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ORIGINAL ARTICLE

PATIENT PERSPECTIVES ON PRP BIOLOGICAL CHARACTERIZATION: A FRENCH SURVEY OF AMATEUR SPORTS ASSOCIATIONS ON AWARENESS, PERCEIVED VALUE, AND QUALITY CONTROL SENSITIVITY ON PRP INJECTIONS

Alice Bitsch[1], Jonathan Siboni[1], Mathilde Grandvuillemin[1], Zoé Bessonnet[1], Marie-Alix Ferando[2], Marina Galado[2], Orso Cortinchi[2], Florence Sabatier[1,3,4], Jérémy Magalon[1,3,4]

[1] Regenerative Medicine Department of Excellence, Marseille, France
[2] Junior Phocéenne du Médicament, Faculty of Pharmacy, Aix-Marseille University, Marseille, France
[3] Cell Therapy Laboratory, Hôpital de la Conception, AP-HM, INSERM CIC BT 1409, Marseille, France
[4] Aix Marseille Univ, INSERM, INRAE, C2VN, Marseille, France

Corresponding author's e-mail: jeremy.magalon@ap-hm.fr

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LEVEL OF EVIDENCE: 5

ABSTRACT

Background: Platelet-rich plasma (PRP) is increasingly used in orthopedics and sports medicine, but its biological characterization remains poorly standardized. While international guidelines recommend systematic reporting, patient perspectives on this issue are lacking. This study aimed to explore awareness, perceptions, and sensitivity of potential patients towards PRP injections and the biological characterization of PRP preparations.

Materials and methods: We conducted an anonymous online survey including 15 questions divided into three categories (demographic data, perspectives and knowledge about PRP, and PRP characterization and accessibility). Thirty-eight amateur sports associations in France were contacted, 13 of which distributed the questionnaire to their members.

Results: A total of 267 valid responses were collected and analyzed. PRP injections were poorly known, with 64% of respondents having never heard about PRP and only 7% having previously received an injection. Despite this limited awareness, 69% expressed definite or possible interest in PRP treatment. Two-thirds (66%) considered knowledge of biological composition important, and nearly half (46%) indicated they would be willing to pay extra for quality-controlled PRP.

Conclusions: This study highlights the need for better patient education and clarity in PRP characterization and emphasizes that standardizing quality control and improving communication could increase its credibility, strengthen patient trust, and support its clinical adoption.

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KEYWORDS
Platelet-rich plasma (PRP), characterization, quality control, survey, patient perspectives, regenerative medicine

INTRODUCTION

Autologous platelet-rich plasma (PRP) injections have gained wide attention in orthopedics and sports medicine for their therapeutic potential. Recent clinical guidelines, including those from the ESSKA (European Society for Sports Traumatology, Knee Surgery and Arthroscopy) and the ICRS (International Cartilage Repair Society) have positioned PRP as a therapeutic option in musculoskeletal disorders[1,2]. At the same time, recommendations for PRP use have emphasized the need for biological characterization, as defined by the MIBO (Minimum Information for Studies Evaluating Biologics in Orthopaedics) guidelines[3-5]. Indeed, the main weakness in the field remains the lack of precise biological characterization of the PRP content being injected. This issue is particularly important, as insufficient supervision and unclear regulations have led to significant biological heterogeneity among PRP preparations obtained from different commercial systems, as confirmed in various experimental studies[6,7].

Despite this body of recommendations, a major limitation persists: the absence of systematic biological characterization of PRP in routine clinical use, resulting in substantial heterogeneity across practices, including in the quality of the PRP injected. This shortcoming is evident even in randomized controlled trials. A systematic review by Stone et al. including 25 RCTs on PRP for knee osteoarthritis showed that, on average, only 53.1% of MIBO checklist items were reported per article, underscoring the need for improved adherence to these standards[8]. This gap threatens both scientific reliability and clinical credibility. While the medical community has repeatedly emphasized the need for standardization, patient perspectives on PRP characterization remain unexplored. Therefore, the aim of this study was to assess awareness, perceptions, and sensitivity of members of amateur sports associations toward PRP injections and their biological characterization.

MATERIALS AND METHODS

Study design, sampling and participants

The present study is based on a survey conducted between August 1 and 31, 2024, by the Junior Phocéenne du Médicament (JPM) association, at the request of the Remedex network. JPM is a Junior Enterprise affiliated with the Faculty of Pharmacy in Marseille, France, whose mission is to provide pharmacy students practical professional experience through collaboration with external stakeholders.

The survey was disseminated as a closed-format questionnaire, exclusively targeting members of sports associations pre-selected by JPM and approved by the Remedex scientific board. Initial contact was established by JPM via phone or e-mail with 38 sports associations located across various regions of France. The purpose and objectives of the survey were communicated, and participants were informed that their responses would remain anonymous, and participation was entirely voluntary, to ensure the objectivity of self-reported data. Each participant could complete the questionnaire only once. Importantly, no incentives, monetary or otherwise (e.g. gifts or rewards) were offered to participants. Once finalized, the survey was distributed via email by each participating sports association to its members, thereby ensuring that only individuals affiliated with these associations could access and complete the questionnaire. Notably, participant identities could not be traced. The survey was conducted in full compliance with the General Data Protection Regulation (GDPR) to ensure confidentiality, and in accordance with the CHERRIES guidelines (checklist for Reporting Results of Internet E-Surveys)[9] to ensure the quality of reporting *(Table S1)*.

Data collection and presentation

The questionnaire began with a brief introduction outlining the study context and was subsequently divided into three categories of questions as follows: i) demographic data (gender, age, daily sports practice, medical conditions and anatomical zone affected); ii) perspectives and knowledge about PRP and iii) PRP characterization and accessibility *(Table S2)*. A Google Form platform was used to distribute the questionnaire to the associations. The questionnaire comprised 15 questions spread over 4 to 5 pages, depending on participants' responses, as some items were adaptive. Respondents are referred to as potential patients throughout the manuscript. Data are presented as mean ± standard deviation (SD).

RESULTS

Survey completion

Thirteen out of the 38 (34.2%) sports associations contacted accepted to diffuse the questionnaire among their 9992 members. The proportion of survey completion among associations ranged from 0.09 to 14.61% (4.94 ± 4.76). A total of 267 responses (2.7%) were collected and included in the analysis. All the completed questionnaires were analyzed.

Demographic data

The majority of respondents were men (58%, n = 155); 89

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		Percentage	Age group (years)	Percentage
Gender	Women	112 (42%)	18-40	30 (27%)
			40-60	32 (28%)
			>60	50 (45%)
	Men	155 (58%)	18-40	59 (38%)
			40-60	60 (39%)
			>60	36 (23%)
Sport activities	Weight-bearing sports	199 (75%)		
	Non weight bearing sports	14 (5%)		
	Both	54 (20%)		
Responders' diseases	Degenerative joint diseases	72 (27.0%)		
	Tendinopathy	55 (20.7%)		
	Other knee pathologies	10 (3.8%)		
	Others	14 (5.2%)		
	None	129 (48.3 %)		
Anatomical zone involved	Knee	45 (16.9%)		
	Feet (ankle + achille tendon)	25 (9.4%)		
	Shoulder	8 (3.0%)		
	Back (lumber + cervical)	7 (2.6%)		
	Elbow	3 (1.1%)		
	Leg/thigh	2 (0.8%)		
	Other	1 (0.4%)		
	≥ 2 anatomic areas	55 (20.6%)		
	None	121 (45.3%)		

Table 1. *Characteristics of survey participants (n=267).*

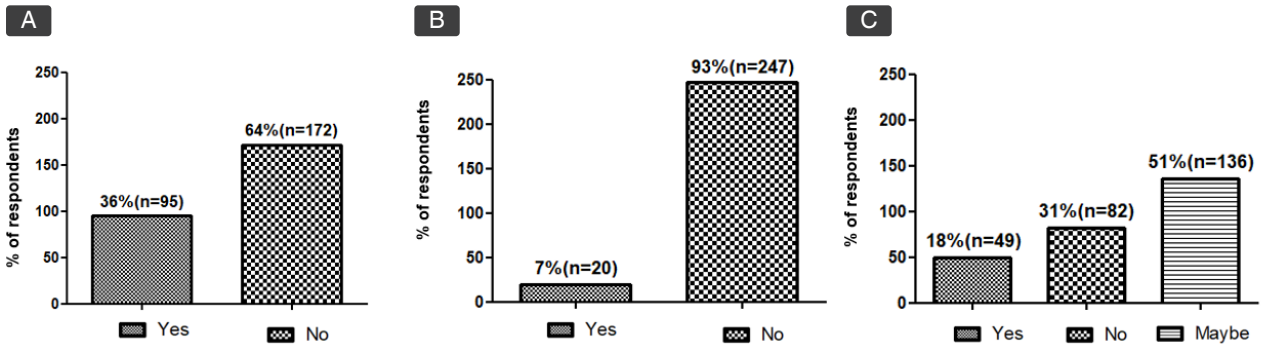


Figure 1. *Response of potential patients on knowledge about PRP. A) Proportion of potential patients that already heard or not about PRP B) Proportion of potential patients that already had PRP injections C) Proportion of potential patients that could be interested in PRP injections.*

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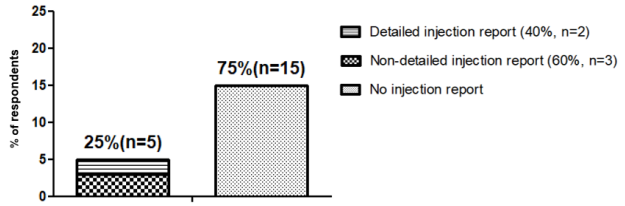


Figure 2. *Response of potential patients on access to PRP injection report.*

(33.3%) were aged 18-40 years, 92 (34.5%) 40-60 years and 86 (32.2%) over 60 years. Most of them practiced weight-bearing sports (75%, n = 199) compared to non-weight-bearing sports (5%, n = 14) while 20% (n = 54) practiced both. Data collected showed that 50.9% (n = 136) of respondents had musculoskeletal issues, with a majority reporting issues in multiple anatomic areas (20.6%, n = 55). Conversely, 129 participants (48.3%) reported no current pathological conditions *(Table 1)*.

Potential patients' knowledge about PRP

The majority of respondents (64%; n = 172) had never heard about PRP injections, whereas 36% (n = 95) were already familiar with PRP. Consistently, only 7% (n = 20) had previously received a PRP injection. Regarding interest in the treatment, 49 respondents (18%) stated they would be interested in PRP injections and 136 (51%) indicated they might be interested. In contrast, 82 (31%) reported having no interest in such treatment *(Fig. 1)*.

PRP characterization and potential patients' perceived value

Among the participants who received a PRP injection (n = 20), the majority of them (75%, n = 15) did not obtain an injection report. Among the 5 patients who did, only 2 were provided with detailed documentation on the PRP preparation (device name, centrifugation speed and duration, batch number, expiration date), and on its biological composition (concentration of platelets, red blood cells and white blood cells) *(Fig. 2)*.

In this section, the majority of potential patients (66%, n = 177) considered it important to know the composition of PRP while 31% (n = 83) had no opinion, and 3% (n = 7) regarded it as unimportant *(Fig. 3A)*. Interestingly, when asked to imagine themselves as patients receiving a PRP injection, the proportion of those who considered PRP composition important increased to 74% (n = 198) with 46% (n = 123) indicating they would be willing to pay for this information *(Fig. 3B)*. Among them, 89 (33.3%) stated they are prepared to pay an additional cost between 10 and 50 euros whereas 44% (n = 118) believed that information about PRP composition should be freely accessible *(Fig. 3C)*.

DISCUSSION

To our knowledge, this is the first study to provide a potential patient-centered perspective on PRP characterization, complementing existing physician-based surveys and international guidelines. This survey revealed three main findings: (i) limited awareness of PRP (64% unaware), (ii) a strong demand for transparency (66% want composition), and (iii) willingness to pay for biologically characterized PRP (46%).

Despite its promising potential in various therapeutic fields, PRP injections remain underutilized by many physicians. This can be attributed to the organizational challenges of preparing PRP, the biological variability of products, and the final cost for patients, as this treatment is typically not covered by insurance. Leading scientific societies have identified the absence of biological characterization as PRP's foremost weakness, potentially undermining its credibility despite the existence of expert consensus and guidelines supporting such analysis. While the MIBO recommendations[3] advocate for systematic reporting, our study confirms that it remains under-performed in clinical practice. By surveying potential patients directly, this work introduces a novel and complementary perspective to the existing literature.

Our study benefits from the careful selection of participants from an athletic population at risk of musculoskeletal disorders, with more than 50% reporting such conditions. Interestingly, although we targeted this appropriate cohort, our findings indicate that PRP remains largely unfamiliar to most people. As observed in the United States, where PRP injections are increasingly used in sports medicine[10], we can anticipate a gradual increase in popularity and adoption across Europe. Encouragingly, 69% of

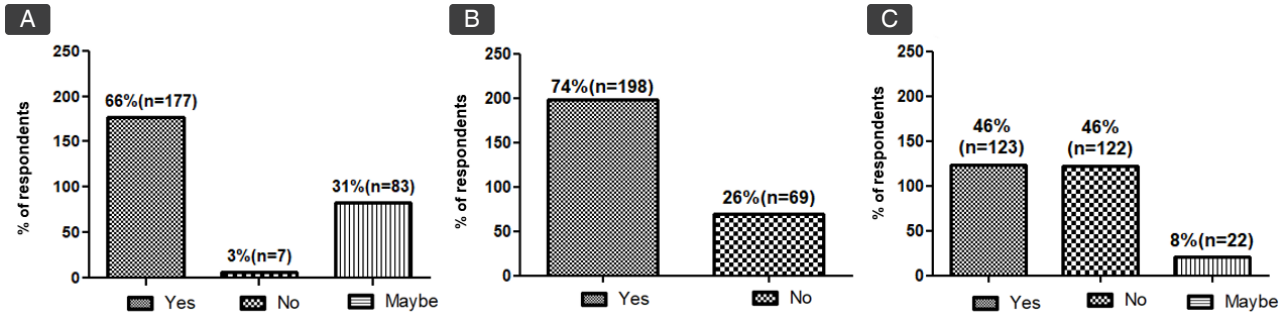


Figure 3. *Response of potential patients on perceived value of PRP characterization. A) Proportion of respondents considering biological composition of the PRP important or not. B) Proportion of respondents requesting biological qualification of the PRP or not prior to injection. C) Proportion of respondents willing to incur additional costs to obtain the biological composition of the PRP.*

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participants expressed definite or possible interest in this natural, autologous and safe treatment, even after only a brief explanation of the procedure.

More importantly, our findings underscore that patients place strong value on knowing the composition of PRP and many are willing to pay for such information. Providing these data is essential for ensuring transparency in PRP preparation, particularly given the variability across commercial systems[6,7]. The lack of comprehensive reporting by practitioners on PRP composition and preparation methods is likely to contribute to patient uncertainty, especially when clinical results do not meet expectations. Clinically, improving communication and systematic reporting may strengthen trust and adherence, and could ultimately support reimbursement discussions and wider adoption. These findings complement a recent Delphi consensus of experts on PRP treatments[11], which did not incorporate the patient perspective.

Meeting this expectation poses a real challenge for both healthcare professionals and industry stakeholders, who must work toward making characterization services accessible to physicians and patients alike. Such efforts would enhance the credibility of the treatment and support arguments for reimbursement by insurers or public health systems.

The main limitation of this study is the modest response rate (2.7%), which likely reflects the targeted nature of our sample, and as a descriptive study in amateur athletes, the findings may not be fully generalizable to the broader population. Future larger studies with more diverse cohorts should consider simplifying questionnaires, pre-testing items for clarity, and improving communication strategies to increase participation.

In conclusion, for PRP injections to become a recognized and widely accepted therapeutic option, it is essential that the scientific community continues to carry out clinical and translational research. Increased involvement of healthcare professionals and scientists in disseminating evidence and knowledge about PRP may help to build patient trust and promote its integration into routine clinical practice.

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SUPPLEMENTARY MATERIALS

Item category	Checklist item	Explanation	Comments
Design	Describe survey design	Describe target population, sample frame. Is the sample a convenience sample? (In "open" surveys this is most likely.)	Section: Study design, sampling and participants
IRB (Institutional Review Board) approval and informed consent process	IRB approval	Mention whether the study has been approved by an IRB.	Section: Study design, sampling and participants GDPR compliance, fully anonymous, no IRB required
	Informed consent	Describe the informed consent process. Where were the participants told the length of time of the survey, which data were stored and where and for how long, who the investigator was, and the purpose of the study?	Section: Study design, sampling and participants
	Data protection	If any personal information was collected or stored, describe what mechanisms were used to protect unauthorized access.	Section: Study design, sampling and participants
Development and pre-testing	Development and testing	State how the survey was developed, including whether the usability and technical functionality of the electronic questionnaire had been tested before fielding the questionnaire.	Section: Study design, sampling and participants
Recruitment process and description of the sample having access to the questionnaire	Open survey versus closed survey	An "open survey" is a survey open for each visitor of a site, while a closed survey is only open to a sample which the investigator knows (password- protected survey).	Section: Study design, sampling and participants
	Contact mode	Indicate whether or not the initial contact with the potential participants was made on the Internet. (Investigators may also send out questionnaires by mail and allow for Web-based data entry.)	Section: Study design, sampling and participants
	Advertising the survey	How/where was the survey announced or advertised? Some examples are offline media (newspapers), or online (mailing lists – If yes, which ones?) or banner ads (Where were these banner ads posted and what did they look like?). It is important to know the wording of the announcement as it will heavily influence who chooses to participate. Ideally the survey announcement should be published as an appendix.	Not performed

Item category	Checklist item	Explanation	Comments
Survey administration	Web/E-mail	State the type of e-survey (eg, one posted on a Web site, or one sent out through e-mail). If it is an e-mail survey, were the responses entered manually into a database, or was there an automatic method for capturing responses?	Section: Study design, sampling and participants
	Context	Describe the Web site (for mailing list/newsgroup) in which the survey was posted. What is the Web site about, who is visiting it, what are visitors normally looking for? Discuss to what degree the content of the Web site could pre-select the sample or influence the results. For example, a survey about vaccination on a anti-immunization Web site will have different results from a Web survey conducted on a government Web site	Section: Study design, sampling and participants
	Mandatory/ voluntary	Was it a mandatory survey to be filled in by every visitor who wanted to enter the Web site, or was it a voluntary survey?	Section: Study design, sampling and participants
	Incentives	Were any incentives offered (eg, monetary, prizes, or non-monetary incentives such as an offer to provide the survey results)?	Section: Study design, sampling and participants
	Time/Date	In what timeframe were the data collected?	Section: Study design, sampling and participants
	Randomization of items or questionnaires	To prevent biases items can be randomized or alternated.	Not performed
	Adaptive questioning	Use adaptive questioning (certain items, or only conditionally displayed based on responses to other items) to reduce number and complexity of the questions.	Section: Study design, sampling and participants & Supplementary material
	Number of Items	What was the number of questionnaire items per page? The number of items is an important factor for the completion rate.	Section: Study design, sampling and participants & Supplementary material
	Number of screens (pages)	Over how many pages was the questionnaire distributed? The number of items is an important factor for the completion rate.	Section: Study design, sampling and participants & Supplementary material
	Completeness check	It is technically possible to do consistency or completeness checks before the questionnaire is submitted. Was this done, and if "yes", how (usually JAVAScript)? An alternative is to check for completeness after the questionnaire has been submitted (and highlight mandatory items). If this has been done, it should be reported. All items should provide a non-response option such as "not applicable" or "rather not say", and selection of one response option should be enforced.	Not performed
	Review step	State whether respondents were able to review and change their answers (eg, through a Back button or a Review step which displays a summary of the responses and asks the respondents if they are correct).	Not performed
Response rates	Unique site visitor	If you provide view rates or participation rates, you need to define how you determined a unique visitor. There are different techniques available, based on IP addresses or cookies or both.	Not performed
	View rate (Ratio of unique survey visitors/unique site visitors)	Requires counting unique visitors to the first page of the survey, divided by the number of unique site visitors (not page views!). It is not unusual to have view rates of less than 0.1 % if the survey is voluntary.	Not performed
	Participation rate (Ratio of unique visitors who agreed to participate/ unique first survey page visitors)	Count the unique number of people who filled in the first survey page (or agreed to participate, for example by checking a checkbox), divided by visitors who visit the first page of the survey (or the informed consents page, if present). This can also be called "recruitment" rate.	Not performed
	Completion rate (Ratio of users who finished the survey/ users who agreed to participate)	The number of people submitting the last questionnaire page, divided by the number of people who agreed to participate (or submitted the first survey page). This is only relevant if there is a separate "informed consent" page or if the survey goes over several pages. This is a measure for attrition. Note that "completion" can involve leaving questionnaire items blank. This is not a measure for how completely questionnaires were filled in. (If you need a measure for this, use the word "completeness rate".)	Not performed

Item category	Checklist item	Explanation	Comments
Preventing multiple entries from the same individual	Cookies used	Indicate whether cookies were used to assign a unique user identifier to each client computer. If so, mention the page on which the cookie was set and read, and how long the cookie was valid. Were duplicate entries avoided by preventing users access to the survey twice; or were duplicate database entries having the same user ID eliminated before analysis? In the latter case, which entries were kept for analysis (eg, the first entry or the most recent)?	Not performed
	IP check	Indicate whether the IP address of the client computer was used to identify potential duplicate entries from the same user. If so, mention the period of time for which no two entries from the same IP address were allowed (eg, 24 hours). Were duplicate entries avoided by preventing users with the same IP address access to the survey twice; or were duplicate database entries having the same IP address within a given period of time eliminated before analysis? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)?	Not performed
	Log file analysis	Indicate whether other techniques to analyze the log file for identification of multiple entries were used. If so, please describe.	Not performed
	Registration	In “closed” (non-open) surveys, users need to login first and it is easier to prevent duplicate entries from the same user. Describe how this was done. For example, was the survey never displayed a second time once the user had filled it in, or was the username stored together with the survey results and later eliminated? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)?	Not performed
Analysis	Handling of incomplete questionnaires	Were only completed questionnaires analyzed? Were questionnaires which terminated early (where, for example, users did not go through all questionnaire pages) also analyzed?	Not performed
	Questionnaires submitted with an atypical timestamp	Some investigators may measure the time people needed to fill in a questionnaire and exclude questionnaires that were submitted too soon. Specify the timeframe that was used as a cut-off point and describe how this point was determined.	Not performed
	Statistical correction	Indicate whether any methods such as weighting of items or propensity scores have been used to adjust for the non- representative sample; if so, please describe the methods.	Not performed

Table S1. *The checklist for reporting results of internet e-surveys (CHERRIES).*

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Item category	Questions	Type of question	Answers
Patients' characteristics	What is your gender?	Single	☐ Woman ☐ Man
	How old are you?	Single	☐ 18-40 years ☐ 40-60 years ☐ More than 60 years
	Are you physically active?	Single	☐ Weight-bearing sports ☐ Non- Weight-bearing sports ☐ Weight-bearing sports and Non- Weight-bearing sports
	What pathologies do you suffer from?	Multiple	Open answer
	Which anatomical area is affected?	Multiple	Open answer
Patients perspective about PRP	Have you ever heard of PRP?	Single	☐ Yes ☐ No
	Have you ever had PRP injections?	Single	☐ Yes (adaptive answer -> q.8-9-10) ☐ No
PRP characterization	**Adaptive question** Did the practitioner give you an injection report?	Single	☐ Yes ☐ No
	Adaptive question Does this report specify the elements relating to the preparation of the PRP (name of device, centrifugation speed/time, batch no., expiration date)?	Single	☐ Yes ☐ No
	Adaptive question Does this report indicate the precise biological composition of the PRP injected (concentration of platelets, red blood cells and white blood cells)?	Single	☐ Yes ☐ No
Patients' perspective about PRP	Would you be interested in PRP injections?	Single	☐ Yes ☐ No ☐ Maybe
Access of PRP characterization	What is your position on knowing the biological composition of the PRP injected?	Single	☐ Yes ☐ No
	If you were to have PRP injections, would you ask for the biological qualification (quality of the blood sample and of the PRP) of the PRP injected?	Single	☐ Yes ☐ No
	A PRP injection is not reimbursed and costs on average between €150 and €200 without quality control. What additional cost would you be prepared to pay to know the composition of the PRP injected into you?	Multiple	Open answer
/	Do you have any additional comments?	Multiple	Open answer

Table S2. *Questionnaire used for the survey (translated from French to English).*

Platelets are one of the blood cells continually produced in our bodies. They are well known for their essential role in blood clotting. They also contain numerous growth factors that give them the ability to promote healing and tissue regeneration. PRP is a platelet concentrate prepared from a sample of your own blood. Once injected, the platelets release growth factors locally, stimulating the tissue repair process and are used daily in tendon and joint pathologies. These injections thus represent an alternative treatment to other injectable treatments (cortisone or hyaluronic acid, for example) or surgical treatments (knee prostheses) for patients with certain musculoskeletal pathologies.

There are numerous devices and methods for preparing these PRPs, resulting in heterogeneous PRP preparations from a biological point of view. This heterogeneity is one of the factors limiting the spread of this innovative technique, which is not currently covered by the health insurance system. Certain learned societies, such as the American Academy of Orthopaedic Surgeons and the American Medical Society for Sports Medicine, recommend that, in order to overcome this weakness, patients should be systematically informed of the composition of the PRP injected.

The aim of this study is to obtain the views of patients or future patients who may be concerned by this type of injection, and to determine the conditions under which this innovative procedure is performed and managed.

This questionnaire is anonymous and the data will be processed in compliance with the General Data Protection Regulation (Regulation (EU) 2016/679). Please answer the questions as accurately as possible, and please answer all questions. This questionnaire will take less than 5 minutes to complete. Thank you for taking part.

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