

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.

Center for Musculoskeletal Care 333 E. 38th St, New York, NY 10016
Tel: (646) 501-7223/ Fax: (646) 754-9505 / www.NewYorkOrtho.com



- 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

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 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- Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed.
- DVT prophylaxis- Aspirin 325mg; One tab daily x 10 days
- ****Aspirin starts post-operative day #1
- Patients on birth control or history of clotting; Xarelto 10mg x 14 days followed by Aspirin 325mg daily x 28 days (Xarelto starts POD #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 325mg; One tab daily x 10 days
 - Patients on birth control or history of clotting; Xarelto 10mg x 14 days followed by Aspirin 325mg daily x 28 days
- ****Antibiotics and Xarelto or Aspirin start post-operative day #1

Non-weight bearing Lower Extremity 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- Xarelto 10mg; One tab daily x 14 days followed by Aspirin 325mg daily x 28days.
- *****Antibiotics and Xarelto or 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.**

Ankle fracture 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- Xarelto 10mg; One tab daily x 14 days followed by Aspirin 325mg daily x 28days.**
- ******Antibiotics and Xarelto 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 325mg; One tab daily x 10 days**
- ******Aspirin starts post-operative day #1**
- **Patients on birth control or history of clotting; Xarelto 10mg x 14 days followed by Aspirin 325mg daily x 28 days (Xarelto starts POD #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- Xarelto 10mg; One tab daily x 14 days followed by Aspirin 325mg daily x 28days.**
- ******Antibiotics and Xarelto start POD #1**

Post-Operative Instructions **Shoulder Arthroscopy and SLAP Repair**

Day of Surgery

- A. Relax. Diet as tolerated.
- B. Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the first or second day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite. Alternatively, Cryocuff or Game-ready ice cuff can be used as per instructions.

You will be contacted by Gotham surgical brace company regarding an ice compression unit to be used after surgery. This helps with pain and swelling but typically is not covered by insurance. The cost is \$200-300 for a 2-week rental. Alternatively, ice gel packs with a shoulder or knee sleeve can be provided by the hospital for a minimal charge.

- C. Pain medication as needed every 6 hours (refer to pain medication sheet)

First and Second Post-Operative Day

- A. Continue Icing.
- B. Pain medications as needed

Third Post-Operative Day

- A. You may remove surgical bandage and shower this evening. Apply regular bandages to these wounds prior to showering and when showering is complete apply fresh regular bandages. You will need to follow this routine for 2 weeks after surgery.

Physical Therapy

- A. Physical Therapy should begin at 4 weeks. Please call your preferred facility to make an appointment.
- B. Pendulum exercises can be started on day 3.

**Note: Your shoulder will be very swollen. It may take a week or longer for this to go away. It is also common to notice burning around the shoulder as the swelling resolves. If excessive bleeding occurs, please notify Dr. Jazrawi.*

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 are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.

Dr. Laith M. Jazrawi

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

Rehabilitation After Arthroscopic SLAP Repair

The anatomic configuration of the shoulder joint (glenohumeral joint) is often compared to a golf ball on a tee. This is because the articular surface of the round humeral head is approximately four times greater than that of the relatively flat shoulder blade face (glenoid fossa)¹ (Figure 1). The stability and movement of the shoulder is controlled by the rotator cuff muscles, as well as the shoulder ligaments, the capsule of the shoulder and the glenoid labrum. The labrum is a fibrocartilagenous ring which attaches to the bony rim of the glenoid fossa.¹ The labrum doubles the depth of the glenoid fossa to help provide stability.² An analogy would be a parked car on a hillside with a block under the tire — the round tire being the humeral head, the road being the glenoid fossa and the block being the labrum. The labrum also serves as the anchor for the long head of the biceps. A large portion of the long head of the biceps originates from the top (superior) portion of the labrum. Overhead sports can create significant forces at this attachment site. This can ultimately lead to injury and tears of the biceps off this attachment. This is called a SLAP lesion (Superior Labral Anterior to Posterior tear). These injuries can also occur from trauma, such as falling on your arm, bracing your arm in an accident, arm tackling in football or any large sudden force applied to the arm. There are four basic types of SLAP tears.³ A Type II SLAP tear is the most common type of SLAP tear requiring surgical reconstruction (Figure 2).³ In this type of tear the long head of the biceps remains attached to the labrum but the labrum has been detached from the

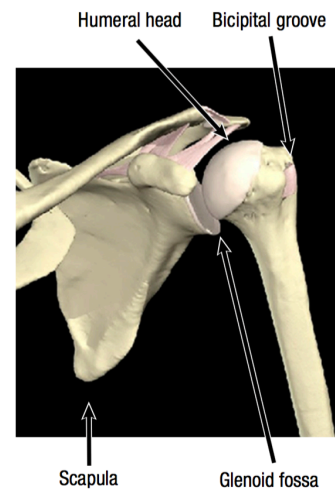
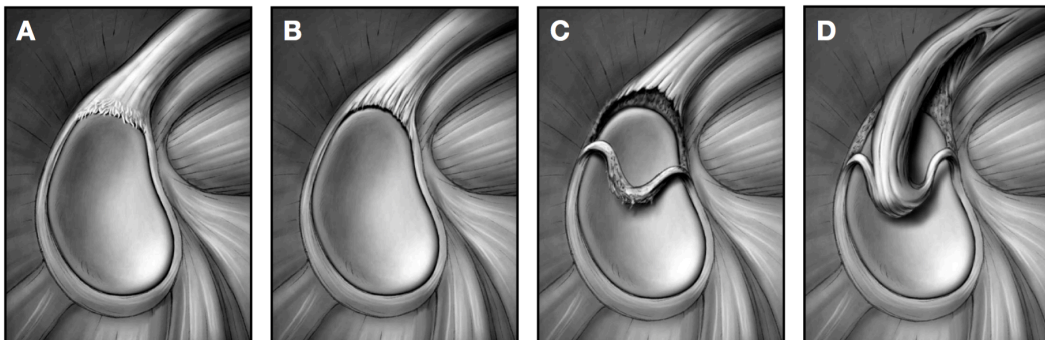


Figure 1 Anatomical configuration of the shoulder joint (glenohumeral joint)

Reprinted with permission from Primal Pictures, Ltd. (primalpictures.com). Unauthorized use of this image is prohibited.



Figures 2-A through 2-D The classification system for SLAP lesions. **Figure 2-A** A Type-I SLAP lesion consists of degenerative fraying on the inner margin of the superior aspect of the labrum. **Figure 2-B** With a Type-II SLAP lesion, the biceps attachment and the adjacent superior aspect of the labrum have pulled off the superior glenoid tubercle. **Figure 2-C** A Type-III SLAP lesion is a superior labral bucket-handle tear that extends into the biceps tendon. **Figure 2-D** A Type IV

Reprint permission for illustrations and photos is granted by The Journal of Bone and Joint Surgery, Inc. The copyright is owned by The Journal of Bone and Joint Surgery, Inc.

Rehabilitation After Arthroscopic SLAP Repair

bony glenoid.⁴ This is repaired surgically by placing suture anchors (Figure 3) in the glenoid fossa, passing sutures through the labrum and then tying special surgical knots to approximate the labrum back to the bony glenoid rim.

Full return to throwing and contact sports occurs in 80-90% of athletes.^{4, 5} Successful return to sport and activity is dependent on following post-operative precautions and completing a structured post-operative rehabilitation program. Our rehabilitation program is outlined below. The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehabilitation compliance and injury severity. These factors will also affect how long it takes each individual to meet the required criteria for return to sport and activity.⁴

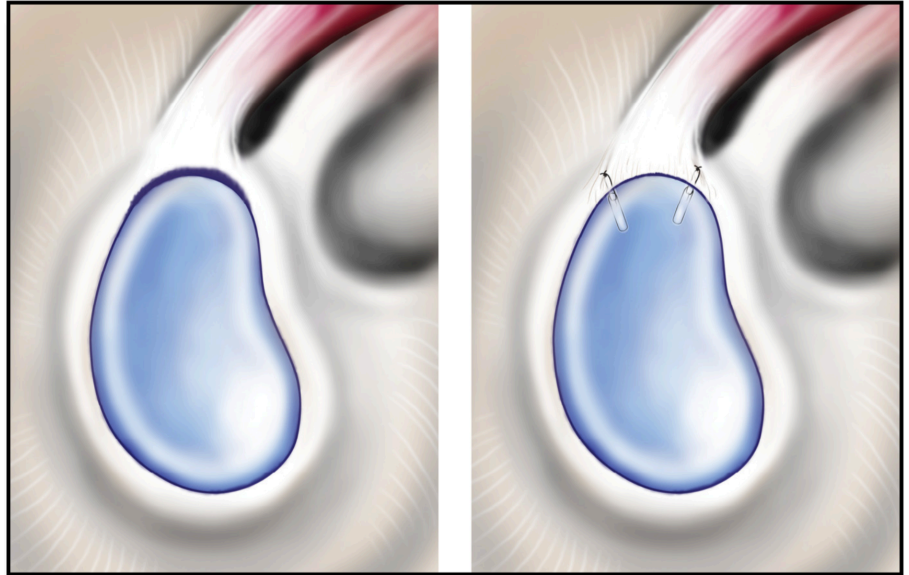


Figure 3. The first illustration shows a Type II SLAP tear extending from 10:00 to 2:00. The second illustration shows this tear repaired with sutures and anchors anterior to and posterior to the long head of the biceps. The number of suture anchors needed varies from case to case.

Rehabilitation After Arthroscopic SLAP Repair

Phase I (Surgery to 4 weeks after surgery)

Goals	<ul style="list-style-type: none"> ○ Protection of shoulder after surgery ○ Activate muscles that help stabilize your glenohumeral and scapulo-thoracic joints
Precautions	<ul style="list-style-type: none"> ○ Sling immobilization at all times except for showering and rehabilitation under guidance of physical therapist
Range of Motion Exercises	<ul style="list-style-type: none"> ○ Active assistive range of motion (AAROM) → active range of motion (AROM) ○ Restrict motion to 140° of Forward Flexion, 40° of External Rotation and Internal Rotation to stomach ○ No Internal Rotation up the back ○ No External Rotation behind the head
Therapeutic Exercises	<ul style="list-style-type: none"> ○ Wrist/Hand Range of Motion ○ Grip Strengthening ○ Isometric Abduction, Internal/External Rotation exercises with elbow at side ○ No resisted Forward Flexion/Elbow Flexion (to avoid stressing the biceps origin)
Other Suggestions	<ul style="list-style-type: none"> ○ Heat/Ice before and after PT sessions

Phase II (4 weeks to 6 weeks following surgery)

Goals	<ul style="list-style-type: none"> ○ Increased AROM ○ Increased rotator cuff strength in a neutral position
Precautions	<ul style="list-style-type: none"> ○ Discontinue sling immobilization
Range of Motion Exercises	<ul style="list-style-type: none"> ○ Increase Forward Flexion, Internal/External Rotation to full motion as tolerated
Therapeutic Exercises	<ul style="list-style-type: none"> ○ Advance isometrics from Phase I to use of a theraband within AROM limitations ○ Continue with Wrist/Hand Range of Motion and Grip Strengthening ○ Begin Prone Extensions and Scapular Stabilizing Exercises (traps/rhomboids/levator scapula) ○ Gentle joint mobilization
Other Suggestions	<ul style="list-style-type: none"> ○ Modalities per PT discretion

Rehabilitation After Arthroscopic SLAP Repair

Phase III (6 weeks to 12 weeks following surgery)

Goals	<ul style="list-style-type: none">○ Progress to full AROM without discomfort
Range of Motion Exercises	<ul style="list-style-type: none">○ Active assistive range of motion (AAROM) → active range of motion (AROM)○ Restrict motion to 140° of Forward Flexion, 40° of External Rotation and Internal Rotation to stomach○ No Internal Rotation up the back○ No External Rotation behind the head
Therapeutic Exercises	<ul style="list-style-type: none">○ Advance Theraband exercises to light weights (1-5 lbs)○ 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers○ Continue and progress with Phase II exercises○ Begin UE ergometer
Other Suggestions	<ul style="list-style-type: none">○ Modalities per PT discretion

Phase IV (3 months to 6 months following surgery)

Goals	<ul style="list-style-type: none">○ Full range of motion without discomfort
Therapeutic Exercises	<ul style="list-style-type: none">○ Advance exercises in Phase III (strengthening 3x per week)○ Sport/Work specific rehabilitation○ Return to throwing at 4.5 months○ Return to sports at 6 months if approved
Other Suggestions	<ul style="list-style-type: none">○ Modalities per PT discretion

References

1. Wilk KE, Reinold MM, Dugas JR, Arrigo CA, Moser MW, Andrews JR. Current concepts in the recognition and treatment of superior labral (SLAP) lesions. *J Orthop Sports Phys Ther.* May 2005;35(5):273-291.
2. Perry J. Anatomy and biomechanics of the shoulder in throwing, swimming, gymnastics, and tennis. *Clin Sports Med.* Jul 1983;2(2):247-270.
3. Barber A, Field LD, Ryu R. Biceps tendon and superior labrum injuries: decision-marking. *J Bone Joint Surg Am.* Aug 2007;89(8):1844-1855.
4. Park HB, Lin SK, Yokota A, McFarland EG. Return to play for rotator cuff injuries and superior labrum anterior posterior (SLAP) lesions. *Clin Sports Med.* Jul 2004;23(3):321-334, vii.
5. Funk L, Snow M. SLAP tears of the glenoid labrum in contact athletes. *Clin J Sport Med.* Jan 2007;17(1):1-4.



Rehabilitation Protocol: Arthroscopic SLAP Repair

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

☐

Phase I (Weeks 0-4)

- Sling immobilization at all times except for showering and rehab under guidance of PT
- Range of Motion – AAROM → AROM as tolerated
 - Restrict motion to 140° of Forward Flexion, 40° of External Rotation and Internal Rotation to stomach
 - No Internal Rotation up the back/No External Rotation behind the head
- Therapeutic Exercise
 - Wrist/Hand Range of Motion
 - Grip Strengthening
 - Isometric Abduction, Internal/External Rotation exercises with elbow at side
 - No resisted Forward Flexion/Elbow Flexion (to avoid stressing the biceps origin)
- Heat/Ice before and after PT sessions

☐

Phase II (Weeks 4-6)

- Discontinue sling immobilization
- Range of Motion – Increase Forward Flexion, Internal/External Rotation to full motion as tolerated
- Therapeutic Exercise
 - Advance isometrics from Phase I to use of a theraband within AROM limitations
 - Continue with Wrist/Hand Range of Motion and Grip Strengthening
 - Begin Prone Extensions and Scapular Stabilizing Exercises (traps/rhomboids/levator scapula)
 - Gentle joint mobilization
- Modalities per PT discretion

☐

Phase III (Weeks 6-12)

- Range of Motion – Progress to full AROM without discomfort
- Therapeutic Exercise – Advance theraband exercises to light weights (1-5 lbs)
 - 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
 - Continue and progress with Phase II exercises
 - Begin UE ergometer
- Modalities per PT discretion

☐

Phase IV (Months 3-6)

- Range of Motion – Full without discomfort
- Therapeutic Exercise – Advance exercises in Phase III (strengthening 3x per week)
 - Sport/Work specific rehabilitation
 - Return to throwing at 4.5 months
 - Return to sports at 6 months if approved
- Modalities per PT discretion

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____

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.msmt.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



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 1 st , 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
------------	-------------------	---------	-------	----------------

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