



Post A2M Injection Guidelines

Continue all pre-injection dietary and supplement recommendations

- Use caution with activity. You may be sore and may experience muscle spasms in the area. Use this pain as a guideline on what not to do in your healing process.
- If it hurts- **DO NOT DO IT!**
- Moist heat only may be used for muscle spasms and deep aching but only for 15-20 minutes at a time, however avoid if possible. Avoid ice for inflammation or localized pain for at least 2 weeks.
- Stretching may be performed within tolerance and not into pain if necessary, to release some of the muscle tightness and soreness.
- Do not use Anti-Inflammatory medication of any type during the first 2 weeks of recovery unless directed by your primary care doctor and only if they are aware of this procedure.
- Continue with **all other** prescription medication as prescribed by doctor. You may use CBD drops, gummies or ointments for pain and sleep but make sure it is THC free.
- **Week 1 Post Injection:**
 - Activity is restricted to light and daily activities only. Avoid any repetitive motions. **ABSOLUTELY NO RUNNING OR LIFTING** and avoid loading or weight bearing on the treated joint as much as possible for the first 2 weeks. Light range of motion may be performed, but within your tolerance. After the injection site has healed, walking in a pool may help the pressure in the joint space.
 - No NSAIDS: Your body needs that inflammatory process to heal.
 - Cold Laser, Ultrasound, and TENs are all appropriate forms of pain management.
- **Weeks 2-4 Post Injections:**
 - Avoid repetitive movements if it causes pain. Light activity is allowed with progression to your pre-injury activity levels.
 - Continue pain management methods above.
 - NSAIDS can be reintroduced but avoid as much as possible.
- **Weeks 5-6 Post Injections:**
 - Normal daily activities with more aggressive physical training if desired always using pain and post exercise soreness as a guide. Should be at full capacity at this point. May progress to plyometric exercises at this point.

As with all procedures, there is a small risk for side effects or complications after the procedure. If I experience any symptoms outside those listed on the **INFORMED CONSENT FOR A2M INJECTION**, I am to contact my practitioner or doctor.

I have read and understand all instructions listed above. I have discussed all concerns and questions with my practitioner and agree to adhere to these guidelines as my practitioner has recommended.

PRINT PATIENT NAME _____ DATE _____

PATIENT SIGNATURE _____ DATE _____

OFFICE ADMINISTRATOR _____ DATE _____