

FAQs - Regenerative Cellular Therapy

Am I a candidate?

This is perhaps the most common, yet difficult question – “Am I a candidate for biologic therapy?”

Every day we hear the phrase “I will do this if it works”. Please understand this treatment does not have the years if not decades of research to guarantee or attempt to predict results. Many patients do very well. Some simply do not. The Spine, Sport & Joint Center is committed to growing the field of biologic therapies in a responsible manner. We are constantly improving our processes and gathering data to contribute to this exciting and rapidly evolving field. Our cost is as low as you will find anywhere in the country. But if the cost of this procedure is a burden to you, and you risk losing too much of it does not work, please discuss other options with the doctor.

We do have enough experience to recognize risk factors that may not allow optimal results. These factors include smoking, “bone on bone” arthritis with notable deformity, and pain so severe daily activities are rather limited. There are times when the doctor may simply consider your circumstances, help you look at the big picture and suggest joint replacement as the best treatment to improve your life.

What is Bone Marrow Aspirate Concentrate (BMAC)?

Bone Marrow Concentrate (BMC) Therapy, also known as Bone Marrow Aspirate Concentrate (BMAC) Therapy, is currently the most commonly used regenerative therapy. Its primary use is currently for osteoarthritis, where it can slow the degenerative effects, reduce pain and improve daily function. It can also help with healing in stubborn tendon and soft tissue injuries

How does BMAC therapy work?

While similar to platelet rich plasma (PRP) in its ability to harness the body's ability to heal itself, BMC also utilizes regenerative cells that are contained within a patient's own bone marrow. The marrow contains a rich reservoir of not only regenerative cells (stem cells), but many other growth factors and signaling chemicals that stimulate healing. The concentrate of regenerative cells provides a more robust healing of the damaged tissue and aids in growth and repair by accelerating the body's natural healing mechanisms.

Does this treatment regrow lost or damaged cartilage?

You may be surprised to hear that answer is – not really. There are many sources of pain in an arthritic knee. We tend to focus on the cartilage loss, or joint space, but all doctors who treat this condition see many patients with “bone-on-bone” arthritis who have very little pain, and others whose x-rays show “moderate arthritis” and are miserable. When you get a steroid injection, and feel great for a while, nothing happened to your cartilage. Regenerative cellular therapy decreases inflammatory mediators, slows the enzymes that cause cartilage decay, promotes the production of healthy joint fluid, and has dozens of other positive effects on the joint. Cartilage repair is been shown to occur in some small degree, but is not the goal of treatment.

When would you use Platelet Rich Plasma (PRP Therapy) versus BMAC?

In general, PRP may be more appropriate for mild to moderate arthritis, and tendon injuries. BMAC may be reserved for more challenging cases such as moderate to severe osteoarthritis or when more potent effects are desired, such as larger rotator cuff or other tendon tears.

How many treatments will I need?

Most patients require only a single BMAC treatment depending on the degree of the injury. They last about 2 years. However, in challenging cases, if a patient experiences significant relief that plateaus, they may consider a second BMAC injection months later.

How quickly can I get back to my regular routine?

For the first 2-3 days, swelling and discomfort are typical in the injected area. By the end of the first week, these symptoms usually begin to resolve and physical therapy is started to optimize BMAC effects and facilitate recovery. Patients have respond to BMAC treatment at varying time frames.

Are there any contraindications that would inhibit someone from getting BMAC?

Active cancer and active systemic infection are the most important contra-indications. Blood thinning medications such as Coumadin must be discontinued and managed appropriately by your cardiologist or primary doctor prior to the procedure.

How long does it take BMAC to "work"?

Most patients notice some level of improvement by 2-6 weeks following BMAC. Increased stability and strength are typically reported along with the decrease in pain. A second level of benefits may be obtained between 6 weeks and 3 months. Patients are encouraged to remain active with a structured exercise program that strengthens the leg muscles during this period.

Is BMAC covered by Insurance?

No. While there are currently several publications in peer-reviewed medical journals showing the positive effects of BMAC therapy on tendon, soft tissue, and cartilage injuries, it is still not covered by insurance companies at this time.

I have hear a lot about amniotic stem cells. Are those treatments the same?

Treatments using byproducts of the amniotic sac and fluid offer promising opportunities for future therapies. There are an abundance of growth factors and the tissue signaling molecules. However the scientific evidence for the treatment of arthritis and tendinopathy is critically lacking. More importantly, the claims of the active stem cell populations in these products are inaccurate or misinterpreted. **Quite simply, to make a human tissue available for treatment in another person it must be terminally sterilized, meaning all living tissues are inactivated in the packaging process.** There may be cells, but they are not living cells capable of the same biologic response as your own cells.