

Knee

Checklist	0	1	2
HELP			
H: 'Hello' (introduction and gains consent)			
E: Exposure (patient should undress down to underwear, making sure the whole leg is exposed)			
L: Lighting			
P: Position correctly (supine), asks if patient is in any pain			
Washes hands			
Observation: <ul style="list-style-type: none"> • Paraphernalia: walking stick, joint support, wheelchair • Skin: colour, rash, bruising, scars • Joint: erythema, swelling • Muscle: wasting (measures quadriceps circumference) • Popliteal fossa: swelling, nodules • Posture: genu varus, genu valgus, flexion deformity, patellar alignment 			
Palpation: <ul style="list-style-type: none"> • Temperature • Swellings • Muscle bulk around joint • Palpates medial joint line with knee flexed • Palpates lateral joint line with knee flexed • Palpates around borders of patella • Palpates patellotibial ligament and tibial tuberosity • Palpates in popliteal fossa for Baker's cyst • Palpates for joint effusion using patellar tap test or bulge test 			
Movement: <ul style="list-style-type: none"> • Assesses degree of passive and active flexion possible • Assesses degree of passive and active extension possible 			

<ul style="list-style-type: none"> Assesses hyperextension Assesses for pain and crepitus 			
<ul style="list-style-type: none"> Menisci: <ul style="list-style-type: none"> Performs McMurray's test or Apley's grinding test Technique for Apley's grinding test: <ul style="list-style-type: none"> Asks patient to lie on prone on their front Flexes knee to 90 degrees Stabilises upper leg with left hand Holds lower foot with right hand Pushes lower foot (and thereby tibia/ fibula) down and rotates it in a 'grinding' manner Pain indicates a positive test and possible meniscal injury 			
<ul style="list-style-type: none"> Patellofemoral joint: <ul style="list-style-type: none"> Tests for patellar apprehension Technique: <ul style="list-style-type: none"> Extends knee and pushes patella laterally If patient is in pain or tries to flex the knee due to apprehensiveness, the test is positive, indicating an unstable patella and possible previous dislocations 			
<p>Special tests:</p> <ul style="list-style-type: none"> Collateral ligaments: <ul style="list-style-type: none"> Flexes knee approximately 30 degrees Applies valgus strain to test for integrity of medial collateral ligament: <ul style="list-style-type: none"> Technique: stabilises thigh just proximal to knee, holds lower leg with other hand just distal to knee, and moves medial aspect of lower leg laterally 			

<ul style="list-style-type: none"> • Pain + movement indicates medial collateral ligament damage • Applies varus strain to test for integrity of lateral collateral ligament: <ul style="list-style-type: none"> ▪ Technique: stabilises thigh just proximal to knee, holds lower leg with other hand just distal to knee, and moves lateral aspect of lower leg medially: ▪ Pain + movement indicates lateral collateral ligament damage 			
<ul style="list-style-type: none"> • Cruciate ligaments: <ul style="list-style-type: none"> • Inspects for posterior sag with knee flexed to 90 degrees • Performs anterior and posterior draw test to test anterior and posterior cruciate ligaments (respectively) • Technique: <ul style="list-style-type: none"> ▪ Sits on patient's ipsilateral foot ▪ Holds lower leg just distal to knee ▪ Pulls lower leg forward: pain + movement indicates anterior cruciate ligament damage ▪ Pushes lower leg backwards: pain + movement indicates posterior cruciate ligament damage 			
Function: <ul style="list-style-type: none"> • Comments on g 			
Thanks patient Offers to help patient get dressed Washes hands Offers to examine ankle (joint below) and hip (joint above) Offers to examine neurovascular function of the lower limbs			

Presents findings Offers appropriate differential diagnosis Offers appropriate investigations and management			
OVERALL IMPRESSION			

Breast

Checklist	0	1	2
HELP			
H: 'Hello' (introduction and gains consent)			
E: Exposure			
L: Lighting			
P: Position – asks patient to lie down or sit up			
Washes hands			
Asks for a CHAPERONE			
Inspects the breasts with patient in the positions below for asymmetry, lumps, dimples, scars, skin changes, peau d'orange:			
<ul style="list-style-type: none"> • With her hands by her sides 			
<ul style="list-style-type: none"> • With her arms raised above her head (for masses tethered to the skin) 			
<ul style="list-style-type: none"> • Underneath the breasts 			
Palpates the breasts with patient lying flat or at 45 degrees:			
<ul style="list-style-type: none"> • Asks about pain and lumps felt by patient – starts examining away from these areas 			
<ul style="list-style-type: none"> • All four quadrants (see below) 			
<ul style="list-style-type: none"> • Nipple, including for discharge and underlying lumps 			
Palpates axillary lymph nodes:			
<ul style="list-style-type: none"> • Supports the patient's arm with their non-dominant arm and palpates following areas: <ul style="list-style-type: none"> • Superior aspect • Inferior aspect • Anterior aspect • Posterior aspect 			

• Apex			
Covers patient and offers to help her get dressed			
Tells the examiner that they would like to do the following to look for secondary metastasis: <ul style="list-style-type: none"> • Palpate for cervical lymphadenopathy • Palpate for hepatomegaly • Auscultate the lung bases for effusions • Percuss the spine for tenderness 			
Advises the patient to sign up to breast screening			
Suggests a mammogram for greater diagnostic certainty			
Thanks patient			
Washes hands			
Presents findings			
Offers appropriate differential diagnosis			
Suggests appropriate further investigations and management			
OVERALL IMPRESSION:			