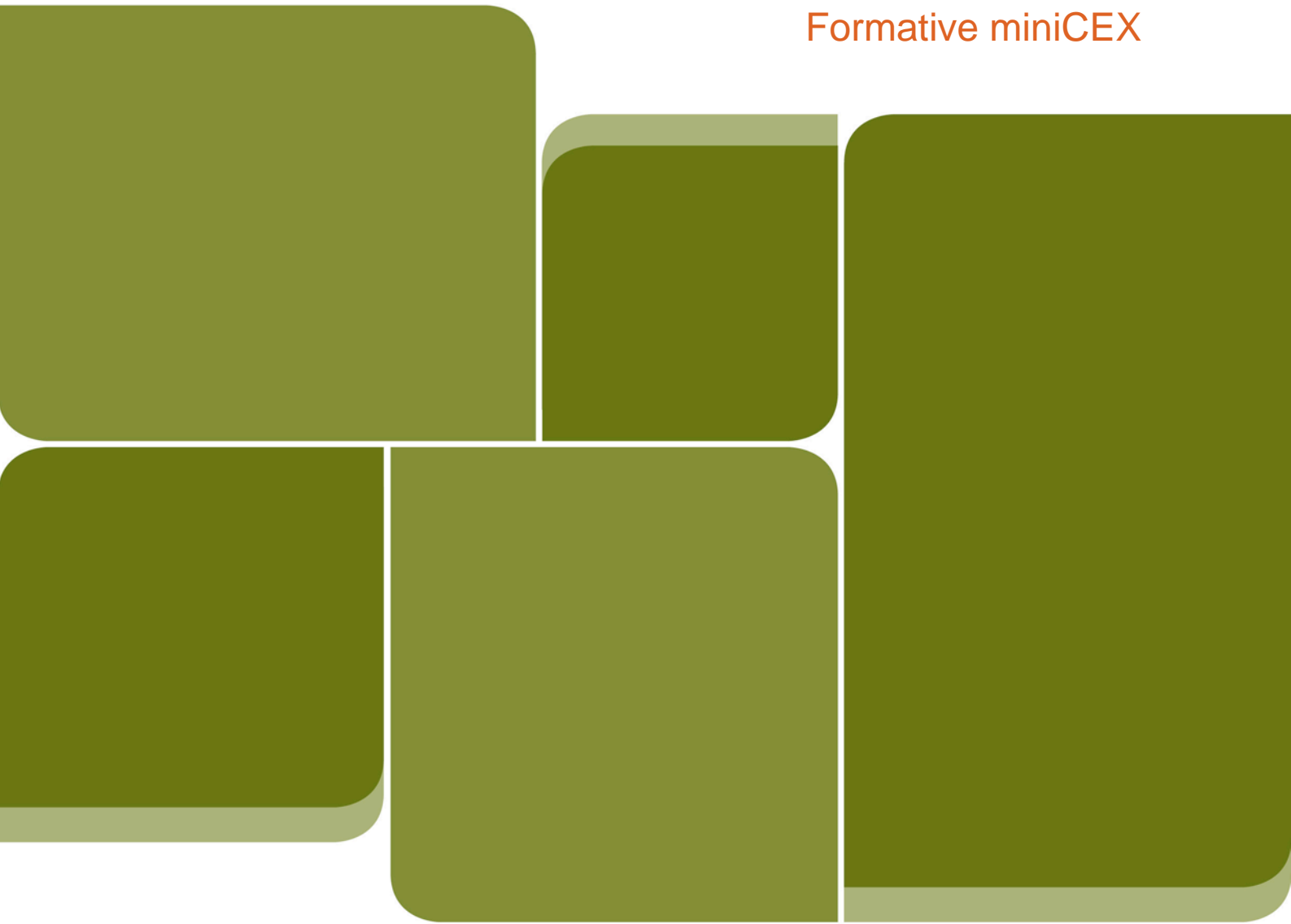




Physical Exam Reference

Formative miniCEX



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Contents

Adults.....	3
Physical Examination of the Respiratory System.....	4
Physical Examination of the Cardiovascular System	5
Physical Examination of the Gastrointestinal System	7
Physical Examination of the Endocrine System.....	9
Physical Examination of the Nervous System.....	10
Physical Examination of the Cervical Spine.....	10
Physical Examination of the Shoulder	11
Physical Examination of the Knee	12
Physical Examination of the thoracic and lumbar spine	13
Mental State Examination.....	14
Paediatrics	15
Physical Examination of the Neonate	15
First Antenatal Examination.....	16
Paediatric Examination ENT	16
Paediatric Chest Examination.....	16

Introduction

This document is designed to be used a reference when assessing physical examination skills for the ACRRM formative miniCEX. The guide is summarised from relevant text books. Physical examinations should be thorough and relevant to the presenting complaint.

Adults

Physical Examination of the Respiratory System

Clinical Examination: A Systematic Guide to Physicians Diagnosis
Nicholas Talley and Simon O'Connor

<p>Position <i>Undressed to waist</i> <i>Sitting over side of bed</i></p>	<p>The trachea</p> <ul style="list-style-type: none"> • position • tug • dyspnoeic
<p>General appearance</p> <ul style="list-style-type: none"> • dyspnoea • cyanosis • characteristics of cough <ul style="list-style-type: none"> ○ sputum ○ stridor ○ hoarseness 	<p>The chest</p> <ul style="list-style-type: none"> • inspection anterior and posterior • shape and symmetry <ul style="list-style-type: none"> ○ barrel chest ○ pigeon chest ○ funnel chest (pectus excavatum) ○ Harrison's sulcus ○ kyphosis ○ scoliosis
<p>The hands</p> <ul style="list-style-type: none"> • clubbing • staining • wasting and weakness • pulse rate • flapping tremor (asterixis) 	<p>Palpitation</p> <ul style="list-style-type: none"> • expansion • vocal fremitus
<p>The face</p> <ul style="list-style-type: none"> • eyes • nose – inside and out <ul style="list-style-type: none"> ○ polyps ○ engorged turbinates ○ deviated septum • tongue <ul style="list-style-type: none"> ○ central cyanosis ○ reddened pharynx and tonsillar enlargement ○ rotten or broken teeth • sinuses <ul style="list-style-type: none"> ○ palpitation ○ check transillumination • face – general skin <ul style="list-style-type: none"> ○ red, leathery, wrinkled – smoker ○ plethora ○ cyanosis ○ receding chin, and small pharynx 	<p>Percussion</p> <ul style="list-style-type: none"> • liver dullness • cardiac dullness
	<p>Auscultation</p> <ul style="list-style-type: none"> • breath sounds • vocal resonance
	<p>The heart Position <i>Lay down patient 45%</i></p> <ul style="list-style-type: none"> • measure JVP • examine praecordium
	<p>The abdomen</p> <ul style="list-style-type: none"> • palpate liver
	<p>Other</p> <ul style="list-style-type: none"> • feet

Physical Examination of the Cardiovascular System

Clinical Examination: A Systematic Guide to Physicians Diagnosis

<p>Position <i>Lay down patient at 45%</i></p>	<p>The praecordium</p> <ul style="list-style-type: none"> • inspection <ul style="list-style-type: none"> ○ scars ○ skeletal abnormalities <ul style="list-style-type: none"> - funnel chest - kyphoscoliosis - scoliosis ○ surgical abnormalities <ul style="list-style-type: none"> - pacemaker - cardioverter-defibrillator box • palpation <ul style="list-style-type: none"> ○ apex beat ○ other praecordial impulses • percussion • auscultation <ul style="list-style-type: none"> ○ mitral area with bell ○ mitral area with diaphragm ○ tricuspid area ○ pulmonary area ○ aortic area ○ abnormalities of heart sounds <ul style="list-style-type: none"> - alterations in intensity - splitting - extra heart sounds - additional sounds • murmurs <ul style="list-style-type: none"> ○ associated features ○ timing ○ area of greatness intensity ○ loudness and pitch ○ dynamic manoeuvres
<p>General appearance</p> <ul style="list-style-type: none"> • respiration rapid, laboured • cachectic • Marfan's syndrome • Down's syndrome • Turner's syndrome 	<p>The neck</p> <ul style="list-style-type: none"> • auscultation bruits
<p>The hands</p> <ul style="list-style-type: none"> • clubbing • splinter haemorrhages • Osler's nodes • Janeway lesions • tendon xanthomata • palmar xanthomata 	<p>The back</p> <ul style="list-style-type: none"> • lung bases percussion and auscultation • pitting oedema of sacrum
<p>The arterial pulse, bilateral</p> <ul style="list-style-type: none"> • rate <ul style="list-style-type: none"> ○ bradycardia/ tachycardia • rhythm <ul style="list-style-type: none"> ○ irregular /delete chaoticregularly irregular ○ extra beats, frequent or occasional • radiofemoral delay • character and volume <ul style="list-style-type: none"> ○ alternating strong and weak pulse • Condition of vessel wall <ul style="list-style-type: none"> ○ thickening ○ tortuosity 	<p>The neck</p> <ul style="list-style-type: none"> • carotid artery <ul style="list-style-type: none"> ○ amplitude ○ shape ○ volume • jugular venous pressure (JVP) pulsation <ul style="list-style-type: none"> ○ <i>lay down patient at 45%</i> ○ <i>good lighting</i> ○ height and character ○ abdominojugular reflux test
<p>The blood pressure, bilateral</p> <ul style="list-style-type: none"> • systolic • diastolic • pulsus paradoxus 	
<p>Face</p> <ul style="list-style-type: none"> • sclerae for jaundice • xanthelasma • mitral facies 	
<p>Mouth</p> <ul style="list-style-type: none"> • high arched palate • teeth diseased or broken • tongue and lips for central cyanosis • mucosa for petechiae 	

<p>The abdomen Position <i>Patient lying flat with one pillow</i></p> <ul style="list-style-type: none"> • enlarged tender liver • ascites • splenomegaly • pulsation of abdominal aorta 	<p>The lower limbs</p> <ul style="list-style-type: none"> • oedema (pitting or non- pitting) • achilles tendon xanthomata • cyanosis of toes • clubbing of toes • femoral artery palpitation and auscultation • palpate <ul style="list-style-type: none"> ○ popliteal ○ posterior tibial ○ dorsalis pedis • atrophic skin • loss of hair • colour change in feet (red or blue) • ulcers (venous, diabetic or arterial) • reduced capillary return <ul style="list-style-type: none"> ○ Buerger’s test • acute arterial occlusion • deep venous thrombosis <ul style="list-style-type: none"> ○ tenderness and erythema ○ swelling ○ dilated superficial veins ○ warmth ○ Homan’s sign
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Physical Examination of the Gastrointestinal System

Clinical Examination: A Systematic Guide to Physicians Diagnosis

Nicholas Talley and Simon O'Connor

<p>Position <i>Patient lying flat one pillow</i></p>	<ul style="list-style-type: none"> • tongue <ul style="list-style-type: none"> ○ coating ○ lingua migra (black tongue) ○ geographical tongue ○ leukoplakia ○ glossitis ○ macroglossia • mouth ulcers <ul style="list-style-type: none"> ○ aphthous ulceration ○ angular stomatitis • candidiasis (moniliasis)
<p>General Appearance</p> <ul style="list-style-type: none"> • jaundice • weight and wasting • skin <ul style="list-style-type: none"> ○ pigmentation ○ acanthosis nigricans ○ hereditary haemorrhagic teleangiectasia ○ porphyria cutanea tarda ○ systemic sclerosis ○ mental state (encephalopathy) 	<p>The neck and chest</p> <ul style="list-style-type: none"> • lymph nodes • spider naevi • gynaecomastia
<p>The hands</p> <ul style="list-style-type: none"> • nails <ul style="list-style-type: none"> ○ leuconychia ○ clubbing • the palms <ul style="list-style-type: none"> ○ palmar erythema ○ anaemia ○ dupuytren's contracture • hepatic flap 	<p>The abdomen</p> <ul style="list-style-type: none"> • inspection <ul style="list-style-type: none"> ○ scars ○ distention ○ local swelling ○ prominent veins ○ pulsations ○ visible peristalsis ○ skin lesions ○ Sister Joseph nodule ○ discoloration of umbilicus ○ striae ○ asymmetrical movement • palpitation <ul style="list-style-type: none"> ○ examine each region ○ examine tender area last ○ light to deep palpitation ○ guarding ○ rigidity ○ rebound tenderness • the liver <ul style="list-style-type: none"> ○ liver span ○ hepatomegaly • the gallbladder <ul style="list-style-type: none"> ○ Murphy's sign • the spleen • the kidneys
<p>The arms</p> <ul style="list-style-type: none"> • bruising • petechiae • muscle wasting • scratch marks • spider naevi • lymphadenopathy 	
<p>The face</p> <ul style="list-style-type: none"> • jaundice • anaemia • Kayser- Fleischer rings • iritis • xanthelasma • periorbital purpura 	
<p>Salivary glands</p> <ul style="list-style-type: none"> • parotid enlargement • submandibular enlargement 	
<p>The mouth</p> <ul style="list-style-type: none"> • teeth <ul style="list-style-type: none"> ○ state of teeth ○ gum hypertrophy ○ gum pigmentation ○ ulcers • breath <ul style="list-style-type: none"> ○ fetor ○ fetor hepaticus 	

<ul style="list-style-type: none">• other abdominal masses<ul style="list-style-type: none">○ stomach and duodenum○ pancreas○ aorta○ bowel○ bladder○ inguinal lymph nodes○ testes○ anterior abdominal wall• hernias<ul style="list-style-type: none">○ irreducible○ obstructed○ strangulated	<ul style="list-style-type: none">• percussion<ul style="list-style-type: none">○ liver○ spleen○ kidneys○ bladder○ ascites<ul style="list-style-type: none">- shifting dullness- fluid thrill• auscultation<ul style="list-style-type: none">○ bowel sounds○ friction rubs○ venous hums○ bruits
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Physical Examination of the Endocrine System

Clinical Examination: A Systematic Guide to Physicians Diagnosis

Nicholas Talley and Simon O'Connor

<p>General</p> <ul style="list-style-type: none"> • inspect for diagnostic facies or body habitus • body weight • height • examine urine • trousseau's sign (tetany) • proximal weakness 	<p>Mouth</p> <ul style="list-style-type: none"> • protrusion of chin • enlargement of tongue • buccal pigmentation
<p>Hands</p> <ul style="list-style-type: none"> • overall size • length of metacarpals • abnormalities of nails • tremor • palmar erythemia • sweating palms • pulse 	<p>Neck</p> <ul style="list-style-type: none"> • protrusion of chin • enlargement of tongue • buccal pigmentation
<p>Axillae</p> <ul style="list-style-type: none"> • axillary hair • acanthosis • skin tags 	<p>Chest wall</p> <ul style="list-style-type: none"> • hirsutism • loss of hair • reduction breast size (women) • gynaecomastia (men) • nipple pigmentation
<p>Eyes</p> <ul style="list-style-type: none"> • fundi 	<p>Abdomen</p> <ul style="list-style-type: none"> • hirsutism • central fat deposition • purple striae
<p>Face</p> <ul style="list-style-type: none"> • hirsutism • fine wrinkled hairless skin • greasiness • acne • plethora 	<p>Genitalia</p> <ul style="list-style-type: none"> • virilisation • atrophy
	<p>Legs</p> <ul style="list-style-type: none"> • diabetic changes

Physical Examination of the Nervous System

Clinical Examination: A Systematic Guide to Physicians Diagnosis

Nicholas Talley and Simon O'Connor

<p>General</p> <ul style="list-style-type: none"> • handedness • conscious level • neck stiffness • Kernig's sign • dysarthria 	<p>Upper limbs</p> <ul style="list-style-type: none"> • motor System <ul style="list-style-type: none"> ○ wasting ○ tremor ○ tone ○ power ○ reflexes) • coordination • sensation <ul style="list-style-type: none"> ○ pain ○ temperature ○ vibration ○ proprioception ○ light touch • thickened nerves
<p>Cranial nerves Position: <i>Sit over side of bed if possible</i></p>	<p>Lower limbs</p> <ul style="list-style-type: none"> • motor system <ul style="list-style-type: none"> ○ tone ○ power ○ reflexes • coordination • sensation • saddle region • back • gait
<p>General inspection of head and neck</p> <ul style="list-style-type: none"> • craniotomy scars • neurofibromas • facial asymmetry • ptosis • proptosis • skew deviation of eyes • inequality of pupils • I smell • II visual acuity and fields; fundoscopy • III, IV, VI • V corneal reflexes • VII facial muscles • VIII hearing • IX, X palate and gag • XI Trapezius and sternomastoids • XII tongue 	

Physical Examination of the Cervical Spine

Clinical Orthopaedic Examination: Ronald McRae

<p>Inspection</p> <ul style="list-style-type: none"> • asymmetry in supraclavicular fossae • torticollis 	<ul style="list-style-type: none"> • thoracic outlet syndrome <ul style="list-style-type: none"> ○ ischaemia of hand/s ○ pulse on traction ○ Adson's test ○ Roos test ○ neurological disturbance • cord compression and cervical myelopathy • cervical myelopathy <ul style="list-style-type: none"> ○ Hoffmann's test ○ dynamic Hoffmann's test ○ L Hermitte's test ○ inverted radial reflex ○ clonus ○ myelopathy hand
<p>Palpation</p> <ul style="list-style-type: none"> • tenderness • masses • prominence of cervical rib with local tenderness • enlarged cervical lymph nodes • enlarged thyroid gland 	
<p>Movements</p> <ul style="list-style-type: none"> • head range flexion and extension • head range lateral flexion • head range of rotation • crepitus 	

Physical Examination of the Shoulder

Clinical Orthopaedic Examination: Ronald McRae

<p>Inspection</p> <ul style="list-style-type: none"> • the front <ul style="list-style-type: none"> ○ prominent sternoclavicular joint ○ deformity of clavicle (old fracture) ○ prominent acromioclavicular joint ○ deltoid wasting • the side <ul style="list-style-type: none"> ○ swelling of the joint • from behind <ul style="list-style-type: none"> ○ scapulae normally shaped and situated • from above <ul style="list-style-type: none"> ○ swelling of the shoulder ○ deformity of clavicle ○ asymmetry of supraclavicular fossae 	<p>Rotation screening</p> <ul style="list-style-type: none"> • place arm behind opposite shoulder blade • ask patient to draw hand away from back • place both hands behind neck • compare two sides • pull elbows back gently • abduct shoulder 90, and flex elbow to right angle <ul style="list-style-type: none"> ○ patient to lower forearm from horizontal plane ○ raise hand keeping shoulder at 90 • elbows into sides and flex to 90 with hands forwards • move hands laterally • compare two hands • move hand to chest from facing forward position • measure shoulder elevation and depression • screen cervical spine • crepitus <ul style="list-style-type: none"> ○ place hand over shoulder, abduct arm • rotator cuff <ul style="list-style-type: none"> ○ abduction and drop arm test ○ neer impingement sign • anterior glenohumeral instability <ul style="list-style-type: none"> ○ apprehension test ○ relocation test ○ drawer test of Gerber and Ganz • posterior glenohumeral instability <ul style="list-style-type: none"> ○ drawer test ○ jerk test • inferior glenohumeral instability <ul style="list-style-type: none"> ○ sulcus sign • biceps tendon instability test • biceps tendinitis <ul style="list-style-type: none"> ○ speed test • integrity of the long head of biceps • deltoid power • suprascapular nerve <ul style="list-style-type: none"> ○ supraspinatus ○ infraspinatus • long thoracic nerve <ul style="list-style-type: none"> ○ lean with both hands against the wall
<p>Palpation</p> <ul style="list-style-type: none"> • anterior and lateral aspects glenohumeral joint • upper humeral shaft and head via axilla • acromioclavicular joint • press below acromion and abduct arm • length of clavicle 	
<p>Movement</p> <ul style="list-style-type: none"> • abduction both arms noting: <ul style="list-style-type: none"> ○ initiation of abduction ○ passive abduction if patient unable ○ smooth ○ range of movement ○ pain ○ hold arm vertical position ○ lower arm • movements restricted <ul style="list-style-type: none"> ○ fix angle of the scapula and try to abduct arm ○ place one hand on shoulder and swing arm across chest, flexed at elbow • forward flexion <ul style="list-style-type: none"> ○ swing arms forward above head ○ view range from side • backwards flexion <ul style="list-style-type: none"> ○ swing arms directly backwards ○ view angle from side • horizontal flexion and abduction (not routine) 	

Physical Examination of the Knee

Clinical Orthopaedic Examination: Ronald McRae

Inspection	Movements
<ul style="list-style-type: none">• swelling<ul style="list-style-type: none">○ confined to limits of synovial cavity and suprapatellar pouch○ extends beyond joint cavity• lumps• discoloration• skin marks<ul style="list-style-type: none">○ scars○ sinus scars○ psoriasis• temperature<ul style="list-style-type: none">○ knee○ foot• quadriceps<ul style="list-style-type: none">○ inspect/ measure wasting○ examine contracted quads○ contracted quads dorsiflex inverted foot• extension apparatus<ul style="list-style-type: none">○ patient sitting legs over side of couch○ patient extend leg while you hold ankle○ feel quads contraction○ note position of patella○ place finger along upper broader○ look for gaps and tenderness at other levels• effusion<ul style="list-style-type: none">○ inspection○ patellar tap test (ballotement test)○ fluid displacement test○ palpable fluid wave test• haemarthrosis• pyarthrosis• Tenderness<ul style="list-style-type: none">○ joint line structures○ collateral ligaments○ tibial tubercle○ patellar ligament○ femoral condyles○ Wilson's test	<ul style="list-style-type: none">• extension<ul style="list-style-type: none">○ full○ hyperextension• flexion<ul style="list-style-type: none">○ range• genu valgum (knock knee)<ul style="list-style-type: none">○ unilateral or bilateral○ adults○ children• genu varum (bow leg)• instability<ul style="list-style-type: none">○ valgus○ varus○ anterior displacement of tibia○ posterior displacement of tibia○ rotatory• the menisci<ul style="list-style-type: none">○ tenderness in joint line○ springy block to full extension○ oedema○ posterior lesions○ anterior lesions○ McMurray manoeuvre for medial meniscus○ McMurray manoeuvre for lateral meniscus○ clicks○ Apley's grinding test○ meniscal cysts• the patella<ul style="list-style-type: none">○ examine knees flexed over couch○ tenderness○ Q angle○ mobility○ pain○ apprehension test○ crepitus○ examine popliteal region○ examine the hip

Physical Examination of the thoracic and lumbar spine

Clinical Orthopaedic Examination: Ronald McRae

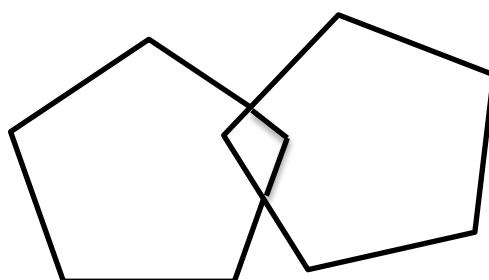
<p>Inspection</p> <ul style="list-style-type: none"> • from the side – normal posture <ul style="list-style-type: none"> ○ bend forward ○ stand upright and brace back and shoulders to produce extension ○ note lumbar curvature ○ stature • from behind <ul style="list-style-type: none"> ○ café' au lait spots ○ fat pad or hairy patch ○ surgical scarring ○ scoliosis ○ note hips and shoulder level • patient sitting <ul style="list-style-type: none"> ○ curvature • bend forward <ul style="list-style-type: none"> ○ check leg lengths 	<ul style="list-style-type: none"> • suspected prolapsed intervertebral disc • screen hips • straight leg raising test lying down • straight leg raising sitting • standing apply pressure to head • pinch skin at sides • amount of rotation to produce pain • tendon reflexes <ul style="list-style-type: none"> ○ knee jerk ○ ankle jerk • ask patient to dorsiflex both feet • attempt them into plantarflexion against resistance • test dorsiflexion holding toes greater and lesser • test plantarflexion holding toes greater and lesser
<p>Palpation</p> <ul style="list-style-type: none"> • sitting leaning forward • tenderness <ul style="list-style-type: none"> ○ between spines ○ over lumbar muscles ○ sacroiliac joints ○ renal ○ higher in spine • standing • slide fingers down lumbar spine to sacrum <ul style="list-style-type: none"> ○ note any curve irregularity ○ change in friction 	<ul style="list-style-type: none"> • encircle feet with hands, test power of peronei against resistance • pin prick sensation <ul style="list-style-type: none"> ○ dermatomes lower limb ○ perineal • suspected thoracic cord compression <ul style="list-style-type: none"> ○ abdominal reflexes • suspected thoracic motor root dysfunction <ul style="list-style-type: none"> ○ lay down place hands behind head, flex knees and sit up • suspected ankylosing spondylitis <ul style="list-style-type: none"> ○ check chest expansion at fourth interspace
<p>Percussion</p> <ul style="list-style-type: none"> • standing bend forward • lightly percuss spine root of neck to sacrum 	<ul style="list-style-type: none"> • suspected sacroiliac joint involvement <ul style="list-style-type: none"> ○ flex hip and knee and forcibly adduct hip ○ pelvic compression ○ open out pelvis with thumbs hooked around anterior spines
<p>Movements</p> <ul style="list-style-type: none"> • flexion • attempt to touch toes <ul style="list-style-type: none"> ○ smoothness ○ areas of restriction ○ hip flexion ○ measure spine when erect and when bent forward • patient to arch back with support • patient to slide hands down each side of leg • patient seated and twist to each side 	<ul style="list-style-type: none"> • abdominal examination <ul style="list-style-type: none"> ○ rectal or vaginal examination depending on findings • circulation <ul style="list-style-type: none"> ○ peripheral pulses and circulation

Mental State Examination

Clinical Examination: A Systematic Guide to Physicians Diagnosis

Nicholas Talley and Simon O'Connor

Orientation	Score	Max
'What is the (year) (season) (date) (day) (month)?' Ask for the date, then specifically ask about the parts omitted (e.g. season). Score 1 point for each correct answer		5
'Where are we (country) (state) (town) (hospital) (ward)?' Ask in turn for each place. Score 1 point for each correct answer.		5
Registration		
'May I test your memory?' Repeat three objectives (e.g. pen, watch, book). Score 1 point for each correct answer. Then repeat until the patient learns all three. Count trials and record up to six.		3
Attention and calculation		
'Count backwards from 100 by sevens.' One point for each answer (93, 86, 79, 65) Or spell "world" backwards Score 1 point for each letter correct.		5
Recall		
Ask patient to recall the three objects in 'registration', above. Score 1 point for each correct answer.		3
Language		
Ask the patient to name two objects shown (e.g. pen, and watch). Score 0-2 points.		2
'Repeat the following:" No ifs ands or buts". Score 1 point.		1
Ask the patient to follow a three stage command e.g. 'Take this paper in your right hand, fold it in half and put on the table.' Score 1 point for each step.		3
Read and obey the following: Close your eyes. Score 1 point.		1
Write a sentence. Do not dictate-must be sensible, but punctuation and grammar not essential. Score 1 point.		1
Copy this design (<i>see below</i>) All ten angles must be present, and the two must intersect. Score 1 point.		1
TOTAL		/30
Assess patient's level of consciousness along a continuum		
Alert	Drowsy	Stuporose
		Comma
Scores of 21-29 indicate mild cognitive impairment. Scores below 20 indicate more sever cognitive impairment, and are likely to be due to dementia, especially if obtained on repeated examinations		



Paediatrics

Physical Examination of the Neonate

Queensland Maternity and Neonatal Clinical Guideline

Position <i>effectively prepared for examination</i>	Abdomen <ul style="list-style-type: none"> • size • shape • symmetry • palpate organs • umbilicus
General appearance <ul style="list-style-type: none"> • skin colour • anomalies • alertness 	Genitourinary structure <ul style="list-style-type: none"> • penis • foreskin • testes • clitoris • labia • hymen • anus position • passage of urine • passage of stool
Growth status <ul style="list-style-type: none"> • head circumference • weight • length • plot on centile chart 	Back <ul style="list-style-type: none"> • spinal column • skin • symmetry of scapulae • symmetry of buttocks
Head/face and neck <ul style="list-style-type: none"> • shape • size • fontanelles • sutures • eyes • nose • ears-position • mouth • palate • tongue • jaw 	Hips/legs and feet <ul style="list-style-type: none"> • ortolani's manoeuver • barlow's manoeuver • leg length • proportions symmetry • digits
Clavicles/arms and hands <ul style="list-style-type: none"> • length • proportion • symmetry • digits 	Neurological function <ul style="list-style-type: none"> • posture • behaviour • movements • muscle tone • cry • reflexes (moro, rooting, suck, grasp, stepping)
Chest/cardiorespiratory system <ul style="list-style-type: none"> • size • shape • nipples • heart sounds • heart rate • pulses • breath sounds • respiratory rate 	

First Antenatal Examination

Measurements <ul style="list-style-type: none"> • height • weight • BMI 	Breast examination <ul style="list-style-type: none"> • if in early pregnancy
	Fundal height/foetal heart rate <ul style="list-style-type: none"> • if appropriate
Cardiovascular <ul style="list-style-type: none"> • pulse • blood pressure • heart sounds 	Urinalysis
	Edinburgh depression scale <ul style="list-style-type: none"> • usually will be done in maternity unit
Dental review	Vaginal examination <ul style="list-style-type: none"> • pap smear if due

Paediatric Examination ENT

<i>Interacts with the child appropriately</i> <i>Ensures child is held in a safe position for the examination</i>	Mouth <ul style="list-style-type: none"> • lips • gingiva • teeth • mucosa • tongue • palate • pharynx • tonsils: size/symmetry/exudate
Ears <ul style="list-style-type: none"> • shape/Size/Position pinnae • preauricular lesions • external ear canal • otoscopic examination 	
Nose <ul style="list-style-type: none"> • shape • size • position • inspection of internal structures 	Neck <ul style="list-style-type: none"> • shape • height • neck vessels • masses • nodes • thyroid

Paediatric Chest Examination

General appearance <ul style="list-style-type: none"> • chest wall • symmetry • shape • nipple alignment • breathing pattern 	Heart <ul style="list-style-type: none"> • peripheral pulses • palpation of heart
	Lungs <ul style="list-style-type: none"> • Auscultation
Breasts	

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