

Placental Tissue Matrix  
Skye Biologics PX50®

Case Report  
July 23, 2016

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Diagnosis

Low Back Pain, Degeneration of the L4-L5 lumbar facet joints

Intro

On July 22, 2016, a 50-year-old male presented to the clinic with 10 years of progressively worsening low back pain. He had initially sprained his back 10 years ago, which caused him to fall to the ground, when working in the garage. He has experienced worsening pain that would occur unpredictably and with increasing frequency. When he would have a flare-up of pain, he would need to limit his activity for three days. Pain would limit the lifting of both heavy and light objects. He would take over the counter anti-inflammatories or pain-relievers, in order to play a game of tennis, but did not want to develop a habit of taking pain medications. He hoped to find a solution so he would be able to continue playing tennis, working, and taking care of his home.

Patient was examined by Shawn Tierney, DC, RSMK Musculoskeletal Sonologist, using a GE R6 B-mode ultrasound using 8 to 13MHz high frequency GE 12L linear transducer and a 2 to 5.3MHz 4C curvilinear transducer. His ultrasound exam

revealed bilateral capsulitis, instability and degeneration of the L4-L5 lumbar facet joints, more significant on the right, irritating the superior cluneal nerve.

### Treatment

For diagnostic confirmation, 0.5 cc .5% Ropivacaine was injected into each of the bilateral facet joints of L4 and L5 of the patient's low back. One minute after the injection, patient was able to squat and bend without pain. These were the intended effects of the Ropivacaine nerve block: to confirm the precise location of the arthritis and to block the sympathetic-mediated or 'learned' pain.

With assurance of the precise joints, the PX50<sup>®</sup> was prepared for administration. 0.5 cc .5% Ropivacaine was mixed with 0.5 cc Skye Biologics Placental Tissue Matrix Allograft, PX50<sup>®</sup>, and injected into the bilateral facet joints of L4 and L5 of the patient's low back. The goal was to provide sustaining regeneration to the patient's low back and to prevent further degeneration of L4-L5.

### Follow-up

The patient initially felt no pain. And six weeks after the injection, the patient reported some lasting relief, but occasionally it would flare up if he lifted too many heavy boxes. He was able to relieve his pain moderately with physical therapy, and he was encouraged to repeat another placental tissue matrix injection.

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

Level of Pain	Pre- PX50 <sup>®</sup>	Post- PX50 <sup>®</sup>
Average Pain	2	1
% Reduction in Pain	50%	