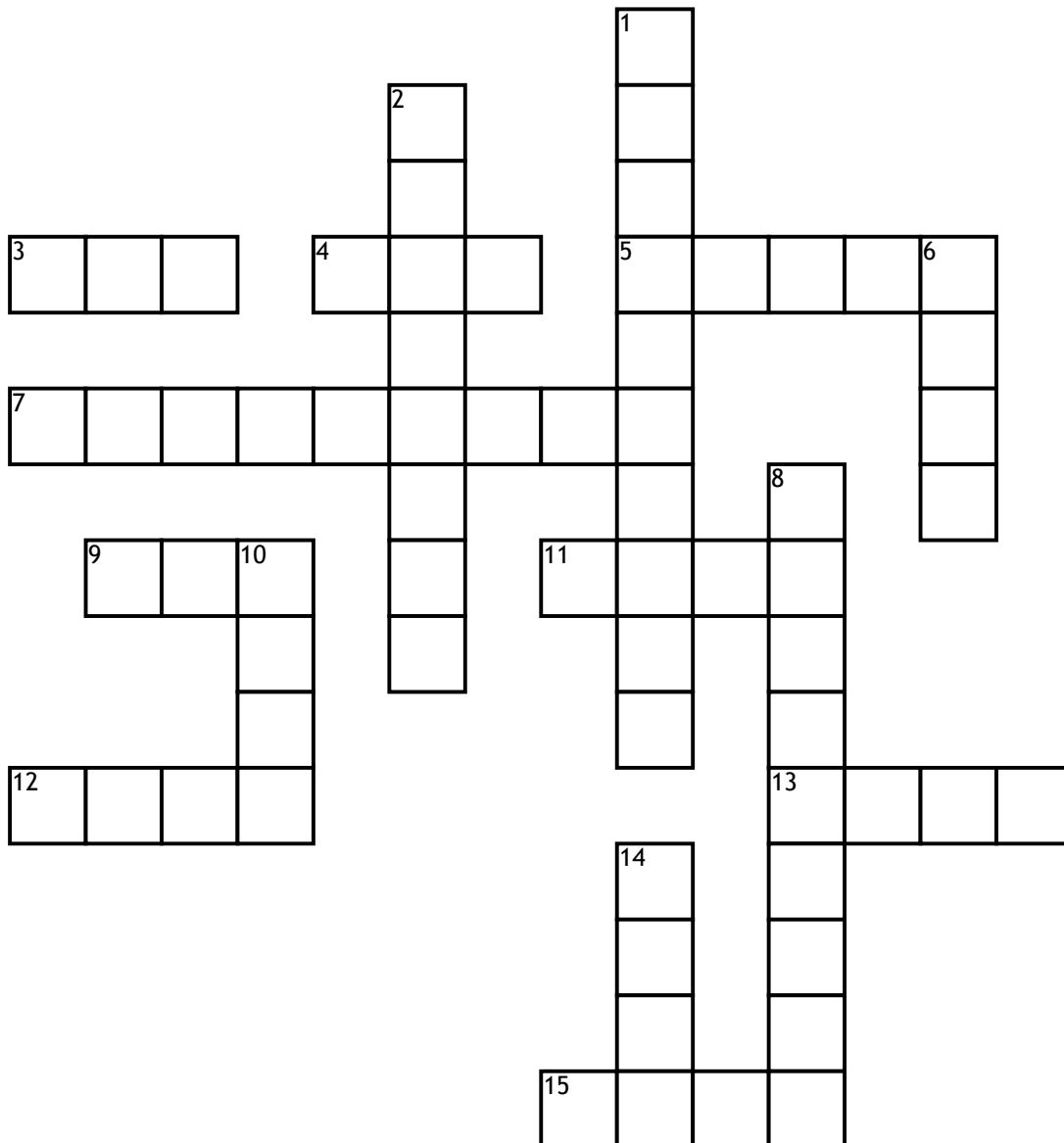


Name: _____

Date: _____

Lower limb



Across

- 3. Thigh
- 4. Buttock
- 5. Ankle
- 7. Upperleg
- 9. Heel
- 11. Leg

12. Foot

13. Hip

15. Knee

Down

- 1. Tibia
- 2. Fibula
- 6. Groin

8. Knee cavity

10. Calf

14. Toe