Medicine - General

Physical Examination

A. Before you start

- Know that all examinations will be in a normal patient. (As the Dr. mentioned)
- You should know the indication of each procedure.
- Remember to always examine from the right side of the patient. (If you're left handed, tell your examiner)
- After general appearance, people usually start with the <u>hand</u>, but if you want to start with the head then there's no problem with that.
- For the findings, you should say the negatives: "There's no clubbing, no splinter hemorrhage, no leukonychia..." and the same applies to the rest of the body.

B. Introduction: (WIP³E)

- 1. Wash hands: Wash your hands in front of the examiner or bring a sanitizer with you.
- **2. Introduce yourself:** My name is "...", I'm a third year medical student.
- **3. Explain the examination**: "I'm going to do some physical examination on you which mainly involves looking at your hand and face, and feeling some pulses."
- **4. Permission**: After explaining, take permission to proceed. "Do you mind?"
- **5. Position**: The position should be at 45°
- **6. Privacy**: I should maintain the patient's privacy. (Close the curtains).
- **7.** Exposure of the trunk: "Can you take off your shirt please?"

C. General appearance: (ABC²DE)

- 1. Appearance: "The patient is (young, middle aged or old) and looks well."
- **2. Body built:** "He looks (normal, thin or obese)."
- **3. Connections:** "The patient is not connected to any."
- **4. Color:** "He doesn't look pale or jaundiced."
- **5. Distress:** "The patient looks comfortable and he's not using any accessory muscles to breath, and so, he doesn't appear to be in any pain or respiratory distress."
- **6. ELSE:** "He is conscious and well orientated."

D. Vital signs:

- 1. Pulse Rate: (Measure the radial pulse)
 - I. Rate (Measure over 30 seconds and tell your examiner that ideally it should be measured over 1 minute. Normal rate is between 60-100).
 - II. Rhythm: Regularly regular. Abnormal: irregularly irregular or regularly irregular or irregularly regular
 - III. <u>Synchronization</u>: Check other radial pulse to see if there's a radio-radial delay and tell your examiner that ideally you'd also check for radio-femoral delay)
 - IV. **Volume**: determined from the carotid.
- 2. **Respiratory rate:** Try to take it while taking the pulse rate. Usually the normal range is between 16-25 breaths per minute.
- 3. **Temperature:** Normal temperatures range from 36.6-37.2
- 4. **Blood Pressure:** (Explained below) ideally, you would check BP in both arms.

E. The hand:

First, start with inspecting and feeling the hand.

E.g.: "Hands look normal in color and feel symmetrically warm. There aren't any signs of cyanosis and no nicotine staining." — Be careful! Sometimes the patient might be a smoker and have nicotine staining.

Nails:

- 1. Clubbing*: Ask the patient to bring his two nail beds of his two index fingers together to check for clubbing. Clubbing can be a sign of lung cancer, pulmonary fibrosis, bronchiectasis and IBD.
- 2. Splinter hemorrhage*: Found in infective endocarditis.
- **3.** Leukonychia*: sign of hypoalbuminemia, liver disease or nephritic syndrome.
- 4. Koilonychia*: sign of iron deficiency anemia.

Palm:

- 1. Osler's nodes & Janeway lesions*: signs of infective endocarditis.
- 2. Palmar xanthomata*: sign of hyperlipidemia
- 3. Palmar erythema*: sign of liver cirrhosis, polycythemia, and pregnancy.
- **4.** Pigmentation of palmar creases: sign of Addison's disease but may be normal in Asians and black people.
- 5. Paleness of palmar creases: sign of anemia.

^{*} Look at the pictures at the end of the document

- 6. Dupuytren's contracture*: sign of alcoholism.
- 7. Raynaud's phenomenon: abnormal response of fingers and toes to cold. First turns white (ischemia), then blue (cyanosis) then red (revascularization).

Dorsum:

- 1. Muscle wasting: decrease physical activity
- 2. Pigmentations
- 3. Skin lesions. (Including scars)
- 4. Tendon Xanthomata: sign of hyperlipidemia

Flapping tremor & fine tremor:

- 1. Flapping tremor: sign of CO2 retention, hepatic encephalopathy or renal failure. To examine: ask the patient to extend their arms and raise their wrists to 90 degrees.
- **2.** Fine tremor: it could be normal. If not, may indicate hypoglycemia or Parkinson's.

F. The head:

Scalp:

Hair deficiency or excess.

Mouth:

- 1. Central cyanosis (Blue discoloration): Ask the patient to open his mouth and lift his tongue up. Sign of hypoxemia (deoxygenated hemoglobin)
- 2. Oral/dental hygiene.
- 3. Dryness of the mouth: dehydration
- 4. Any lesion: ulcer, bleeding
- 5. Special smell:
 - a. Fetor hepaticus: "Sweet smell": sign of liver disease.
 - b. Uremic fetor: "Fish breathe": sign of renal failure.
 - c. Cigarette smell in smokers.

Eyes:

- 1. Jaundice (in the sclera, better seen in daylight): sign of liver disease, hemolytic anemia.
- 2. Pallor (in the conjunctiva): sign of anemia
- **3. Xanthelasma:** (Patches of yellow skin around the lower or upper eyelids): sign of hyperlipidemia or primary biliary cirrhosis

G. The neck:

(If there is any swelling, describe it: site, size, shape, skin, and surrounding tissue)

- 1. Lymph nodes†: Submental, submandibular, tonsilar, parotid, preauricular, post auricular, occipital, cervical and supraclavicular.
- 2. Salivary gland
- 3. Thyroid

Lymph nodes:

(If you feel a lymph node you should describe it as you describe any lump)

- 4. Epitrochlear
- 5. Axillary
- 6. Cervical
- 7. Supraclavicular
- 8. Inguinal

H. The lower limb:

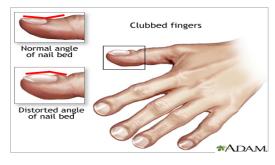
- 1. Lower limb edema
- 2. Peripheral pulses: popliteal, posterior tibial and dorsalis pedis pulses.
- 3. Any change in the nails, dorsal, or the sole of the foot.

I. The back: Sacral edema

J. Thank the patient (Now he can wear his shirt)

[†] Look at the pictures at the end of the document

Pictures:







Clubbing



Splinter Hemorrhage

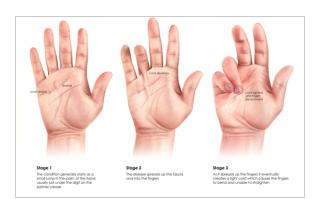


Leukonychia

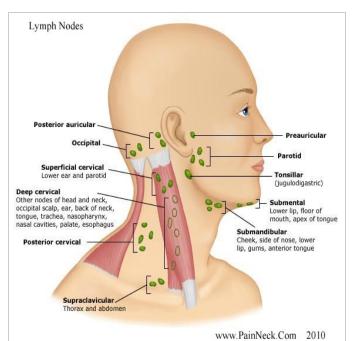


Tendon Xanthomata

Palmar erythema



Koilonychia



Dupuytren's contracture



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