



## Regenerative Medicine Post-Treatment Instructions

Physioregenix – Helping Your Body Heal Itself

### 1. Medications

- Do NOT take any anti-inflammatory medications (NSAIDs or steroids) for at least 2 days before and 2 weeks after your injections. This includes drugs like Advil, Aleve, Motrin (ibuprofen), Aspirin, Celebrex, Naproxen, Meloxicam, Prednisone, and similar medications. Avoiding NSAIDs as long as possible will improve your results.
- If you need pain relief, you may use Tylenol (acetaminophen), unless you have liver disease. Follow the dosage recommended by your provider.
- Do NOT apply ice to the treated area during the first 2 days, as this slows healing. After 2 days, you may use ice packs for 10–15 minutes at a time if needed for pain relief.

### 2. Heat Therapy

- Heat (heating pad, hot shower, sauna, or hot tub) can be used during the first 3 days after treatment. After 3 days, you may continue to use heat as needed for comfort.

### 3. Activity

- Gentle movement, stretching, and light exercise are important for healing. Do NOT immobilize the treated area with slings or restrictive braces.
- Move and exercise the treated joint or area as tolerated, but stop before pain occurs. Pain should guide how much activity you do.
- Avoid aggressive exercise, heavy lifting, or sports until cleared by your provider.
- Healing takes time. The first 4 days are the most important—avoid stressing the treated area. After 4 days, you may gradually return to 60–75% of your normal activity over the next 10 days, always letting pain be your guide.

#### 4. Rehabilitation

We recommend the following after your treatment to help restore balance and strength:

- Yoga
- Pilates
- Walking
- Physical Therapy (we can provide referrals if needed)

#### 5. Emergencies

If you experience chest pain, difficulty breathing, sudden collapse, or any other medical emergency, call 911 immediately or go to the nearest emergency room. After you are safe, please notify our clinic as soon as possible.

For non-urgent issues, contact our office directly for assistance.

#### Patient Acknowledgment

Please initial each line to confirm your understanding:

\_\_\_ I understand that I should avoid anti-inflammatory medications as directed.

\_\_\_ I understand to avoid ice during the first 2 days and to use heat as recommended.

\_\_\_ I understand to keep moving the treated area gently and avoid overexertion.

\_\_\_ I understand the signs of a medical emergency and when to call 911.

\_\_\_ I understand that I should contact the clinic with any concerns or questions.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_