ORTHOBIOLOGICS

Orthobiologics for the *Knee*

The knee is the best-studied joint in all of orthobiologics. Here is an honest look at what PRP and cellular treatments can do for knee arthritis and tendon problems, and what the evidence actually supports.

CONDITIONS WE CONSIDER BIOLOGICS FOR

- Knee osteoarthritis, from mild to more advanced
- Patellar tendinopathy (jumper's knee)
- Chronic tendon and soft-tissue pain around the knee
- Cartilage problems, in selected cases

WHICH BIOLOGIC, AND WHY

PRP is our workhorse in the knee. For arthritis inside the joint we generally favor **leukocyte-poor** PRP; for stubborn tendon problems like patellar tendinopathy, **leukocyte-rich** PRP is often the better choice.

We frequently pair PRP with **Protein Concentrate**, prepared from the same blood draw, to add concentrated anti-inflammatory proteins when inflammation is a major driver of your pain.

BMAC is reserved for selected cases, typically more advanced cartilage or bone problems, or as an add-on during surgery.

> **The honest headline.** If you only look at one joint's evidence, look at the knee. PRP for knee osteoarthritis is the single best-supported use of orthobiologics, and it is the one application with formal specialty-society guidance behind it.

A STRAIGHT READ ON THE EVIDENCE

The knee has the strongest evidence base in the field. In April 2026 the **American Academy of Physical Medicine & Rehabilitation (AAPM&R)** issued a guidance statement concluding that PRP *can be considered* for mild-to-moderate knee osteoarthritis in patients who remain symptomatic after conservative care such as therapy, anti-inflammatories, and activity modification. That same guidance was honest that more high-quality studies are still needed to pin down exactly who benefits most and how best to prepare and dose PRP. We will tell you where your specific knee falls, including when the honest answer is that a biologic is unlikely to help.

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

Probably not the answer

- An active infection, or certain blood or bone-marrow conditions
- Expecting a guaranteed cure or an overnight result

- 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

- Unable to follow the pre- and post-injection plan, such as holding NSAIDs and resting

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