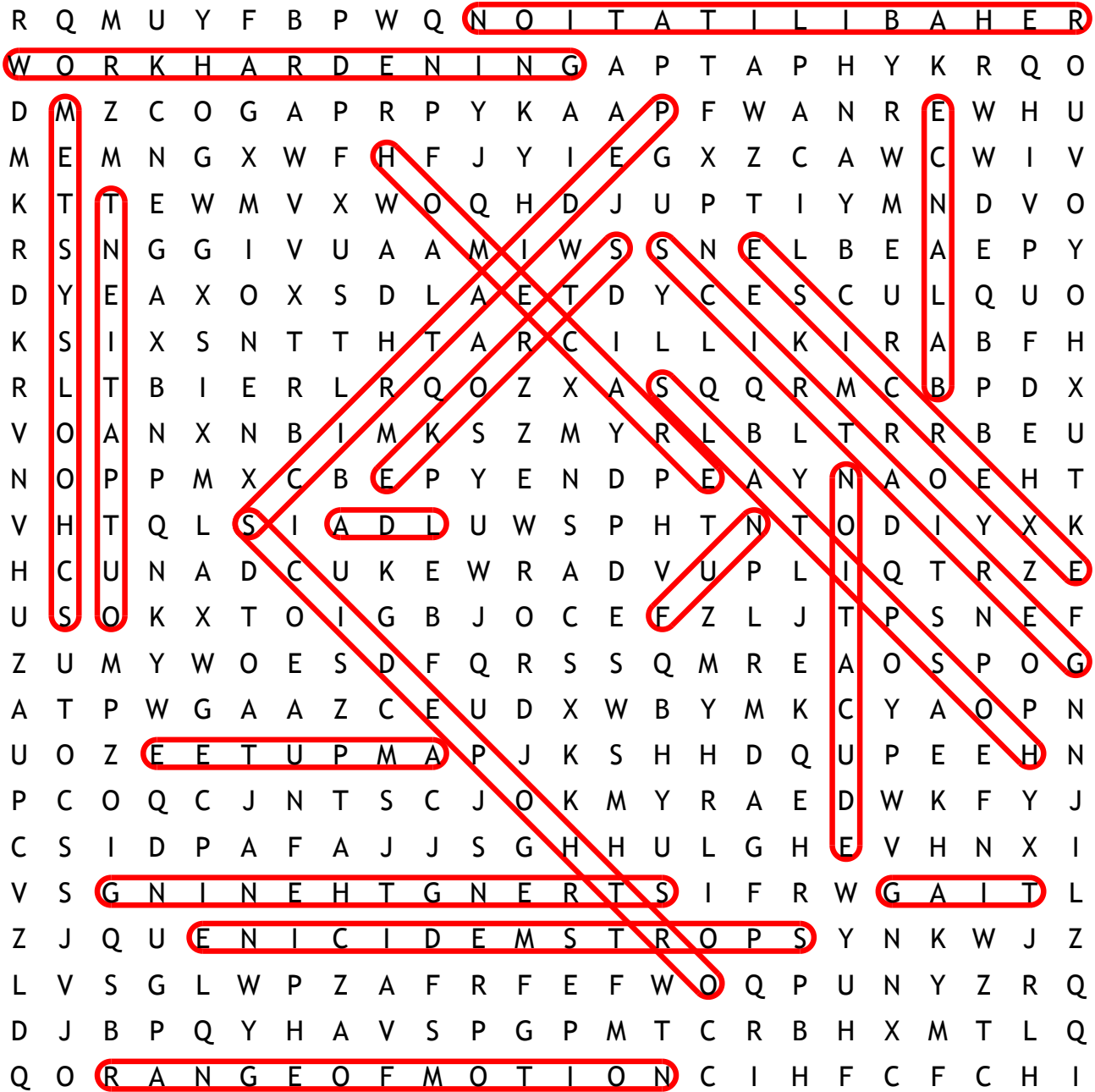


Name: \_\_\_\_\_

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            |