



Regenexx Post Procedural Rehabilitation General Guidelines

- These guidelines are a general recommendation on how you should progress through rehabilitation after many of the Regenexx procedures. This is not intended to replace your physician's specific recommendations for you as every patient and situation is different.
- The Rehab from procedures varies from each procedure but is organized in Phases from 1 to 3 or 4. Phase 1 begins immediately after the procedure (reinjection procedure for those receiving Regenexx SD or C procedures). Each phase represents recommendations on restrictions, and therapeutic activity you should perform. Once you are able to reach the goals for a phase, then you progress to the next phase. Phase time lines intentionally overlap as they are estimates and will vary for each patient.
- In general we recommend your progression through the rehabilitation phases and return to activity be based on your symptoms. We want you to be as active as you can with less than minimal pain 2/10. You should start off with light or easy activity then slowly progress to more strenuous activity as tolerated. If an exercise or activity causes more than minimal pain 2/10 during or after the activity then you need to back down the duration or intensity of that activity. If you are able to do light activity with no pain then you should progress to slightly harder activity or increase the duration of your lighter activity.
- Note that every person and situation is different and some people will progress faster or slower than others. The speed of recovery has no bearing on chances of overall success from the procedure.

Post procedural general recommendations:

- We recommend the Regenexx stem cell supplement, Omega 3 supplement, and Turmeric supplement 2 weeks before and for 3 months post treatment. These are generally healthy and helpful for joints and tendons and can be used long term as well. To learn more see **ChicagoArthritis.com/Supplements**
- Diet: Low carb focused diet.
- Bracing/crutches as recommended by Dr Tambar.
- Besides the above rehab recommendations, low impact activity such as swimming without stressing your treated joint is acceptable.
- **Avoid NSAIDs** (anti-inflammatories) ie: Motrin, Ibuprofen, Alleve, Naproxen, Diclofenac, Voltaren, Meloxicam, Etodolac, Celebrex, Indocin, Indomethacin, Aspirins, steroids such as cortisone injections for at least 8 weeks after the procedure.
- Over the counter pain medications or supplements that are ok to use as needed: Tylenol (No more than 1000mg in 1 dose and no more than 3000mg or 3 grams in one day), Arnica and other homeopathic treatments, Capsaicin Cream, Willow bark, Bromelain.
- Strongly consider **Egoscue** therapy evaluation and program. Visit: <http://www.egoscue.com/> for more information.
- If doing conventional Physical therapy, work on postural restoration and biomechanical corrections.
- Consider **Muscle Activation Therapy (MAT)** especially for shoulder problems. Visit: <http://www.muscleactivation.com/> for more information

Therapeutic modality guidelines:

- Ok at any point: TENS units, alpha stim, light therapy, paraffin, massage, IMS/dry needling, acupuncture.
- Wait until you at phase 3 of rehab before doing: joint mobilization therapy, muscle activation therapy, active release therapy
- No ultrasound therapy within 2 weeks of the procedure.
- No Accelerated Recovery Performance (ARP) therapy or Extracorporeal Shock Wave Therapy (ECSWT) within 3 months of the procedure.
- Far and Near Infrared heat or heating pad ok. No ice.



The follow are some fictional examples of how progression of rehab may look for different patients.

Upper extremity sample slow rehab progression:

A 40 year old male has a complete rotator cuff tear retracted 1cm. Patient underwent Regenexx SD stem cell procedure. After the procedure he was immediately placed in an abduction brace which his physician recommends he uses for a total of 4 weeks. His phase 1 rehab consists of only passive range of motion exercises until he is completely free of the brace. After 4 weeks, the brace is discontinued and he progresses to phase 2 of rehab consisting of active range of motion exercises and some slight isometric exercises. These exercise initially cause him a great deal of pain but after 2 weeks he is able to do them with only 1/10 pain. He then progressed to phase 3 of rehab with more full range of motion exercises and some strengthening exercise given by his therapist. He still is restricted form lifting more than 5 lbs. After 4 weeks he is able to perform all suggested exercises with no pain. He then progresses to Phase 4 rehabilitation where is gradually begins to do more strenuous activity. His pain with these activities is 5/10, so he backs down to the phase 3 exercises for 1 week. The next week he tries more gradual exercise advised in phase 4 and is able to do some with 2/10 pain only. He then tries more difficult exercises and still only has 2/10 pain. After 5 weeks of slow progression, he returns to playing golf and tennis which he enjoys. (16 total weeks of rehab before returning to desired activity)

Example moderate rehab progression:

A 57 year old woman with left knee arthritis underwent the Regenexx SD stem cell procedure. Immediately after the procedure she is placed in an unloader brace which she is to wear while up for 6 weeks. Her phase 1 rehab consists of only range of motion exercises. She has considerable pain for the first 5 days after the procedure but then it subsides. She then progresses to phase 2 of rehab. She begins by walking in a swimming pool 30 minutes 5x per week. She continues ROM exercises. After 2 weeks she tries stationary bike on low resistance. Initially she biked for 20 min and was very sore afterwards. She cut down to 10 minutes and had almost no pain. After 1 additional week she was biking 30min 3x a week in addition to the pool walking with only 1/10 pain. She tried elliptical and pain was still only 1/10. After another week, she began walking briskly outside for 20min with no pain. She then progressed to phase 3 rehab in which she worked with a therapist on strength training and began doing hills on the treadmill. She gradually increased her resistance and had only mild pain some days. After 3 weeks of resistance training she was performing all exercises and activity with less than 2/10 pain. She then progressed to phase 4 and began hiking in the mountains which was her goal to get back to. (8 weeks total rehab before returning to activity)

Example of fast rehab progression:

A 28 yo female triathlete tore her lateral meniscus 2 months ago. She underwent the Regenexx SD procedure. The night after the procedure she was sore but by the next day she had no pain. Her phase 1 rehab consisted of range of motion exercise and some mild non weight strength training. She did all these simple exercise with no pain over the next 2 days. Then then progressed to phase 2 where she began biking short distances and doing more resistance exercise. She occasionally had slight pain after wards but she was able to progress to biking 35 miles with no pain after a week. She then began running in the pool and outside. She still had no pain after 6 mile runs over the course of the week. She then progressed to phase 3 where she began her usual triathlon training. Within a month she participated in another triathlon. (4 weeks total rehab before return to high level activity).

Call or email us at anytime if you have questions or concerns.