

DPMx Clinical Indications

DPMx may be considered for patients presenting with:
Chronic tendinopathies (Achilles, peroneal, posterior tibial, etc.)

- Plantar fasciopathy unresponsive to conservative care
- Post-surgical biologic augmentation (e.g., minimally invasive bunion or hammertoe repair)
- Chronic or recurrent capsulitis, neuroma, or ligamentous injury
- Nerve irritation / neuritis (tarsal tunnel, Baxter's nerve, etc.)
- Degenerative joint inflammation or scar tissue fibrosis



Pre-Procedure Preparation

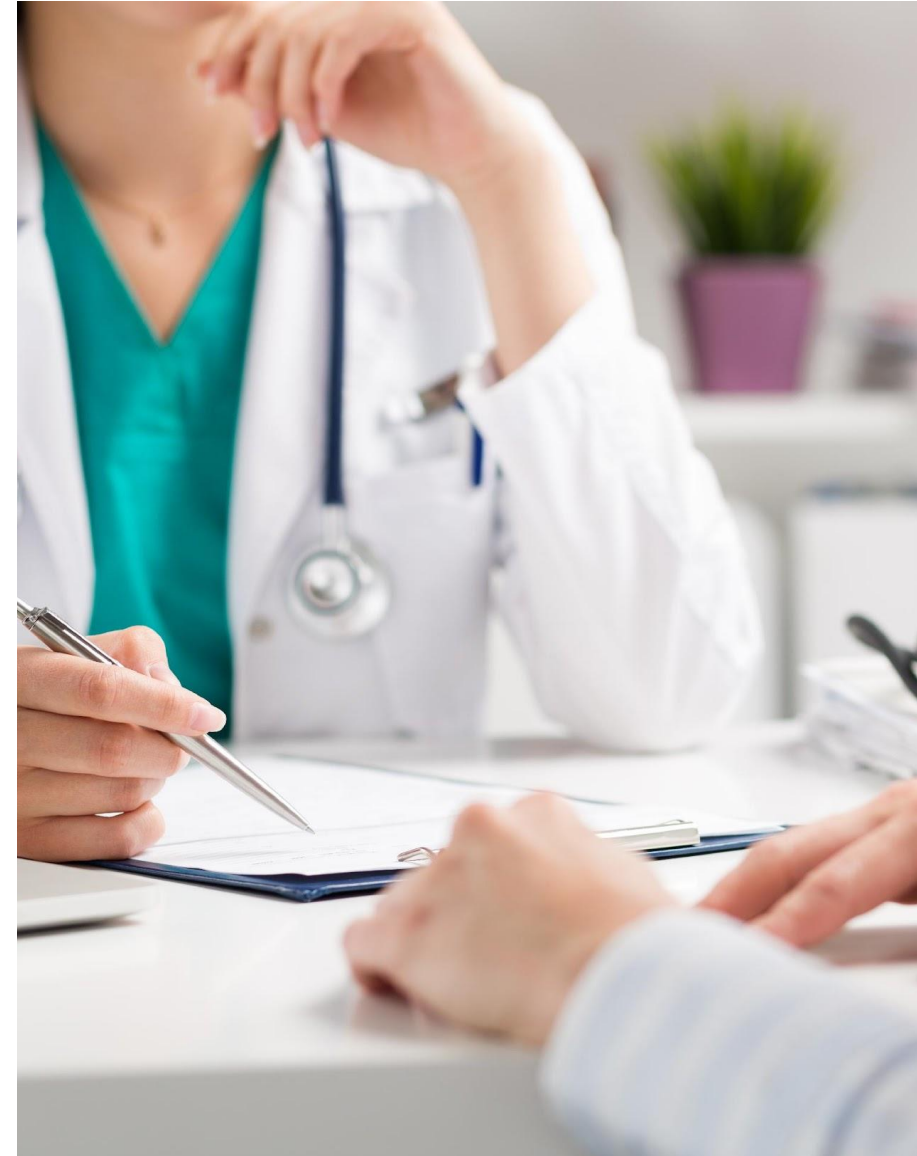
- Obtain detailed history, prior treatment response, and review imaging if applicable.
- Discuss treatment goals, expected outcomes, and cost (non-covered, self-pay service).

Review and sign:

Informed Consent

Self-Pay Agreement

- Prepare sterile field and label DPMx vial.
- Thaw 3 cc vial at room temperature according to manufacturer's instructions (do not overheat).
- Use within 1 hour of thawing.





Injection Technique

Technique Steps:

1. Palpate and mark peak areas of pain or pathology
2. Cleanse and drape the target site under aseptic or sterile conditions.
3. Use ultrasound guidance or fluoroscopy if available to optimize accuracy.
4. Aspirate 3 cc of thawed DPMx into sterile syringe.
5. Deliver the biologic slowly into the pathologic or perilesional tissue.
 - *Tendinopathy*: Longitudinal fanning or peppering technique
 - *Joint or capsule*: Intra-articular or peri-capsular deposition.
 - *Morton's neuroma*: administer into affected interspace and near neuroma
 - *Post-operative augmentation*: Applied directly to surgical site before closure.
 - *Fracture site* : administer into and around fracture site
 - *Plantar Fasciitis*: administer into, above, and below area of inflammation, rupture, or tear or at insertion of calcaneus
6. Avoid excessive back pressure or intravascular injection.
7. Apply sterile 2×2 dressing and light compression if needed.



Recommended Supplies:

- 3 cc thawed DPMx vial
- 22–25 gauge 1.5” sterile needle
- 3 cc sterile syringe
- Local anesthetic



Post-Implantation Protocol

Day 0–7:

- Expect soreness, warmth, or swelling at injection site.
- Limit activity; **CAM boot or supportive shoe** may be used for comfort, protection, and immobilization, recommend *Even-Up* on contralateral or thick soled shoe
- No NSAIDs for 2 weeks (may use acetaminophen if needed) to allow early inflammatory phase to occur uninterrupted
- Avoid ice for at least 48-72 hours after implantation to allow early inflammatory phase to occur uninterrupted

Day 7–14:

- Continue protected weight-bearing in boot if condition is more pathologic (physician judgement)
- Add class IV laser, shockwave, or manual therapy to accelerate recovery.
- Avoid high-impact or repetitive activities.
- Encourage hydration, balanced protein intake, oral BPC-157 to support tissue recovery.
- Begin gentle range of motion if tolerated.



Post-Implantation Protocol

Weeks 2–6:

- Graduate out of CAM boot using physician judgement and discretion based on pathology
- Gradual return to low-impact exercise or physical therapy.
- Reassess pain, swelling, and function.
- May see relief as early as 2 weeks or as late as 12 weeks
- Educate patients on reasonable time-frame for tissue “healing/repair”, cannot compare to immediate “masking symptoms” of steroid

Weeks 6–12:

- Transition to normal activity as tolerated.
- Repeat DPMx injection may be considered for chronic pathology or poor patient compliance.



Follow-Up Timeline

Timeframe	Purpose	Notes
48 hours	Check for adverse reaction	Call or tele-visit
2 weeks	Assess initial pain/inflammation response	Adjust activity plan
4-6 weeks	Evaluate healing progress	Consider adjunctive therapy
8-12 weeks	Final review or maintenance injection	Update documentation



Adjunctive/Combination Therapies

Shockwave Therapy (ESWT): Increases biologic uptake and circulation.

Class IV Laser: Promotes cellular photobiomodulation and pain reduction.

Peptide Therapy: (e.g., BPC-157, TB-500) to enhance collagen remodeling.

Orthotic / Offloading Devices: Reduce mechanical stress on treated tissue.



Patient Education

- Mild soreness and swelling are normal.
- Avoid NSAIDs for two weeks.
- Keep site clean and dry for 24 hours.
- Limit activity and wear supportive footwear or boot as directed.
- Report redness, drainage, or fever immediately.
- Improvement is typically gradual over 4–12 weeks.