

Comprehensive Recovery Protocol

Overview

A multi-system regenerative framework for complex orthopedic recovery, tissue repair, and structural regeneration following major surgical intervention or extensive structural injury.

Clinical Targets

- Joint replacement recovery
- ACL reconstruction
- Spinal fusion recovery
- Complex multi-tissue injury
- Advanced degenerative joint repair

Expected Outcomes

- Accelerated structural tissue repair
- Improved vascularization and perfusion
- Enhanced cartilage and connective tissue regeneration
- Reduced post-surgical inflammation
- Optimized sleep-driven recovery cycles

Core Multi-System Stack

Peptide	Route	Dose	Frequency	Duration
BPC-157	SubQ (local + systemic)	500 mcg local + 250 mcg systemic	Twice daily	12 weeks
TB-500 (Thymosin β 4)	SubQ	2.0 mg	Twice weekly (Weeks 1–4), then weekly (Weeks 5–12)	12 weeks
AOD-9604	SubQ	300–600 mcg	Daily	12 weeks
GHK-Cu	SubQ + Topical	2 mg SubQ plus topical	Daily	12 weeks
KPV	SubQ	500 mcg	Daily	6 weeks (front-loaded)
CJC-1295 / Ipamorelin	SubQ	100 mcg / 100 mcg	Once daily (evening)	12–16 weeks
DSIP	SubQ	100–200 mcg	Once nightly (30 minutes before)	4–8 weeks

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Phase Structure

Phase 1: Intensive Stabilization (Weeks 1–4)

- Dual BPC-157 dosing (local + systemic)
- TB-500 twice weekly loading
- Daily AOD-9604 and GHK-Cu
- Daily KPV
- Nightly CJC-1295 / Ipamorelin
- Nightly DSIP

Phase 2: Active Remodeling (Weeks 5–8)

- Continue BPC-157 dual dosing
- Transition TB-500 to weekly
- Maintain all other compounds
- Taper KPV after Week 6

Phase 3: Structural Consolidation (Weeks 9–12+)

- Continue AOD-9604 through Week 12
- Maintain GH secretagogues
- Reduce BPC-157 to once daily
- Discontinue TB-500 and DSIP

Rationale

The protocol combines angiogenic, chondroprotective, and immune-modulating agents. TB-500 enhances cellular migration into damaged tissues, while GHK-Cu supports collagen synthesis. CJC-1295/Ipamorelin elevate growth hormone and IGF-1 for sustained remodeling. DSIP optimizes deep sleep architecture, critical for growth hormone-mediated repair.

Monitoring

- Range of motion and functional assessment
- Pain scoring (Visual Analog Scale)
- Inflammatory markers when indicated
- IGF-1 monitoring if GH secretagogues are used
- Sleep quality assessment during DSIP use

Contraindications

- Active malignancy
- Pregnancy or breastfeeding
- Uncontrolled endocrine disorders
- Active systemic infection

- Known hypersensitivity to components
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Clinical Disclaimer

This protocol is intended for informational and educational purposes for licensed healthcare professionals. The compounds and strategies are not intended to diagnose, treat, cure, or prevent disease and require patient-specific evaluation and clinical judgment.