

Women's
Musculoskeletal
Health

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Check with your doctor before embarking on any new diet or exercise program.

No use of medication should be initiated without first consulting with your healthcare provider regarding the potential benefits and potential risks of use.

Get Yourself Back in the Game

Recovering from Sports Injuries



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Exercise is vitally important for physical and mental health. With more women upping their game and becoming more active, overuse injuries are rising in frequency. They can start as early as childhood, when young athletes are involved in the same sport multiple days a week, multiple seasons per year—with little rest or change of activity in between.

Middle-aged and older women are more prone to overuse injuries because their bodies take longer to recover from intense activity. The most common overuse injuries include:

- Pain in the front of the knee (patellofemoral pain; [see the article on page 4](#))
- Knee arthritis
- Rotator cuff injuries of the shoulder
- Frozen shoulder
- Hip and hamstring strains
- Gluteal pain
- Low back pain due to arthritis in the lumbar spine
- Achilles tendon inflammation
- Iliotibial (IT) band syndrome in runners, which starts in the hip and causes pain in the knee
- Stress fractures in the legs and hips





Reducing Your Risk

There are things you can do to reduce your risk of overuse injuries or to recover from them when they do occur:

Change it up.

Cross training is essential. If running is your favorite sport, be sure to take a few days off each week and substitute other forms of exercise like swimming, bicycling, yoga, or the elliptical machine.

Add strength training and stretching to your routine.

Too often, athletes who suffer overuse injuries are doing lots of cardio and not enough strength training and stretching, which are so vital for balance.

Young athletes should vary their sports.

Changing to a new sport each season will give their young bodies time to recover from the prior sport.

See a doctor sooner than later.

If you have a nagging pain that isn't getting better, see a doctor to rule out something serious like a stress fracture, which can get much worse if you keep running on it.



Bouncing Back Emotionally

If you're a woman who has been sidelined by an injury, you may have many concerns racing through your mind.

How will I commute to work?

Who will take the kids to practice?

How could I possibly make time for physical therapy three times a week?

Women have a tendency to take care of everyone else first—children, spouses, aging parents. It can be hard to be patient and even harder to ask for help. You may miss the release of endorphins that your activity provided. If your sport was also a social activity, such as tennis or running with a group, you may feel isolated. You might be comparing yourself to others, watching them literally run by while you sit, recovering. But recovering is exactly what you need to do. Here are some tips for getting through this challenging time while keeping your head in the game:

Respect your recovery time.

Returning to activity too soon can result in an even more serious injury that would lay you up even longer. So follow your doctor's orders. Rest when you're supposed to and do your physical therapy exercises as prescribed.

Be willing to ask for and accept help.

Seeking help is hard for many of us, but it shows strength when you accept that you need it. The people who care for you want to help you, and it can be very emotionally connecting to accept their offers.

There is strength in acceptance.

If a knee injury means you might not be able to run again, you may need to learn to accept this. Speak with your healthcare team about other sports you may be able to do and enjoy. It's not a sign of weakness to change your

activities or mindset; it's a sign of strength. This can be especially difficult for teens, whose identities may be shaped by a sport they have done since childhood, had been a social outlet for them, and which they may no longer be able to do.

Don't compare yourself to others.

Everyone's threshold for recovery is different. Listen to your body and give it what it needs.

Consider meditation and other mindfulness practices.

These activities can help you manage feelings of frustration, anxiety, and depression related to your injury. Join a meditation group or download one of the many meditation apps available, such as Headspace.



A League of Her Own Women's Sports Medicine Takes Its Place

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For decades, it wasn't uncommon for many female athletes with sports injuries to be taken less seriously by physicians.

They were often told to find alternative activities. Like the 50-something mother who pulled a muscle after returning to running and was told, "Maybe you should stop running and try swimming." Or the former collegiate soccer player who tore a knee ligament and wanted to play soccer with her son, but instead heard, "You don't need that ligament." As recently as the 1960s, it was assumed by many that in women who ran marathons, the uterus might fall out, and women were routinely banned from these races.

Thankfully, much has changed since then. HSS helped lead the way with the creation of the Women's Sports Medicine Center more than 20 years ago. Created by women for women, the nationally recognized center was the first of its kind and remains one of only a handful of such centers in the United States. It was also the first multidisciplinary center of any type established at HSS.

You Don't Need to Run to Have Runner's Knee

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Do you feel pain in the front of your knees when going down stairs? Does knee pain interfere with your ability to walk, run, kneel, squat, or stand up comfortably? Has your knee ever “given out” on you? If you answered yes to any of these questions, you may be suffering from patellofemoral knee pain, arthritis, or instability. Anyone can suffer from these conditions, but they are more common in women than men.

Commonly known as “runner’s knee,” patellofemoral (anterior knee) pain can affect anyone. It can happen in people with improper alignment, where the kneecap does not slide smoothly in the groove or track of the femur (thighbone). This type of problem may run in families. Or it may result from injury to the knee (usually during adolescence or young adulthood).

Some people feel pain around or under the kneecap. Others feel instability and may experience a kneecap dislocation. Not everyone with patellofemoral problems needs surgery, but in some cases it is warranted to prevent more serious problems down the road. Here’s how to know what may lie ahead for you. (See a doctor to know for sure.)

If You Have Knee Pain

If you have knee pain without dislocation of the kneecap and a short course of modifying your activities does not resolve the discomfort, see a primary care sports medicine doctor or an orthopedic surgeon. You’ll likely have an x-ray of your knee to see how the kneecap is tracking in the groove of the femur. Physical therapy may help to strengthen the muscles around the knee that help keep the kneecap in place. If your pain persists despite physical therapy, you may need an MRI to look for cartilage damage under the kneecap.

If You Have Arthritis

If tests show there is cartilage damage under your kneecap (arthritis), you may continue physical therapy and/or receive injections to reduce inflammation and provide lubrication. Your doctor or physical therapist may advise you to change, reduce, or avoid certain activities that may aggravate your symptoms. Some patients with cartilage damage may have surgery with techniques that allow regrowth of the damaged cartilage or replace damaged bone with donor bone and cartilage. The surgeon may also correct any misalignments to prevent or minimize future cartilage damage. Patellofemoral cartilage surgery is typically reserved for younger patients (under age 35) or for older patients whose pain persists despite nonsurgical treatments. Some older patients may have partial knee replacement to create a new smoothly gliding joint.

If You Have Kneecap Instability

When the kneecap doesn’t track evenly in the groove of the thighbone, it can slide out to the side (dislocate), causing your leg to give out under you. This instability is most common in adolescents and young adults, and it is also more common in females. But it can happen in anyone at any age with patellofemoral misalignment and trauma.

Doctors used to think that patients who had only one dislocation should always try nonsurgical treatment. However, much has been learned in the last five years indicating which patients with a first-time dislocation have the highest risk of recurrence. As a result, all patients who have a dislocation should see an orthopedic surgeon to determine if they are in that high-risk group and might benefit from early surgery.

If your kneecap dislocates a second time, you will need surgery to reduce the risk of arthritis from continued dislocations. During the procedure, the surgeon may rebuild the medial patellofemoral ligament—a “leash” that holds the kneecap in place, which often tears during dislocation and then heals in a stretched-out position. This can be done using your own or donor hamstring tissue; in some cases, you may require an additional bone realignment surgery. We are currently doing research to identify factors that increase the risk of a second dislocation among first-timers and potentially perform surgery earlier in those people to prevent subsequent dislocation.

If your kneecap has dislocated, it’s extremely important to have it checked out. Each time you experience a dislocation, there is likely to be damage to the cartilage that increases your risk of arthritis. See a sports medicine physician or orthopedic surgeon to find out what’s best for you.



Treating & Preventing ACL Tears

Five Facts You Need to Know

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Pop! That telltale sound in the knee, followed by pain, swelling, and instability, may be the sign of a tear in the anterior cruciate ligament (ACL)—one of the most common knee injuries.

Due to gender differences in anatomy, girls and women are more prone to knee problems than boys and men. Surgery to reconstruct the ACL is often indicated to prevent further damage to the meniscus and cartilage in the knee (including arthritis), increase stability, and reduce the chance of a repeat injury.

While ACL tears commonly occur in athletes such as soccer and basketball players, you don't need to be participating in a sport to experience one. Something as mundane as stepping into a pothole and twisting your knee may be enough to do damage. Seeing a doctor promptly is important. There are also things you can do to reduce your risk of an ACL tear. Here are five facts about your ACL and what to expect if you experience an injury.



1 You need your ACL for stability.

The shape of the thighbone (femur) and shinbone (tibia) allow the joint to bend quite far. As one of the knee's four main ligaments, the ACL is responsible for limiting how far the shinbone can rotate on the thighbone, and for helping to prevent the shinbone from twisting too much when the foot is on the ground. This strong ligament allows the knee to remain stable during jumping and quick side-to-side movements during sports. Most ACL tears result when there is excessive stress on the ACL—more than it can bear—often due to abnormal jumping, landing, pivoting, quick changes of direction (cutting), or speeding up or slowing down too quickly while running.

2 As a female, your anatomy predisposes you to knee injuries.

The Q angle (a measure of the angle between the hip and knee) is greater for women than men, due to women having a wider pelvis for childbearing. This puts more stress on the lower legs, including the knee. There is also more internal hip rotation. As a result, when women come down after jumping, there is a natural tendency to land in a knock-kneed position ("valgus"), putting excess stress on the ACL. There is also an increase in the "looseness" of a woman's ligaments during ovulation and menstruation due to rising estrogen levels, making them more flexible and less stable during these times. Finally, young female athletes tend to strengthen their quads (front of the thighs) more than the hamstrings (back of the thighs), which pulls the leg forward and can lead to ACL rupture.

3 If you injure your knee, an orthopedic surgeon will do a full evaluation to determine the best treatment.

A torn ACL will not heal on its own and often needs to be reconstructed surgically if you want to remain active. Taking into account your age, activity level, and types of activities you enjoy, your doctor will determine if surgery is necessary and if so, the best approach. The gold standard involves reconstruction of the ACL using your patellar tendon, especially if you have loose ligaments. This graft is very strong and results in an incision in the front of the knee. Patients with less lax ligaments may benefit from surgery using a hamstring or quadriceps tendon, which is less stable than the patellar approach but results in a more comfortable incision off to the side of the knee. Both surgeries are typically done arthroscopically, through small incisions around your knee. In girls who are still growing, surgeons modify the operation so the growth plates are not disturbed.

4 Expect a lengthy recovery.

It takes nine to twelve months to fully recover from ACL surgery. In addition to healing from the operation, it takes time for muscle activation to return, especially in females. You'll need to increase your quad strength and learn how to refine the way you move to reduce the risk of re-injury. Physical therapy is very important during this time and can help you get back to where you need to be. Be sure not only to attend your scheduled appointments, but to do the home exercises you are assigned as well. The more work you put into your recovery, the more you will benefit in terms of better movement, improved strength, and less risk of re-injury.



5 There are steps you can take to prevent first-time and repeat ACL injuries.

- **Learn how to land properly.** An athletic trainer or physical therapist can work with you to see how you land and to teach you how to come down from a jump without knocked knees.
- **Don't ignore your butt.** Strengthening the glute muscles is important to balance the stresses on your body and optimize the way you move. One way to increase glute strength is to squeeze your glute muscles periodically while you walk, or to do squats.
- **Completing 20 minutes of dynamic stretching before a workout can reduce ACL injury risk.**
- **Incorporate basic strength training into your day.** Use an exercise ball to do sit-ups, push-ups, and squats against the wall. Start your day with yoga to enhance flexibility.
- **Get enough sleep.** Not getting enough sleep reduces the quality of your sports performance and increases your risk of injury. Avoiding electronics use and not eating before bed can help you sleep more soundly.

If you're concerned you don't have time to add strength and flexibility training to your workout, try working out first thing in the morning, before your day gets away from you. Your knees will thank you!



Bone Health through the Ages

What You Need to Know

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Our bones are a precious resource, providing vital support to our bodies. Anyone who has experienced a fracture can tell you how debilitating it can be—not just in terms of pain, but the reduction in function that accompanies it and the effects a fracture can have on quality of life. Osteoporosis is a condition where bones are weak and more susceptible to breaking, from even small amounts of force or trauma. Women are especially affected because of hormonal shifts and life events (such as menstruation and menopause) that influence bone building and bone loss. Build bone as early as you can, and pay attention to your bone health the same way you would any other part of your body.

Adolescence: The Bone-Building Years

Your bones attain their peak mass between the ages of 18 and 25, so childhood into adolescence is a key time to build bone mass. Children build about 40 percent of their bone mass between the ages of 9 to 14, reaching 90 percent of peak bone mass by age 18 (for girls) and age 20 (for boys). Having adequate calcium and vitamin D and getting regular exercise are important components of a bone-building lifestyle. (Source: Eatright.org)

Many adolescent girls today are extremely active in sports. Women of all ages, but especially highly active girls, need to eat a sufficient number of calories to support their activity level and prevent the “female athlete

triad.” With the female athlete triad, there is an imbalance between nutrition intake and energy spent on exercise. The result: hormonal disturbances manifested as missed or irregular periods, as well as an increased risk of early osteoporosis and stress fractures stemming from inadequate nutrition to maintain bone health as well as low estrogen, a hormone which promotes healthy bones.

While the female athlete triad is unhealthy at any age, it is a particular danger during adolescence because the bones are taking a hit during a time when bone building should be maximized. It's critical to diagnose and treat it as early as possible, when the negative effects can be minimized. Left untreated, a teen with female athlete

triad can actually develop osteoporosis at a young age. There may also be effects on fertility and other systems of the body. A girl should be evaluated by her doctor if she has experienced one or more of the following: stress fractures; no period for six months or more; signs of an eating disorder; or unexplained weight loss.

The treatment for female athlete triad? Eating a balanced diet that is sufficient to support her level of activity and enables her to achieve a healthy weight. The treatment team may include physicians, a nutritionist, and a psychologist to look at the big picture of what led to each girl's condition, with the goal of early treatment and prevention of negative consequences.



Young Adulthood to Middle Age

By the time a woman has reached her late 20s, her bone mass has reached its maximum and bone building levels out. This remains a vital time to continue nourishing the bones through a nutrient-rich diet and exercise. Resistance training is also extremely helpful for maintaining strong bones. Young women should remain cognizant of maintaining a healthy body weight to prevent the female athlete triad. A primary care physician may also test the level of vitamin D metabolite in the blood and recommend supplements if the level is too low.

You may be at increased risk of pre-menopausal osteoporosis and should see a doctor for an evaluation if you are a young woman with any of these factors:

- Low-trauma fractures (bones that break unexpectedly, such as a fall from standing height)
- Chronic steroid use
- Celiac disease
- Inflammatory bowel disease
- Anorexia
- Prolactinoma (a benign pituitary tumor)
- Missed periods
- Early menopause
- Aromatase inhibitor use following breast cancer treatment

Parathyroid disorders can also harm bone. These four tiny glands in the neck control calcium levels in the body. If these glands become overactive, they can cause bone loss and fractures.

The Menopause Years

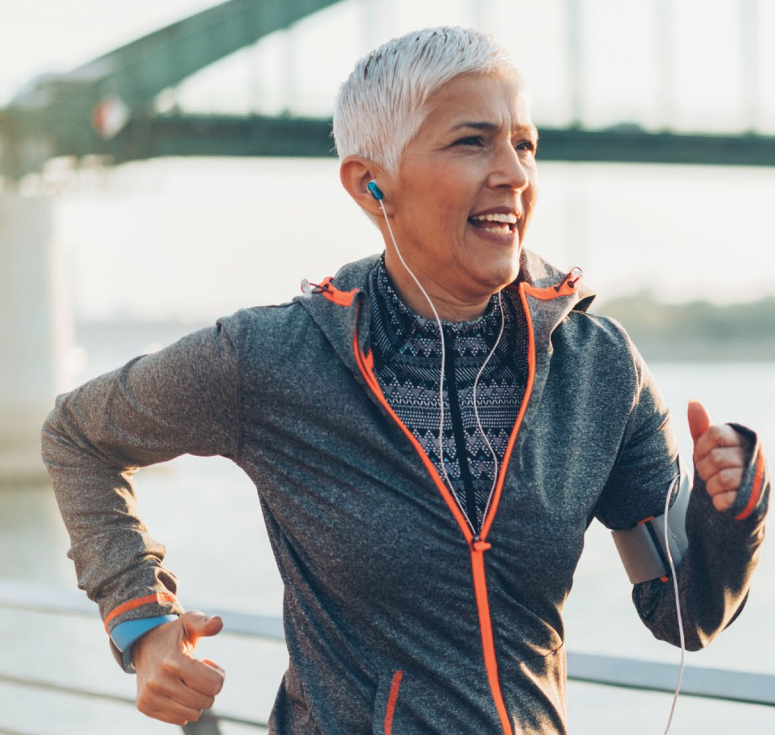
Once a woman nears menopause and her levels of estrogen begin to decline significantly, a period of rapid bone loss occurs. Bone density tests measure the amount of bone present and can be used to diagnose osteoporosis. Many doctors order this exam when a woman enters menopause, to obtain a baseline measurement against which future test results can be compared and to provide early treatment for women who are at high risk of a fracture.

If bone density testing shows that you have osteoporosis or you have already had low-trauma fractures, your doctor will prescribe treatment. The choice of the optimal medication takes into account the severity of your osteoporosis as well as your age, other health problems, and your response to any osteoporosis treatment you may have already received. “Anabolic” medications (such as teriparatide and abaloparatide) stimulate osteoblasts, the cells which build bone. “Anti-resorptive” medications, such as bisphosphonates and denosumab, work by inhibiting osteoclasts, the cells which break down bone.

Recent studies show that using an anabolic medication for up to two years and then switching to an anti-resorptive medication may be most beneficial in patients with severe osteoporosis and extremely low bone density. If appropriate, your doctor may recommend that during the course of treatment, you take occasional breaks (“drug holidays”) to promote natural activity in underlying bone. Your doctor can help you determine which supplements and medications are best for optimizing your bone health.



To learn more about how to keep your bones healthy, visit the National Institutes of Health Osteoporosis National Resource Center at bones.nih.gov.



Move and Eat Your Way to Better Health

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We've long known that physical activity and nutritious foods are good for our health. More recently, the notion of exercise and food “as medicine” has been taking off, as scientists report new research data on the benefits that movement and certain foods can have on our bodies. Many women are so busy doing for others, however, that they may ignore their own activity and nutritional needs. Whether you're a serious athlete or someone looking for practical ways to add fitness and better eating to your day, there are simple steps you can take to improve your health and enhance your performance.

Following a Nutritious Diet

Achieving and maintaining a healthy weight is one of the best things you can do for your joints. Day after day, we hear about some new diet that promises to help you melt the pounds away. Eat only this food. Eliminate that food. Drink these shakes. We live in a culture where we often hear we need to eat less to lose weight. While this may be true, we may also need to shift the proportions and portions of the food we eat while paying attention to the timing of our meals and snacks. While eating more calories than you burn can lead to weight gain, weight management is about much more than just numbers. Working with a registered dietitian, you can learn how and what to eat to manage your weight effectively.

The key is balance. Food should be a mix of function and pleasure, so find the nutritious foods that you enjoy the most. Avoid moralizing food, such as saying “I was bad today” because you had a brownie. You don't have to eat perfectly to eat healthily. Women are also more likely than men to be emotional eaters; if this is the case for you, a dietitian or therapist can help you sort through those issues.

For optimal bone health, be sure to take in enough vitamin D and calcium. Take a “food first” approach: See how much you're consuming in your diet, and then make up the remainder with supplements. Low-fat dairy products like fat-free milk and yogurt and cheeses are excellent sources of calcium. Non-dairy calcium-rich foods include white beans, dried figs, almonds, collard greens, bok choy, dark strap molasses, and sesame seeds, as well as calcium-fortified foods. Visit the National Osteoporosis Foundation at nof.org/patients/treatment/calciumvitamin-d to learn more.

Bone-Building Nutrients: Recommendations for Women*

Vitamin D	Calcium
Under age 50: 400–800 IU/day	Age 50 and younger: 1,000 mg/day
Age 50 and older: 800–1,000 IU/day	Age 51 and older: 1,200 mg/day

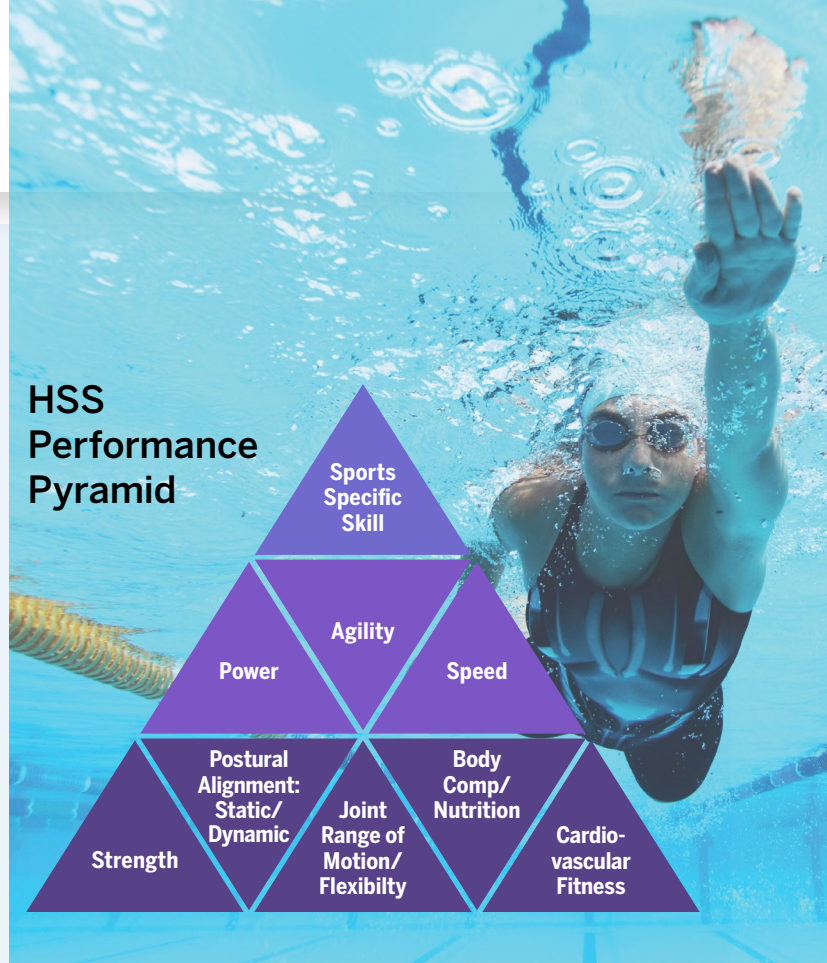
* You may need more if you're homebound and not getting enough sunlight exposure, are dark-skinned, have inflammatory bowel disease or celiac disease, or are taking certain medications.

Enhancing Your Sports Performance

"I don't have time to exercise" is a common concern among many people, especially busy women. It can be daunting to think about starting a new exercise plan. Using the HSS Performance Pyramid is a great way to get started.

The base of the pyramid contains all the elements making up the foundation of a balanced exercise program:

- **Strength**
Body weight exercises such as push-ups, tricep dips off the edge of a chair, step-ups, lunges, and squats; exercise bands; dumbbells or other free weights; weight machines.
- **Flexibility/range of motion**
Daily stretching and foam rolling; yoga.
- **Postural alignment**
Watch how you sit at your desk, how you stand, and how you perform common movements (such as using your legs to lift, not your back); core exercises such as planks and side planks; Pilates.
- **Body composition**
Body composition refers to how much lean mass (i.e., muscle) you have in relation to your total body weight. "Normal weight obesity" refers to having too little muscle mass, even if you are not overweight. Having adequate muscle is important for many reasons, including bone health, blood sugar control, posture, and strength.
- **Cardiovascular fitness**
Brisk walking, running, swimming, bicycling, elliptical, dancing, volleyball, tennis, or rowing.



It's important to start at the bottom of the pyramid and work your way up to avoid injury. Once you've created a plan of activities to fill the foundation, you can consider improving your power, agility, and speed. Ultimately, you can decide if you want to reach the top by honing a specific sports skill, like improving your tennis strokes or implementing speed workouts in your running.



Not sure how to begin?

A physical therapist or certified exercise physiologist can work with you to design an exercise plan that meets your needs, full of activities you like and which fit into your schedule.

Add fitness to your day the same way you would schedule your children's dental appointments or your work meetings, because you are just as important. Every movement counts, so look for opportunities to move throughout your day, such as:

- Doing a plank while waiting for the microwave to finish
- Stretching at your desk
- Balancing on one foot while waiting for the elevator

- Parking farther away from a store
- Taking stairs whenever you can
- Getting off the bus or subway a few stops earlier so you can walk the rest of the way
- Sneaking small doses of exercise in throughout the day, with either 10 chair squats, wall push-ups, calf raises, or chest stretches, periodically (every 15–20 minutes) as you sit at your desk

Find what motivates you. Jog with a running club or take a fitness class with a friend. Set a goal like running a 5K or taking a hiking vacation. The most important thing is to find something you enjoy. Engaging in exercise that resonates with you will make it easier for you to stick with it.

Programs and Resources

Hospital for Special Surgery offers a variety of wellness exercise classes designed to help you gain endurance, strength and flexibility. Meditation, relaxation and general wellness programs are also offered.

Sports Safety Program

Aimed at raising awareness of the importance of programs that improve sports performance, reduce injury rates, and minimize lifelong exposure to preventable musculoskeletal health issues of youth and high school athletes.

Therapeutic Yoga

The slow, controlled physical movement of yoga can provide pain relief, relax stiff muscles, ease sore joints and help build strength.

Pilates

A series of specific movements designed to strengthen the powerhouse muscles of the abdomen, back and waist.

For more information on the schedule, location and cost of these classes, visit hss.edu/pped or call **212.606.1613**. Additional programs and offerings can be found by visiting hss.edu/pped.

INTEGRATIVE CARE CENTER (ICC)

The ICC, located in mid-Manhattan and affiliated with Hospital for Special Surgery, offers alternative care services including Pilates, acupuncture, massage therapy, chiropractic medicine and pain management. Please visit hss.edu/icc for more information or call **212.224.7900**.

2018 Report to the Community



The HSS Report to the Community provides information about the Hospital's contributions to the community in the areas of community programs and services, research and health professional education.

Visit hss.edu/community for more information and to download a copy of the 2018 HSS Report to the Community and the HSS Community Service Plan 2016–2018.

Yogalates

A popular form of exercise that blends the best of yoga and Pilates.

T'ai Chi Chih®

Simple, rhythmic movements that provide benefits such as improved balance, strength, flexibility and maintenance of bone mass.

Dance for Fitness and Fun

Studies have shown that dance maintains cardiovascular fitness, enhances emotional well-being, strengthens weight-bearing bones and slows loss of bone mass.



Healthy Sport Index (HSI)

A sport selection tool created in partnership with HSS. Visit healthysportindex.com to help discover the most appropriate sports for you or your children based on the health benefits and athletic skill development.

To make an appointment at the Women's Sports Medicine Center, call **212.606.1345**.

Women's Musculoskeletal Health Resources

- Academy of Nutrition & Dietetics: eatright.org
- National Institutes of Health Osteoporosis National Resource Center: bones.nih.gov
- National Osteoporosis Foundation: nof.org

Health Video Library

Check out our complimentary HSS health video library at hss.edu/health-videos. Featured topics include:

- Active and Aging
- Osteoarthritis
- Bones Health
- Pain and Stress Management
- Inflammatory Arthritis
- Health and Wellness

A short video excerpt on **"Meditation for Pain Management"** is also available for patients via **our YouTube playlist**, *Education for Public and Patients*.

HealthConnection FastFacts



This recurring publication is a convenient one-page online health education newsletter designed to provide the public with fast, current, accurate musculoskeletal, and general health information.

View the latest edition at hss.edu/hcfastfacts

For more information, visit hss.edu.

To make an appointment, call our Physician Referral Service at **800.796.0486**.

For a complete list of our specialties visit hss.edu/departments.

Our Services

Physician Office Visits
Postoperative Care
Radiology and Imaging

- Digital X-Ray
- EOS Imaging
- MRI
- Ultrasound

Same Day Sports Medicine Injury Appointments
Direct Access Physical Therapy
Injections
Rehabilitation
Sports Performance
Community Education

For more information about services available at each site, visit hss.edu/locations.

Most major insurance plans are accepted.

Financial Assistance

Hospital for Special Surgery (HSS) offers a Financial Assistance Program to patients who have limited or no insurance coverage and experience difficulty in meeting their financial responsibility for our services. For further information, please contact the HSS Financial Advisory Department at 212.606.1505 or visit hss.edu/financial-assistance.

Locations

Hospital for Special Surgery

535 East 70th Street
New York, NY 10021

HSS ASC of Manhattan

1233 Second Ave at 65th Street
New York, NY 10065

HSS Ortho Injury Care

1233 2nd Avenue at 65th Street
New York, NY 10065

HSS Long Island Outpatient Center

333 Earle Ovington Boulevard,
Suite 106
Uniondale, NY 11553

HSS Paramus Outpatient Center

140 East Ridgewood Avenue, Suite 175 S
Paramus, NJ 07652

HSS Queens Outpatient Center

176-60 Union Turnpike, Suite 190
Fresh Meadows, NY 11360

HSS Stamford Outpatient Center

1 Blachley Road
Stamford, CT 06902

HSS Orthopedics at Stamford Health Stamford Hospital

One Hospital Plaza
Stamford, CT 06904

HSS Orthopedics at Stamford Health Tully Health Center

32 Strawberry Hill Court
Stamford, CT 06902

HSS Westchester

1133 Westchester Avenue
White Plains, NY 10605

HSS Sports Rehab at Chelsea Piers CT

1 Blachley Road
Stamford, CT 06902

Integrative Care Center

635 Madison Avenue, 5th Floor
New York, NY 10022

The Public and Patient Education Department of Education Institute provides information to the general public and patients through a variety of health education programs. Professionals provide practical information to help prevent or manage orthopedic and rheumatological conditions. Programs are held at the hospital as well as in the community. The department is dedicated to providing education today, so that everyone can have a healthier tomorrow.

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