Name: _____

Physical Therapy

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

Rolling Walker
Wheelchair
Bed rails
Strength
Balance
Cane
Splint binder
Treatments
Gait belt
Referral
Family
Independence
Evaluation
Training
Transfer
Safety
Bed mobility
Education
Exercise
Success
Goals