Name: _____ Date: _____

Occupational Therapy

1. IVTITCAIES FO DYILA NIVLIG activities of daily living
2. SEGRSDIN SIKCT dressing stick
3. NGLO EDLHDNA OSEH OHRN long handled shoe horn
4. DTAHABREN theraband
5. EWRLAK walker
6. EELWH ACHIR wheel chair
7. TPRTUATEYH theraputty
8. NERAG FO IMOONT range of motion
9. STAFSRRNE transfers
10. TEHIDWGE NSTLIEU weighted utensil
11. ELROSDHU RCA shoulder arc
12. GHETISW weights
13. AERREHC reacher
14. ANCLOPUTOIAC REYTPAH occupational therapy
15. SCKO IDA sock aid