

COMLEX Level 2 PE Exam

A 45 years old man came to clinic as he feels dizzy.

Patient Data Sheet

- **Patient Name** : Mr. Duckett
- **Clinical Settings** : Medicine Office
- **CC** : A 45 years old male Presents as he feels dizzy.

➤ **Vital Signs:**

- **Blood Pressure** : 128 / 76 mm Hg
- **Respirations** : 14 per minute
- **Temperature** : 99.0 °F
- **Pulse** : 80 bpm
- **Height** : 72 inches
- **Weight** : 167 lbs.
- **BMI** : 22.6 kg/m²

Differential diagnoses

- Benign paroxysmal positional vertigo (BPPV).
- Orthostatic hypotension, benign positional hypotension.
- Vasovagal episode.
- Meniere's disease.
- Labyrinthitis.

Opening scenario

- A middle aged man, sitting up in the chair in your office.
- Patient is sitting still as if trying to avoid any movement that might bring about dizziness.

Subjective

- **Hello Mr. Duckett, my name is Dr. Patel. I am a physician in this hospital and I would take care of you today. What brings you to the hospital today ?**
- *Hi doctor. Its this spinning. I feel very dizzy. I just cant seem to get rid of it.*

Contd...

Subjective (Contd...)

- **I see. How long has this been going on ?**
- *It comes and goes doctor. But its been worse for the last couple of days or so.*
- **I see. When did these episodes start ?**
- *I believe about a year ago, when I was at a friend's wedding. That's when I had the first one.*

Subjective (Contd...)

- **Okay. How often do you have these episodes ?**
- *It depends doc, sometimes none for over a month. Sometimes it can be as many as twice a week.*
- **Oh I see. How long does each one last ?**
- *Not more than a few hours doc. Most times I am at work so I just ignore it till it stops.*

Subjective (Contd...)

- **I see. And you said this time its been going on for 2 days ?**
- *Well I wouldn't say all the time, doc, but I have had several such short episodes over the last 2 days. I just feel awful.*
- **I understand, Mr. Duckett. It is really bothersome.**
- *Yes doc, I cant get anything done.*

Subjective (Contd...)

- **I understand. I would like to ask you a few questions to help me understand your problem better. Then I would do a physical exam. Then I would go over my impressions with you. I am sorry it would be a little time.**
- *Its ok doc, I understand. You have to do what you have to do.*
- **Thanks. I will be as quick as possible and we will get you something for your episodes once I am done seeing you.**

Subjective (Contd...)

- *Sure doc.*
- **Okay. So can you describe a typical episode Mr. Duckett ?**
- *Sure doc. I sometimes get a feeling its coming. Most of the times I feel my head is spinning. Sometimes I hear this ringing sound in my ears.*
- **I see. What brings about an episode and is there anything that ends it ?**
- *Nothing particular doc. They just come about suddenly and go as suddenly too.*

Subjective (Contd...)

- **I see. Do you feel like throwing up ?do you throw up ?**
- *Well, I have, a couple of times, but for the most part I don't.*
- **I see. Do you have any trouble seeing ? Any double vision ? During these episodes ?**
- *Not really doc.*
- **Okay. Does putting your head in one particular position make things worse ?**
- *Not that I noticed, doc.*

Subjective (Contd...)

- **Okay. Have you passed out during any of these episodes ?**
- *No doc.*
- **Do you have any discharge from either ear ?**
- *No doc.*
- **Do you have any difficulty in hearing?**
- *Yes, sometimes.*
- **Do you have a fever ?**
- *No doc.*

Pam Hugs Foss

- **Okay Mr. Duckett. Now lets review your medical history and medications.**
- *Sure doc.*
- **Do you have any other medical problems?**
- *None that I know of doc, I am fit as a fiddle.*
- **Good to know that, Mr. Duckett.**

Contd...

Pam Hugs Foss (Contd...)

- **I presume you take no medications, not even over the counter and herbal preparations.**
- *That's correct doc, I don't need 'em.*
- **Okay. Are you allergic to any medication or substance ?**
- *None that I know of.*
- **Have you been hospitalized in the past ?**
- *Only as a child, after a foot ball injury.*

Pam Hugs Foss (Contd...)

- **I see. What kind of injury was it ?**
- *I tore something inside my knee. Had to have a small surgery.*
- **I see. Any surgeries apart from that ?**
- *None doc.*
- **Have you had any recent head trauma ?**
- *No.*

Pam Hugs Foss (Contd...)

- **How are your bowel movements ?**
- *They are fine.*
- **How about bladder ?**
- *That's fine too.*
- **Does any one in your family have medical problems ?**
- *Well, none that I know of doc.*

Pam Hugs Foss (Contd...)

- **Do you smoke ?**
- *No doc, never smoked.*
- **Do you drink alcohol ?**
- *Yes doc, about a glass a day. Never more than that.*
- **Do you use recreational drugs ?**
- *Never.*
- **What kind of work do you do Mr. Duckett ?**
- *I am an executive in a pharmaceutical company.*

Pam Hugs Foss (Contd...)

- **Now, I am done with history taking. Thank you for your co-operation. Do you have any question for me?**
- *Not at this point, doc.*
- **Now, Let me examine you.**
- *Sure, doc.*

Points to remember before starting PE

- Wash your hands.
- Always make patient comfortable.
- Ask permission to examine.
- Do not repeat painful maneuvers.
- Use proper draping techniques.
- Provide help during examination.
- Explain what you are doing.
- Explains, offers and performs OMM if indicated.

Objective

- **Mr. Duckett, Now I need to examine you. May I proceed?**
- Please do focused physical examination.
- **General examination** : do it quick.
- **HEENT**: Ear Canal, Otoscope examination, Nystagmus.
- **RS** : Inspection, Auscultation.
- **CVS**: Inspection, Auscultation, Orthostatic vital signs.
- **Extremities**: check for edema and pulse.
- **CNS**: CN II-XII, Motor and Sensory tests, Romberg test, Reflexes, Explain Dix-Hallpike maneuver.

Closure: Assessment and Plan discussion

- **Thank you for your cooperation Mr. Duckett. Now let me go over my impressions with you.**
- *Sure doc.*
- **So I have some possibilities in mind. The first possibility that I can think of is Meniere's disease. This is a condition where people have episodes of dizziness.**

Contd...

Closure: Assessment and Plan discussion (Contd...)

- **We don't know the cause for this yet. But it is common in men of your age. And like you described, people have episodes of ringing in the ear and sometimes nausea and double vision too. What you described as one of your episodes is what a typical episode of Meniere's would be like.**
- *I see doc. Could it be something else ?*
- **Well it could be benign positional vertigo. Which means that putting your head in a certain position may cause you to be dizzy.**

Closure: Assessment and Plan discussion (Contd...)

- **While this sounds a little odd, there are small canals in our inner ears that sense motion and balance. They help maintain a sense of equilibrium. When they get disturbed for whatever reason, we feel dizzy.**
- **Sometimes putting your head in a certain position or being in motion can do that. Like people feel sick on a ship with rocking motion, or on a giant wheel.**
- **Some people have a condition called benign positional vertigo, where putting your head in a certain position or angle can bring about an episode of dizziness.**

Closure: Assessment and Plan discussion (Contd...)

- *I see doc. Does that mean something's wrong with my ears ?*
- **Well I would say yes. What it exactly is, we need to confirm.**
- *Sure doc. Do I need some tests ?*
- **Yes, a couple of basic blood tests and a test for your inner ear. They would put your head in certain positions to see if one position makes you feel more dizzy than others. We would also watch for any movements of your eyes.**

Closure: Assessment and Plan discussion (Contd...)

- *I see doc. So if I felt dizzy or threw up ?*
- **Well we will stop immediately if you feel dizzy or throw up. We will have medicines to take care of that. I know it sounds comfortable but that's probably the only way to confirm it.**
- **I would still say Meniere's is higher on my list of possibilities at this time.**
- *Sure doc. Do I need tests to confirm that ?*

Closure: Assessment and Plan discussion (Contd...)

- **Yes you would need specialized hearing tests and tests that see how your inner ear function is.**
- *How long do they take ?*
- **About half an hour. You don't need to have them done right away. We can schedule them later this week and you can come in when you have time.**
- *Sure doc. I might want to be at work later today.*

Closure: Assessment and Plan discussion (Contd...)

- **I understand.**
- *How about the blood tests doc ?*
- **We will have blood drawn right away. The results would be back by evening or latest by tomorrow morning. I will call you with them.**
- *Sure doc that would be great.*
- *What about any medications ?*
- **I will start you on a medication that takes care of dizziness.**

Closure: Assessment and Plan discussion (Contd...)

- *That would be good doc. Can I go back to work today ?*
- **Well you could, but if possible you might as well take the rest of your day off. Sometimes stress can worsen your symptoms. And since you have been having these episodes for a couple of days, might as well get some rest and go back refreshed.**
- *Makes sense doc.*
- **Is there any other question that I may answer for you today, Mr. Duckett ?**
- *No doc, I think I kinda know where we are at right now.*

Closure: Assessment and Plan discussion (Contd...)

- **Great. I will get the tests rolling and help you make an appointment for the ear tests. We will talk again once I have all the results back. Then we will go over the treatment plan again. I would like to see you again in a week.**
- *That would be excellent, doc.*
- **Thank you.**
- **Shake hands and exit.**

Assessment and Plan

➤ **Assessment:**

1. Meniere's disease
2. BPPV
3. Benign orthostatic hypotension
4. Labyrinthitis
5. Vestibular neuronitis

➤ **Plan:**

1. Meclizine 25 mg PO three times a day, Metoclopramide 10 mg IM prn for nausea and vomiting
2. Life style changes: Limiting caffeine and alcohol, low salt diet
3. Orthostatic Vital Signs, CBC with differential, BMP, Dix-Hallpike maneuver
4. MRI – Brain, Audiogram
5. Vestibular rehabilitation
6. Follow up in a week



Happy Reading