COMPLETE PHYSICAL EXAMINATION CHECKLIST:

(exam maneuvers grayed out are optional; please demonstrate if time permits or if findings are abnormal)
Exam noted with *** are optional as well. Please do not remove mask but feel free to talk through what to look for when performing these parts of the physical exam

HEENT EXAM:

	Head, Eyes, Ears, Nose, Throat				
	1. Head				
	• Inspect size and shape of head and scalp • Palpate scalp and skull for asymmetry, masses, signs of trauma				
	2. Face				
***	• Inspect for symmetry and lesions • Palpate body prominences, parotid glands, and TMJ				
***	• Palpate / percuss paranasal sinuses for tenderness: above eyes (frontal), over malar eminences (maxillary)				
	3. Eyes				
	Inspect • Eyelids • Lashes • Bulbar / palpebral conjunctiva • Cornea • Anterior chamber • Iris				
	4. Ears				
	• Inspect auricle and mastoid • Palpate pinna, tragus for tenderness • Percuss mastoid				
***	**5. Nose**				
	• Inspect external nose. Check patency of nares. • Inspect nares, septum, nasal cavities - ask patient to look straight ahead; use nasal speculum or otoscope with proper tip.				
***	**6. Mouth and Throat**				
	Inspect (use tongue blade as needed) • Lips • Buccal mucosa • Tongue • Floor of mouth • Uvula • Palate • Palatine tonsils • Posterior pharyngeal wall				
	Inspect teeth and gums for caries and periodontal disease.				

Neck: Lymph, Neurological, Musculoskeletal				
1. Neck (Anterior)				
Inspect: • For symmetry. • Trachea in midline. • Thyroid: Ask patient to swallow and observe for thyroid enlargement (offer glass of water if needed).				
Palpate: • Laryngeal framework: hyoid, thyroid, cricoid, and tracheal cartilages • Anterior border of sternocleidomastoid muscle to delineate lymph nodes in anterior and posterior cervical triangles and palpate supraclavicular lymph node areas • Thyroid: May use either anterior or posterior approach (though if posterior approach used, the patient must be adequately advised about the maneuver ahead of time).				
Neck, Range of Motion: Ask patient to touch chin to chest (flexion), chin to each shoulder (rotation), ear to corresponding shoulder (lateral flexion), and bend head back (extension) (can be done as part of MSK exam).				

NEURO EXAM:

Neurological Exam Checklist				
Mental Status				
• Assess level of alertness; • Orientation: person, place, time, and situation • Speech and language • Memory: 5 min recall of 3 items • Concentration: Serial 7s or WORLD backwards • Clock drawing test and/or Mini-Cog test • Animal fluency test (name as many different animals as possible within 60 seconds)				
*** **Cranial Nerves (can be done in HEENT)**				
• **CN I (Olfactory).** Smell – Verify patency of nasal passages. Occlude one nostril while testing the other; test each side individually (vanilla, cloves, coffee…) • **CN II (Optic).** Vision (Acuity, Fields). Assess visual acuity with Snellen card at appropriate distance (with corrective lenses) one eye at a time, then with both eyes. Assess visual fields by confrontation • **CN III, IV, VI Oculomotor, Trochlear and Abducens.)** Extraocular muscles (EOM), lid movement, pupillary reaction ○ Stand 2-3' in front of patient. Have patient look at finger. Move finger slowly to extreme position of each of six cardinal fields of gaze, making a wide "H" in the air. • **CN V (Trigeminal).** Muscles of mastication, facial sensation. Assess corneal reflex (wisp of cotton on cornea) - optional. Sharp/dull on forehead, cheek, and jaw. Open mouth and clench teeth. • **CN VII (Facial).** Muscles of face (raise eyebrows, show teeth, smile, frown, close eyes) • **CN VIII (Vestibulocochlear).** Assess hearing one ear at a time using 512 Hz tuning fork, watch, or finger rubbing. • **CN IX, X (Glossopharyngeal, Vagus).** Assess phonation and palate elevation (say "AH"), and gag reflex. • **CN XI (Spinal Accessory).** Sternocleidomastoid (turn head) and trapezius (shrug shoulders) muscles • **CN XII (Hypoglossal).** Ask patient to extend tongue an observe for deviation, and atrophy.				

Neuro Motor Exam and MSK Review

Inspect for symmetry, deformity, redness, swelling, atrophy, or skin changes • Head (scalp, TMJ, neck) • Upper extremity (shoulders, arms, elbows, wrists, hands, fingers) • Spine (cervical, thoracic, lumbar, sacral, coccygeal) • Lower extremity (hips, legs, knees, lower legs, ankles, feet, toes)				

Palpate for tenderness, crepitus, warmth, or effusions • TMJ • Shoulder (sternoclavicular, clavicular, long head of biceps tendon) • Elbow (olecranon bursa) • Hand (MCP) • Fingers (PIP, DIP) • Spine (spinous process alignment and symmetry of spine) • Costovertebral angles (if not done with abdominal or pulmonary exams) • Knee (tibial plateau) • Ankle (medial, lateral malleoli, Achilles tendon) • Foot (plantar fascia) • Toes				

Assess range of motion (the number in parentheses indicates the degree of expected joint motion) F = flexion; E = extension; Abd = abduction; Add = adduction, IR = internal rotation, ER = external rotation • **Neck** - F (45); E (55); R&L Lateral Bending (40); R&L Rotation (70) • **Shoulders** - F (180); E (50); IR (90); ER (90); Abd (180), Add (50) • **Elbows** - F (160); E (180); Pronation and Supination with elbows flexed at 90 degrees (90) • **Wrists** - F (90); E (30); Radial deviation (20); Ulnar deviation (55) • **Fingers** - F; E; Abd; Add; thumb opposition • **Back** - F (75); E (30); R&L Lateral Bending (35); R&L Rotation (30) • **Hips** - Flexion with a straight leg (90); Extension with a straight leg (30); Abd (45); Add (30); IR (40); ER (45) • **Knees** - F (130); E (15) • **Ankles** - Dorsiflexion (20); Plantar flexion (45); Inversion (30); Eversion (20); Adduction (20); Abduction (10) • **Toes** - F; E (30)				

Motor System				

Muscle strength, bulk, tone (May be incorporated into musculoskeletal exam)
• **Fingers** - Abd, (C8, T1; ulnar)
• **Thumb** - Opposition, (C8, T1; median)
• **Grasp**
• **Wrist** - E (C6,7,8 Radial)
• **Elbow** - E (C6,7,8) F (C5,6)
• **Shoulder** - Abd; Add
• **Hips** - F (L2,3,4); Abd (L4,5, S1), Add (L2,3,4), E
• **Knees** - E (L2,3,4); F (L4,5, S1,2)
• **Ankles** –
  ○ **Dorsiflexion** (Primarily L4,5) (heel-walking);
  ○ **Plantar flexion** (Primarily S1) (toe-walking)				

Sensory System				
Assess **pain sensation** with sharp broken cotton swab; compare with cotton-tipped end of swab and elicit "sharp or dull" response.				
Ask patient to respond to light touch with wisp of cotton.				
Assess **vibratory sense** with 128 Hz tuning fork • Tap tuning fork • Place on distal interphalangeal joint of finger or toe • If vibration cannot be differentiated from pressure move up extremity proximally (wrist, elbow, medial malleolus, patella, anterior superior ilial spine, clavicles, spinous processes)				
Assess **proprioception** (position sense) • Hold big toe away from other toes between thumb and index finger • Demonstrate up and down for patient clearly • Elicit up or down response multiple times bilaterally with patient's eyes closed • Romberg ○ Have patient stand with feet together and arms at side, with eyes open and closed • Proprioception can alternatively be assessed by asking the patient to perform coordination/fine motor tests with eyes close (e.g. touching thumb to alternating fingers, heel to shin, etc...)				
Reflexes				
Demonstrates the proper use of the reflex hammer.				
Deep tendon reflexes • Upper extremities: biceps (C5, 6), brachioradialis (C5, 6), triceps (C6, 7, 8) • Lower extremities: patellar (L2, 3, 4), Achilles (S1, S2)				
Superficial reflexes • Abdominal (T-8-10 above); (T-10-12 below) • Cremasteric				
Assess Babinski.				

Coordination and Gait				
Assess **coordination** and **fine motor skills** • Rapid alternating movements • Finger-nose-finger (point-to-point) with patient's arm extended • Heel to knee to shin • **Gait** – casual, tandem, toes, heels				

PULMONARY EXAM:

Pulmonary				
1. Chest Posterior				
Inspect • With patient seated, observe respiratory effort and look for presence / absence of distress (use of accessory muscles, nasal flaring, grunting). • Observe shape of chest and symmetry of chest movement.				
Palpate: • Confirm trachea midline position. • Place hands on posterior chest to confirm equal expansion.				
Tactile fremitus: Ask patient to say "99" and palpate over posterior and lateral chest using ball of hand or ulnar aspects of hands. (if abnormal / asymmetric breath sounds are present).				

Percuss:
• Posterior chest, at each level from apices to bases comparing sides.
• **Spine and costovertebral angles** for tenderness (can be done here or with abdominal or back exam).
• **Diaphragmatic excursion (if atelectasis or diaphragmatic paralysis is suspected)**
  ○ Ask patient to exhale and hold. Percuss on back in intercostal spaces downward until sound changes from resonant to dull. Mark this spot.
  ○ Ask patient to inhale and hold. Percuss on back in intercostal spaces downward until sound changes from resonant to dull. Mark this spot.
  ○ Measure the distance between two spots; normal is 3-6 cm.				

Auscultate: • Apply diaphragm firmly to bare skin, listening to chest comparing right and left at each level. Listen in 14 places (6 places posteriorly, 4 places bilaterally along mid-axillary line (L - lingula; R - RML), and 4 places anteriorly (apices and bases). • **Egophony:** ("E" to "A" change) Ask the patient to say "E" and auscultate over suspected consolidation and "E" would sound like "A." Usually done if history or exam suggests pulmonary concerns. May demonstrate if time permits. • **Whispered pectoriloquy:** Asks the patient to whisper "99" or "1-2-3"; auscultate both sides. Normally can faintly hear whisper; abnormal if whispered sounds are louder and clearer. Usually done if history or exam suggests pulmonary concerns. May demonstrate if time permits.				
2. Chest Anterior				
[If posterior chest done, including apices, then anterior is optional if time limited, aside from anterior auscultation, which should always be included as part of a thorough pulmonary exam].				
Inspect: • With patient seated, observe respiratory effort and look for presence / absence of distress. • Observe shape of chest and symmetry of chest movement.				
Palpate: • Bony structures for tenderness • Place hands on anterior chest to confirm equal expansion (optional) • **Tactile fremitus** (as done in posterior chest)				
Percuss: • Anterior chest at each level from apices to bases comparing sides				
Ausculate: • **Egophony:** Ask patient to say "eeee....". • **Whispered pectoriloquy:** Ask patient to whisper "99" or"1-2-3"				

CARDIAC EXAM:

Cardiovascular				
Inspect and palpate from patient's right side: • With patient at 30-45° identify highest pulsations of internal jugular vein (or external jugular vein column). JVP is 5 cm added to the vertical distance of the sternal angle to the internal (or external jugular venous pulsations). • Palpate carotid pulses on each side, then auscultate each (while patient holds breath). • Examine the patient in the supine and in the partial left lateral decubitus position (45° to the left side). • Inspect then palpate the precordium for the PMI and lifts.				
Auscultate heart valves Listen at four basic locations using the diaphragm on bare skin: • Apex • Lower left sternal border • Left 2nd intercostal space • Right 2nd intercostal space				
Auscultate apex with bell of stethoscope.				
Auscultate the femoral arteries.				
Auscultate for gallops or mitral murmurs. Instruct patient to roll onto left side; auscultate mitral apex with bell lightly pressed.				
Auscultate for aortic murmurs. With patient leaning forward, place diaphragm over the left sternal border and apex, instructing the patient to inhale deeply, exhale and then hold his/her breath. Instruct patient to breathe when necessary.				
Assess for pulsus paradoxus, if concern exists for possible cardiac tamponade.				
Palpate peripheral pulses • Brachial • Radial • Popliteal • Dorsalis pedis • Posterior tibial				
Check for lower extremity edema bilaterally by pressing firmly on the skin along the tibia near the ankles				

ABDOMINAL EXAM:

Abdomen				
Inspect: Abdominal wall and flanks for contour, masses, venous pattern, and movements.				
Auscultate *prior* to palpation or percussion • One quadrant for presence of bowel sounds. • For presence of bruits if arterial insufficiency suspected (flanks, femoral and mid-abdomen with bell).				

Percuss:
• **Liver** along right mid-clavicular line to determine liver span (normal highly variable based on height and gender)
• **Splenic borders** in lowest intercostal space in left anterior axillary line at full expiration and full inspiration.
• **All four quadrants**, as well as in the suprapubic region for bladder distention.
• Costovertebral angles for tenderness (can be done here or with pulmonary or back exam).
• For **shifting dullness** (done if history or exam suggestive of ascites)
  ○ Percuss circumferentially on the abdomen; determine transition points between resonant and dull sounds on each side. Mark these spots.
  ○ Roll patient on side; percuss as above to determine if these transition points have shifted.
• For **fluid wave** (done if history or exam suggestive of ascites)
  ○ Have assistant place edge of hand on patient's mid-abdomen.
  ○ Palpate gently at flank with one hand while quickly thumping the other flank with the other hand. Sensing a shock wave with palpating hand is indicative of ascites.				

Palpate: • **All four quadrants** for tenderness, mass, or rigidity; first superficial and then deep • **Assess for rebound tenderness** (if suggested by history) • **Liver** for tenderness and consistency • **Spleen** using any reasonable technique in the supine position • Inguinal areas (can be done here or with pelvic exam) • **Aorta** to estimate size (average 2.5 cm, normal < 3 cm)				