Physical Exam Essential Checklist: Early Skills, Part One LSIⁱ

Response options	Yes	No	Partial	Assess-
· · ·				blue print
General				
• Washes hands, i.e.				OSCE-
1) with alcohol based or 15 seconds with soap and water,				MPPC
2) before touching the patient,				
3) after finishing the exam Vital Signs				
Measured pulse rate by palpating radial pulse or auscultated at apex of				OSCE-
heart at least 30 sec				MPPC
• Measured blood pressure in one arm, 2 step for initial measurement				Checklist-
(not baseline record)				procedure
1) used appropriate size cuff,				workshop
placed on inch (2cm) above antecubital space,				in MPPC
3) inflated cuff 30mmHg above pulse disappearance (palpate or auscultate),				
4) deflated cuff at 2-3mm Hg per sec, until 20-30 below last sound				ORGE
Measured blood pressure in one arm, 1 step for repeat measurement				OSCE-
1) used appropriate size cuff,				MPPC, CP
 2) placed on inch (2cm) above antecubital space, 3) inflated cuff 30mmHg above pulse disappearance (palpate or auscultate), 				OSCE-
4) deflated cuff at 2-3mm Hg per sec, until 20-30 below last sound				MPPC
Measured Respiratory Rate- at least 30 sec				
Head, nose throat				
Examined head/hair				OSCE-
Performed inspection of nasal vaults				HD
Performed inspection of oral cavity				-
Eyes				
Inspected conjunctiva (palpebral and bulbar)				OSCE-
Checked pupillary response to light				HD
Correctly holds ophthalmoscope				Checklist-
1) same hand as eye				NS
2) thumb on light intensity dial				
3) finger on diopter dial				_
 Approaches patient properly for fundoscopic exam 1) at equal eye level 				
2) from temporal side				
3) same eye as patient (or either eye with panopticon)				
Ears				
Examined External Ears	1			OSCE-
Correctly held and used otoscope to examine ears				HD
Neck				
Palpated for lymph nodes, in all 9 areas				OSCE-
				HD OCCE CE
Palpated carotids				OSCE-CP
- at level of thyroid cartilage				
 right and left (not same time) Auscultates Carotids 				
- Auscultates Carolius				
-bilaterally				
- with patient breath held				
Inspected thyroid from front or side of patient				OSCE-
Palpated thyroid	1	1	1	RE
Chest and Pulmonary Exam	1			
Inspects- chest wall for shape and symmetry				OSCE-
Performed percussion of posterior lung fields	1			СР
-cephalad to caudal (top to bottom)				
-bilaterally				
- at least three areas (upper lobe to lower lobe)				
 Performed auscultation of anterior lung fields bilaterally 				-
-upright, seated				
-at two levels, at least (upper lobe and lower)				
-both right and left				
Performed auscultation of posterior lung fields bilaterally				
-upright, seated	I			

- at least three areas (upper lobe to lower lobe)		
-both right and left		_
Auscultates lateral lung fields -one area each, right and left Cardiac exam		
Drapes		OSCE-CP
-must be able to listen on skin		0002 01
-attends to patient comfort, through draping		
Inspects		
- precordium		
-neck veins, carotid pulse		
-apex of heart (Left Lower Sternal Border, 5th InterCostalSpace)		
Palpates heart		
-at apex		
-over right ventricle (Left Lower Sternal Border or epigastric area)		
-at base (Right Upper Sternal Boarder, Left Upper Sternal Border)		
Auscultates with patient in 3 positions, i.e.		
-upright, seated		
-supine		
-left lateral	 	
 Auscultates in correct locations (all 4 areas of the heart), i.e. Upper right sternal border (aortic area) 		
- Upper left sternal border (pulmonic area)		
-Lower left sternal border (right ventricular area)		
-Apical Impulse (Left ventricular area)		
Auscultates with both bell and diaphragm (all 4 areas)		_
Comprehensive Abdominal Exam		
Demonstrated appropriate draping		OSCE-
Inspected abdomen		GR
Auscultated abdomen for bowel sounds		_
 Auscultates for abdominal bruits including aorta and bilateral renal 		_
arteries		
Percussed Abdomen in 4 quadrants		_
 Deep palpation, examined all 4 quadrants 		_
Palpated liver edge		
Percussed liver span at mid-clavicular line		
Palpated spleen tip		_
Back/Spine (original 2012)		
Palpates spine		OSCE-
-Palpated or percussed costovertebral angles for tenderness		NS
-Palpated spinous processes of thoracic and lumbar spine		
- Palpated paraspinal muscles of lumbar spine		
Assesses spine range of motion		_
-flexion		
-extension		
-lateral bending		
Extremity Exam		
 Inspects and Palpates for deformities 		OSCE-
 Palpates legs for edema with moderate pressure for 5 seconds 		RE
Inspected feet for ulcers or deformities		
Peripheral Vascular Exam		
Palpates radial pulses, bilaterally		OSCE-CP
Palpates brachial pulses, bilaterally		
Palpates posterior tibial pulses		
Palpates dorsalis pedis pulses		
Neurological Exam		
 Motor strength, uses appropriate technique 		OSCE-
-isolates motor group, stabilizes across just one joint		BM,
-clearly instructs patient on desired movement		OSCE- NS
-provides moderate resistance to movement	 	CN1
Motor strength of arms		
-shoulder abductors		
-elbow flexion, elbow extension		
-wrist flexion, wrist extension		OCCE
Motor strength of legs		OSCE-
-hip flexion		BM, OSCE-
- knee extension, knee flexion		

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-ankle dorsiflexion, ankle plantar flexion			
-great toe dorsiflexion			OSCE
• Reflexes			OSCE-
-selects/uses appropriate weighted reflex hammer			NS
-uses bouncing motion to transmit short strike			
-assesses arm DTR- biceps, triceps, brachioradialis			
-assess leg DTR- patellar reflex, Achilles reflex			
-assesses Babinski response			0.005
• Gait			OSCE-
-normal ambulation			NS
-toe walk, heel walk			
- tandem walk			
Sensation			OSCE-
 light touch in all extremities 			RE
Cerebellar function			
-finger to nose			
-heel to shin			
Musculoskeletal Exam (all but knee added 2013)			
• Knee			OSCE-
-Inspects kneecontours/shape, -alignment, -resting position			BM
-Palpatesquadriceps insertion -patella and patella tendon -medial and lateral			
joint line, -MCL/LCL origin, insertion			
-Range of motionactive knee flexion, knee extension, -passive knee flexion, knee			
extension			
-Strength (can check seated or supine)resisted knee extension (testing			
quadriceps), -resisted knee flexion (testing hamstrings)			
Shoulder			
-Inspects Shouldercontours/bony anatomy, -muscle contour / atrophy, -assess			
for scapular winging			
-PalpatesSternoclavicular and acromioclavicular joints, -Bicipital groove, -			
Anterior and posterior glenohumeral joint line			
-Range of motionactive forward elevation, external rotation, internal rotation, -			
passive forward elevation, external rotation, internal rotation			
-Strengthresisted forward elevation, -resisted external rotation, -resisted			
internal rotation			
• Hip			
-Inspects Hipcontour of greater trochanter, iliac crest, -alignment (iliac crest			
level on both sides), -resting position (assess for atrophy, deformity, contracture)			
- Palpates Iliac crest and Anterior/Posterior Superior Iliac spine, -Sacroiliac joint, -			
Greater trochanter			
-Range of motionactive hip flexion, extension, abduction, adduction, internal			
rotation and external rotation; -passive hip flexion, extension, adduction, internal			
adduction, internal rotation and external rotation			
- Strength -resisted hip flexion and extension, -resisted hip abduction and			
adduction			
-Further functional assessment - gait			
Back/Spine			OSCE-
 Back/Spine -Inspects Back / Spinecontours (for lordosis, kyphosis, scoliosis), -alignment 			NS
(general stance at shoulder / pelvis levels), -assess gait (as patient walks across			115
room) Palaates spinous processes (convical to lumbar) - paraspinal muscles - ilias crest			
- Palpatesspinous processes (cervical to lumbar), -paraspinal muscles, -iliac crest			
and sacroiliac joint			
- Range of motionneck flexion, extension, lateral flexion, rotation; -lumbar			
flexion, extension, lateral bending			
-Further functional assessment- reflexes, strength, sensory test by dermatomes			
(leg- patellar, achilles DTR and L4-S1 strength; arm- tricepts, brachioradialis, C5-T1 strength)			
strength)			
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ⁱ Contributions from Kim Tartaglia, Jane Goleman, Cami Curren, Paul Weber, Alan Letson, Julie Bishop, Adam Quick, Mary Beth Fontana, Troy Schaffernocker, Udi Nori, Sheryl Pfeil, Maria Lucarelli