

Name: _____

Occupational Therapy

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

Activity Analysis

Modifications

Shower chair

Preferences

Occupation

Strength

Holistic

Sockaide

Balance

Reacher

COTA

OTR