REGENORTHO PALM BEACH

A patient's field guide to

The Regenerative *Foot & Ankle* Guide

How modern regenerative medicine is helping people walk, run, and live without surgery — and without giving up on their feet.

A GUIDE BY
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A NOTE FROM DR. CEDEÑO

If your feet hurt, you're not crazy — and you're not stuck.

For most of my career as a foot and ankle surgeon, I watched patients walk into my office with the same story. They had tried rest. They had tried ice and the brace. They had tried two or three rounds of physical therapy. They had taken anti-inflammatories until their stomach hurt. Most had been given a cortisone shot — sometimes several — and felt great for six weeks before the pain came roaring back. By the time they reached me, the question was always some version of the same thing: "*Is surgery really my only option?*"

For a long time, I had to say *maybe*. The truth is that the foot and ankle are uniquely difficult places to heal. Blood supply is limited, mechanical stress is constant, and the tissues we depend on — tendons, ligaments, fat pads, cartilage — were never designed for the demands of modern life. When healing stalls, traditional medicine has historically had only two real tools: *quiet the inflammation* or *cut the problem out*.

That has changed. Over the last decade, regenerative medicine has moved out of laboratories and into clinics like ours. We can now harness your body's own biology — platelets, growth factors, peptides, even fat-derived cells — to do something traditional treatments cannot: **encourage tissue to actually repair itself.** Combined with focused energy treatments like shockwave and Class IV laser, the regenerative toolkit gives many patients a third path. Not a magic bullet. Not a replacement for honest biomechanics or smart rehabilitation. But a real, evidence-informed alternative to "live with it" or "go under the knife."

This book is the conversation I wish I could have with every patient before they came to see me. It explains what is happening inside your foot, what these treatments actually do (and what they don't), the conditions where they work best, what a visit looks like, and how to decide whether you might be a candidate. My goal is simple: **by the end of these pages, you should feel informed, not sold to.** If after reading you decide regenerative care is right for you, we'd be honored to help. If not, you will at least walk away with better questions for whatever doctor you do see next.

Either way — your feet have carried you a long way. Let's see if we can help them carry you a little farther.

Warmly,

Orlando Cedeño, DPM, FACFAS

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CHAPTER ONE

Why Your Feet *Aren't Healing*

> *"I've been to three doctors. They all told me the same thing — rest, ice, anti-inflammatories, and if that doesn't work, surgery. Nobody can explain why I'm still in pain six months later."*
> *— What we hear, almost every week.*

Your foot is a small piece of architecture asked to do an enormous job. Twenty-six bones, thirty-three joints, and over a hundred muscles, tendons, and ligaments — all packed into something the size of a brick. And every step you take loads it with up to three times your body weight. When something in that system gets injured, three things usually conspire to keep it from healing.

1. Blood supply is thin where it matters most.

Healing requires blood — blood carries oxygen, nutrients, and the cellular crew that does the repair work. Most of your foot has decent blood supply, but the tissues that get hurt the most often (the Achilles tendon, the plantar fascia, the cartilage inside your ankle) are **relatively poorly supplied**. The Achilles, for example, has a notorious "watershed zone" about two inches above the heel where blood flow is so limited that injuries there can take a year or more to heal — if they heal at all. Think of it like the end of a long garden hose: by the time the water gets there, there isn't much pressure left.

2. You can't actually rest your feet.

A torn rotator cuff in your shoulder can be slung up and protected for weeks. A bad knee can be unloaded with a cane. But your foot? You have to walk on it to get to the bathroom. You have to walk on it to get a glass of water. Even the most disciplined patient puts thousands of pounds of cumulative stress on a healing foot every single day, just by living their life. Healing tissues never get the uninterrupted runway they need.

3. Inflammation isn't always the enemy.

Here's the part that surprises most people. Your body uses inflammation to *start* the healing process — it's the signal that calls in the repair crew. When you crush that signal repeatedly with anti-inflammatories or cortisone shots, you sometimes feel better, but you can also **shut down the very process that was supposed to fix the problem**. This is part of why so many patients describe feeling great for six weeks after a steroid injection, then worse than before. We didn't fix the tendon. We just turned off the alarm bell.

> THE SHIFT IN THINKING
>
> For decades, we treated foot and ankle injuries by *suppressing* what the body was doing. Regenerative medicine flips the script — instead of quieting your biology, we try to **amplify** it. Give the tissue more raw materials, more growth signals, more circulation, more cellular help, and let your body do what it's actually trying to do.

The traditional ladder — and where it breaks.

Most patients who reach our office have already climbed what we call the *traditional ladder*. It usually looks something like this:

- **Rung one:** Rest, ice, anti-inflammatories. Helps in the first few weeks. Stops working.
- **Rung two:** Physical therapy. Genuinely useful, but limited if the underlying tissue is degenerated rather than just inflamed.
- **Rung three:** A cortisone injection — sometimes two or three. Short-term relief. Long-term, repeated steroids are known to *weaken* tendons and accelerate cartilage breakdown.
- **Rung four:** Surgery. Sometimes necessary. Often more recovery time, more risk, and no guarantee.

The problem with this ladder isn't that any single rung is wrong. The problem is that **between rungs three and four, there used to be nothing**. If injections didn't work and you weren't ready for the operating room, your only option was to wait — and hope. Regenerative medicine fills that gap.

CHAPTER TWO

How Healing *Actually Works*

> *"If we don't understand what the body is trying to do, we can't help it do it better."*

You don't need a biology degree to make sense of regenerative medicine. You just need to understand the three phases your body goes through every time it fixes something — and where, exactly, things tend to go wrong.

Phase 1 — Inflammation (Days 0 to 5)

The moment you injure a tendon, ligament, or piece of cartilage, your body sends in the first responders. Blood vessels open up, fluid floods the area, and platelets — the tiny cell fragments that normally form a clot — release a burst of **growth factors**. Think of growth factors as text messages. They tell other cells where to go, what to do, and when to start working. This is the phase where the swelling, redness, and bruising live. It feels bad, but it's a good sign.

Phase 2 — Repair (Day 5 to Week 6)

Now the construction crew arrives. Cells called *fibroblasts* show up and start laying down new collagen — the protein that forms tendons, ligaments, and skin. Tiny new blood vessels grow into the injured area, like rebar threading through wet concrete. The new tissue is rough, disorganized, and weak — but it's tissue.

Phase 3 — Remodeling (Week 6 to a Year)

This is the long, quiet finale. The disorganized scar tissue from Phase 2 is gradually re-aligned along the lines of stress. Strong fibers stay; weak ones get reabsorbed. Your tendon goes from a tangled mess to something that looks, microscopically, almost like the original. Almost. Most tissues never recover 100% of their original strength — which is why re-injury is so common.

> **THE BREAKDOWN**
>
> When healing stalls, it's almost always because **Phase 1 ran out of fuel** — not enough growth factors, not enough blood flow, not enough cellular help. Without that initial signal, the repair crew never fully shows up, and you get a chronic, smoldering injury instead of a healed one. That's exactly the problem regenerative medicine is designed to solve.

The regenerative idea, in one sentence.

If we deliver concentrated growth factors, healing cells, or focused energy *directly to the tissue that's failing to heal*, we can sometimes restart the process the body was trying to complete on its own. That's the entire premise. Everything else is just deciding which tool, for which patient, in which tissue.

CHAPTER THREE

The *Regenerative* Toolkit

> *No two patients get the same recipe. The art is in the matching.*

Here are the tools we use most often, what they actually are, and the conditions where each one tends to shine. Read this less as a menu and more as a glossary — your treatment plan will likely combine two or three of these, layered intentionally.

Platelet-Rich Plasma

PRP

Your own blood, concentrated into healing fuel.

We draw a small amount of your blood (about the same as a standard lab draw), spin it in a specialized centrifuge, and separate out the platelets — the part of your blood richest in growth factors. The result is a golden liquid with five to ten times the normal concentration of healing signals. We then inject it precisely into the injured tissue, often under ultrasound guidance, so we can see exactly where it's going.

PRP is the most-studied regenerative treatment in foot and ankle care, with strong evidence for chronic tendon issues like Achilles tendinopathy and stubborn plantar fasciitis. Because it's made from your own blood, there's no allergic reaction risk and no donor concerns.

BEST FOR	PROCEDURE TIME	DOWNTIME
Chronic tendinopathy, plantar fasciitis, mild osteoarthritis	~45 minutes	2–7 days reduced activity

Bone Marrow Aspirate Concentrate

BMAC

Drawn from your own marrow — the body's richest source of healing cells.

BMAC is collected from the back of your pelvis under local anesthesia. We then concentrate the sample to capture the cells and growth factors that live in your marrow. The concentrated material is injected, again typically under image guidance, into the area we want to treat.

BMAC is most often considered when we need a more biologically active option than PRP — for example, deeper cartilage damage, slow-healing fractures, or larger tendon defects. Because it's autologous (your own tissue), it carries the same safety profile advantages as PRP.

BEST FOR	PROCEDURE TIME	DOWNTIME
Cartilage defects, ankle OA, slow-healing fractures	~75 minutes	3–10 days, modified weight-bearing common

Amniotic & Placental Allografts

HCT/P

Donated tissue rich in growth factors and structural proteins.

Amniotic membrane and placental tissue — donated by healthy mothers after scheduled C-sections, with full screening — are processed into either an injectable fluid or a sheet that can be applied to wounds. The tissue is naturally rich in collagen, hyaluronic acid, and the kinds of growth factors that help skin and soft tissue regenerate.

We use these allografts most often for non-healing wounds, post-surgical sites that need an extra healing boost, and certain soft-tissue conditions. They are an option for patients who can't produce a strong PRP response on their own — for example, patients on certain medications or with low platelet counts.

BEST FOR	PROCEDURE TIME	DOWNTIME
Chronic wounds, post-op tissue support, soft-tissue defects	15–30 minutes	Minimal — depends on underlying condition

Adipose-Derived Therapies

FAT GRAFTING / FOOT BBL™

Restoring the cushion under your foot — using your own fat.

The fat pad under your heel and ball of your foot is one of the most underappreciated structures in the human body. It cushions every step. But that pad *thins* with age, certain medications, and after repeated steroid injections — leaving you walking on bone-on-tissue. Once it's gone, no insole or shoe can fully replace it.

We harvest a small amount of fat from your abdomen or thigh, process it through a specialized system, and reinject it into the foot to restore the natural cushion. We call our protocol the **Foot BBL™** — the same biologic principle behind cosmetic body contouring, applied to a structural problem most surgeons don't have a good answer for.

BEST FOR	PROCEDURE TIME	DOWNTIME
Fat pad atrophy, bony prominences, post-steroid loss	~90 minutes	7–14 days protected weight-bearing

Peptide Therapy

SYSTEMIC SUPPORT

Targeted molecular signals that support repair from the inside out.

Peptides are short chains of amino acids — the same building blocks your body already uses to send healing signals. We work with carefully selected peptides as adjuncts to in-office procedures, prescribed and managed by our medical team where appropriate. They are not a replacement for the regenerative procedures themselves; they're the supporting cast.

This component of care is individualized based on your medical history, what we're treating, and what your other physicians are doing. Not every patient is a candidate, and we'll be direct about it if you aren't.

BEST FOR	FORMAT	DURATION
Adjunct support for chronic injuries, post-procedure recovery	Provider-managed, prescription-based	Typically 4–12 weeks

Extracorporeal Shockwave Therapy

ESWT

Focused sound waves that wake up stalled tissue.

Shockwave therapy delivers controlled acoustic energy to a specific area through the skin — no needles, no injections. The pulses create microscopic mechanical stress in the tissue, which triggers a healing response and increases local blood flow. It's one of the few non-invasive tools with strong evidence for chronic plantar fasciitis and Achilles tendinopathy.

We typically use ESWT in series — three to six sessions, spaced a week apart. It's often combined with PRP for a layered effect: the shockwave wakes up the tissue, the injection feeds it.

BEST FOR	SESSION TIME	DOWNTIME
Plantar fasciitis, Achilles tendinopathy, chronic tendon issues	15–20 minutes	None — walk in, walk out

Class IV Therapeutic Laser

PHOTOBIOMODULATION

Light therapy at the cellular level.

Class IV laser delivers specific wavelengths of light deep into tissue, where they interact with the energy machinery of your cells (the mitochondria) and accelerate cellular repair. Patients describe the sensation as a warm, soothing pressure. It's painless, takes about 10 minutes per session, and is often used alongside other regenerative treatments to extend their effect.

We deliver Class IV laser through our partner clinic, **Jupiter Laser**, which gives our patients access to higher-output medical-grade systems than what's typically available at most physical therapy offices.

BEST FOR	SESSION TIME	DOWNTIME
Soft-tissue inflammation, post-procedure recovery, neuropathy	10–15 minutes	None

CHAPTER FOUR

Conditions *We Treat*

> *The right tool depends on the diagnosis. The right diagnosis depends on the right exam.*

These are the conditions we see most often in our regenerative practice. The right combination of tools varies — but every plan starts with a careful history, a physical exam, and almost always diagnostic ultrasound or MRI to confirm what's actually wrong.

Plantar Fasciitis (chronic)

The classic stab in the heel with the first steps of the morning. When it's lasted more than three months and basic care hasn't helped, the underlying tissue has usually shifted from *inflammation* to *degeneration* — and steroids stop helping.

OUR APPROACH

Shockwave series + ultrasound-guided PRP. Often layered with a custom orthotic plan to offload the fascia.

Achilles Tendinopathy

Stiffness and pain along the tendon at the back of your heel — worst in the morning or after sitting. The watershed zone we mentioned earlier makes this a notoriously slow healer.

OUR APPROACH

PRP with image guidance, shockwave, eccentric loading rehab. BMAC for advanced cases with significant tendon damage on imaging.

Posterior Tibial & Peroneal Tendinopathy

Pain along the inner ankle (posterior tibial) or outer ankle (peroneal). Often missed in primary care; commonly misdiagnosed as a "sprain that won't go away."

OUR APPROACH

Diagnostic ultrasound first, then targeted PRP. Bracing during the healing window. Biomechanical assessment essential.

Ankle Osteoarthritis

Cartilage wear in the ankle — usually a legacy of an old fracture or repeated sprains. Patients describe deep, aching joint pain and stiffness, especially after activity.

OUR APPROACH

For mild-to-moderate cases: PRP, often with hyaluronic acid. For more advanced wear: BMAC. We're honest about when fusion or joint replacement is the better answer.

Morton's Neuroma

That burning, electric pain between your third and fourth toes — like there's a pebble in your shoe that won't come out.

OUR APPROACH

Targeted regenerative injections combined with a wider toe box and metatarsal pad. Can often avoid alcohol sclerosing or excision.

Chronic Ankle Instability & Old Sprains

The ankle that's never been the same since "that one bad sprain" five years ago. Often there's a partial ligament tear that never fully healed.

OUR APPROACH

PRP into the affected ligaments under ultrasound. Aggressive proprioceptive rehab. Bracing during the re-build.

Cartilage Defects (OCD lesions)

A pothole in the cartilage of your ankle, usually from an old injury. Can cause catching, locking, or deep ache.

OUR APPROACH

BMAC is our primary tool here, often image-guided directly to the lesion. Surgical consultation if the defect is large or unstable.

Non-Healing Wounds & Diabetic Ulcers

An open wound that has refused to close after weeks or months. Usually involves circulation issues, pressure, or infection that need to be addressed alongside the wound itself.

OUR APPROACH

Amniotic/placental allograft application, advanced wound care protocols, and offloading strategy. Often coordinated with our affiliated wound care research program.

Heel & Forefoot Fat Pad Atrophy

Walking on a hardwood floor feels like walking on rocks. You can feel every bone of your foot. Common after years of high-heel wear or repeated steroid injections.

OUR APPROACH

The Foot BBL™ — autologous fat grafting to restore the natural cushion. Pairs beautifully with custom orthotics afterward to protect the new pad.

Post-Surgical Recovery Support

Sometimes the surgery is unavoidable, but the healing can be supercharged. Patients recovering from foot or ankle surgery — your own or someone else's — can sometimes accelerate the timeline with regenerative support.

OUR APPROACH

PRP or amniotic allograft applied at or after the surgical site, layered with laser and shockwave during the recovery phase.

CHAPTER FIVE

What to *Expect*

> *Demystifying the process — from the first phone call to the last follow-up.*

If you've never been through regenerative care before, the unknowns can be the most stressful part. Here's exactly what happens, in order.

01

The Initial Consultation

About sixty minutes. We sit down, hear the whole story (not just the last six weeks), look at any imaging you've had, and do a thorough physical exam. We almost always perform diagnostic ultrasound at this visit — it's often the first time anyone has actually *looked inside* the painful area. By the end, you'll know exactly what's going on and what your options are. Sometimes that includes regenerative care; sometimes it doesn't.

02

The Plan

We map out a personalized protocol — usually one or two regenerative procedures combined with adjuncts (shockwave, laser, biomechanics, peptide support if appropriate). You'll know the timeline, the realistic expectations, and the cost up front. No surprises. Most of our regenerative services are not covered by insurance, and we'll be transparent about what is and isn't.

03

Procedure Day

Most procedures are done in our office, with local numbing and minimal downtime. Plan for about 60 to 90 minutes total — 15 to 30 of that is the actual procedure; the rest is preparation and post-procedure observation. You'll go home the same day. We'll provide detailed written aftercare instructions and direct contact information in case anything comes up overnight.

04

The First Two Weeks

This is the inflammatory phase — and it's a feature, not a bug. Mild soreness around the injection site, sometimes a little swelling, occasionally a flare of the original pain. We deliberately do *not* use anti-inflammatories during this window; that would defeat the whole point. Acetaminophen, ice for comfort only, and modified activity per your protocol.

05

Weeks Three to Eight

Healing settles in. Most patients notice the original pain start to fade somewhere in this window. We layer in shockwave, laser, and rehabilitation as appropriate. Re-imaging at the six-week mark in some cases lets us see the healing on ultrasound or MRI.

06

The Three-Month Mark

This is when most regenerative treatments reach their peak effect. We do a formal follow-up — same kind of exam and ultrasound as the initial consultation — and assess what changed. Most patients are significantly better. Some need a second round. A small minority don't respond, and we'll be the first to tell you that and discuss what comes next.

IMPORTANT TO KNOW

Regenerative medicine is **not instant**. If you're used to the cortisone-injection rhythm — better in three days, worse in three months — this works in the opposite direction. You may feel the same or slightly worse for the first two weeks, then steadily better over six to twelve. Patience is part of the protocol.

CHAPTER SIX

Are You a *Candidate?*

> *The most important conversation we have is sometimes the one where we say "this isn't for you."*

Regenerative medicine is powerful, but it's not for everyone. Honesty here is part of how we earn your trust. Here's the framework we use.

You may be an excellent candidate if...

- ✓ You have a chronic foot or ankle problem that hasn't responded to at least one or two rounds of conservative care.
- ✓ Imaging confirms a real structural problem (tendinopathy, partial tear, mild-to-moderate cartilage wear, fat pad loss).
- ✓ You're otherwise healthy, with a reasonable circulation and immune profile.
- ✓ You'd like to avoid surgery, or you've been told surgery is your only remaining option and you want a real alternative.
- ✓ You can commit to the rehab and biomechanical changes that go alongside the procedures — these are not "shot and walk away" treatments.

You may not be a great candidate if...

- — You have an active infection in or around the area.
- — You have a blood disorder, are on certain blood thinners we cannot temporarily adjust, or have a very low platelet count.
- — You have an active cancer that hasn't been cleared by your oncologist, or are on active chemotherapy.

- You have severe, end-stage joint destruction where the joint surfaces are essentially gone — at that point, joint replacement or fusion is usually the more honest answer.
- You're looking for a one-and-done miracle and aren't interested in the rehabilitation, footwear, or biomechanical pieces. Without those, results often don't hold.

OUR PROMISE

If we don't think regenerative care is the right fit for you, we'll tell you — and we'll tell you what we'd do instead. The goal is to help you, not to fill an injection room.

CHAPTER SEVEN

The *Whole-Person* Approach

> *The injection is the spark. The rest is what makes it stick.*

A regenerative procedure can give your tissue a beautiful head start. But if the forces that caused the problem in the first place are still acting on it — bad mechanics, poor footwear, undertreated metabolic issues — the new tissue will go down the same road as the old one. Here's the full circle of care that surrounds every regenerative protocol we run.

Biomechanics & Custom Orthotics

If your foot strikes the ground in a way that overloads the tissue we just treated, we're fighting the same battle on a loop. We perform a full biomechanical assessment — gait, alignment, footwear, single-leg balance — and almost always pair regenerative care with a custom or semi-custom orthotic plan. This is the difference between a result that lasts six months and one that lasts six years.

Targeted Rehabilitation

New tissue needs to be loaded the right way to remodel correctly. We coordinate with physical therapists who understand the regenerative timeline and won't push too hard, too early — but also won't let you sit still when it's time to start working. Eccentric loading, proprioception, and progressive return-to-activity are all part of the plan.

Metabolic & Nutritional Support

Healing is energy-expensive. Patients with poorly controlled diabetes, untreated thyroid issues, vitamin D deficiency, or chronically high inflammation simply heal worse — no matter what we inject. When appropriate, we coordinate with our medical team and your primary physician to address these factors before or during your treatment course.

IV Therapy & Nutrient Optimization

Through our affiliated wellness program, select patients pursue intravenous nutrient therapy as an adjunct — particularly when bloodwork shows deficiencies in the building blocks of repair. This is not a sales pitch and it's not for everyone, but for the right patient it can meaningfully change recovery.

Thoughtful Footwear Strategy

The "right shoe" for your foot depends on the diagnosis, the activity, and the stage of healing. We'll tell you what to wear — and, just as importantly, what to throw out.

The pattern that separates patients who get great long-term results from those who don't is rarely about which exact biologic we used. It's about whether they put the rest of the puzzle together — the mechanics, the rehab, the lifestyle, the patience. The injection is one ingredient. The protocol is the whole recipe.

CHAPTER EIGHT

About *RegenOrtho* Palm Beach

RegenOrtho Palm Beach is the regenerative medicine practice founded by Dr. Orlando Cedeño — a board-certified foot and ankle surgeon who built this clinic to offer the kind of care he wished existed for his own patients.

Orlando Cedeño, DPM, FACFAS

Dr. Cedeño is a board-certified podiatric foot and ankle surgeon in private practice in Jupiter and Palm Beach Gardens, Florida. He has practiced surgical podiatry for over two decades and founded RegenOrtho Palm Beach to bring evidence-informed, biology-first regenerative options to a community that — frankly — deserves more than a steroid injection and a referral to the OR.

He is also the founder of Abacoa Podiatry & Leg Vein Center, the principal investigator at Pharmakon Medical Research (a clinical trials site running active wound care and other studies), and a long-time medical advisor and entrepreneur in the Palm Beach medical community.

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FOOT & ANKLE SURGERY

REGENERATIVE MEDICINE

CLINICAL RESEARCH PI

Our philosophy.

We believe most foot and ankle problems are not character flaws, weak willpower, or "just aging." They are biology problems. And biology problems usually have biology answers — if you have the patience to look for them.

We are not a "stem cell clinic." We are a serious medical practice that uses regenerative tools where the evidence supports them, surgical care where it's warranted, and conservative care where it's enough. We'll tell you which is which, even when it costs us a procedure.

What makes us different.

✓ **Surgical-grade diagnostics.** Every patient gets an in-office ultrasound or MRI review at the consultation — not a guess based on history alone.

- ✓ **Image-guided procedures.** We use ultrasound for the vast majority of injections so we can see exactly where the biologic is going. Blind injections waste expensive medicine.
- ✓ **Surgeon's honesty.** Because Dr. Cedeño is a foot and ankle surgeon, he knows exactly when something has crossed from a "regenerative problem" into a "surgical problem" — and he'll tell you.
- ✓ **Integrated team.** Our regenerative work is supported by a full team — biomechanics, advanced wound care, nutrition, medical support — under one roof.
- ✓ **Concierge attention.** We see fewer patients than the average podiatry practice, on purpose. You will not be processed.

TAKE THE NEXT STEP

Your feet have one more *great chapter* in them.

If something in this book sounded like your story, we'd be honored to take a closer look. A regenerative consultation is the lowest-pressure way to find out whether this kind of care is right for you — or whether something else makes more sense.

SCHEDULE

RegenOrtho Palm Beach
Palm Beach Gardens · Jupiter, FL

ONLINE

regenorthopalmbeach.com
Request a consultation
24/7

DIRECT

Call our office to speak directly with our care team

Thank you for reading.
We'll see you when you're ready.

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