March 2 A Million
Reshaping Recovery
One Patient at a Time

FOR SURGEONS

Joining March 2 A Million.

The March 2 A Million (M2AM) mission is to complete 1,000,000 joint replacement recoveries with low or no opioids. This guide covers what we ask of surgeons and the recommended best practices behind the protocol.

THE GOAL

1,000,000

Recoveries with low or no opioids.

THE PROBLEM

1 in 11

Opioid-naive joint patients still use opioids a year after surgery.

THE LEVER

Education

Daily expectations prevent anxiety, unnecessary opioid use and calls to clinic staff.

YOUR COMMITMENT

What we ask of leaderboard surgeons.

Three commitments keep the protocol consistent, education at the forefront and the movement growing toward 1,000,000.

COMMITMENT	WHAT IT MEANS IN PRACTICE	WHY IT MATTERS
1 Apply the best practices.	Watch "Beyond the Script" on VuMedi and apply the recommended best practices below.	Consistency is what makes outcomes comparable and the mission credible.
2 Lead with education.	Set opioid-sparing expectations at the first consult.	Patient buy-in is the single biggest driver of low opioid use.
3 Share the story.	Encourage patients to log their recovery and share their success.	Lower opioid use in your community and more patient referrals to your practice.

◆ BEST PRACTICES

The protocol at a glance.

The M2AM protocol is adapted from Less Swelling, Less Pain™ — a multimodal, swelling-first approach. Instead of relying on one strong medication, many small, well-tested steps control pain at every level. The best practices below are recommendations, not requirements — successful M2AM surgeons use them as a starting point and adapt them to their own practice and patients.

PHASE	RECOMMENDATIONS	PURPOSE
Pre-op 6 weeks out	Patient education	Sets expectations and drives adherence.
Pre-op 1 week out	Nutrition and supplements: essential amino acids and bioflavonoids	Supports tissue repair and limits muscle loss.
Pre-op Morning of surgery	Journavx (suzetrigine)	Start the morning of surgery and continue for 2 weeks.
Post-op First 7 days	Medications: oral steroids, extended oral TXA, NSAIDs and aspirin 81 mg twice daily (preferred for DVT prophylaxis)	Reduces swelling and provides non-opioid anti-inflammatory pain control while preventing complications.
Recovery	Cryocompression and elevation (toes above nose)	Reduces inflammation and provides comfort.
Recovery	Simplified home physical therapy protocol, limited physical activity and step targets	Prevents overuse swelling and flags issues early.

OTHER OPTIONS M2AM SURGEONS INCORPORATE

Tourniquet-free technique, kinematic alignment, an anti-inflammatory surgical wash, the subvastus approach, vitamin C infusion, cryoneurolysis, long-acting gels or liposomal bupivacaine, and compression stockings.