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## RETURNING TO AEROBIC AND ANABOLIC EXERCISE AFTER STEM CELL AND EXOSOME THERAPY

MDVISIT regenerative therapy clinics and specialists provide guidelines for returning to exercise after therapy involving umbilical cord-derived stem cells and exosomes, which are commonly used together for orthopedic or tissue repair purposes. These recommendations emphasize a phased approach to protect the injected cells and exosomes while promoting healing: starting with rest, progressing to low-impact aerobic activities (e.g., walking, cycling) to improve circulation and range of motion, and then incorporating anabolic exercises (e.g., light resistance training) once stability is achieved. Timelines can vary based on the therapy site (e.g., joint vs. spine), individual response, and provider, but pain should never exceed mild levels (2-3/10). Always consult your healthcare provider for personalized advice.

### Key General Principles

- **Initial Rest (0-48 Hours):** Avoid strenuous activity to allow cells/exosomes to integrate. Light walking for daily tasks is often okay if pain-free.

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- **Avoidances Throughout:** No anti-inflammatory medications (e.g., ibuprofen) for 2-3 weeks; use ice/heat for soreness. Steer clear of high-impact, compressive, or twisting movements (e.g., running on hard surfaces, heavy squats, overhead presses) until cleared.
- **Progression:** Begin aerobic exercises early to support blood flow, then add anabolic for strength. Neubie advanced physical therapy is frequently recommended starting 2-4 weeks post-therapy to guide safe movement.
- **For Exosomes Specifically:** Restrictions are similar but often shorter initially—avoid intense activity for 24-48 hours, cardio for at least 3 weeks, and weights/running for 4 weeks—though combined therapies follow stem cell protocols.

### Phased Exercise Timeline

The following table synthesizes common recommendations from specialized clinics. Aerobic activities are introduced first, followed by anabolic ones.

Phase	Timeframe	Aerobic Recommendations	Anabolic Recommendations	Notes
Rest & Light Mobility	0-2 Weeks	Gentle walking (short distances, flat surfaces); pool walking if sites are healed; stationary bike at low resistance if pain-free. Keep to <25-50% of pre-therapy level.	None—focus on range-of-motion stretches and gentle yoga/Pilates (no weights).	Prioritize daily activities; start PT at 2 weeks for guidance. Avoid stairs, lifting >5-10 lbs, or compression.
Low-Impact Build-Up	3-4 Weeks	Increase walking/biking/elliptical/swimming to	Light stretching and core stabilization (e.g., bodyweight Pilates); no added resistance yet.	Monitor for inflammation; use

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		<50% normal duration; pool jogging or easy yoga for circulation.		heat for muscles, ice for joints.
Moderate Progression	5-6 Weeks	Light running/jogging on soft/even terrain (treadmill/track); continue biking/elliptical/swimming at 50-75% effort.	Introduce very light weights/resistance (e.g., therabands at 25-50% normal); focus on high reps, low load for joint stability. Avoid squats, deadlifts, or overhead work.	Coordinate with Neubie Advanced PT; progress only if pain-free. For knees/hips, stick to non-jarring surfaces.
Full Return	7-8 Weeks+	Full aerobic capacity (e.g., normal running, cycling) if tolerated; add hiking on easy terrain after 8 weeks.	Progress to 75-100% normal weights by 2-3 months; emphasize core/joint strengthening.	By 3-6 months, incorporate sport-specific training (e.g., golf swings after 2 months, full gym by 3-4 months). Reassess with provider.

These guidelines promote faster recovery compared to surgery, with most patients resuming full activities by 2-3 months. If your therapy was for a specific condition (e.g., knee osteoarthritis), timelines may adjust—e.g., longer restrictions for unstable tissues like fractures.