CHAPTER 36

Assisting with Physical Examinations
Lesson 2: Patient Preparation and Assisting with Exams
Lesson Objectives

Upon completion of this lesson, students should be able to:

1. Define and spell the terms to learn for this chapter.
2. Discuss the steps to take in preparing a patient for a physical examination.
3. Explain concepts of properly draping patients.
Lesson Objectives

Upon completion of this lesson, students should be able to:

4. List and describe nine patient examination positions that are used during a physical examination.

5. List laboratory and diagnostic tests that may be ordered as part of a complete physical examination.

6. Explain the sequence of a routine physical examination.
Assisting the Physician with a Physical Examination

• Position and drape the patient.
• Hand instruments, equipment, and other medical supplies to the physician.
• Document and label specimens.
• Offer reassurance and comfort the patient.
Assisting the Physician with a Physical Examination

• Act as a witness to the behavior of the physician and the patient.
• Carry out treatment plans.
• Schedule diagnostic tests.
<table>
<thead>
<tr>
<th>Area</th>
<th>Body Part</th>
<th>Method/Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>Skull, hair, scalp</td>
<td>Inspection and palpation</td>
</tr>
<tr>
<td>Ears</td>
<td>Ear canals, eardrum</td>
<td>Inspection with otoscope and tuning fork</td>
</tr>
<tr>
<td>Eyes</td>
<td>Visual acuity</td>
<td>Vision chart, Snellen eye chart</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inspection with ophthalmoscope</td>
</tr>
<tr>
<td>Nose</td>
<td>Nasal passages</td>
<td>Inspection with otoscope and nasal speculum</td>
</tr>
<tr>
<td>Mouth and Throat (Pharynx)</td>
<td>Mucous membranes, lips, gums, teeth, tongue, pharynx</td>
<td>Inspection with laryngeal mirror, flashlight, tongue blade</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Palpation and inspection</td>
</tr>
<tr>
<td>Neck</td>
<td>Thyroid gland, trachea, and cervical lymph nodes; carotid artery</td>
<td>Palpation, auscultation, and inspection</td>
</tr>
<tr>
<td>Area</td>
<td>Body Part</td>
<td>Method/Equipment</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Back and Spine</td>
<td>Muscles, spinal cord</td>
<td>Inspection, palpation, and percussion</td>
</tr>
<tr>
<td>Chest and Lungs</td>
<td>Heart, lungs</td>
<td>Stethoscope</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inspection, percussion, palpation, and auscultation</td>
</tr>
<tr>
<td>Breasts</td>
<td>Breast tissue, nipples</td>
<td>Palpation and inspection</td>
</tr>
<tr>
<td>Heart</td>
<td>Heart sounds, apical pulse</td>
<td>Auscultation with stethoscope</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Bowel sounds</td>
<td>Auscultation</td>
</tr>
<tr>
<td></td>
<td>Symmetry</td>
<td>Inspection</td>
</tr>
<tr>
<td></td>
<td>Presence of air masses, enlargement</td>
<td>Percussion, palpation</td>
</tr>
<tr>
<td></td>
<td>Uterus</td>
<td>Palpation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stethoscope</td>
</tr>
<tr>
<td>Inguinal Area</td>
<td>Inguinal nodes hernia</td>
<td>Palpation</td>
</tr>
</tbody>
</table>
**TABLE 36-2**  
Body Part, Method of Examination, and Equipment Used During the General Physical Examination

<table>
<thead>
<tr>
<th>Area</th>
<th>Body Part</th>
<th>Method/Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genitalia</td>
<td><em>Female:</em> cervix and vagina</td>
<td>Inspection using vaginal speculum</td>
</tr>
<tr>
<td></td>
<td><em>Male:</em> penis, scrotum, prostate gland</td>
<td>Palpation</td>
</tr>
<tr>
<td>Rectal</td>
<td>Anus</td>
<td>Inspection</td>
</tr>
<tr>
<td></td>
<td>Rectum</td>
<td>Inspection using proctoscope</td>
</tr>
<tr>
<td>Legs</td>
<td>Circulation</td>
<td>Inspection</td>
</tr>
<tr>
<td></td>
<td>Pulse sites</td>
<td>Palpation</td>
</tr>
<tr>
<td>Musculoskeletal System</td>
<td>Muscle strength</td>
<td>Inspection</td>
</tr>
<tr>
<td></td>
<td>Gait abnormalities</td>
<td>Palpation</td>
</tr>
<tr>
<td>Neurological Examination</td>
<td>Reflexes</td>
<td>Percussion hammer, pinwheel</td>
</tr>
</tbody>
</table>
Assisting the Physician with a Physical Examination

• Obtain the patient's medical history.
• Acquire the chief complaint and present illness information.
• Measure vital signs, including height and weight.
• Enter all vital signs into the patient's medical record before the physician sees the patient.
Assisting the Physician with a Physical Examination

- Assess the patient's level of anxiety.
  - If patient is extremely nervous or ill at ease, help the patient express these feelings
  - Report unusual nervousness to the physician.
Assisting the Physician with a Physical Examination

• Explain tasks or procedures to be performed in a caring, simple, direct manner.

• Do not leave elderly, frail, or young patients unattended.
  - If the MA is unable to stay in the room, a family member should remain with the patient.
Assisting the Physician with a Physical Examination

• Request that the patient empty his or her bladder prior to undressing. Obtain a urine specimen if needed.
• Provide clear instructions regarding disrobing.
Assisting the Physician with a Physical Examination

- Assist patients with disrobing or with stepping onto the examination table when necessary.
  - Exercise extreme caution when using safety step or step stool.
Assisting the Physician with a Physical Examination

• Draping the Patient
  ▪ Used to protect patient privacy and keep the patient warm
  ▪ Protect the patient's modesty as much as possible; however, drape must not obstruct physician's view or interfere with area being examined
  ▪ Sterile drapes are used during surgical procedures.
Assisting the Physician with a Physical Examination

- Positioning the Patient
  - The MA assists the physician with the physical examination by positioning the patient.
Assisting the Physician with a Physical Examination

• Positioning the Patient
  - Nine standard positions are used for a variety of medical and surgical examinations and procedures.
  - MA must be completely familiar with each position
  - MA will need to give patients clear directions on how to assume each position while guiding them and protecting their safety
Assisting the Physician with a Physical Examination

- Positioning the Patient
  - If a patient must turn from back to stomach or vice versa, always stand alongside the examination table and have the patient turn toward you to prevent the patient from falling off the examination table.
Assisting the Physician with a Physical Examination

- Nine standard positions
  - Supine (or supine horizontal recumbent)
  - Dorsal recumbent
  - Lithotomy
  - Fowler's
  - Semi-fowler's
Assisting the Physician with a Physical Examination

• Nine standard positions
  ▪ Prone
  ▪ Sims'
  ▪ Knee-chest
  ▪ Trendelenburg
Assisting the Physician with a Physical Examination

• Supine Position
  ▪ Also known as the horizontal recumbent position
  ▪ Patient lies flat on his/her back with hands at the sides
  ▪ Be sure that the patient's feet are supported by extending the table.
Assisting the Physician with a Physical Examination

• Supine Position
  ▪ Position used to examine anything on the anterior or ventral surface of the body
  ▪ Drape the patient from the chest, down over the feet
Assisting the Physician with a Physical Examination

• Supine Position
  ▪ Expose areas as necessary during the examination.
  ▪ Position may not be comfortable for patients who are short of breath or who have lower back problems; placing a pillow under their heads and under their knees may be more comfortable for them.
PROCEDURE 36-4  Positioning the Patient in the Supine Position

FIGURE A  The supine or horizontal dorsal recumbent position.
Assisting the Physician with a Physical Examination

• Dorsal Recumbent Position
  - Patient is lying flat on the back with knees bent and feet flat on the table
  - Position relieves strain on the lower back and relaxes abdominal muscles
Assisting the Physician with a Physical Examination

• Dorsal Recumbent Position
  ▪ Used to inspect the head, neck, chest, and vaginal, rectal, or perineal areas
  ▪ Can be used for digital (using the fingers) exams of the vagina and rectum
Assisting the Physician with a Physical Examination

- Dorsal Recumbent Position
  - Place the drape at the patient's neck or underarms and cover the body down to the feet.
  - Patients with leg problems may find this uncomfortable.
  - Patients with severe arthritis may find this position more tolerable than the lithotomy position.
PROCEDURE 36-5  Positioning the Patient in the Dorsal Recumbent Position

FIGURE A  Dorsal recumbent position.
Assisting the Physician with a Physical Examination

• Lithotomy Position
  ▪ Similar to the dorsal recumbent position except the patient's feet are placed in stirrups attached to the side of the table
  ▪ Stirrups must be locked in place
  ▪ Patient may need assistance placing her feet in the stirrup
Assisting the Physician with a Physical Examination

- Lithotomy Position
  - After the feet are in place in the stirrups, the patient is instructed to slide down until buttocks are positioned at the edge of the table
  - Patient is draped from under the arms to the ankles
Assisting the Physician with a Physical Examination

- Lithotomy Position
  - Used for vaginal examinations requiring the use of a vaginal speculum (instrument to hold open the walls of the vagina) and for obtaining cell samples of the cervix
Assisting the Physician with a Physical Examination

• Lithotomy Position
  ▪ It is uncomfortable for the patient to maintain this position for any length of time, therefore the patient's feet should not be placed in stirrups until the physician is in the room and ready to begin the vaginal examination.
Assisting the Physician with a Physical Examination

- Lithotomy Position
  - Patients with severe arthritis or those who are severely obese or at the end of pregnancy may find this position impossible.
  - Dorsal recumbent may be used instead with physician permission
PROCEDURE 36-6  Positioning the Patient in the Lithotomy Position

FIGURE A  Lithotomy position.
Assisting the Physician with a Physical Examination

• Fowler's Position
  ▪ Patient sits on the examination table with the head of the table raised to a 90-degree angle
  ▪ If the patient is able, he or she may be seated on the edge of the table with feet over the edge in an upright position
  ▪ Useful for examinations of the head, neck, and upper body
Assisting the Physician with a Physical Examination

• Fowler's Position
  ▪ Patients who have difficulty breathing in the supine position may find this position more comfortable
  ▪ Drape should be placed over the patient's lap covering the legs
PROCEDURE 36-7  Positioning the Patient in the Fowler’s Position

FIGURE A  Fowler’s position.
Assisting the Physician with a Physical Examination

- **Semi-Fowler's Position**
  - Similar to the Fowler's position but the head of the table is at a 45-degree angle instead of 90
  - Used for postsurgical exams, patients with breathing difficulties, or those suffering from general malaise
  - Drape should be placed over the patient's lap covering the legs
Assisting the Physician with a Physical Examination

- Fowler's or semi-Fowler's positions are more comfortable for patients with lower back injuries or breathing difficulties.
PROCEDURE 36-7  Positioning the Patient in the Fowler’s Position

FIGURE B  Semi-Fowler’s position.
Assisting the Physician with a Physical Examination

• Prone Position
  ▪ Patient lies face down, flat on the stomach, with the head turned to the side and arms either alongside the body or crossed under the head
  ▪ It is the opposite of the supine position.
  ▪ Drape should cover the patient from upper back to over the feet
Assisting the Physician with a Physical Examination

• Prone Position
  ▪ Used for back exams and certain types of surgery
  ▪ Unsuitable for patients with breathing problems, women in late-term pregnancies, or the elderly
• In these cases the Sims' position may be more appropriate.
PROCEDURE 36-8  Positioning the Patient in the Prone Position

FIGURE A  Prone position.
Assisting the Physician with a Physical Examination

• Sims' Position (Lateral Recumbent Position)
  ▪ Patient is placed on the left side with the right leg sharply bent upward and the left leg slightly bent
  ▪ Right arm is flexed next to the head for support
Assisting the Physician with a Physical Examination

• Sims' Position (Lateral Recumbent Position)
  - Patient is draped from under arm to below the knees on an angle; this allows the physician to raise a small section of the drape while keeping the rest of patient covered
  - Used for rectal exams, rectal temperatures, enemas, and perineal and pelvic exams
PROCEDURE 36-9  Positioning the Patient in the Sims’ Position

FIGURE A  Sims’ position.
Assisting the Physician with a Physical Examination

- **Knee-Chest Position**
  - Patient is placed in the prone position and then asked to pull the knees up to a kneeling position with thighs at a 90-degree angle to the table and buttocks in the air.
  - Head is turned to one side and arms may be placed under the head or on either side of the head for comfort and support.
Assisting the Physician with a Physical Examination

• Knee-Chest Position
  ▪ Most patients need assistance to assume this position correctly and should never be left unattended in this position at any time.
Assisting the Physician with a Physical Examination

• Knee-Chest Position
  ▪ This position is uncomfortable and embarrassing, so the patient should not be made to assume the knee-chest position until necessary during the examination.
Assisting the Physician with a Physical Examination

- Knee-Chest Position
  - Used for proctologic exams, sigmoidoscopy procedures, and rectal and vaginal examinations
  - Drape should be placed from upper back at an angle covering the anal area
Assisting the Physician with a Physical Examination

- Knee-Chest Position
  - Fenestrated drape (a drape with a precut opening in the appropriate area) may be used
Assisting the Physician with a Physical Examination

- Knee-Chest Position
  - Many physicians have proctologic tables available for this type of examination
  - This specialized examination table can be elevated in the middle, which places the patient so he or she is bent at the hips with head and feet lowered. It is much easier on the patient than the knee-chest position.
PROCEDURE 36-10  Positioning the Patient in the Knee–Chest Position

FIGURE A  Knee–chest position.
Assisting the Physician with a Physical Examination

- Trendelenburg Position
  - Not normally used in a physician's office except in cases of shock or low blood pressure
Assisting the Physician with a Physical Examination

- Trendelenburg Position
  - Patient is placed in the supine position and the end of the table is raised to about a 30-degree angle with the patient's legs bent at the knees over the end of the table
  - Patient is draped from underarms to below the knees
FIGURE 36-12  Trendelenburg position.
Assisting the Physician with a Physical Examination

• Proctologic (Jackknife) Position
  ▪ Used for proctologic examinations with a sigmoidoscope
  ▪ Similar to the knee-chest position, but with a greater bend at the hips
  ▪ Patients will lie face down with hips at the hinge of the table
  ▪ A special examination table may then be tipped downward
FIGURE 36-13  Proctologic (jackknife) position.
Assisting the Physician with a Physical Examination

• Sitting Position
  ▪ Used to examine the head and chest (anterior and posterior)
  ▪ The patient sits upright with legs over the side of the examination table.
FIGURE 36-14  Sitting position.
Assisting the Physician with a Physical Examination

- Patient Communication
  - Always explain to the patient why he or she is being placed in a specific position and the purpose of the drapes.
  - Ensure patient is never left in uncomfortable position longer than necessary; assist the patient when position change is required
Assisting the Physician with a Physical Examination

• Patient Communication
  ▪ Be professional at all times to prevent the patient from being embarrassed, uncomfortable, and self-conscious.
Assisting the Physician with a Physical Examination

• Patient Communication
  ▪ Some positions are uncomfortable for the patient due to health reasons. When the MA is aware of the patient's condition, he or she can make the patient more comfortable.
Assisting the Physician with a Physical Examination

• Patient Communication
  ▪ Understand the purpose of placing patients in specific positions so you can inform them and make them feel more at ease.
  ▪ Take time to explain what will occur during a procedure before it begins.
Patient Communication

- Be truthful. Explain to the patient if a certain part of the procedure will be uncomfortable. It is important to be honest in order to maintain trust between the patient and medical assistant.
Assisting the Physician with a Physical Examination

• Laboratory and Diagnostic Tests
  ▪ May be ordered in addition to the physician's exam
  ▪ Some may be conducted in the office on the same day as the exam (e.g., urinalysis)
  ▪ Others, such as X-rays, may be scheduled by appointment with a separate laboratory or diagnostic facility
Assisting the Physician with a Physical Examination

- Laboratory and Diagnostic Tests
  - Blood Chemistry Profile
  - SMA-12 (or Chem 12)
  - SMAC (or Chem 20)
  - Complete Blood Count (CBC) Including a Differential Count
  - Electrocardiogram
  - Pulmonary Function Test
Assisting the Physician with a Physical Examination

- Laboratory and Diagnostic Tests
  - Sedimentation Rate (Sed Rate, ESR)
  - Vital Signs
  - Weight and Height
  - X-rays
Sequence of Procedures in a Complete Physical Examination

- Physicians will instruct MAs as to the specific order of the physical examination.
Sequence of Procedures in a Complete Physical Examination

- Typically, the physician will discuss the past medical history, CC, and the history of PI first, then do a review of systems (ROS) or a head-to-toe exam.
  - ROS is a complete head-to-toe exam that focuses on evaluating all of the patient's body systems.
  - Sequence will vary by physician.
Sequence of Procedures in a Complete Physical Examination

- Common sequence:
  - skin
  - hair
  - nails
  - head
  - neck
  - eyes
  - ears
  - nose
Sequence of Procedures in a Complete Physical Examination

- Common sequence:
  - mouth
  - throat
  - arms
  - heart
  - chest
  - lungs
  - breasts
Sequence of Procedures in a Complete Physical Examination

- Common sequence:
  - abdomen
  - genitalia
  - rectum
  - legs
  - feet
  - neurological system
Sequence of Procedures in a Complete Physical Examination

- ROS will be documented by the physician as this portion of the exam is completed.
<table>
<thead>
<tr>
<th>TABLE 36-4</th>
<th>Review of Systems (ROS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Head</strong></td>
<td>Headaches, sinus pain, masses, alopecia (unusual hair loss), dizziness, injury, or trauma</td>
</tr>
<tr>
<td><strong>Eyes</strong></td>
<td>Visual acuity, blurred vision, burning, halo effect, tearing, photophobia (sensitivity to light), discharge, redness, jaundice (yellowing of skin and sclera), known eye diseases, date of last eye exam, prescription glasses, contact lenses</td>
</tr>
<tr>
<td><strong>Ears</strong></td>
<td>Tinnitus or ringing in the ears, dizziness, hearing loss, discharge, ear infections, exposure to loud noise on a regular basis</td>
</tr>
<tr>
<td><strong>Nose</strong></td>
<td>Allergies, obstruction, sense of smell, pain, discharge</td>
</tr>
<tr>
<td><strong>Mouth</strong></td>
<td>Dental work, dentures, gums, sense of taste, teeth, salivation (producing saliva), dryness of mouth, tongue, leukoplakia (white patches, possibly cancerous), gingivitis</td>
</tr>
<tr>
<td><strong>Throat</strong></td>
<td>Hoarseness, laryngitis (loss of voice), redness, speech defect, masses, pain</td>
</tr>
<tr>
<td><strong>Neck</strong></td>
<td>Tenderness, pain, swelling, difficulty swallowing, enlarged nodes</td>
</tr>
<tr>
<td><strong>Respiratory</strong></td>
<td>Dyspnea (labored breathing), cough, asthma, wheezing, allergies, hemoptysis (coughing up blood), chest pain, night sweats, orthopnea (difficulty breathing while lying down), shortness of breath (SOB)</td>
</tr>
<tr>
<td>TABLE 36-4</td>
<td>Review of Systems (ROS)</td>
</tr>
<tr>
<td>-------------</td>
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</tr>
<tr>
<td>Cardiovascular (CV)</td>
<td>Chest pain, hypertension, peripheral edema, cyanosis, fainting, dizziness, heart murmurs, palpitations, arrhythmias</td>
</tr>
<tr>
<td>Gastrointestinal (GI)</td>
<td>Nausea, vomiting, anorexia (loss of appetite), bulimia (eating disorder—binge eating followed by purging), indigestion, diarrhea, constipation, hemorrhoids, presence of blood in stool, number of bowel movements daily, hematemesis (vomiting blood)</td>
</tr>
<tr>
<td>Genitourinary (GU)</td>
<td>History of urinary tract infection, frequency, hesitation, oliguria (reduced urine), hematuria (blood in urine), dysuria (difficult or painful urination), renal colic (kidney pain), stones, discharge, nocturia (urination during the night)</td>
</tr>
<tr>
<td>Female Reproductive</td>
<td>Menstrual history, obstetric history, leukorrhea (white discharge), itching, pain, discharge, date of last Pap test, breast self-exam history, sexual habits, menopause symptoms, last mammogram (breast exam)</td>
</tr>
</tbody>
</table>
### TABLE 36-4 Review of Systems (ROS)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Reproductive</td>
<td>Prostate problems, testicular self-exam, discharge, sexual habits, frequency of urination, decreased stream, nocturia, impotence</td>
</tr>
<tr>
<td>Endocrine</td>
<td>Growth and development, goiter, excessive thirst, intolerance to temperature change, hormone therapy, diabetes symptoms, irregular menses, symptoms of thyroid disorders</td>
</tr>
<tr>
<td>Skin</td>
<td>Rash, urticaria (hives), texture, moles, infection, redness, jaundice, cyanosis, allergies, dry/oily, acne</td>
</tr>
<tr>
<td>Musculoskeletal (MS)</td>
<td>Joint pain, swelling, weakness, stiffness, numbness, muscle pain, fractures, discoloration, edema</td>
</tr>
<tr>
<td>Neurological</td>
<td>Fainting, loss of consciousness, headaches, tremor, nervousness, paralysis, pain, memory loss</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>Mental health history, emotional stability, depression, stress</td>
</tr>
<tr>
<td>General</td>
<td>Weight gain or loss, sleep habits, fatigue, eating habits, smoking, work environment</td>
</tr>
<tr>
<td></td>
<td>Sequence of Physical Examination Procedures</td>
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<tr>
<td>---</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>1.</td>
<td>Registration</td>
</tr>
<tr>
<td>2.</td>
<td>History</td>
</tr>
<tr>
<td>3.</td>
<td>Urine Specimen</td>
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<tr>
<td>4.</td>
<td>Blood Specimen</td>
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<tr>
<td>5.</td>
<td>Vital Signs</td>
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<tr>
<td>6.</td>
<td>Weight and Height</td>
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<tr>
<td>7.</td>
<td>Visual Acuity</td>
</tr>
<tr>
<td>8.</td>
<td>Electrocardiogram</td>
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<tr>
<td>9.</td>
<td>X-ray</td>
</tr>
<tr>
<td>10.</td>
<td>Preparation of the Patient</td>
</tr>
<tr>
<td>11.</td>
<td>Review of Systems</td>
</tr>
</tbody>
</table>
Questions?