

From Head to Toe

Orthopedic surgery has come a long way, with less invasive procedures and faster recovery

In the past, patients undergoing orthopedic surgery could expect larger incisions, and expect to spend weeks or months before they could get back on their feet. However, more recent advances in joint replacement techniques have changed both what happens in the operating room and what patients can expect afterward. *By Krysten Godfrey Maddocks • Union Leader Staff*

Hips: Protecting the muscles, speeding recovery

Dr. Ricardo Gonzales, an orthopedic surgeon specializing in hip and knee reconstruction at Elliot Orthopaedic Surgery Specialists, has watched hip replacement surgery evolve over the past two decades.

In the early 2000s, he says hip replacement could take four to four and a half hours, involve considerable blood loss and leave patients in traction for roughly two days before they even got up.

Today, he says his hip replacement itself takes about one hour and 10 minutes, and many patients are walking within hours.

Hip replacement traditionally had been performed through the back or side of the hip, approaches that required surgeons to detach muscles to reach the joint and then repair them afterward.

Gonzales primarily performs anterior hip replacements, approaching the joint through a natural space between muscles rather than cutting through them.

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Shoulders: New tech shortens surgical time, improves recovery

Shoulder surgery today is less invasive and more precise.

Dr. Alexander Hennig, an orthopedist with Concord Orthopaedics-Laconia, said rotator cuff surgery typically required a larger open incision and cutting through the deltoid muscle.

Today, many repairs are done arthroscopically.

In this approach, surgeons make several small openings and insert a camera into the shoulder, allowing them to see and work throughout the joint.

"The benefit of that is that number one, the early recovery is much better and faster, less pain," Hennig said.

The camera also lets surgeons reach areas of the shoulder that can be difficult to access through a single incision.

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Knees: From the younger athlete to the aging joint

For orthopedic surgeons, knee problems can range from major tears that can be repaired to joints that require reconstruction.

Dr. Alexander Hennig, an orthopedist with Concord Orthopaedics-Laconia, said he sees younger people experience injuries ranging from meniscus tears to major ligament damage, particularly among participants in football, soccer, lacrosse and basketball. Some injuries respond to rest and rehabilitation; however, a complete ACL rupture in a young athlete may require surgery.

Traditionally, surgeons have reconstructed a torn ACL using tendon or ligament tissue to create a replacement.

"The ACL allows your knee to be stable for pivoting, jumping, cutting type activities such as sports. When the ACL tears, we lose that stability," Hennig said. "Historically, we've had to take a ligament or a tendon from another part of the body and then implant that into the knee, and that's called an ACL reconstruction."

A newer approach to ACL repair known as the BEAR technique — bridge-enhanced ACL repair — repairs a patient's remaining ACL fibers instead of reconstructing that ligament with a graft. Hennig stressed that the approach isn't available to everyone. Patients must have enough usable ACL tissue for a repair; otherwise, reconstruction is still necessary.

"A lot of times you'll get into a knee in surgery and the ACL will be gone, in which case you have to do a reconstruction," he said. "But now I have a discussion with certain patients

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Hands and wrists: Surgery isn't always the first decision

Any repetitive motion in the hand or wrist, whether related to office work or manual labor, can contribute to pain or stiffness, said Dr. Mia Qin, a hand surgeon at Cheshire Medical Center.

Other factors, such as genetics and medical problems like diabetes and thyroid disease, can contribute to hand and wrist pain.

Qin treats conditions ranging from fractures and tendon injuries to arthritis, trigger finger and carpal tunnel syndrome.

Carpal tunnel occurs when the median nerve becomes compressed at the wrist. Early symptoms often include intermittent numbness and tingling that affects the thumb, index and middle fingers and part of the ring finger. More advanced cases can cause constant numbness and eventually weakness.

"The first thing with numb tingling in that distribution where we assume that it's carpal tunnel is starting with a nighttime brace," Qin said.

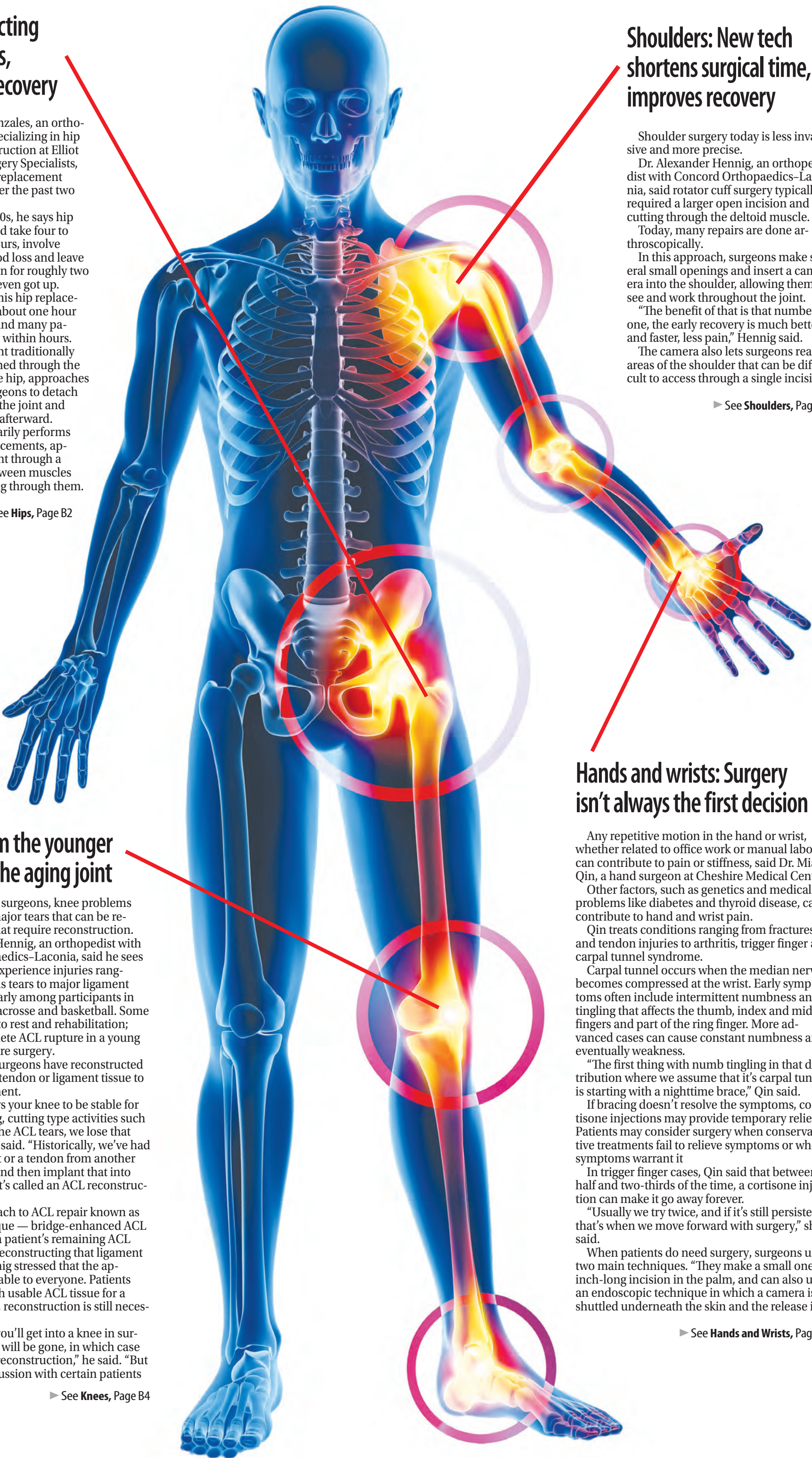
If bracing doesn't resolve the symptoms, cortisone injections may provide temporary relief. Patients may consider surgery when conservative treatments fail to relieve symptoms or when symptoms warrant it.

In trigger finger cases, Qin said that between half and two-thirds of the time, a cortisone injection can make it go away forever.

"Usually we try twice, and if it's still persistent, that's when we move forward with surgery," she said.

When patients do need surgery, surgeons use two main techniques. "They make a small one-inch-long incision in the palm, and can also use an endoscopic technique in which a camera is shuttled underneath the skin and the release is

► See **Hands and Wrists**, Page B4



Hips

Continued from Page B1

“You just, there’s a nice little plane between two muscles that you can just part the muscles and you’re right into the hip and then they come right back together without cutting any muscles,” he said. “So, it’s been a game changer.”



Dr. Ricardo Gonzales

When “minimally invasive” joint replacement first emerged, doctors wanted to shrink the size of incisions as much as possible.

However, a tiny incision isn’t necessarily the most important measure of how invasive an operation is. What matters more is what happens underneath it, he said.

“Regardless of whether you do a big incision or a small incision, if you can maintain the integrity of the muscles, then that’s going to be a win,” Gonzales said.

Dr. Andy Padmanabha, director of arthroplasty at Foundation Orthopedics at Southern New Hampshire Health, said modern hip and knee replacement is a far different experience for patients than it was 15 or 20 years ago.

At Southern New Hampshire Medical Center, enhanced recovery protocols use multimodal an-



PROVIDED BY SOUTHERN NEW HAMPSHIRE HEALTH

Dr. Anand (Andy) Padmanabha, left, an orthopedic surgeon at Southern New Hampshire Health’s Foundation Orthopedics, reviews a scan with Lauren Morency, a registered nurse.

esthesia and conscious sedation rather than the general anesthesia that was more common years ago. Patients also receive a spinal anesthetic, leaving them numb

and sedated without being aware of the procedure.

“That way you can come out of the surgery a lot quicker and you’re not feeling the pain when

you wake up,” he said.

Once in recovery, patients are typically awake and able to communicate with staff, allowing them to safely walk and prac-

tice stairs with physical therapy within a few hours.

More precise preoperative planning and less invasive surgical techniques have also made hip surgery smoother. Padmanabha said modern joint replacements are performed through smaller incisions with specialized instruments that allow for less surgical dissection, although the procedures still involve resurfacing an entire joint and removing bone.

“There’s a lot of nuances to reproducing a hip replacement, the perfect hip replacement in terms of leg lengths, offset, and specific biomechanics to make sure you restore the symmetry between the two hips,” he said.

Padmanabha uses a preoperative templating program to understand what sizes of components he’ll be using before he begins the surgery.

Shorter operating times, reduced reliance on narcotics and better preparation before surgery have also helped make same-day joint replacement possible.

“When you take all of that into account, the soft tissue dissection, the bony work that’s being done, and the fact that we’re doing that within 50 minutes of incision time, that’s quite remarkable now in 2026,” he said.

Shoulders

Continued from Page B1

However, a less painful early recovery after rotator cuff surgery doesn’t necessarily mean the tendon itself heals faster, Hennig said.

Full recovery can still take roughly four to six months.

Dr. Tim Lin, an orthopedic surgeon at Dartmouth Health, said shoulder surgery generally falls into three categories: replacing a badly damaged joint,

stabilizing a shoulder that repeatedly dislocates, or repairing injured tendons such as the rotator cuff or biceps.

Shoulder replacement surgery is more common in older patients or people whose shoulder has been badly damaged by previous trauma, he said.

The surgeon replaces damaged parts of the shoulder joint with artificial implants.

Doctors can perform a standard shoulder replacement or a reverse total shoulder replacement. A

standard shoulder replacement rebuilds the joint in its normal ball-and-socket configuration and relies on a working rotator cuff.

A reverse replacement switches the position of the ball and socket, allowing the deltoid muscle to compensate when the rotator cuff can no longer do its job.

Before some shoulder replacements, Dartmouth shoulder surgeons use CT scans and three-dimensional software to plan the implant size and position it for an individual patient’s

anatomy, Lin said.

During surgery, computer guidance can help surgeons compare their preoperative plan with the actual position of instruments and implants.

“Based on the CT scan, prior to surgery, you would put in pins with arrays that use infrared or other technology to communicate with the computer, which is basically the robot. You can wear these glasses that have an image of the patient’s shoulder that you’ve planned prior to surgery, using 3D online

software, to individualize the patient’s anatomy with the implants available to you,” Lin said.

This technology allows surgeons to come into surgery understanding the exact size of the implant and how the implant should be placed inside a patient’s body.

It also models the range of motion that the person might have after surgery based on the size of the implant and its position, he said.

“It limits the surprises that you see after surgery and narrows the precision and accuracy of the surgery,” he said.

No Flavors this week

The monthly NH Medical section takes the place of this week’s Flavors section. Flavors, with Our Gourmet, returns next week.

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In older patients, knee pain and subsequent surgery are most often triggered by overuse and arthritis.

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Knees

Continued from Page B1

that we may be able to do a repair on, and that's fairly exciting."

Despite advances in orthopedic surgery, returning to high-risk sports still takes time. Hennig said concerns about reinjury have shifted return-to-sport expectations for activities such as football, soccer and basketball to eight or 12 months.

In older patients, knee pain and subsequent surgery are more often triggered by overuse and arthritis.

"When joints become arthritic, the bones at the joints start to become closer and closer to one another. The cartilage wears away. And the other soft tissue structures, such as the meniscus in the knee or the labrum in the hip, might also become degenerative or torn," said

Dr. Andy Padmanabha, director of arthroplasty at Foundation Orthopedics at Southern New Hampshire Health. "All of those things can cause debilitating pain. When that happens, patients will come in noting pain with activity, such as getting in and out of a car, a loss in range of motion, and stiffness and swelling."

Dr. Tim Lin, an orthopedic surgeon at Dartmouth Health, said patients now have more options in between engaging in physical therapy or getting a total knee replacement. Before surgery, patients may consider corticosteroid or lubricant injections, platelet-rich plasma infusions, or nerve-ablation procedures to manage pain.

Patients should maintain a healthy weight to

prevent progression of disease and keep moving to avoid stiffness and pain.

Lower-impact activities such as biking can keep an arthritic joint moving without the stresses of higher-impact exercise, Lin said.

"Arthritic joints like motion," he said. "If you do have a joint that has some arthritis in it, let's say you're in your 30s or 40s or 50s, and you have a little bit of arthritis, the worst thing that you can do is not use that joint."

In a knee replacement, surgeons remove the worn surfaces of the joint and cover the ends of the thigh and shin bones with metal implants, separated by a smooth plastic insert. The operation also straightens and rebalances a knee that may have become bow-

legged or knock-kneed from arthritis.

After a knee replacement, patients may need a walker for roughly a week, a cane the following week, and be off assistive devices by the third week, although each patient recovers differently.

"By four months, most people I talk to with their knee replacements are out playing golf and walking and doing their usual stuff," Gonzales said.

Patients should not confuse faster early mobility with complete healing, however. Gonzales said knee recovery can be harder than hip recovery because arthritis often produces stiffness and changes in leg alignment that the body must adjust to after the joint is replaced.

Hands and Wrists

Continued from Page B1

"Both of these techniques have been around for a long time now. In historic carpal tunnel release, people had a huge incision crossing the palm, the wrist going far up," she said. "With the endoscopic technique, people may have slightly less initial pain and a little bit sooner return to work."

The surgery itself can be done anywhere between five and 20 minutes, Qin said. Afterward, occupational and hand therapy can help patients build

hand strength and restore range of motion in their wrists, fingers and thumb.

"It can also be helpful after surgery for carpal tunnel and trigger finger in terms of regaining motion, helping with strength, and helping with scar-related sensitivity, which is quite common after hand surgery as well," she said.

Before undergoing any type of orthopedic surgery, patients should weigh their options and do their own homework.



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Surgery may be considered when conservative treatments fail to relieve persistent hand and wrist pain or when symptoms warrant it.

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Playing It Safe

Too much training can take young athletes out of the game

By Krysten Godfrey Maddocks
Union Leader Staff

For young athletes, more reps aren't always the answer to getting better or stronger.

Orthopedic surgeons Dr. Tim Lin of Dartmouth Health and Dr. Alex Hennig of Concord Hospital Orthopaedics-Laconia say they are seeing the effects of a youth sports culture that pressures young athletes to specialize in one sport and train for it throughout the year.

"Younger people are pushing themselves harder. They're being pushed harder. They specialize in sport way earlier," Lin said. "And so we're not getting sort of a well-rounded cross-training effect that you get if you play hockey and then football and then tennis or whatever."

Lin specializes in shoulder and knee surgery and is also the Dartmouth College Co-Head Orthopaedic Surgeon and the Kimball Union Academy (KUA) head team physician. In these roles, he provides on-site treatment and evaluation of injured athletes. Lin also volunteers with the U.S. Ski Team physician pool, where he travels annually with the U.S. Professional Freeski and Snowboard teams and provides on-hill medical coverage for athletes.

Teen overuse injuries are particularly noticeable in throwing sports such as baseball, where repetitive stress can lead to overuse injuries, Lin said. The growing number of younger athletes undergoing Tommy

“*Sport has gotten so specialized in our society that a lot of kids are focused on single sport activities year round. And for things like baseball and throwers ... your risk of overuse goes up tremendously unless you diversify and take time to participate in other activities.*”

DR. ALEX HENNIG
Orthopedic surgeon

John (elbow ligament replacement) surgery as one example of how injuries once associated largely with older or elite athletes are appearing among high school players.

Hennig, who has also worked with the U.S. Ski and Snowboard teams, provides sideline support to student athletes across the Lakes Region, agrees with Lin.

"Sport has gotten so specialized in our society that a lot of kids are focused on single sport activities year round," Hennig said. "And for things like baseball and



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Teen overuse injuries are particularly noticeable in throwing sports such as baseball, where repetitive stress can lead to overuse injuries, according to Dr. Tim Lin, an orthopedic surgeon.

throwers ... your risk of overuse goes up tremendously unless you diversify and take time to participate in other activities."

Young athletes are still at risk for acute injuries as well. In sports like football, soccer, lacrosse and basketball, players can experience

knee injuries ranging from a meniscus tear to a torn ACL, or a major ligament tear in the knee.

"When you're talking

about the shoulder, in younger patients, a lot of times it's just contusions and sprains, but you can have shoulder dislocations. You can have rotator cuff tears even in younger patients," he said. "Whether those need to be treated with surgery or not, all depends on the severity of the injury."

His advice to parents and younger athletes is to participate in more than one sport or activity so different muscle groups are being used.

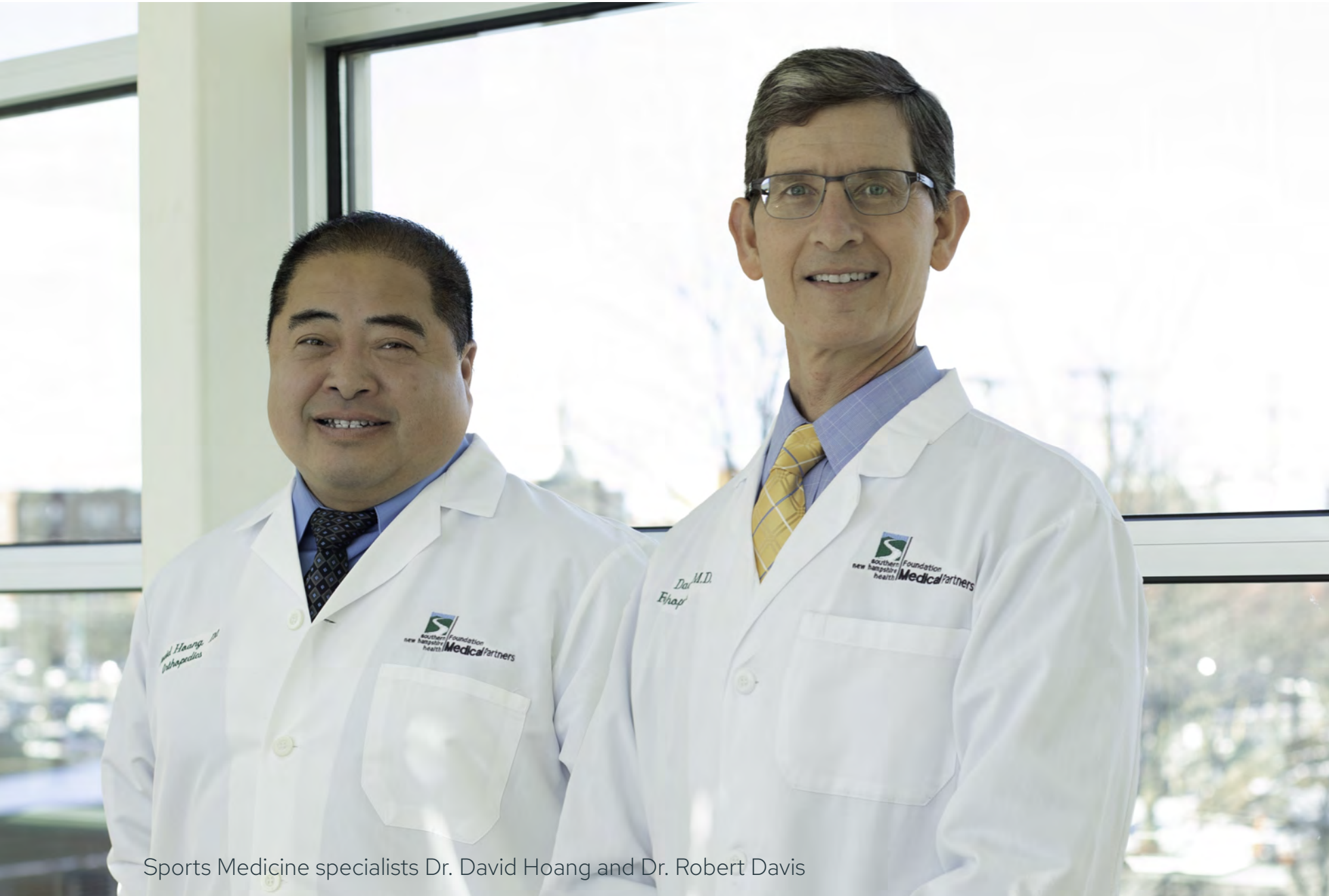
"You should be playing other sports. You should be doing other activities that engage other parts of your body, other muscles, because it balances things out," Hennig said.

Acute injury or overuse?

An overuse injury can be easier to miss than an acute injury. Hennig describes an acute injury as something with an identifiable event — for example, an athlete twists a knee, feels a pop and suddenly develops swelling, difficulty bearing weight or a knee that gives way.

Overuse problems tend to develop gradually, often after an athlete begins a new activity or increases the amount of training. Pain or soreness may occur during and after activity without obvious symptoms.

"You see a lot more overuse injuries than acute surgical type injuries," Hennig said. "Parents and athletes need to understand this body needs time to recover, body needs time to grow, body needs time to understand the requirements of the different activities."



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Joint pain: When your primary care doctor can help

By Krysten Godfrey Maddocks
Union Leader Staff

Aches, arthritis and many musculoskeletal problems can often be evaluated and treated in primary care before a specialist is needed. An aching knee, sore shoulder or persistent back problem does not necessarily mean a patient should see an orthopedic surgeon immediately. Dr. Elizabeth Remillong, a family medicine physician with ConvenientMD Primary Care in Portsmouth, said primary care providers regularly evaluate musculoskeletal complaints and can often diagnose and begin treating them without immediately requesting advanced imaging or referring

patients to specialty care. Remillong, who has practiced on the Seacoast for nearly 20 years, said back pain is among the most common complaints she sees, followed by knee and shoulder problems. Her evaluation usually begins with listening to a patient's story: When did the pain start? Was there an injury? Where exactly does it hurt? What makes it better or worse? Has the patient tried heat, ice or over-the-counter medication? Has that joint been injured or operated on before?



Dr. Beth Remillong

Patients should come to their appointments with a history of their pain and explain what they hope to get from the visit, Remillong said. "The more detail you can give, the more helpful it is to kind of figure out what's going on," she said. Primary care providers can often diagnose shoulder impingements through an examination. An X-ray or MRI may be needed if the diagnosis remains unclear, if an exam shows an injury that might require surgery, or a patient does not improve with conservative treatment. Your provider can also help you decide what to do beyond applying ice and resting. "I think particularly any-

thing that's non-surgical, we're suggesting things like physical therapy or medication management. Some primary care providers do things like joint injections," Remillong said. "So, I'll do steroid injections of the knee or for bursitis." Physical therapy is among one of Remillong's first recommendations for patients experiencing pain. She refers patients to PT for both overuse conditions and acute injuries and works with therapists to reassess patients who are not improving as expected. For patients who cannot easily attend regular physical therapy appointments, she can provide exercises they can do at home. Primary care providers can also help patients manage arthritis before surgery becomes necessary. Remillong describes arthritis treatment as a spectrum that can include over-the-counter medications, home exercise, prescription anti-inflammatory drugs, physical therapy and injections. She cautioned that even common medications such as ibuprofen may not be appropriate for everyone, including some people with high blood pressure, heart disease or a tendency toward gastrointestinal bleeding. Even if a patient gets an X-ray that shows advanced arthritis, it does not automatically mean they need to schedule a joint replacement. "The decision to replace a joint isn't just based on imaging and what that picture looks like. It really is



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Patients should come to their primary care appointments with a history of their pain and explain what they hope to get from the visit.

a combination of how bad does it look on imaging and what impact is it having on your life," she said. "And is that impact big enough to be worth having a surgery?" When primary care providers suspect a fracture or another complex condition they direct patients to the right specialist — whether that's orthopedics, podiatry or rheumatology. While it may be tempting to self-diagnose a sore joint with an internet search, Remillong said there is significant value in having a medical professional actually examine it. "I think that's where a good exam for joint pain is so helpful. And that's not something you can do on yourself," she said. "I can't even examine my own joints."

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Physical therapy can offer patients an alternative to surgery

Metro Creative Connection

Individuals who are dealing with injuries or chronic pain may seek relief in various ways.

Surgery may seem like an inevitable outcome, but advances in medicine have led to more conservative solutions.

Physical therapy is a powerful, non-invasive first-line treatment that is increasingly being recommended by health care professionals as a means to address a wide range of conditions.

According to the Cleveland Clinic, physical therapy is a health care specialty that helps restore movement, manage pain and improve physical function.

Physical therapists undergo many years of schooling, during which they learn to employ targeted exercises, hands-on care and patient education to help people heal after surgery, recover from injuries or manage chronic health conditions.

By targeting structural mechanics, restoring tissue mobility and addressing underlying movement dysfunctions, physical therapy frequently can resolve complex medical conditions without the risks, costs and down time associated with surgery.

Here are some of the conditions PT can address.

• **Herniated or bulging discs:** Targeted exercises, such as mechanical traction and spinal extension maneuvers, can help centralize disc material away from compressed nerves, says the Jacksonville Orthopaedic Institute.

• **Spinal stenosis:** Strengthening of core and



METRO CREATIVE CONNECTION

By targeting structural mechanics, restoring tissue mobility, and addressing underlying movement dysfunctions, physical therapy frequently can resolve complex medical conditions without the risks, costs and down time associated with surgery.

pelvic stability muscles can reduce loading on the spinal canal. Manual therapy will help restore joint mechanics to alleviate pain and other symptoms.

• **Degenerative disc disease:** Physical therapists can help strengthen deep postural stabilizer muscles to create internal support. This can help relieve mechanical stress on intervertebral discs that have worn out.

• **Soft tissue injuries:** Overuse injuries and tendon degradation can lead to pain that mimics conditions that require surgical repair. These may include achilles tendinopathy, plantar fasciitis and carpal tunnel syndrome. PT may be an initial treatment option for these conditions.

• **Pelvic floor dysfunction:** The National Center for Biotechnology Information says pelvic floor dysfunction involves the abnormal activity or function of the

pelvic floor musculature. Pelvic floor dysfunction can affect bladder and bowel function and cause pain in the abdomen, including during intercourse. Physical therapy uses biofeedback, internal and external manual techniques, and targeted neuromuscular retraining to strengthen the pelvic basket.

• **Joint osteoarthritis:** The Cleveland Clinic says osteoarthritis is the most common form of arthritis. It happens when the cartilage that cushions the ends of bones in a joint wears down over time. PT can address osteoarthritis in knees, hips, shoulders and other joints.

Physical therapy can be a powerful tool when patients consistently and actively participate in the treatment.

For many, a tailored physical therapy plan provides a path to complete recovery.



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- ✓ Hand & Upper Extremity Surgery
- ✓ Minimally Invasive Spine Surgery
- ✓ Sports Psychology
- ✓ Pain Management
- ✓ Trauma & Fracture Care
- ✓ Limb Reconstruction
- ✓ Comprehensive Rehabilitation Services
- ✓ Revision Surgery
- ✓ Treatment of Prosthetic Joint Infections & Periprosthetic Fractures
- ✓ Treatment for Degenerative Joint Conditions

Seeing patients in Littleton, Franconia, Plymouth, & North Conway

LittletonHealthcare.org | (603) 823-8600

The Alpine Clinic is a department of

LITTLETON REGIONAL HEALTHCARE

Be sure to visit our table at Silver Linings on Saturday, October 10 in Manchester!



PREVENT A LIFE CHANGING FALL.

We are dedicated to helping those who are at risk of injury from falling by providing products that mitigate that risk and improve safety for those who have to visit the bathroom often at night, or those who may have balance disorders.

UriGent® Bedside Portable Urinal, the first-in-the-world bedside portable urinal for men. It is a safe, convenient and dignified alternative for managing personal hygiene and preventing falls.



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HEALTHY STARTS HERE

The Granite YMCA Health Intervention Programs

The Granite YMCA offers a variety of research-based programs to help manage and prevent chronic conditions like prediabetes, diabetes, high blood pressure, and more. Participants gain practical tools, education, and support to make lasting, healthy changes.

Some programs include:

- **YMCA's Diabetes Prevention Program:** Build healthy habits and reduce your risk for type 2 diabetes.
- **Diabetes Self-Management Education & Support Program:** Learn to manage nutrition, activity, medications, and stress.
- **Blood Pressure Self-Monitoring Program:** Take control of your blood pressure with guided support.

Feel better. Move more. Live healthier. Start today!

Programs offered virtually and in person. YMCA membership not required to participate, financial assistance also available.

To learn more and register, scan the QR code or contact Cindy Lafond, Executive Director of Health Interventions at clafond@graniteymca.org.



THE GRANITE YMCA | www.GraniteYMCA.org

CONCORD ORTHOPAEDICS

Sports Medicine Team

Karen J. Boselli, MD



Patrick J. Casey, MD



Brendan T. Higgins, MD



Andrew J. Holte, MD



R. Timothy Kreulen, MD



Douglas J. Moran, MD



Sean (John) O'Connor, MD



G. Christian Vorys, MD



LOCAL SCHOOLS WE PROVIDE MEDICAL COVERAGE:

- Bow HS
- Bishop Brady HS
- Concord HS
- Hillsboro-Deering HS
- John Stark Regional HS
- Kearsarge Regional HS
- Merrimack Valley HS
- Pembroke Academy
- Pinkerton Academy
- Plymouth State University
- Proctor Academy
- St. Paul's School

Best Orthopaedic Surgeons



Proudly serving the NH Fisher Cats as Team Physicians for over 20 years!



Join us on Sunday, September 13th, at 1:00pm as Dr. Casey will be throwing out the ceremonial "first pitch" at Delta Dental Stadium for the New Hampshire Fisher Cats last regular season game!



Plymouth

Tilton

New London

Concord

Bedford

Derry

Londonderry

Office Locations

Acute Injury Clinics

WALK-INS WELCOME

Concord

264 Pleasant Street

Monday - Friday: 9:00am - 6:00pm

Accepts last patients at 5:45pm

Saturday: 8:00am - 5:00pm

Accepts last patients at 4:45pm

Londonderry

50 Michels Way, Suite 206

Monday - Friday: 8:00am - 5:00pm

Accepts last patients at 4:45pm

MRI

Mon-Fri: 7:00am - 7:00pm

Sat & Sun: 7:00am - 3:00pm

Scan for Information



Call to Schedule
Appointments!

