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Occupational Therapy Month

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| **Across****2.** Goal of OT**8.** Used to put on socks**9.** What month in OT month**10.** What is your OT’s first name**11.** Number of OT team members**13.** Assists with mobility**14.** What item helps you get your shoe on? | **Down****1.** Used to pick up items**3.** Helps to button shirt and pants**4.** Sat on to conserve energy while showering**5.** Attaches to a plate to prevent food from falling off**6.** Name of cup used to prevent spillage**7.** Used when having difficulty tying shoes**12.** What is your COTA’s first name |