#### **Question: Examine JVP**

Steps (total 26)	Check if done
Introduce himself/herself	
Ask for permission to do examination	
Comment on the room settings	privacy
	warmth
	adequate light
Comment on hand hygiene	
Position the Pt in semi-recumbant (45°)	
ask pt to slightly turn his head to the Lt side	
Stand at the right side of the pt	
Inspect the neck for visible pulsation	
Comment on the visible pulse; 2 pulses were visible an outward	
single peaked arterial pulse and an inward double waved venous pulse.	
Ask pt to hold his breath at deep inspiration	П
Comment that JVP decreases on inspiration	
Ask the pt to sit up, while he observe the effect on the pulse	
Comment that JVP disappears on sitting upright	
Ask for any site of pain in the neck before palpation	
Warm his hands before palpation	
Palpate the visible pulse	
Comment that JVP pulse is impalpable	
Do neck obliteration test	
Comment that JVP disappears on neck obliteration	
Warn the pt that he's going to push his abdomen and ask if the	П
abdomen is tender	
Perform abdomino-jagular reflex	
Comment that JVP increases with abdomino-jagular reflex	
Comment on the need to measure JVP	
Auscultate the neck for venous hum	

# Question: Do percussion & auscultation of the posterior chest

Steps (total 29)	Check if done
Introduce himself/herself	
Ask for permission to do examination	
Comment on the room settings	☐ privacy
	warmth
	☐ adequate light
Comment on hand hygiene	
Expose the back to the iliac crest.	
Position the patient Sitting upright, scapula apart (arms crossed)	
Stand at the right side of the pt	
Percuss the following locations	☐Lung apices
	$\square$ 2 locations medial to scapula
	$\square$ 2 locations below the scapula
	☐3 locations in the axillary area
Comment on percussion note	Symmetrical bilateral resonant percussion note all over the chest
Comment on the need to check diaphragmatic excursion	
Auscultate using the diaphragm of the stethoscope	
Ask the pt to take a deep breath using his mouth when placing	☐Lung apices
the stethoscope on his chest then Listen for breath sounds over the following locations;	$\Box$ 2 locations medial to scapula
	$\Box$ 2 locations below the scapula
	$\square$ 3 locations in the axillary area
Comment on breath sounds	Uvesicular breathing sound
	□wheeze
	□crackles
	□pleural friction rubs
	□clicks
Comment on vocal resonance	
Comment on Aegophony	
Comment on Whispering pectoriloquy	
Thank the pt	

# Question: Do inspection then palpate the abdomin

Steps (total 29)	Check if done
Introduce himself/herself	
Ask for permission to do examination	
Comment on the room settings	privacy, warmth, adequate light
Comment on hand hygiene	
exposure from the nipples to the knees	
Position the pt lying in flat position with head rested on one pillow (15°-20° above horizontal)	
Inspect the abdomen from foot of the bed, comment on the	□symmetry
following	☐movement with respiration
	□shape of abdomen
	□Site & shape of umbilicus
Inspect from the right side of the patient, and comment on	□Scars
	□scratch marks
	□Striae
	□Visible masses
Ask the pt to cough, comment on cough impulse	
Comment on hernial orifices	
Test for Divarication of recti	
Sit at the right side of the patient	
Ask for any area of tenderness on the abdomen	
Warm his hands	
maintain eye-to-eye contact throughout examination	
Palpate for the liver starting from RIF	
Do murphy's sign	
Palpate for the spleen starting from RIF	
ask the pt to flex his knees and roll to his Rt side, and palpate	
the spleen while in that position	
Using correct maneuver for palpation of liver & spleen	
Do kidney bimanual exam	
Do kidney ballottement test	
Check for costophrenic angle tenderness	

# Question: Examine the trigeminal and facial nerves

Steps	Check if done	
Introduce himself/herself		
Ask for permission to do examination		
Comment on the room settings	☐ privacy,warmth,adequate light	
Trigeminal		
Inspect for muscle wasting on the temporal region		
Palpate the bulk of masseter and temporalis (ask the pt. to clinch his teeth)		
Ask the patient to open his jaw while you apply upward resistance		
Test for sensation	□ask the patient to close his eyes	
	☐Test sensations at dermatomes of	
	(ophthalmic,maxillary, mandibular)	
	<u>bilaterally</u>	
	□Light touch using cotton wool	
	□Pain using neurotip	
	□Sensation of anterior 2/3 of	
	tongue using orange stick	
Test reflexes	☐ Corneal reflex (Afferent CN5	
	Efferent CN7)	
	☐ Jaw reflex (Afferent CN5 efferent	
	CN5)	
Facial nerve		
Inspect for	☐ Facial asymmetry	
	☐Presence of nasolabial folds	
	☐ Deviation of the angle of the	
	mouth	
Motor:	☐ Ask pt to look up to inspect for	
	forehead wrinkles Frontalis	
	□ask the patient to close his eyes	
	tightly against resistance, examine power Orbicularis oculi	
	☐ Ask the patient to blow out his	
	cheeks against resistance, examine	
	power Buccinator	
	☐ ask patient to show his teeth	
	☐ (optional) Ask pt to whistle	
	Orbicularis oris	
	☐ (optional) Ask pt to cringe	
	Platysma	
Comment on taste test of anterior 2/3 of the tongue		
Comment on Schirmer's test		
Do corneal reflex		
Test for hyperacuses (Facial nerve innervates the stapedius muscle)		

# Question: Examine upper limb for deep reflexes (the examiner should focus on the technique used by student)

Steps	Check if done
Introduce himself/herself	
Ask for permission to do examination	
Comment on the room settings	☐ privacy
	$\square$ warmth
	☐ adequate light
Comment on hand hygiene	
All reflexes should be done bilaterally and compared	
Reinforcement should be done: clench his teeth or make a fist with the contralateral hand (Examiner should inquire about it)	
Right technique of holding and using hammer	
Do biceps reflex	Done
	$\square$ Good technique
	$\square$ Examiner asks about the roots
	c5
Do triceps reflex	Done
	$\square$ Good technique
	$\square$ Examiner asks about the roots
	c7
Do supinator reflex (brachioradialis reflex)	Done
	☐ Good technique
	$\square$ Examiner asks about the roots
	c6
Thank the pt when finished	

Question: Examine for knee stability then for effusion (usually two separate questions)

Steps (total 29)	Check if done
Introduce himself/herself	
Ask for permission to do examination	
Comment on the room settings	privacy, warmth, adequate light
Comment on hand hygiene	
Collateral ligament stability	
Apply first while leg is fully extended 0° then at 30° flextion of the knee (to omit effect of cruciate ligaments and capule)	
Put the patients knee between your elbow and side, feel with your thumbs the joint linees	
Do valgus stress for medial collateral ligament	
Do varus stress for lateral collateral ligament	
Do supinator reflex (brachioradialis reflex)	Done
Cruciate ligament stability	
Inspect for posterior sag sign	
Sit on patients foot	
Do anterior drawer test for ACL	
Do posterior drawer test for PCL	
Mcmurray test for meniscal tear	
Flex the knee to its full extent	
Hold from patient sole of foot	
Do external rotation at the hip and varus stress at the knee for medial meniscus. Then extend the knee smoothly and hear for a click	
Do internal rotation at the hip and valgus stress at the knee for lateral meniscus. Then extend the knee smoothly and hear for a click	
Patellar apprehension test	
With the pt's knee fully extended, push the patella laterally with your thumb, and then flex the knee slowly. Resistance suggest previous patellar dislocation or instability	
Effusion tests (separate question)	
Comment on absence of obliteration of parapatellar grooves (gutter)	
Do ripple test	
Do patellar tap	
Do fluctuation test	<u></u>

# Question: Examine the thyroid gland of this patient

Steps (total 29)	Check if done
Introduce himself/herself	
Ask for permission to do examination	
Comment on the room settings	privacy
	warmth
	adequate light
Comment on hand hygiene	
Expose the neck and upper chest	
Position the patient sitting upright on a chair and ask for a glass of water	
Stand at the Rt side of the pt	
On inspection ask the pt to hyperextend his neck, and comment on scars and swelling	☐ hyperextension of the neck
and Swening	neck scars
	swelling
On inspection ask the pt to swallow, and comment on any mass that moves with swallowing	ask to swallow
moves with swanowing	☐ Mass movement with swallowing
on inspection ask the pt to protrude his tongue, then look for any mass in the neck moving on protrusion	☐Protrude tongue
in the neak moving on protrasion	☐Comment on mass
Comment on looking at the back of the mouth for lingual goiter	
Ask for any site of pain on the neck before palpation	
Warm his hands before palpation	
Maintain eye-to-eye contact throughout palpation	
Palpate the neck while slightly flexed	
While palpation, comment on palpable thyroid, hotness, thrills	palpable thyroid
	□hotness
	□thrills
Ask the pt to swallow while palpating the neck	
Comment on the need to palpate cervical LN	
Percuss directly on the manubrium of sternum.	
Auscultate with diaphragm for bruits over both thyroid lobes	
Thank the pt when finished	