

INQUIRIES and GENERAL INFORMATION about PROLOZONE

Thank you for inquiring about ozonotherapy and prolozone. There is a separate handout/webpage for general information about ozone, medical uses of ozone, and how ozone may be administered.

In order for you to make an informed decision about choosing our practice and these procedures, a list of the most common questions are answered below.

Do I need to have a full work-up or can I come in just for prolozone or ozonotherapy? While ozone is a powerful and stand-alone procedure, it is not a cure-all and there are circumstances in which it will not provide a predictably satisfactory result. An initial consultation includes assessments that help us determine many of the causative and contributing co-factors that led to your condition. Nearly everyone benefits from supportive strategies that allow, enable, or enhance healing. Our comprehensive management approach is part of why we are successful and seemingly much more so than others who also give prolozone injections.

What if I already have a medical doctor, naturopath, chiropractor, acupuncturist, etc. that serves as my primary provider? While I am certainly open to consider specific suggestions, my experience is that preconceived ideas and information obtained from a variety of sources (internet, friends, para-professionals, doctors who are not familiar with ozone, etc.) are not always the most efficient or effective strategy. That is not to say I discount the instincts or wishes of my patients. Rather, I try to avoid jumping to conclusions or just treating symptoms. Health requires addressing the underlying causes.

If you have been evaluated by a credentialed professional that Dr. Kaslow knows, and you provide objective tests that provide a comprehensive understanding of your situation, Dr. Kaslow *may* consider that information adequate. If that is the case, have a licensed doctor supply you with a prescription for either procedure and it will be honored accordingly.

Here is what is commonly needed for prolozone injections:

1. An x-ray, CT-scan, or a MRI report assessing joint(s) in question.
2. Laboratory results that indicate or exclude relevant contributing factors such as a C-Reactive Protein (CRP), sedimentation rate (ESR), Complete Blood Cell count with differential (CBC), rheumatoid factor (RF), anti-nuclear antibodies (ANA), screen for Lyme and related microbes,
3. If available, any consult reports from orthopedic surgeons, etc.

Can Dr. Kaslow tell me if prolozone or ozonotherapy is a good choice or will it work for me before I make an appointment? In as much as I would like to respond directly now, it is neither good medical care nor medico-legally appropriate to respond without a comprehensive understanding of your situation. I can not give any medical advice without establishing a physician-patient relationship and that requires a formal consultation either in person or via phone.

I also understand that many potential patients have not been satisfied with other doctors and therapies, and unfortunately in some instances they have tried many doctors, therapies, etc. often at great expense. As a result they have become understandably reluctant to assume that I may be no different, and thus they want to be sure that they will not get more unsuccessful explanations, promises, or treatments. I can only promise you a logical, comprehensive, and insightful approach with individualized innovative therapy.

Which joints are suitable for prolozone? The knees and ankles seem to respond best. The shoulder joints, low back, lower cervical spine, and elbows are also very responsive and the majority of patients show significant improvement. The wrists and bases of the thumb are often helped, but not with the same consistency. Because the hip joints do not reliably improve, I discourage prolozone for hip conditions. I have not yet injected the TMJ but it is straight forward and reportedly responds well. It is not recommended that knee joints with effusion (fluid) receive intra-articular ozone.

How many prolozone injections are needed? For many, a single injection is adequate. The relief of symptoms is satisfactory and they do not *need* re-treatment. Other patients request repeated injections to promote greater joint rejuvenation. There is not a limit to the number of prolozone injections one can receive but the most I have given any one joint is four, with incremental improvement seen after each session. It is my opinion, that if you need more than 3-4 prolozone injections into one area and there has not been improvement, there are other factors that should be addressed prior to continuing. This is one of the reasons that the full evaluation can be insightful.

How much does prolozone cost? For the procedure itself, the cost is \$150-180 per joint region even if there are multiple injections for an area (such as the low back, ankle, shoulder, etc.). There is an additional charge for supplies (~\$35.00). For those who are coming in for an initial visit and want to have prolozone as part of the initial visit, there is a separate consultation charge of \$135.00 to provide a brief examination, review records, discuss the options, answer questions about the procedure, etc.

I respect your financial resources and encourage you to go to my website (www.drkaslow.com) and review my other approximate fees by scrolling to the bottom of 'Services Offered' webpage and clicking the link to 'common fees.' We charge the same for all patients regardless of insurance, cash payment, etc.

Does insurance reimburse for prolozone? We currently only participate in the Cigna PPO network. As with all of patients that are not in the Cigna PPO network, our office will bill your insurance carrier for reimbursement back to you directly. If and how much they will pay depends on your policy. Under no circumstance do we ever accept insurance only or in lieu of full payment by the patient at the time of service. We can never submit a claim to Medicare since we have opted-out of Medicare completely. We do not participate in Medi-Cal or related carriers.

Is cortisone (or other steroid) used in prolozone? In certain circumstances, Dr. Kaslow may use microdoses of corticosteroids, but he never uses standard or high doses for prolozone.

Does prior prolotherapy, SynVisc, platelet-enriched plasma (PRP), cortisone injections, etc. disqualify me from receiving prolozone? No, but it is best to wait 4 weeks after a prolotherapy injection and 12 weeks after any of the others.

Does prior arthroscopic surgery disqualify me? No. Many of the patients that receive prolozone have had prior arthroscopy or other major surgeries. Of course, any joint surface replacement procedure or prosthetic makes the procedure of limited value. Tenderness around the joint (not in the joint) often responds very well to prolozone.

What is Dr. Kaslow's training background? Dr. Kaslow trained with some of the originators of prolozone and oxidative therapies – Drs. Frank Shallenberger, Robert Rowen, Dennis Harper, and Howard Robins. I have very favorable response rates for the shoulder, knee, and ankle joints, along the spine, and for painful trigger muscle and myofascial points. Since the injections themselves are straight-forward and done by many physicians with various backgrounds, it is not surprising that naturopaths, dentists, osteopaths, chiropractors, veterinarians, etc. use similar techniques as their license allows.

If other doctors are doing prolozone, why should I have Dr. Kaslow do the procedure? Each doctor adds their own experience and “tricks” to prolozone. In talking with other doctors doing prolozone, my patients seem to need far fewer injections. I am honored to get inquiries who would like more information or specific questions answered before they schedule as patients for themselves or someone they care for. In an ideal setting, I would have the time to respond appropriately. Information and transparency is a good thing. The reality is that I have tried to describe my philosophy, strategy, and some of the diagnostic and therapeutic tools I use in my practice on my website, www.drkaslow.com. While it is not kept up to date in real-time and not everything is divulged there (for a variety of reasons), it remains very representative of what our office does. If the information you are requesting is not there, I apologize. I spend the vast amount of my time with direct patient care, and thus prioritize my energy in that direction.

I don't live in, near, or have easy access to Orange County, California. Can you suggest a doctor in my area for prolozone? I spend most of my time in my office taking care of patients just like you. As a result I don't meet many other physicians or get to know their strengths and weaknesses. For this reason I can only suggest that you choose from a panel of doctors who at least share my interest in integrative patient-centered care. Please consult www.aaot.us or www.oxygenhealingtherapies.com for help in finding a qualified practitioner near you.

What is the next step in becoming Dr. Kaslow's and receiving ozone therapy? If you are not already patient of Dr. Kaslow's, please submit a potential patient information pack so our office can better determine if we would be a good match for you. If so, one of our front office staff will contact you to schedule an initial consultation. For our existing patients, please call us at 714-565-1032 to schedule a “prolozone appointment.”

Will I be able to drive home after a prolozone injection? Yes, most patients leave the office pain-free. The visit is 15-30 minutes and no sedatives are needed or used. Resuming normal activity is typically acceptable but specific limitations and suggestions will be given to you by Dr. Kaslow depending on the joint and circumstances.

I look forward to helping you achieve pain freedom and vibrant health – Jeremy E. Kaslow, MD, FACP, FACAI.