

PRP THERAPY: CONTRAINDICATIONS AND POST-INJECTION REHABILITATION STRATEGIES

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Platelet-rich plasma (PRP) injections are increasingly used in the treatment of musculoskeletal disorders. While their efficacy and safety are generally recognized, specific contraindications and the importance of post-injection rehabilitation remain underappreciated. This presentation provides a synthesis of two recent consensus statements from the International Research Group on Platelet Injections (GRIIP, Groupe de Recherche International sur les Injections de Plaquettes), addressing contraindications in the presence of comorbidities and outlining evidence-based post-injection rehabilitation strategies. A formal international consensus involving 31 experts was conducted to assess indications and contraindications of PRP in patients with infectious, oncologic, and hematologic conditions. Twenty-three recommendations and four overarching principles were developed. These highlighted that while PRP is safe in many contexts, it should be avoided in patients with active infections (viral, bacterial, or dental), active or uncontrolled cancers, and untreated hematologic conditions. Specific conditions under which PRP is permissible include well-controlled HIV (CD4 >350/mm³ and undetectable viral load), inactive hepatitis B/C, cancer in remission, and stable monoclonal gammopathies. The consensus emphasized individualized benefit-risk assessment, informed patient consent, and coordination with specialists (e.g., oncologists or infectiologists) when relevant. Concurrently, a separate Delphi consensus by GRIIP experts addressed post-injection rehabilitation in chronic tendinopathies. The rehabilitation process was structured around three phases: immediate post-procedure care, progressive tendon loading, and return to activity/sports. Key recommendations included avoiding NSAIDs during the early inflammatory phase due to their interference with platelet activation, initiating tendon loading (5–10 days post-injection), and integrating sub-painful isometric, concentric, and eccentric exercises. Final rehabilitation should focus on patient-specific functional demands (sport or occupation). A second PRP injection may be considered only after 3 months in case of partial improvement. Imaging was not deemed necessary for return-to-play decisions, which should be based on clinical evaluation and functional scores (e.g., VISA). Despite a lack of high-level evidence, these expert-based guidelines provide a framework to improve patient outcomes and reduce heterogeneity in PRP practices. Together, they reinforce that optimal results from PRP injections rely not only on proper indication and biological product, but also on avoiding inappropriate use in high-risk populations and ensuring structured post-injection care.

Keywords: platelet-rich plasma, PRP, tendinopathy, contraindications, rehabilitation

References

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