

Name: _____ Date: _____

Physical Intervention

1. FSIVNDEEE _____
2. NON TCIISTERREV _____
3. ORNISETCG _____
4. ALTS STORER _____
5. CARNYODES CROTONL _____
6. INAYDMC ISRK TNSSESSMAE _____
7. ETXCIED EIRLMIDU _____
8. HSSCOSIYP _____
9. OGOD CCIATREP _____
10. PTRONMGPI _____