



Physical Therapy for Women

Empowering Women to Take Control of Their Health

The Female Athlete — “T-N-T” (Technique and Training)



Female athletes are five times more likely to have a serious knee injury than the male athlete. There are proven methods to help reduce the risks of serious knee injuries and to help female athletes recover more fully from a serious knee injury. Based on these programs, the athletic training and physical therapy staff of CMH Rehabilitation Services have developed their unique program called “T-N-T”, or Technique and Training.

“T-N-T” consists of elements to help develop the necessary muscle control,

strength, and coordination to reduce the risk of serious injury or to recover from an existing injury in better form than before. Additional benefits may include improved vertical jump height, increased foot quickness, overall improved sport performance and mechanics with jumping and landing.

These program elements include:

- * Flexibility training
- * Targeted strength training
- * Agility training
- * Plyometrics— for power building
- * Biomechanical assessment and re-training



The program consists of 18 total sessions (Three sessions/week for six weeks), and are instructed by CMH Certified Athletic Trainers or Physical Therapists.

Location: CMH Rehabilitation Services
2241 Rombach Avenue
Wilmington, OH

Cost: \$250
(group discounts available for 4 or more participants)



Outpatient Rehabilitation
2241 Rombach Ave.
Wilmington, OH 45177
www.cmhregional.com

For more information on our T-N-T program or other services, contact Carolyn Koynock, Manager of Rehab Services, Rachel Duncan, PT, Donna Snyder, PT or Mindy Smith, ATC at 937-383-7722.

✂ Mail- In Registration Form ✂

Mail this completed registration and check payable to CMH Rehabilitation Services to:

CMH Rehabilitation Services
2241 Rombach Avenue
Wilmington, OH 45177
Attn: “TNT”

You will be contacted by phone to schedule your sessions.

Name: _____

Age: _____ **School:** _____

Address: _____

Phone: (h) _____ **(cell)** _____

I have had a recent injury: ___ yes ___ no

If yes, I currently see Dr. _____ **for my injury.**