Name: _____ Date: _____

Occupational Therapy

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

LONG HANDLE SHOE HORN
FALL PREVENTION
INDEPENDENCE
BUTTON HOOK
SOCK AID
SAFETY
ADAPTIVE EQUIPMENT
DRESSING STICK
GOOD HEALTH
LEG LIFTER
VELCRO
LONG HANDLE SPONGE
UNIVERSAL CUFF
OCCUPATIONS
MOBILITY
REACHER