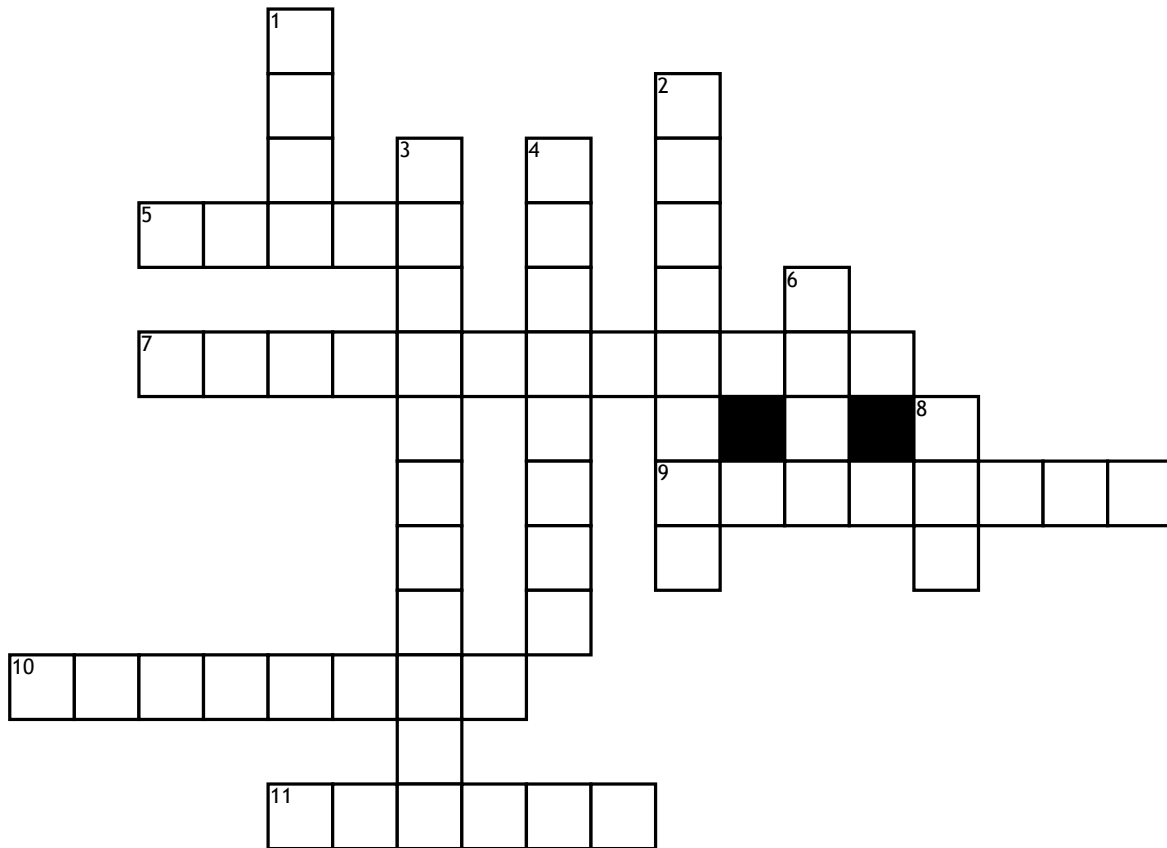


Name: _____

Date: _____

Upper limb



Across

- 5. Armpit
- 7. Scapula/shoulder blade
- 9. Forearm
- 10. Shoulder
- 11. Finger

Down

- 1. Wrist
- 2. Elbow
- 3. Clavicle
- 4. Upperarm
- 6. Hand
- 8. Arm