Name: _____ Date: _____

HIP

Y T S A L P O R H T R A Q Q M H S
K O S T E O A R T H R I T I S I J
W W B D W L X Z P S W G W S W R M
D G Z I P F F U Z U R S H N G P O
X R E S M F K M T B F U E F H V P
J L W L G I C E V R K W C B D C O
K K A O U Q D F L E X I N G G E B
Y M X C S N O I T A C I F I D O M
T L V A U E I M P L A N T D K T A
A Z G T O F B A U O O Y E P K P C
Q B U I I S D B P W I C I F Q J M
E E V O P D O A K M A O W Q F Q R
W N I N X G R E P L A C E M E N T
D P R O S T H E T I C G S S O W J
S T R E T C H I N G V O T U N U Q
V G V Y V J F Y J G T J Y X U O G
T T H R O M B O P H L E B I T I S

thrombophlebitis
osteoarthritis
modifications
arthroplasty
dislocation
replacement
prosthetic
stretching
flexing
implant