

Does insurance cover PRP treatments?

Although PRP has been used in clinical practice since the 1980s, most insurance companies still consider it investigational and will not pay for the procedures. The specialized equipment necessary for PRP treatments include medical ultrasound, a centrifuge, procedure kits and other materials. We are hopeful that insurers will cover these services in the future.



Why choose us?



Dr Moore is certified in **Primary Care Sports Medicine**, specializing in non-surgical treatment of orthopedic conditions



Ultrasound Guidance allows real-time visualization of your injured body part and the PRP injection, improving accuracy and successful outcomes



EmCyte PRP - This system produces one of the highest concentrations of platelets available on the market. Higher platelet concentrations generally produce better results

Dr. Moore is committed to providing a positive patient experience with both minimal discomfort and downtime!

References

PRP is backed by science with a multitude of peer-reviewed studies and a steadily growing body of research. **Scan the QR code** on the back of this brochure to learn more!

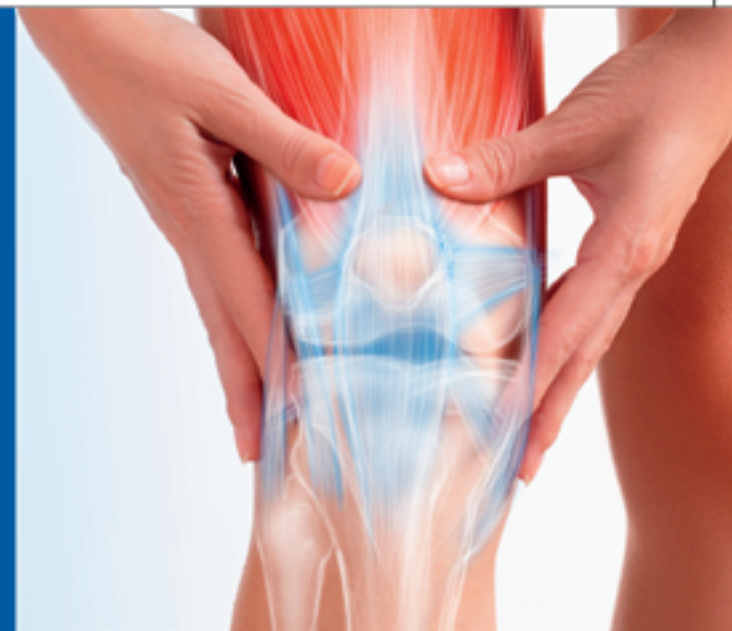
Dr. Joel L. "Jock" Moore, Jr. was born and raised in Washington, North Carolina. He attended the University of North Carolina at Chapel Hill as a Morehead-Cain Scholar where he was a varsity football letterman and earned Phi Beta Kappa honors.

He graduated medical school from the UNC School of Medicine where he was inducted into the Alpha Omega Alpha (AOA) Honor Society. He completed a combined Internal Medicine & Pediatrics residency at the University of Maryland and a Primary Care Sports Medicine Fellowship at East Carolina University. He is board-certified in Internal Medicine & Pediatrics and earned a Certificate of Added Qualifications in Sports Medicine (CAQSM).

Dr. Moore is well-versed in ultrasound-guided musculoskeletal procedures and enjoys learning innovative techniques to improve the lives of his patients. He is proud to "come back home" and serve Eastern North Carolina.

Schedule your appointment today!

Call **252-413-6202**
or
scan the QR Code
to get started!



PRP Platelet Rich Plasma

***Harnessing the
power of the body
to heal itself***

PHYSICIANS *EAST*
Better Care. Better You.

What is PRP?

PRP stands for **P**latelet-**R**ich **P**lasma. Your blood contains a variety of specialized cells, growth factors, and other healing molecules that help your body recover from injuries. Platelets, a special type of blood cell, are the first to respond after an injury and release these molecules to start the healing process. PRP therapy leverages *your body's own natural healing ability* by taking highly-concentrated platelets from your own blood and delivering them to the site of injury, thereby stimulating the healing process.

Step 1 Blood collection

About 30 to 60 mL of blood is drawn from a vein in your arm



Step 2 Centrifugation

Blood cells are separated into different layers using special equipment, capturing a highly concentrated layer of platelets (PRP)



Step 3 PRP Injection

PRP is injected into the site of your injury, stimulating the healing process



How does it work?

- ▶ Stimulates the body's own healing cascade
- ▶ Recruits stem cells to injured area
- ▶ May support limited cartilage regrowth in arthritic joints
- ▶ White Blood Cells (WBCs) help remove injured tendon cells*

What does PRP treat?

PRP can be used for a variety of conditions. There is excellent research evidence for tennis elbow, with growing evidence for osteoarthritis (most common form of arthritis), chronic tendon injuries, and other musculoskeletal problems. It can be used for:

- ▶ Knee Arthritis
- ▶ Hip Arthritis
- ▶ Shoulder Arthritis
- ▶ Hand & Wrist Arthritis
- ▶ Partial tendon tears
- ▶ Tennis elbow
- ▶ Rotator Cuff injury
- ▶ Plantar fasciitis
- ▶ Golfer's elbow
- ▶ Others

What are the risks?

Side effects or complications from PRP injections are extremely rare. PRP is derived from your own blood. As with any injection, there is a very small risk of infection, bleeding, or damage to surrounding structures. Infections are incredibly rare (< 0.1%). Ultrasound guidance helps minimize risk to other structures by seeing the needle in real-time. Pain during and after the injection is possible. Research suggests about 15-20% of people will not respond to treatment (no improvement after injections).

What are potential benefits?

- ▶ Decrease pain & accelerate healing
- ▶ Improve function
- ▶ Reduce need for long-term pain medications
- ▶ May delay or eliminate need for further invasive procedures or surgery
- ▶ Avoid "cortisone"
- ▶ Minimal to no downtime
- ▶ Boost response to physical therapy
- ▶ Better long-term pain and functional outcomes compared to other treatments

PRP Treatment: What to Expect

Before the procedure

- At your initial appointment, Dr. Moore will perform a physical exam, review imaging, discuss your individual goals, and weigh the pros & cons of various treatment options with you
- If PRP therapy is appropriate, a procedure appointment will be scheduled
- **Do not take NSAIDs**** for at least one week before your scheduled procedure

During the procedure

- A trained staff member will draw blood from a vein in your arm and prepare the PRP for injection
- Dr. Moore will use an ultrasound machine to identify both your normal anatomy and the site of injury, then inject PRP using image guidance
- The total process will take about 30 minutes



After the procedure

- You may experience localized soreness or discomfort. Dr. Moore will discuss post-injection care and may prescribe pain medication. **Do not take NSAIDs**** for at least two weeks after treatment
- Depending on your type of injury and treatment plan, you may need to avoid high-intensity activities for a few days or up to a few weeks
- Dr. Moore strongly prefers that his patients participate in physical therapy to maximize the likelihood of successful treatment
- Most patients require 2-3 treatments over the course of several weeks to obtain optimal results
- Many patients experience significant improvement within 2-3 months

**Non Steroidal Anti-inflammatory Drugs (NSAIDs) interfere with the healing cascade triggered by PRP injections. Common NSAIDs include Advil (ibuprofen), Aleve (naproxen), high-dose aspirin (BC/Goody's powder), Motrin (meloxicam), Celebrex (celecoxib), diclofenac, among others. Taking NSAIDs before or immediately after PRP can cause treatment failure. Do not stop aspirin without talking to your doctor. Tylenol (acetaminophen) is not an NSAID and OK to use.

*Concentration of WBCs in PRP may vary based on the treatment condition. For example "Leukocyte Rich" is often used for tendon injuries while "Leukocyte Poor" is used for arthritis