## **NECK EXAMINATION GUIDE**

Please note these guides are not necessarily the curriculum taught at the medical schools. They are basic templates to assist in structuring bedside teaching, for stimulating thought about clinical findings and aiding constructive feedback back from junior doctors to medical students.

	Method	Observed/Comment
Introduction	Hand hygiene, polite, consent.	
Exposure and	Neck exposed. Sitting. Ability examine from front	
positioning	and back	
	Equipment: Cup of water (if appropriate)	
Inspection	General health & vitals	
(From front on)	Thyroid related	
	• Lymph nodes	
	Congenital abnormalities e.g. branchial	
	cysts/fistulae, cystic hygroma, thyroglossal tract	
	remnants.	
	<ul><li>Neck abscess (hot or cold?)</li></ul>	
	Salivary gland pathology	
	• Skin Lumps – lipoma, epidermoid cysts.	
	Rarities e.g. pharyngeal pouch, carotid	
	aneurysm, carotid body tumour, cysts of jaw,	
	actinomycosis	
	,	
	Mouth and its contents	
	<ul><li>tongue, frenulum, submandibular and</li></ul>	
	parotid salivary gland ducts and their	
	openings, teeth, gums, palates, uvula,	
	tonsillar fossae, oropharynx	
Palpation	1. Identify the hyoid bone, thyroid cartilage,	
(from behind – warn	cricoid cartilage and the trachea.	
pt)	2. Palpate the thyroid lobes and the isthmus	
	(anterior to the 2nd to 4th tracheal rings). Any	
	movement on swallowing?	
	3. Feel for any indication of retrosternal	
	extension, pyramidal lobe or thyroglossal	
	remnant (ask the patient to "poke out your	
	tongue").	
	4. Palpate for lymphadenopathy in the anterior	
	triangles of the neck (jugular chain), submental,	
	submandibular, preauricular, postauricular,	
	occipital (sub-nuchal), posterior triangle,	
	supraclavicular	
Palpation (from in	1. Reassess any lump(s) detected (size, shape,	
front)	consistency, tenderness, fluctuance, mobility).	
	Any thrills?	
	2. With gloves on, bi-manually palpate the	
	salivary glands and their ducts [describe this if	
	necessary).	
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Auscultation	Bruits – carotid, thyroid. venous hum. Stridor	
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