

# History and Physical Exam in the Emergency Department

COMPLETE YET FOCUSED

# Principles of Emergency Care

- ▶ *The immediate initial recognition, evaluation, care, and disposition of patients with acute illness and injury.*

# Emergency Department Care

Initial Approach and Stabilization

Clinical assessment

History and Physical exam

Clinical Reasoning

Preliminary differential diagnosis

Initiate management

Diagnostic Adjuncts

“Working diagnosis”

Disposition

# History

- ▶ Patient
- ▶ Family
- ▶ Caregiver
- ▶ EMS
- ▶ Nursing Home
  - ▶ Transfer form
  - ▶ Call them
- ▶ Primary care physician

*Language line if needed*

*Document where history is from*



# History

- ▶ Patient Comfort
  - ▶ Positioning
  - ▶ Fear/ pain
  - ▶ HOH
  - ▶ Noisy
- ▶ PA Comfort
  - ▶ Sit down if you can
  - ▶ Ask family to leave if disruptive
  - ▶ Safe distance



# Chief Complaint

- ▶ Triage note
- ▶ Hopefully only one
- ▶ Start considering your differential diagnosis
- ▶ HPI based on this complaint

My chief complaint is  
that you're complaining.



---

*Oh, you must work in a hospital too.*

Original crude med-card humor  
from The Happy Hospitalist Blog

# History of Present Illness (HPI)

## ▶ Open-ended question

- ▶ "What problem are you having?"
- ▶ "Tell me about your headache."
- ▶ "Are you having stomach pain? Tell me about it."
- ▶ "What brings you to the hospital today?"



# HPI

## P-Q-R-S-T A-A-A

- ▶ Position
- ▶ Quality
- ▶ Radiation
- ▶ Severity
- ▶ Timing
  - ▶ Duration
  - ▶ Constant/ intermittent
- ▶ Alleviating factors
- ▶ Aggravating factors
- ▶ Associated symptoms



# HPI

- ▶ Previous episode
- ▶ What Changed Today?



# Neurologic History

## Altered Mental Status

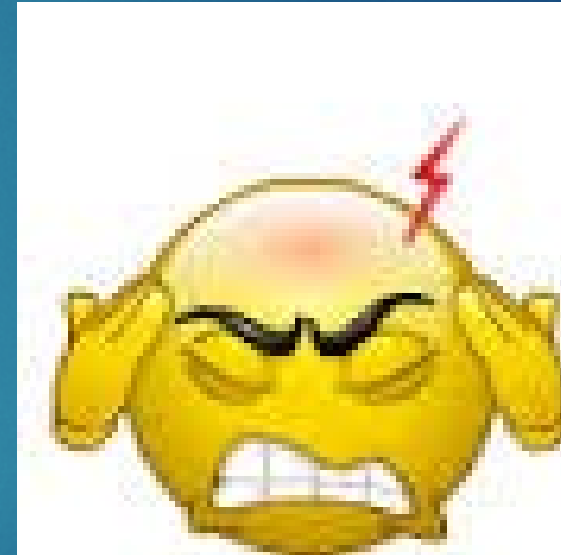
- ▶ When was patient last seen normal?
- ▶ What is normal?
- ▶ Was change gradual or abrupt?
- ▶ Does the patient complain of anything?
  - ▶ Assess thorough R.O.S.
- ▶ Has condition changed since initially recognized?
- ▶ PMH?
- ▶ Current medications?
- ▶ Is there substance abuse?



# Neurologic History

## Headache

- ▶ Severity
  - ▶ “Worst HA of my life”
- ▶ Onset of pain/ Location
- ▶ History of headache
- ▶ History of head trauma
  - ▶ Anticoagulation
- ▶ Associated neurologic symptoms
- ▶ Infectious symptoms
- ▶ Age
- ▶ Prodrome
- ▶ Family History
- ▶ Exposure- travel v toxic



# Neurologic History

## Seizure

- ▶ Prior history
  - ▶ How often?
  - ▶ Compliant with medication?
- ▶ What happened?
  - ▶ Onset-
    - ▶ Aura, trauma
  - ▶ Tongue biting
  - ▶ Incontinence
  - ▶ Focal v generalized
  - ▶ Post-ictal?
- ▶ Medication history
- ▶ Drug/ alcohol abuse
- ▶ Recent illness?
- ▶ PMH



# Neurologic History

## Stroke

- ▶ Exact onset of symptoms
- ▶ Nature of symptoms
  - ▶ Weakness, speech, gait, vision, level of consciousness
- ▶ Associated symptoms
- ▶ History of similar in past?
- ▶ Baseline?
- ▶ Risk factors for stroke?
- ▶ Anticoagulants?



# Cardiovascular History

## Chest pain

- ▶ Character of the pain
  - ▶ P-Q-R-S-T A-A-A
- ▶ Associated symptoms
  - ▶ SOB
  - ▶ Dizziness
  - ▶ Diaphoresis
  - ▶ Nausea/ vomiting



# Cardiovascular History

## Chest pain

- ▶ Risk Factors
  - ▶ Age
  - ▶ Male
  - ▶ Hypertension
  - ▶ Diabetes
  - ▶ Smoker
  - ▶ Known h/o CAD
  - ▶ High cholesterol
  - ▶ Family History of CAD
  - ▶ Oral contraceptives in female >35yo





# Cardiovascular History

## Syncope

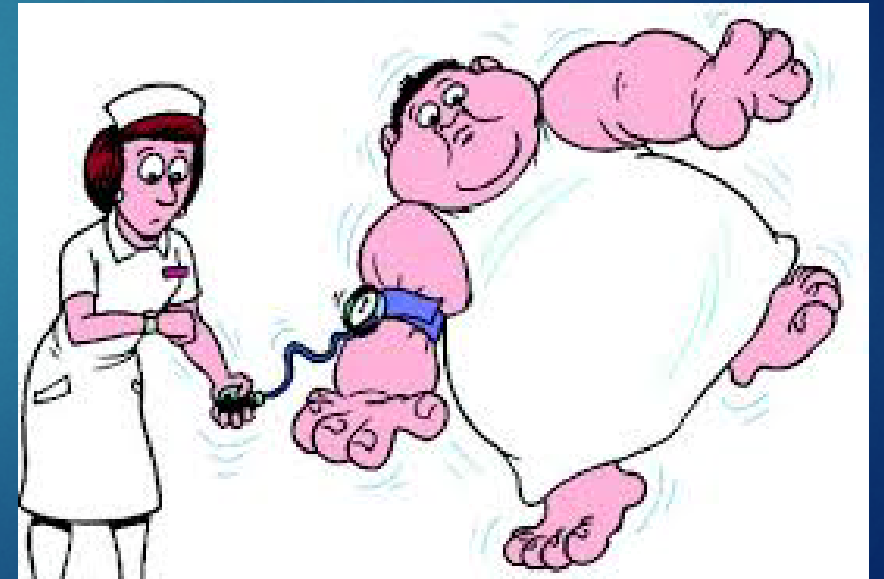
- ▶ Inciting event?
- ▶ Prodrome?
- ▶ Urination/ defecation?
- ▶ Dehydration/ blood loss?
- ▶ Chest pain / dyspnea/ palpitation?
- ▶ Seizure activity / neuro symptom?
- ▶ Pregnant?
- ▶ Trauma?
- ▶ H/o syncope?
- ▶ Diabetes?



# Cardiovascular History

## Hypertension

- ▶ Neurologic symptoms
- ▶ Chest pain
- ▶ Congestive heart failure
- ▶ Hematuria
- ▶ Pregnancy
- ▶ Previous episode?
- ▶ Medication history / compliance
- ▶ Drug use



# Gastrointestinal History

## Abdominal pain

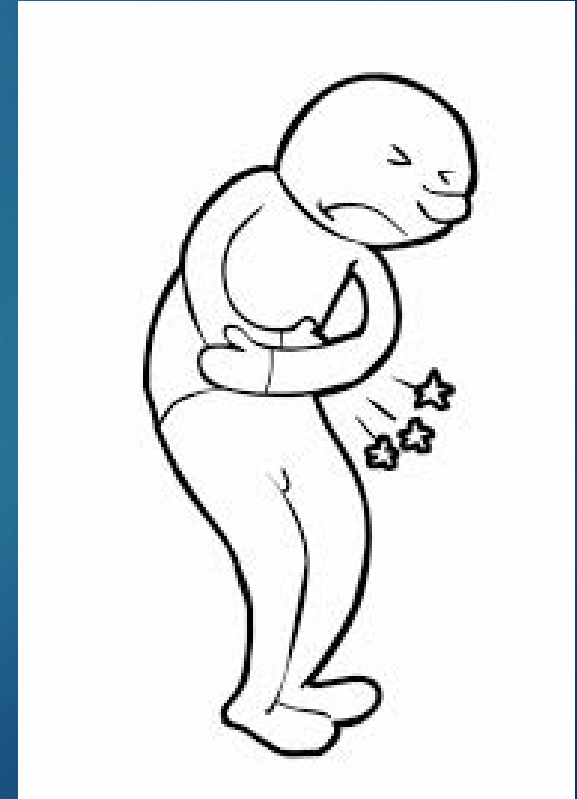
- ▶ P-Q-R-S-T A-A-A
- ▶ Nausea/vomiting
- ▶ Change in bowel habits
- ▶ Anorexia
- ▶ Urgency to defecate
- ▶ Genitourinary symptoms



# Gastrointestinal History

## Abdominal pain

- ▶ Extra-abdominal symptoms
  - ▶ Chest pain
  - ▶ SOB
- ▶ Fever
- ▶ Medical illness
- ▶ Past surgery
- ▶ Menstrual history
- ▶ Alcohol use
- ▶ Medication
  - ▶ Asa/ nsaids
  - ▶ corticosteroids



# Gastrointestinal History

## GI Bleeding

- ▶ How long?
- ▶ How frequent?
- ▶ Black stools / melena/ bright red blood?
- ▶ Estimate of blood loss?
- ▶ Syncope
- ▶ H/o Gi bleed?
- ▶ Related medical illness
  - ▶ Liver, PUD, etoh use, nsaid/ asa use
- ▶ Abdominal pain?
- ▶ Other bleeding?
- ▶ Extra-abdominal symptoms?
  - ▶ Chest pain, dizziness, SOB

# Gastrointestinal History

## Diarrhea

- ▶ Duration?
- ▶ Frequency?
- ▶ Appearance ? Bloody?
- ▶ Worse with eating / drinking?
- ▶ Previous history of diarrhea?
- ▶ Fever
- ▶ Vomiting
- ▶ Abdominal pain
- ▶ Weight loss
- ▶ Travel history
- ▶ Recent antibiotics
- ▶ Unusual foods?- recent picnics??
- ▶ Sick contacts?
- ▶ Sexual orientation?



# Pulmonary History

## Shortness of breath

- ▶ Sudden / gradual onset?
- ▶ How long?
- ▶ Pleuritic?
- ▶ Position?
- ▶ Exertional?
- ▶ H/o similar in past?
- ▶ Medication taken?
- ▶ Tobacco use?
- ▶ Associated symptoms-
  - ▶ Chest pain, cough, fever, hemoptysis, DOE
- ▶ Past Medical History
  - ▶ COPD, DVT, CHF, asthma, PE
- ▶ Recent travel/ immobilization



# Pulmonary History

## Wheezing

- ▶ History of asthma/ COPD?
- ▶ P-Q-R-S-T A-A-A
- ▶ Associated URI sx
- ▶ Fever
- ▶ Medications tried- ?compliance
- ▶ Severity of underlying COPD / asthma
  - ▶ Hospitalizations
  - ▶ Intubations
- ▶ Weight gain
- ▶ Toxic exposure
- ▶ Tobacco use
- ▶ Foreign -body aspiration (peds patients)
- ▶ Cardiac history



# Unstable Patient/ Trauma

- ▶ A Allergies
- ▶ M Medications
- ▶ P Past Medical History  
Past Surgical History  
Pregnant
- ▶ L Last meal  
Last tetanus  
LMP
- ▶ E Events



# Pediatric History

- ▶ Birth History
  - ▶ Term?
  - ▶ C-section/ vaginal
  - ▶ Complications
  - ▶ Perinatal infections
- ▶ Immunizations
- ▶ Feeding
- ▶ Wet diapers





# Pregnant History

- ▶ Last menstrual period
- ▶ Vaginal bleeding
- ▶ Abdominal pain
- ▶ Fetal movement
- ▶ Previous pregnancy history
- ▶ Previous delivery history
- ▶ Complications this pregnancy
- ▶ STD history



# Pregnant History

## G's and P's

- ▶ Gravida
  - ▶ Number of pregnancies
- ▶ Para
  - ▶ “Texas Power And Lighting”
    - ▶ T- term infants
    - ▶ P- preterm infants
    - ▶ A- abortions (both elective and spontaneous)
    - ▶ L- living children
- ▶ G3P1102

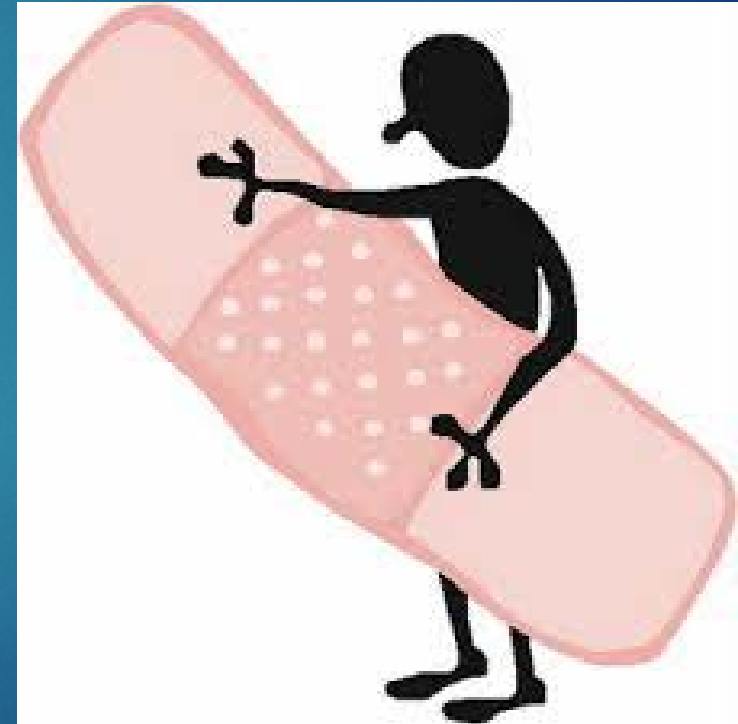
# Psychiatric History

- ▶ Previous history
- ▶ Suicidal
- ▶ Homicidal
- ▶ Hallucinations
- ▶ Hospitalizations
- ▶ Compliance with medication
- ▶ Agitation, paranoia, delusions
- ▶ Flight of ideas
- ▶ Substance abuse
- ▶ Medical complaints



# Wound History

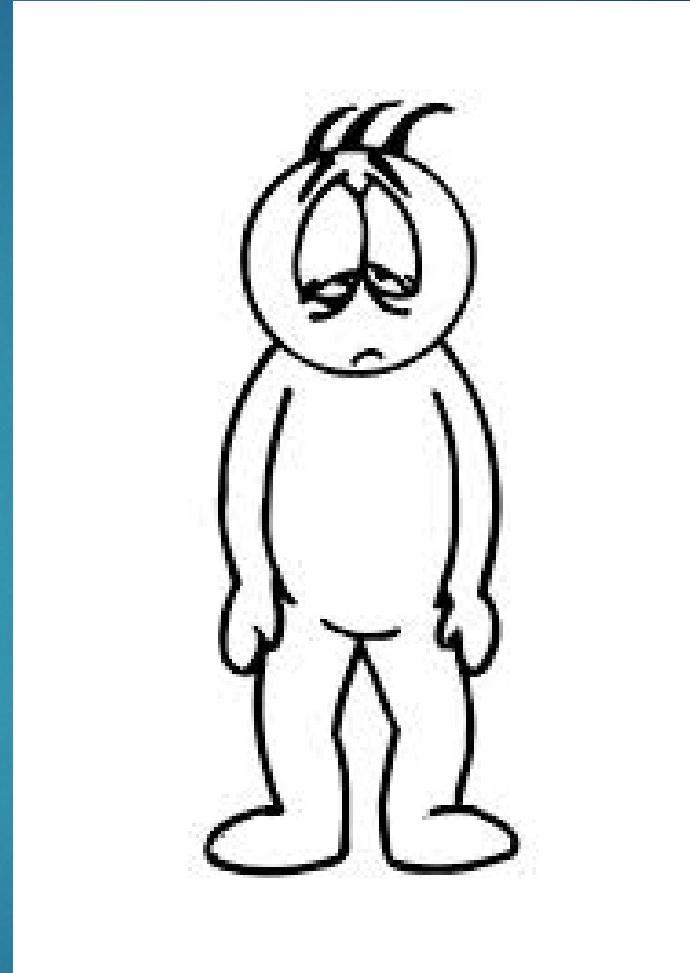
- ▶ Force of injury
- ▶ Time since injury
- ▶ Contamination
- ▶ Tetanus status
- ▶ Handedness of patient (with UE injury)
- ▶ Medical illness
- ▶ Medication



# Review of Systems

## General

- ▶ Fever
- ▶ Chills
- ▶ Change in weight
- ▶ Weakness
- ▶ Fatigue
- ▶ Sweats

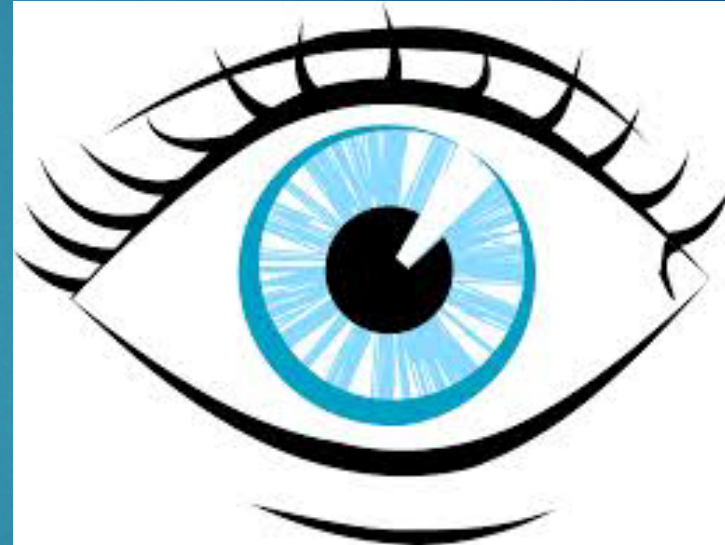




# Review of Systems

## Eyes

- ▶ Corrective lens/ contact lens
- ▶ Change in vision
- ▶ Double vision
- ▶ Tearing
- ▶ Pain
- ▶ Light sensitive
- ▶ Redness
- ▶ Discharge
- ▶ History of glaucoma
- ▶ Injury



# Review of Systems

## Ears

- ▶ Loss of hearing
- ▶ Discharge
- ▶ Dizziness
- ▶ Pain
- ▶ Ringing in ears
- ▶ Infection



# Review of Systems

## Nose

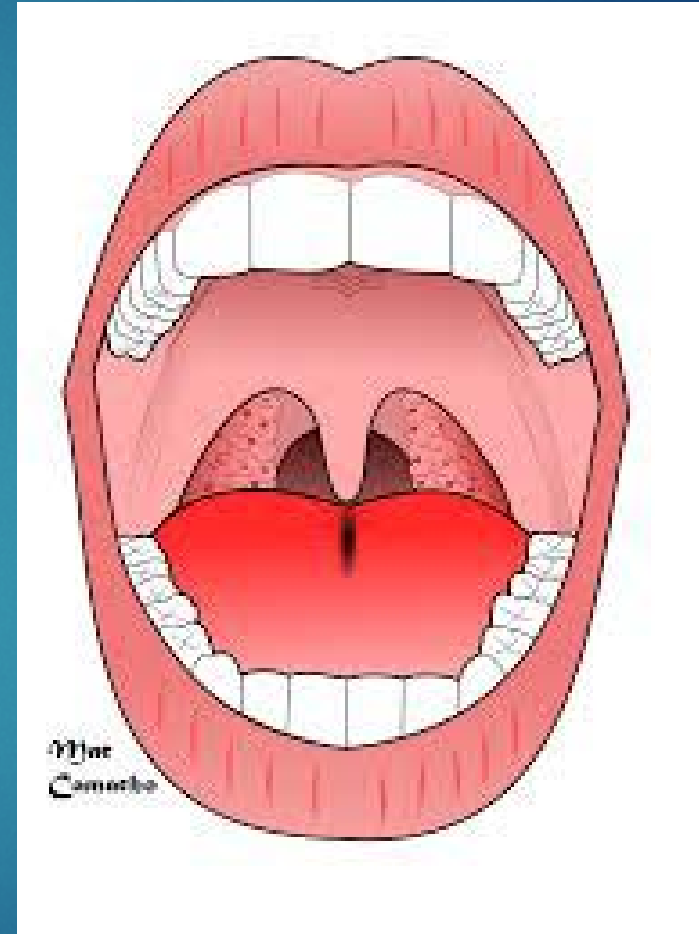
- ▶ Nosebleeds
- ▶ Infections
- ▶ Discharge
- ▶ History of injury
- ▶ Sinus infections
- ▶ Hay fever



# Review of Systems

## Mouth/ Throat

- ▶ Pain
- ▶ Hoarseness
- ▶ Voice change
- ▶ Difficulty swallowing
- ▶ Difficulty breathing
- ▶ Post nasal drainage
  
- ▶ Dental pain
- ▶ Bleeding gums



# Review of Systems

## Neck

- ▶ Lumps/ swelling
- ▶ Goiter
- ▶ Pain on movement
- ▶ Tenderness



# Review of Systems

## Respiratory

- ▶ Cough
- ▶ Pain
- ▶ Shortness of breath
- ▶ Sputum production- ?color
- ▶ Pleuritic pain
- ▶ Hemoptysis
- ▶ Wheezing



# Review of Systems

## Cardiovascular

- ▶ Chest pain
- ▶ Palpitations
- ▶ SOB with exertion
- ▶ Orthopnea
- ▶ High blood pressure
- ▶ Leg swelling
- ▶ Dizziness
- ▶ Pleuritic pain
- ▶ Pain in legs/ calves



# Review of Systems

## Gastrointestinal

- ▶ Appetite
- ▶ Nausea
- ▶ Vomiting
- ▶ Diarrhea/ constipation
- ▶ Abdominal pain
- ▶ Change in stool
- ▶ Hematemesis
- ▶ Rectal bleeding
- ▶ Jaundice
- ▶ Abdominal distension





# Review of Systems

## Genitourinary

- ▶ Dysuria
- ▶ Urinary frequency
- ▶ Urgency
- ▶ Hematuria
- ▶ Incontinence
- ▶ Flank pain
- ▶ Retention



# Review of Systems

## Male Genitalia

- ▶ Lesions on penis
- ▶ Discharge
- ▶ Impotence
- ▶ Pain
- ▶ Scrotal swelling or pain
- ▶ Bleeding

# Review of Systems

## Female Genitalia

- ▶ Lesions/ Rash
- ▶ Discharge
- ▶ Vaginal bleeding
- ▶ Dyspareunia
- ▶ h/o STD

# Review of Systems

## Musculoskeletal

- ▶ Weakness
- ▶ Paralysis
- ▶ Stiffness
- ▶ Limited ROM
- ▶ Joint pain



# Review of Systems

## Neurologic

- ▶ Syncope
- ▶ Dizziness
- ▶ Weakness/ paralysis
- ▶ Numbness
- ▶ Tremor
- ▶ Amnesia
- ▶ Loss of consciousness
- ▶ Difficulty with speech
- ▶ Unsteady / change in gait
- ▶ Confusion



# Review of Systems

## Skin

- ▶ Rash
- ▶ Pruritic/ Painful
- ▶ Hives
- ▶ Bruising
- ▶ Discoloration
- ▶ Warmth

# Review of Systems

## Psychiatric

- ▶ Depression
- ▶ Suicidal / homicidal
- ▶ Insomnia
- ▶ Hallucinations
- ▶ Anxiety
- ▶ Agitation



# Past Medical History

- ▶ Medical illness
- ▶ Previous surgery
- ▶ Hospitalizations
- ▶ Immunizations
- ▶ Mental Health History





# Medication

- ▶ Current medication
- ▶ Any recent changes
- ▶ Dosage not so important!!



# Allergies

- ▶ Allergies to medication
- ▶ Ask reaction
  - ▶ ?anaphylaxis
  - ▶ ?intolerance



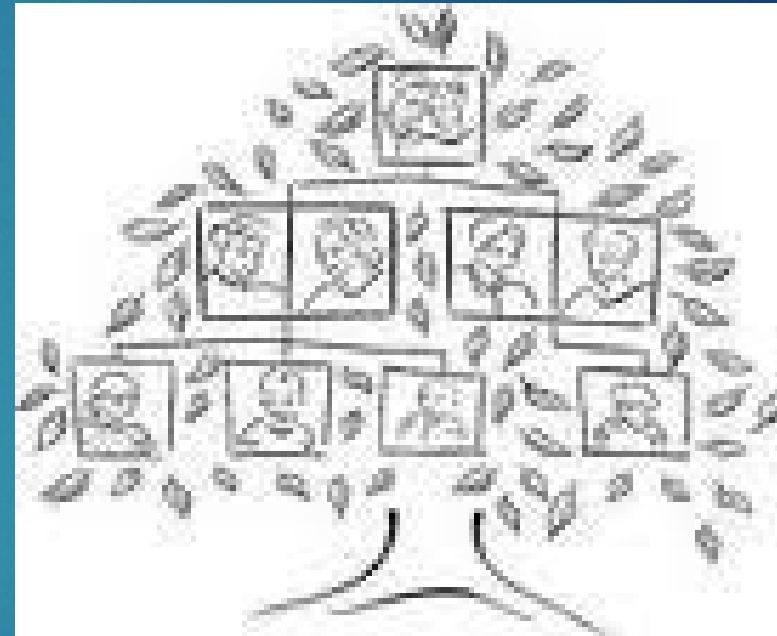
# Social History

- ▶ Alcohol
- ▶ Tobacco
- ▶ Illicit drugs
- ▶ Living situation



# Family History

- ▶ Not always necessary
- ▶ Chest pain/ CAD
- ▶ Abdominal pain/ diarrhea
- ▶ DM
- ▶ Migraine
- ▶ Palpitations- sudden death



# Physical Exam

## Getting Ready

- ▶ Lights
- ▶ Undress
- ▶ Equipment
- ▶ Wash Hands
- ▶ Gloves if necessary



# PHYSICAL EXAM

- ▶ Inspection
- ▶ Palpation
- ▶ Percussion
- ▶ Auscultation

# Physical Exam

DEVELOP  
A  
ROUTINE!!

# Physical Exam

## Vital Signs

- ▶ Temperature
- ▶ Respiratory Rate
- ▶ Heart Rate
- ▶ Blood Pressure
- ▶ Oxygen Saturation
- ▶ Fetal Heart Tones (6<sup>th</sup> vital sign if pregnant)



# Physical Exam

## General

- ▶ Appearance
- ▶ Level of consciousness
- ▶ Respiratory status
- ▶ Discomfort

# Physical Exam

## HEENT

- ▶ HEAD
  - ▶ Inspect
  - ▶ Palpate

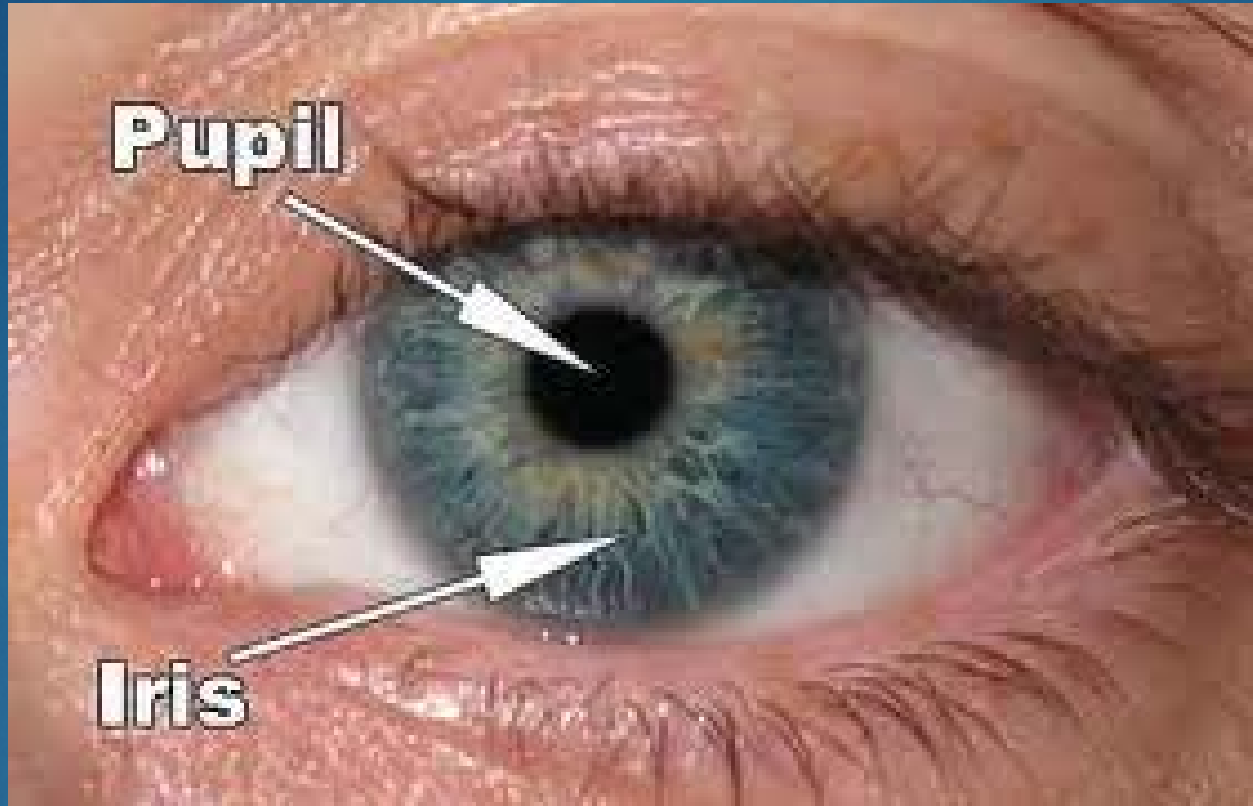


# Physical Exam

## HEENT- EYE

### PUPIL

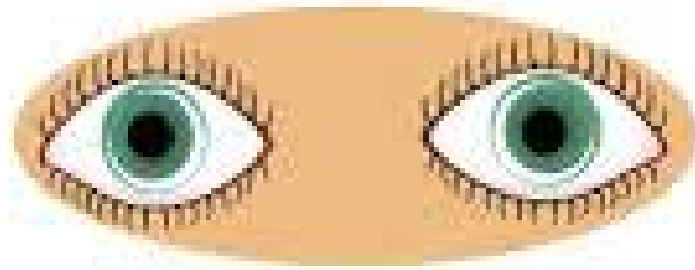
- ▶ Inspect
  - ▶ Miosis /Mydriasis
  - ▶ Irregular
- ▶ Reactive
  - ▶ Marcus Gunn Pupil



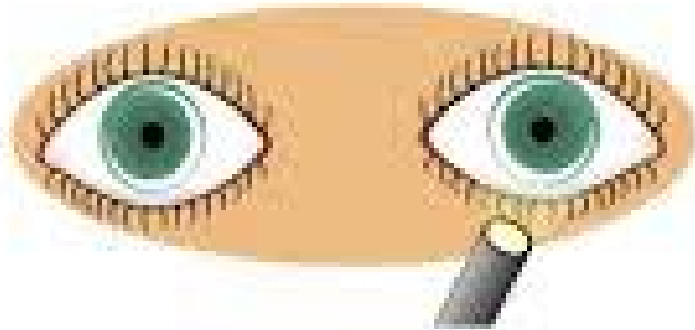




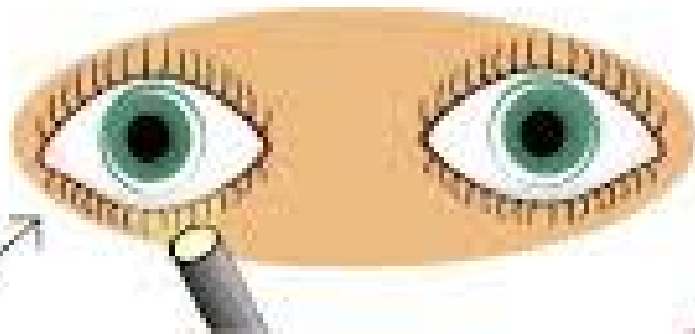
**No Light**



**Normal  
Response  
to Light**



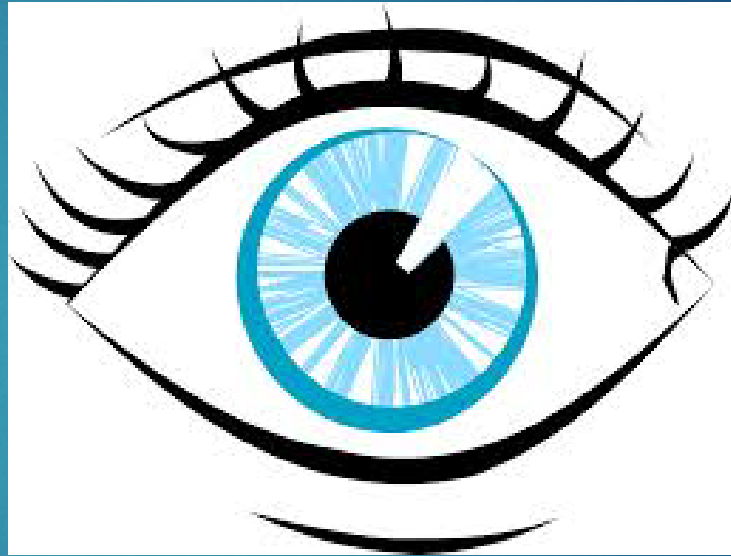
**Positive  
RAPD of  
Right Eye**



# Physical Exam

## HEENT- EYE

- ▶ Sclera
- ▶ Lid
- ▶ Conjunctiva















**Hordeolum**

**VS**



**Chalazion**

# Physical Exam

## HEENT- EYE

- ▶ Cornea
  - ▶ Clear
  - ▶ Foreign body
  - ▶ Abrasion
  - ▶ Ulceration

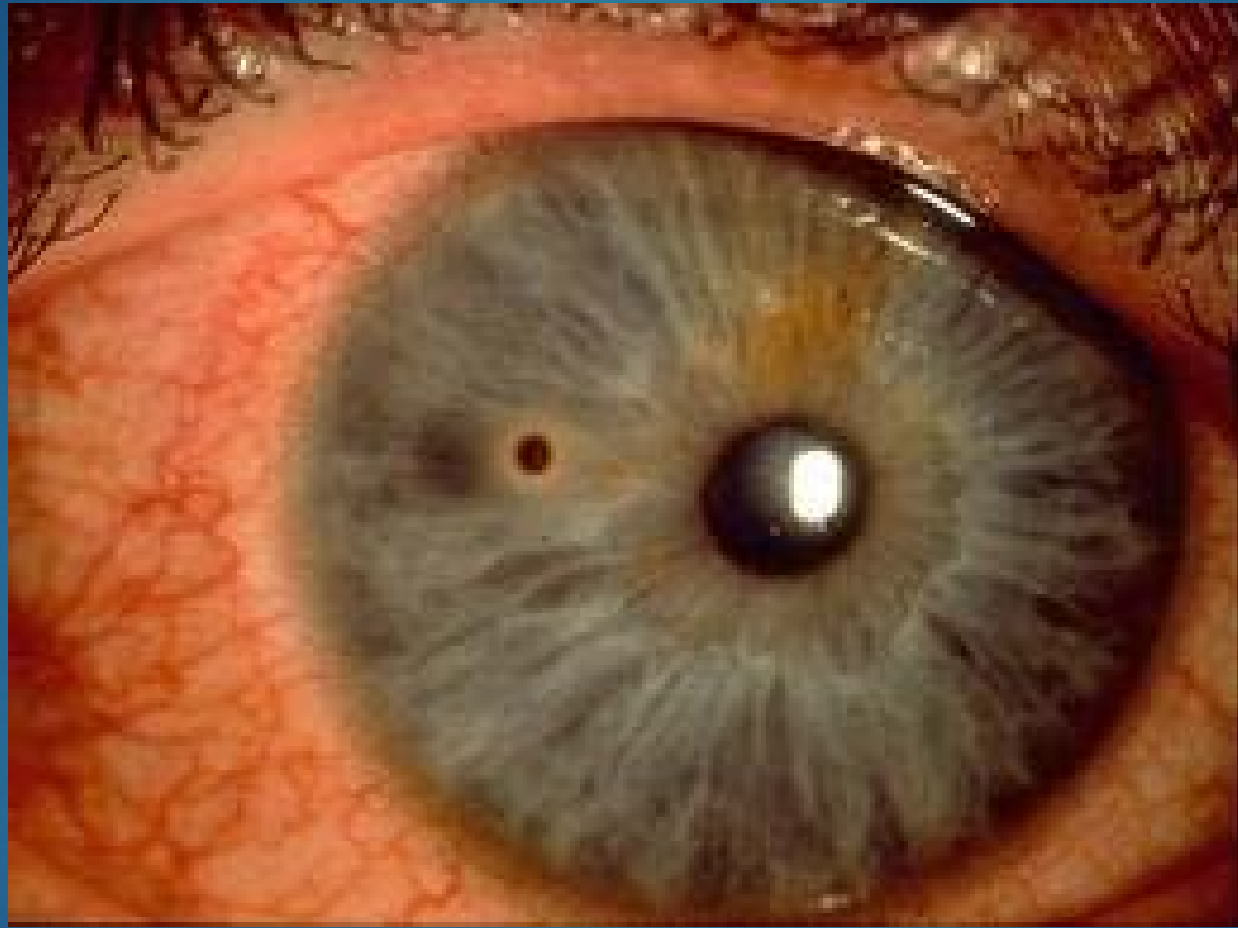
SLIT LAMP EXAM











# Physical Exam

## HEENT- EYE

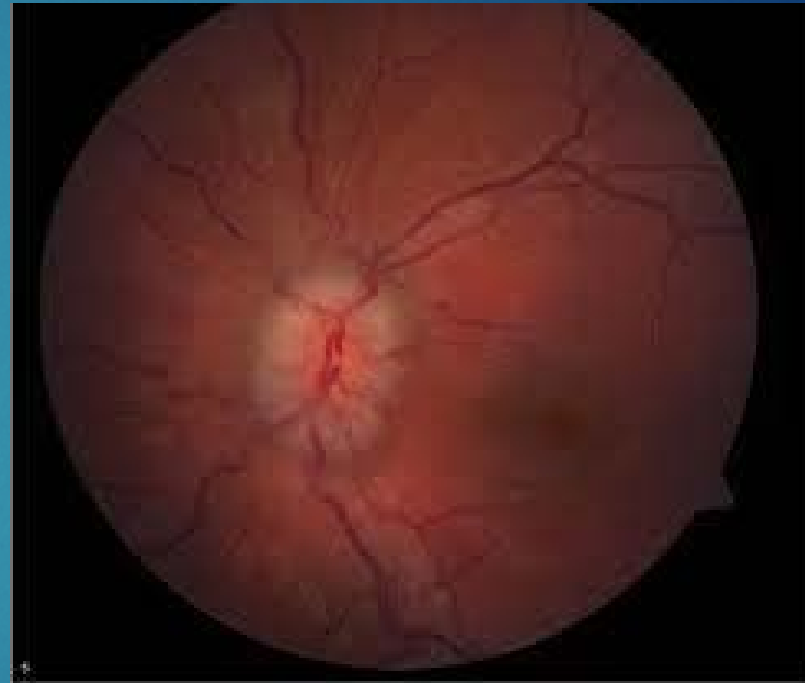
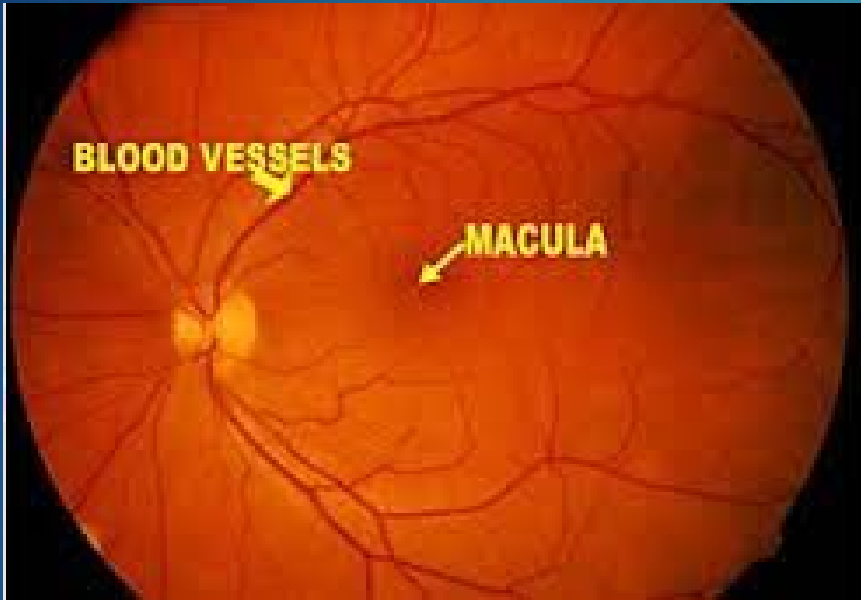
- ▶ Visual Acuity
- ▶ Visual Fields
- ▶ Ocular movements
  - ▶ Nystagmus
- ▶ Fundoscopic Exam
- ▶ Ocular pressure
  - ▶ Tonopen

Y  
O U  
A R E  
G O I N  
G Q U I T E  
B L I N D N O W T  
H A T Y O U R E O L D A S T H E H I L L S  
M A Y B E N O T S O B A D A F T E R A L L I F Y O U C A N S T I L L R E A D T H I S









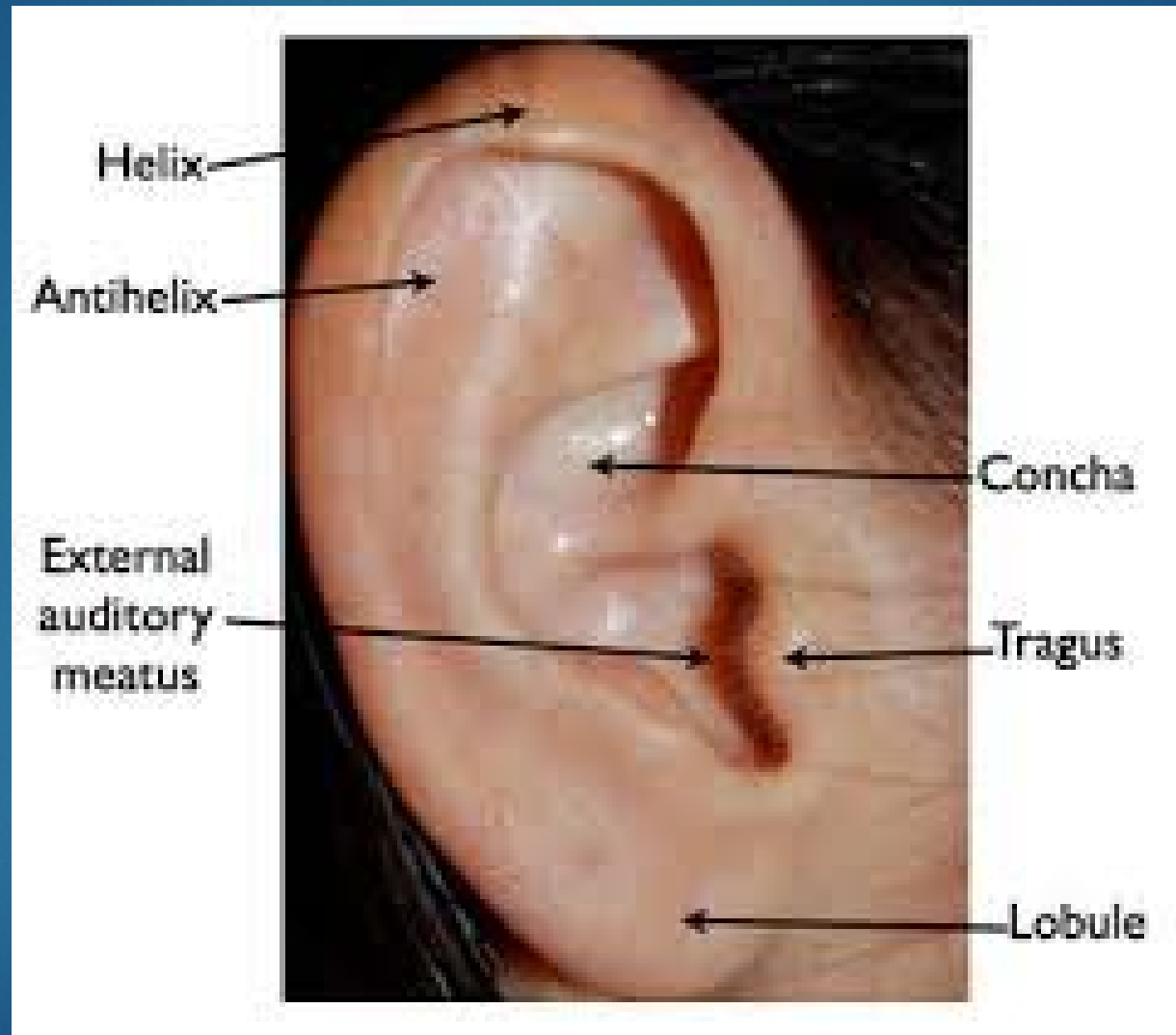


# Physical Exam

## HEENT- EAR

- ▶ External Ear
  - ▶ Pinna
  - ▶ External auditory canal
- ▶ Middle Ear
  - ▶ Tympanic Membrane







Normal Eardrum



Acute Otitis Media (ear infection)

# Physical Exam

## HEENT- **Nose**

- ▶ Obstruction
- ▶ Discharge
- ▶ Bleeding

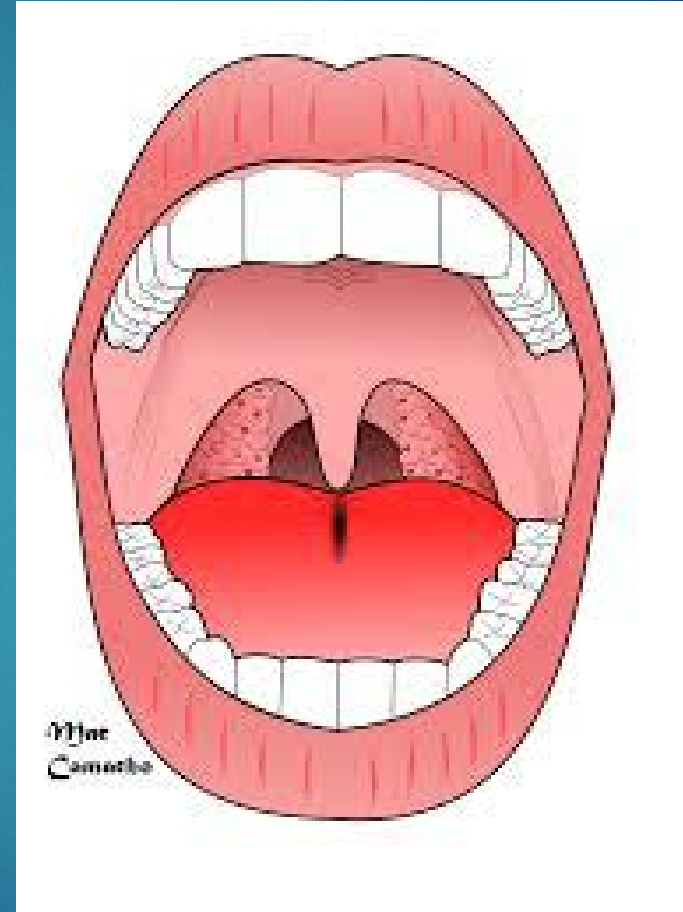




# Physical Exam

## HEENT- THROAT

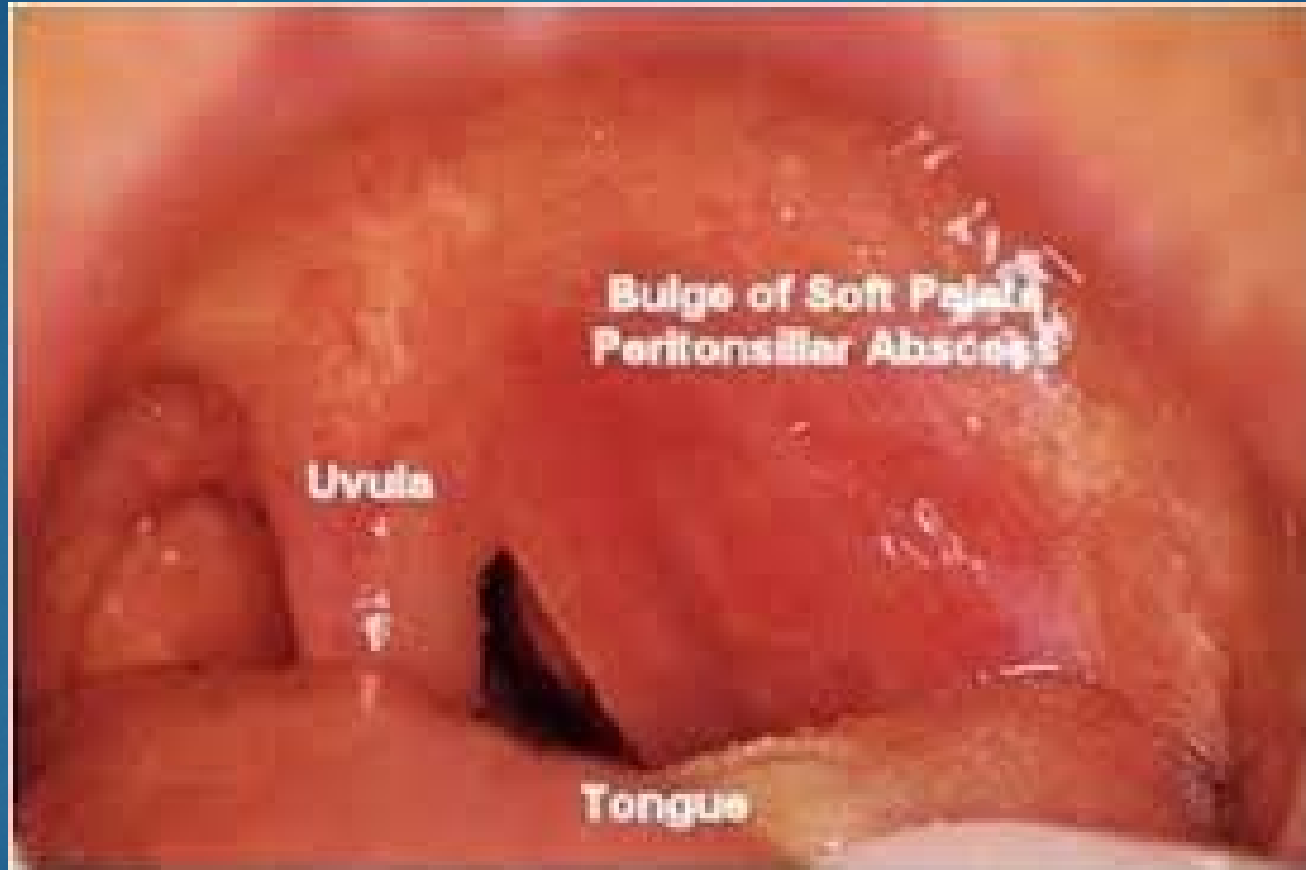
- ▶ Oral Cavity
  - ▶ Buccal mucosa
  - ▶ Lips
  - ▶ Tongue
  - ▶ Hard and soft palate
  - ▶ Teeth
- ▶ Pharynx
  - ▶ Tonsils
  - ▶ Uvula











# Physical Exam

## NECK

- ▶ Lymphadenopathy
- ▶ Masses
- ▶ Symmetry
- ▶ Thyroid gland
- ▶ Carotid bruits



# Physical Exam

## LUNGS

- ▶ INSPECTION
  - ▶ Retracting/ tugging
  - ▶ Symmetry
  - ▶ Respiratory rate
- ▶ PALPATION
  - ▶ Tenderness
  - ▶ Crepitus
  - ▶ Subcutaneous emphysema
- ▶ PERCUSSION



# Physical Exam

## LUNGS

### AUSCULTATION

- ▶ Stridor
- ▶ Crackles
- ▶ Wheezes
- ▶ Rhonchi
- ▶ Pleural Rub







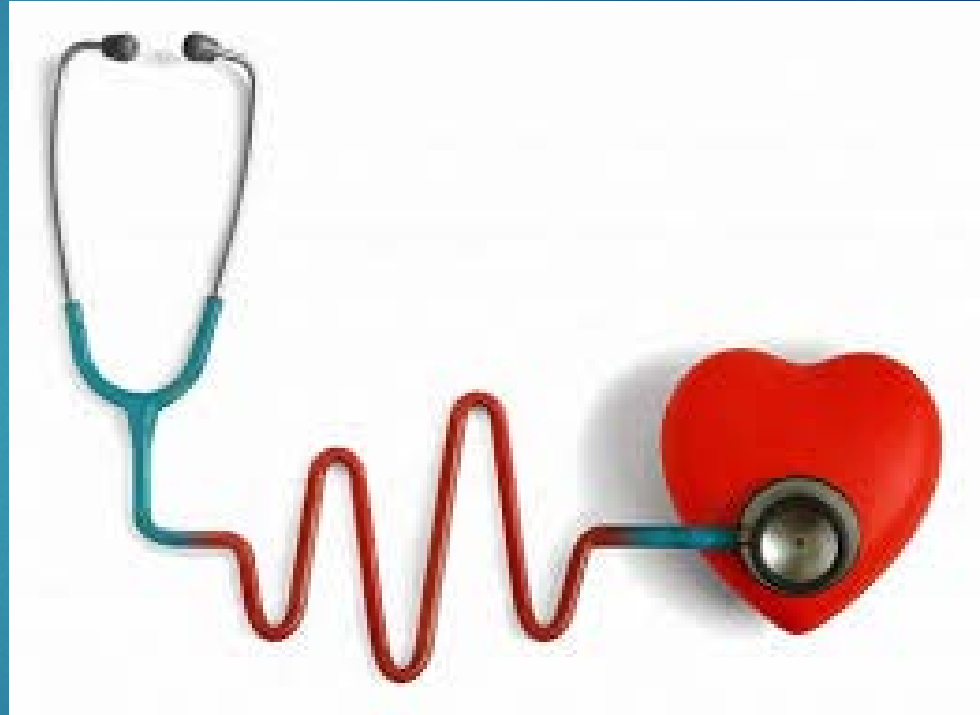


# Physical Exam

## Cardiovascular

### ▶ AUSCULTATION

- ▶ Rhythm
- ▶ S1 and S2
- ▶ S3 and S4
- ▶ Murmurs
  - ▶ Graded 1-6
  - ▶ Systolic v diastolic
- ▶ Rub



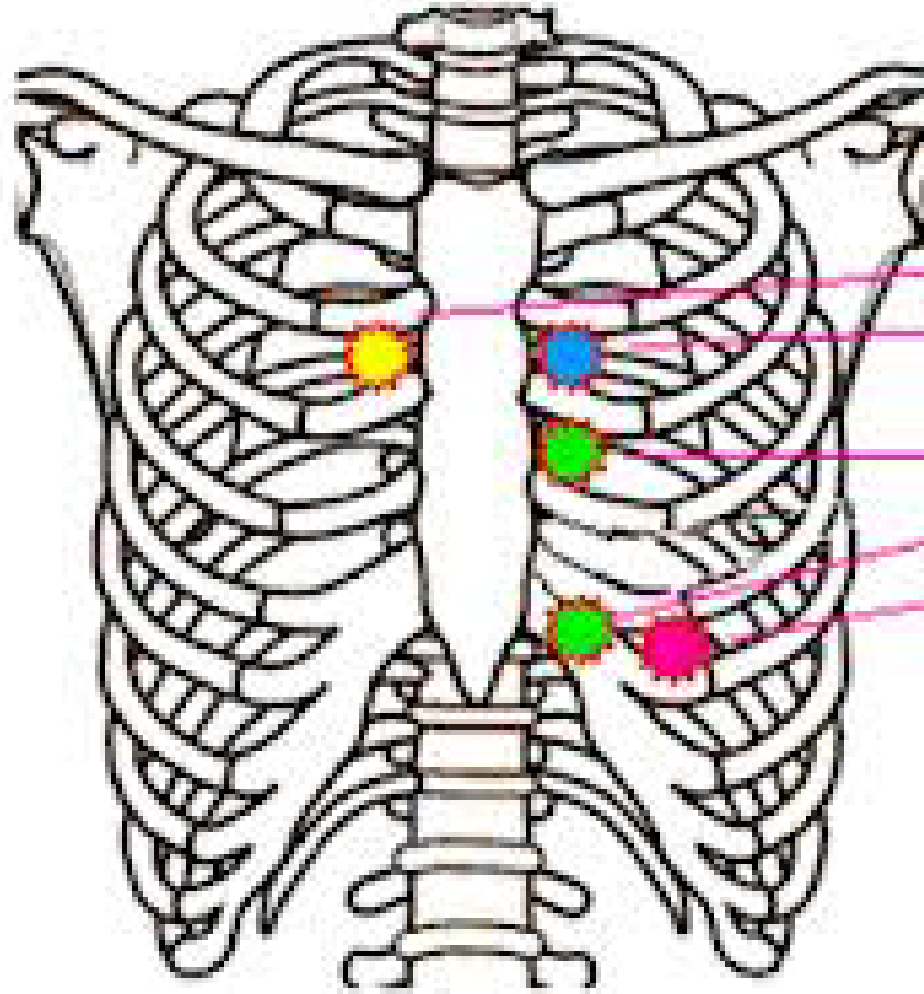


# Physical Exam

## Cardiovascular

### ▶ MURMURS

- I            Lowest intensity, often not heard by inexperienced
- II           Low intensity, usually audible by experienced listeners
- III          Medium intensity without a thrill
- IV          Medium intensity with a thrill
- V           Loudest murmur that is audible when the stethoscope is placed on the chest
- VI          Loudest intensity; audible when stethoscope is removed from the chest



Aortic

Pulmonic

2nd Aortic

Tricuspid

Mitral

# Physical Exam

## Cardiovascular

- ▶ JVD
- ▶ Hepatojugular Reflex
- ▶ Symmetrical Pulses
- ▶ Edema



# Physical Exam

## Abdomen

- ▶ INSPECTION
  - ▶ Distention
  - ▶ Grey Turner's sign
    - ▶ Flank ecchymosis
  - ▶ Cullen's sign
    - ▶ Umbilical ecchymosis
  - ▶ Hernia
  - ▶ Surgical Scars





## CULLEN'S SIGN

Superficial edema and bruising in the subcutaneous fatty tissue around umbilicus



# Physical Exam

## Abdomen

- ▶ AUSCULTATION
  - ▶ Bowel sounds
  - ▶ Abdominal bruits



# Physical Exam

## Abdomen

- ▶ PERCUSSION
  - ▶ Tympany
  - ▶ Ascites



# Physical Exam

## Abdomen

- ▶ PALPATION
  - ▶ Rigidity
  - ▶ Tenderness
    - ▶ Murphy's Sign
  - ▶ Rebound
  - ▶ Guarding
  - ▶ Hepatomegaly
  - ▶ Splenomegaly
  - ▶ Masses



# KNOW YOUR ABDOMINAL PAIN



# Physical Exam

## Abdomen

- ▶ Rectal Exam
  - ▶ External exam
  - ▶ Palpate rectal walls
  - ▶ Palpate prostate gland
  - ▶ Test for occult blood



# Physical Exam

## Musculoskeletal

- ▶ Inspection
  - ▶ Deformity
  - ▶ Swelling/ Edema
  - ▶ Color
    - ▶ Ecchymosis
    - ▶ Erythema
    - ▶ Pale/ mottled
  - ▶ Wounds



# Physical Exam

## Musculoskeletal

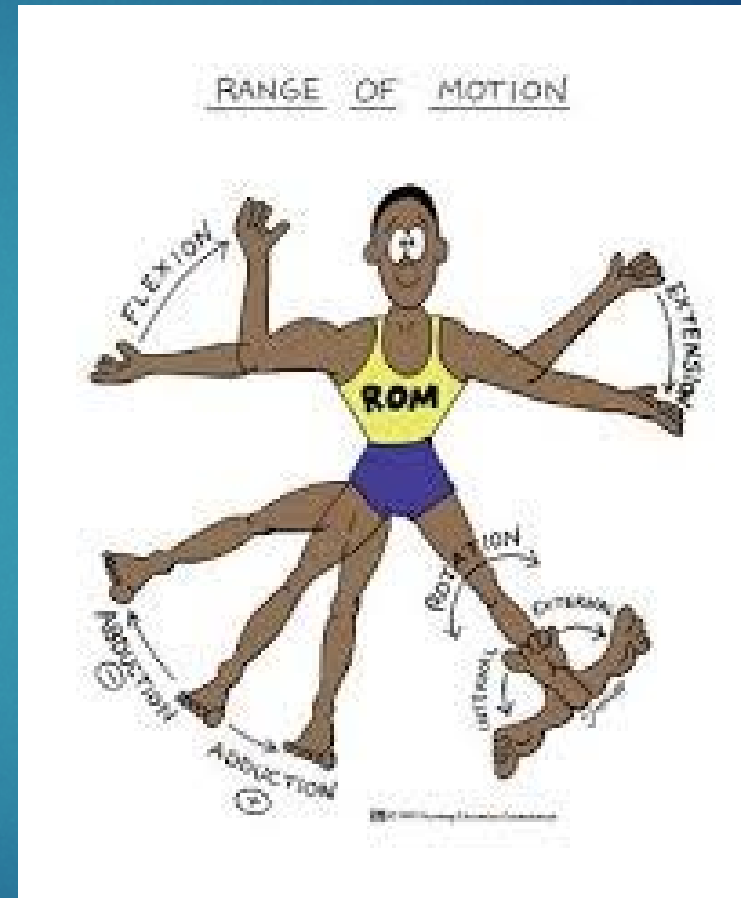
- ▶ PALPATION
  - ▶ Tender
  - ▶ Swelling
  - ▶ Edema
  - ▶ Effusion
  - ▶ Warmth
  - ▶ Ecchymosis



# Physical Exam

## Musculoskeletal

- ▶ RANGE OF MOTION
  - ▶ ?Limited
  - ▶ Pain
  - ▶ Active v passive
- ▶ Pulses
- ▶ Neurologic Function



# Physical Exam

## Musculoskeletal

- ▶ SPINE

- ▶ C-spine

- ▶ C-collar

- ▶ Palpate midline

- ▶ Thoracic and Lumbar Spine

- ▶ Palpate midline

- ▶ ?Step-off

- ▶ Swelling/ bruising



# Physical Exam

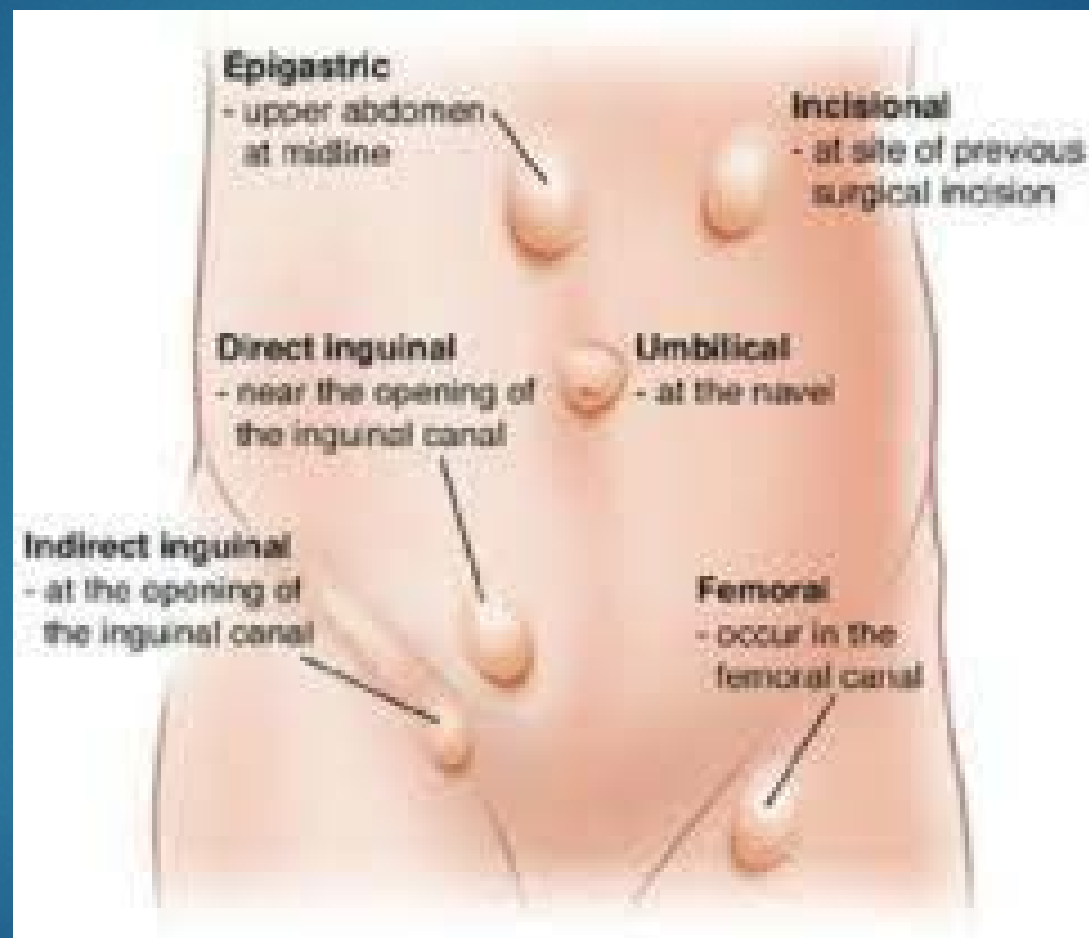
## Genitourinary

- ▶ MALE GENITALIA
  - ▶ Penis
    - ▶ Lesions/ rash
    - ▶ ?circumcised
    - ▶ Edema
    - ▶ Discharge

# Physical Exam Genitourinary

- ▶ MALE GENITALIA
  - ▶ SCROTUM
    - ▶ Palpate testes
    - ▶ Palpate epididymis
    - ▶ Palpate for inguinal hernias
  - ▶ INGUINAL LYMPHADENOPATHY





# Physical Exam

## Genitourinary

- ▶ FEMALE GENITALIA
  - ▶ External Genitalia
    - ▶ Lesions/ rash
    - ▶ Swelling
    - ▶ Discharge
  - ▶ Inspect Labia
    - ▶ Bartholin's abscess



# Physical Exam

## Genitourinary

- ▶ FEMALE GENITALIA

- ▶ SPECULUM EXAM

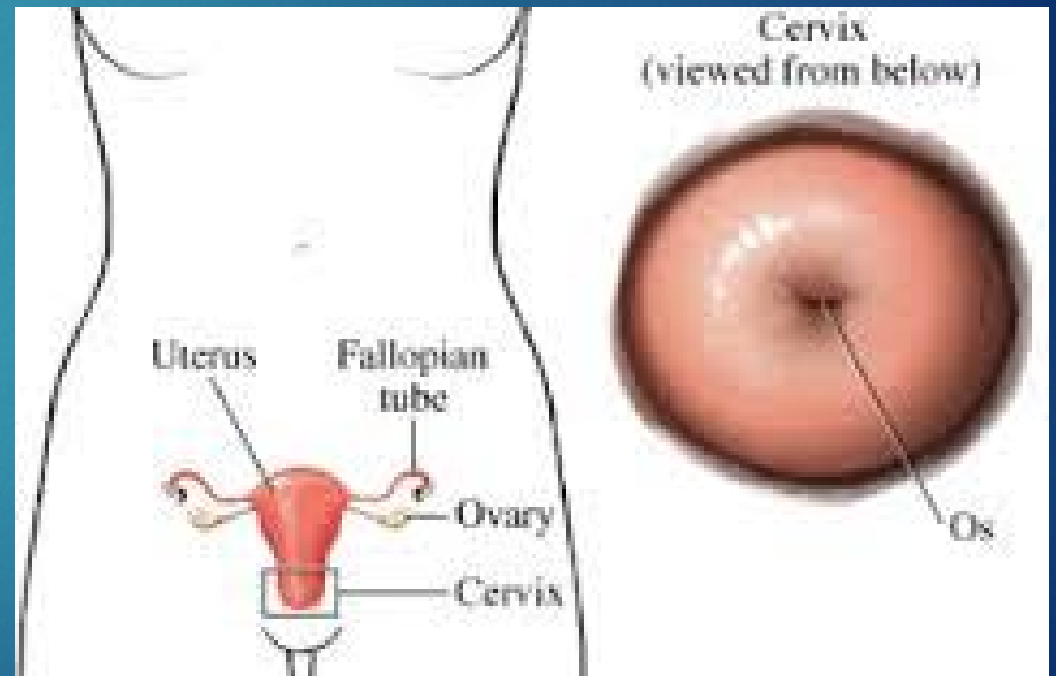
- ▶ Vagina

- ▶ Cervix

- ▶ Discharge

- ▶ Bleeding

- ▶ Lesions/ mass



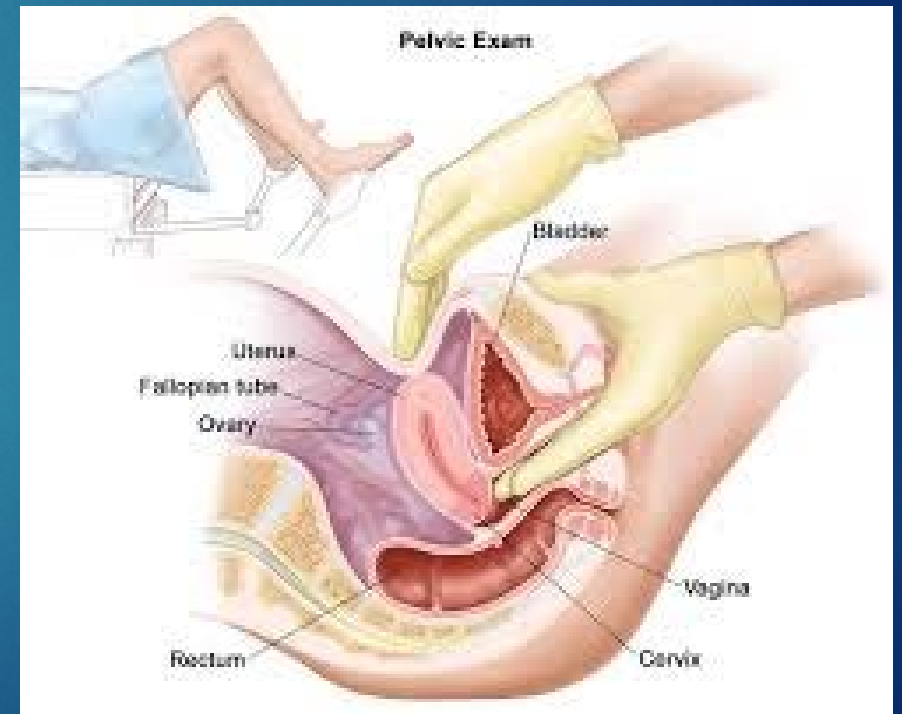
# Physical Exam

## Genitourinary

- ▶ FEMALE GENITALIA

- ▶ BIMANUAL PALPATION

- ▶ Cervical Motion Tenderness
    - ▶ Palpate uterus
    - ▶ Palpate adnexa



# Physical Exam

## Neurologic

- ▶ MENTAL STATUS
  - ▶ Level of Consciousness
  - ▶ Speech
  - ▶ Orientation

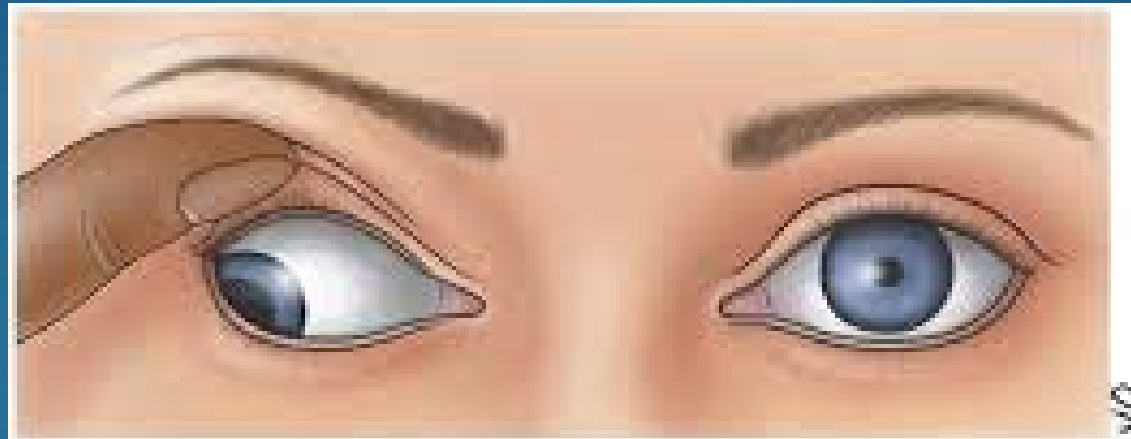


# Physical Exam

## Neurologic- **CRANIAL NERVES**

I	Olfactory	Smell
II	Optic	Vision
III	Oculomotor	Eye movement, pupil constriction
IV	Trochlear	Eye movement
V	Trigeminal	Sensation of face, scalp, teeth
VI	Abducens	Eye movement
VII	Facial	Taste; sensation of palate/ ear; facial expression
VIII	Vestibulocochlear	Hearing; equilibrium
IX	Glossopharyngeal	Taste; elevates palate
X	Vagus	Taste; swallowing; phonation; parasympathetic
XI	Spinal accessory	Phonation; head, neck, shoulder movement
XII	Hypoglossal	Tongue movement

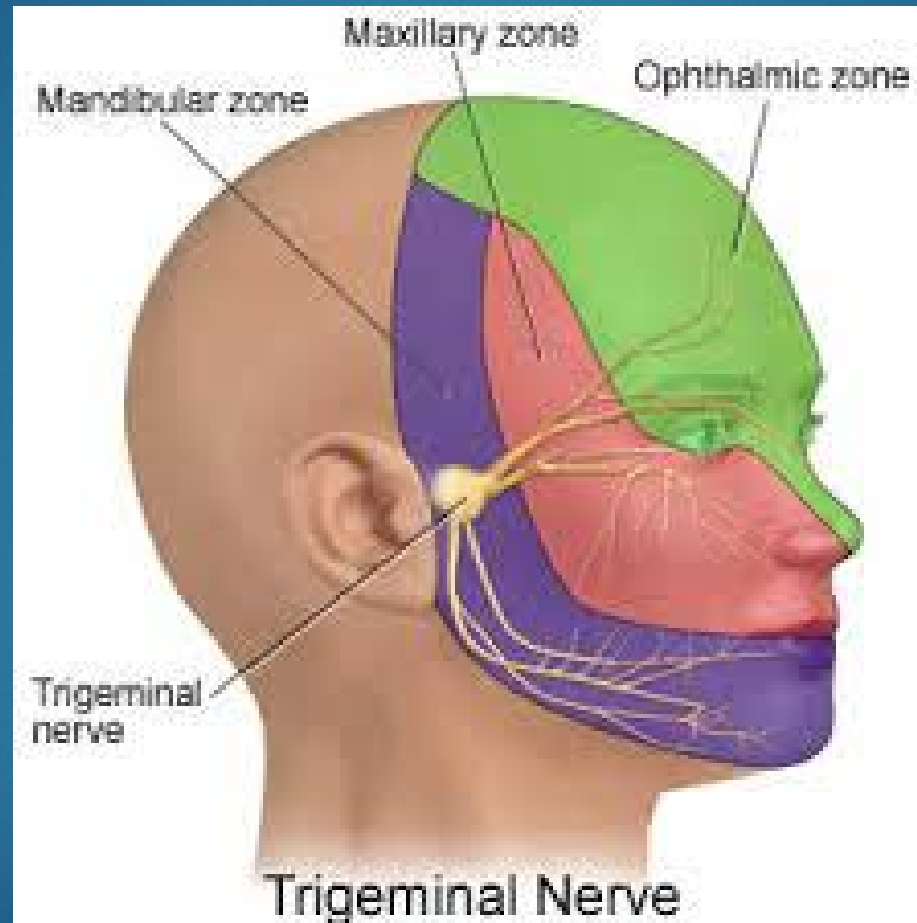
# Third Cranial Nerve



Right eye: Downward and outward gaze, dilated pupil, eyelid manually elevated due to ptosis

Left: Normal

# Trigeminal Nerve





# Facial nerve palsy

## **A Simple Guide to Facial Palsy**



**Kenneth Kee (C) 2007**

# Physical Exam

## Neurologic

### ► MOTOR FUNCTION

- 0 No contraction detected
- 1 Slight contraction detected
- 2 Movement with gravity eliminated
- 3 Movement against gravity
- 4 Movement against gravity with some resistance
- 5 Movement against gravity with full resistance

# Physical Exam

## Neurologic

- ▶ MOTOR FUNCTION

- ▶ Upper Extremity
- ▶ Lower extremity

- ▶ Isolate each muscle group from proximal to distal

# Physical Exam

## Neurologic- Motor Function

Nerve Root	Muscle	Primary Function
C3, C4	Diaphragm	Respiration
C5	Deltoid	Abduction of forearm
C5	Bicep	Flexion of forearm
C6	Brachioradialis	Flexion of forearm
C7	Tricep	Extension of forearm
L3, L4	Quadricep femoris	Extension of knee
L5	Extensor hallucis longus	Dorsiflexion of great toe
S1	Gastrocnemius	Plantar flexion

# Physical Exam

## Neurologic

### ▶ REFLEXES

0	No response
1+	Diminished
2+	Normal
3+	Increased
4+	Hyperactive

# Physical Exam

## Neurologic

### ▶ REFLEXES

- ▶ Bicep C5-6
- ▶ Brachioradialis C5-6
- ▶ Tricep C6-8
- ▶ Patellar L2-4
- ▶ Achilles S1-2



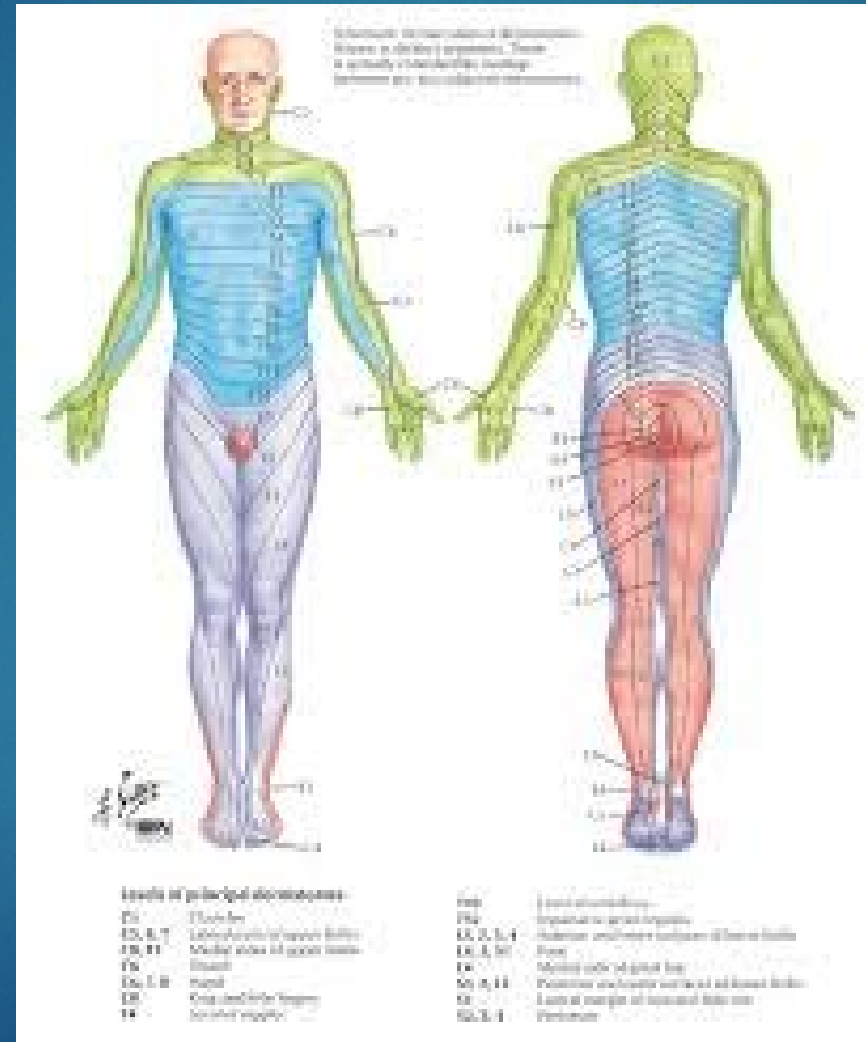
# Physical Exam

## Neurologic

- ▶ **SENSORY FUNCTION**
  - ▶ Light Touch
  - ▶ Pain Sensation- Sharp/ dull
  - ▶ Vibration Sense
  - ▶ Proprioception
  - ▶ Two-Point Discrimination



# Dermatome Map



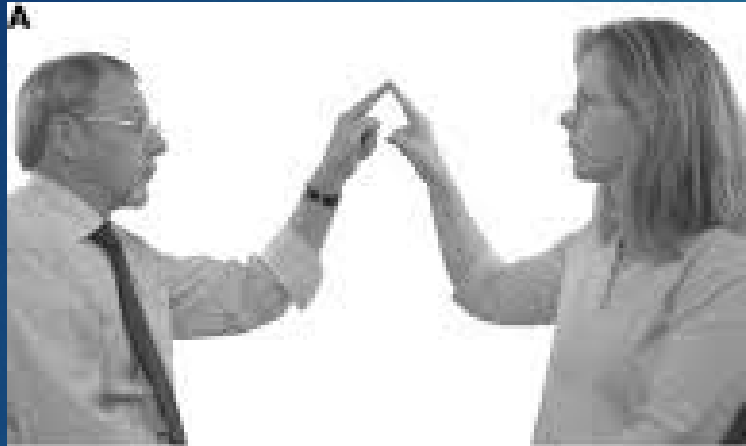
# Physical Exam

## Neurologic

- ▶ CEREBELLAR FUNCTION
  - ▶ Finger-to- Nose Test
  - ▶ Heel- to – Shin Test
  - ▶ Romberg's Test
  - ▶ Gait

Not Quite....



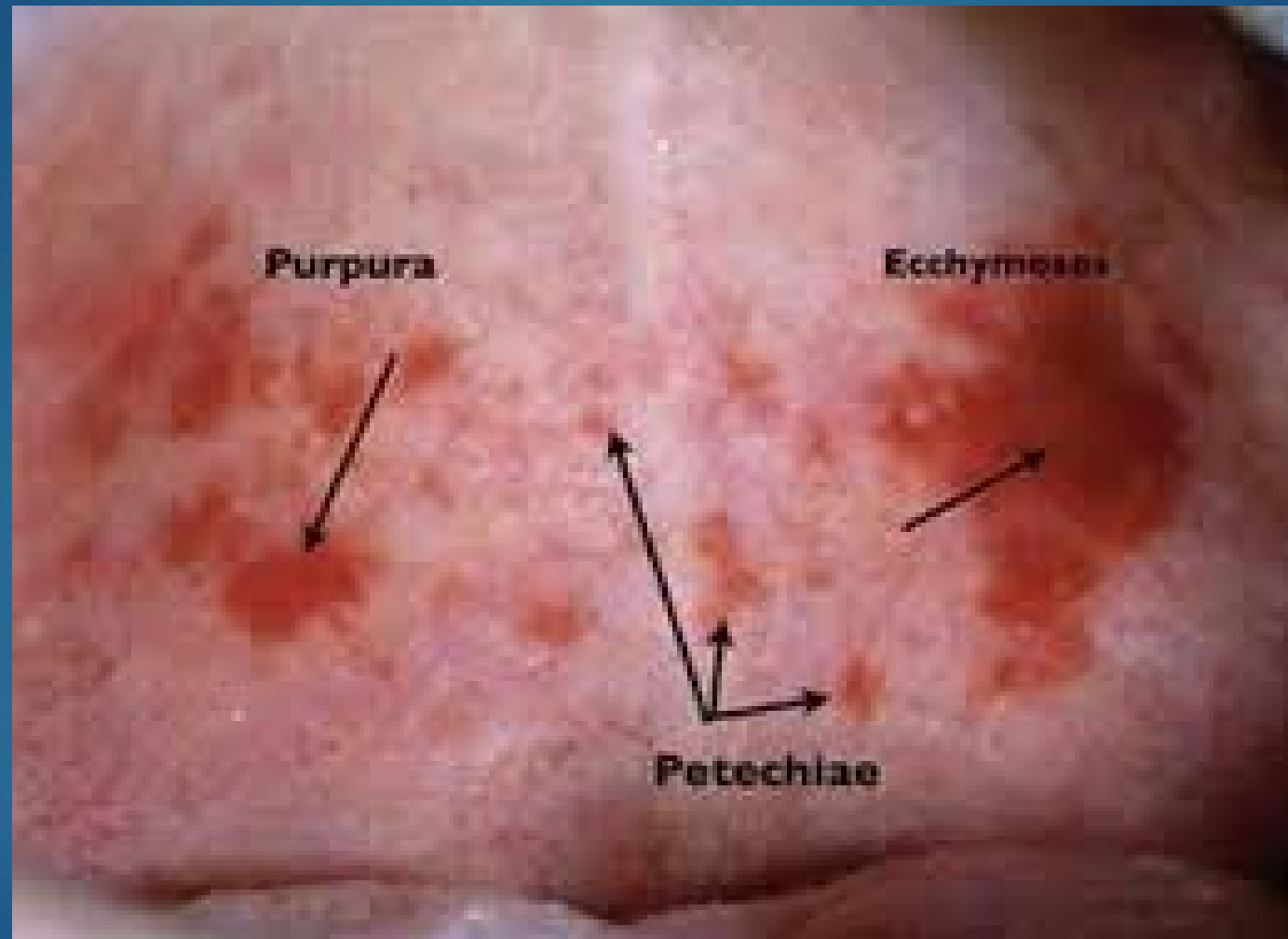


# Physical Exam

## Skin

- ▶ General Condition
  - ▶ Color, turgor, moisture
- ▶ Rash description
  - ▶ Macular
  - ▶ Papular
  - ▶ Vesicular
  - ▶ Petechial
  - ▶ Urticarial
  - ▶ Pustule
  - ▶ Purpura

<b>LESIONS</b>	<b>DESCRIPTION</b>	<b>EXAMPLES</b>
<b>Macule</b>	<b>Non-palpable, skin color change, &lt; 1 cm</b>	<b>Freckle</b>
<b>Papule</b>	<b>Palpable, circumscribed, &lt; 0.5 cm</b>	<b>Elevated nevi</b>
<b>Nodule/tumor</b>	<b>Palpable, circumscribed, 0.5 cm or &gt;</b>	<b>Wart</b>
<b>Vesicle</b>	<b>Serous fluid-filled, &lt; 1 cm</b>	<b>Blister</b>
<b>Pustule</b>	<b>Pus-filled</b>	<b>Acne</b>
<b>Wheal</b>	<b>Palpable, irregular borders</b>	<b>Mosquito bite</b>



# History and Physical Exam

- ▶ CHIEF COMPLAINT
- ▶ FOCUS
- ▶ ESTABLISH ROUTINE
- ▶ COMPILE INFORMATION

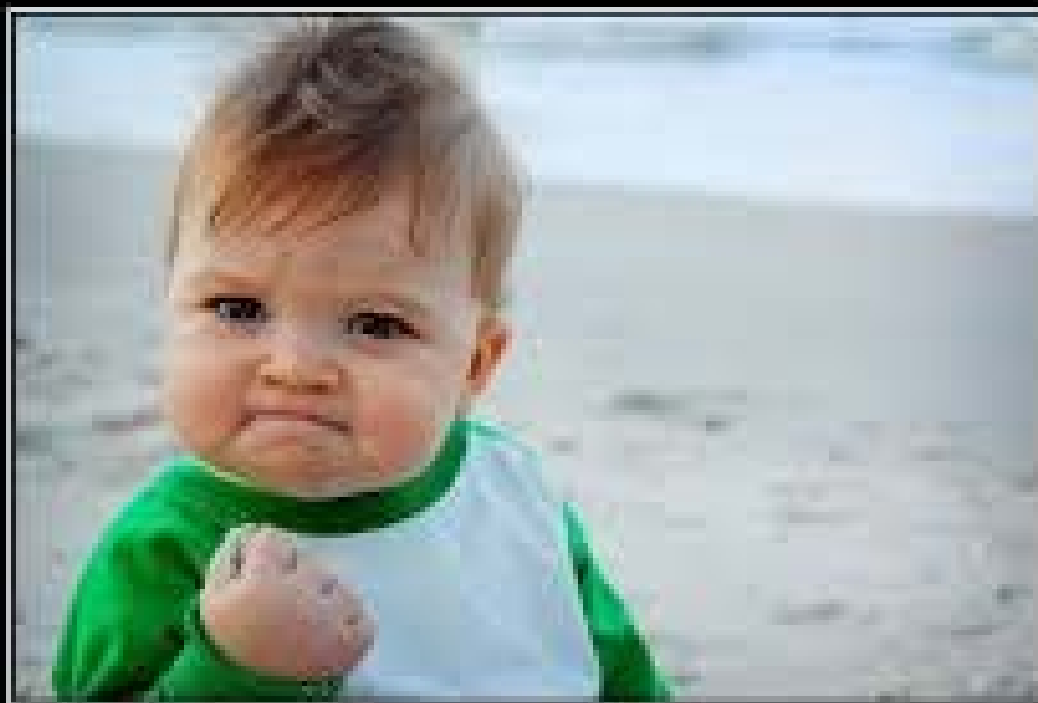


# Presentation

- ▶ Concise
  - ▶ Present <3min
  - ▶ State chief complaint first and stay focused on CC unless other concerning problems
- ▶ Essential information
  - ▶ Use clinical judgement to edit patient information
  - ▶ Emphasize findings that include/ exclude potential diagnosis

# Oral Presentation

- ▶ Chief Complaint
- ▶ HPI
  - ▶ Include pertinent PMH / PSH in first line
  - ▶ Include pertinent ROS, Social Hx, Family Hx
- ▶ Meds
- ▶ Physical Exam
  - ▶ Pertinent positives/ negatives
- ▶ Summary Statement
  - ▶ 1-2 sentence clinical picture
- ▶ Problem Assessment
  - ▶ Opinion
  - ▶ Problems from most → least serious
- ▶ Plan



# SUCCESS

Because you too can own this face of pure accomplishment.