Physical Assessment & Physical Examination

Aspects of Physical Assessment

- Purposes of physical assessment
 - Screening of general well-being
 - Validation of complaints that caused patient to seek health care
 - Monitoring of current health problems
 - > Formulation of diagnoses and treatments

Assessment Techniques

▶ Inspection (I)

Percussion (P)

▶ Palpation (P)

Auscultation (A)

Inspection

- > Use of one's senses of vision and smell to consciously observe patient
- Careful observation
- Tangential lighting if necessary

Palpation

- Act of touching patient in a therapeutic manner to elicit information
- **Tips**
 - Warm hands
 - ▶ Short nails
 - ▶ Inform patient of when, where, and how the touch will occur
- Light palpation
 - ► Superficial, delicate, gentle
 - Use finger pads
 - ▶ Depress 1 cm below surface
 - ▶ Provides information on skin texture, moisture, masses, fluid, muscle guarding, and tenderness

Deep palpation

- ▶ Reveals information about position of organs, masses, and their size, shape, mobility, and consistency
- Use hands
- ▶ Depress 4 to 5 cm below skin surface
- ▶ Most often used for assessing abdominal and reproductive structures

Percussion

- Striking one object against another to cause vibrations that produce sound
- Any part of the body can be percussed
- Most commonly used for abdomen and thorax
- → Analyze sounds by intensity, duration, pitch
- Quality of Sounds
 - ► Flatness

► Hyperresonance

Dullness

Tympany

- Resonance
- Techniques
 - ▶ Direct or immediate

Direct fist

▶ Indirect or mediate

▶ Indirect fist

Auscultation

- → Act of actively listening to organs
- Listening to voluntary and involuntary sounds
- Quiet environment is needed
- Analyze sounds in relation to intensity, pitch, duration, quality, and location

▶ Types of Auscultation

- Direct or immediate
 - Listening with the unaided ear
- Indirect or mediate
 - ▶ Listening with an amplification device
 - ▶ Examples: acoustic stethoscope, Doppler stethoscope
- **Commonly-Used Equipment**
- Pen and paper
- Tape measure
- Clean gloves
- Penlight
- Scale
- Thermometer

- Sphygmomanome ter
- Stethoscope
- Otoscope
- Ophthalmoscope
- Visual acuity charts

- Tuning fork
- Reflex hammer
- Lubricant

Preparing for a Physical Assessment

- * Clean, professional dress
- * Proper identification
- * Short fingernails
- * Warm hands and equipment
- ★ Hairstyle and jewelry that will not interfere with the exam
- * Well-lit, warm, private, quiet room
- * Introduce self
- * Explain exam
- Dress patient in gown, drape, and underpants
- * Have patient void before assessment

- Wash hands
- ★ Adhere to Standard Precautions and Transmission-Based Precautions
- * Position patient as needed
- * Avoid negative or crude remarks
- * Be cognizant of facial expressions
- Proceed using a head-to-toe or other systematic approach
- * Thoroughly document findings
- * Thank patient when exam is concluded

Positioning for Physical Exam

Fowler's

- ► High Fowler's or Semi-Fowler's
- ▶ Used to assess skin, head, neck, eyes, ears, nose, mouth, throat, thorax, lungs, heart, peripheral vasculature, neurological system

▶ Horizontal recumbent

 Used to assess breasts, heart, peripheral vasculature, abdomen, musculoskeletal system

Dorsal recumbent

▶ Used to assess female genitalia, anterior thorax and lungs, breasts, axillae, heart and peripheral vasculature, abdomen, musculoskeletal

▶ Lithotomy

Used to assess female genitalia and rectum

▶ Knee-chest

Used to assess rectum and prostate

➡ Sims'

▶ Used to assess rectum and female genitalia

Prone

▶ Used to assess skin, posterior thoras and lungs, hips

Side-lying

▶ Used to assess skin, thorax and lungs, bedridden patients

Golden Rules for Physical Assessment

- > Stand on the right side of patient to establish a dominant side for assessment
- Use a head-to-toe approach
- Compare right to left sides of the body for symmetry
- Proceed from least invasive to most invasive
- Use a systematic approach