



COMMENT ANGLE EDITION

The Pinning Angle Guide

Why the angle you go in at decides how sore you are tomorrow, how to pick yours from a simple pinch test, and the fixes I run through before I ever blame the peptide.

START HERE

Where gets all the attention. Angle does the work.

After the injection spots video, the most common follow up question was some version of "I rotate, so why am I still sore?" Nine times out of ten the answer is not the spot. It is the angle, and the depth that angle sends you to.

This guide is the five second fix, explained properly, so you understand why it works instead of just copying a picture.

READ THIS PART PROPERLY

I am not a doctor and this is not medical advice. This is what I personally do and what I have learned doing it. It is not instruction for you to inject anything. Talk to a physician or a nurse who can watch your technique in person, which is honestly the best ten minutes you can spend on this.

Persistent pain, spreading redness, heat, swelling or a lump that grows are not soreness. Stop and get it looked at.

WHAT IS INSIDE

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01

The layer you are aiming for

Under the skin, into the fat. Not into the muscle.

Subcutaneous means the fat layer

Sub means under, cutaneous means skin. A subq injection is meant to land in the layer of fat that sits between your skin and the muscle underneath. That layer has fewer nerve endings and less movement than muscle, which is a big part of why it is the comfortable place to be.

Muscle is a different story. It is busy tissue, it contracts every time you move, and it reacts to irritation a lot more. If you go in too steep for how much fat you have at that spot, you push straight through the fat layer and into muscle. That is the classic "why does this one ache for two days" injection.

THE WHOLE GUIDE IN ONE LINE

Your angle should match how much fat you can pinch at that exact spot. Less pinch, shallower angle. That is it.

This is also why the same angle can feel fine on your belly and rough on your thigh. Fat thickness changes from spot to spot, so the right angle changes with it.

02

The pinch test

Thirty seconds that tells you which angle to use.

Pinch first, then pick

Gently pinch a fold of skin and fat between your thumb and first finger at the spot you plan to use. Lift it away from the muscle. Now look at how thick that fold is.

WHAT YOU CAN PINCH WHAT I DO

A good, thick fold	Straight in, roughly ninety degrees, into the pinched fold. Plenty of fat to land in.
A thin fold	Angled, roughly forty five degrees, into the pinched fold. Keeps the tip in the fat instead of driving it into muscle.
Barely anything	Pick a different spot with more to pinch. Lean people usually have the most on the lower belly, around the navel but not on it.

Why the pinch matters as much as the angle

Pinching lifts the fat away from the muscle and gives you a bigger target. Hold the pinch the whole time the needle is in, and only let go once you have pulled it out. Letting go early lets the tissue shift back toward the muscle.

A NOTE ON SYRINGE CHOICE

Short insulin style needles are made for the fat layer, which is a big part of why they are so forgiving. Longer needles make angle far more important. Ask a pharmacist or nurse which length makes sense for your build.

03

The sequence

What I actually do, in order, every time.

Swab to cap

- 1 **Wash your hands.** Every time, not just when you remember.

- 2 **Pick the spot from your rotation.** At least an inch or two away from last time, and nowhere near a bruise, scar or the navel itself.

- 3 **Swab and let it dry fully.** Going in through wet alcohol stings and drags alcohol into the site. Give it the extra ten seconds.

- 4 **Pinch and decide.** Thick fold, straight in. Thin fold, angled.

- 5 **One smooth, confident entry.** Hesitating and pushing slowly is what hurts. Quick in, then slow and steady on the plunger.

- 6 **Hold for a few seconds, then out at the same angle.** Changing angle on the way out tears more than it needs to.

- 7 **Let go of the pinch, light pressure, no rubbing.** Rubbing irritates the site and spreads the bump.

- 8 **New needle every time.** A used tip is dull, and dull tips hurt and bruise.

04

Still sore?

Run this list before you blame the peptide.

The troubleshooting table

WHAT YOU NOTICE	MOST LIKELY CAUSE	WHAT I CHANGE
Deep ache the next day	Went too deep, into muscle	Shallower angle, better pinch
Sting right as it goes in	Alcohol still wet	Wait for the swab to dry
Sting while pushing	Pushing too fast or solution too cold	Slow the plunger, let the syringe sit a few minutes first
Bruising	Hit a small vessel, or rubbed after	Light pressure only, move the spot slightly
Same spot always worse	Thin fat there, or overused	Drop that spot, widen the rotation
Small bump that fades	Normal, fluid settling in the fat	Nothing, it should be gone within a day or so
Hot, red, spreading, growing	Not soreness	Stop and see a doctor

Where I get mine

People ask, so I will just say it. I own Reign Peptide. Every product carries a batch specific third party certificate of analysis, at reignpeptide.com. Buy wherever you want, just ask for the batch COA first.

Got a question about your own technique? Reply to the email this came in, I read them all. More of this every week on TikTok at [@jorgeonpeps](https://www.tiktok.com/@jorgeonpeps).