

# Thyroid Physical Examination Check List

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<https://youtu.be/ziaYBkgEZNU>

## Introduction

Introduce yourself  
Take a permission  
Ensure the privacy  
chaperone  
Temperature and Light  
Hand hygiene  
Exposure: upper chest and neck  
Position: sitting

## General Look

- Conscious, alert and oriented to time place person.
- the patient is sitting comfortable Not tachypnic, Not distress , Not in pain.
- Normal Facial expression No Apathy, No startled.
- Normal speech No hoarseness, No slow speech, No pressure on speech.
- Normal Activity, No Restless, No slow movement.
- Good clothing, Appropriate to weather.
- Not thin, Not obese.
- No bovine cough.

## Vital Signs

- Heart rate** (Assess radial pulses for rate (tachy in hyper Brady in hypo) and Rhythm (irregular in A.Fib thyrotoxicosis), Test for collapsing pulse (for Graves))
- Blood pressure** (diastolic/ systolic HTN)
- BMI** (weight loss or gain)
- Temperature
- Respiratory rate
- O2 sat

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## Hands

- Palm:** No palmar erythema, No thenar hypothenar muscle wasting,
- Nail:** No clubbing, No onycholysis, No thyroid Achropachy, No brittle nails
- Dorsum:** No vitiligo, Normal skin texture, Normal hair distribution, No fine tremor
  
- Palpation:** dry or sweaty? Hot or cold?
- Test for Carpal Tunnel Syndrome**

## Face

Dry or sweaty skin  
No hair loss, No coarse hair, No dry hair  
No loss of last third of eye brows  
No Chemosis  
No Redness of the eye  
No periorbital puffiness  
No periorbital myxedema  
No lid lag  
No ptosis  
No exophthalmos  
No proptosis  
No lid Retraction

Ask the patient to move their eyes with your finger in H SHAPE to examine ophthalmoplagia, diplopia and pain

## Thyroid Examination

### 1-Inspection

*Ask the patient to hyperextended his neck and comment on :*

*symmetrical, No scars, No lesions, No wound, No Redness  
No visible swelling , No visible Nodule, No visible mass, No visible dilated veins*

*Ask the patient to:*

*Swallow -thyroid normally moves with swallowing-*

*Protrude the tongue –thyroid do NOT move while protruding the tongue, thyroglossal cyst does-*

*To raise his arms above the head, notice any facial congestion and cyanosis -Bamberton's sign-. Just mention*

*Open his mouth to inspect lingual goiter*

*Then commented by saying:*

*Thyroid moves with swallowing, not move with tounge protrusion*

*No lingual goiter*

*Negative bamberton's sign*

### 2-Palpation

Don't forget to Ask for permission, ask for any area of pain, warm your hands up & maintain eye-to-eye contact throughout examination

- Stand behind the patient, determine the thyroid location, palpate neck while slightly flexed, palpate each thyroid lobe by itself, and comment on the symmetry of the lobes (if there are any masses then describe: tenderness, temperature, consistency, attachment, pulsation, surface (diffuse or irregular), edges, mobility).
- Ask the patient once again to swallow while palpating this time.
- Ask the patient once again to protrude his tongue while palpating.
- Feel for any Thrills.
- Palpate cervical lymph nodes

### Comments:

Symmetrical thyroid lobes, Not palpable thyroid (if palpable or examiner says that there is a mass comment about mass characteristics)  
No tenderness, No masses, No thrills, No hotness, Symmetrical thyroid elevation with swallowing, No movement of masses upward during protrusion, No palpable lymph nodes.

### 3-Percussion

Percuss over the manubrium, note if there is any dullness -retrosternal goiter-

### Comment:

Normal resonant notes over manubrium, No dullness

### 4- Auscultation

Auscultation for thyroid bruit and midsystolic murmur by diaphragm

### Comments:

No thyroid bruits, No midsystolic murmur

### 5-finish your examination with: عليهم علامات برضو

- LL exam:

Ankle swelling in HF.

Inspect the lower limbs for pretibial myxedema -in Graves' - .

Testing the deep tendon reflexes –delayed relaxation in hypothyroidism/ hyperreflexia in hyperthyroidism-.

Test for Proximal myopathy; proximal myopathy is associated with hyperthyroidism.

اطلب منه يقوم وهو متكتف