

**ALLISON STRINGER, PHYSICAL THERAPIST**  
ALLISONSTRINGER@COMCAST.NET

**(978) 207-0048**  
**18 Mac Arthur Road**  
**North Reading, MA 01864**

**Allison Stringer**, Physical Therapist and Figure Skater, has 18 years of experience as a senior level clinician and has been working with skaters on & off the ice since 1987. Allison is the Director of Clinical Education at Elite Physical and Aqua Therapy in Danvers, MA where she treats Sports and Orthopedic injuries. She is a member of USFSA, Colonial Figure Skating Club, North Shore Skating Club, the Sports Medicine Society, the Professional Skaters' Association, and a Fellow of the American Academy of Orthopedic Manual Physical Therapists. Allison is published in Skating Magazine and the Professional Skaters Magazine, and is a guest lecturer for the PSA and USFSA Regional Training Camps.

**Why work with a Physical Therapist?** A Licensed Physical Therapist has the unique ability to assess strength, flexibility, identify and prevent injuries, and to immediately assess and manage acute injuries before they develop into chronic conditions. A PT treats injuries, manages, and monitors safe return to skating as well as strengthens the healthy skater for enhanced performance.

**Individual Baseline Assessment \$100**

- \*Identify past injuries and recent problems
- \*Evaluate flexibility & strength

**Strength & Conditioning Classes \$252 or \$20/ walk in**

- Learn proper form and safe execution of stretching, strengthening & cardio exercises
- \*Build strength, flexibility, & agility
- \*Improve cardiovascular performance

**Saturdays- Allison**

- \_\_\_ 9:00 - 9:40
- \_\_\_ 9:50 - 10:30
- \_\_\_ 10:40-11:20
- \_\_\_ 11:35-12:15

**Fall Session 14 weeks**

- September 10 –December 17
- \*\*\*No class 11/26
- \$20/ walk in if space

_____	\$252 x 14 weeks Strength & Conditioning
_____	\$10 Training Packet
_____	\$100 Baseline Assessment (recommended)
_____	Total payment

Skater's name \_\_\_\_\_  
Parent's name \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

Allison Stringer, VO, and CFSC shall have no legal liability for injuries or losses Suffered by skaters in the above classes. The Skater and family shall hold Allison Stringer, NVO, and CFSC Harmless from any and all liability for injuries, Damages or loss of property.

**Parent/guardian signature and date below:**

**KATHY MCPHERSON, PHYSICAL THERAPIST**  
KMCPHERSON@BAYSTATEERGONOMICS.COM

**(978) 606-8207**  
**1975 Middlesex Street Unit#10**  
**Lowell, MA 01851**

**Kathy McPherson**, Physical Therapist and Figure Skater, member of USFSA, Colonial FSC, Professional Skaters' Association and American Physical Therapy Association. She has been a Physical Therapist since 2002 and has been working with figure skaters doing off-ice conditioning since 2009. She earned her MS in Physical Therapy from Northeastern University and her Doctorate of Physical Therapy from Simmons College. She currently works part-time as a Physical Therapist at Harvard Vanguard Medical Associates in Chelmsford, MA with patients who have orthopedic and sports-related injuries.

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**Individual Baseline Assessment \$100**

- \*Identify past injuries and recent problems
- \*Evaluate flexibility & strength

**Strength & Conditioning Classes \$308 or \$20/walk in**

- Learn proper form and safe execution of stretching, strengthening & cardio exercises
- \*Build strength, flexibility, & agility
- \*Improve cardiovascular performance

**No classes: Thursday-10/27, 11/3, 11/24**

\*\*\* 24 Hour notice for cancelling a class is required or the skater will be billed for that missed session.

**Fall Session 17 weeks**

- Tuesdays- Kathy
- \_\_\_ 3:50 - 4:30
- \_\_\_ 4:30 - 5:10
- \_\_\_ 5:10 - 5:50

**September 6 – December 29<sup>th</sup>**

- Thursdays- Kathy
- \_\_\_ 2:40 - 3:10
- \_\_\_ 3:10 - 3:40
- \_\_\_ 3:40 - 4:10

_____	\$306 Strength & Conditioning (17 weeks)
_____	\$252 Strength & Conditioning (14 weeks)
_____	\$100 Baseline Assessment (recommended)
_____	Total payment

Skater's name \_\_\_\_\_  
Parent's name \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

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**Parent/guardian signature and date below:**