



Post-Procedure Care After Platelet-Rich Plasma (PRP) Treatment

The following instructions are intended to support recovery after autologous platelet-rich plasma (PRP) treatment. PRP uses your own blood components and is intended to support the body's natural repair processes. Recovery timelines and symptom responses vary between individuals and by tissue treated.

General Expectations After PRP

- **Post-injection discomfort:** Mild to moderate soreness, stiffness, pressure, or aching at the injection site is common and expected. Certain tissues (e.g., tendons, periosteum, ligaments) are more sensitive and may be more uncomfortable than others.
- **Inflammatory response:** PRP is intended to initiate a localized biologic response. This often includes a period of inflammation before tissue remodeling begins. Early discomfort does not indicate treatment failure.

Medications and Pain Control

- **Avoid NSAIDs:** Please avoid non-steroidal anti-inflammatory drugs (NSAIDs) such as:
 - Ibuprofen (Motrin)
 - Naproxen (Aleve)
 - Aspirinfor at least 2 weeks after your PRP procedure unless otherwise directed. These medications can interfere with early inflammatory signaling involved in tissue repair.
- **Pain management:** When appropriate and in the absence of contraindications, short-term use of non-NSAID pain medications may be prescribed. Use only as directed.
- **Ice and heat:** Routine icing of the treated area is generally discouraged for the first several days to avoid suppressing biologic activity. Specific instructions may vary based on tissue treated.

Wound and Skin Care

- **Dressings:** The dressing over the injection site may usually be removed within 24 hours.
- **Hygiene:** Keep the injection site clean and dry for the first 48 hours.
- **Showering:** You may shower 24 hours after the procedure. Avoid scrubbing the injection site.
- **Pools and hot tubs:** Avoid swimming pools, hot tubs, and soaking baths for 48–72 hours to minimize infection risk.

Infection Awareness

Infection after PRP treatment is uncommon. Patients should monitor for:

- Fever or chills
- Increasing redness, warmth, swelling, or drainage
- Worsening pain out of proportion to expectations

If infection occurs, it most often presents 72 hours or more after the procedure. Please contact the clinic promptly if any of these symptoms occur.

Activity and Circulation

- **Relative rest:** Recommended for the first 48 hours.
- **Movement:** Gentle, non-impact movement is encouraged to promote circulation and reduce the risk of blood clots. Avoid prolonged immobility.
- **Elevation:** Periodic elevation of the treated area may help reduce swelling.

Physical Therapy and Rehabilitation



- **Role of rehabilitation:** Physical therapy and appropriate movement are critical components of PRP recovery. PRP supports tissue adaptation but does not replace rehabilitation.
- **Timing:** Depending on the tissue treated, physical therapy may begin 1–2 weeks after the procedure unless otherwise directed.
- **Healing phases:** Recovery typically progresses through:
 1. Inflammation (early weeks)
 2. Proliferation (weeks to months)
 3. Remodeling (months)

Follow-Up

Patients are typically scheduled for follow-up approximately 6–8 weeks after PRP treatment to assess progress and guide next steps.

Condition-Specific Addenda

Not all sections below apply to every patient. Your care team will review which instructions are relevant to your procedure.

A. Joint PRP (Knee, Hip, Shoulder, Ankle, etc.)

- **Expected response**
 - Pressure, stiffness, or aching within the joint
 - Temporary increase in pain during the first 1–2 weeks is possible
- **Activity guidance**
 - Avoid impact, pivoting, or torsional loading for 2–4 weeks
 - Bracing or unloading (crutches) may be recommended for certain joints
- **Rehabilitation**
 - Emphasis on gentle range of motion first
 - Progressive loading only after physician clearance

B. Tendon and Ligament PRP

- **Expected response**
 - Tendons and ligaments are often more painful after PRP
 - Discomfort may persist longer than joint injections
- **Activity restrictions**
 - Avoid stretching or strengthening the treated structure for 2–4 weeks
 - Premature loading may disrupt early tissue remodeling
- **Rehabilitation**
 - Gradual, structured loading is critical
 - Physical therapy is often phased and conservative early on

C. Muscle and Soft Tissue PRP

- **Expected response**
 - Local soreness, tightness, or mild swelling
 - Faster recovery than tendon/ligament injections in many cases
- **Activity guidance**
 - Avoid strenuous activity for 7–10 days



- Gradual return to activity as tolerated

D. Combined or Multi-Site PRP Procedures

For patients treated at multiple sites:

- Expect more overall soreness or fatigue
- Follow the most restrictive activity guidance provided
- Staged rehabilitation may be recommended

When to Contact the Clinic Urgently

Please contact the clinic promptly if you experience:

- Fever >101°F (38.3°C)
- Progressive redness, warmth, swelling, or drainage
- Severe or worsening pain beyond expected levels
- New neurologic symptoms (weakness, numbness, loss of function)

Recovery Timeline and Expectations

- Short-term (1–4 weeks)
Inflammation and soreness are common.
- Intermediate (6–8 weeks)
Many patients notice functional improvements.
- Longer-term (3–4 months)
PRP-related tissue remodeling continues. Patience and adherence to rehabilitation recommendations are important.

Regulatory Disclosure

Platelet-rich plasma is an autologous blood product prepared from your own blood. PRP is not approved by the U.S. Food and Drug Administration (FDA) for the treatment of specific diseases or conditions. It is offered based on physician judgment, current scientific understanding, and individualized patient evaluation. Outcomes vary, and no benefit is guaranteed.