

ORTHOBIOLOGICS

Orthobiologics for the *Hip*

Regenerative options for hip pain and arthritis, explained honestly, including how PRP and cellular treatments fit for the hip and where the evidence is heading.

CONDITIONS WE CONSIDER BIOLOGICS FOR

- Hip osteoarthritis (the joint itself)
- Gluteal tendinopathy and lateral hip pain (greater trochanteric pain syndrome)
- Hamstring and other tendon problems around the hip
- Some labral-related and soft-tissue pain, as an adjunct

WHICH BIOLOGIC, AND WHY

For **gluteal tendinopathy** and the other tendon problems around the hip, **PRP** is our go-to, and this is where the hip evidence is strongest.

For the **hip joint itself**, the evidence is increasingly favoring **BMAC (bone marrow aspirate concentrate)** over PRP. Because BMAC takes an extra step to obtain, we weigh that against the likely benefit and decide with you.

The honest headline. Two different stories in one joint. For **gluteal tendinopathy** (the most common cause of stubborn outer-hip pain), PRP has strong evidence and outperforms a cortisone shot over time. For arthritis **inside the hip joint**, evidence is leaning toward BMAC over PRP.

A STRAIGHT READ ON THE EVIDENCE

Compared with the knee, the published evidence for biologics *inside* the hip joint is earlier and still developing, and some studies suggest BMAC may outperform PRP there. But for **gluteal tendinopathy** the picture is much clearer, and it is one of the better-evidenced uses of PRP anywhere in the body. We will give you a straight read on which of these two situations you are in.

GLUTEAL TENDINOPATHY, AND WHY PATIENCE PAYS OFF

Gluteal tendinopathy is the most common cause of persistent pain on the **outer side of the hip**, often called greater trochanteric pain syndrome. It hurts to lie on that side at night, to climb stairs, or to stand on one leg. It is frequently mislabeled as bursitis and treated with repeated cortisone shots.

Here is the important part, and the part patients most often get wrong: **a cortisone shot tends to feel better faster, and PRP tends to feel better longer.** If you judge PRP at three or four weeks, you may conclude it failed. The benefit typically takes up to **12 weeks** to show itself.

In a randomized, double-blind trial (Fitzpatrick and colleagues, *American Journal of Sports Medicine*, 2018), patients with chronic gluteal tendinopathy who received a single PRP injection had significantly better hip scores at **12 weeks** than those who received a single corticosteroid injection. **82% of the PRP group** reached a

meaningful improvement, versus **57%** of the cortisone group. The same research team followed these patients out to **two years** and found the PRP group's improvement was durable.

That is why we will ask you for patience. If we treat your gluteal tendinopathy with PRP, we are trading a fast, temporary result for a slower, longer-lasting one, and we want you to know that going in rather than judging it too early.

Fitzpatrick J, Bulsara MK, O'Donnell J, McCrory PR, Zheng MH. *The Effectiveness of Platelet-Rich Plasma Injections in Gluteal Tendinopathy: A Randomized, Double-Blind Controlled Trial Comparing a Single Platelet-Rich Plasma Injection With a Single Corticosteroid Injection*. Am J Sports Med. 2018;46(4):933-939. Two-year follow-up: Am J Sports Med. 2019;47(5):1130-1137.

WHO THIS IS, AND ISN'T, FOR

Often a reasonable option

- Mild-to-moderate arthritis or a chronic tendon problem still painful after therapy and simple measures
- Wanting to calm pain and possibly delay surgery, with realistic expectations
- Even more advanced arthritis, when the goal is to delay surgery, understanding the odds of success are lower
- Generally healthy enough to heal well, and able to pause anti-inflammatories around the injection

Probably not the answer

- An active infection, or certain blood or bone-marrow conditions
- Expecting a guaranteed cure or an overnight result
- Unable to follow the pre- and post-injection plan, such as holding NSAIDs and resting

Ready when you are. We'll evaluate your hip and give you a straight recommendation, whatever it is. Learn more at wichmanortho.com.

This guide is for general education and is not medical advice. Orthobiologic treatments are not FDA-approved to cure or reverse any condition; results vary from person to person and they are not right for everyone. Whether a treatment is appropriate for you is a decision made with your physician after an evaluation. © 2026 Wisconsin Center for Orthopedics and Wellness, S.C. (Wichman Orthopedics and Wellness).