



# LOWER EXTREMITY POST PROCEDURE INSTRUCTIONS

**PATIENT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**TIME** \_\_\_\_\_

## RESTRICTIONS

- No NSAIDS for 3 months.
- No injected or oral steroids for 3 months.
- **No ice to the treated area for 2 weeks.**

ONLY USE TYLENOL OR PRESCRIBED  
MEDICATIONS FOR PAIN.

## ACTIVITY LEVEL

**Week 1-2:** Activities of daily living only, minimum weight bearing for 2 days.

**Week 3-4:** May do EASY upper body exercises or easy swimming.

**Week 5:** May increase walking distance, upper body weights.

**Week 6:** Return to regular activity/exercise. Take it easy as you begin to add activity.

## FOLLOW-UP

YOU WILL NEED TO SCHEDULE A FOLLOW-UP APPOINTMENT  
8 WEEKS AFTER YOUR PROCEDURE.

## NSAIDS

*Nonsteroidal Anti-inflammatory Drugs*

Avoid taking these medications for  
3 months after the injection.

- **Ibuprofen:** Advil, Motrin, Midol
- **Aspirin:** Bayer, Bufferin, Ecotrin
- **Naproxen:** Aleve, Anaprox, Naprosyn
- **Etodolac:** Lodine
- **Diclofenac:** Voltaren
- **Ketorolac:** Toradol
- **Piroxicam:** Feldene
- **Indomethacin:** Indocin, Tivorbex
- **Meloxicam:** Mobic, Vivlodex
- **Nabumetone:** Relafen
- **Oxaprozin:** Daypro
- **Celecoxib:** Celebrex

**QUESTIONS?**  
CALL 952.905.5660