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# Physical Exam. – CVS2 “The precordium”

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## 1) Introduction:

- Introduce yourself
- Take **p**ermission
- Request a cha**p**erone
- Check the environment (temperature and lighting)
- Ensure **p**rivacy
- Perform hand hygiene
- **E**xplain the physical examination to the patient
- **E**xposure: Upper body (**a**bove the **w**aist)
- **P**osition: **45°**
- Ensure the patient is **alert**, **conscious**, and **oriented** (to **p**lace, **p**erson, and **t**ime)

## 2) General Inspection...

## 3) Vital Signs...

## 4) Face - neck” JVP”- hands & nails “pulses”...

As previously mentioned, ¶...

## The precordium

### 1) Inspection

#### A) From the foot of the bed:

- Observe the **breathing pattern**: thoracoabdominal or abdominothoracic.
- Symmetrical bilateral **chest movement** with respiration.
- No chest **deformities** (e.g., pectus carinatum, pectus excavatum).
- No use of **accessory muscles**.

#### B) From the right side of the patient:

“Don’t forget to ask the patient to extend their arms so you can inspect the **axillary areas**, and comment that there are no obvious scars or lumps.” ¶

- Normal **hair distribution**.
- No **skin lesions**.
- No **scars or bulges** (look for:
  - **Midline sternotomy scar** – may indicate CABG or aortic valve replacement.
  - **Left submammary scar** – may indicate mitral valvotomy.
  - **Infraclavicular scar** – may indicate implanted devices like pacemakers or ICDs.
- No **dilated veins**.
- No visible apex beat **pulsation** (you may use a torch 🔦 and lean at the level of the bed to observe it).



## 2) Palpation

- Make **eye contact**.
- Ask about **painful areas**. ?
- **Warm** your hands.
- Take **permission**.

### A) Superficial palpation:

- No **subcutaneous emphysema**, **masses**, or **tenderness**.
- Ask the patient to raise their arms to inspect the **axillae** — **no scars or palpable masses**. !

### B) Apex beat:

- Normal position: **5th** intercostal space (ICS), **midclavicular line**, on the **left side**.
- **Localize** it with **two fingers** and **roll** the patient to the **left** while **maintaining finger contact with the beat**.
- Character: **gentle tapping**

### C) Heaves:

- Palpate using the **Heel** of your right hand over the following areas:
  1. **Left lower parasternal area** (during **breath-holding in expiration**!) → for right ventricular hypertrophy.
  2. **Right parasternal area**.
  3. **Apex** → for left ventricular hypertrophy.
- **No heaves**.



### D) Thrills:

- Palpate using **fingers** over the five key areas:
  1. **Apex**.
  2. **Left parasternal area**.
  3. **Right parasternal area**.
  4. **Left 2nd ICS**.
  5. **Right 2nd ICS**.
- **No thrills** (No palpable murmurs).

## 3) Auscultation

- Keep your fingers on the **carotid artery** while auscultating. !

### A) Using the **diaphragm** of the stethoscope:

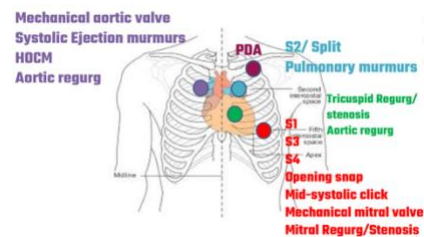
- Auscultate the **four** main areas:
  - **Aortic**: right 2nd ICS.
  - **Pulmonary**: left 2nd ICS.
  - **Tricuspid**: left lower sternal border.
  - **Mitral**: apex.

### ❖ Radiation:

1. **Carotids** (while holding breath) → for radiation of **aortic stenosis** murmur.
2. **Left axilla** → for **mitral regurgitation**.
3. Sit the patient up and have them lean forward, hold their breath in expiration, and listen with the diaphragm over:
  - **Aortic area** (right **2nd** ICS).
  - **Erb's area** (left sternal border, **3rd** ICS)→ for murmur of **aortic regurgitation**.

### B) Using the **bell** of the stethoscope:

- At the **apex** (after rolling the patient to the left side) → for **mitral stenosis**, **S3 & S4**.
- At the **lower left sternal border** → for **tricuspid stenosis**.



### Findings:

- Normal **S1 & S2**.
- Normal physiological **splitting** of **S2** during **inspiration**.
- No **S3** or **S4**.
- No **added sounds** (e.g., opening snap, ejection click, friction rub...).
- No **murmurs** (if present, comment on location, radiation, timing, character, and pitch).

### 🔔 Finally, I would also examine:!

- Lower limb edem
- Sacral edem
- Hepatomegaly
- Ascite
- Lung bases (auscultation for crackles )
- Signs of Deep Vein Thrombosis (**DVT** )
- I'll examine for **ulcers**, peripheral **pulses**, and jugular venous pressure (**JVP**).

### 🔔 Don't forget to **thank** the patient at the end.



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