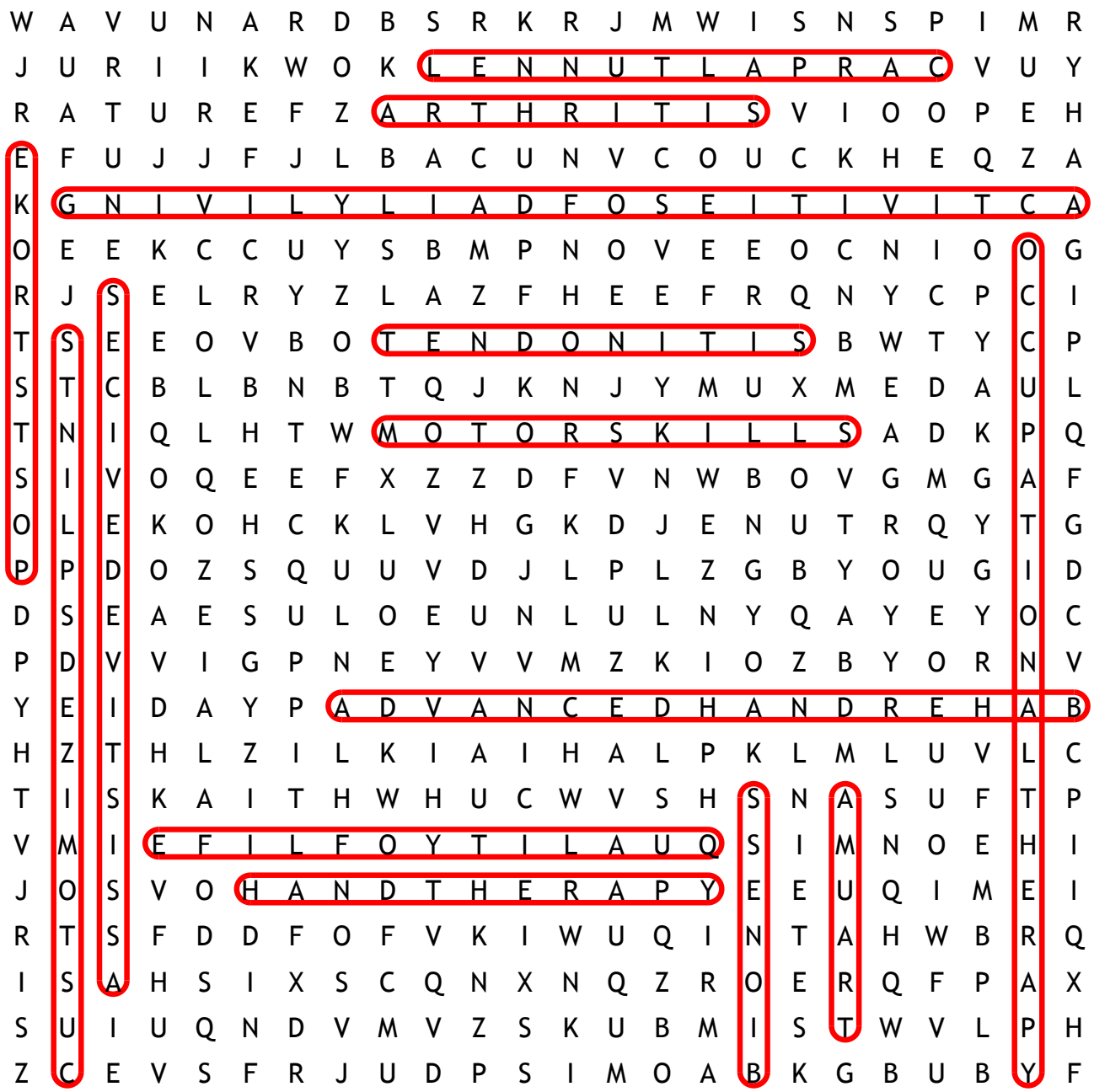
Name: _____ Date: _____

OT Month



Activities of Daily Living
Customized Splints
Carpal Tunnel
Post Stroke
Bioness
Occupational therapy
Assistive Devices
Hand Therapy
Tendonitis
Trauma
Advanced Hand Rehab
Quality of Life
Motor Skills
Arthritis