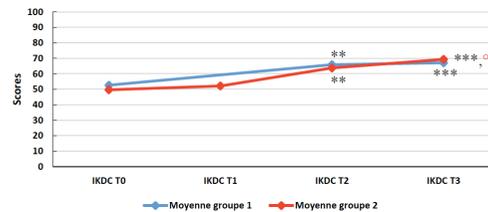
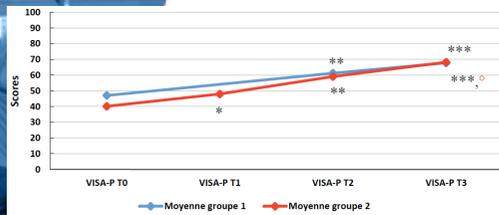
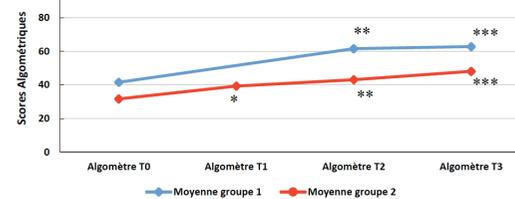
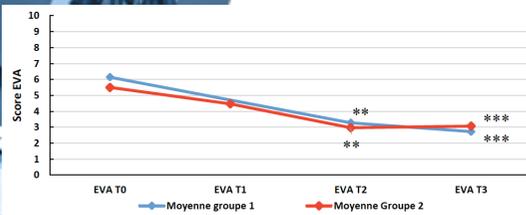
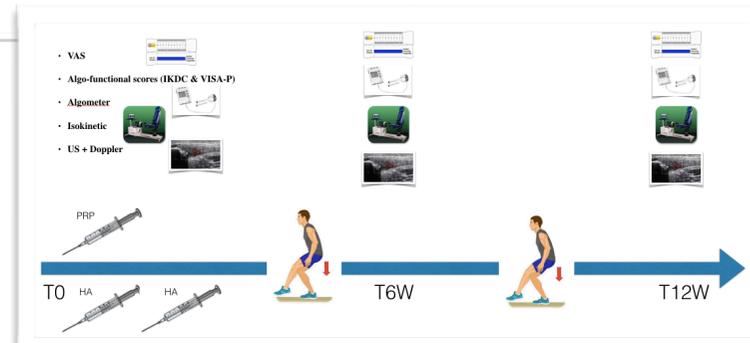
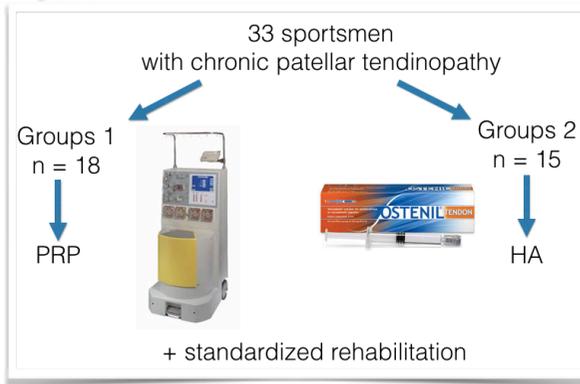


Introduction: The treatment of patellar tendinopathies could be difficult. This is the reason why new treatments have been developed, among which platelet rich plasma (PRP) injections. Some clinical series have previously evaluated the effect of PRP in the treatment of proximal patellar tendinopathies. Recent systematic review concluded that PRP could be recommend as a treatment in such indication. Recently, the viscoelastic properties of hyaluronic acid (HA) on liquid connective tissue have been proposed for the treatment of tendinopathies. Some fundamental studies show encouraging results on HA's ability to promote tendon gliding and reduce adhesion as well as to improve tendon architectural organisation. Some observations also support its use in a clinical setting to improve pain and function. We aimed to compare the effect of PRP injection versus two injections of HA after three months on patients who have a proximal patellar tendinopathy.



Groupe 1	T0	T2	T3
	(moyenne ± σ)	(moyenne ± σ)	(moyenne ± σ)
Quad C60 (N.m)	167,11 ± 49,12	167,27 ± 48,96	159,38 ± 46,42***
IJ C60 (N.m)	90,61 ± 31,09	103,55 ± 21,05*	103,22 ± 19,34**
EVA C60	2,63 ± 2,92	1,69 ± 1,87	2,00 ± 1,79
Quad C240 (N.m)	114,33 ± 30,91	114,38 ± 34,98	115,94 ± 33,12
IJ C240 (N.m)	58,38 ± 21,14	65,61 ± 12,23	65,94 ± 15,48
EVA C240	2,00 ± 2,77	1,44 ± 2,02	1,11 ± 1,03
Quad E30 (N.m)	170,94 ± 88,17	191,83 ± 76,07	192,66 ± 77,45
EVA E30	4,66 ± 3,47	2,97 ± 2,49	3,33 ± 2,42

Groupe 2	T0	T2	T3
	(moyenne ± σ)	(moyenne ± σ)	(moyenne ± σ)
Quad C60 (N.m)	163,33 ± 39,95	157,06 ± 35,27	161,40 ± 36,72
IJ C60 (N.m)	96,60 ± 17,69	101,53 ± 16,36	96,66 ± 22,66
EVA C60	3,93 ± 2,57	2,90 ± 2,46	2,33 ± 2,49**
Quad C240 (N.m)	98,33 ± 21,26	108,73 ± 20,70*	107,66 ± 21,46
IJ C240 (N.m)	59,60 ± 9,76	62,26 ± 13,64	62,06 ± 15,58
EVA C240	3,53 ± 2,35	1,33 ± 1,58*	1,06 ± 1,48**
Quad E30 (N.m)	190,66 ± 44,81	189,86 ± 41,49	199,60 ± 47,41
EVA E30	5,66 ± 2,46	4,13 ± 2,79*	3,66 ± 3,13**

Conclusions: Both PRP and HA can improve the symptoms of proximal patellar tendinopathy, even if the results are slightly better in the PRP group.