



**OKLAHOMA JOINT
RECONSTRUCTION
INSTITUTE**
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YOUR SURGERY NUTRITION ROADMAP

PATIENT NAME

SURGERY DATE

1 PREPARE

6 weeks before

2 ADD SUPPORT

2 weeks before

3 SURGERY

Surgery day

4 RECOVER

2-10 weeks after

REPAIR & RECOVERY

1 SERVING TWICE DAILY | 8-WEEK PLAN

START

STOP / REASSESS

Stop at planned end unless your surgical team advises otherwise.

JOINT REPLACEMENT

1 SERVING TWICE DAILY | 4-WEEK PLAN

START

STOP / REASSESS

Stop at planned end unless your surgical team advises otherwise.

PERFORM

1 TABLET PER DAY | 8-WEEK PLAN

START

STOP / REASSESS

May continue until swelling and pain are acceptable. Confirm with your surgical team.

REGENERATE

1 SERVING PER DAY | 8-WEEK PLAN

START

STOP / REASSESS

May continue until swelling and pain are acceptable. Confirm with your surgical team.

FORM CONTROLS

[] Entered surgery date

[] Reviewed with care team

[] Bought supplements

[] Posted schedule at home

IMPORTANT: This worksheet converts dates from the provided MEND protocol and does not replace individualized medical advice. Follow your surgeon's or care team's instructions if they differ. Confirm every supplement and medicine before surgery.