

Physical Ex

R	I	PE	W	I	P	E
↓	↓	↓ Explanation	↓	↓	↓	↓
Request a chaperon	Introduce yourself	Permission	Wash Hands	Interior Light, Temp, Privacy	Position: Supine + Pillow + arms by side	Exposure From xiphoid to Symphysis pubis

General (right side of the bed) (General GI + Renal mixed)

- Patient overview:

- General appearance:

1- Comfortable or in pain?

2- Odours (Foetor hepaticus (musty smell in hepatic failure), Alcohol, ^{Ketoacidosis} Acetone)

3- Cachectic, thin or obese?

Truncal or generalized

4- Abdominal distension

(Nasogastric Tube)

5- Connected devices: Drains, Tubes, Stomas

6- Skin: pallor, jaundice, Hyperpigmentation, Bruising

7- Spasticity

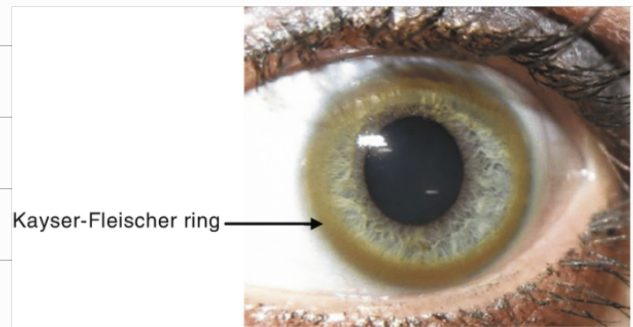
8- C.A.O*3

- Vitals: (BMI - I need the patient Height & weight...-, BP, HR)

- Face (أمور بالوجه، عموماً فم، غدة)

eyes (شفتات)

- 1 Jaundice (scleral icterus)
- 2 Xanthelasma (cholestasis, hyperlipidemia)
- 3 Pale conjunctiva (anemia)
- 4 Kayser - Fleischer - rings (Wilson's disease)
- 5 Fundoscopy for (DM, HTN complications)



مش بالكتاب بس مهمة
كلام

Parotid (شفتين)

- 1 enlargement (Chronic Alcohol use)
- 2 Overall rashes (SLE) / + Spider nevi

Mouth (شفتات)

- 1 Angular stomatitis (iron or B-vitamins deficiency)
- 2 Atrophic Glossitis (iron deficiency)
- 3 Beefy Tongue (B12 deficiency or folate)
- 4 Oral ulcers (IBD, viral infection)
- 5 Fetor hepaticus (musty smell in hepatic failure)
- 6 Pigmented lips/oral mucosa (Peutz-Jeghers syndrome)
- 7 Dental Hygiene

- Neck

Lymphnodes (esp. left supraclavicular LN) → for gastric & pancreatic Cancer

Troisier's sign

Examine LN → Cervical, Axillary, Inguinal → Skip

Goitre

- Chest (شفتات)

- 1 spider nevi (>5 above diaphragm = liver disease)
- 2 Gynaecomastia (chronic liver disease, hormonal imbalance)
- 3 Scratch marks (Pruritus from cholestasis)
- 4 Bruising (Coagulopathy, liver failure)
- 5 Hair-distribution

— Hands (tremors + رعشة)

Asterixis (hepatic encephalopathy, uremia, CO_2 retention)

flapping tremor

1 Palms: (μ سفلات)

1 Palmar erythema (chronic liver disease, pregnancy)

2 Dupuytren's Contracture (ALD)

3 Spider nevi (زها بکل سفلات)



Fig. 3.5 Dupuytren's contracture.

2 Dorsum (سفل بالکتاب)

- muscle Atrophy

- Palp: Temp & Muscle Atrophy

3 Nails: malabsorptive disease (سفل ٲ)

1 clubbing (IBD, Coeliac, cirrhosis)

2 Koilonychia (IDA)

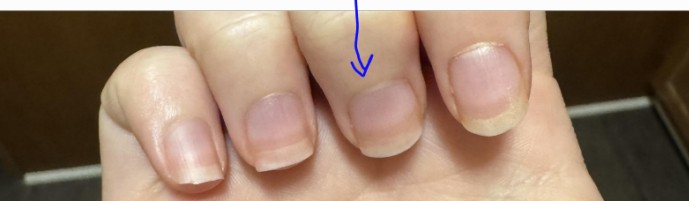
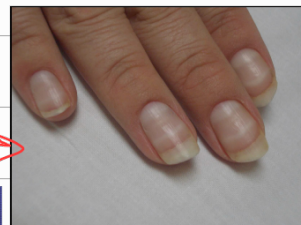
3 Leuconychia (Hypoalbuminemia)

4 Lindsay's nails (Hypoalbuminemia e.g. nephrotic) →

5 Muehrcke's lines (CKD) →

6 Terry's nails (NAFLD)

Not in Book



4 Brachial area

IV drug Abuse (Hepatitis) , AV Fistula (Dialysis)

#Abd: Inspection

#Foot of the bed (أقدام)

(حذاء نعلين و طلاء)

1. General Abd Shape & Symmetrical

Flat / distended / Scaphoid Normal = Symmetrical flat or slightly scaphoid

2. Umbilicus Normal = Centrally located & inverted

3. Respiratory movement of Abd wall & Diaphragm Normal = Movement

4. Flank fullness Normal = No Flank fullness

#Right Side Of The Bed

While Standing up

#Skin (SS + Vens)

1. Scars

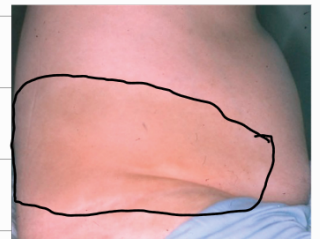
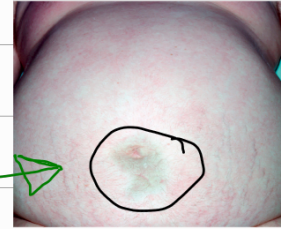
2. Skin Lesions + Bruising

3. Stria (Stretch marks)

4. Scratch Marks → Pruritus from cholestasis

5. Stomas

6. Dilated veins Normal = No Dilated veins



#Stomas

Type (Colostomy, ileostomy)

Site, output, appliance condition

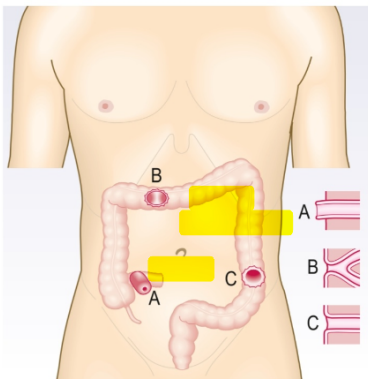


Fig. 6.11 Surgical stomas. **A** An ileostomy is usually in the right iliac fossa and is formed as a spout. **B** A loop colostomy is created to defunction the distal bowel temporarily. It is usually in the transverse colon and has afferent and efferent limbs. **C** A colostomy may be terminal: that is, resected distal bowel. It is usually flush and in the left iliac fossa.

Scars

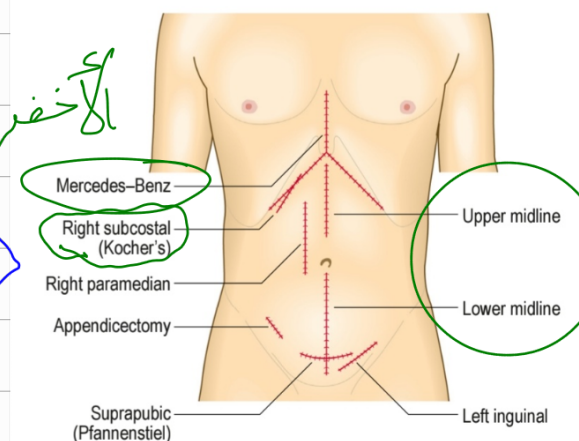


Fig. 6.10 Some abdominal incisions. The midline and oblique incisions avoid damage to innervation of the abdominal musculature and later development of incisional hernias. These incisions have been widely superseded by laparoscopic surgery, however.

Right Side Of The Bed

While sitting on a chair or kneeling

A # 2P + Masses + Hair

1. Pulsation Normal = No visible pulsations
2. Peristalsis Normal = " " Peristalsis
3. Masses Normal = " Superficial masses
4. Hair Distribution Normal Hair distribution

B # كح

1. Cough Impulse Normal = No cough impulse (No visible periumbilical or inguinal hernia)
2. Tenderness when coughing (Dunphy's sign) Normal = No Dunphy's sign (tenderness while coughing)
(For Acute Appendicitis)

C # دح

No Diverication of recti

Abd. Palpation

1. Ensure your hands are warm & clean
2. If the bed is low sit on a chair
3. Ask: Pain-where? / report tenderness during palp (You also keep itoi contacts)

General palpation

Superficial + Deep

Normal = - Soft lax abd. no rigidity or guarding
- No superficial or deep tenderness
- No " " " " Masses

Special Maneuvers (4 Appendicitis + 1 Cholecystitis)

Appendicitis:

1. Rebound tenderness
2. Rovsing's sign (left iliac fossa pressure = pain on RIF)
3. Iliopsoas
4. Obturator sign

Cholecystitis

1. Murphy's sign (Pressure on RUQ & Deep inspiration)
Positive = انقطع زفير بسبب الألم

General Percussion

9 Areas, Normal = Tympanic percussion all over the abd.

Organomegaly → Palpation ١١ طرق

1. Liver (مترقّت و مر فوفه)

* Palpation

- Start from RIF & خذ زفير مع كل 1 سم (full inspiration)

If you didn't feel the liver → Impalpable liver edge

" " felt it → Liver edge felt just at the costal margin, soft, smooth, non-tender, not pulsatile

(Site, Surface, edge, Consistency, tenderness, pulsatility)

Percussion (مَرْتَحَتَ لَفْوَه وَ مَرْتَحَتَ لَحْت)

Impalpable إذا رَفَلَ حَاسِه
وَتَبْدَأُ مَرْتَحَتَ لَفْوَه مَعَ RIF

مَرْتَحَتَ لَفْوَه

- Let the patient put his finger at first dullness site

مَرْتَحَتَ لَحْت

- Start from 2nd intercostal space (Full expiration) & go down

- put your finger at first dullness site

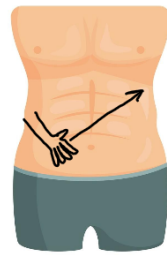
- Measure liver span (between 2 fingers)

normal = 8-12 cm , no hepatomegaly

2. Spleen

Palpation

A) # Start from RIF (↗) with inspiration



B) # Put your left hand on left flank & Move the patient to your side then (A) again.

Normal = Impalpable spleen & non-tenderness, no splenomegaly

Percussion

1) from umbilicus to the spleen / Normal = Tympanic percussion, No Dullness

2) At 9-12 ribs / Left / Mid-axillary / Posterior

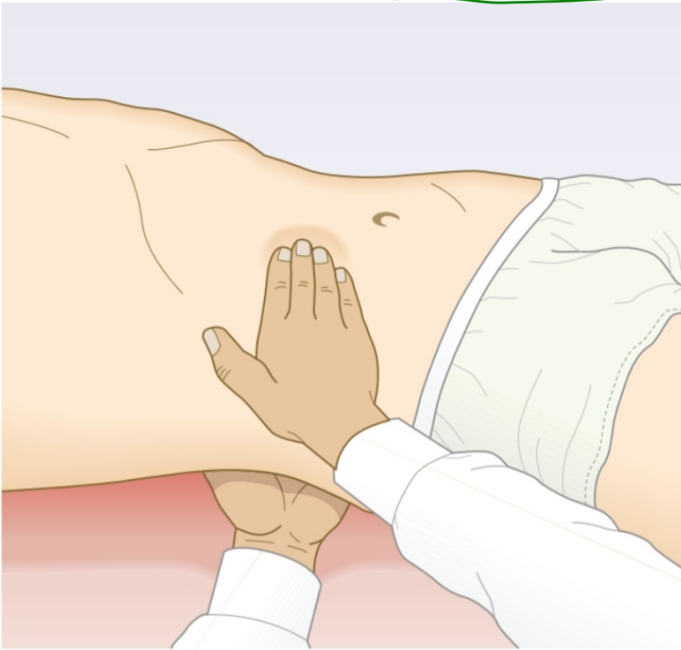
Normal = Normal Dullness at the lower 3 ribs

3. Kidney → (renal angle, Ballotability, Bimanual) فحوصات
tenderness

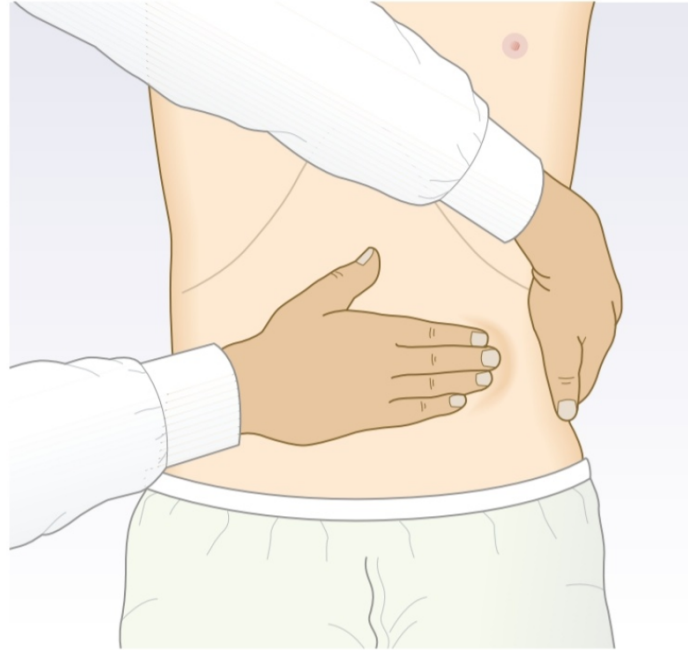
* Palpation

A) * Bimanual

Normal = No tenderness



A



B

Fig. 12.12 Palpation of the kidney. [A] Right kidney. [B] Left kidney.

B) * Ballotability

Bimanual
نفس وبنية
بس بتضرب بإيدك اليسار لفوه

Normal = Impalpable kidney, no tenderness

* Costophrenic tenderness

المريض يقعد. وتضرب على ظهره تحت Ribs جهة Kidneys

Normal = No renal angle tenderness

U. Bladder

* Percussion from above umbilicus to down

Normal = Dullness on suprapubic area because of distended bladder

I will check for ascites

* Ascites

A) * Shifting dullness (for mild ascites)

(Horizontal hand )

* Percussion from above umbilicus to most tympanic percussion

(Then vertical but to dullness area in my side)

(Then shift the patient to his left side, wait 10 sec, percuss again)

المفروض يقل dullness

Normal = No shifting dullness

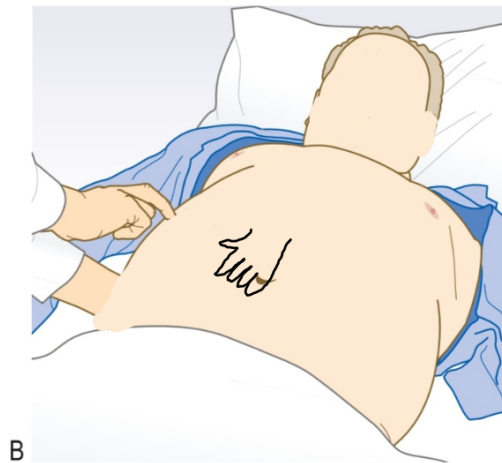
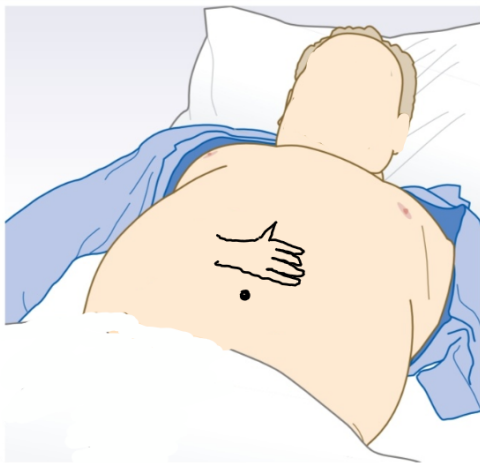


Fig. 6.18 Percussing for ascites. **A** and **B** Percuss towards the flank from resonant to dull. **C** Then ask the patient to roll onto their other side. In ascites the note then becomes resonant.

B) ## Transmitted Thrills

Ask the patient to put his hand like this in the middle.

الجزء

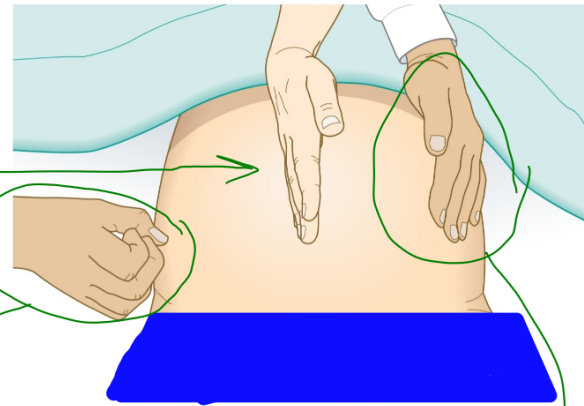


Fig. 6.19 Eliciting a fluid thrill.

أسيتس إذا في موحبات ، إذا في معالها عن

Normal = No fluid thrills , No tenderness

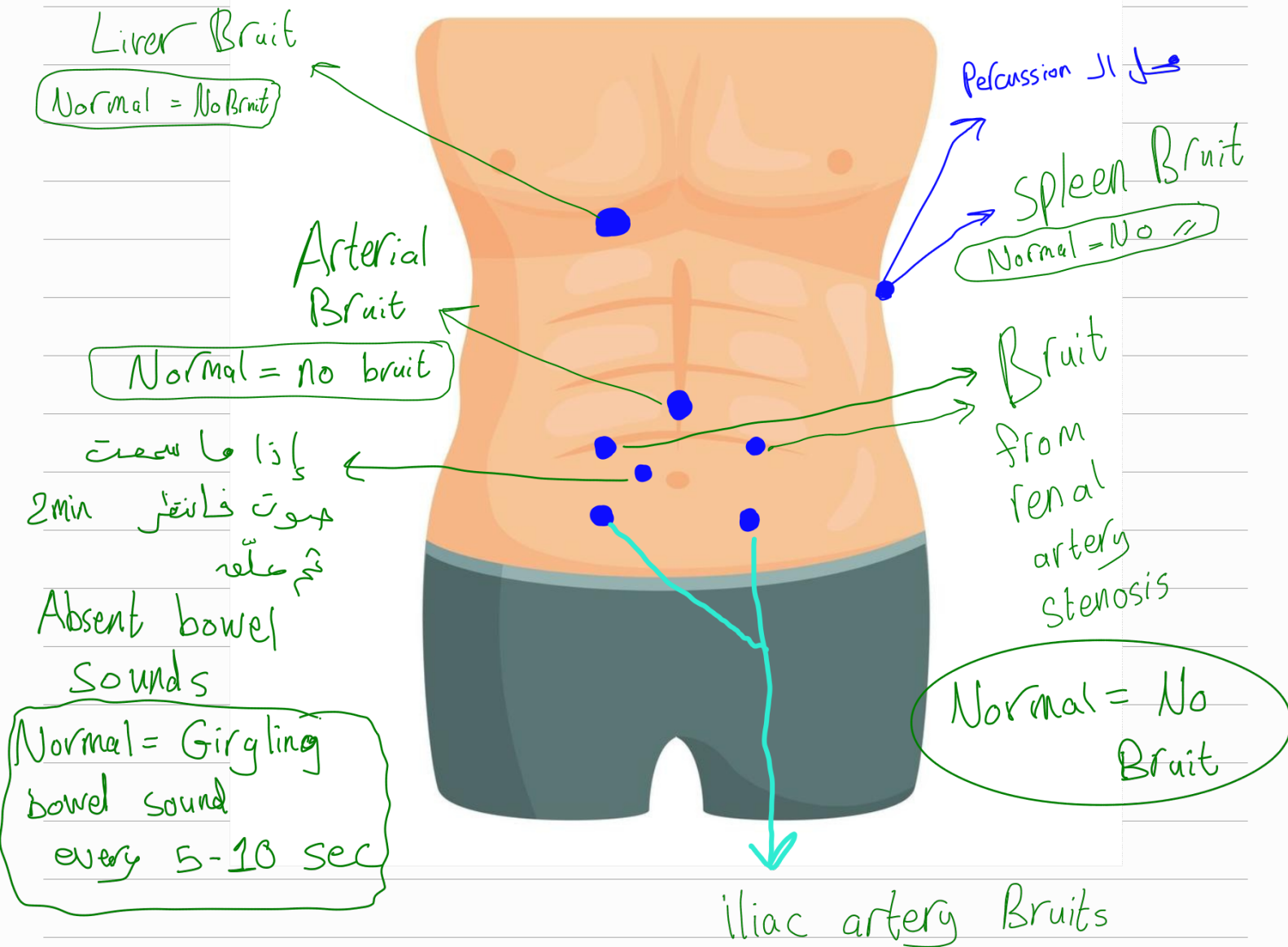
C) ## Succussion Splash (Auscultation)

- Test for a succussion splash; this sounds like a half-filled water bottle being shaken. Explain the procedure to the patient, then shake their abdomen by rocking their pelvis using both hands.

مش مطلوب
نعله

Comment: I'll examine for succussion splash / skip

Auscultation (8 sites)



Comment: No Friction Rub

Normal = No Bruits

To Complete my exam:

LL; edema, hair loss, pyoderma gangrenosum

genitalia; testicular atrophy, rectal ex

Back; Sacral edema

Chest; Lungs for pulmonary edema, pleural effusion

CVs; Heart sounds

Neck; JVP