NYU Hospital for Joint Diseases
NYU LANGONE MEDICAL CENTER

Laith M. Jazrawi, MD
Associate Professor of Orthopaedics
Chief - Division of Sports Medicine
Tel: (646) 501-7223

INSTRUCTIONS FOR SURGERY

In order to make your admission and hospital stay smooth and more pleasant, please comply with the following instructions:

☐ If your surgery is on **MONDAY**, please report to:

NYU Hospital for Joint Diseases
301 East 17th Street
New York, NY 10003

If indicated by your physician, schedule your pre-surgical testing, located at

303 2nd Avenue, 1st Floor Suite 16
New York, NY 10003

☐ If your surgery is on **FRIDAY**, please report to:

NYU Langone Outpatient Surgery Center
339 East 38th Street
New York, NY 10016

If indicated by your physician, please call 212-263-5985 to schedule your pre-surgical testing, located at

240 East 38th St.
New York, NY 10016
Mezzanine Level

***One business day prior to your surgery, hospital staff will contact you to finalize your surgery time.**

A. Bring jogging/warm-up pants, shorts/skirt if having knee surgery.

B. Bring a shirt/blouse that buttons open in front instead of a pullover if having shoulder/elbow surgery.

C. If you own crutches, bring them with you, if having knee, ankle or hip surgery.

D. Bring all medications or a list of current medications you are taking with you. Also bring a list of any allergies.

E. Blood pressure medication should be taken as usual with a sip of water the morning of surgery. **DO NOT** take a diuretic or fluid pill. Seizure medications may be taken before surgery.

F. **DO NOT** take oral diabetes medications (pills) the night before or the day of surgery. If you are on insulin, **DO NOT** use insulin the morning of surgery unless you are a "problem diabetic" in which case you need to consult your physician regarding the proper insulin dose for you to use prior to surgery.

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G. Please **DO NOT** wear makeup or nail polish the day of surgery. You will need to remove contact lens (including extended wear), denture, or bridges prior to surgery. Please bring your own containers for storage.

H. Leave all jewelry and valuables at home. The hospital will not take responsibility for lost or missing items.

I. You need to report any skin irritation, fever, cold, etc., to Dr. Jazrawi.

J. You will need to bring your insurance card/information with you.

K. DO NOT eat, drink (including water), chew gum, candy, smoke cigarettes, cigars, use smokeless tobacco, etc., after midnight the night before surgery or the morning of your surgery. The only exception is a sip of water to take necessary medications the morning of surgery.

L. You must arrange someone to drive you home when ready to leave the hospital. You will not be allowed to drive yourself home after surgery. We can assist you if you need transportation to the airport or hotel, however, you need to let us know in advance (if possible) so we can make the arrangement.

M. NOTE: DO NOT take any aspirin, aspirin products, anti-inflammatories, Coumadin or Plavix at least 5 days prior to surgery. You are allowed to take Celebrex up to your day of surgery. If your medical doctor or cardiologist has you on any of the above medications. Please check with him/her before discontinuing the medication. You may also take Tylenol or Extra-Strength Tylenol if needed.

Nonsteroidal Anti-Inflammatory (Arthritis) Medications:

Some of the most common names for frequently used NSAID's include: Motrin, Indocin, Nalfon, Naprosyn, Naprelan, Arthrotec, Tolectin, Feledene, Voltaren, Clinoril, Dolobid, Lodine, Relafen, Daypro, Advil, Aleve, Ibuprofen.

Your first follow up appointment is usually scheduled for approximately 2 weeks after your surgery at the 333 East 38th street office. The date and time of your follow-up is _____.

If you cannot make this appointment or need to change the time, please contact the office.

If you have any questions regarding your surgery, please contact the office at 646-501-7223 option 4, option 2 or via the internet at www.newyorkortho.com

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Home Supplies For Your Surgery
Laith M. Jazrawi M.D.

Open Surgery

A. Open knee surgery (ACL reconstructions, ALL (Anterolateral ligament) reconstructions, Autologous Chondrocyte Implantation, PCL reconstructions, High tibial osteotomy, Distal femoral osteotomy, Posterolateral corner reconstruction, MCL reconstruction, OATS (osteochondral autograft), Osteochondral allograft,)
   a. You will need 4x4 (or similar size) waterproof bandages for fourteen days. **Bandage changes for open knee surgery done post-op day #3.**

B. Open shoulder surgery , (Biceps Tenodeis, Latarjet, Open capsulorrhaphy, Glenoid reconstruction using Distal tibial allograft):
   a. You will need 4x4 (or similar size) waterproof bandages for fourteen days. Also, a box of **Bandage changes for open shoulder surgery are done post-op day #3.**

C. Open Ankle Surgery (Achilles Tendon Repair, Os Trigonum Excision, Ankle OCD, Modified Brostrom-Gould Procedure, Peroneus Longus/Brevis Repair)- You do not have to worry about dressing changes as your leg will be in splint/cast for the first two weeks

D. Open Elbow surgery (Distal Biceps Repair, LCL Reconstruction, Radial Head or Capitellum ORIF, Radial Head Replacement/Resection, Triceps Repair, UCL Reconstruction – Tommy John Surgery)- You do not have to worry about dressing changes as your arm will be in splint/cast for the first two weeks. **For Tennis Elbow surgery (lateral epicondylitis) and Golfer's Elbow Surgery (medial epicondylitis), dressing changes are are started on post-op day #3**. You will need 4x4 (or similar size) waterproof bandages for fourteen days.

E. Hamstring repair You will have a special dressing placed on at the time of surgery that will be kept on for the first 2 weeks after surgery. You will then need 4x4 (or similar size) Tegaderm or Telfa waterproof dressings. Also, a box of 4" by 4" gauze sponges if there is bleeding at the incision site.

Arthroscopic Surgery

A. For Arthroscopic shoulder, elbow, knee, or ankle surgery:
   a. Regular adhesive bandages ("Band-aids") can be used for arthroscopic portals x 2 weeks.
   b. If biceps tenodesis was performed, use 4x4 (or similar size) waterproof bandages on wounds.
   c. In general, dressing changes for arthroscopy are done on post operative day 3

Post-Operative Medication Administration

Knee Arthroscopy

- **Pain- Motrin 800mg. 1 tab three times daily, as needed**
- **Adjunctive pain: Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed for adjunctive pain**

Meniscal Repair, Meniscal Root Repair

- **Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.**
- **Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.**
- **Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.**
- **DVT prophylaxis- Aspirin 81mg; 2 tabs daily x 14 days**
- ******** Aspirin starts post-operative day #1**

Knee Ligament Reconstruction

- **Pain- Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed.**
- **Breakthrough Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.**
- **Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days**
    - **Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.**
- **Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.**
- **DVT prophylaxis- Aspirin 81mg; 2 tabs daily x 14 days**
- *******Antibiotics and Aspirin start post-operative day #1**

Non-weight bearing Lower Extremity Surgery (Distal Femoral Osteotomy, High Tibial Osteotomy, Tibial Tubercle Osteotomy, Cartilage Transplant)

- **Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days**
    - **Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.**
- **Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.**
- **Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.**
- **Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.**
- **DVT prophylaxis- Aspirin 81mg; 2 tabs daily x 14 days**
- ********Antibiotics and Aspirin start post-operative day #1**

Shoulder/Elbow Surgery

- **Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days**
    - **Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.**
- **Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.**
- **Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.**
- **Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.**
- **DVT Prophylaxis - Aspirin 81mg; 2 tabs daily x 14 days**

Ankle fracture surgery & Achilles Tendon Surgery

- **Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days**
    - **Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.**
- **Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.**
- **Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.**
- **Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.**
- **DVT Prophylaxis - Aspirin 81mg; 2 tabs daily x 14 days**
- ******Antibiotics and Aspirin start POD #1**

Ankle arthroscopy +/- Microfracture and Achilles repair

- **Pain- Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed.**
- **DVT Prophylaxis - Aspirin 81mg; 2 tabs daily x 14 days**
- ******Aspirin starts post-operative day #1**

Hamstring repair

- **Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days**
    - **Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.**
- **Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.**
- **Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.**
- **Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.**
- **DVT Prophylaxis - Aspirin 81mg; 2 tabs daily x 14 days**
- ******Antibiotics and Aspirin start POD #1**

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Post-Operative Instructions
Proximal Hamstring Repair

Day of surgery

A. Diet as tolerated
B. Pain medication as needed every 4-6 hours (refer to pain medication sheet).
C. Make sure you have a physical therapy post-op appointment scheduled during the first week after surgery.
D. If you were given a brace this should be worn at all times except during sleep.

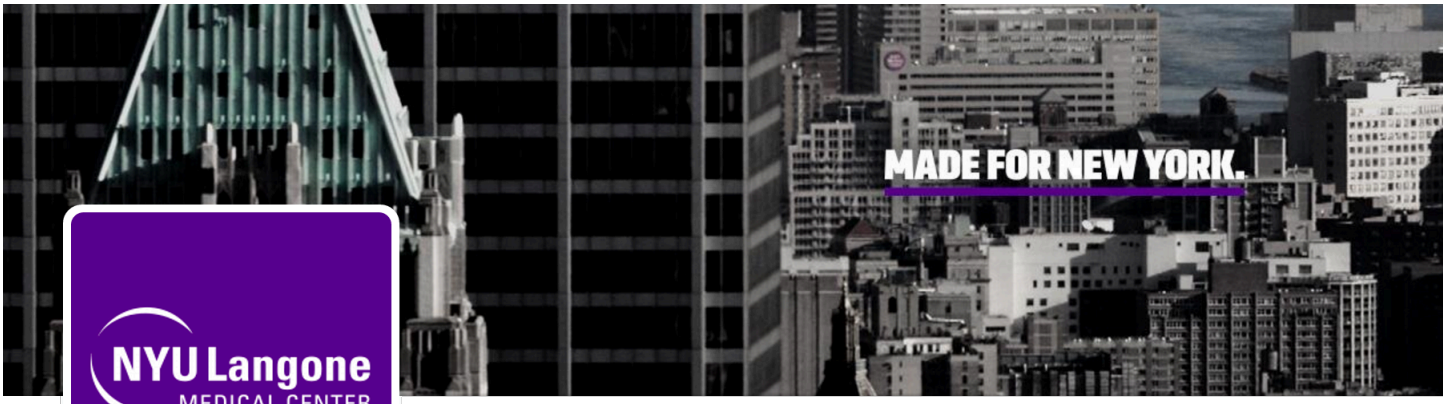
First Post-Operative Day

A. Pain medication as needed.

Second Post-Operative Day Until Return Visit

A. Unless otherwise noted, weight-bearing is toe-touching only for the first 6 weeks after surgery. After 6 weeks, you can bear as much weight on the affected leg as you can tolerate. Most patients use crutches for the first 2-3 weeks.
B. Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery if you have not been given a time. If you are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.
C. The initial Aquacel dressing should be kept on for the first 2 weeks after surgery. After 2 weeks, you may remove the Aquacel dressing and shower. Apply 4x4 (or similar size) Telfa or Tegaderm to these wounds prior to showering and when showering is complete apply fresh dry Telfa or Tegaderm.
D. If showering is begun before 2 weeks (earliest allowed is third postoperative day), the Aquacel dressing MUST be kept dry.

***Telfa Adhesive Island Dressings or Tegaderm+Pads may be purchased online and at select pharmacies.**



NYU Langone MEDICAL CENTER

Dr. Laith M. Jazrawi

Chief, Division of Sports Medicine
Associate Professor Department of Orthopaedic Surgery

Rehabilitation Protocol Following Proximal Hamstring Primary Repair

The hamstring muscle group consists of three muscles: the biceps femoris, semitendinosus and semimembranosus. All three of these muscles originate from the ischial tuberosity of the pelvis and then insert below the knee with the biceps femoris attaching on the fibula and the semimembranosus and semitendinosus attaching on the tibia (Figure 1). These muscles cross the hip and the knee, and therefore can affect both hip and knee motion. Acute hamstring strains are common in sports that involve sprinting, kicking and high-speed skilled movements.

A National Football League team published injury data for their team during pre-season training camp from 1998-2007.[1] Hamstring strains were the second most common injury, only surpassed by "knee sprains".[1] Numerous studies have shown that hamstring strains are one of the most common injuries in sprinting sports, soccer, rugby and Australian rules football.[1-12] Hamstring strains primarily occur at the proximal musculotendon junction.[13] Proximal musculotendon strain injuries have been shown to be treated effectively with rehabilitation.[1, 8]

Much less common, but most often much more severe, are the hamstring injuries involving complete avulsion of the hamstring complex off the ischial tuberosity. When this occurs a large amount of bleeding (hematoma) will form in the back of the thigh and the tendon will move down the thigh, retracting away from the ischial tuberosity (Figures 2 and 3). Almost all injuries occur from a slip or a fall that creates forceful hip flexion with simultaneous knee extension, many of these during sporting activities.

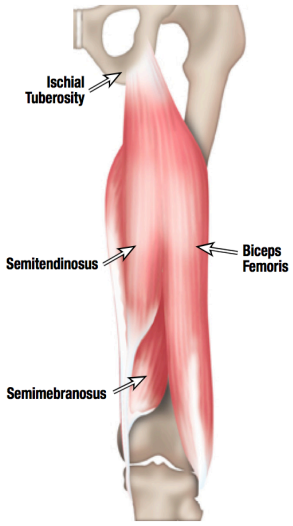
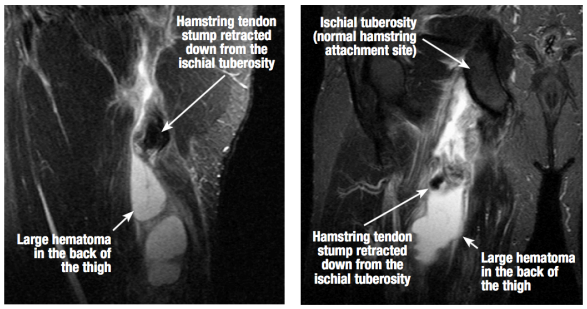


Figure 1 *Normal hamstring anatomy. Three muscles (semimebranosus, semitendinosus and biceps femoris) originate from the pelvis (ischial tuberosity).*



Figures 2 and 3 *MRI demonstrating a complete avulsion of the hamstring tendon from the ischial tuberosity.*

Rehabilitation Protocol Following Proximal Hamstring Primary Repair

In addition to falls this injury can occur with waterskiing starts and bull riding.[14-15] These complete avulsions result in significant or complete loss of hamstring function depending on how many of the tendons are avulsed. This can lead to poor leg control and difficulty even walking. Because of the significant structural damage and resultant disability, these injuries are often treated with open surgical repair.

The clinical indications for surgical repair are complete hamstring avulsion of all 3 tendons or significant retraction with less than 3 tendons avulsed. Outcome studies indicate that if surgery is performed shortly after injury, the outcome is superior to those whose surgery was delayed several months. Acute surgical repair is performed by suturing the torn tendons to suture anchors placed in the bone at the anatomical origin. This usually requires 2-4 suture anchors and Panacryl or Ethibond sutures (Figures 4 and 5).[16-17]

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Post-operatively crutches are used to assist in walking for the first few weeks. A brace or protective device also may
be used to protect the hamstring. One factor in this decision is the time of year (snow / ice), as most reported episodes of early failure are related to slipping and falling. Another factor, which is assessed during surgery, is the ease with which the torn tendon can reach its original insertion on the pelvis. If the tendon was significantly retracted there is a greater likelihood of longer post-operative protection.

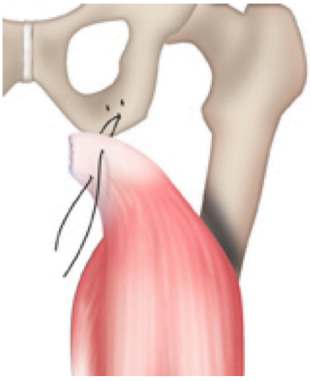

Figure 4: *Sutures extending out to the torn tendon stump from anchors placed in the ischial tuberosity (pelvic bone).*

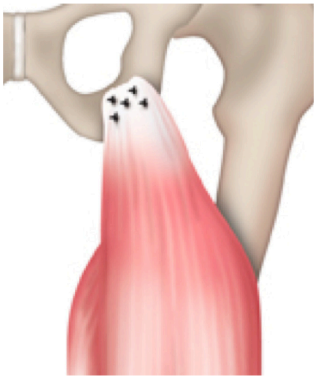

Figure 5: *Sutures tied off to approximate the torn tendon to the ischial tuberosity (pelvic bone).*

Rehabilitation Protocol Following Proximal Hamstring Primary Repair

Phase I (Surgery to 6 weeks after surgery)

Goals	○ Protection of surgical repair ○ Progress ROM by 30 degrees per week to full ROM by 8 weeks ○ Cryotherapy unit to be used 4-6 times per day for 20 minutes ○ Crutches/non-weight bearing for 4 weeks with progression to full-weight bearing
Precautions	○ Non-weight bearing with crutches for 6 weeks ○ No active hamstring contraction ○ No hip flexion greater than 45 degrees ○ Knee extension limited pending intra-operative tension on the repair
Suggestions	○ Cryotherapy for pain and swelling control 3-5x a day ○ Light desensitization massage to the incision and posterior hip ○ Scar massage ○ Silicon patch over incision (if open repair)

Phase II (6 weeks to 8 weeks following surgery)

Goals	○ Restore normal gait ○ Pain free and normal functional ADLs
Precautions	○ Monitor tenderness of surgery site ○ No hamstring flexibility or stretching exercises are to be performed during this phase. Lengthening of the repair and return of normal hamstring flexibility will be allowed to occur on its own
Range of Motion Exercises	○ Increase Forward Flexion, Internal/External Rotation to full motion as tolerated
Therapeutic Exercises	○ Restore normal gait pattern (emphasize good leg control with extension of knee during swing phase and heel strike) ○ Improve ADL function i.e sit->stand, stairs, etc. ○ Begin light hamstring strengthening with low loads, high reps and high frequency by performing hamstring leg curls in standing with the hip extended. Start with zero resistance then progress as tolerated 1lb at a time 2 sets/20, 4-5x a day ○ Begin total leg strengthening: heel raises, quad sets, short arc squads, general hip strengthening in side lying, single leg balance for proprioception
Other Suggestions	○ Light desensitization massage to the incision and posterior hip ○ Scar massage

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Rehabilitation Protocol After Arthroscopic SLAP Repair

Phase III (8 weeks to 12 weeks following surgery)

Goals	○ Pain-free performance of non-impact aerobic activities ○ Unrestricted ADLs at home or work
Precautions	○ Monitor hamstring flexibility and tenderness of surgery site
Therapeutic Exercises	○ Begin non-impact aerobic conditioning as tolerated with any of the following: stationary bike, stairmaster, elliptical trainer, nordic track, aquatic therapy with swimming or functional activities in the water (avoid forceful, explosive, or repetitively strainful activities) ○ Continue to progress TLS as tolerated: ¼ squats, stepdowns, leg press, knee extensions, heel raises, hip abductor in standing with tubing or machine, balance and proprioceptive training ○ Progress hamstring strengthening in standing by increasing weight or initiating TheraBand ○ Patient may progress to prone positioning on a machine and then to seated leg curls (with hip flexed at 90 degrees) on a machine or with tubing

References

1. Feeley BT, Kennelly S, Barnes RP, et al. Epidemiology of National Football League Training Camp Injuries From 1998 to 2007. *Am J Sports Med.* Apr 28 2008.
2. Gabbe BJ, Finch CF, Wajswelner H, Bennell KL. Predictors of lower extremity injuries at the community level of Australian football. *Clin J Sport Med.* Mar 2004;14(2):56-63.
3. Orchard J, Best TM, Verrall GM. Return to play following muscle strains. *Clin J Sport Med.* Nov 2005;15(6):436-441.
4. Orchard J, Marsden J, Lord S, Garlick D. Preseason hamstring muscle weakness associated with hamstring muscle injury in Australian footballers. *Am J Sports Med.* Jan-Feb 1997;25(1):81-85.
5. Orchard J, Steet E, Walker C, Ibrahim A, Rigney L, Houang M. Hamstring muscle strain injury caused by isokinetic testing. *Clin J Sport Med.* Oct 2001;11(4): 274-276.
6. Orchard JW. Intrinsic and extrinsic risk factors for muscle strains in Australian football. *Am J Sports Med.* May-Jun 2001;29(3):300-303.
7. Orchard JW, Best TM. The management of muscle strain injuries: an early return versus the risk of recurrence. *Clin J Sport Med.* 2002;12(1):3-5.
8. Sherry MA, Best TM. A comparison of 2 rehabilitation programs in the treatment of acute hamstring strains. *J Orthop Sports Phys Ther.* Mar 2004;34(3):116-125.
9. Verrall GM, Kalairajah Y, Slavotinek JP, Spriggins AJ. Assessment of player performance following return to sport after hamstring muscle strain injury. *J Sci Med Sport.* May 2006;9(1-2):87-90.
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14. Chakravarthy J, Ramisetty N, Pimpalnerkar A, Mohtadi N. Surgical repair of complete proximal hamstring tendon ruptures in water skiers and bull riders: a report of four cases and review of the literature. *Br J Sports Med.* Aug 2005;39(8):569-572.
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18. Klingele KE, Sallay PI. Surgical repair of complete proximal hamstring tendon rupture. *Am J Sports Med.* Sep-Oct 2002;30(5):742-747.

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orthosurgery.med.nyu.edu/sports-medicine

Post-Operative Rehabilitation Protocol: Proximal Hamstring Tendon Repair

Patient Name: _____ Date: _____

Weeks 0-6:

Goal:

- Protection of surgical repair

Precautions:

- Non-weight bearing with crutches for 6 weeks
- No active hamstring contraction
- No hip flexion greater than 45 degrees
- Knee extension limited pending intra-operative tension on the repair

Durable Medical Equipment:

Progress ROM by 30 degrees per week to full ROM by 8 weeks
Cryotherapy unit to be used 4-6 times per day for 20 minutes per session
Crutches/Non-weight bearing for 4 weeks with progression to full-weight bearing weeks 5-7

Exercises:
Cryotherapy for pain and swelling control 3-5x/day

Teach patient how to transfer from supine to sit, stand to sit, as well as perform ADLs safely. (Avoid greater than 45 degrees of hip flexion when the knee is extended during any and all activities, ie. sitting)
Heel props with quad sets, supine position only, to avoid knee stiffness and quad shut down

Other:

1. Light desensitization massage to the incision and posterior hip
2. Scar massage
3. Silicon patch over incision (if open repair)

Clinical follow-up:
Follow-up with physician at approximately 2 weeks postoperative

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Weeks 6-8:

Goal:

- Restore normal gait
- Pain free and normal functional ADLs

Precautions:

- Monitor tenderness of surgery site
- No hamstring flexibility or stretching exercises are to be performed during this phase. Lengthening of the repair and return of normal hamstring flexibility will be allowed to occur on its own. (This is traditionally not an issue following this procedure)

Exercises:

1. Restore normal gait pattern (emphasize good leg control with extension of knee during swing phase and heel strike)
2. Improve ADL function, ie. Sit -> stand, stairs, etc.
3. Begin light hamstring strengthening with low loads, high reps and high frequency by performing hamsring leg curls in standing with the hip extended. Start with zero resistance then progress as tolerated 1 lb at a time-2sets/20, 4-5x/day
4. Begin total leg strengthening (TLS):
    a. Heel raises
    b. Quad sets (active heel lift)
    c. Short arc quads
    d. General hip strengthening in side lying (gluteus maximus and medius)
    e. Single leg balance for proprioception

Other:

- Light desensitization massage to the incision and posterior hip
- Scar massage

Clinical follow-up:

Follow-up with physician at approximately 8 weeks postoperative to advance rehab and monitor progress

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Weeks 8-12:

Goal:

- Pain-free performance of non-impact aerobic activities
- Unrestricted ADLs at home or work

Precautions:

- Monitor hamstring flexibility and tenderness of surgery site

Exercises:

1. Begin non-impact aerobic conditioning as tolerated with any of the following:
    a. Stationary bike
    b. Stairmaster
    c. Elliptical trainer
    d. Nordic track
    e. Aquatic therapy with swimming or functional activities in the water (Avoid forceful, explosive or repetitively strainful activities)
2. Continue to progress TLS as tolerated:
    a. ¼ squats
    b. Stepdowns
    c. Leg press
    d. Knee extensions
    e. Heel raises
    f. Hip abductor in standing with tubing or machine
    g. Balance and proprioceptive training
3. Progress hamstring strengthening in standing by increasing weight or initiating TheraBand
4. Patient may progress to prone positioning on a machine and then to seated leg curls (with hip flexed at 90 degrees) on a machine or with tubing

Clinical follow-up:

Follow-up with physician at approximately 14 weeks postoperative to release to all activities as tolerated. The patient's frequency of follow-up with the therapist will be determined on an individual basis and depend largely on the patient's adherence, as well as the patient's and therapist's comfort level.

Signature: _____ **Date: _____**

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NYU LANGONE MEDICAL CENTER

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Chief - Division of Sports Medicine
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PHYSICAL THERAPY LOCATIONS

Please schedule your post-operative physical therapy appointments BEFORE your surgery

Manhattan Sports and Manual Physical Therapy
10 East 33rd Street, 2nd Floor
New York, NY 10016
(646) 487-2495
www.msmpt.com

Center for Musculoskeletal Care PT
333 E 38th St, 5th Floor
New York, NY 10016
(646) 501-7077

Other Locations:

BROOKLYN				
R.P.T. Physical Therapy	335 Court Street	Cobble Hill	11231	(718) 855-1543
One on One PT	2133 Ralph Ave	Flatlands	11234	(718) 451-1400
One on One PT	17 Eastern Parkway	Prospect Heights	11238	(718) 623-2500
One on One PT	9920 4th Ave	Bay Ridge	11209	(718) 238-9873
One on One PT	1390 Pennsylvania Ave	Canarsie	11239	(718) 642-1100
One on One PT	1715 Avenue T	Sheepshead Bay	11229	(718) 336-8206

MANHATTAN-DOWNTOWN				
Health SOS	594 Broadway	New York	10012	(212) 343-1500
Occupational & Industrial Orthopaedic Center	63 Downing Street	New York	10014	(212) 255-6690
Promobility	401 Broadway	New York	10013	(646) 666-7122

MANHATTAN –EAST SIDE				
Harkness Center for Dance (PT Service)	614 Second Ave	New York	10003	(212) 598-6054
RUSK at the Men's Center	555 Madison Ave	New York	10022	(646) 754-2000
RUSK Physical Therapy	240 E. 38th Street	New York	10016	(212) 263-6033
STAR Physical Therapy	160 E. 56th Street	New York	10022	(212) 355-7827

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Therapeutic Inspirations	144 E. 44th St	New York	10017	(212) 490-3800

MANHATTAN UPPER EAST SIDE				
Health SOS	139 E. 57th Street	New York	10022	(212) 753-4767
Premier PT	170 E. 77th Street	New York	10021	(212) 249-5332
Rusk PT at Women 's Health Center	207 E. 84th Street	New York	10028	(646) 754-3300
SPEAR PT	120 E. 56th Street	New York	10022	(212) 759-2211
Sports PT of NY	1400 York Ave	New York	10021	(212) 988-9057

MANHATTAN UPPER WEST SIDE				
Premier PT	162 W. 72nd Street	New York	10023	(212) 362-3595
Sports PT of NY	2465 Broadway	New York	10025	(212) 877-2525

MANHATTAN WEST SIDE				
Sports Medicine at Chelsea	22 West 21st Street Suite 400	New York	10010	(646) 582-2056
Chelsea Physical Therapy & Rehabilitation	119 W. 23rd Street	New York	10011	(212) 675-3447
SPEAR Physical Therapy	36 W. 44th Street	New York	10036	(212) 759-2280

QUEENS				
Ergo Physical Therapy P.C.	107-40 Queens Blvd	Forest Hills	11375	(718) 261-3100
Susan Schiliro, PT (Hand & Upper Extremity only)	99-32 66th Road	Rego Park	11374	(718) 544-1937

STATEN ISLAND				
One on One PT	31 New Dorp Lane 1st, Floor	Staten Island	10306	(718) 979-4466
One on One PT	33 Richmond Hill Rd	Staten Island	10314	(718) 982-6340

LONG ISLAND				
Health SOS	375 Deer Park Ave	Babylon	11702	(631) 321-6303

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Hand in Hand Rehabilitation (Hand & Upper Extremity only)	346 Westbury Ave	Carle Place	11514	(516) 333-1481
Home PT Solutions	111 W. Old Country Rd.	Hicksville	11801	(516) 433-4570
Bi-County Physical Therapy & Rehabilitation	270-03 Hillside Ave	New Hyde Park	11040	(718) 831 - 1900
Bi-County Physical Therapy & Rehabilitation	397 Willis Ave	Williston Park	11596	(516) 739-5503

WESTCHESTER				
Health SOS	1015 Saw Mill River	Ardsley	10502	(914) 478-8780
Premier PT	223 Katonah Ave	Katonah	10536	(914) 232-1480
PRO Sports PT of Westchester	2 Overhill Road	Scarsdale	10583	(914) 723-6987
Westchester Sports Physical Therapy, PC	672 White Plains Road	Scarsdale	10583	(914) 722-2400
Rye Physical Therapy and Rehabilitation	411 Theodore Fremd Ave	Rye	10580	(914) 921-6061
Rye Physical Therapy and Rehabilitation	15 North Broadway; Suite K	White Plains	10601	(914) 686-3132

CONNECTICUT				
Premier PT	36 Old Kings Hwy S	Darien	06820	(203) 202-9889

NEW JERSEY				
Jersey Central Physical Therapy & Fitness	21 47 Route 27	Edison	08817	(732) 777-9733
Jag PT	34 Mountain Blvd	Warren	07059	(908) 222-0515
Jag PT	622 Eagle Rock Ave	West Orange	07052	(973) 669-0078