

Placental Tissue Matrix  
Skye Biologics PX50®

Case Report

August 25, 2016

Shawn Tierney, DC, RSMK Musculoskeletal Sonologist

Carol Hanselman, RNP

Rome Walter, DO

Diagnosis

Right acromioclavicular joint instability, right lateral epicondylitis, and right wrist joint effusion

Intro

Patient is a 35-year-old male who has pain in the right shoulder and popping in the right elbow. He initially sought treatment on November 18, 2015, when he was no longer able to play racquetball or perform dips because of the right arm pain.

Diagnosis

Dr. Tierney used a B-mode ultrasound with 8 to 13MHz high frequency GE 12L linear transducer to perform a diagnostic exam. The ultrasound revealed

1. Hypermobility of the right acromioclavicular joint with tears in the lateral superior acromioclavicular ligament
2. Tendinosis of the conjoin tendon insertion on the right lateral epicondyle
3. Right wrist joint effusion with homologue degeneration

## Initial Treatment

On November 18 and November 23, 2015, he received sequential treatments of both 0.5% Ropivacaine and 0.1 cc 50 mg/mL aqueous testosterone at the right acromioclavicular joint, the right lateral epicondyle, and the right wrist, to stimulate healing in the tendons and joints. In his follow-up ultrasound on December 14, 2015, the impression was grossly unchanged. Patient still reported significant pain in the shoulder and elbow, even with minimal exercise and workouts. He requested the PX50<sup>®</sup> solution in hopes of improved pain relief.

## PX50<sup>®</sup> Treatment

On December 14, 2015, 0.5 cc .5% Ropivacaine with 0.5 cc Skye Biologics Placental Tissue Matrix Allograft, PX50<sup>®</sup>, was injected into the right acromioclavicular joint. Next, a solution containing 2cc 1% Lidocaine, 8cc normal saline solution, and 0.1 cc 50mg/mL aqueous testosterone was injected into the right lateral epicondyle and right wrist joint.

## Follow Up

On January 14, 2016, one month after the PX50<sup>®</sup> injection, the patient reported significant improvement in the right elbow. He reported that he had been able to play a game of racquetball without pain in the right elbow, but he had some pain with rotational movement of the right shoulder. On ultrasound exam, there was still hypermobility of the right acromioclavicular joint with tears in the lateral superior acromioclavicular ligament.

## Treatment post PX50®

Patient was to expect further regeneration from the placental allograft tissue matrix, as healing time lasts at least eight weeks. Based on the instability of the joint, however, an additional treatment was provided. 2cc 1% Lidocaine, 8cc normal saline solution, .1 cc aqueous testosterone 50mg/ml was prepared and injected with ultrasound guidance into the right acromioclavicular joint.

## Follow Up

In the four and five months after the injections, patient had effectively kept the joints taped with Cover Roll Stretch and Leukotape, and completed physical therapy as instructed. In April 2016, he reported no pain in the right shoulder, elbow or wrist, and he noted the most relief in the elbow overall.

On August 31, 2016, patient reported full recovery of the right elbow, shoulder and wrist, and he was pleased with his restored ability to do skull crushers at the gym without difficulty. He greatly appreciated his treatments and the relief of pain he received.

Figure 1. Reduction in Self-Reported Pain on a 1-10 Scale, before and after PTM Placental Tissue Matrix

Level of Pain	Pre- PX50®	Post- PX50®
	12/14/15	8/31/15
Average Pain	9	3
% Reduction in Pain	66%	