ORL Course 431 - Examination of **EAR**

Student's Name and Computer No.:_____

Tutor's Name & Signature:_____ **Date:**_____

Srl. No	ITEMS TO BE FULFILLED	Correctly Done 5	4	3	Incorrectly Done 2	1	Not Done 0
1	Introduce yourself to the patient who is sitting in front of you						
2	Explain to the patient what you are going to do						
	A. The Auricle:						
	1. Inspect each auricle and surrounding tissues for deformities, lumps or skin lesions 2. In case of ear pain, discharge or inflammation, move the auricle up & down, press the tragus(what is the importance?) and press firmly just behind the ear (what is the importance?)						
	B. Examination of the ear and tympanic membrane using otoscope						
	1. choose the ear speculum that the canal can accommodate and fit it on the otoscope 2. Tilt patient head slightly to the opposite side 3. Hold the auricle gently and pull it upwards and slightly from the head. This helps to straighten the auditory canal 4. Hold the otoscope handle between your thumb and fingers like a pen(for right ear, hold it in right hand and for left ear hold it in left hand) 5. Brace your hand against patients face. Your hand and instrument thus follows unexpected movements by the patients 6. Insert the speculum gently into the auditory canal, directing it somewhat down and forward 7. Inspect the auditory canal, noting any discharge, foreign bodies, redness of the skin or swelling (what are the features of acute otitis media?) 8. Note the cerumen, which varies in color and consistency from yellow to brown and sticky or hard. It may wholly or partly obscure the tympanic membrane 9. Inspect the tympanic membrane noting its color and contour Note the landmarks of normal tympanic membrane: pars flaccid and pars tensa, cone of light, umbo, long process of malleus and short process of malleus 10. Gently move the speculum so that you can see as much of the tympanic membrane as possible 11. Look for any pathology of tympanic membrane (e.g. perforation, chalky patches and atrophy) 12. Test the mobility of the tympanic membrane using a pneumatic otoscope (if available)						

Cont - EAR

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	C. Hearing assessment: to differentiate between conductive and sensorineural hearing loss 1. Use the tunning fork with frequency of 512Hz for the following tests. Explain the test to the patient 2. Set the fork into vibration by striking it gently on your knee or elbow **3. Rinne Test:** i. Place the base of a vibrating tuning fork on the mastoid bone. When patient can no longer hear the sound, quickly place the fork close to the ear canal and ask patient if he still can hear the sound. ii. Interpretation: Normally air conduction (AC)>bone conduction (BC). In conductive hearing loss BC > AC **4. Weber Test:** i. Place the base of a vibrating tuning fork on the mid forehead. Ask the patient where he hears the sound ii. Interpretation: Normally sound is heard in the center or equally in both ears. In conductive deafness, it will be heard in deaf ear. In sensorineural deafness, it will be heard in normal ear.						

ORL Course 431 - Examination of **Nose and Paranasal Sinuses**

Student's Name and Computer No.:_____

Tutor's Name & Signature:_____ **Date:**_____

Srl. No	ITEMS TO BE FULFILLED	Correctly Done 5	4	3	Incorrectly Done 2	1	Not Done 0
1	Introduce yourself to the patient who is sitting in front of you						
2	Explain to the patient what you are going to do						
3	**Inspection of the external nose (frontal view and right and left profiles and basal views) for:**						
	a. Size of the nose in relation to the rest of the face b. Deviation fo bridge of nose c. Convexity (hump) or concavity (saddling) of the dorsum of the nose d. Shape of the tip of nose (e.g. pointed, bulbous) e. Shape of the columella and nostrils (short/wide columella, narrow / wide nostrils) f. Deviation of the nasal septum (may be evident in one nostril) g. skin lesion: for swelling, sinus, bruising, erythema or ulceration						
4	**Patency test:**occlude each nostril in turn with your thumb and ask the patient to exhale in front a shiny surface (e.g.cold meta tongue depressor) and look for cloudiness due to condensation of water vapor						
5	**Anterior rhinoscopy** a. Hold the nasal speculum in the left hand in closed fashion and introduce it gently in skin lined nasal vestibule with one limb facing downwards and other upwards. Avoid contact with the sensitive septum and lateral nasal wall b. Open the speculum gently in vestibule and examine floor, medial wall and lateral wall. Look for hyperemia, discharge ulceration in Little's area, septal deviation or perforation hypertrophic turbinates or polyps(if any). Roof as such can not be examined (it needs endoscopy)						
6	Make a habit to place all used instrument outside your instrument case. Disposable instruments should be discarded. Non-disposable should be sterilized.						
7	**Palpation of the nose:** a. press along the bridge of the nose with both index fingers feeling bony skeleton and skin thickness. b. Press on the tip of the nose with one index finger to elicit tenderness						
8	**Palpation of paranasal sinuses for tenderness (in acute sinusitis)** a. For maxillary sinus, press on the cheek at the level of canine fossa b. For ethmoidal sinus, press with index finger between medial canthus and lateral nasal wall c. For frontal sinus, press just below the medial aspect of the eyebrows in upward direction						

ORL Course 431 - Examination of **Mouth and Oro-Pharynx**

Student's Name and Computer No.:_____

Tutor's Name & Signature:_____ **Date:**_____

Srl. No	ITEMS TO BE FULFILLED	Correctly Done 5	4	3	Incorrectly Done 2	1	Not Done 0
1	Introduce yourself to the patient who is sitting in front of you						
2	Explain to patient what you are going to do						
3	**Equipment**						
	a. Source of light: bull's eye lump or torch **b.** Head morror or fiber optic light **c**. Tongue depressor; wooden or metallic **d**. Gloves: essential for every examination **e**. Xylocaine spray to abolish gag reflex - if needed						
4	Preparation: Remove denture (if any) so that gingival mucosa can be examined						
5	**Inspection:** **a. Lips:** note their color, any fissures, cracking, ulceration or any mass **b. Oral ventibule:** make patient open his mouth, retract cheek mucosa with tongue depressor and look for color, ulcers, white patches and nodules. Look for opening of parotid duct (opposite crown of second upper molar).Do massaging of the parotid gland and note flow of salivy from Stensen's duct) **c. Gums:** note color of gums(normally pink). There may be brown patches in dark races.Look for black lines(in lead poisoning) and red swollen inter-dental papillae in gingivitis **d. Teeth**: oount them and note any missing tooth or discoloration. Use your gloved finger to test for looseness of teeth **e. Roof of oral cavity**:(hard palate): look for any cleft, oro-nasal fistula, high arched palate, mass bony growth or ulcer **f. Tongue and floor of mouth**: **i.** ask patient to protrude his tongue out:inspect it for symmetry (a test for cranial nerve XII **ii.** Note color and texture of dorsum of tongue **iii.** Inspect sides,undersurface of tongue&floor of mouth **iv.**Note any white or reddened area,nodules or ulceration **g.** Palpate any suspicions lesions especially in smokers and alcoholic individuals above 50 years of age **h. Pharynx:** i.ask patient to open mouth without protruding the tongue **ii.** Use a tongue depressor to get a good exposure of posterior pharyngeal wall not so far that you induce gagging iii.inspect soft palate, anterior & posterior pillars, medial surface of tonsils. Note, congestion, extudes, swelling, ulceration and tonsillare enlargement **iv.** Inspect poterior and lateral pharyngeal walls and look for any forward or side bulge **v.**ask patient to say ah. Soft palate will rise which confirms intactness of vagus nerve						
6	Discard tongue depressors after use.						