

Name: _____

Date: _____

SAY NO TO FALLS

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

WITHIN ARMS REACH

PHYSICAL THERAPY

FALL WITH INJURY

HESTER DAVIS

CHAIR ALARM

CALL BELL

RED SOCKS

GAIT BELT

BED ALARM

AMBULATE

WALKER

FALLS