





Elbow pain likes to linger. When the common extensor or flexor tendons at the elbow get overloaded, microtears and degeneration add up faster than the body can repair them. Rest helps, then the pain returns with the next round of forehands, a fresh golf bucket, or a day spent raking and lifting. If you live in Fort Collins, you know how the season pulls you back outside. That is where platelet rich plasma, or PRP, can earn a spot in a thoughtful treatment plan.

I treat elbow tendinopathies for patients who hike, climb at Horsetooth, coach youth tennis, pour espresso drinks, haul feed, and code at a standing desk. The goals rarely involve perfect MRI images. The goals are usually simpler and more human: hold a coffee mug without a jolt, play a full nine without bracing the elbow, lift a suitcase without bracing for pain. PRP is not a cure all. It is a targeted way to tilt the biology toward healing when rest, activity changes, and physical therapy have not been enough.

What tennis elbow and golfer's elbow really are

The names suggest acute sports injuries. In practice they are overuse tendon problems. Tennis elbow, or lateral epicondylitis, involves the extensor tendons on the outside of the elbow, especially the extensor carpi radialis brevis. Golfer's elbow, or medial epicondylitis, involves the flexor tendons on the inside. Both start with load exceeding the tendon's capacity. Over time the tendon shifts from an inflamed state to a degenerative one with disorganized collagen and fewer healthy tenocytes. This is why ice and anti-inflammatories sometimes quiet things early, yet fail to deliver durable relief months later.

Symptoms carry a familiar pattern. Point tenderness at the bony bump. Pain with gripping, wrist extension or flexion against resistance, even turning a doorknob. Morning stiffness that eases as the day warms up, then a late afternoon ache that spreads. Most patients wait two to six months before seeking help, often after a season of trying to power through.

Fort Collins context matters

Our local habits shape our injuries. Spring brings repetitive yard work after a winter lull. Summer cranks up pickleball and trail running with trekking poles. Fall golf can extend until a surprise snow squall. Winter means

shoveling, then a return to indoor climbing or rowing. The shoulder blade, wrist, and core all contribute to elbow load, so the pattern of your activity and the terrain you play on matter for recovery.

When I review cases in Fort Collins, I often see a mismatch between weekday desk posture and weekend intensity. Keyboard marathons with shrugged shoulders, then a sudden jump to a two hour serve practice or an aggressive range session. Micro-changes can fix that mismatch: a slightly higher chair, looser grip on the club, moving the contact point closer to the body, and more leg drive during the swing. PRP works best when these small levers are addressed.

What PRP is and why it can help a stubborn elbow

PRP uses your own blood. We draw a small amount, typically 15 to 60 milliliters, and concentrate the platelets with a centrifuge. Platelets carry growth factors, cytokines, and signaling molecules that can nudge a chronic tendon back toward remodeling. Properly prepared PRP delivers a higher than baseline dose of these factors into the area of tendon degeneration. I find that accuracy matters. Ultrasound guidance lets me see the diseased zone that looks like a frayed rope on imaging, then pepper it with small aliquots.

There are different recipes. Leukocyte poor PRP tends to be gentler for many tendinopathies, while leukocyte rich PRP can provoke a stronger inflammatory response that some clinicians prefer. The literature is mixed on which is best at the elbow. In practice, I adjust based on the patient's history. A person who flares intensely from minor treatments might do better with a lower leukocyte version. Someone with a long, thickened tendon and minimal reactivity might be a candidate for a slightly more inflammatory preparation.

What the evidence supports, without the hype

Good studies now compare PRP to corticosteroid injections, saline, and physical therapy. Results vary by protocol and patient selection, which is why blanket claims do not serve patients well. Still, several patterns show up often.

Short term steroid injections can reduce pain for a few weeks to a few months. At six to 12 months, outcomes commonly drift back to baseline, and repeated steroid exposure may weaken tendon tissue. PRP does not ease pain immediately. Most patients see the first real [PRP Fort Collins](#) gains around the four to eight week mark, with continued improvement through three to six months. In trials where PRP is paired with structured eccentric loading and activity modification, the odds of sustained improvement over six to 12 months rise meaningfully compared with wait-and-see or steroid alone. I quote a rough success rate range of 60 to 85 percent for clinically meaningful improvement at the elbow when PRP is done with ultrasound guidance and followed by a solid rehab plan. That range accounts for differences in technique, chronicity, and how closely someone follows the plan.

There are honest misses. If a patient's pain is coming primarily from the neck, a peripheral nerve entrapment, or an unrecognized partial tendon tear that needs repair, PRP will underwhelm. The better the diagnostic work, the higher the yield.

Who tends to be a good candidate

Patients who benefit from PRP for tennis elbow or golfer's elbow usually fit a practical picture. Pain has lasted at least three months. They have tried activity changes and a focused therapy program that includes eccentric loading, forearm and shoulder girdle strengthening, and technique tweaks. Bracing may help, but pain returns when the brace comes off. Grip strength is down compared to the other side. There may be morning soreness and focal tenderness where the tendon meets bone. Ultrasound shows hypoechoic, thickened tissue without a full tear.

Here is a short checklist that I use during consults:

- Symptoms last at least 3 to 6 months despite conservative care
- Tenderness localized to the medial or lateral epicondyle, worse with resisted wrist movement
- Ultrasound shows tendinosis without full thickness tear
- Patient can commit to 8 to 12 weeks of graded rehab and load management
- No uncontrolled medical issues that raise risk, such as active infection or significant bleeding disorders

What happens on the day of PRP injections in Fort Collins

The best days feel calm and organized. You should leave understanding what was done and what to do next. If you book PRP injections in Fort Collins with a regenerative medicine practice that uses ultrasound, expect a sequence like this:

- Review goals, confirm the diagnosis with a focused ultrasound scan, and mark the target zones
- Draw a small blood sample, then process it to the planned concentration
- Clean the skin thoroughly, use local anesthetic for comfort if appropriate, and position the ultrasound probe
- Guide a fine needle into the diseased tendon regions, make targeted passes, and deliver PRP in small amounts
- Apply a light dressing, review post procedure instructions, and schedule a follow up

The entire visit rarely exceeds 60 to 90 minutes, with the procedure itself taking 15 to 30 minutes. Patients usually walk out on their own. Expect a soreness arc over the next 48 to 72 hours. Many describe it as a deep bruise.

What it feels like afterward and how to navigate the first month

Plan on relative rest for several days. Ice can help with comfort, though I generally ask patients to avoid anti-inflammatory medications for at least one week before and two weeks after, since the mechanism of PRP relies on an orchestrated inflammatory phase. Acetaminophen is fine for most people. A removable wrist brace for the first 48 hours can reduce unnecessary strain when you forget and reach for a heavy pot.

I set movement goals instead of pass or fail rules. Gentle range of motion begins within 24 to 48 hours. By day four or five, most people can type for short bursts and carry a light grocery bag with the elbow close to the body. If work involves forceful grip or repetitive push and pull, we plan temporary task changes.

Rehab that makes PRP pay off

The tendon needs load to remodel. The trick is dosage. I like a simple phased plan, tweaked to the person's baseline strength and pain response.

Weeks 1 to 2, protect and move. Gentle wrist flexion and extension without weights. Soft tissue work to the forearm. Scapular setting and mid back activation. Pain can visit, but avoid sharp peaks.

Weeks 3 to 4, introduce light eccentrics. For tennis elbow, this might be eccentric wrist extension with a 1 to 2 pound dumbbell, 3 sets of 15 every other day, adjusting to pain that stays under a 3 or 4 out of 10 and settles by the next morning. Add forearm pronation and supination with a hammer or dowel. Keep shoulder and postural work consistent.

Weeks 5 to 8, build capacity. Progress to 3 to 5 pounds as tolerated, add isometrics at mid-range, and integrate grip training with a soft putty or a spring gripper that does not provoke pain. Introduce sport specific drills with controlled volume. For golfers, start with half swings and tempo focus. For tennis players, feed slow, shallow balls to emphasize contact in front and reduced wrist breakdown.

Weeks 9 to 12, return to play. Increase frequency and intensity with the rule that the next morning's elbow should feel equal or better than the night before. If a session spikes pain that lingers 24 hours, roll back the next one by 25 to 50 percent.

Patients often ask about timelines. By four to six weeks, many report improved grip confidence and less end of day ache. By three months, a large share resume their primary activity at 70 to 90 percent effort without bracing. Some continue to improve up to six months as the tendon remodels.

Trade-offs compared to other treatments

Steroid injections are fast and inexpensive. They can buy a short window of comfort, which may be useful before a special event. The trade-off is the risk of relapse and tissue weakening with repeated exposure. I reserve steroids for select cases or as a diagnostic tool when I worry the pain generator is not the tendon.

Dry needling or tenotomy without PRP can stimulate healing, and sometimes that is enough, especially for milder cases. Adding PRP likely increases the biologic signal in more stubborn tendons, though costs rise accordingly.

Shockwave therapy can help, particularly when paired with rehab. Access and out-of-pocket cost vary in Fort Collins, and sensitivity to the treatment differs by patient.

Surgery is uncommon for these conditions but remains an option if symptoms persist beyond six to 12 months despite focused care. The recovery curve can be longer than with PRP, and like all operations it carries risks. When imaging shows a high grade partial tear or significant tendon retraction, surgical opinions enter the conversation earlier.

Safety, risks, and real-world odds

PRP uses your own blood, which reduces concerns about allergic reactions. Common effects include soreness and swelling for several days. Bruising is possible. Infection risk is low when sterile technique is used, typically well under 1 percent. Temporary nerve irritation can occur, especially near the medial elbow where the ulnar nerve runs in a tight groove. In experienced hands with ultrasound, the odds of a major complication are quite low.

People on strong blood thinners, those with uncontrolled diabetes, and individuals with active infections or certain blood disorders may not be candidates. If you have an autoimmune condition, timing and coordination with your other clinicians helps. Pregnancy is not an absolute contraindication, but many prefer to defer elective procedures.

What to expect in Fort Collins regarding cost and access

Insurance coverage for PRP injections in Fort Collins, and across Colorado, is inconsistent. Traditional health plans often consider it investigational, which means out-of-pocket payment is common. Typical local costs range widely depending on the clinic, the number of sites treated, and whether ultrasound guidance is included. I have seen figures from the mid hundreds to over a thousand dollars for an elbow, with package pricing if multiple joints are treated. Ask early about fees, what is included, and whether a second session would carry a discount if needed.

If a clinic markets PRP as a guarantee, keep a healthy skepticism. I prefer practices that integrate diagnostic ultrasound, structured rehab, and clear return-to-activity plans. A single shot without the rest of the program leaves too much to chance.

A brief case from the clinic

A right handed recreational tennis player in his mid 40s came in after eight months of lateral elbow pain. He had tried a counterforce brace, topical anti-inflammatories, and rest between seasons. He could hit for 20 minutes, then every backhand felt like a shock. Ultrasound showed a thickened, hypoechoic extensor tendon with small intrasubstance clefts, no full tear.

We started with four weeks of scapular stabilization and eccentric wrist loading while adjusting his two handed backhand to reduce late contact and wrist extension at impact. Improvement stalled around 40 percent. He chose PRP.

The injection day went smoothly. Soreness peaked at day two, then settled. By week four he reported less end-of-day ache and could grip heavier objects. By week eight he practiced 45 minutes with a softer string tension and a slight grip change. At three months he played a full match. Not pain free every day, but he reached for the coffee mug without thinking about it. That litmus test matters to people more than test scores.

How this fits within Regenerative Medicine in Fort Collins

PRP sits inside a larger toolbox. If you search for Regenerative Medicine Fort Collins, you will see clinics offering orthobiologics for tendons, ligaments, and joints. Tendon PRP has one of the sturdier evidence bases in that space compared to more experimental options. It neighbors treatments for plantar fasciitis, rotator cuff tendinopathy, and even nonoperative knee osteoarthritis. If your elbow is not the only thing hurting, ask whether a single plan can address related contributors. For instance, a stiff thoracic spine can feed both elbow strain and neck tension that complicates rehab.

Some clinics pair PRP with other modalities like shockwave or blood flow restriction training. Others couple it with gait analysis or swing analysis for golfers and tennis players. Choose a practice that matches your goals and communicates well, not the one with the flashiest menu.

Patients sometimes come in for PRP Fort Collins visits focused on the elbow, then return months later for a separate issue like knee pain. Techniques that improve tendon and joint health share a biologic logic, but each site has its own best practices. If you are looking for help beyond the elbow, searches such as PRP Fort Collins, PRP injections Fort Collins, or even Knee pain Fort Collins can help you find practices that handle a range of musculoskeletal problems while keeping plans individualized.

Practical preparation tips that improve outcomes

Hydrate well the day before, and have a small meal beforehand. Plan a light week at work if your job is hands on. Set up your workstation to reduce strain. A slightly elevated monitor, elbows close to the body, and a relaxed grip on the mouse make a real difference. Swap that heavy skillet to the non-painful side for a week or two. If you play golf, book a session with a teaching pro who understands injury recovery. Small technique shifts, like a smoother tempo and maintaining wrist firmness through impact, offload the tender area.

If you are a climber, consider routes with bigger holds and avoid dynamic moves for several weeks while you rebuild base strength. Tennis players can benefit from lower string tension, a more flexible racquet, and fresh balls that grip the strings better, all of which reduce shock.

Frequently asked questions, answered plainly

How many PRP sessions will I need? One is common. A second can be helpful if the first delivers partial improvement. I leave at least eight to twelve weeks before deciding, because the slope of improvement often steepens late.

Does it hurt? The injection can sting, and post procedure soreness is expected for a few days. Most patients manage with acetaminophen, ice, and relative rest. Numbing the skin and using a steady technique reduces the sting significantly.

Will I need to stop working out? Not entirely. We redirect your training. Focus on legs, core, and non provoking upper body work, then reintroduce forearm loading along the timeline we discussed. This way you avoid the deconditioning trap.

Can I drive afterward? Usually yes, though the arm may feel achy. If your job or drive demands sudden forceful movements, arrange a ride to be safe.

What if my pain is not the tendon? That is a key question. A thorough exam and ultrasound at the visit help rule out nerve entrapments, joint cartilage problems, or referred pain from the neck or shoulder. If I do not think the tendon is the main driver, I do not recommend PRP.

Edge cases and judgment calls

Some elbows carry a partial thickness tear. Small, stable partial tears can still respond to PRP paired with tenotomy and rehab. Larger tears that disrupt function need a surgical conversation. Diabetics can do well with PRP, but blood sugar control improves healing. People on anticoagulants may bruise more, and the decision to pause medication is made with their prescribing physician. Smokers heal more slowly across the board. If you smoke, any investment in PRP repays better when paired with a plan to quit.

Work demands also shape decisions. A barista who tamps and steams milk all shift needs a tailored return plan. So does a carpenter who must lift sheets of plywood. Sometimes we coordinate with employers for temporary duty modifications. That real world fit matters as much as the injection itself.

How to choose a provider in Fort Collins

Look for clinical depth over marketing polish. Ask if they use ultrasound guidance routinely. Verify that your exam includes a functional assessment, not just a quick poke and a shot. Confirm the rehab plan before the day of the procedure, and ask who will guide progression after. Transparency on cost, realistic timelines, and a willingness to say no when PRP is not the right move signal a good fit.

Regenerative Medicine in Fort Collins has grown quickly. That growth benefits patients when clinics share outcomes and collaborate with physical therapists, athletic trainers, and when needed, surgeons. An integrated approach keeps you moving forward even if the first step is not perfect.

A sensible path forward

If your elbow has been stuck in the same pattern for months, it is reasonable to explore PRP as part of a comprehensive plan. Start with a careful diagnosis and an honest inventory of what you have already tried. Correct the modifiable loads in your sport and work life. If the tendon still refuses to turn the corner, PRP offers a biologically sound nudge with a decent chance of meaningful improvement over the next season, not just the next week.

Fort Collins is a town that rewards persistence. The same spirit that gets you back on the trail after a late spring snow or onto the court after a windy day serves you well in recovery. Give the tissue the right inputs, allow time for adaptation, and choose partners who communicate clearly. With those pieces in place, a tender elbow can move from constant reminder to occasional whisper, and then often, to quiet.

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FAQ About Regenerative Medicine Fort Collins

Will insurance pay for regenerative medicine?

In most cases, health insurance will not pay for regenerative medicine. Major providers and Medicare consider non-surgical therapies—such as Platelet-Rich Plasma (PRP) and stem cell injections for joint pain—to be "experimental" or "investigational". You should be prepared for out-of-pocket costs unless you have specific exceptions.

What drink increases stem cell production?

Research shows that drinks rich in flavonoids and antioxidants—particularly high-flavanol cocoa and green tea/matcha—can increase the number of circulating stem cells. These compounds stimulate stem cells to leave the bone marrow and enter the bloodstream to repair tissues throughout the body.

What are the disadvantages of regenerative medicine?

Regenerative medicine holds immense promise, but it faces significant disadvantages, including severe safety risks like uncontrolled tissue growth, high financial costs, and lingering ethical dilemmas. The field is also hindered by inconsistent clinical results, regulatory hurdles, and a general lack of long-term data.