

Occupational Therapy Checklist

Please review the list below. If you are experiencing difficulties in any of these areas, you may benefit from an evaluation with an Occupational Therapist. Please show this to your primary care provider, and ask if he or she might consider a referral for an evaluation by an occupational therapist for you.

Basic Activities of Daily Living

- Showering
- Dressing
- Toileting
- Feeding
- Grooming
- Hygiene

Mental Functions - Perception

Sensation awareness including:

- Auditory
- Visual
- Tactile
- Olfactory
- Taste
- Proprioception (knowing where you are in space)

Neuromuscular and mobility

- Joint mobility
- Stability
- Motor control
- Postural control
- Hand-eye coordination
- Fine motor and dexterity training
- Hand pain and function
- Wrist pain and function
- Elbow pain and function
- Neuromuscular and cognitive retraining
- Sensory reintegration

Instrumental Activities of Daily Living

- Home management
- Work capacity
- Ergonomic setup
- Medication management
- Social engagement
- Sexual activity
- Gardening/yardwork
- Driving

Mental (Cognitive) Functions

- Planning and organization
- Task sequencing
- Initiation/completion skills
- Reaction speed

Executive function-related psychosocial skills

- Insight
- Judgment
- Coping skills
- Interpersonal skills/relationships
- Praxis (accepted customs/norms)
- Impulse control
- Sexuality, sexual identity, gender roles

Emily Strabbing, OTA (2019) and Erin Cook, OT (2021).

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