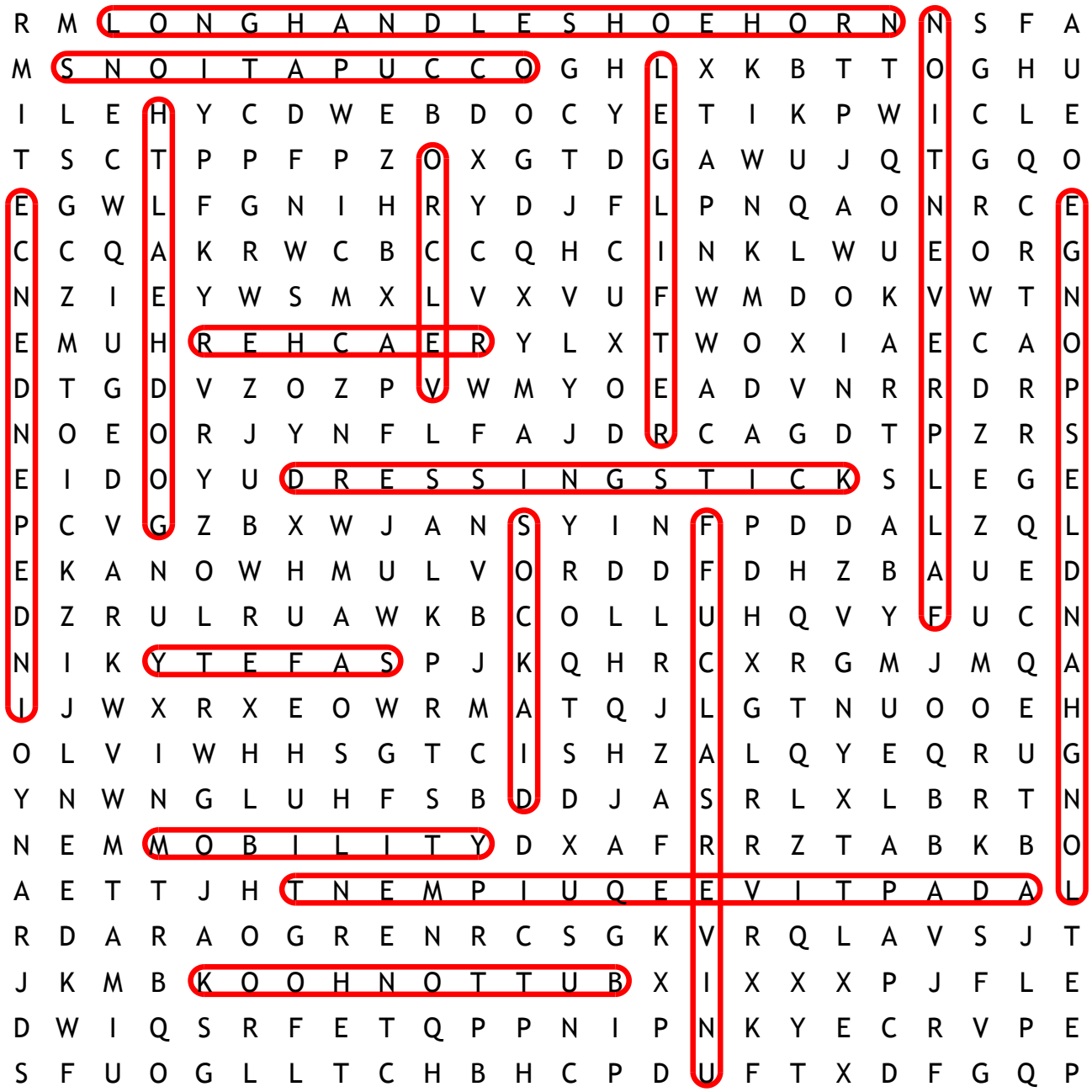
Name: _____ Date: _____

Occupational Therapy



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