

PATIENT HISTORY & PHYSICAL EXAMINATION



Making a diagnosis

1. Anamnesis = history taking
2. Physical examination – inspection, palpation, percussion, auscultation, vital signs, weight, height
3. Working diagnosis - preliminary dg., diff. dg. considerations
4. Further diagnostic examinations – lab, endoscopy, X-ray, EKG etc.
5. Final diagnosis
6. Therapy

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Patient history

- Generally
 - Summary of all data regarding the patient's health from birth to present.
 - Direct vs. indirect
- Rules:
 1. Create an atmosphere of confidence and trust
 - a) Privacy
 - b) Comfortable environment
 - c) Eliminate haste/stress
 2. Ask open questions
 3. Let the patient choose his/her own words

Patient history

1. Personal data

- name, address, date of birth, referring physician, next of kin

2. Chief complaint

3. Social status

- occupation, family, daily function, ...

4. Medical history

- a) Family illnesses – parents, siblings, children
- b) Prior illnesses – in chronologic order. Duration, treatment, complications
- c) Present illnesses – onset, symptoms, course of symptoms, present status

5. Review of systems

- Skin, head, eyes, ears, nose, mouth, throat, respiratory tract, cardiovascular + lymphatics, GIT, urinary tract, genitalia, locomotor, nervous, psychological state, endocrine, allergies
- Natural functions: voiding, defecation, eating habits/weight changes, sleep

6. Stimulantia

- Tobacco, alcohol, drug abuse etc.

7. Medication

- All drugs, strength, doses, duration

Physical examination

- **Basic methods**

- A. Inspection

- Pigmentation, asymmetry, oedemas, scars
 - Lesions, erythemas, hematomas etc

- B. Palpation

- Skin, muscle tonus, temperature, moisture
 - Superficial vs. deep
 - Pain, masses

- C. Percussion

- Indirect percussion – “finger on finger”
 - Superficial vs. deep
 - Quality of sound: resonance, hyperresonance, tympanity, flatness, dullness
 - Borders

- D. Auscultation

- Indirect – stethoscope with membrane and bell
 - Heart, lungs, intestines, vessels

- E. Smell

- Hygiene, ketoacidosis, alcohol, bad breath, foetor hepaticus



Physical examination

- **General examination (general impression)**

- Mental state, voice, speech, nutrition, posture, walk

- **Skin**

- Pigmentations, rashes, moisture, elasticity
- Scars, hematomas, hemorrhages, erythemas

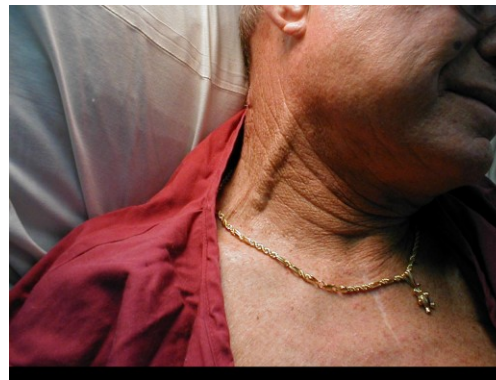
- **Head**

- Direct percussion of skull
- CN V exit points – tenderness?
- CN VII – make grimaces
- CN XII – protrude tongue
- Eyes: conjunctiva, pupils round and equal (CN III) – anisocoria?, symmetric accommodation reflex and reaction to light, movements, eyelids
- Mouth: teeth (prostheses), moist and clean mucosa and tongue, central cyanosis



- **Neck**

- Stiffness
- Venous congestion
- Palpable gl. thyreoidea
- Carotid stenosis
- Lymph nodes



Physical examination

- **Thorax**

- Normal shape and movements, breathing

- Breasts

- description in women >40 years
- Tenderness, masses, skin changes
- symmetry of areolae, discharge

- Axilla

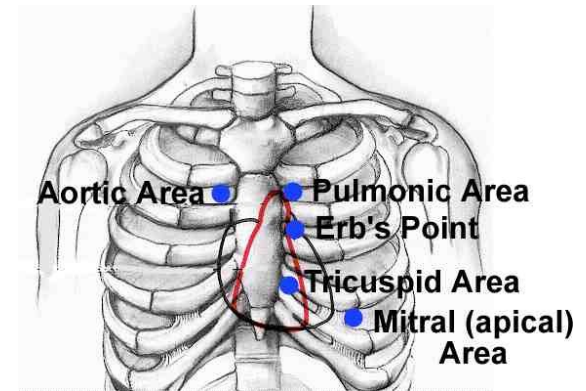
- Lymph nodes

- Heart

- Normal heart sounds, clean tones, no murmurs, respiratory arrhythmia

- Lungs

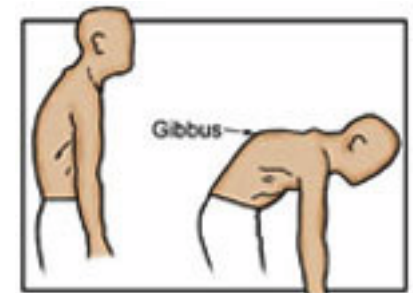
- Breathing sounds (stridor?) and frequency, resonant percussion, borders
- Auscultation sounds - alveolar vs. tubal breathing, wet or dry sounds, friction murmur



- **Spine**

- Pain, stiffness, asymmetry – lordoses/ kyphoses/ scolioses

- Ex. Schober's distance test, Stibor's distance test



Physical examination

- **Abdomen**

- Symmetry: any signs of enlargements or masses? Hernia?
- Dilated veins – caput medusae
- Palpation: texture, tenderness/pain?, palpable spleen or liver? – borders, palpable masses or possible tumors?
 - Appendicitis: Rousing's sign – palpation of LEFT hypogastrium
 - » Plenie's symptom – percussion tenderness of right hypogastrium
- Percussion: borders of liver/spleen, tympanites?, ascites?
- Direct percussion of flanks – kidney tenderness?
- Auscultation: intestinal sounds
- Urinary bladder



Physical examination

- **Ext. genitalia**
 - tumors, rash, discharge, pain
 - Testes
- **Rectal exploration**
 - normal tonus of sphincter, tumors
 - Prostata: size (walnut), shape, consistency
 - Brown faeces on glove

Physical examination

- **Upper extremities**

- Radial pulse
- Raynaud's phenomenon (SLE)
- Finger clubbing

- **Lower extremities**

- Pulse of a. dorsalis pedis and a. tibialis posterior
- Ischemia – diabetic microangiopathy
- Edema, varicose veins
- Lymphedema - elephantiasis



Physical examination

- **BASIC NEUROLOGICAL EXAMINATION**

- A. Cranial nerves**

- N. olfactorius: rarely examined, smell
- N. opticus: normal visual fields, read letters on table, ophthalmoscopy
- N. oculomotorius: round pupils, reaction to light and accommodation
- N. trochlearis: no ptosis, paresis, deviation, nystagmus
- N. abducens: no pareses, double vision, movements (follow the finger), normal saccadic movements
- N. trigeminus: normal sensibility for pain and touch in all three branches
- N. facialis: Asymmetry of face, normal force of muscles of forehead, eyes, nose, mouth. Central vs. peripheral paresis
- N. vestibulocochlearis: Normal hearing, conduction through air better than through bone
- N. glossopharyngeus & vagus: normal voice, swallowing, elevation of uvula and soft palate
- N. accessorius: turn head and lift shoulders symmetrically against resistance
- N. hypoglossus: no deviations upon protrusion of tongue, normal speech

Physical examination

B. Mobility

- Bradykinesia, dyskinesia, akinesia, tremors
- Rigidity, spasticity, hypotonicity

C. Force

- Muscle force over joints: shoulders, elbows, fist, hip, knee, ankle
- Tempo and fine motor skills

D. Coordination

E. Reflexes

- Each side
- Biceps, triceps, radial
- Patellar, achilles, plantar

F. Sensibility

- Normal sensibility for pain, touch and temperature

G. Balance and walking

- Normal walk, stand on heels and toes, rise up from crouching position