**Occupational Therapy**

<table>
<thead>
<tr>
<th>Mobility</th>
<th>Fall Prevention</th>
<th>Adaptive Equipment</th>
<th>Good Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Button Hook</td>
<td>Dressing Stick</td>
<td>Reacher</td>
<td>Universal Cuff</td>
</tr>
<tr>
<td>Leg Lifter</td>
<td>Long Handle Shoe</td>
<td>Socket Aid</td>
<td>Independence</td>
</tr>
<tr>
<td>Velcro</td>
<td>Long Handle</td>
<td>Safety</td>
<td>Long Handle Shoe</td>
</tr>
<tr>
<td>Id:</td>
<td>Safety</td>
<td></td>
<td>Sponge</td>
</tr>
</tbody>
</table>

**Addressing:**

Name: ____________________________
Date: __________________

**Adaptive Equipment:**

- Button Hook
- Leg Lifter
- Velcro

**Mobility:**

- Long Handle Shoe
- Dressing Stick
- Universal Cuff

**Fall Prevention:**

- Long Handle Shoe
- Dressing Stick

**Adaptive Equipment:**

- Reacher
- Socket Aid

**Good Health:**

- Universal Cuff
- Independence