



NEW JERSEY  
BRAIN AND SPINE

# Connections

THE LATEST NEWS FROM NEW JERSEY BRAIN AND SPINE

2026



## CLINICAL INNOVATION

A DIFFERENT  
APPROACH FOR SPINE  
SURGERY PATIENTS

## TECH SPOTLIGHT

ADVANCING STROKE  
CARE WITH VIVISTIM

HOW ONE PATIENT  
RESTORED HER  
**FITNESS CAREER**

CELEBRATING

# 30 YEARS

OF ADVANCED  
SUBSPECIALIZED  
NEUROSURGICAL CARE

## LEADING THE FIELD

NJBS RANKED

# #3

NATIONALLY

**PLUS**

BEHIND THE SCENES OF OUR APPROACH TO **REFERRALS**

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**BEST-IN-CLASS PHYSICIANS**  
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Dear Colleagues,

It's hard to believe we're marking 30 years this year. When my colleagues Dr. Roth and Dr. Vingan started New Jersey Brain and Spine in 1996, it was just the two of them with a straightforward goal: bring the kind of subspecialized neurosurgical care you'd find at major academic centers directly into our communities.

That idea has grown beyond what we imagined. Today, we're 17 physicians strong, operating across five Centers of Excellence and we've been ranked the #3 neurosurgery group in the country. But the core mission hasn't changed: make sure patients can access the exact expertise they need, close to home, without compromise.

I've had the chance to connect with many of you this past year, whether at our Paramus grand opening or in day-to-day collaboration, and those conversations remind me why we do this work. It's about outcomes, but it's also about the relationships that make excellent care possible.

This edition of *Connections* offers a look at some of our most compelling cases and cutting-edge techniques, but we also wanted to pull back the curtain a bit to show you how we think about medicine, how we approach challenges, and how we've evolved over three decades.

As we move forward, our focus remains unchanged: deep subspecialization, compassionate treatment, and strong partnerships with physicians like you. Thank you for trusting us with your patients. ○



Dr. Khan is one of the nation's leading physicians in the treatment of complex disorders of the spine. Known for his advocacy of the most conservative treatment appropriate for each patient, he often employs minimally invasive techniques, as well as state-of-the-art computer-assisted navigation technology, when treating neck/back pain, sciatica, disc disease, spinal stenosis, spinal fractures, scoliosis, spine tumors, and spinal fusions. Dr. Khan has extensive experience in the treatment of traumatic brain and spinal cord injury, as well as in treating a wide range of neurosurgical conditions such as brain tumors, hydrocephalus, and peripheral nerve disorders.

# TOP 10 NEWS UPDATES



1

**30th Anniversary:** NJBS celebrates three decades of top-tier neurosurgical care

2

**NJBS Ranks #3 in Country:** Castle Connolly names 15 NJBS doctors as Top Doctors and the practice as the #3 neurosurgery group nationally

3

**New Paramus Office:** NJBS opens state-of-the-art office in Paramus to expand access to subspecialized neurosurgical care

4

**New Satellite Offices:** NJBS opens Annandale and Englewood locations to support focus on functional, restorative, and endovascular neurosurgery

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**Continuing Accolades:** 15 NJBS physicians earn 2026 Top Doctors recognition from Castle Connolly

6

**Advancing Excellence:** NJBS helps Hackensack University Medical Center (HUMC) earn #1 neurosurgery program ranking in New Jersey

7

**More Patient Support:** NJBS expands care teams across new and existing offices

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**Staff Growth:** NJBS grows non-physician care team to 74 in 2025

9

**Doctor Spotlight:** Dr. Azmi featured on NBC 4 and Telemundo, discussing HiFu technology and his patient's story

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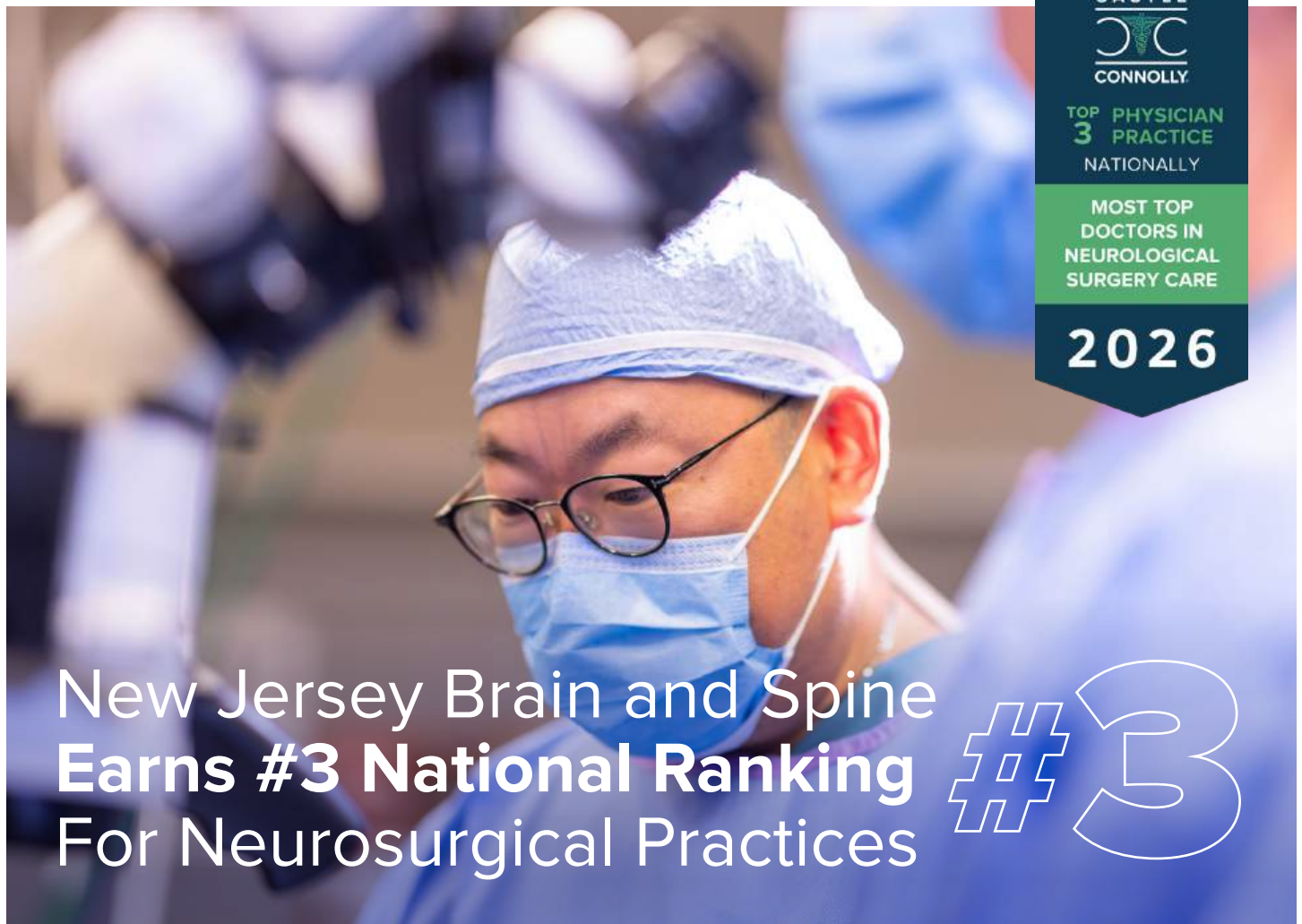
**New Scholarship:** NJBS launches \$2000 healthcare scholarship to support next generation of healthcare professionals

## A Message from our CEO:

As our practice continues to grow, our focus remains on providing exceptional neurosurgical care grounded in access, responsiveness, and personal attention. Supported by outstanding physicians and staff, we are committed to serving our community and referring partners with the highest level of clinical expertise and patient-centered service. ○

**Jeanmarie Falco, MBA, FACHE, CMPE,** Chief Executive Officer of New Jersey Brain and Spine





# New Jersey Brain and Spine Earns #3 National Ranking For Neurosurgical Practices

# #3

New Jersey Brain and Spine (NJBS) has once again been recognized among the nation's elite neurosurgical practices, earning a Top 3 national ranking from Castle Connolly. In the newly released annual rankings, NJBS placed #3 nationwide, reinforcing our position as one of the most respected neurosurgical groups in the country and a top-ranked practice in New Jersey.

This is the fourth consecutive year that we have ranked among the Top 10, a level of recognition that reflects the practice's continued commitment to subspecialized expertise, compassionate service, and exceptional patient outcomes across a wide range of complex brain and spine conditions.

## A National Leader in Subspecialized Neurosurgical Care

NJBS has built our reputation on a model that prioritizes subspecialization, ensuring patients are treated by surgeons who focus deeply on specific conditions of the brain, spine, and nervous system. This approach allows for more precise diagnoses, tailored treatment plans, and better long-term outcomes.

With multiple Centers of Excellence and locations across New Jersey, our practice delivers academic-level care within community settings, giving patients access to nationally recognized expertise close to home.

The Castle Connolly rankings are particularly rigorous, based on a combination of peer nominations, extensive research, qualifications, reputation, and patient care standards.

## Fifteen NJBS Physicians Recognized as Top Doctors

In addition to the practice's overall national ranking, 15 NJBS physicians were individually honored with Top Doctor accolades this year—an achievement that underscores the depth and breadth of clinical excellence across our group.

These individual honors reflect a shared culture of clinical rigor, innovation, and patient-centered care across our entire organization.

“

*The Castle Connolly rankings are particularly rigorous, based on a combination of peer nominations, extensive research, qualifications, reputation, and patient care standards.”*

### Commitment to Our New Jersey Community

NJBS continues to be proud of its close relationship with Hackensack University Medical Center, the top hospital in the NY-NJ metro area and the #1 neurosurgery program in New Jersey. We helped develop and shape that program, which has also been recognized by *U.S. News and World Report* as being among the top 50 in the country for neurology and neurosurgery.

As the practice continues to grow, invest in innovation, and expand access to subspecialized care, its focus remains unchanged: achieving the best possible outcomes for every patient and their family, every time. ○



## FIFTEEN NJBS PHYSICIANS RECOGNIZED AS TOP DOCTORS



Reza J. Karimi, MD



Patrick A. Roth, MD



Mohammed Faraz Khan, MD



Roy D. Vingan, MD



George Kaptain, MD



Kangmin Daniel Lee, MD



Daniel E. Walzman, MD



Hooman Azmi, MD



Elana Clar, MD



Giorgio J. Rotoli, DO



Robert Goodman, MD



Peter Schmaus, MD



Ira Goldstein, MD



Paul S. Chirichella, MD



Ugo Paolucci, MD

# Advanced Subspecialty Care: Matching Patients to the **Right Expert**

New Jersey Brain and Spine restores children and adults with brain, spine, and neurological conditions to optimal health. Our highly subspecialized team leads the field when it comes to complex and highly specific cases, and brings top-tier skill and expertise to a wide range of conditions, including what you see here.





## Advancing Stroke Recovery: NJBS Now Offering Vivistim® Paired VNS™ Therapy

New Jersey Brain and Spine's (NJBS) commitment to compassionate, innovative care includes offering new cutting-edge treatments when they can make a meaningful difference for our patients. NJBS is proud to introduce Vivistim® Paired VNS™ therapy, an FDA-approved treatment that pairs vagus nerve stimulation with rehab exercises to help stroke survivors regain meaningful hand and arm function, even years after a stroke.

Vivistim therapy uses a small, implanted device to deliver mild, precisely timed electrical pulses to the vagus nerve while patients perform task-specific physical or occupational therapy. The stimulation helps strengthen the brain's natural neuroplasticity, which is the ability to form and reorganize neural

connections, and enhances the effects of each rehabilitation session.

In clinical trials, patients who received Vivistim therapy achieved two to three times greater improvement in upper-limb function compared with conventional rehab alone. The therapy is designed for patients with moderate to severe upper extremity impairment who are six months or more post-stroke, are clinically stable, and have the capacity to participate in structured therapy.

The procedure involves a minimally invasive outpatient implantation of the Vivistim device by a qualified neurosurgeon, followed by specialized rehabilitation sessions in partnership with a trained therapy team. Patients


can later continue exercises at home, using a handheld magnet to activate stimulation during prescribed tasks.

“Vivistim is an exciting addition to our suite of treatment options for stroke patients,” says Dr. Hooman Azmi, a board-certified neurosurgeon at NJBS who is fellowship-trained in functional and restorative neurosurgery. “By pairing stimulation with intentional movement, we can help the brain relearn motor control in a more powerful and lasting way. It’s an approach rooted in science and proven to make a measurable difference.” Both Dr. Azmi and Dr. Aryan Ali are prepared to offer this treatment for NJBS patients.

NJBS is among a limited number of centers nationwide—and one of the first in New Jersey—to offer Vivistim therapy. The program reflects the practice’s long-standing commitment to evidence-based innovation and multidisciplinary collaboration, bringing together neurosurgeons, neurologists, and rehabilitation specialists to improve outcomes for stroke survivors.

### Referral Takeaway: When to Consider Vivistim®

- Post-stroke patients with **moderate to severe hand and arm impairment**
- Patients who are **≥6 months post-stroke** and medically stable
- Patients with sufficient **cognitive and physical ability** to engage in active rehabilitation
- Patients seeking improved upper-limb function beyond traditional therapy outcomes

For consultation or referral, contact the NJBS referral line at 201-342-2550. 



## Surgical Innovation Spotlight: Dr. Roy Vingan and the Lateral Approach

When Dr. Roy Vingan, co-founder of New Jersey Brain and Spine, first encountered lateral access spine surgery nearly two decades ago, he saw more than a new surgical route: he saw the future of spine surgery.

He first heard about the lateral approach in 2006, and flew out to San Diego to train on it. “Like any new procedure, there’s a learning curve. By my third case I realized it was

challenging, but I knew it was worth mastering,” says Dr. Vingan.

### **A New Angle on Fusion**

Traditionally, spinal fusion surgeries are performed from the back (posterior) or front (anterior). Lateral access, also known as lateral lumbar interbody fusion, takes a side approach to the spine through an incision on the side. This particular path allows surgeons to go through just a few muscle layers,

navigate behind the abdominal cavity, and access the disc space without needing a vascular surgeon.

“The lateral approach allows us to put in a larger cage that spans the entire disc space,” he explains. “That means more bone contact, better alignment, and stronger fusion.”

Dr. Vingan compares the structural advantage of larger cages and more bone contact to sealing bricks together: “You don’t want a small bit of mortar between them—you want a full layer. The more surface area, the better the fusion.”

### **From Early Adopter to Expert**

When Dr. Vingan began training in the lateral access technique, he was one of the earliest surgeons in the Northeast to bring it into practice. He learned directly from the innovators who developed it, then honed his skills through hundreds of procedures and national workshops with the Society of Lateral Access Surgery, a collective of surgeons committed to refining the approach.

That persistence paid off. Today, Dr. Vingan has performed more than a thousand lateral fusion levels and is recognized for his technical proficiency and clinical judgment.

“

*Patients should seek surgeons who are very involved in the quality and safety of patients in the hospital where they perform most of their surgical procedures. That takes the care provided to a higher level.”*

### Better Outcomes, Faster Recovery

For patients, the benefits are tangible. The side incision avoids the large muscle dissection required in traditional posterior fusions. It also restores the disc height in such a way that puts spinal ligaments back on tension, which stabilizes the spine naturally. These factors often translate to less postoperative pain and faster recovery.

Dr. Vingan explains that he used to keep patients in braces for months after surgery. But with the lateral approach, “for the most part, my patients are doing pool-based therapy within the first few weeks, and they move better than they would with other fusion techniques.”

### Innovation That Endures

Over time, many surgeons have explored different “minimally invasive” fusion techniques. But for Dr. Vingan, lateral access remains one of the most thoughtfully engineered yet underutilized tools in modern spine care. He estimates that only about 20 percent of spine surgeons nationwide have adopted the approach.

Ultimately, lateral access is a worthy approach for most lumbar fusion cases from L4-5 and above. Contraindications for any spinal fusion procedure could include patients who have a complex autoimmune disease, untreated osteoporosis, or are too elderly or ill.

“After a few years of really advancing my skills, it became second nature,” explains Dr. Vingan. “It’s a novel technique to learn, but when you get good at it, it’s efficient, safe, and reproducible.”

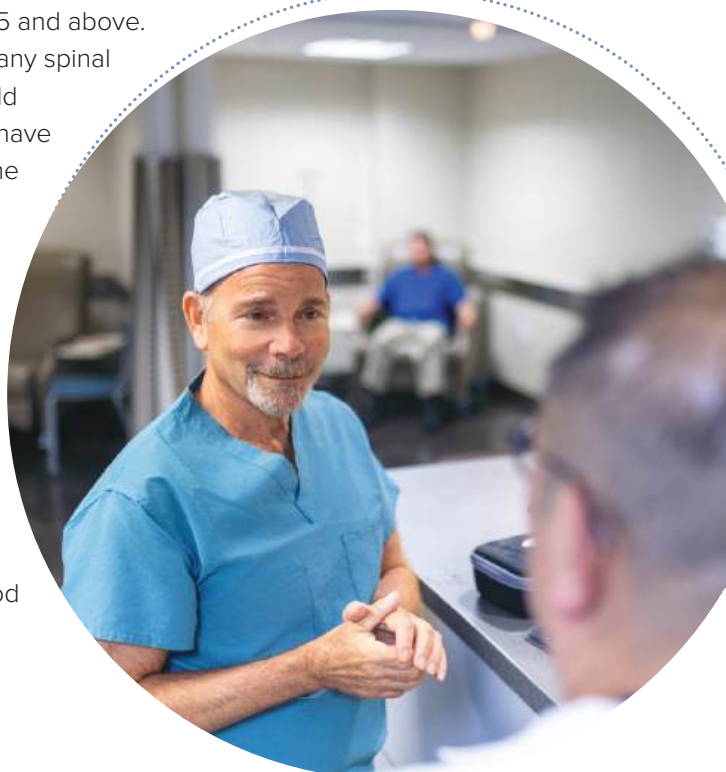
At NJBS, our spine specialists Dr. Vingan, Dr. Roth, Dr. Khan, and Dr. Frankel all successfully perform the lateral approach with excellent outcomes. ○

### Referral Takeaway

When to consider a lateral access fusion:

- **Ideal candidates:** Patients with degenerative disc disease, spinal instability, or scoliosis between L1–L5.
- **Key benefits:** Faster recovery, less postoperative pain than posterior fusions.
- **Best suited for:** Restoring disc height, alignment, or correcting mild slippage.

About Dr. Roy D. Vingan, MD, FAANS, FACS  
Dr. Roy D. Vingan, a founding member of NJBS, is recognized nationally for his expertise in spinal surgery and minimally invasive techniques. In practice for more than three decades, he has focused primarily on treating patients with spinal conditions for the past 15 years. He has held several leadership positions over the span of his career and is currently vice chairman of the Department of Neurosurgery, co-director of spine surgery, and chief of minimally invasive surgery at Hackensack University Medical Center.



## Get to Know NJBS:

In this issue, some of our doctors share the mantras they live by in their career.



*“Every patient is different, so I try to approach each case with fresh eyes and an open mind.”*

**Paul S. Chirichella, MD**



*“Make sure every day has some humanity and humor.”*

**Elana Clar, MD**



*“Treat patients as individuals, not statistics.”*

**H. Gregory Frankel, MD**

## Pain to Power: Robin Bray's Journey Back to Fitness with Dr. Patrick Roth

Robin Bray is the owner of FitnessBarre™ in Midland Park, NJ, which is both a popular local fitness studio and a beloved virtual community known as “Robin’s Nest.” But after almost 25 years of experience in the fitness industry, excruciating back pain threatened to end the career she loved. What began as intermittent nerve pain in her thighs escalated into a debilitating condition. Before long, simple tasks like getting in and out of her car felt nearly impossible.

At this point, Robin’s active lifestyle came to a grinding halt. “My clientele watched me go from this very high performing fitness leader to someone who was sitting in a chair, teaching the class with a microphone on,” explains Robin.

“  
To be honest with  
you, I am 100%  
of what I was  
before.”

The turning point came when two of her students independently recommended Dr. Patrick Roth at New Jersey Brain & Spine. “Once I went, I felt so confident,” she says, describing the experience of meeting Dr. Roth, getting an MRI, and being able to review the results with him quickly. The MRI revealed spinal stenosis and an unstable vertebral body slip. It was a serious one that would likely require surgery.

Dr. Roth’s approach combined expertise with compassion, wanting to see first if Robin could manage without surgery. But after three epidural injections provided no relief, he carefully prepared Robin for the procedure she would need (something that could be done through a tube), and shared honestly that recovery



wouldn’t necessarily be easy. It was difficult news for Robin: “Preparing for that was really emotional for me, because I’ve never been cut open and had a significant surgery like that in my life.”

But the experience and the result exceeded her expectations. That very night after surgery, Robin walked to the bathroom completely pain-free, something she hadn’t experienced in months.

“Here I was before the surgery, barely able to walk...within 24 hours of having the surgery, I could get up and walk,” says Robin. The next day, she passed her physical therapy evaluation and was discharged home shortly after, a day earlier than expected.

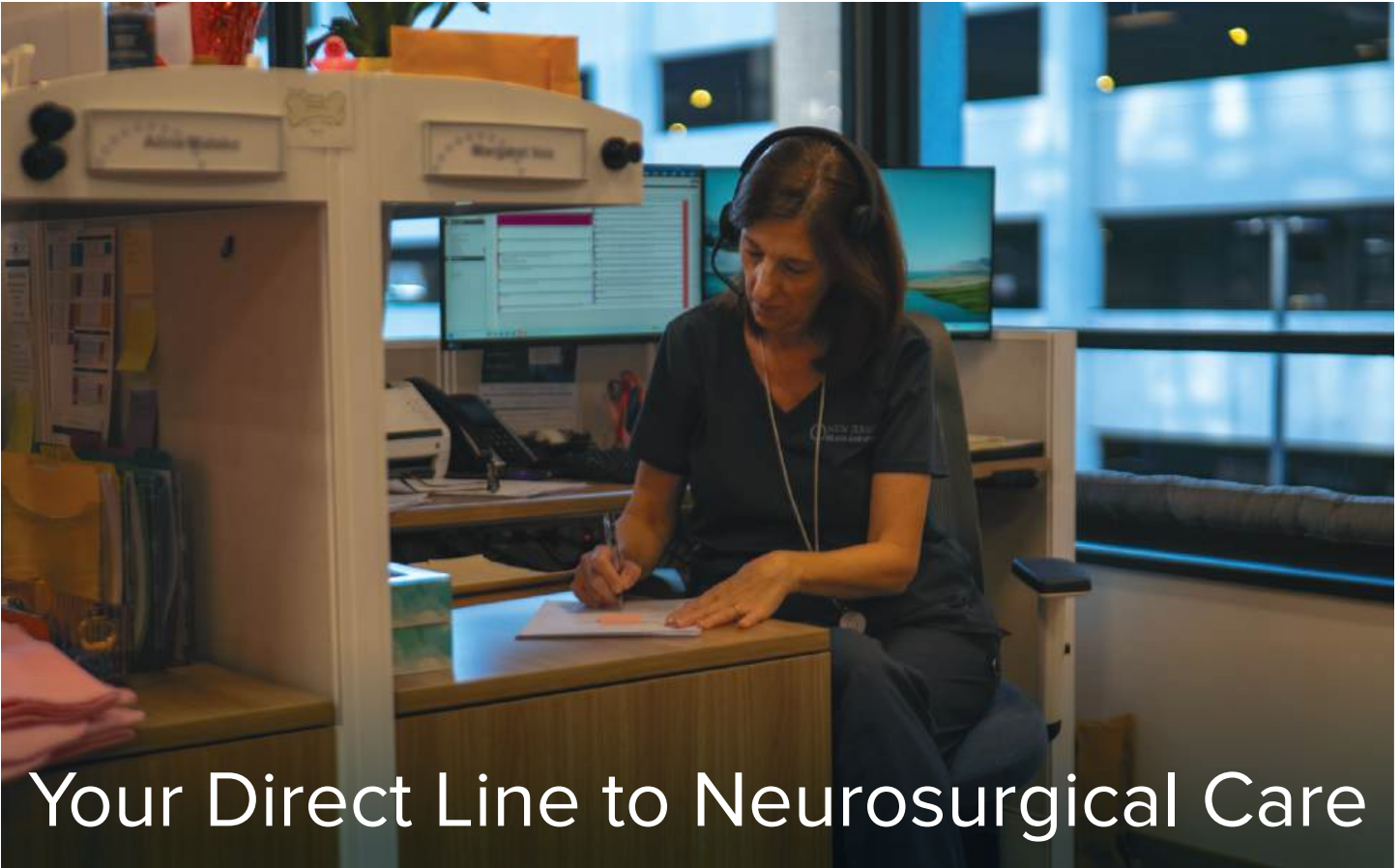
The best news? “To be honest with you, I am 100% of what I was before,” she reported. Robin is teaching in a new studio that she opened in spring 2025, doing what she loves without limitation. The pain that once threatened to end her career is now firmly in the past, thanks to Dr. Roth’s skilled intervention at New Jersey Brain & Spine. ○



After an escalating spine condition compromised her active lifestyle, Dr. Roth restored Robin Bray’s career.

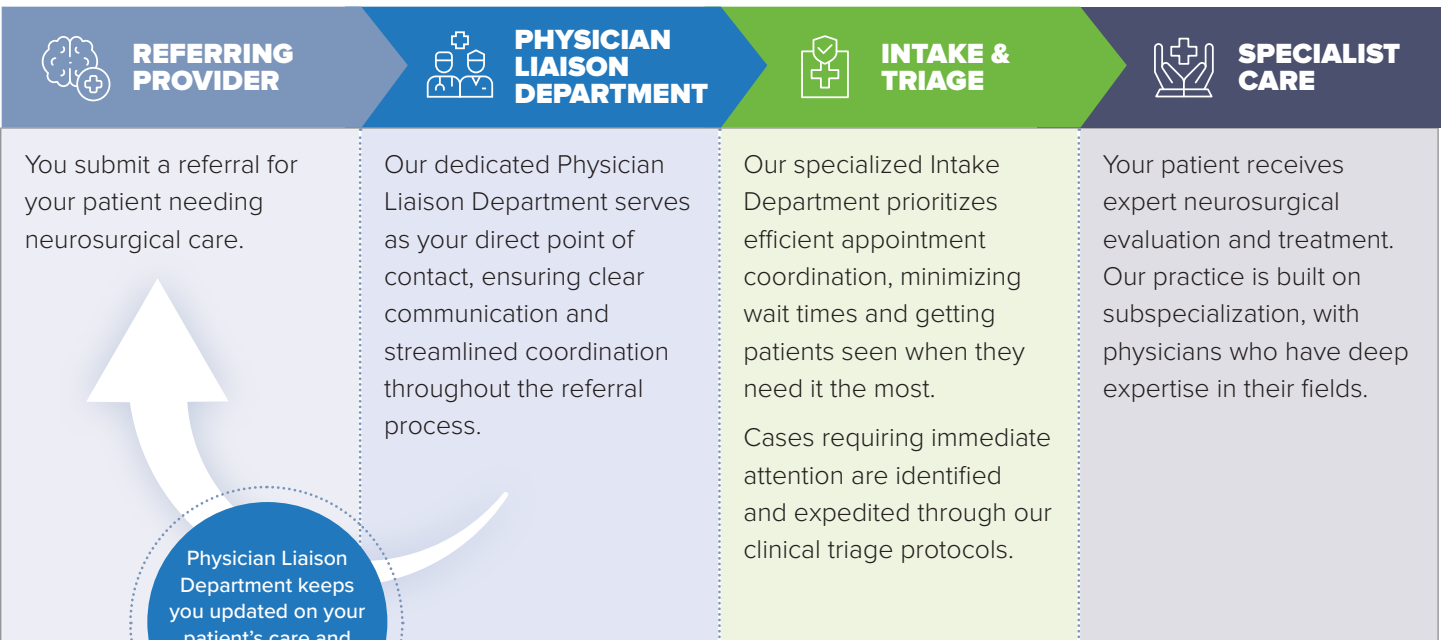
Use the QR code to  
watch Robin Bray  
tell her own story.





# Your Direct Line to Neurosurgical Care

We take referrals seriously—which means not just offering expert neurosurgical care to your patients, but also making sure you're accessing a seamless referral experience designed with both physicians and patients in mind.



Physician Liaison Department keeps you updated on your patient's care and status throughout treatment.

Behind every referral is a commitment to responsive, coordinated care that respects your time, your patients' needs, and the critical nature of neurosurgical conditions.



## Old Disease, **New Treatment:** Advancements in Chronic Subdural Hematoma Management

For decades, the management of chronic subdural hematoma (cSDH) remained largely unchanged. “Nothing has been new for a subdural hematoma in 70 years,” says Dr. Reza J. Karimi, a nationally recognized leader in the treatment of complex brain and spine disorders and vascular neurosurgeon at New Jersey Brain and Spine (NJBS). “Until this simple, minimally invasive MMA embolization procedure.”

Chronic subdural hematoma is a routine diagnosis in neurosurgical practice, particularly in regions with large aging populations. Minor head trauma, which can often be forgotten by the patient, can result in slow venous

bleeding along the dural surface. As the collection of blood enlarges, cognitive changes, gait disturbance, weakness, or progressive headaches can result.

Traditionally, patients with symptomatic or enlarging hematomas have undergone burr hole drainage in the operating room. While effective, recurrence has remained a persistent concern, especially because sometimes it is only possible to drain 80% to 90% of the hematoma. Even after evacuation, fluid can reaccumulate, particularly in elderly patients with significant cerebral atrophy, where a residual subdural space remains after decompression.

Now, there is a newer treatment from which patients with cSDH can benefit. Medial meningeal artery (MMA) embolization now offers an important alternative to surgical drainage. MMA is performed in the catheterization lab using standard neuroendovascular techniques. “This is a simple, minimally invasive procedure from the groin or the wrist, with the same catheters we use for brain aneurysm treatments,” explains Dr. Karimi. A liquid embolic agent is delivered to the middle meningeal artery to devascularize the membranes that are contributing to ongoing bleeding. Filling the blood vessel with the agent reduces the rate

“

*“Nothing has been new for a subdural hematoma in 70 years, until this simple, minimally invasive MMA embolization procedure.”*

of growth and in most cases resolves the hematoma.

The procedure typically requires about one hour, results in no blood loss, and has a low complication profile. “On a scale of one to 10 for complicated neurovascular procedures, this is a two,” says Dr. Karimi. Although rare risks such as stroke or visual disturbance exist, appropriate patient selection and angiographic assessment mitigate these concerns. In approximately 100 patients seen by NJBS surgeons over the past seven years, none have experienced serious complications. Further, out of all these patients, not

one has needed follow-up surgery after the embolization.

For referring physicians, awareness of this option is key, as the automatic need for full surgery to treat cSDH is quickly becoming a myth.

Patients with small but persistent hematomas, progressive imaging findings, or elevated surgical risk may be strong candidates for this treatment. As Dr. Karimi emphasizes, “The goal is to intervene before the hematoma enlarges to the point that open surgery becomes necessary.”

MMA embolization is poised to become an integral component of the treatment algorithm for chronic subdural hematoma, particularly in elderly and medically complex patients. The NJBS vascular neurosurgery team, which includes Dr. Reza J. Karimi, Dr. Daniel E. Walzman, Dr. Aryan Ali, and Dr. Joseph Carnevale, all complete this procedure routinely. It is an example of the practice’s commitment to proven, innovative procedures that reduce patient risk, aligned with a conservative approach to improve outcomes. ○

## Get to Know NJBS:

In this issue, some of our doctors share the mantras they live by in their career.



*“What would I want for myself or my family if we were the patient or their loved ones?”*

**Ira Goldstein, MD**



*“To take care of one patient at a time.”*

**George Kaptain, MD**



*“Listen first, treat second.”*

**Peter Schmaus, MD**

### Referral Takeaway

#### When to consider a referral to NJBS for MMA embolization:

- **Ideal candidates:** Patients with small to moderate chronic subdural hematomas, elderly or medically complex patients for whom surgical risk is a concern, and patients with residual or recurrent hematoma following burr hole drainage. Patients with cSDH can be seen quickly for evaluation in the NJBS office.
- **Key benefits:** Much less invasive, catheter-based procedure that is performed in the catheterization lab and not the operating room. It prevents the need for full surgery, limits the number of post-operative scans required, and significantly reduces overall recurrence rates.
- **Best suited for:** Treating hematomas in patients with an elevated risk for surgical recurrence due to age or cerebral atrophy, or post-burr hole drainage patients where recurrence prevention is a priority.

# 5

## QUESTIONS for... Dr. Kaptain



For more than two decades, George Kaptain, MD, FAANS, has helped shape the philosophy and growth of New Jersey Brain and Spine as a neurosurgeon specializing in brain, spine, skull-base tumors, and pituitary tumors. As NJBS celebrates 30 years, Dr. Kaptain reflects on the practice's evolution and its values.

1

### What was your vision for the practice when you joined the board?

When I joined NJBS in 2003, it was a three-person group. The partners who hired me had a unique idea: rather than focusing on volume or profit, they wanted to build a group defined by personalized and subspecialized neurosurgical care.

I embraced and benefited professionally from this philosophy, and it has guided our recruitment of talented young neurosurgeons whose interests complement the practice as a whole. We all share a goal: to provide attentive, high-quality care to those in our community.

2

### How does that feed into the values that shape NJBS today?

The values of the practice are enduring. We care for people the way we'd want our own family treated. We are all diligent and conscientious and we trust each other to do what's in the patient's best interest. When a patient's problem would be better addressed by another surgeon's expertise, the patient is referred to that surgeon. This consideration of putting the patient first has always defined the practice.

3

### How do you and your colleagues stay ahead of the curve in such a rapidly advancing field?

I stay current by reading, listening, and lecturing. Preparing for a lecture is time-consuming and requires focus. It is, in fact, a deep form of learning that allows me to internalize new ideas, which often translate into clinical practice.

I've also been involved in clinical trials, including studies using alternating electrical fields for brain tumors and gene-based therapies. Those efforts depend on collaboration with scientists and colleagues who help us

understand tumor biology and how to help people live better and longer.

4

### What should referring physicians know about when to reach out?

No question is too small. I always try to make myself available to my physician colleagues. Not every brain tumor spells the end, and not every tumor requires surgery. I have always felt the heavy burden of weighing the risks of surgery with the risks imposed by the natural history of the tumor to make the best recommendation for the patient.

5

### As NJBS celebrates 30 years, what are you most proud of?

We've established great relationships within our medical community and have the resources to perform the most complex operations while managing patients from diagnosis and treatment planning through recovery. I'm also proud of the way in which we have expanded our research programs, advancing treatments in neuro-oncology, pituitary, movement disorders, vascular, spine, and epilepsy surgery. Contributing to this incredible collaborative transformation has been an opportunity that I value greatly. ○

# Best-in-Class Physicians



**Patrick A. Roth**  
MD, MHA, FAANS, FACS  
Spine Surgery



**Roy D. Vingan**  
MD, FAANS, FACS  
Spine Surgery

## Offices

- **Paramus** - 650 From Road, Suite 220
- **Hackensack** - 20 Prospect Avenue, Suite 907
- **Montclair** - 70 Park Street, Suite 312
- **Montvale** - 32 Philips Parkway
- **Annandale** - 1322 State Route 31N, Suite 102
- **Englewood** - 350 Engle St, 3 E Medical Suites



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**Daniel E. Walzman**  
MD, FAANS  
Neuro/Endovascular  
Gamma Knife Radiosurgery



**Hooman Azmi**  
MD, FAANS, FCNS  
Functional Neurosurgery  
DBS/HiFu



**Reza J. Karimi**  
MD, FAANS, FACS  
Neuro/Endovascular  
Gamma Knife Radiosurgery



**Kangmin Daniel Lee**  
MD, MS, FAANS  
Brain & Spine Surgery  
Gamma Knife Radiosurgery



**Mohammed Faraz Khan**  
MD, FAANS  
Spine Surgery



**Giorgio J. Rotoli**  
DO  
Brain & Spine Surgery  
Gamma Knife Radiosurgery



**Robert R. Goodman**  
MD, PhD, FAANS  
Functional Neurosurgery,  
Epilepsy, DBS/HiFu



**Aryan Ali**  
MD, MBChB  
Pediatric Neurosurgery  
Neuro/Endovascular



**Ira M. Goldstein**  
MD, FAANS  
Spine Surgery



**Joseph Carnevale**  
MD  
Neuro/Endovascular



**H. Gregory Frankel**  
MD, MBA  
Spine Surgery



**Elana Clar**  
MD  
Movement Disorder  
Neurology



**Paul S. Chirichella**  
MD, FAAPMR  
Physiatry  
Interventional Spine



**Peter Schmaus**  
MD, FAAPMR  
Physiatry  
EMGs



NEW JERSEY  
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**Paramus Office**

650 From Road, Suite 220  
Paramus, NJ 07652

**Montclair Office**

70 Park Street, Suite 312  
Montclair, NJ 07042

**Annandale Office**

1322 State Route 31N, Suite 102  
Annandale, NJ 08801

**Hackensack Office**

20 Prospect Avenue, Suite 907  
Hackensack, NJ 07601

**Montvale Office**

32 Philips Parkway  
Montvale, NJ 07645

**Englewood Office**

350 Engle St, 3 East Medical Suites  
Englewood, NJ 07631

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