

Prolotherapy is Not Experimental

Most state boards of medicine have definitions for what is experimental and what is not.

Those definitions are based on two major issues. In general, if a procedure as taught by post graduate programs for the healing arts and has level II (out of IV) data in multiple areas, it is not considered experimental.

Dextrose Prolotherapy Is Not Experimental Because

- It is taught as an acceptable method of treatment by one or more approved post graduate programs for the healing arts.
 - **Official Specialty College in American Osteopathic Association**
 - **University of Wisconsin example.**

Prolotherapy is One of 24 Official Specialities in the American Osteopathic Association (See bold title below)

<http://www.osteopathic.org/inside-aoa/about/affiliates/Pages/osteopathic-specialty-colleges.aspx>

- Addiction medicine, allergy and immunology, anesthesiology, dermatology, emergency medicine, family medicine, internal medicine, medical informatics, neurology and psychiatry, obstetrics and gynecology, occupational and preventative medicine, ophthalmology and otolaryngology, orthopedics, osteopathy, pathology, pediatrics, physical medicine and rehabilitation, proctology, **prolotherapy and integrative pain management**, radiology, rheumatology, sports medicine, and surgery.

Prolotherapy is taught as an acceptable method procedure by one or more approved post graduate programs for the healing arts.

- Prolotherapy is performed and taught to Family Medicine residents on a regular basis at the University of Wisconsin School of Medicine and Public Health. This is done through lectures and through hands on training in numerous clinical settings. Residents in this program also participate in a 2 week hands on CME training program in prolotherapy in Honduras. This counts as part of their orthopedic elective time in the residency. The UW Family Medicine Residency is one of the largest in the nation.

Prolotherapy is taught as an acceptable method procedure by one or more approved post graduate programs for the healing arts. (Continued)

- In addition, the University of Wisconsin School of Medicine and Public health sponsors post graduate CME programs in prolotherapy through the UW Department of Continuing Medical Education. These are held annually on the UW campus.

Dextrose Prolotherapy Is Not Experimental Because

- It is based upon sufficient learned publications supporting the safety and efficacy? (Level I or II on a I-IV scale in multiple areas)
 - **Multiple level 1 studies.**
 - **Multiple level 2 studies**

Dextrose Prolotherapy: Areas of Level I Evidence

- **Knee OA :** Dextrose injection is more effective in improving function than either saline injection or at-home exercise.
- **Knee OA:** Dextrose injection is more effective for pain reduction and functional improvement than exercise alone.
- **Knee OA:** Dextrose injection improved knee ROM and subjective swelling more than lidocaine injection. Improvements increased over 1 year follow-up.
- **OSD:** Dextrose injection is more effective than lidocaine or usual care in symptoms elimination in OSD.
- **Hand OA:** Dextrose injection is more effective than lidocaine injection in pain reduction and range of motion improvement.
- **Tennis Elbow:** Dextrose/NaMorr is more effective than saline in improving pain and strength.

(See Research Summary for details and citations for each study.)

Areas of Level II Evidence

- **Tennis Elbow:** Dextrose or sodium morrhate are more effective than delayed treatment.
- **SI Joint:** Dextrose injection is more effective than steroid injection in treating chronic SI joint pain.
- **Chronic Low Back Pain:** Both dextrose and saline injection result in sustainable and significant improvements in pain and disability in chronic low back pain patients.
- Compared to a well studied and effective treatment (ELE) of **Achilles tendinosis:** Both dextrose PSI and combination treatment result in faster improvement in symptoms but no significant difference in eventual outcome.
- Dextrose injection in **groin pain** results in higher full sport return than any therapy study and as much as expensive surgical options.
- Dextrose injection in **knee osteoarthritis** results in substantial long term functional improvement. (Twice the MCID)
- Dextrose intraarticular injection reduces pain, swelling and **ACL laxity** by objective machine measure progressively to 36 months in knee OA patients with KT-1000 documented ACL laxity.
- Dextrose injection in Hypoechoic regions in **Achilles tendinosis** results in impressive pain reduction accompanied by objective changes in non blinded ultrasound measurements.

(See Research Summary for details and citations for each study.)