

Name: _____

Date: _____

Body parts

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

Shoulder

Stomach

Fingers

Chest

Wrist

Neck

Ribs

Knee

Foot

Hand

Head

Hip

Toe

Arm

Leg