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
Shoulder Arthroscopy, Decompression, and Biceps Tenodesis

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 East Coast Orthotics 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

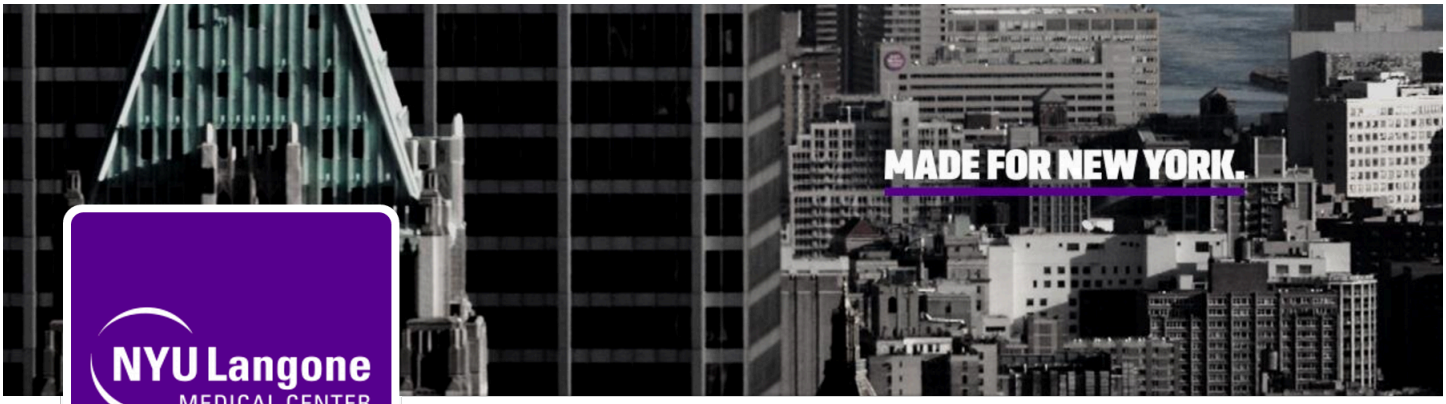
A. You may remove surgical bandage and shower this evening. Apply 4"x4" (or similar size) waterproof bandages to these wounds prior to showering and when showering is complete apply fresh ones. You will need to follow this routine for 2 weeks after surgery.

Physical Therapy

A. Physical Therapy should begin within the first 10 days after surgery. Please call your preferred facility to make an appointment.

**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.



NYU Langone MEDICAL CENTER

Dr. Laith M. Jazrawi

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

Rehabilitation Guidelines for Biceps Tenodesis

The shoulder has two primary joints. One part of the shoulder blade, called the glenoid fossa forms a flat, shallow surface. This is coupled with the humerus (shaped like a golf ball) to make up the joint. The glenoid labrum is a ”ring” of cartilage that turns the flat surface of the glenoid into a slightly deeper socket, which is similar to resting a golf ball on a golf tee instead of a table top, providing more shoulder stability. Another part of the scapula, called the acromium, articulates with the clavicle (collar bone) to make the acromioclavicular (AC) joint.

The rotator cuff is a group of four muscles: the supraspinatus, infraspinatus, teres minor, and subscapularis. The rotator cuff tendons attach around the humeral head (ball) and connect the humerus to the scapula.

The long head of the biceps originates from the top of the glenoid fossa and labrum (top of the golf tee). It then runs through a groove in the humerus (upper arm bone) to join the short head of the biceps and inserts on a bone in the forearm1 (See Figure 1). Because of its position, the long head of the biceps is also considered to be a secondary stabilizer of the shoulder joint.

The long head of the biceps is at risk of injury and degenerative changes due to its proximity to the rotator cuff and the acromium. Since the long head of the biceps can act as a secondary stabilizer of the shoulder, it is also subject to injury during high speed overhead movements; repetitive overhead movements; or forceful shoulder activities when the elbow is straight. Specific injuries may include inflammation and irritation of the bicep tendon itself; a problem with the bicep tendon in conjunction with one of the rotator cuff tendons; or detachment of part of the tendon from the attachment point (SLAP tear).1 Bicep tendon degeneration and/or tearing can cause significant shoulder discomfort and dysfunction (See Figure 2).

A biceps tenodesis is a surgical procedure which may be performed for treatment of severe symptoms involving the biceps tendon, including inflammation or partial tears. It may be performed in isolation or as part of a larger shoulder surgery, including surgery involving the rotator cuff. During the biceps tenodesis, the normal attachment of the biceps tendon on the shoulder socket (glenoid fossa) is cut and reattachment of the tendon is made on the humerus (upper arm bone). This takes the pressure off the biceps attachment and places the attachment below the actual shoulder joint.2 The goal is to eliminate the shoulder pain coming from the bicep tendon. Different techniques are used to perform a biceps tenodesis. The surgical techniques can be broken down in to two categories: soft tissue techniques and hardware fixation techniques. Both techniques are effective and chosen based on surgeon preference and patient indications.

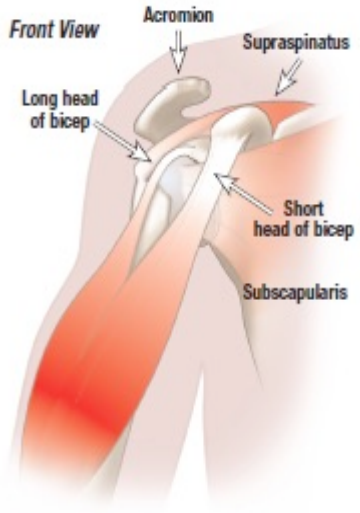


Figure 1 Shoulder anatomy

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Rehabilitation Protocol After Biceps Tenodesis

The primary soft tissue technique is the “open key hole procedure”. An open keyhole technique relocates the tendon within the groove in the humerus bone after cutting it from its original location in the shoulder.1 The procedure involves the proximal end (the portion closest to the it from its original location in the shoulder.) of the biceps tendon being rolled into a ball and then sutured together as a mass. A keyhole is made in the groove of the humerus, the tendon mass is then inserted into the keyhole and pulled downward so that the tendon mass is locked in place.3

The Pitt technique uses two needles to pierce the bicep tendon in opposite directions. Sutures are then threaded through the needles to make a suture. This procedure is repeated with the needle placement reversed to create a locking pattern of the sutures. A knot is used to secure the sutures to the transverse ligament in the shoulder instead of to the bone.4

The hardware fixation techniques include screw fixation or endobutton fixation. In the screw fixation the tendon is detached and then place in a hole made at the top of the bicipital groove. Then an interference screw is placed over the tendon, in to the bone, to hold it in place. In the endobutton technique the released tendon is secured to a button, the button is then secured behind the bone by sliding it in to a smaller hole at the top of the bicipital groove. Imagine a drywall type anchor where the pressure is applied from the inside out.

Appropriate rehabilitation is vital to optimizing your outcome after surgery. The rehabilitation guidelines are tailored to the type of procedure performed, therefore below you will find rehabilitation guidelines for soft tissue fixation techniques and rehabilitation guidelines for hardware fixation techniques.

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. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

Figure 2a Normal long head of bicep. The muscle has a smooth arc from the shoulder to the elbow

Figure 2b and Figure 2c Torn long head of bicep. The muscle has retracted toward the elbow

Rehabilitation Protocol After Biceps Tenodesis

Phase I (Surgery to 4 weeks after surgery)

Goal	○ Sling immobilization to be worn at all times for showering and rehab under guidance of PT ○ Goals: full passive flexion/extension at elbow and full shoulder AROM
Range of Motion	○ PROM→AAROM→AROM of elbow as tolerated **without** resistance (allows biceps tendon to heal into new insertion on the humerus without being stressed), AROM of shoulder (no restriction) ○ Encourage pronation/supination without resistance
Therapeutic Exercises	○ Grip strengthening ○ Heat/Ice before and after PT sessions

Phase III (4 to 12 weeks following surgery)

Goals	○ Discontinue sling immobilization
Range of Motion Exercises	○ Being AROM of elbow with passive stretching at end ranges to maintain/ increase elbow/biceps flexibility
Therapeutic Exercises	○ Begin light isometrics with arm at side for rotator cuff and deltoid – can advance to bands as tolerated ○ Begin light resistive biceps strengthening at **8 weeks**

Phase III (3 to 6 month following surgery)

Range of Motion Exercises	○ Progress to full AROM of elbow without discomfort
Therapeutic Exercises	○ Continue and progress with Phase II exercises ○ Begin UE ergometer ○ Begin sport-specific rehabilitation ○ Return to throwing at 3 months ○ Throwing from a mound at 4.5 months ○ Return to sports at 6 months if approved

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References

1. Krupp RJ, Kevern MA, Gaines MD, Kotara S, Singleton SB. Long Head of the Biceps Tendon Pain: Differential Diagnosis and Treatment. *Jour Ortho & Sports PT.* Feb 2009; 39(2): 55-70.
2. Romeo AA, Mazzocca AD, Tauro JC. Arthroscopic Biceps Tenodesis. *Arthroscopy.* Feb 2004; 20(2): 206-213.
3. Ozalay M, et al. Mechanical Strength of Four Different Biceps Tenodesis Techniques. *Arthroscopy: Jour Arthro & Related Surg.* Aug 2005; 21(8): 992-998.
4. Lopez-Vidriero E, Costic RS, Fu FH, Rodosky MW. Biomechanical Evaluation of 2 Arthroscopic Biceps Tenodesis: Double-Anchor Versus Percutaneous Intra-Articular Transtendon (PITT) Techniques. *Am Jour Sports Med.* 2010; 38(1): 146-152.
5. Slenker NR, Lawson K, Ciccotti MG, Dodson CC, Cohen SB. Biceps tenotomy versus tenodesis: clinical outcomes. *Arthroscopy*. 2012 Apr;28(4):576-82. doi: 10.1016/j.arthro.2011.10.017. Epub 2012 Jan 28.
6. Burns JP, Bahk M, Snyder SJ. Superior labral tears: repair versus biceps tenodesis. *J Shoulder Elbow Surg.* 2011 Mar; 20(2 Suppl):S2-8. doi: 10.1016/j. jse.2010.11.013.

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Rehabilitation Protocol: Biceps Tenodesis

Name: _____ **Date:** _____

Diagnosis: _____ **Date of Surgery:** _____

☐ **Phase I (Weeks 0-4)**

- Sling immobilization to be worn at all times except for showering and rehab under guidance of PT
- Range of Motion –PROM → AAROM → AROM of elbow as tolerated **without** resistance (allows biceps tendon to heal into new insertion on the humerus without being stressed), AROM of shoulder (no restriction)
  - Goals: full passive flexion/extension at elbow and full shoulder AROM
  - Encourage pronation/supination without resistance
  - Grip strengthening
- Heat/Ice before and after PT sessions

☐ **Phase II (Weeks 4-12)**

- Discontinue sling immobilization
- Range of Motion
  - Begin AROM of elbow with passive stretching at end ranges to maintain/increase elbow/biceps flexibility
- Therapeutic Exercise
  - Begin light isometrics with arm at side for rotator cuff and deltoid – can advance to bands as tolerated
  - Begin light resistive biceps strengthening at **8 weeks**
- Modalities per PT discretion

☐ **Phase III (Months 3-6)**

- Range of Motion – Progress to full AROM of elbow without discomfort
- Therapeutic Exercise
  - Continue and progress with Phase II exercises
  - Begin UE ergometer
  - Begin sport-specific rehabilitation
  - Return to throwing at 3 months
  - Throwing from a mound 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:** _____

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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