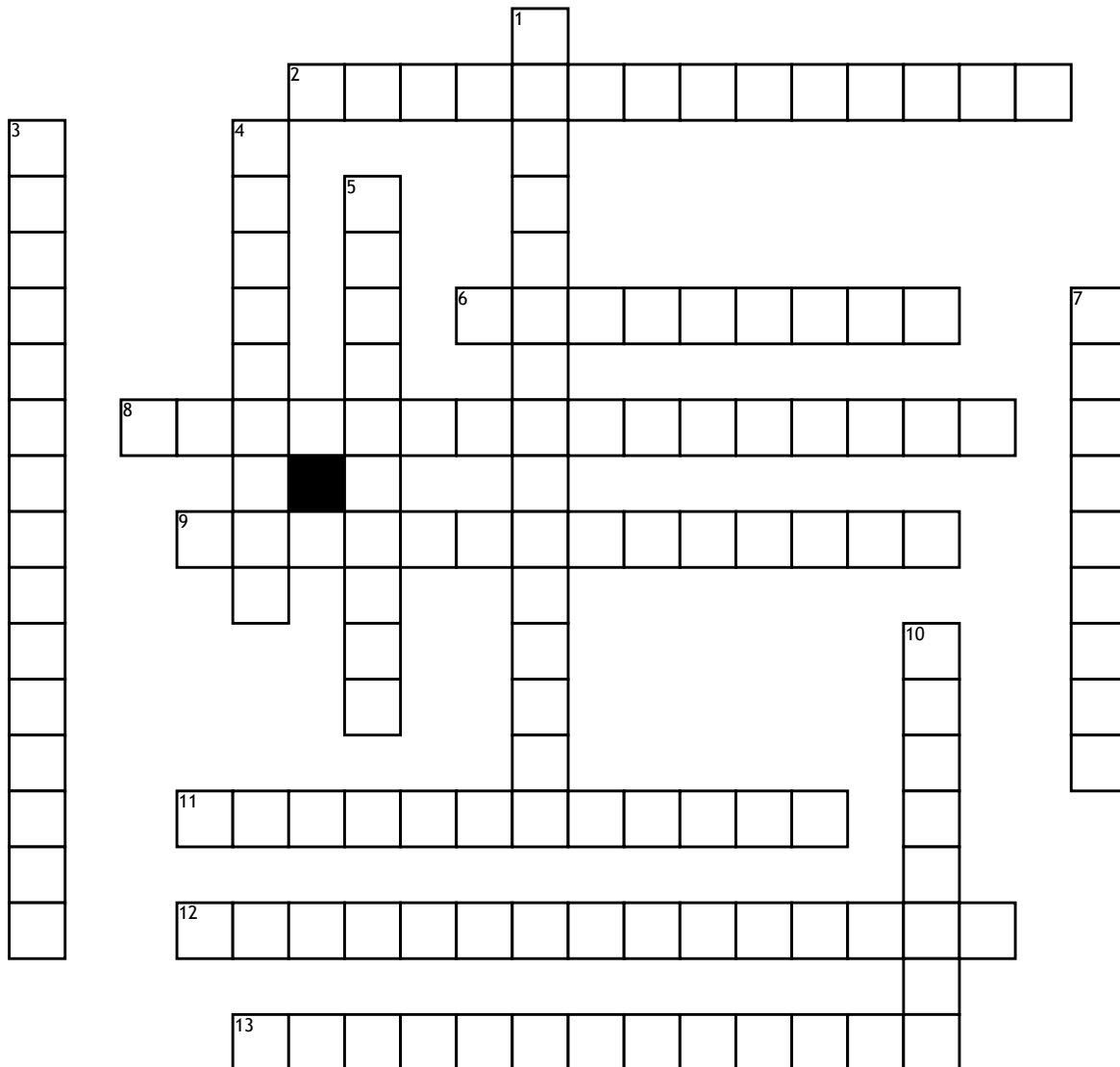


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Muscular System



## Across

2. Buttocks

6. Center of upper back

8. Side of Abdomen

9. Dorsal surface of upper arm

11. Anterior surface of the upper arm

12. Center of Abdomen

13. Inside of calf

## Down

1. Chest/Breast Area

3. Side of dorsal surface

4. Inner Thigh

5. Thigh Muscles

7. Back of Thigh

10. Shoulder