

Name: _____

Physical Therapy Month

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

rehabilitation
therapist
exercise
walker

wheelchair
gait belt
balance
estim

ultrasound
transfer
safety
ice