

Physical Exam Head-to-Toe Flow Goals

Year 1

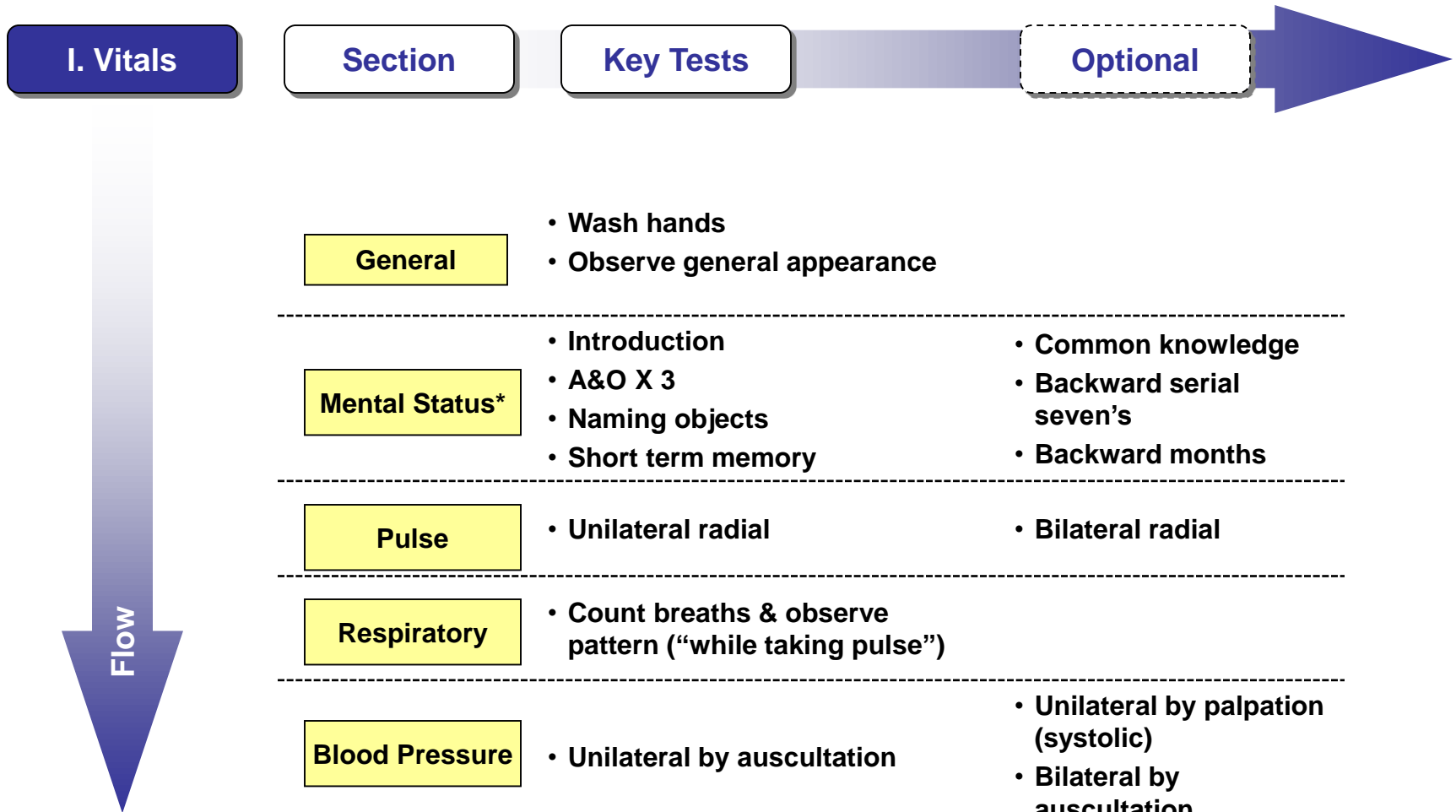
Cheryl A. Walters, MD



Choreograph Essential Tests for Economies of Time and Patient Movement

Protect Patient Safety, Comfort and Modesty

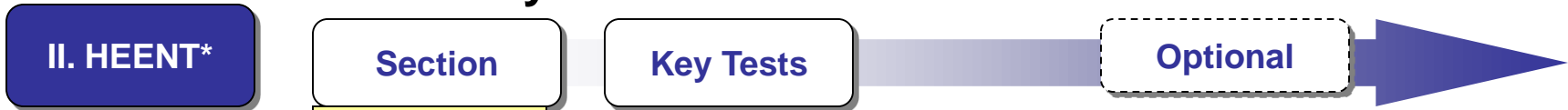
Physical Exam Head-to-Toe



* Technically neurological exam

	Supine
	30-45° Incline
	Seated
	Standing

Physical Exam Head-to-Toe



II. HEENT*

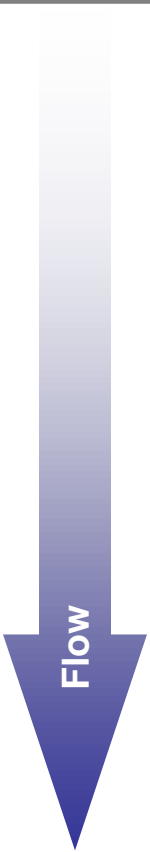
Section	Key Tests	Optional
Head & Scalp	<ul style="list-style-type: none"> Inspect and palpate head 	
Eyes (CN II, III, IV, VI)	<ul style="list-style-type: none"> CN II Visual acuity & fields (4 quadrants L eye, R eye; then upper & lower fields both eyes for extinction testing) CN III, IV, VI Extraocular muscles – head still, “H” pattern & convergence CN II, III Pupillary responses to light (direct & consensual) & accommodation Funduscopy: external & internal structures (red reflex, disc, vessels & macula—have patient look at light very briefly at the end) 	<ul style="list-style-type: none"> Alignment
Nose (CN I)	<ul style="list-style-type: none"> Scope for nares & turbinates (disposable speculum) Palpate for sinus tenderness 	<ul style="list-style-type: none"> CN I (smell) Transilluminate sinuses
Ears (CN VIII)	<ul style="list-style-type: none"> CN VIII Hearing (finger rub L ear, R ear) Rinne, Weber with 256 or 512 Hz tuning fork Inspect pinnae (incl. behind ears), Scope for canal and TMs (disposable speculum) 	
Mouth (CN IX, X, XII)	<ul style="list-style-type: none"> CN IX “Ahh” for palate elevation; and inspect tonsils CN X Note quality of speech CN XII Tongue movement Inspect mouth, frenulum, salivary ducts using pen light & tongue blade Palpate with gloves along mandible, under & sides of tongue for masses 	<ul style="list-style-type: none"> Bimanual palpation for floor of mouth, sublingual glands
CN V, VII	<ul style="list-style-type: none"> Touch on face (6 portions for bilateral CN V branches), feel for masseter & temporalis CN VII Smile (orbicularis oris); close eyes tight 	<ul style="list-style-type: none"> Extinction testing Brow lift, cheek puff
Neck (CN XI)	<ul style="list-style-type: none"> Neck range of motion in 6 directions CN XI SCM & trapezius muscle strength Nodes (cervicals, submental, auriculars, occipital, axillary, supraclavicular) Inspect & Palpate the thyroid, w/ 2 swallows 	



	Supine
	30-45° Incline
	Seated
	Standing

* Includes all cranial nerve exams

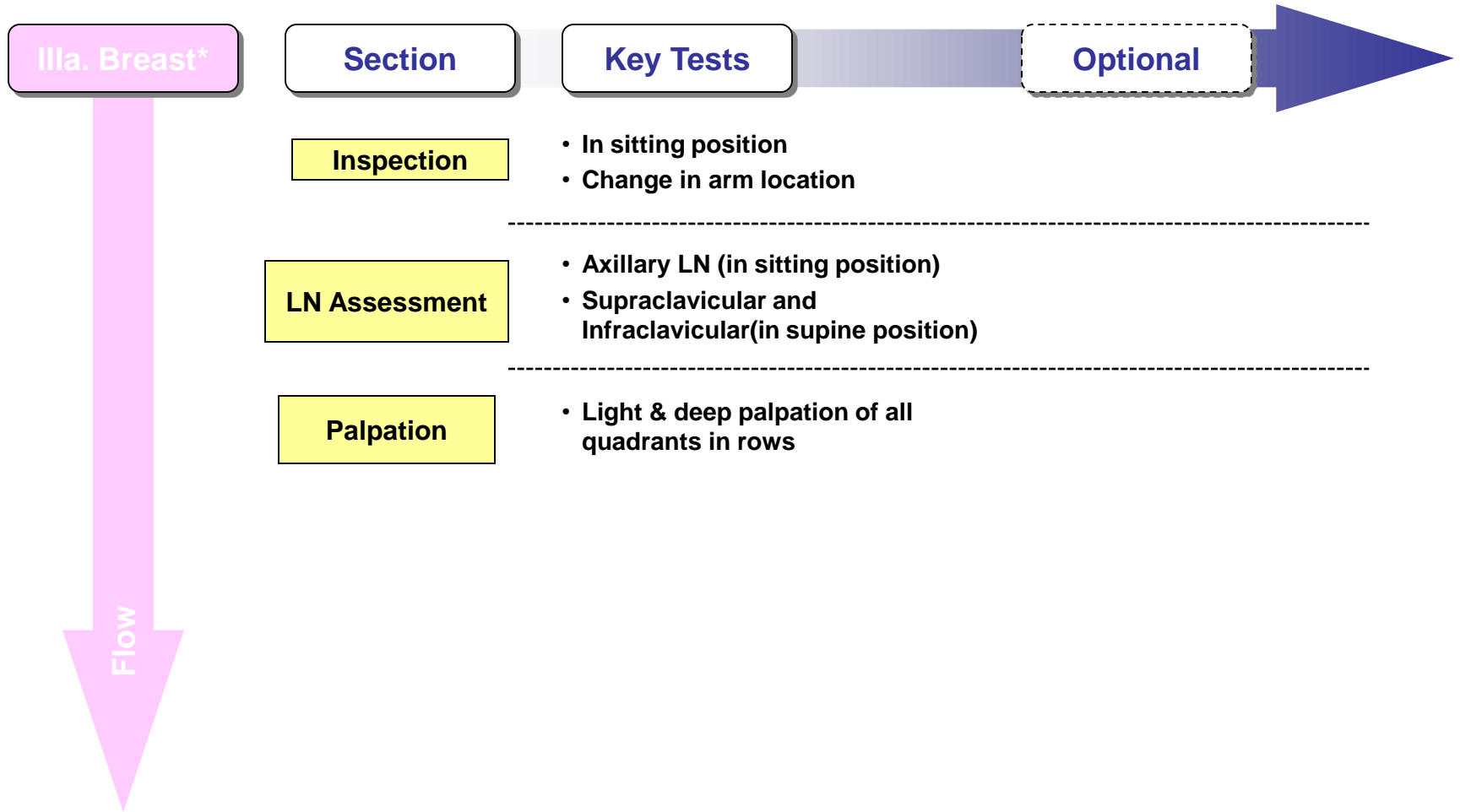
Physical Exam Head-to-Toe

III. Chest*	Section	Key Tests	Optional
	Inspection	<ul style="list-style-type: none"> • Symmetry, pectus excavatum/carinatum, barrel chest 	<ul style="list-style-type: none"> • AP & transverse diameter
	Posterior & Lateral Lungs	<ul style="list-style-type: none"> • Back excursion with breath • Percuss spine & CVA tenderness • Percuss side-to-side, incl. RML • Auscultate side-to-side on open mouth breaths, incl. RML 	<p>If suspect consolidation:</p> <ul style="list-style-type: none"> • Tactile, vocal fremitus • Egophony (E2A) • Whispered pectoriloquy
	Anterior Lungs	<ul style="list-style-type: none"> • Percuss side-to-side • Auscultate side-to-side on open mouth breaths 	
	Heart	<ul style="list-style-type: none"> • Auscultate all valves & Erb's Pt. • Auscultate base leaning forward-aortic and pulmonic valves 	<ul style="list-style-type: none"> • Palpate PMI
	Heart	<ul style="list-style-type: none"> • Observe JVD w/ penlight w/ ref to Angle of Louis • Auscultate for carotid bruits • Palpate carotid pulses 	
	Heart	<ul style="list-style-type: none"> • Palpate all valves & Erb's Point • Palpate for PMI, heave or lift • Auscultate all valves & Erb's Point & repeat with bell at LLSB & apex • L lateral decubitus to palpate PMI • L lateral decubitus to auscultate apex (mitral area) with bell • Palpate 4 areas of axillary nodes 	<ul style="list-style-type: none"> • Observe internal jugular venous pulse w/ penlight <p>If hear systolic murmur:</p> <ul style="list-style-type: none"> • Auscultate for radiation to the carotid arteries and axilla

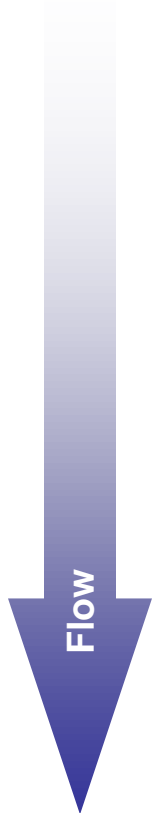
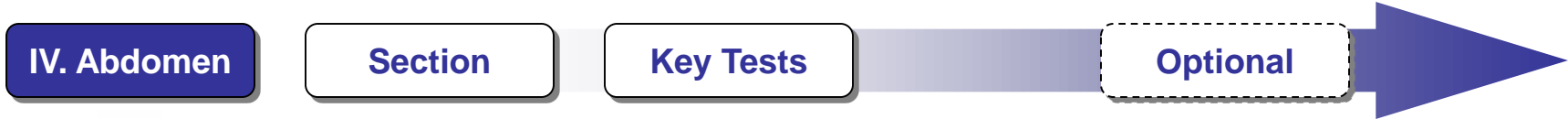
	Supine
	30-45° Incline
	Seated
	Standing

* Breast exam to be performed both upright and supine

Physical Exam Head-to-Toe



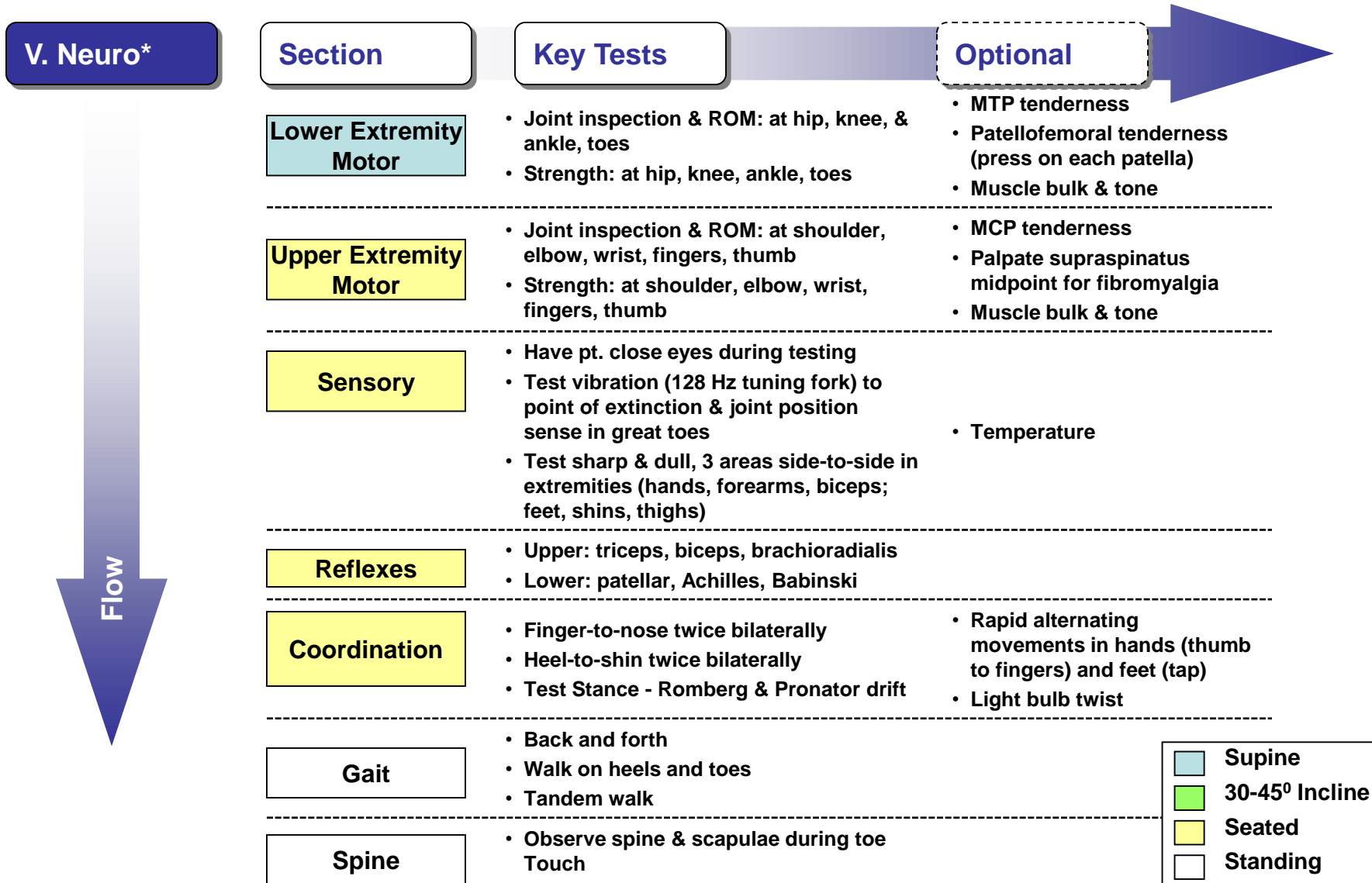
Physical Exam Head-to-Toe



Section	Key Tests	Optional
Inspection	<ul style="list-style-type: none"> Scars, striae, venous distention 	
Sounds	<ul style="list-style-type: none"> Auscultate for bowel sounds Auscultate for aortic, renal, iliac, femoral bruits Percuss for tympanicity of all quadrants, including flanks 	
Palpation	<ul style="list-style-type: none"> Light & deep palpation of all quadrants, flanks Liver palpation (determine approx. boundaries via percussion) Spleen percussion (Castell's point) while patient breathes in & out 	<p>If Castell's point + for enlargement:</p> <ul style="list-style-type: none"> Splenic palpation <p>If ascites suspected:</p> <ul style="list-style-type: none"> Shifting dullness Fluid waves
Vasculature	<ul style="list-style-type: none"> Aorta (press down for visual pulse) Palpate for peripheral pulses (femoral, popliteal, posterior tibial, dorsalis pedis) Palpate inguinal nodes 	

	Supine
	30-45° Incline
	Seated
	Standing

Physical Exam Head-to-Toe



* Order meant to minimize patient position changes; cranial nerves and mental status performed earlier

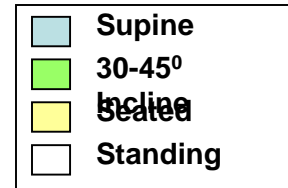
Exam Dos & Don'ts

- Introduce yourself and explain what you will be doing.
- WASH your hands.
- Conduct the exam from the patient's right as much as possible.
- Pay attention to patient safety, comfort, privacy (closing doors or drawing curtains), and proper draping or exposure. Use patient gowns and drapes appropriately to maintain patient modesty and comfort, but **DO NOT examine through the gown or drape.**



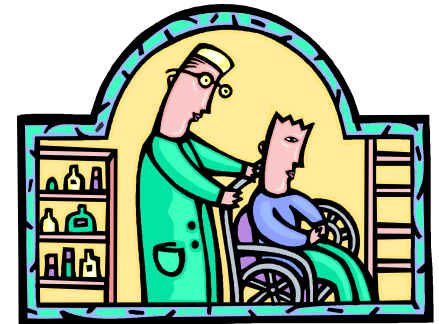
Attend to Patient Safety

- The Comprehensive Physical Exam requires the patient to be placed in various positions. Each position is designed to facilitate thorough, sequential, & efficient examination of regions of the body.

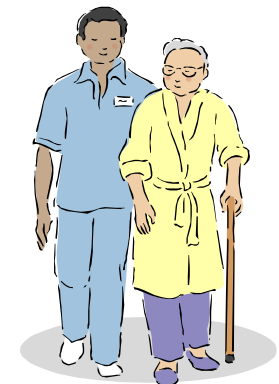


- Observe the patient throughout the exam to ensure patient safety. This is especially important for pediatric, geriatric, seriously ill, disoriented, or physically disabled patients.

DO NOT turn your back on the patient.



- Assist the patient as needed with the footrest and getting onto the exam table, changing positions, stepping down from the exam table, standing, or walking.



Attend to Patient Comfort

- **Start with the gown fastened & offer a drape to cover the patient's lap & legs for warmth.**

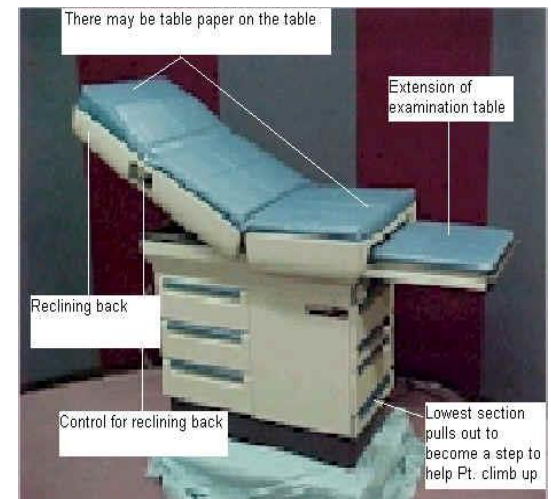


- **Before beginning the exam, get the patient's perspective.** Ask if he or she is reasonably comfortable. If the patient appears to be in pain, ask if there is anything you can do to help him or her feel more comfortable. If the patient appears to be in emotional distress, be supportive. Offer a few moments of silence, followed by an expression of concern such as "This seems like a difficult time for you. Can you tell me about it?"



- Pull out the exam table extension to support the patient's legs when the patient reclines & cover the legs with the drape for warmth. Push the leg rest back in when he or she sits back up.

- Ask the patient again if he or she is comfortable with each change of position.



Balancing Draping or Exposure

- Proper draping or exposure takes practice. Judicious use of draping prevents unnecessary exposure during the physical exam.
- Expose the area of the body being directly examined. Ask permission or let the patient know when you are going to move the gown or drape. As soon as you complete the exam of the exposed area, immediately replace the gown &/or drape.
- ***Limit the exposure times*** for sensitive areas such as the anterior chest or the inguinal areas.



Chest Draping or Exposure



- Open the back of the gown to fully expose and enable direct examination of the back & posterior lung fields.
- For the exam of the anterior chest & lungs, explain that you must briefly lower the gown to compare both sides of the chest wall and breasts for symmetry & listen to & percuss the upper lung fields side-to-side.
- Next replace the right side of the gown to examine the precordium & heart sounds, & then examine the left breast*** & axilla. (Remember to pull out the exam table extension to support the patient's legs when the patient reclines & cover the legs with the drape for warmth.) Then replace the left side of the gown to examine the right breast*** & axilla.
- ***Be thorough, but aware of exposure time.*** Finally, replace the gown over the patient's chest before proceeding with the abdominal exam.

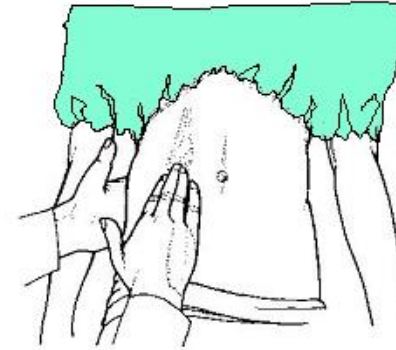


*** Breast exam & draping techniques will be reviewed & practiced in a separate session with GTAs. You will receive personalized feedback on your exam & draping techniques.

Abdominal Draping or Exposure

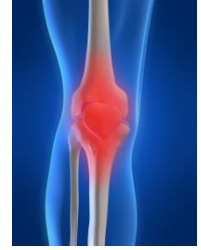


- The **technique of double draping**, or simultaneous use of the gown and drape, is very important in exposing the abdomen for direct examination while protecting the patient's modesty. Raise the bottom of the gown and turn the draping sheet down to expose the abdomen and leave the chest, legs and pubic and inguinal regions covered.



- Inguinal LNs & femoral pulses---Adjust the drape to expose the inguinal region one side at a time. (Do not reach down from the abdomen under the draping sheet.) **Limit the time of exposure.**





Extremity/Musculoskeletal Draping or Exposure

- Extremities/ Musculoskeletal exam---Place the draping sheet between patient's legs so both legs and hips may be uncovered & directly examined including ROM.
- When you ask the patient to get off the exam table, offer to assist him or her. Pull out the step if not already pulled out.
- Retie the patient's gown before the patient walks across the room.

