

Orthopedic Repair & Joint Regeneration Protocol

Overview

A structured regenerative framework designed to support cartilage preservation, tendon and ligament repair, and long-term joint integrity. It integrates multiple peptide compounds targeting tissue remodeling and joint structural support.

Clinical Targets

- Osteoarthritis (mild to moderate)
- Tendon and ligament injury
- Cartilage degeneration
- Bone fracture recovery support
- Joint preservation and structural support

Expected Outcomes

- Improved joint mobility and function
- Reduced inflammatory joint pain
- Enhanced cartilage resilience
- Accelerated tendon and ligament healing
- Long-term structural stabilization

Core Stack

Peptide	Route	Dose	Frequency	Duration
BPC-157	SubQ, periarticular	500 mcg	Twice daily	8–12 weeks
TB-500 (Thymosin β 4)	SubQ	1.5–2.0 mg	Twice weekly (loading), then weekly (maintenance)	10–12 weeks
AOD-9604	SubQ or intra-articular	300–600 mcg	Daily	12 weeks

Enhanced Stack

Peptide	Route	Dose	Frequency	Duration
GHK-Cu	SubQ	1–3 mg	Daily	8–12 weeks
CJC-1295 / Ipamorelin	SubQ	100 mcg / 100 mcg	Once daily (evening)	12–16 weeks

Phase Structure

Phase 1: Structural Stabilization (Weeks 1–4)

- BPC-157 twice daily periarticular
- TB-500 twice weekly loading
- AOD-9604 daily

Phase 2: Active Regeneration (Weeks 5–8)

- Maintain BPC-157
- TB-500 transition to weekly
- Continue AOD-9604
- Add GHK-Cu if enhanced stack indicated

Phase 3: Remodeling & Consolidation (Weeks 9–12+)

- Continue AOD-9604 through Week 12
- Taper BPC-157 if structural stability achieved
- Maintain GH secretagogues if extended remodeling required

Rationale

AOD-9604 serves as the central chondroprotective component, supporting cartilage preservation and structural regeneration. BPC-157 enhances growth factor receptor expression in tendon and ligament tissue, while TB-500 facilitates cellular migration into damaged structures.

Joint-Specific Considerations

Knee (Osteoarthritis)

- Periarticular SubQ around joint line
- AOD-9604 intra-articular if properly trained
- Consider bilateral protocol when indicated
- Space intra-articular injections 2–4 weeks apart

Shoulder (Rotator Cuff)

- SubQ near supraspinatus insertion
- Combine with structured physical therapy
- BPC-157 particularly effective for tendon-to-bone healing

Lumbar Spine (Disc)

- Paraspinal SubQ at affected level
- Systemic SubQ if localized injection not feasible
- Consider adding sleep-support peptides if pain disrupts recovery

Hip (Labral Injury / OA)

- Peritrochanteric SubQ
- Extended duration (12–16 weeks)
- AOD-9604 critical for cartilage preservation

Elbow (Epicondylitis)

- SubQ near lateral epicondyle
- BPC-157 + TB-500 often sufficient
- 6–8 week duration common

Achilles / Plantar Fascia

- SubQ along tendon or fascia
- BPC-157 highly effective
- Add TB-500 for enhanced cellular migration if needed

Monitoring

- Range of motion assessment
- Functional performance metrics
- WOMAC or joint-specific scoring when appropriate
- Inflammatory markers if clinically indicated
- IGF-1 monitoring if GH secretagogues used

Contraindications

- Active malignancy
- Pregnancy or breastfeeding
- Active systemic infection
- Uncontrolled endocrine disorders
- Hypersensitivity to any component

Clinical Disclaimer

This protocol is intended for informational and educational purposes for licensed healthcare professionals. These compounds are not intended to diagnose, treat, cure, or prevent any disease. Clinical evaluation and patient-specific judgment are required before implementation.