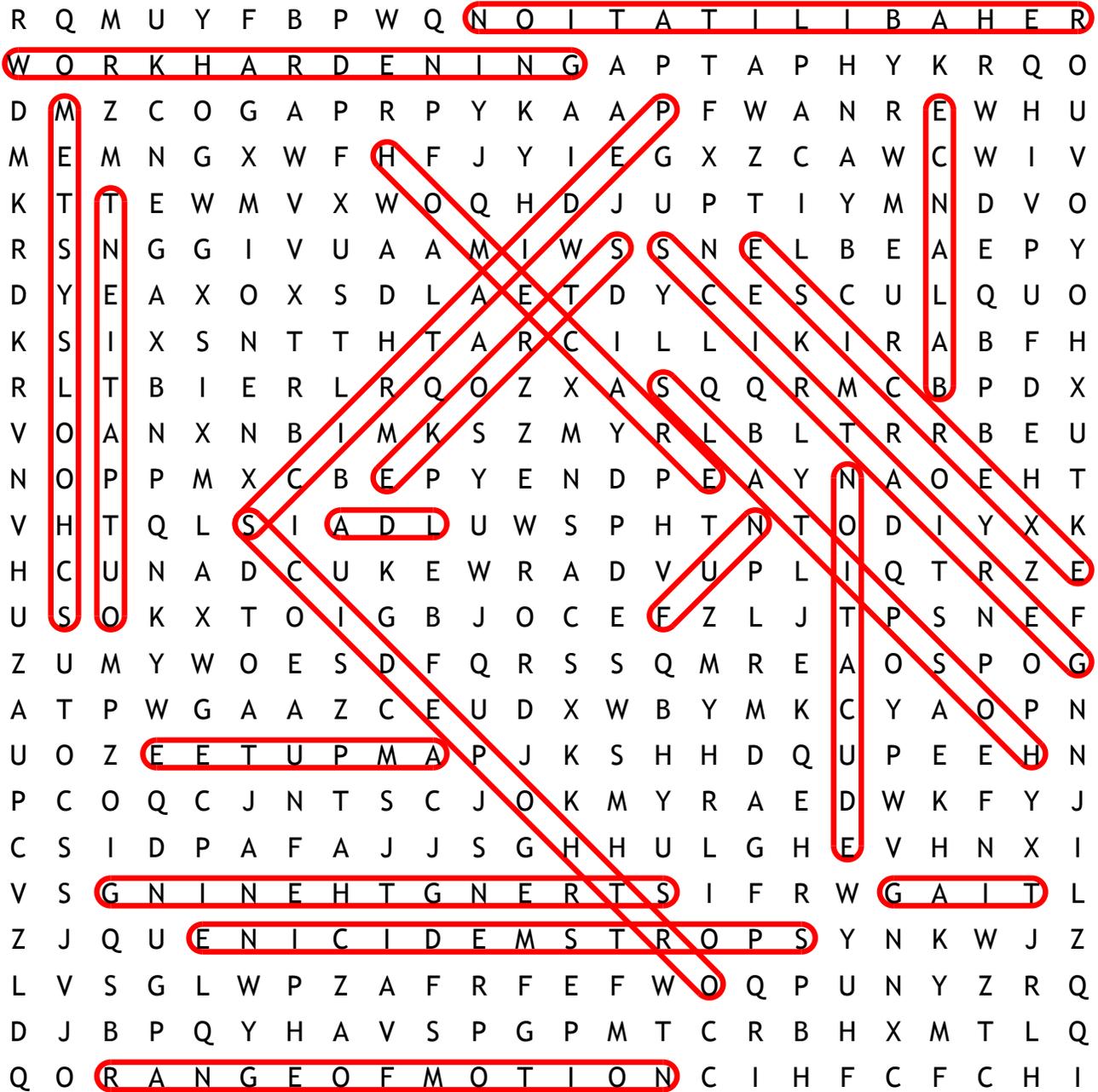


Name: _____

Date: _____

Physical Therapy



- | | | | |
|-----------------|-----------------|----------------|----------------|
| range of motion | sports medicine | rehabilitation | work hardening |
| school system | strengthening | orthopedics | out patient |
| geriatrics | pediatrics | education | home care |
| hospitals | exercise | amputee | balance |
| stroke | gait | ADL | fun |