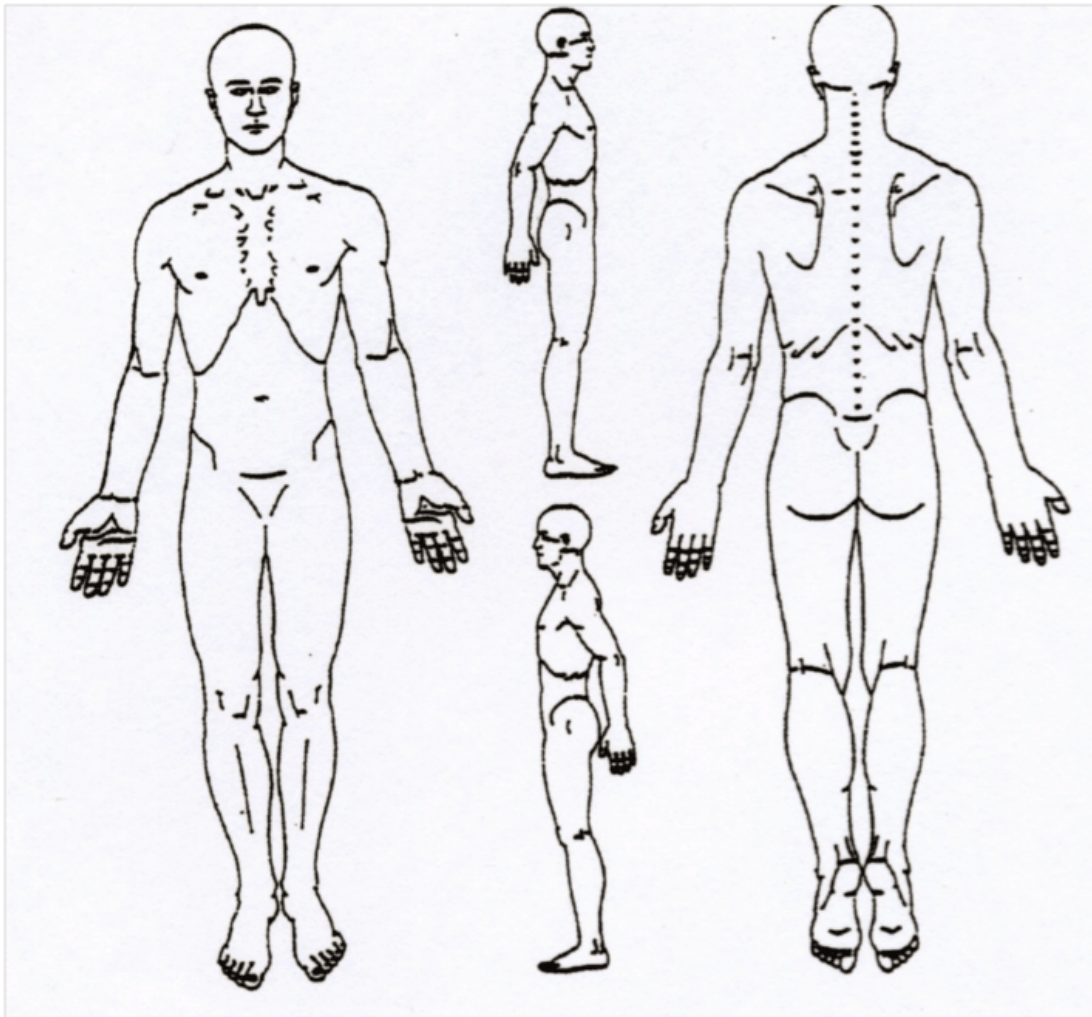


Body Map

Name: _____ Date: _____



Legend

- | | |
|--------------------------------------|-----------------------------|
| ☐ Strength | ☐ _____ |
| ☐ Weakness | ☐ _____ |
| ☐ Tension | ☐ _____ |
| ☐ Injury | ☐ _____ |
| ☐ Imbalance | ☐ _____ |
| ☐ Hyperextension | ☐ _____ |

