

MUSCULAR SYSTEM MASTERY CHECKLIST

Student: _____ Date: _____ Region: Head, Neck &
Torso

MUSCLE NAME ORIGIN INSERTION ACTION INNERV.

Head & Neck

Masseter

Sternocleidomastoid

Temporalis

Thorax & Abdomen

Pectoralis Major

Rectus Abdominis

Serratus Anterior

External Oblique

Back

Trapezius

Latissimus Dorsi

Rhomboid Major

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