PRP for Facet Joint Pain

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A guide to cervical and lumbar facet-related pain, diagnostic uncertainty, CT-guided treatment and PRP evidence.

Key message: Facet degeneration is common on scans and does not automatically mean the facet joint is causing pain. The strongest pathway combines advanced imaging with clinical pattern and, when needed, diagnostic blocks.

What are facet joints?

Facet joints are small paired joints at the back of the spine. They can develop osteoarthritis, capsular irritation and mechanical pain. Lumbar facet pain may be felt across the low back and buttocks; cervical facet pain may contribute to neck pain and some headache patterns.

Why scans alone are not enough

Facet arthritis is common in people with no pain. MRI and CT can show degeneration, inflammation and other spinal pathology, but the image must be interpreted with symptoms and examination. A diagnostic medial branch or intra-articular local-anaesthetic block may sometimes be used to test the suspected pain source.

Can PRP help facet pain?

Facet-joint PRP evidence is developing but not settled and like most PRP data not based on a standardised PRP composition and dose. The 2026 facet/SIJ meta-analysis found better pooled pain outcomes with PRP at 3 and 6 months, yet a separate 2026 double-blind randomised lumbar facet trial found PRP was not superior to corticosteroid for its primary 6-month pain outcome. A systematic review of regenerative treatments for facet-origin axial pain graded PRP evidence as moderate/Level II overall, with low certainty. This is exactly why a facet procedure should follow a careful diagnostic pathway rather than being offered simply because degeneration is visible on imaging. [18-20]

Why CT guidance may be selected

Facet joints are small and deep. CT provides high-confidence bony localisation and can be useful when millimetres matter, particularly in the spine. The procedural record can document the side, level and final needle position.

What should I expect after?

Temporary local soreness is common. The injected joint may take days to weeks before any benefit becomes clear. Rehabilitation, posture, strength and treatment of other pain generators remain important.

What if the procedure does not help?

A technically accurate injection that does not improve symptoms is still clinically informative. It may indicate that the facet was not the main driver, that several pain generators are present, or that the biologic treatment did not produce the desired response.

Frequently Asked Questions

Is facet arthritis the same as facet pain?

No. Arthritis is common and may not cause pain. MRI with contrast is required to show inflammation of facet joints as synovitis.

Is PRP used in the neck as well as the lower back?

Selected cervical targets may be considered, but the anatomy is more complex and therefore fewer providers perform this injection regularly. Treatment should be individualised.

Why save an image of needle position?

A final procedural image improves traceability by documenting which level and structure were treated. It does not prove that the treatment will work.

Important: Progressive weakness, bowel or bladder dysfunction, fever, severe trauma or other neurological red flags require urgent assessment rather than elective facet treatment.

Related MBR Health resources

- PRP
- Pain & Injury
- 3T MRI
- Spectral CT
- Why Image-Guided PRP Matters
- PRP Aftercare

Related Patient Guides

Explore the complete MBR Health condition-specific PRP patient-guide series:

- PG8000 – PRP for Knee Osteoarthritis
- PG8001 – PRP for Hip Osteoarthritis
- PG8002 – PRP for Shoulder Tendon and Rotator Cuff Problems
- PG8003 – PRP for Tennis Elbow and Golfer's Elbow
- PG8004 – PRP for Achilles Tendinopathy

- PG8005 – PRP for Plantar Fasciitis
- PG8006 – PRP for Gluteal Tendinopathy and Greater Trochanteric Pain
- PG8007 – PRP for Hamstring, Adductor and Tendon Injuries
- PG8008 – PRP for Ligament Injuries
- PG8009 – PRP for Meniscus and Cartilage-Related Knee Pain
- PG8010 – PRP for Sacroiliac Joint Pain
- **PG8011 – PRP for Facet Joint Pain (this guide)**
- PG8012 – PRP for Disc-Related Back Pain
- PG8013 – PRP for Neck Pain and Cervical Spine Conditions
- PG8014 – PRP for Foot and Ankle Pain

For other FAQs, please visit the MBR Health FAQs page.

References

[18] Alatefi D, Alkabazi M, Alanzi A, et al. Platelet-Rich Plasma versus Corticosteroid Injections for Facet and Sacroiliac Joint Pain: A Systematic Review and Meta-Analysis with Trial Sequential Analysis. Pain Med. 2026:pnag072. doi:10.1093/pm/pnag072.

[19] Geoffroy M, Beissat M, Kanagaratnam L, Miezan SA, Salmon JH. Platelet-rich plasma versus corticosteroids in facet joint syndrome: a controlled, randomized, double-blind study. Joint Bone Spine. 2026;93(3):106001. doi:10.1016/j.jbspin.2025.106001.

[20] Manchikanti L, Abd-Elsayed A, Kaye AD, et al. A Systematic Review of Regenerative Medicine Therapies for Axial Spine Pain of Facet Joint Origin. Curr Pain Headache Rep. 2025;29(1):61. doi:10.1007/s11916-025-01376-1.

Looking for an Elite CT-Guided Facet or Specialist Spine Injection Clinic on the Gold Coast?

Patients searching for the best facet joint injection, precision back-pain clinic or advanced regenerative spine treatment on the Gold Coast – and those comparing options in Brisbane – should ask whether the pain generator has been tested and whether the procedure can be documented level by level. MBR Health combines advanced MRI and Spectral CT with specialist radiologist-led CT-guided intervention, allowing diagnosis, targeting and procedural records to form one connected pathway.

General information only. PRP suitability, medication changes, dosing, procedure choice and rehabilitation require individual clinical assessment. Evidence and regulatory requirements continue to evolve.

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