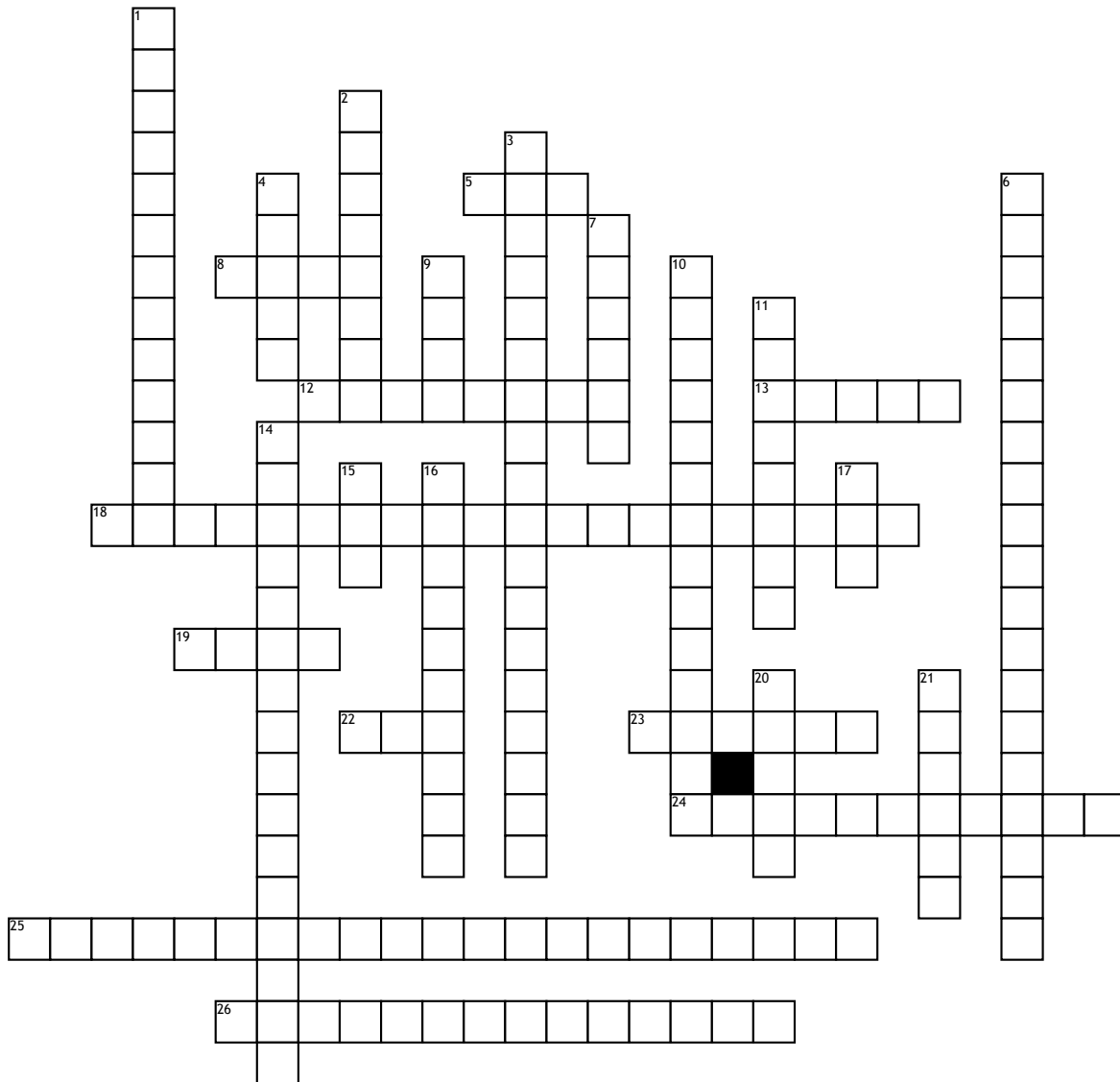


Name: _____

Date: _____

Physical Disabilities Medications/Treatments



Across

- 5. Statins and Ranolazin
- 8. Inhaled Nitric Oxide
- 12. Phototherapy
- 13. Caffeine and CPAP (continuous positive airway pressure)
- 18. Nitrates and Aspirin
- 19. Ritalin
- 22. Plasmapheresis and intravenous immunoglobulin (IVIg)
- 23. Aspirin
- 24. Anticholinergics and Terazosin

25. Remodulin

26. Acyclovir

Down

- 1. Baclofen
- 2. Aricept
- 3. Broad or narrow spectrum antibiotics
- 4. Plaquenil and Aralen
- 6. DMARD's (Plaquenil and Azulfidine)
- 7. Chemotherapy and radiation therapy
- 9. Xeroform
- 10. NSAID's including ibuprofen and naproxen

11. Metformin

14. Prednisone and Mestinon

15. Surfactant

16. Levodopa

17. Laser Therapy (retina)

20. IPV (inactivated polio vaccine)

21. Applied Behavior Analysis (ABA)