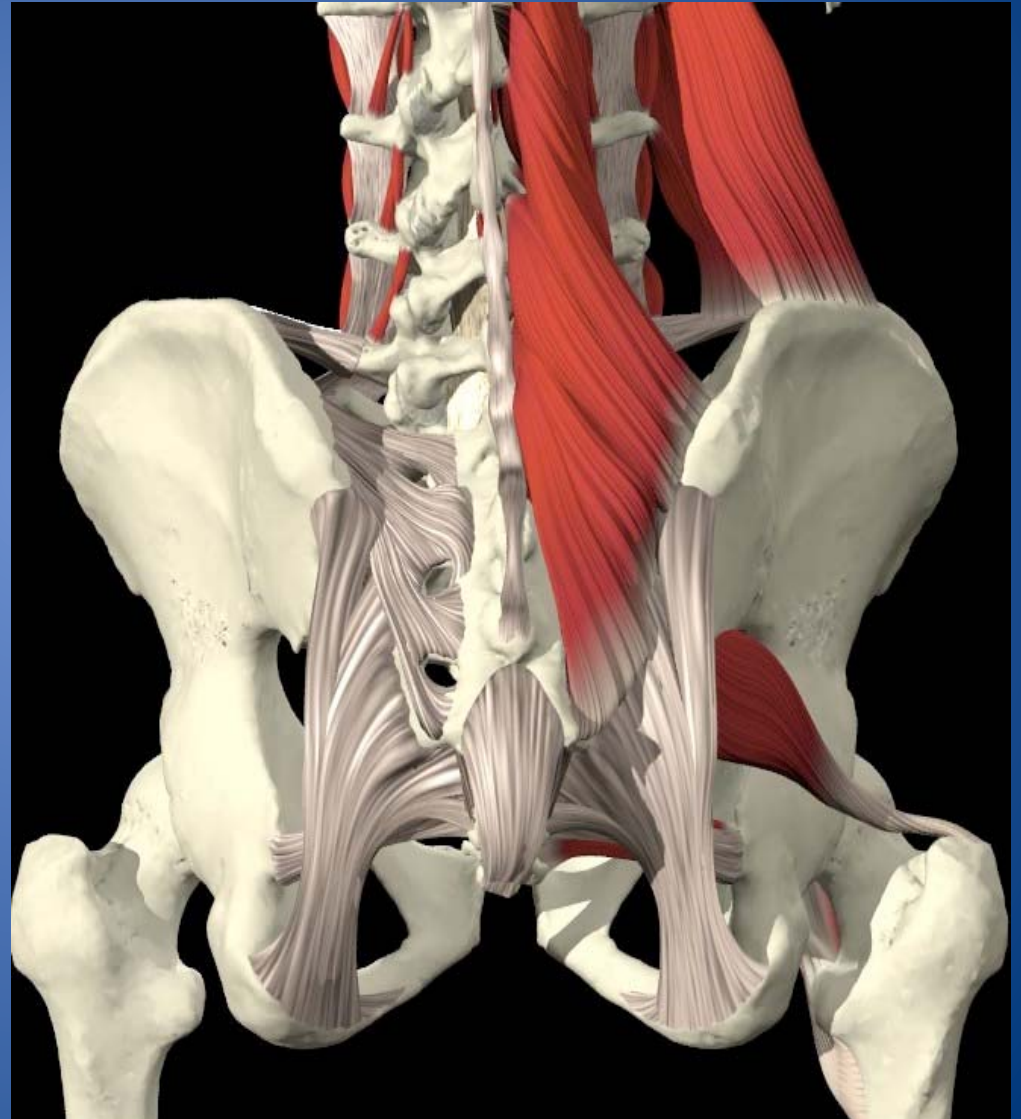
- Rotator cuff
- Frozen shoulder
- A-C joint instability,
- OA
- Torn labrum



Interactive Shoulder © 2000 Primal Pictures Ltd.

Low Back

- Degenerative disc disease
- Sciatica
- Sacro-iliac ligament
- Ilio-lumbar ligament strain
- Coccygodynia
- Facet arthropathy



Spine



Lumbar
degenerative
disc
disease



- Scoliosis
- Kyphosis
- Degenerative disc disease
- Instability
- Costo-vertebral joint

Compression
Fracture



Hip

- OA
- Labral tear
- Sports hernia
- Adductor strain
- ITB, piriformis, gluteus tendonosis



Interactive Hip © 2000 Primal Pictures Ltd.

Elbow

- Tennis Elbow
- Golfers elbow
- OA



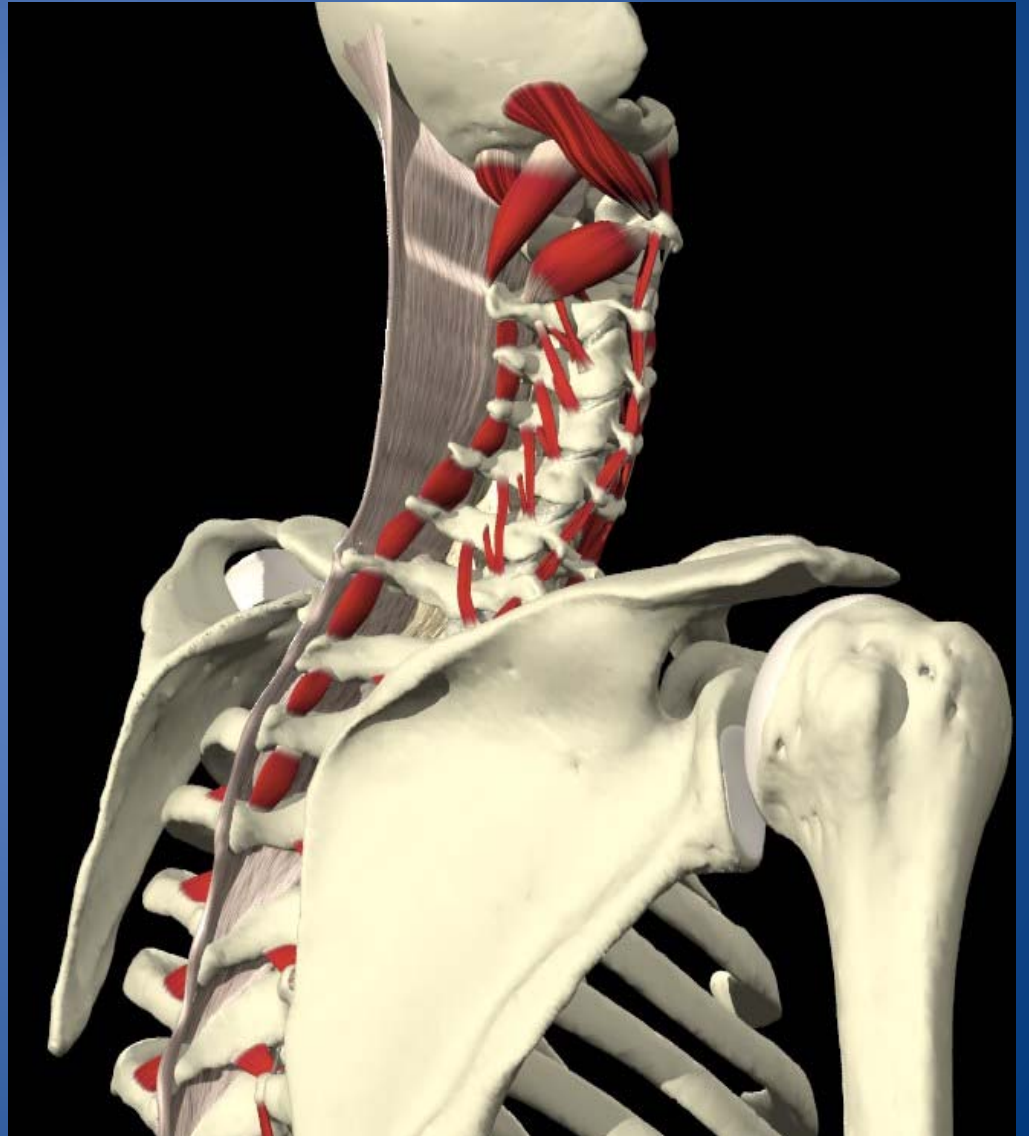
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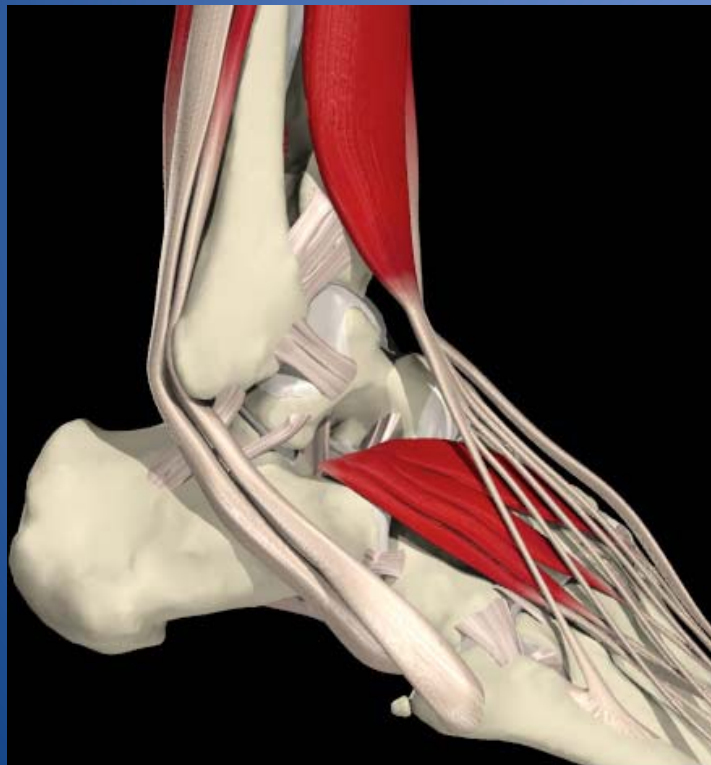
Neck

- Arthritis
- Disc disease
- Instability
- Whiplash
- Facet joint pain
- Muscle attachments



Ankle

- Lateral ankle strain
- Medial ankle strain
- OA
- Achilles Tendon



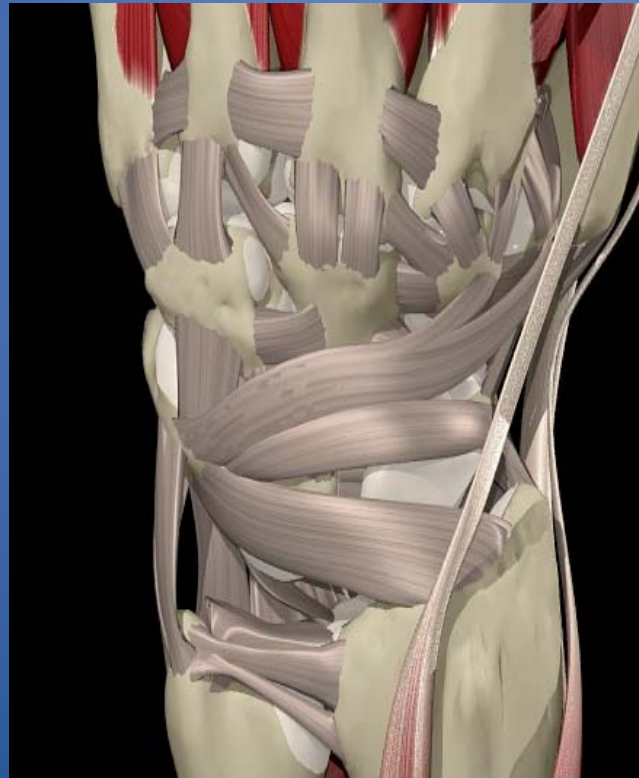
Interactive Foot and Ankle 2 © 2001 Primal Pictures Ltd



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Wrist

- OA
- Carpal tunnel
- Sprain



Interactive Hand 2000 © 2001 Primal Pictures Ltd



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Hand

- OA finger joints
- ligament strain of the fingers



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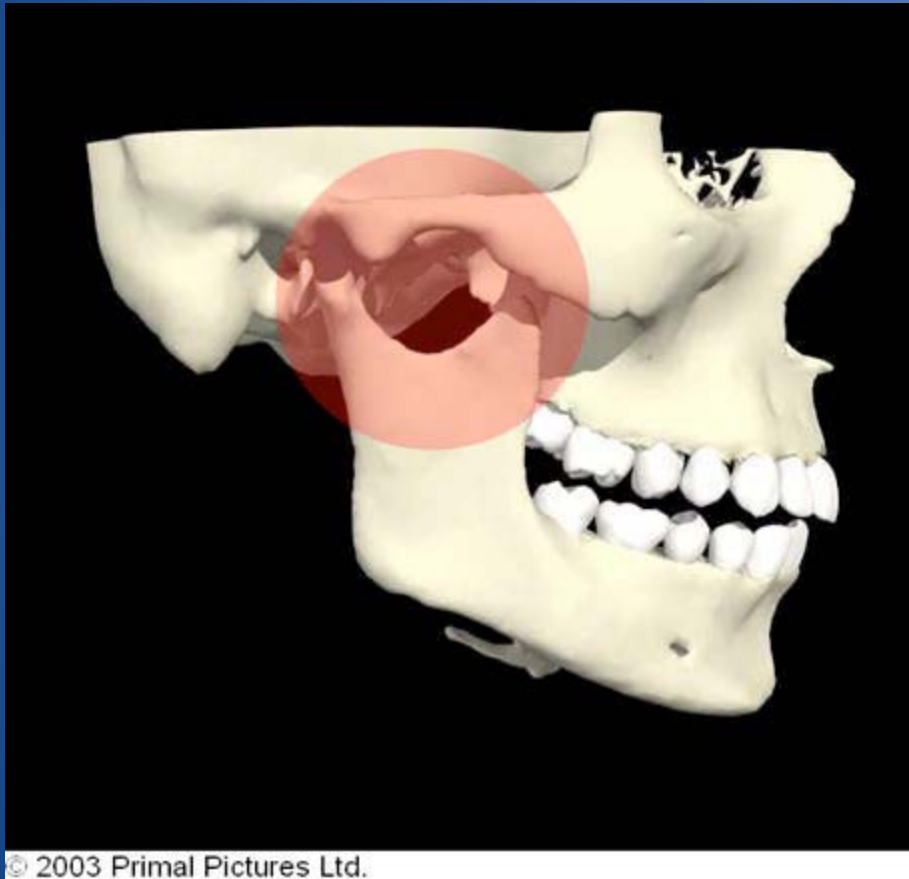
Foot



Interactive Foot and Ankle 2 © 2001 Primal Pictures Ltd

- Plantar fasciitis
- Pain on top of foot
- Bunions
- Turf toe
- toe joint dysfunction

Temporo-mandibular Joint (TMJ)



© 2003 Primal Pictures Ltd.

Most but not all pain

- However, it doesn't work for all pain problems



Bottom Line

- Reasonable and conservative
- Provides a long term solution instead of a band aid fix
- Should be considered prior to long term narcotic therapy or surgical intervention.

Frequently asked questions about Prolotherapy

Why Haven't I heard of this?

- “In the last analysis we see only what we have been taught to see. We eliminate and ignore everything that is not part of our prejudice.”
- Jean Martin Charcot, 1825-1893
- French neurologist / professor of anatomical pathology. He is known as "the founder of modern neurology”

Is this the same thing as cortisone injections?

- **NO!**
- **Pain relief only- does not fix the problem**
- **Long term studies -actually weakens tissue**
- **Not more than three times**
- **Lasts from a few days to 6 months**

How many treatments?

- The average is 6 sessions
- Some may need 4; some may need 8 or 10.

When Should I Expect Results

- 85% - 3rd or 4th treatment.
- 15% - after only two sessions.
- Initially a decrease in the time to onset of pain or overall pain

Can I stay active?

- Absolutely
- We encourage activity

Exercise



Keeping Fit



Staying active



Post Treatment Care

- Once treated, the problem should be fixed - for good!
- Healing for at least one year following treatment
- More treatment only if there is an injury

HM Sports Performance

- Harry Mitterbauer, P.E.S., C.E.S
- CES - Correct the problem
- PES – enriched training and enhanced performance
- HMSportsperformance.com

Is Prolotherapy Safe

- Extremely safe procedure
- As with any procedure, there are risks and side effects
- Most common – pain/swelling for 2-4 days
- Risks are far less than taking aspirin or Motrin for a lifetime

Do the Treatments Hurt?

- Anesthetic is used prior to the treatment
- Cold spray or topical anesthetic can be applied prior to treatment
- Anesthetic is mixed with the Prolo solution

Pain Relievers

- 95 percent of our patients receive the treatments without pain killers and do just fine
- If needed, one can take Ultram, Tylenol with codeine or Vicodin.

Stress/Pain Relievers

- Calming music
- Stress balls
- Cold spray on skin
- Pre-Treatment Lidocaine gel

Feedback from Patients

- “The pain from the injections was nothing compared to the pain that I was experiencing prior to Prolotherapy”
- “It wasn't that bad compared to a lifetime of joint pain”

Prolotherapy



- “I have been a patient who has benefited from Prolotherapy. Having been so remarkably relieved of my chronic disabling pain, I began to use it on some of my patients – “

C. Everett Koop, M.D.

**Former Surgeon General of the
United States**

Prolotherapy

“Prolotherapy seems to be at the frontier of a justifiable, rational treatment with a significant potential to avoid destructive procedures.”

Vert Mooney, M.D. “Prolotherapy at the fringe of medical Care; or is it at the frontier?”

Spine, 2003(4):p.253-4.

Testimonial – low back

- *Months with orthopedic surgeon, P.T, chiropractic*
- *No running, riding or exercise*
- *As a very athletic person, this was very upsetting and frustrating.....*
- *5 Prolo treatments - I am thrilled to be injury and pain free*
- *After this I completed a half-Ironman triathlon
1.2m swim,56m bike,13.1 m run*

Amy 38yo - Active triathlete

Testimonial - knee

- *pain and swelling in both knees due to Arthritis*
- *could not tolerate pain pills*
- *had both knees treated with Prolotherapy*
- *After the final treatments ...I am without all the pain and have more muscle strength in my legs*

Lois - 72 yo grandmother

Testimonial -shoulder

- *Constant pain in upper arm/shoulder after injury*
- *Told by MD that I had to live with it since I was over 50.*
- *No matter what I did, the shoulder just didn't get better.*
- *Five Prolo treatments - the pain was eliminated.*
- *The bottom line: either choose Prolotherapy....*
- *Or have surgery and/or take pain-killers in order to get by.*

Mary 52 yo active triathlete

Testimonial - Elbow

- *works out 5 days a week..elbow pain > 1 year.*
- *Saw a leading Orthopedic surgeon in sports medicine*
- *14 months: 3 cortisone shots, many acupuncture treatments & meds.*
- *No change & told he needed elbow reconstruction*
- *2- 3 Prolo treatments = started to working out*
- *Now, no pain and working out as usual.*
- *For me finding Prolotherapy not only fixed my problem but helped me avoid surgery”.*
- *Thanks Dr Fields! Colin, 60 yo*

Supplements

- Prolo-Max
- Ligaplex
- Vitamin C (with bio-flavanoids)
- Fish Oil
- Glucosamine/Chondroitin
- Arnica or Traumeel

**Who's back would you
rather have?**

A Prolotherapy Back



A Surgical back



What's wrong with this picture?



MRI Report

DATE: 12/2/2003 MRI OF LUMBAR SPINE

INDICATIONS: EVALUATE FOR DISC HERNIATION

FINDINGS:

L5-S1, there is **1st degree spondylolisthesis** of L5 relative to **spondylolysis** of the pars interarticularis **bilaterally**.

There is also significant spondylosis at L5-S1 to include **dehydration of this disc** with a large broad-based central and somewhat left paracentral **disc protrusion** with mass effect on the ventral dura.

- **displacement of traversing nerve roots.**

There is significant neural **foraminal stenosis** bilaterally but mostly on the left and this most likely **compromises the intraforaminal nerve roots bilaterally**.

This Patient

- Virtually Pain free
- Prolotherapy
- Active stretches
- Chiropractic maintenance care
- 50 + triathlons
- Seven Half (70.3) Ironman triathlons
(1.2 mile swim, 56 mile bike, 13.1 mile run)

Dr. Fields finishing his seventh 70.3 Ironman Triathlon



Machu Picchu, Peru



Thank You



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2020 Broadway Suite A
Santa Monica, CA 90404

www.DrFields.com

310-453-1234