



Association of
Reproductive
Health
Professionals

HEALTH MATTERS

Your Six-week Post-partum Check-up

www.arhp.org/healthmatters

A Health Care Guide for New Mothers

You have spent nine months preparing for your baby's birth. You've probably read every book, article, and Web site to make sure you're eating right, exercising at the appropriate level, and taking the necessary vitamins and supplements. Your effort has paid off...CONGRATULATIONS.

After giving birth, it's important for you to keep up the healthy habits you practiced while you were pregnant. Your health care provider is your best resource for making sure you're on track. To get ready for your six-week postpartum visit, review this planner and bring it with you to your check-up

DIET, NUTRITION, & EXERCISE

GOALS

Weight Loss

Returning to pre-pregnancy weight is a common goal. Combining a healthy diet with exercise will help you lose weight safely after delivery. Because dieting after pregnancy can decrease bone mineral density, it's important to get enough calcium and do weightbearing activities.

GOAL: Lose weight gradually— 4.5 lbs/month maximum after first month post-delivery (unless you had a high pre-pregnancy weight):

- Be patient
- Consume at least 1,800 calories per day (an additional 500 calories per day is recommended if you're breastfeeding).
- Drink plenty of fluids (moderate caffeine intake, such as 1 cup of coffee per day, and occasional alcohol consumption are okay).

Nutrition

A well-balanced diet is essential for women before, during, and after pregnancy. Most multivitamins and prenatal vitamins don't supply enough calcium. Also, breastfeeding mothers transfer 250-350 mg of calcium to their baby through breast milk when they're nursing. Vitamin and mineral supplements can help ensure that you get the nutrients you need.

GOAL: 1,000 mg of calcium daily for adult women (1,300 mg for adolescents):

- Eat foods such as low-fat and fat-free dairy products and leafy vegetables (e.g., broccoli, kale, and collards).
- If food choices don't supply the recommended calcium, take a calcium supplement (e.g., Calcium Soft Chews, Caltrate®, Oc-Cal®, Tums®, or Viactiv® with meals. Note: 400-800 IU of vitamin D helps your body absorb calcium).

GOAL: daily: 15 mg of iron daily

- Eat foods such as fortified cereals, lean beef, dried fruits, tofu, oysters, and spinach.
- If the time between pregnancies is short, talk to your health care provider to see if you should take an iron supplement as well.

Exercise

Regular physical activity after delivery should be a part of every new mother's daily life. A gradual return to exercise is recommended. Some women may be able to start exercising within days of delivery; others may need to wait four to six weeks. Talk to your health care provider about what exercise schedule and level are right for you.

GOAL: Strengthen the pelvic floor and abdominal muscles; reduce the risk of urinary stress incontinence (urine leakage):

- Do Kegel exercises: Contract the pelvic muscles for 10 seconds and then relax them for 10 seconds. Do this for 15 minutes, four times/day.

GOAL: Keep bones strong; tone and shape your body:

- Do weight-bearing exercises, (e.g., walking or cycling), which help maintain strong, dense bones.
- If you're nursing, breastfeed before exercising to minimize breast discomfort.

Health Matters is a publication of ARHP for the general public that provides a brief overview of existing facts and data on various topics related to reproductive health.

PHYSICAL, EMOTIONAL AND SEXUAL NEEDS

GOALS

Physical Exam

Don't be embarrassed to discuss with your health care provider all aspects of your physical health including important conditions that may result from delivery.

GOAL: Thorough post post-delivery health exam:

- Talk to your health care provider about:
 - Breast condition and breastfeeding
 - Constipation
 - Hemorrhoids
 - Vaginal discharge
 - Urinary incontinence (leakage)
 - Healing below the birth canal
 - Varicose veins
 - Weight loss
 - Exercise

Emotional Adjustment

Many women have emotional changes after delivery. Let your health care provider know if you've been feeling overwhelmed, anxious, sad, isolated, nervous, obsessive, incompetent, exhausted, or you can't sleep.-Your health care provider can help you feel and cope better.

GOAL: Good health and well well-being:

- Take time for yourself.
- Get enough rest.
- Call on family and friends for help.
- Consider joining a mothers' or postpartum support group
- Call Postpartum Support International at 800-944-4PPD or visit online at www.postpartum.net.
- Delay going back to work for at least 6 weeks after delivery.
- Ask your health care provider about:
 - Mood swings and "baby blues"
 - Symptoms of postpartum depression
 - Ways to prevent depression
 - Planning for hormonal shifts (e.g., when you're weaning your baby or your period starts again)

Sexuality and Contraception

Lack of interest in sex is common after childbirth and for the first couple of months afterwards. Most women experience a gradual return to pre-pregnancy levels of sexual desire, enjoyment, and frequency within a year of giving birth, but every woman has her own timetable. The return to fertility is unpredictable. You may be able to get pregnant before your periods return, even when you're breastfeeding. For most women who aren't nursing, ovulation occurs about 45 days postpartum, but it can be earlier. Discuss family planning with your health care provider.

GOAL: Healthy sexuality:

- Keep an open dialogue with your partner about your readiness to make love.
- Make time for cuddling and kissing to re-establish physical closeness.
- Ask your health care provider about:
 - When to resume sexual intercourse
 - How to minimize discomfort
 - Effects of breastfeeding or hormones on sexual desire

GOAL: Post-delivery contraception:

- Think about whether or not you'd like to have more children.
- Before you resume sexual activity, ask your health care provider about:
 - Contraceptive options during breastfeeding and afterward
 - The benefits and risks of all suitable methods

HEALTH MATTERS

Breastfeeding (Lactational Amenorrhea Method)

www.arhp.org/healthmatters

What is breastfeeding as birth control?

Breastfeeding can be used as a highly effective form of temporary birth control. You can use this method for the first 6 months after giving birth by only nursing your baby from the breast (no pumping). This is called continuous breastfeeding.

How effective is breastfeeding as birth control?

Breastfeeding is very effective birth control. If continuous breastfeeding is always used, less than 1 out of 100 women will get pregnant each year. If continuous breastfeeding is not always used, 2 out of 100 women will get pregnant each year.

If you use this method, you should:

- Breastfeed your baby at least every 4 hours during the day.
- Breastfeed your baby every 6 hours at night.

Breastfeeding is only a temporary method of birth control. Once you get your period again, breastfeeding is no longer a reliable form of preventing pregnancy.

How does it work?

While you are breastfeeding continuously, your body doesn't make a hormone needed to release an egg. Pregnancy cannot happen if an egg is not released.

What are the benefits of using breastfeeding as birth control?

- Breastfeeding is free, simple, and convenient.
- Breast milk is the best nutrition for your baby.

What are the downsides of using breastfeeding as birth control?

- Breastfeeding does not protect against sexually transmitted infections (STIs).
- Some women find it difficult to only feed their baby breast milk.
- This birth control method only works for about 6 months. After 6 months, you will need to find another method of birth control.

Where can I get more information?

For more information on breastfeeding as birth control, talk to your health care provider.

Compare breastfeeding to other birth control options using ARHP's Method Match at www.arhp.org/MethodMatch.

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Breastfeeding and Birth Control

How do I decide what birth control method is best for me while I am breastfeeding?

Choosing a method of birth control is very personal. First, answer the following questions:

- Do you want to have more children?
- How much spacing between births do you want for your children?
- Do you smoke or have you had any health problems, such as liver disease or a blood clot?

Talk about the answers to each of these questions with your health care provider to help you choose the best method for you.

Can I use breastfeeding as my birth control?

Using breastfeeding as your birth control (the lactational amenorrhea method) can be a good way to keep from getting pregnant in the first months after the baby is born. Each time your baby nurses, your body releases a hormone called prolactin, which stops your body from making the hormones that cause you to ovulate (release an egg). If you are not ovulating, you cannot get pregnant.

The lactational amenorrhea method works only if:

- you have not started your period yet.
- you are breastfeeding only and not giving your baby any other food or drink.
- you are breastfeeding at least every 4 hours during the day and every 6 hours at night.
- your baby is less than 6 months old.

When any 1 of these 4 things is not happening, you no longer have good protection from getting pregnant, and you should use another form of birth control.

What birth control methods are safe for me to use while I breastfeed?

Methods without hormones

Methods without hormones do not affect you, your baby, or your breastfeeding.

Methods without hormones that are the most effective

- The copper intrauterine contraceptive device (IUD) (ParaGard) is a small, T-shaped device that is inserted into your uterus (womb) through the vagina and cervix. The copper IUD lasts for 10 years.
- Sterilization (getting your tubes tied or your partner having a vasectomy) is very effective, but it is permanent. You should choose sterilization only if you do not want to have more children.

A method without hormones that is effective

- The lactational amenorrhea method described above is effective for the first 6 months.

Methods without hormones that are less effective

- Natural family planning is monitoring your body for signs of ovulation and not having sex when you think you are ovulating. This method is reliable only if you are having regular periods every month.
- Barrier methods (condoms, diaphragms, sponges, and spermicides) are used at the time you have sex. These methods are effective only if you use them correctly every time.

Methods with hormones

Birth control methods that use hormones can be used while you are breastfeeding. They may have a small effect on lowering the amount of milk you make. All hormones will get into your breast milk in very small amounts, but there is no known harm to your baby from this small amount of hormone in breast milk.

Progestin-only methods

These methods use only 1 hormone, called progestin. You can start them right after your baby is born or wait 4 to 6 weeks to make sure your milk supply is good.

- Progestin-only pills ("minipills"): If you like to take pills every day, you can use the minipill. In order for this pill to work well, you have to take 1 at the same time each day. When you stop breastfeeding, you should start pills that have both estrogen and progestin because they are better at keeping you from getting pregnant.
- Progestin IUD (Mirena): The progestin IUD is shaped and inserted into the uterus like the copper IUD. It works for up to 5 years. Both IUDs are usually inserted 4 to 6 weeks after the baby is born.
- Progestin implant (Implanon or Nexplanon): The progestin implant is a small matchstick-sized flexible rod. It is placed into the fatty tissue in the back of your arm. It works for up to 3 years.
- Progestin shot (Depo-Provera): The progestin shot is given every 3 months.

Combined estrogen and progestin methods

These methods use 2 hormones, called estrogen and progestin. These methods increase your risk of a blood clot, which is already higher than normal after you have a baby. You should not use them until your baby is at least 6 weeks old. The combined methods are not recommended as the first choice for women who are breastfeeding. If a combined method is the one that you feel will be best for you to prevent getting pregnant, these methods are okay to use while breastfeeding.

- Combined birth control pills: You take a pill each day.
- Vaginal ring (NuvaRing): The ring is worn in the vagina for 3 weeks then left out for 1 week before you put in a new ring.
- Patch (Ortho Evra): The patch is placed on your skin and changed every week for 3 weeks then left off for a week before putting a new patch on a different area of your skin.





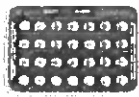



For More Information






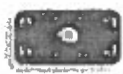
Lactational Amenorrhea Method

<http://www.arhp.org/Publications-and-Resources/Patient-Resources/Fact-Sheets/Breastfeeding>

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Your Birth Control Choices

Method	How well does it work?	How to Use	Pros	Cons
The Implant Nexplanon® 	> 99%	A health care provider places it under the skin of the upper arm It must be removed by a health care provider	Long lasting (up to 5 years) No pill to take daily Often decreases cramps Can be used while breastfeeding You can become pregnant right after it is removed	Can cause irregular bleeding After 1 year, you may have no period at all Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)
Progestin IUD Liletta®, Mirena®, Skyla® and others 	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place 3 to 7 years, depending on which IUD you choose No pill to take daily May improve period cramps and bleeding Can be used while breastfeeding You can become pregnant right after it is removed	May cause lighter periods, spotting, or no period at all Rarely, uterus is injured during placement Does not protect against HIV or other STIs
Copper IUD ParaGard® 	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place for up to 12 years No pill to take daily Can be used while breastfeeding You can become pregnant right after it is removed	May cause more cramps and heavier periods May cause spotting between periods Rarely, uterus is injured during placement Does not protect against HIV or other STIs
The Shot Depo-Provera® 	96%	Get a shot every 3 months	Each shot works for 12 weeks Private Usually decreases periods Helps prevent cancer of the uterus No pill to take daily Can be used while breastfeeding	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs
The Pill 	93%	Must take the pill daily	Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills	May cause nausea, weight gain, headaches, change in sex drive – some of these can be relieved by changing to a new brand May cause spotting the first 1-2 months Does not protect against HIV or other STIs
Progestin-Only Pills 	93%	Must take the pill daily	Can be used while breastfeeding You can become pregnant right after stopping the pills	Often causes spotting, which may last for many months May cause depression, hair or skin changes, change in sex drive Does not protect against HIV or other STIs
The Patch Ortho Evra 	93%	Apply a new patch once a week for three weeks No patch in week 4	Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping patch	Can irritate skin under the patch May cause spotting the first 1-2 months Does not protect against HIV or other STIs
The Ring Nuvaring® 	93%	Insert a small ring into the vagina Change ring each month	One size fits all Private Does not require spermicide Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping the ring	Can increase vaginal discharge May cause spotting the first 1-2 months of use Does not protect against HIV or other STIs

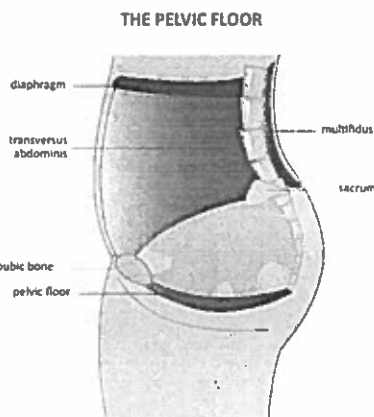
Method	How well does it work?	How to Use	Pros	Cons
External Condom 	87%	Use a new condom each time you have sex Use a polyurethane condom if allergic to latex	Can buy at many stores Can put on as part of sex play/foreplay Can help prevent early ejaculation Can be used for oral, vaginal, and anal sex Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation Can cause loss of erection Can break or slip off
Internal Condom 	79%	Use a new condom each time you have sex Use extra lubrication as needed	Can put in as part of sex play/foreplay Can be used for anal and vaginal sex May increase pleasure when used for anal and vaginal sex Good for people with latex allergy Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation May be noisy May be hard to insert May slip out of place during sex Requires a prescription from your health care provider
Withdrawal Pull-out	80%	Pull penis out of vagina before ejaculation (that is, before coming)	Costs nothing Can be used while breastfeeding	Less pleasure for some Does not work if penis is not pulled out in time Does not protect against HIV or other STIs Must interrupt sex
Diaphragm Caya [®] and Milex [®] 	83%	Must be used each time you have sex Must be used with spermicide	Can last several years Costs very little to use May protect against some infections, but not HIV Can be used while breastfeeding	Using spermicide may raise the risk of getting HIV Should not be used with vaginal bleeding or infection Raises risk of bladder infection
Fertility Awareness Natural Family Planning 	85%	Predict fertile days by taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your periods It works best if you use more than one of these Avoid sex or use condoms/spermicide during fertile days	Costs little Can be used while breastfeeding Can help with avoiding or trying to become pregnant	Must use another method during fertile days Does not work well if your periods are irregular Many things to remember with this method Does not protect against HIV or other STIs
Spermicide Cream, gel, sponge, foam, inserts, film 	79%	Insert spermicide each time you have sex	Can buy at many stores Can be put in as part of sex play/foreplay Comes in many forms: cream, gel, sponge, foam, inserts, film Can be used while breastfeeding	May raise the risk of getting HIV May irritate vagina, penis Cream, gel, and foam can be messy
Emergency Contraception Pills Progestin EC (Plan B [®] One-Step and others) and ulipristal acetate (ella [®]) 	58 - 94%	Works best the sooner you take it after unprotected sex You can take EC up to 5 days after unprotected sex If pack contains 2 pills, take both together	Can be used while breastfeeding Available at pharmacies, health centers, or health care providers; call ahead to see if they have it People of any age can get progestin EC without a prescription	May cause stomach upset or nausea Your next period may come early or late May cause spotting Does not protect against HIV or other STIs Ulipristal acetate EC requires a prescription May cost a lot

The pelvic floor and core exercises

The pelvic floor muscles as part of the core

Muscles play a key role during exercise, but did you know there is a hidden group of muscles, called pelvic floor muscles, that need special attention?

Pelvic floor muscles form the base of the group of muscles commonly called the core. These muscles work with the deep abdominal (tummy) and back muscles and the diaphragm (breathing muscle) to support the spine and control the pressure inside the abdomen.



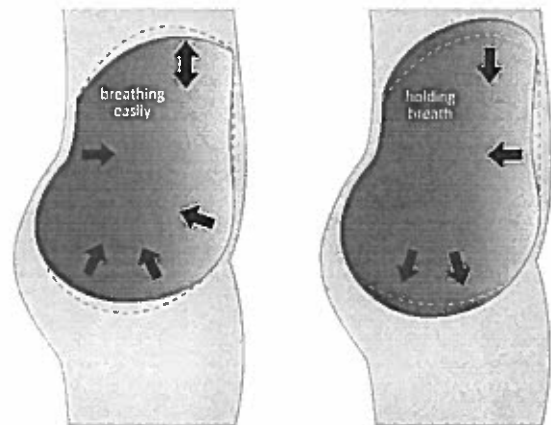
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The pelvic floor muscles play an important role in supporting the pelvic organs, bladder and bowel control and sexual function, in both men and women.

During exercise, the internal pressure in the abdomen changes. For example, when lifting a weight, the internal pressure increases, then returns to normal when the weight is put down.

In the ideal situation the regulation of pressure within the abdomen happens automatically. For example, when lifting a weight, the muscles of the core work together well: the pelvic floor muscles lift, the abdominal and back muscles draw in to support the spine, and breathing is easy. In this scenario, the pelvic floor muscles respond appropriately to the increase in abdominal pressure. If any of the muscles of the core, including the pelvic floor, are weakened or damaged, this coordinated automatic action may be altered. In this situation, during exercises that increase the internal abdominal pressure, there is potential to overload the pelvic floor, causing downward pressure.

PELVIC FLOOR MUSCLE CONTRACTION



Correct action
The pelvic floor lifts, the deep abdominals draw in and there is no change in breathing

Incorrect action
Bracing the abdominals strongly without focusing on lifting the pelvic floor first, can result in downwards pressure on the pelvic floor

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When this happens repeatedly during each exercise session, over time this may place a downward strain on the pelvic organs and this may result in loss of bladder or bowel control, or pelvic organ prolapse. Pelvic floor symptoms can also be potentially worsened if a problem already exists.

Pelvic floor muscles need to be flexible to work as part of the core, which means that they need to be able to relax as well as lift and hold. It is common for people to brace their core muscles constantly during exercise in the belief they are supporting the spine, but constant bracing can lead to the muscles becoming excessively tight and stiff.

Pelvic floor muscle stiffness commonly coexists with muscle weakness and can contribute to problems such as urinary urgency and leakage. Other problems often associated with the pelvic floor muscles being too tight include pelvic pain, pain during intercourse and difficulty emptying the bladder.

How do I know if I have a pelvic floor problem?

Common signs and symptoms of a problem with your pelvic floor include:

- accidentally leaking urine when you exercise, laugh, cough or sneeze
- needing to get to the toilet in a hurry or not making it there in time
- the need to frequently go to the toilet
- finding it difficult to empty your bladder or bowel
- accidental loss of faeces or wind
- a prolapse
 - > in women, this may be felt as bulging into the vagina, heaviness or discomfort, or a feeling of pulling, dragging or dropping down
 - > in men, this may be noticed as a bulging coming out of the rectum, a feeling of needing to use your bowels but not needing to go
- pelvic pain
- pain during sexual intercourse
- poor sensation or loss of bladder control during sexual intercourse.

Are you at risk of pelvic floor problems?

You are at greatest risk of pelvic floor problems if you are in one or more of the following groups:

- pregnant or postnatal women
- women who have ever had a baby
- menopausal and post menopausal women
- women who have had gynaecological surgery (e.g. hysterectomy)
- men who have had surgery for prostate cancer
- elite athletes (e.g. runners, gymnasts).

Your risk is increased if you tick one or more of the following:

- you regularly lift heavy weights (e.g. at the gym or as part of your job)
- you strain often to empty your bowels (constipation)
- you have a chronic cough or sneeze
- you are overweight or have a Body Mass Index greater than 25
- you have had trauma to the pelvis area (e.g. a fall, pelvic radiotherapy)
- you have a history of back pain.

If you are in one of these at-risk groups or if you have symptoms of pelvic floor problems, it is important your exercise program is pelvic floor safe. Protecting your pelvic floor now will save you problems in the future.

Core exercises and the pelvic floor

Your abdominal muscle strength may exceed the ability of your pelvic floor. If you have, or are at risk of, pelvic floor problems, it is important you train for the "weakest link" and put your pelvic floor first. There are a number of ways to modify your core exercises to protect your pelvic floor:

- Cease strong abdominal exercises. See the next page for core exercises to avoid.
- Reduce the level of your abdominal muscle exercise program. See the next page for suggestions of pelvic floor safe core exercises.
- Avoid breath holding by exhaling with effort.
- Maintain good posture.
- Lift your pelvic floor first and hold it during the exercise, then relax after.
- Notice how many repetitions you can do before your pelvic floor muscles tire. You may need to add some rests or reduce the number of repetitions until your pelvic floor muscle fitness improves.

If you are pregnant, early postnatal or have recently had gynaecological or prostate surgery, more gentle abdominal exercises are recommended. Seek advice from a continence and women's health physiotherapist or your exercise professional to check which of the pelvic floor safe exercises are best for you. It is important to build your pelvic floor muscle control before progressing to more challenging abdominal exercises again.

For information on pelvic floor muscle exercises, go to pelvicfloorfirst.org.au

Pelvic floor safe core exercises

Lower intensity abdominal challenge

- Single leg extension with one leg supported by a hand on stationary knee or moving foot on ball
- Knees side to side with feet on ball
- Modified plank on hands or knees with a slight bend at the hips
- Wall push ups
- Ball bridge (feet on ball or back on ball, +/- single leg lift)
- Arm and leg lift on all fours
- Leg lift sitting on the ball
- Shoulder rotations with back on the ball
- Standing balance work on the bosu or balance disc

Core exercises to avoid

Higher intensity abdominal exercises

- Sit ups, curl ups, crunches
- Abdominal exercises with medicine ball
- V-sit
- Hundreds
- Double-leg lowers
- Plank position on hands and feet (e.g. hovers, full push ups)

Please note, while these exercises are pelvic floor safe, you will also need to consider the number of repetitions, weight lifted, number of sets, length of rest and your fatigue level, which also affects your pelvic floor function.

But how do I get flat abs?

If you are aiming for a flat stomach, sit ups and crunches are not the best option. They will tone the "six-pack" muscles but will not flatten the stomach. In fact, doing lots of sit ups can cause excessive upper-abdominal tension and create a "pot belly" appearance. Low-impact aerobic exercise to help lose extra abdominal fat is important. Pelvic floor exercises, when done correctly with relaxed upper abdominals and normal lower abdominal co-contraction, will also help to achieve flatter abs.

Where to get help

Pelvic floor problems are not a life sentence as they can be treated and in many cases cured. However, not all bladder or bowel control problems are the result of poor pelvic floor muscle fitness. It is important to see a GP or continence professional if you suffer from any of the problems previously described so they can determine the best course of action to get you back in control.

For further information about the pelvic floor or to locate your nearest continence health professional, contact the **National Continence Helpline on 1800 33 00 66** or go to **continence.org.au**

Go to **pelvicfloorfirst.org.au** for more information on putting your pelvic floor first.

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pelvic floor first



Free Pelvic Floor First app

- Three customised workouts for all fitness levels and pelvic floor strength
- Wide range of exercises designed by physiotherapist and fitness leader Lisa Westlake
- Instructional videos and audio for all workouts
- Detailed pictures and instructions for each exercise
- Pelvic floor muscle exercise guide
- Ability to personalise workouts
- Links to learn more about your pelvic floor

FREE



* Please note when searching for the app on an iPad select 'iPhone only'.

More information
National Continence Helpline

1800 33 00 66

pelvicfloorfirst.org.au

The Pelvic Floor First app is supported by funding from the Australian Government under the National Continence Program

Pelvic Health Centers

Most take insurance, yet some do not. Please call first and be informed. Then please contact our office with a location you prefer and we will send over a referral. (518) 489 – 3296 Ext 133

Albany Memorial Hospital Pelvic Health Center

600 Northern Blvd. Albany NY 12204

518 429 2566 option #1

Please call for an appointment

The Seton Health Incontinence Treatment Center (Troy, NY)

518 268 5380 – Please call for an appointment

AMC Out Patient Physical Therapy

99 Delaware Ave, Delmar NY 12054

518 262 9700

Therapeutic Revolution

Stuyvesant Plaza at 4 Executive Park Dr. Albany, NY 12203

518 512 3452

St Peter's Outpatient Rehabilitation Services

1240 New Scotland Rd, Slingerlands, NY 12159

518 475 1818

Bassett Health Care Pelvic Health - Cooperstown

315 823 5360

Seton Health Physical Therapy

648 Plank Rd #101, Clifton Park, NY 12065

518 268 4800

Saratoga Hospital's Women's Health Therapy: Pelvic Floor Dysfunction Program
Saratoga Springs, NY
518-583-8383

Flemings Physical Therapy
53 Arterial Plaza, Route 30A, Gloversville, NY 12078

518 921 4189

Innova Physical Therapy
357 Bay Rd. Suite 4, Queensbury NY, 12804
518 632 4944

Debra Goodman Physical Therapy
251 New Karner Rd. Albany NY 12205
518 944 0314

Regina Hagstrand – Clifton Park
518 371 9572