

Name: _____ Date: _____

UPPER AND LOWER EXTREMITIES

1. ALAURICNV _____
2. IRSIOPFM _____
3. ERFUM _____
4. UPACSAAL _____
5. DALARI EAHD _____
6. ALTALPE _____
7. UFLAIB _____
8. ULAN _____
9. AATASLREMT _____
10. TREACLAPAM _____