

# History Taking & General Physical Examination

By

Prof Richard YH Yu  
Honorary Professor



# AETIOLOGY OF DISEASES

## **CONGENITAL**

Developmental defect

ASD, VSD, Patent Ductus

## **HEREITARY**

Disease transmitted from generation to generations.

Thalassaemia

Polycystic kidneys

## **METABOLIC**

Calcium

- Osteoporosis
- Hyperparathyroidism

Amino-acid Metabolism

- Diabasic aminoacid – Cystinuria

Purine Metabolism

- Gout

Lipid Metabolism

# **AETIOLOGY OF DISEASES**

---

## **ENDOCRINE**

Pancreas – Diabetes Mellitus

Pituitary – Anterior - Cushing's Syndrome, Acromegaly

- Posterior – Diabetes Insipidus

Adrenal – Cortical – Hyperaldosteronism

- Medulla – Phaeochromocytoma

Reproductive System

## **IMMUNOLOGICAL**

Disorder of the Immune System

Systemic Lupus Erythematosus

Rheumatoid Arthritis

Connective tissue disorder.

## **DEGENERATIVE**

Part of ageing process - atherosclerosis

Vascular System

Musculoskeletal

Neurological

# AETIOLOGY OF DISEASES

## **NEOPLASTIC**

Colorectal

Hepatic

Lung

Breast

Prostate

## **INFECTIVE**

Viral – HbsAg, HCV, HIV

Bacterial – Gram +ve, Gram –ve, Mycobacterium

Parasitic - Malaria

## **IATROGENIC**

# **EFFECTS ON THE HOST**

## **DERANGEMENT OF FUNCTIONS**

- 1. Disturbance of internal environment –  
(homeostasis of the body fluid)**
- 2. Disturbance of physiological function of the body**  
This will give rise to SYMPTOMS.

## **DERANGEMENT OF STRUCTURES**

- Derangement of Normal Anatomical structure of the body**  
This will give rise to SIGNS.

## SYMPTOMS

WEAKNESS OF EXTREMITIES

POLYURIA & POLYDIPSIA

SWEATING AND PALPITATION

SHORTNESS OF BREATH (DYSPNEA)

OEDEMA OF LOWER EXTREMITIES

## DISTURBANCE OF INTERNAL ENVIRONMENT

Hypokalaemia – hyperaldosteronism

Hyperkalaemia – chronic renal failure

Hypercalcaemia – Parathyroid adenoma

Hyperglycaemia in diabetes increase osmotic load  
to the renal tubules

Diabetes insipidus – loss of ADH

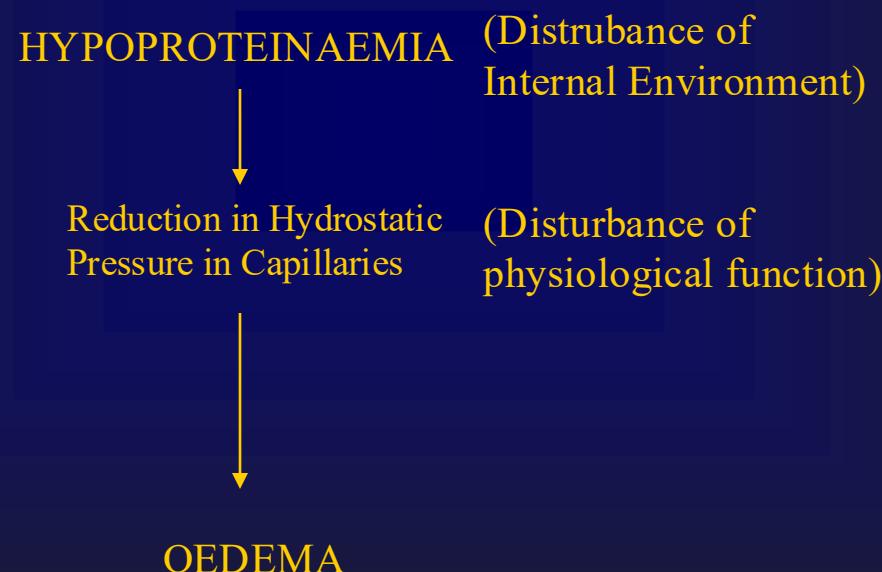
Hypoglycaemia – stimulate production of  
adrenaline

Increased thyroid hormone in hyperthyroidism

Phaeochromocytoma

Hypoxia – stimulate respiratory centre  
Acidosis

Hypoalbuminaemia



Reduce Intake – Dietary  
Malnutrition/Addict/Old Age



HYPOPROTEINAEMIA



Reduction in Hydrostatic  
Pressure in Capillaries



OEDEMA



MASSIVE PROTEINURIA

- Nephrotic Syndrome

Reduce Intake – Dietary  
Malnutrition/Addict/Old Age

HYPOPROTEINAEMIA

(Disturbances in internal  
environment)

Reduction in Hydrostatic  
Pressure in Capillaries

(Disturbances in normal  
physiological function)

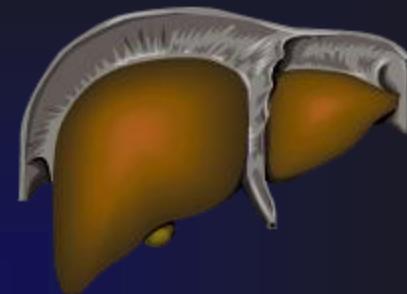
OEDEMA



MASSIVE PROTEINURIA

- Nephrotic Syndrome

Reduce Intake – Dietary  
Malnutrition/Addict/Old Age



IMPAIRED PRODUCTION  
CHRONIC

- Liver Disease

HYPOPROTEINAEMIA

Reduction in Hydrostatic  
Pressure in Capillaries

OEDEMA



MASSIVE PROTEINURIA

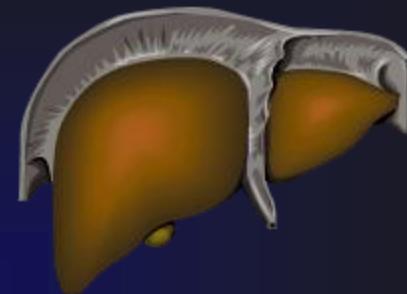
- Nephrotic Syndrome



EXCESSIVE LOSS

- Protein loosing enteropathy
- IMPAIRED ABSORPTION
  - Malabsorption Syndrome
  - Inflammatory Bowel Disease

Reduce Intake – Dietary  
Malnutrition/Addict/Old Age



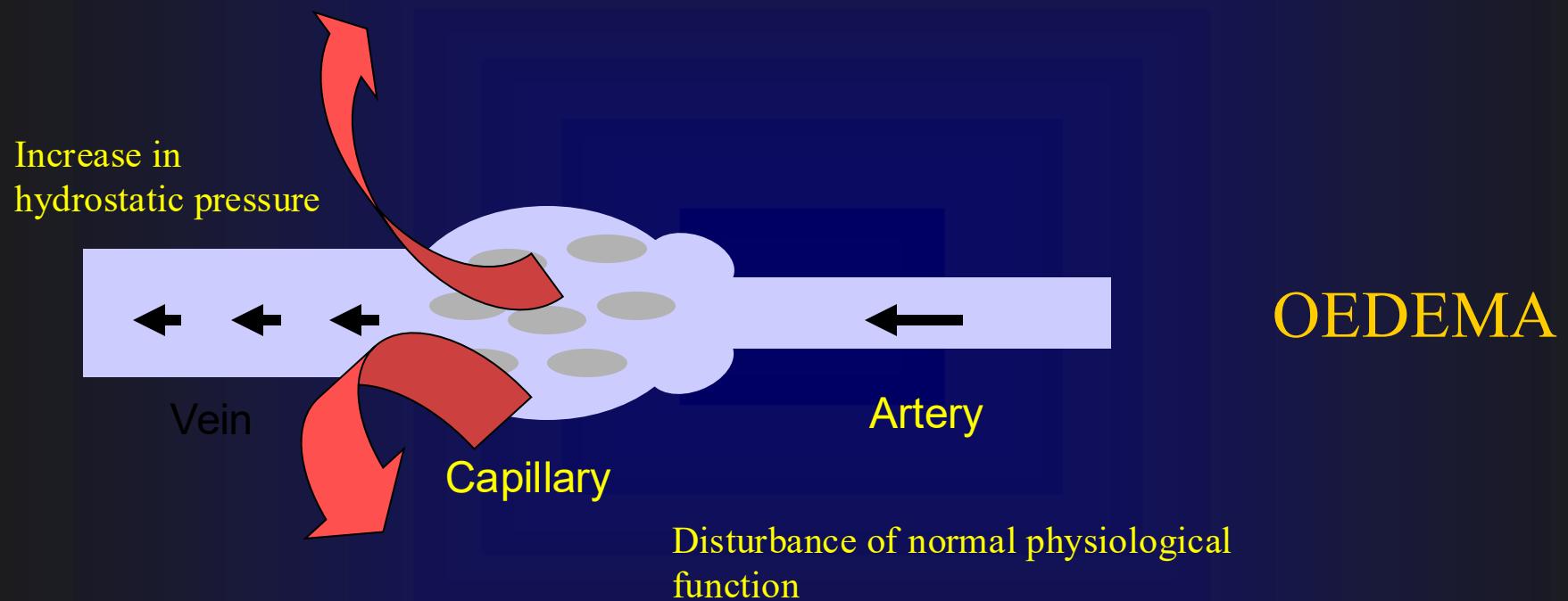
IMPAIRED PRODUCTION  
CHRONIC

- Liver Disease

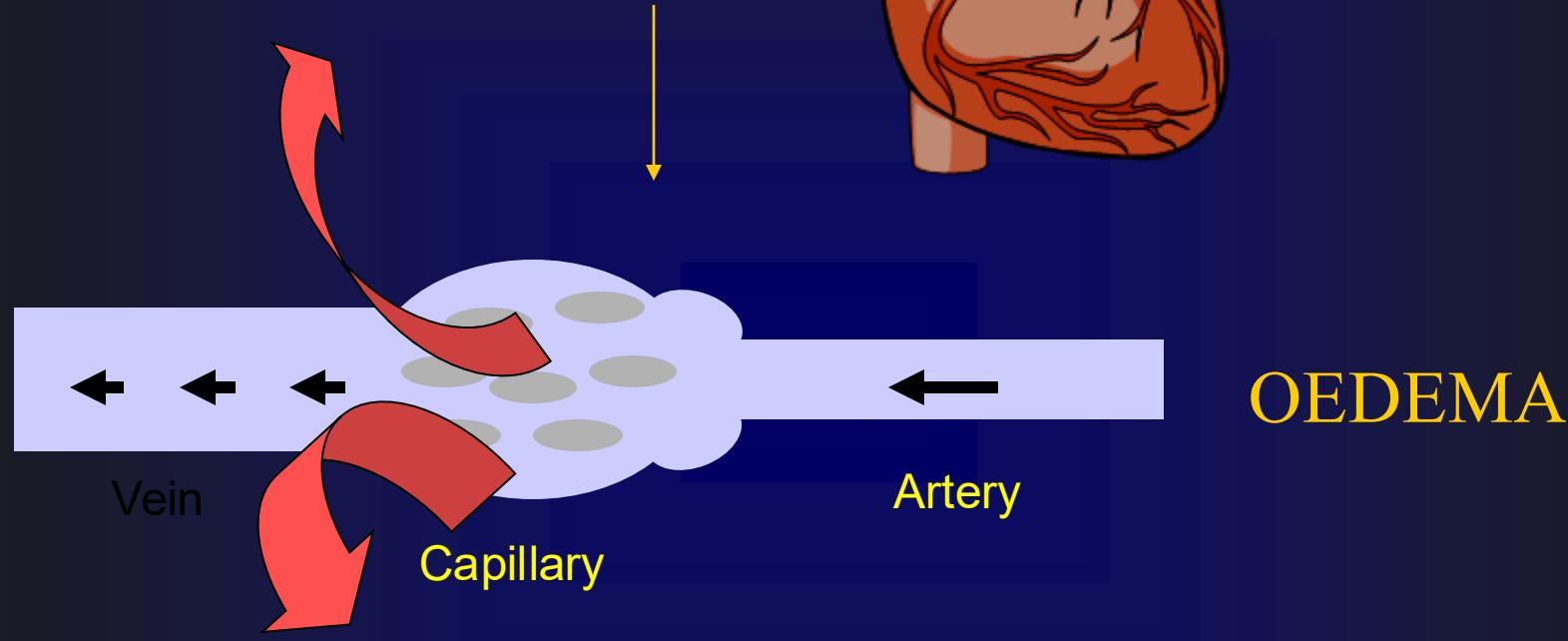
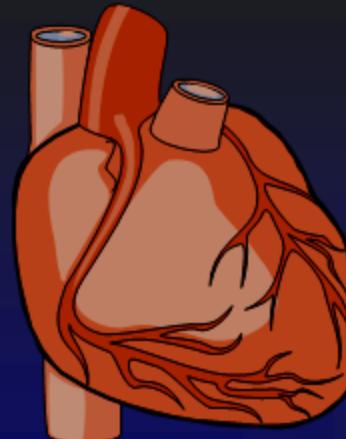
HYPOPROTEINAEMIA

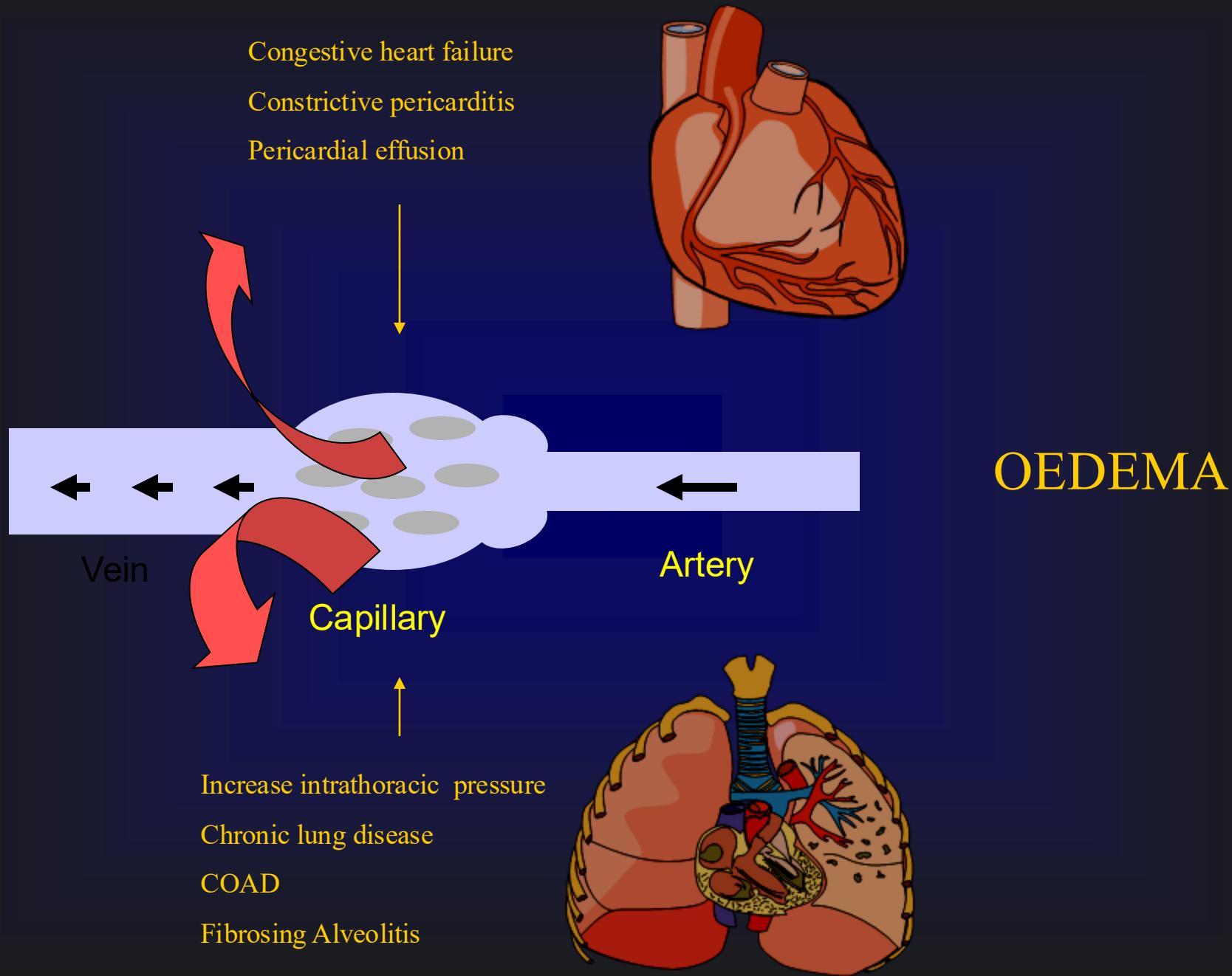
Reduction in Hydrostatic  
Pressure in Capillaries

OEDEMA



Congestive heart failure  
Constrictive pericarditis  
Pericardial effusion





# THE 3 BASIC PRINCIPLES IN CLINICAL PRACTICE

1. OBSERVATION – FROM

What you see

What you hear

2. CRITICAL ANALYSIS

3. LOGICAL DEDUCTION

# HISTORY TAKING

NAME

AGE

SEX

CHIEF COMPLAINT

HISTORY OF PRESENT ILLNESS

PAST HEALTH

PERSONAL HISTORY

FAMILY HISTORY

OBSTETRIC HISTORY

# HISTORY TAKING

## AGE -

Arbitrary Division – 60 years

> 60 years

Degenerative Disease

Malignancy

## PROCESS OF EXCLUSION/INCLUSION

## SEX -

There are some disease with sex preferences,eg Lupus Erythematosis in female.

# HISTORY TAKING

## CHIEF COMPLAINT

Onset - short in days or week, usually acute disease.

Long in months or year – chronic disease.

Major SYMPTOMS resulting in seeking medical advice.

What are SYMPTOMS?

SYMPTOMS ARE CLINICAL MANIFESTATION OF DISTURBANCES OF NORMAL HOMEOSTASIS OF BODY FLUID & PHYSIOLOGICAL FUNCTION OF THE 'BODY'.

## HISTORY OF PRESENT ILLNESS

A natural history of disease process which may be modified by intervention.

# HISTORY TAKING

## PAST HEALTH

- Any invasive procedure
- History of diabetes and hypertension – two common diseases that patient often forget.
- Stroke with or without residual disability.

## PERSONAL HISTORY

- Smoking
- Alcohol
- Sexual history – venereal exposure

## FAMILY HISTORY

- Hereditary disorder

## OBSTETRIC HISTORY (FEMALE)

- Pregnancy or the complication – pre-eclamptic toxæmia or eclampsia.

## PHYSICAL EXAMINATION

SIGNS ARE DERANGEMENT OF NORMAL ANATOMICAL STRUCTURE OF THE BODY.

## PHYSICAL EXAMINATION

### GENERAL

#### Finger Clubbing



## PHYSICAL EXAMINATION

### GENERAL

#### Acute Gout



## PHYSICAL EXAMINATION

### GENERAL

Tophaceous Gout



# PHYSICAL EXAMINATION

## GENERAL

Primary OA



# PHYSICAL EXAMINATION

## GENERAL

### RA Hands



# PHYSICAL EXAMINATION

## GENERAL

### Ankylosing Spondylitis



## PHYSICAL EXAMINATION

### GENERAL

Edema



# PHYSICAL EXAMINATION

## GENERAL

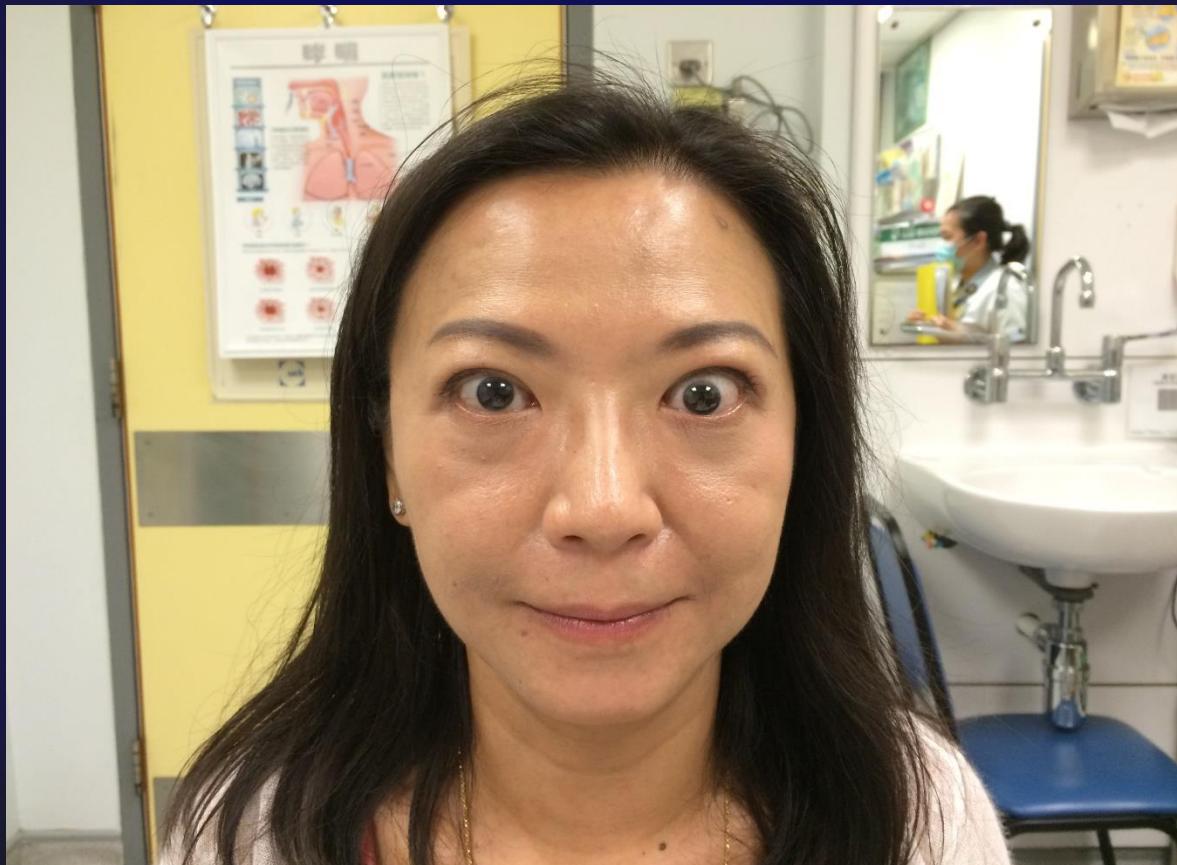
Malar LE



# PHYSICAL EXAMINATION

## GENERAL

### Exophthalmos



## **PHYSICAL EXAMINATION**

### **GENERAL**

Spider naevi



# Physical Examination

## Neurofibromalosis Von Recklinghausen



## Erythema Induratum



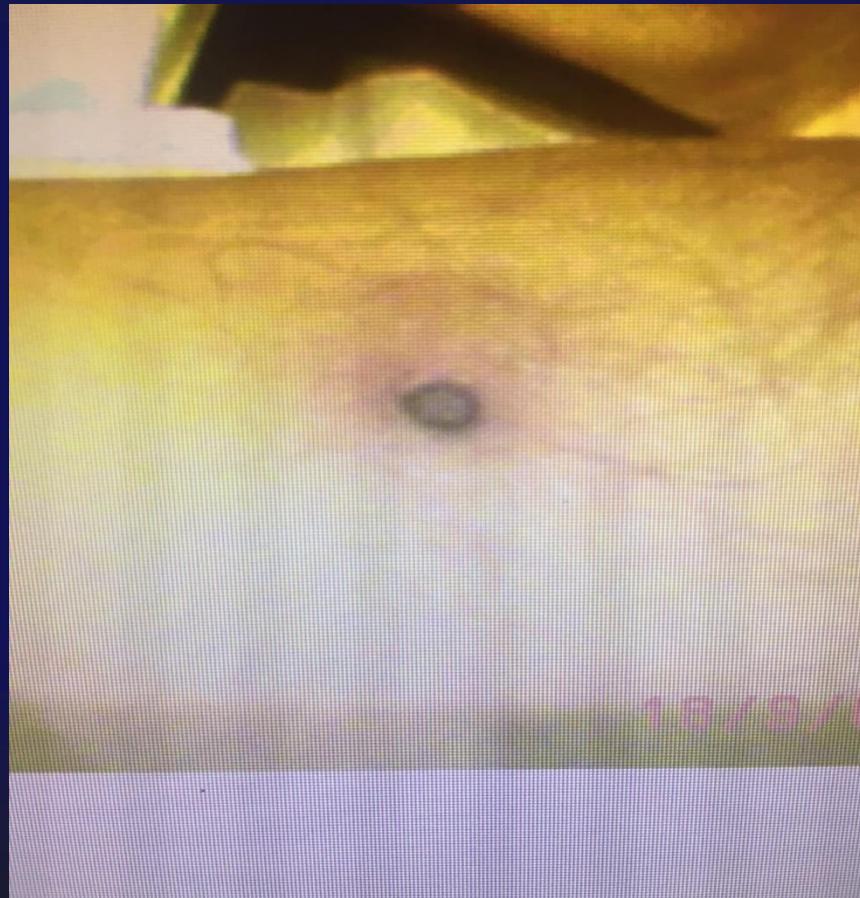
# Pemphigus



## Henoch Schonlein Purpura



## Eschar



# PHYSICAL EXAMINATION

CARDIOVASCULAR

RESPIRATORY

ABDOMINAL

CENTRAL NERVOUS SYSTEM

MUSCULO-SKELETAL

URINALYSIS

# PHYSICAL EXAMINATION

INSPECTION

PALPATION

PERCUSSION

AUSCULTATION

EXCEPT C.N.S.

# INVESTIGATIONS

## BLOOD AND BODY FLUID

To detect changes in body fluid composition as a result of disease

Confirmation of Diagnosis

Severity of the disease process.

## FUNCTION TESTS

Renal, Hepatic, Respiratory, Gastrointestinal, Endocrine and

Metabolic functions

To assess the degree of impairment of function by diseases

## IMAGING

Radiological – conventional and interventional.

Ultrasonography – structure of internal organs - echocardiography, doppler study of blood blow.

Computerized Tomography – static and dynamic.

Magnetic Resonance Imaging – static and functional

Nuclear Scan – Isotope: Cardiac and Renal

Position Emission Tomography (PET) Malignancy and Infection

## **4 PRINCIPLES IN CLINICAL BEDSIDE DIANOSIS**

1. COMMENCE WITH A PROCESS OF EXCLUSION/INCLUSION.
2. SYMPTOMS ARE CLINICAL MANIFESTATIONS OF DISTURBANCES OF INTERNAL ENVIRONMENT (HOMESTASIS) OF THE BODY AND NORMAL PHYSIOLOGICAL FUNCTIONS.
3. SIGNS ARE DEGRANGEMENT OF NORMAL ANATOMICAL STRUCTURE OF THE BODY.
4. COMMON DISEASES ALWAYS COME COMMONLY.

# *Thank You*

## History Taking & General Physical Examination By

Prof Richard YH Yu  
Honorary Professor

