



MEDICAL CLUB

G U I D E T O

# PHYSICAL EXAMINATION

## Internal Medicine

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## How to use this guide

- 1) Watch Macleod's physical examination video for the section you want to study

<https://www.youtube.com/playlist?list=PLr3TTVw39f8 - xKHNIy9ccbDnQPUhG1mp>

OR

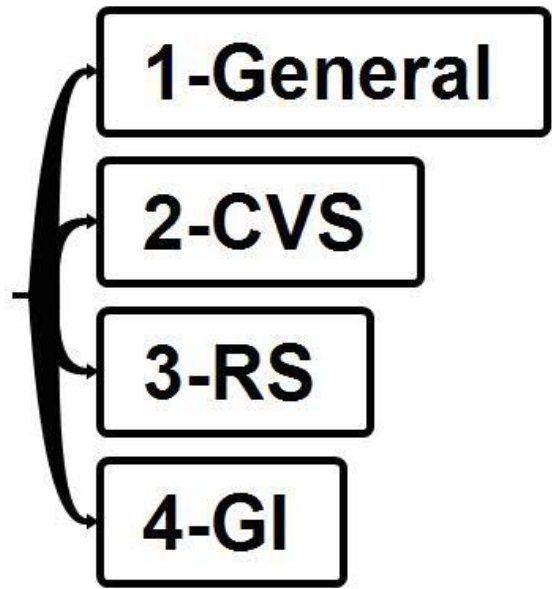
Read it from Macleod's clinical examination textbook

OR

Do both (NERDS ONLY)

- 2) Study and Memorize the section from this guide
- 3) Practice what you've learned on patients (keep the guide with you to correct yourself or ask one of your colleagues to correct you)
- 4) Repeat, in physical examination the more you practice the better you become (as simple as that!)

# Internal Medicine Examination



## Medical Protocol (always do before you start examination)

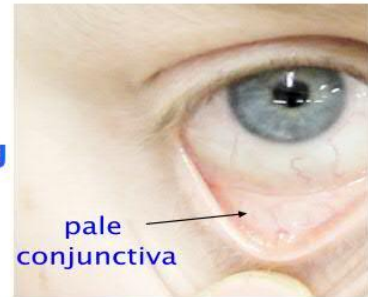


# 1-General

- Conscious / Alert / Oriented
- Well Or Ill Looking
- In Pain
- Breathless , Respiratory Disturbed
- Sweaty Or Dehydrated

## Color

Pallor Or Flushing



Cyanosis



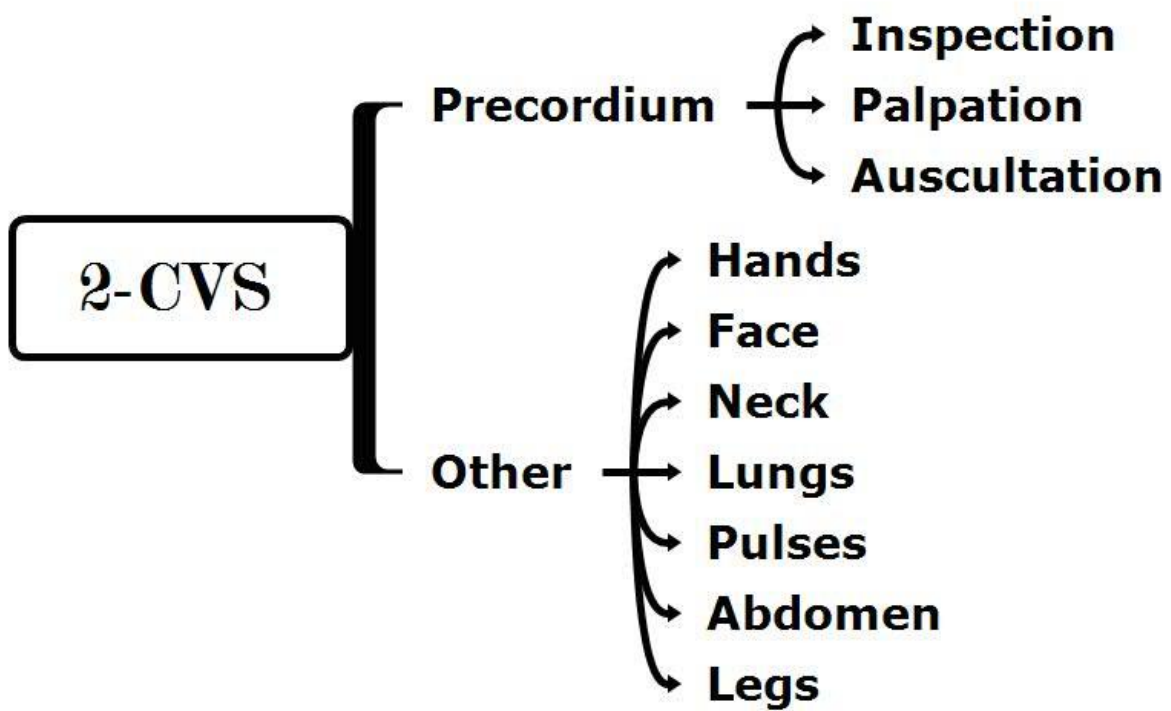
Jaundice



- Cachectic Or Obese
- Position (setting / Lying In Bed)
- Clues Around The Patient (inhalers , O2 Mask , Canula )

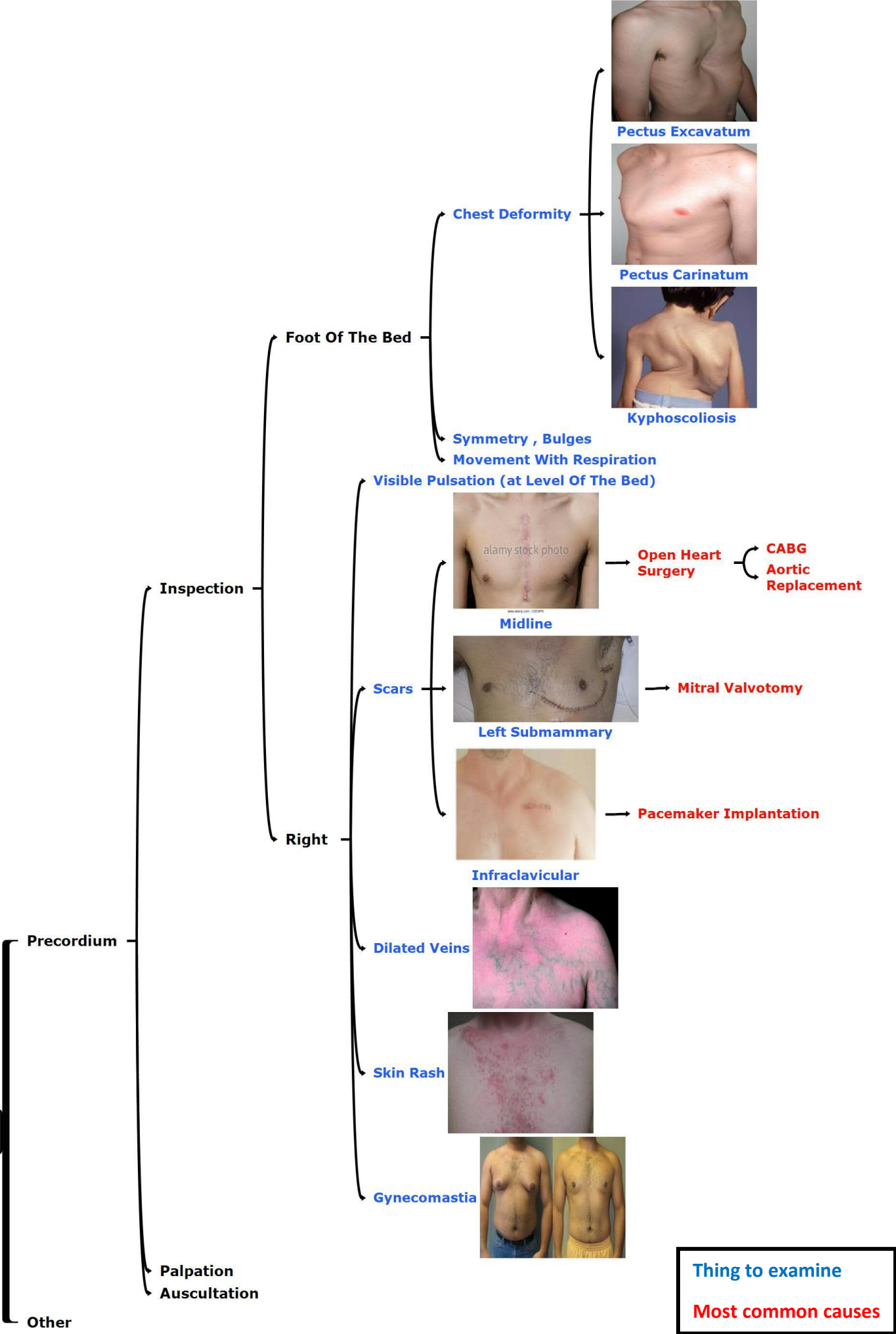
## Vital Signs

- Heart Rate
- Respiratory Rate
- Temperature
- Blood Pressure
- O2 Sat





**2-CVS**



2-CVS

Precordium

Other

Inspection

Chest Tenderness



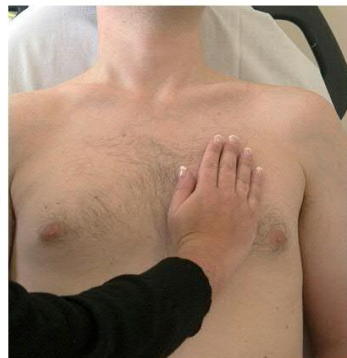
Apex Beat (4th Ics In <5y)

Palpation



Palpate With 2 Fingers On The 4 Valves Sites  
Palpable Murmurs

Thrills



Palpate With Palm On The Sternal Border  
Rv Dilation Or Hypertrophy

Parasternal Heaves

Auscultation

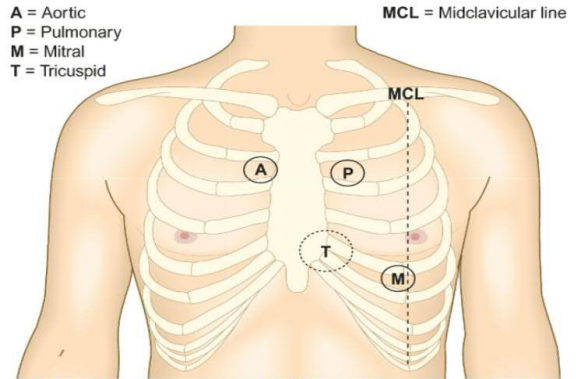
Thing to examine

Most common causes





Inspection  
Palpation



- 1) Listen With Diaphragm and Bell on the 4 Heart Valves Sites  
Mnemonic: "All Patients Trust Me"
- 2) Listen Over Carotid And Left Axilla For Radiation Of Murmur  
(if You Heard One Only)

Precordium

How



3) Do Maneuvers



Auscultation

Heart Sounds

- Normal : S1 And S2
- S3 → Because Of Rapid Ventricular Filling
- S4 → Forceful Atrial Contraction

Added Sounds

- Opening Snap → Mitral Stenosis
- Ejection Click → Aortic Stenosis
- Mechanical Valve Sound → Valve Replacement
- Pericardial (friction) Rub → Pericarditis

Murmurs

- Timing → Systole  
Diastole
- Duration
- Character And Pitch
- Intensity
- Location
- Radiation To → Left Axilla → Mitral Regurgitation  
Carotid Artery → Aortic Stenosis

Other

Thing to examine

Most common causes



**2-CVS**

**Precordium**

**Capillary Refill**

**Nicotine Staining**



**Peripheral Cyanosis**



**Clubbing**



**Infective Endocarditis**  
**Cyanotic Congenital Heart Disease**

**Splinter Hemorrhages**



**Infective Endocarditis**

**Hands**

**Janeway Lesions**



**Infective Endocarditis**

**Osler's Nodules**



**Infective Endocarditis**

**Other**

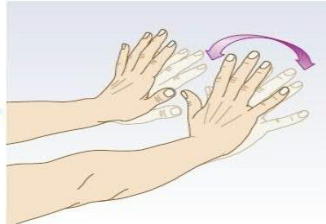
**Xanthomata**



**Hyperlipidemia**

Panel A: Interdigital xanthoma

**Flapping Tremor**

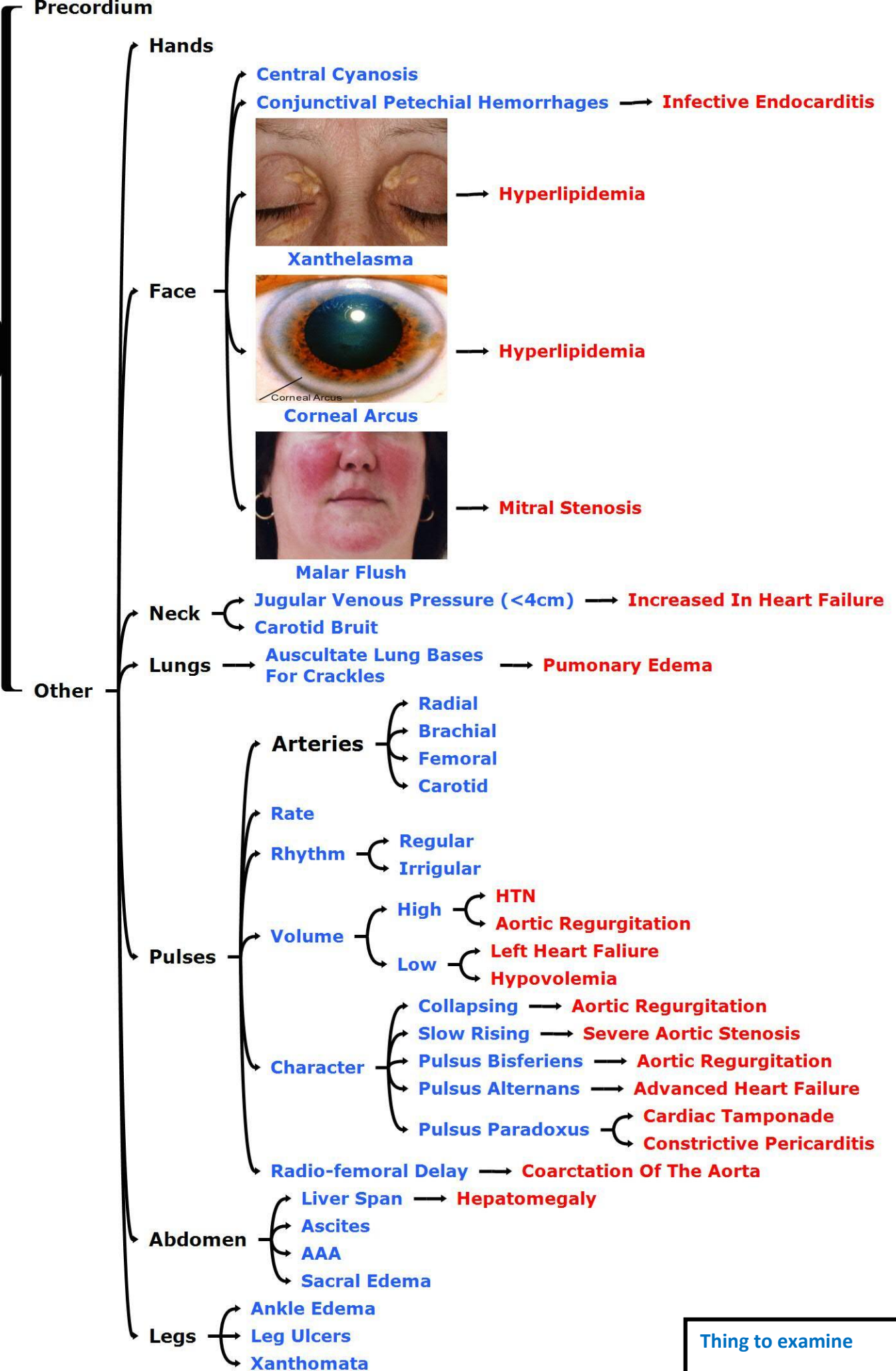


**Co2 Retention**

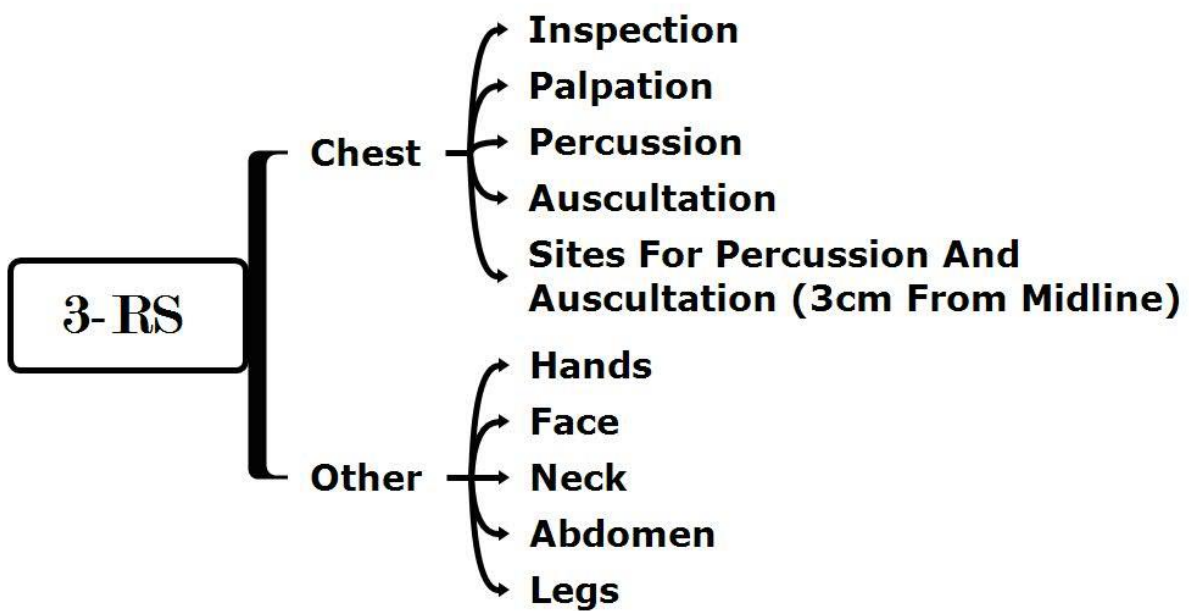
- Face
- Neck
- Lungs
- Pulses
- Abdomen
- Legs

**Thing to examine**  
**Most common causes**

**2-CVS**

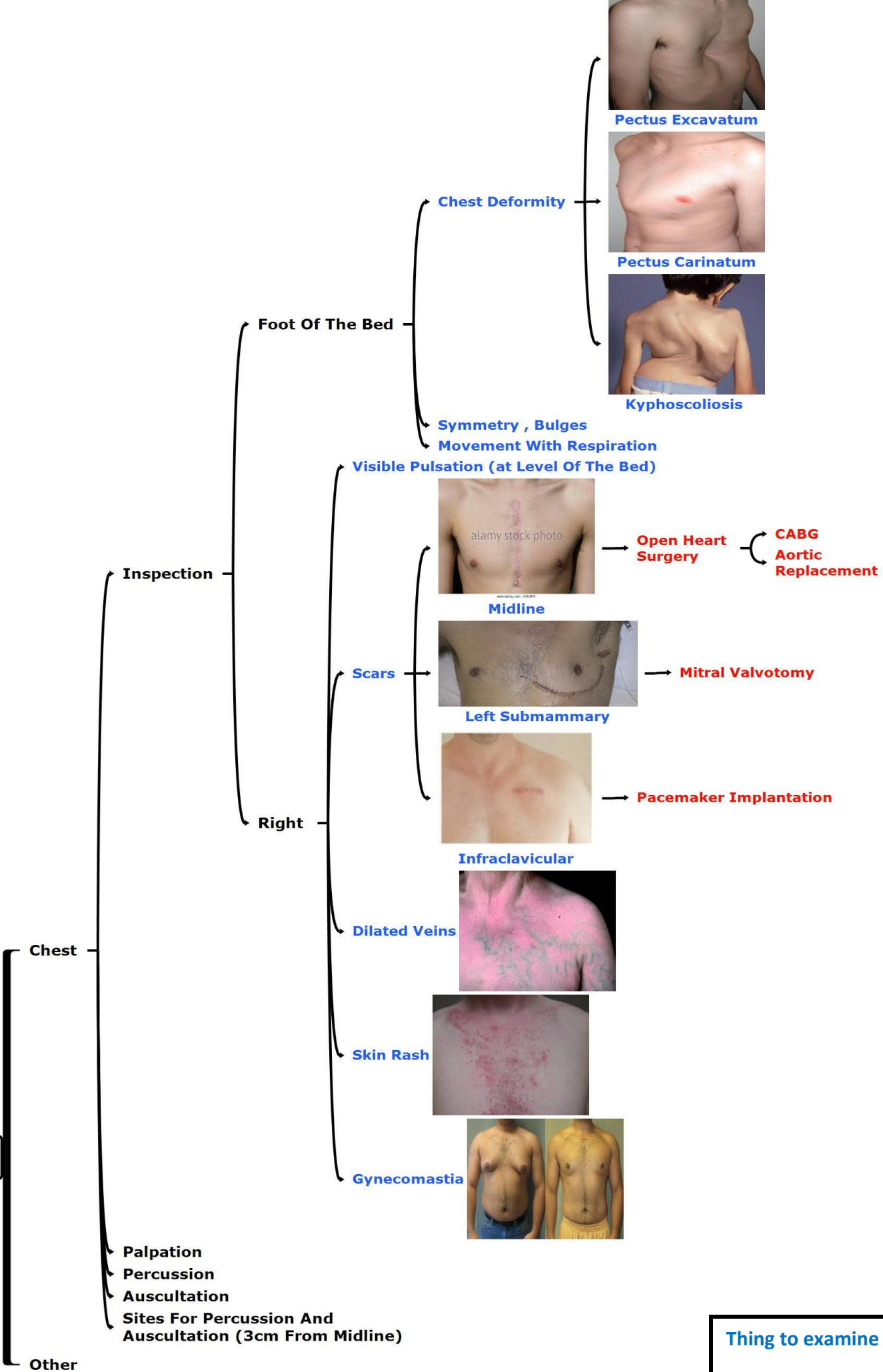


Thing to examine  
Most common causes





**3-RS**



Thing to examine

Most common causes

**3-RS**

**Chest**

**Inspection**



**Tracheal Position**

**Toward Lesion**

**Lung Collapse**

**Lung Fibrosis**

**Pneumonectomy**

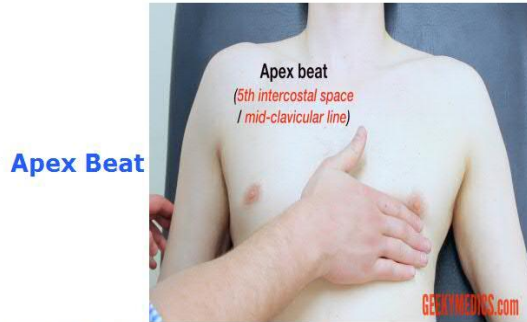
**Away From Lesion**

**Tension Pneumothorax**

**Massive Pleural Effusion**

**Chest Tenderness And Subcutaneous Emphysema**

**Palpation**



**Apex Beat**



**Chest Expansion**

**Decrease In One Side**

**Pleural Effusion**

**Lung Collapse**

**Pneumothorax**

**Unilateral Fibrosis**

**Decrease In Both**

**Severe COPD**

**Diffuse Fibrosis**

**Tactile Vocal Fremitus**



**Percussion**

**Auscultation**

**Sites For Percussion And Auscultation (3cm From Midline)**

**Other**

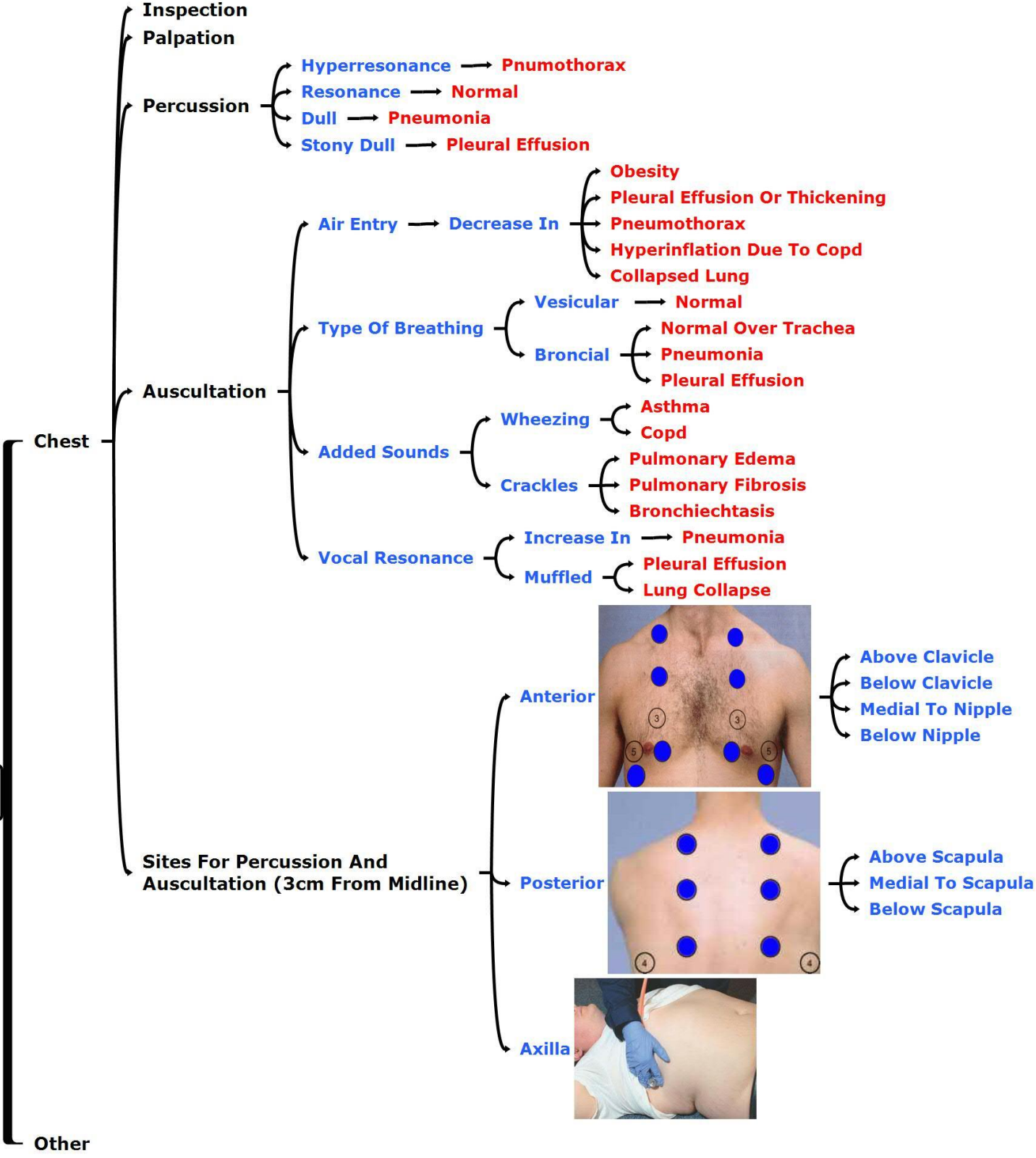
**Thing to examine**

**Most common causes**





**3-RS**



**Thing to examine**  
**Most common causes**



**3-RS**

**Chest**  
**Other**

**Hands**



**Nicotine Staining**



**Peripheral Cyanosis**



**Clubbing**



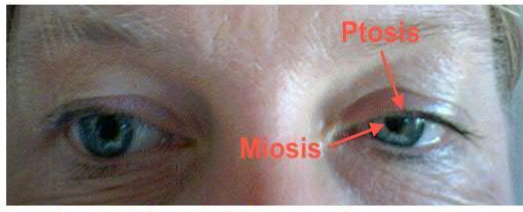
**Flapping Tremor**

- Lung CA**
- Bronchiectasis**
- Cystic Fibrosis**
- ILD**

**Co2 Retention**

**Face**

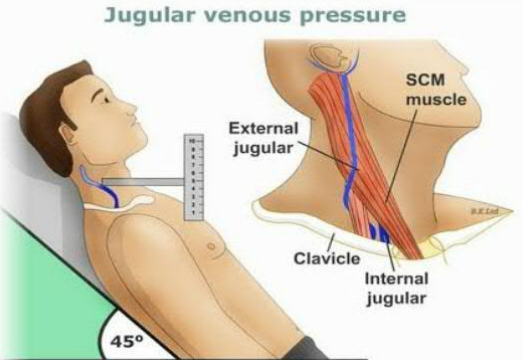
- Central Cyanosis**
- Audible Wheeze Or Stridor**



**Ptosis + Miosis (Horner's syndrome)**

**Neck**

- Use Of Accessory Muscles**
- Lymph Nodes Enlargement**



**Jugular venous pressure**

- increased in Cor Pulmonale from COPD**
- increased in Tension Pneumothorax**

**Jugular Venous Pressure (<4cm)**

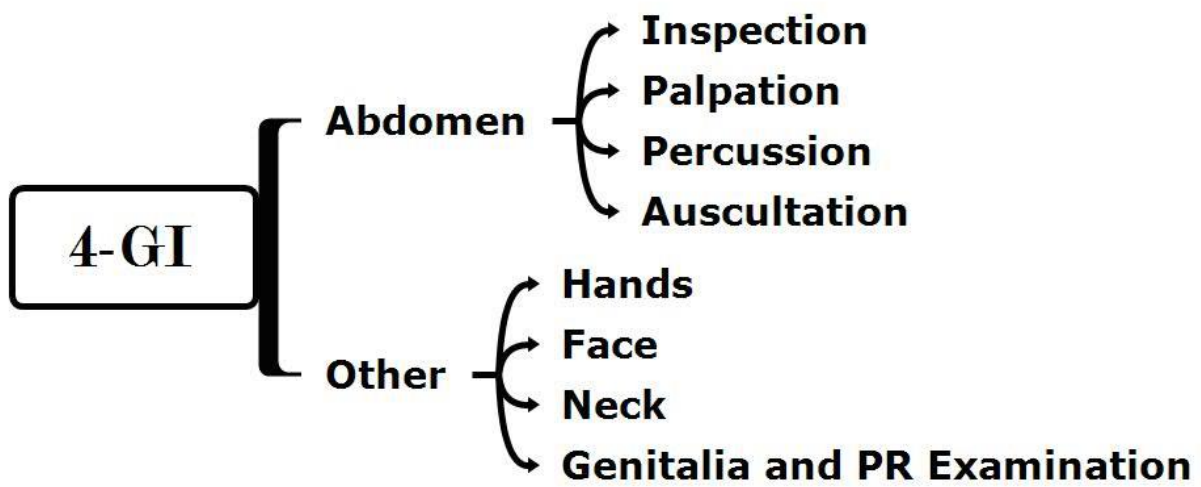
**Abdomen**

- Liver Span** → **Hepatomegaly**
- Sacral Edema**

**Legs**

- Edema**
  - Unilateral** → **DVT**
  - Bilateral** → **Cor Pulmonale**

**Thing to examine**  
**Most common causes**



**4-GI**


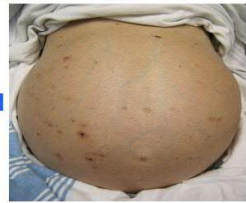

**Abdomen**

- Palpation
- Percussion
- Auscultation

**Other**

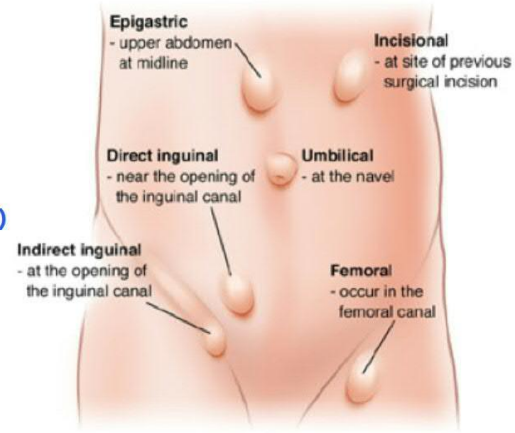
**Inspection**

**Foot**

- Contour
  - Flat 
  - Distended 
  - Scaphoid 
- Symmetry , Bulges
- Move With Respiration
- Umbilicus (central , Inverted)

**Right**

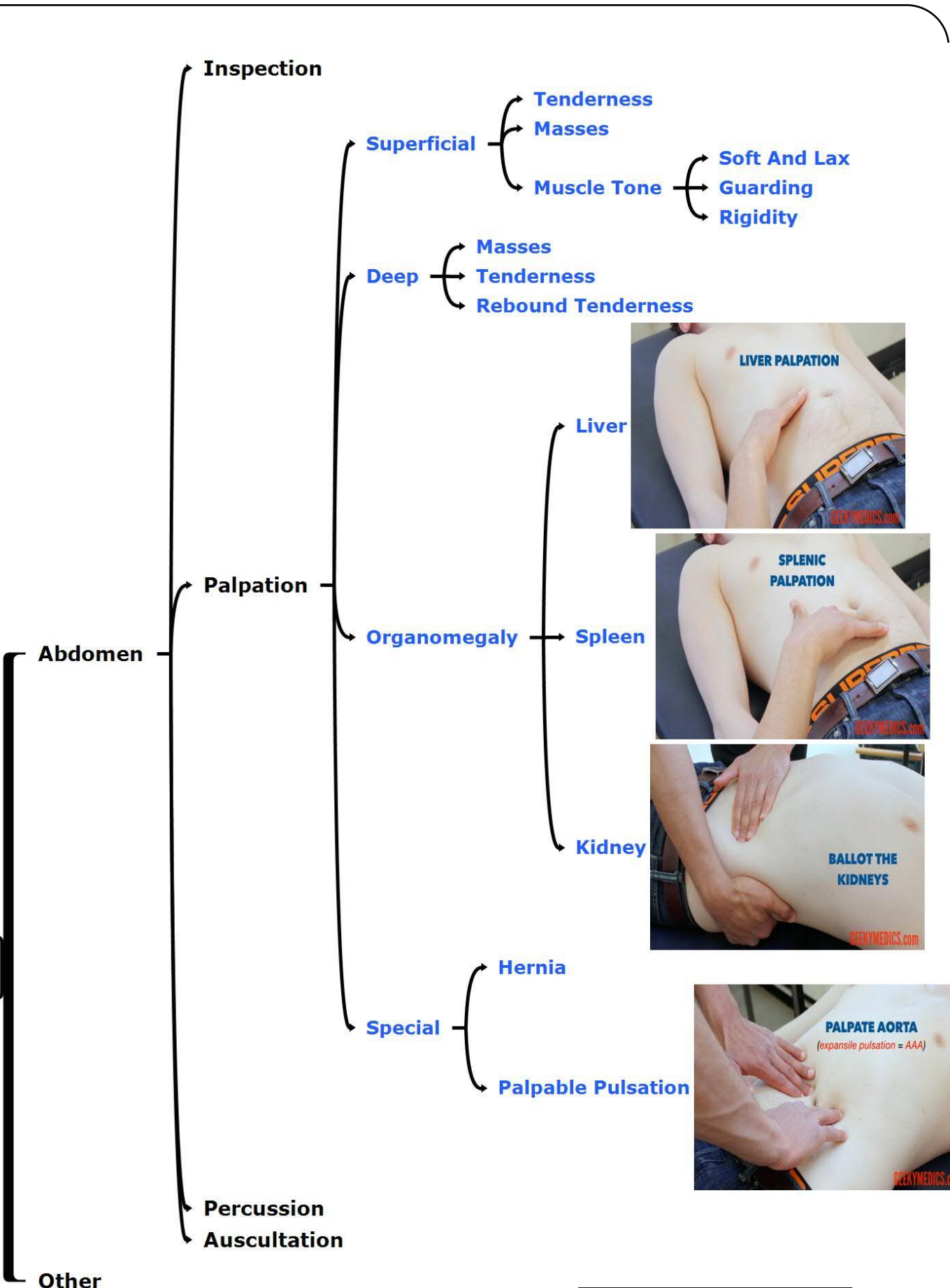
- Skin Lesions 
- Dilated Veins  **Portal Hypertension**  
**IVC Obstruction**
- Scars 
- Visible Pulsation (at Level) **Mass On Aorta**  
**AAA**
- Visible Peristalsis
- Hernia (cough Impulse)



**Thing to examine**  
**Most common causes**



**4-GI**



**Thing to examine**  
**Most common causes**



4-GI

Abdomen

Inspection  
Palpation

Percussion

Auscultation

Other

Determine The Most Tympanic Area Then Go 360 Degree Around The Umbilicus

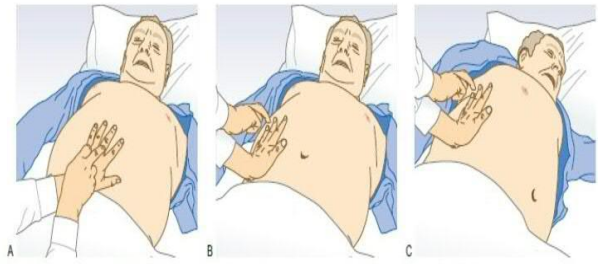


Fig. 8.19 Percussing for ascites. (A and B) Percuss towards the flank from resonant to dull. (C) Then ask the patient to roll on to his other side. In ascites, the note then becomes resonant.

Techniques

Shifting Dullness



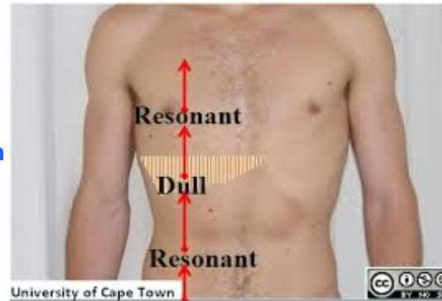
Fig. 8.20 Eliciting a fluid thrill.

Transmitted Thrill

Causes

- Intra Abdominal Malignancy
- Chronic Liver Disease
- Severe Heart Failure
- Nephrotic Syndrome

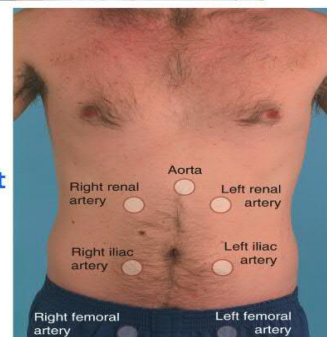
Liver Span



Bowel Sounds



Aorta And Renal Bruit



Venous Hum (on Liver By The Bell)  
Friction Rub (on Liver)

Thing to examine

Most common causes



**4-GI**

**Abdomen**



**Clubbing**

Liver Cirrhosis  
IBD  
Celiac Disease



**Koilonychia**

Hypoalbuminemia  
Malabsorption (celiac Disease)



**Leukonychia**

Liver Disease



**Palmar Erythema**

Liver Disease



**Flapping Tremor**

Hepatic Encephalopathy

**Pallor Or Jaundice**



**Mouth Ulcers**

IBD  
Celiac Disease



**Angular Cheilitis**

Iron Deficiency Anemia



**Atrophic Glossitis**

Iron Deficiency Anemia

Fetor Hapaticus → Liver Failure

Neck → Lymph Nodes Enlargement

Genitalia and PR Examination

**Other**

**Face**

**Neck**

Sources:  
Macleod's  
Clinical  
Examination 13<sup>th</sup>  
Edition / Chapter  
6,7,8

**Thing to examine**

**Most common causes**

# Done by: Anas AbuAssi

Special thanks to: Mohamad Makahleh, Moath Bataineh, Inas Alshatnawi.

