

Name: _____

Date: _____

Body Landmarks

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

Antebrachial Cephalic

Thoracic

Axillary

Digital

Frontal

Orbital

Gluteal

Femoral

Deltoid

Crural

Carpal

Mental

Pubic

Sural