

protrusion called the *uvula*. Carefully inspect the palates to ensure they are intact. The arch of the palate should be dome shaped. A narrow, flat roof or a high, arched palate affects the placement of the tongue and can cause feeding and speech problems. Test movement of the uvula by eliciting a gag reflex. It should move upward to close off the nasopharynx from the oropharynx.

Examine the oropharynx and note the size and color of the **palatine tonsils**. They are normally the same color as the surrounding mucosa; glandular, rather than smooth in appearance; and barely visible over the edge of the palatoglossal arches. The size of the tonsils varies considerably during childhood. However, report any swelling, redness, or white areas on the tonsils.

Chest

Inspect the chest for size, shape, symmetry, movement, breast development, and the bony landmarks formed by the ribs and sternum. The **rib cage** consists of 12 ribs on each side and the sternum, or breast bone, located in the midline of the trunk (Fig. 4-28). The **sternum** is composed of three main parts. The **manubrium**, the uppermost portion, can be felt at the base of the neck at the **suprasternal notch**. The largest segment of the sternum is the body, which forms the **sternal angle (angle of Louis)** as it articulates with the manubrium. At the end of the body is a small, movable process called the **xiphoid**. The angle of the costal margin as it attaches to the sternum is called the **costal angle** and is normally about 45 to 50 degrees. These bony structures are important landmarks in the location of ribs and **intercostal spaces (ICSs)**, which are the spaces between the ribs. They are numbered according to the rib directly above the space. For example, the space immediately below the second rib is the second ICS.