

TOTAL SCORE: _____

Student: _____

80% = 200 (female SP)
192 (male SP)

Date: _____
Evaluator: _____

PHYSICAL DIAGNOSIS 11

CHECKLIST FOR COMPLETE PHYSICAL EXAMINATION – Revised Aug 2012

BEFORE EXAM

____ 1. Wash hands before starting examination.

A. GENERAL INSPECTION/VITAL SIGNS - Patient Supine

____ 2. Measure blood pressure in one arm

____ 3. Place cuff snugly in correct anatomical location

Teaching Point: Checks for postural changes in BP and pulse (check for changes within 1-2 minutes of changing position) - supine → sitting → standing

____ 4. Measure respiratory rate for at least 30 seconds - Patient sitting

____ 5. Palpate radial (thumb side of wrist)

____ 6. Palpate for at least 15 seconds

____ 7. Palpate radial (wrist) pulses simultaneously for symmetry

Total Possible Score (vitals) Section A: 7

Score Achieved _____

B. HEAD AND NECK

____ 8. Inspect head and face for any abnormalities

____ 9. Palpate scalp

____ 10. Palpate thoroughly

Teaching Point: *Palpate parotid glands and temporal arteries.*

EYES

____ 11. Position patient at height comfortable for examiner

____ 12. Estimate visual acuity (near or far) (uses pocket chart or distance at which patient can read newspaper)

____ 13. Checks each eye separately

____ 14. Test visual fields by confrontation

Teaching Point: Evaluate for extinction by double simultaneous stimulation

____ 15. Inspect external ocular structures (lids, cornea, conjunctiva)

____ 16. Gently move eyelids up and down to obtain better view

____ 17. Evaluate extraocular muscle function in 6 directions

____ 18. Check for convergence

____ 19. Observe pupillary response to light (direct)

____ 20. Observe pupillary response to light (consensual)

Prepares for ophthalmoscopic exam

____ 21. Dim lights before ophthalmoscopic examination

____ 22. Hold ophthalmoscope properly and use index finger to switch lenses

Performs ophthalmoscopic exam

Right Eye

____ 23. Hold ophthalmoscope with right hand when inspecting patient's right eye

____ 24. Inspect anterior structures with ophthalmoscope

____ 25. Hold ophthalmoscope at proper distance to visualize posterior structures in eye (i.e., appropriately close to patient's eye)

____ 26. Inspect optic nerve

____ 27. Trace vessels in four quadrants

____ 28. Observe macula (ask patient to look at light)

Left Eye

____ 29. Hold ophthalmoscope with left hand when inspecting patient's left eye

____ 30. Inspect anterior structures with ophthalmoscope

____ 31. Inspect optic nerve

____ 32. Trace vessels in four quadrants

_____ 33. Observe macula (ask patient to look at light)

EARS

- _____ 34. Observe auricles and postauricular regions bilaterally
_____ 35. Palpate auricles bilaterally
_____ 36. Test auditory acuity (use rubbing fingers, ticking watch, low voice;
_____ 37. Check these while standing behind the patient and having opposite ear occluded)
Teaching Point Perform Rinne and Weber tests if any evidence of decreased acuity (use 512Hz or 256Hz tuning fork)
_____ 38. Examine ears bilaterally with otoscope
_____ 39. Pull auricle superiorly, posteriorly, and away from the patient
_____ 40. Insert speculum without causing pain to the patient

NOSE

- _____ 41. Palpate for frontal sinus tenderness
_____ 42. Palpate for maxillary sinus tenderness

Teaching Point Transilluminate frontal, maxillary sinus (darken room; shine otoscope/nasal transilluminator superiorly from superior orbital rim bilaterally and compare relative light transmission through frontal sinuses; from inferior orbital rim direct light inferomedially and while having patient open mouth, see if light shines through to hard palate for maxillary sinuses.)

- _____ 43. Inspect nasal vaults with nasal speculum on otoscope
_____ 44. Insert speculum without causing pain to patient
_____ 45. Test for patency (openness) of both nasal passages (have patient compress one nasal orifice and ask patient to sniff through opposite opening)

MOUTH

This following allows the student to appreciate cancers of the lip, mucosa and tongue; cavities, periodontitis and other benign lesions in all areas of the mouth, including torus planus or lichen planus.

- _____ 46. Examine patient without causing discomfort
_____ 47. Inspect lips, gums, buccal mucosa, palate and floor of mouth
_____ 48. Inspect all surfaces of all teeth
_____ 49. Inspect posterior pharynx, uvula and tonsils
_____ 50. Inspect base and lateral elements of tongue using gloves and gauze
_____ 51. Palpate floor of mouth with bimanual exam
_____ 52. Palpate temporomandibular joint as patient opens and closes jaw

NECK

- _____ 53. Inspect neck for symmetry
_____ 54. Palpate jugular notch to make sure trachea is midline (jugular notch midway between clavicular heads)
_____ 55. Palpate carotid arteries, each side separately.
_____ 56. Auscultate carotid arteries for bruits
_____ 57. Palpate thyroid in correct anatomical location
_____ 58. Examine thyroid from posterior position with 2 hands or from anterior position with 1 hand (patient's chin slightly flexed; sternocleidomastoid muscles should not be taut.)
_____ 59. Palpate with and without swallowing

Palpate lymph nodes:

- _____ 60. Preauricular nodes
_____ 61. Posterior auricular nodes
_____ 62. Occipital nodes
_____ 63. Tonsillar nodes
_____ 64. Submandibular nodes
_____ 65. Submental nodes
_____ 66. Anterior cervical nodes
_____ 67. Posterior cervical nodes
_____ 68. Supraclavicular nodes

C. LUNGS

POSTERIOR/LATERAL

Teaching Point -Check thoracic expansion

- ___ 69. Ask patient to cross arms, to move scapulae and expose lung fields
- ___ 70. Percuss posterior lung fields
- ___ 71. Percuss fields bilaterally and symmetrically
- ___ 72. Percuss at least 6 areas
- ___ 73. Percuss lateral lung fields
- ___ 74. Percuss bilaterally

Teaching Point - Measure excursion of the diaphragm bilaterally-(*distance diaphragm moves between inspiration and expiration*)

- ___ 75. Instruct patient to breathe through open mouth
- ___ 76. Auscultate posterior lung fields*
- ___ 77. Auscultate bilaterally and symmetrically
- ___ 78. Auscultate lateral lung fields*
- ___ 79. Auscultate bilaterally

ANTERIOR

Prepare for anterior lung exam

- ___ 80. Drape patient appropriately:
Draping
If sitting: Have patient untie johnnie and expose anterior chest keeping the breasts draped.
If supine: Untie johnnie. Drape sheet over abdomen and legs, and raise johnnie up from below waist, keeping the breasts draped.
- ___ 81. Percuss anterior lung fields
- ___ 82. Percuss fields bilaterally and symmetrically
- ___ 83. Auscultate anterior lung fields*
- ___ 84. Auscultate fields bilaterally and symmetrically
- ___ 85. Auscultate in at least 6 places

* If rales present, check for bronchophony, egophony, whispered pectoriloquy,

Teaching Point: Check tactile fremitus bilaterally and symmetrically

Total Possible Score (Lungs) Section C: 17

Score Achieved___

D. BREASTS (Female)

Axillary Node Palpation

With patient remaining in upright sitting position, examiner should:

- ___ 86. Palpate axillary nodes
- ___ 87. Use proper technique to palpate axillary nodes
(Palpate all 4 folds - anterior, superior, medial and lateral)

Breast Visualization

- ___ 88. Use appropriate draping (Drape sheet over patient's lap; remove arms from johnnie and expose anterior chest / breasts. Inspect musculature, skin surface and movement of both breasts as you direct the patient in the following maneuvers)
- ___ 89. Patient sitting, arms at sides
- ___ 90. Patient sitting, arms pressed to hips
- ___ 91. Patient sitting, arms raised outstretched above head
- ___ 92. Patient sitting, hands clasped behind head, "rocks" elbows forward and back
- ___ 93. Patient sitting, leans forward with examiner taking patient's hands for support

Breast Palpation: (use any of these techniques: Vertical strip, radial spoke, circular)

With patient in supine position, examiner should have pillow placed under patient's head for support, then:

- ___ 94. Use a draping technique to expose only the breast being examined while keeping other breast covered
- ___ 95. Ask patient to place ipsilateral hand behind head.
- ___ 96. Palpate breast using one of the 3 techniques listed above
- ___ 97. Exert 3 levels of pressure using rotary motion of 2nd / 3rd / 4th fingertip pads
- ___ 98. Palpate all tissue within breast boundaries (sternum, 5th rib, lateral lung field / axillary midline, clavicle)
- ___ 99. When examiner reaches midline/areola, ask patient to assume oblique position (twist upper torso away from examiner); Proceed with palpation. Patient should now be asked to change arm position from behind head to forehead.
- ___ 100. Palpate *both* breasts

Total Possible Score (Female breast exam): 15

Score Achieved ___

BREASTS (Male)

- ___ 101. Palpate axillary nodes (*can also be done during breast exam*)
- ___ 102. Use proper technique to palpate axillary nodes
(Palpate all 4 folds - anterior, superior, medial and lateral)

- ___ 103. Have patient pull up johnnie to expose precordium and breasts.
Use appropriate draping. (Drape sheet over pt's lap; remove arms from johnnie and expose anterior chest / breasts.)
- ___ 104. Palpate all 4 quadrants of each breast
- ___ 105. Palpate nipples bilaterally
- ___ 106. Palpate areolae

Total Possible Score (Male breast palpation): 6

Score Achieved ___

E. HEART
INSPECTION

- ___ 107. Adjust johnnie to expose precordium
- ___ 108. Observe precordium for visible movements
- ___ 109. Elevate trunk 30 degrees and head and neck so jugular venous pulses are visible
- ___ 110. Observe neck veins and estimate jugular venous pressure

PALPATION

- ___ 111. Palpate carotid arteries (*can be done with neck exam and is scored in neck exam; alternatively, can be done now to time heart sounds*)
- ___ 112. Palpate costochondral junctions
- ___ 113. Compress rib cage anteroposteriorly
- ___ 114. Palpate aortic area (2nd ICS-right)
- ___ 115. Palpate pulmonic area (2nd and 3rd ICS-left)
- ___ 116. Palpate right ventricular area
- ___ 116. Apical area (5th ICS-left) (Palpate for point of maximal impulse (PMI). If not palpable, have patient roll into left lateral decubitus position and re-check.

AUSCULTATION

Use **diaphragm** of stethoscope to:

Auscultate carotid arteries (*can also be done with neck exam and is scored in neck exam*)

- ___ 117. Auscultate aortic area
- ___ 118. Auscultate pulmonic area
- ___ 119. Auscultate tricuspid area (4th and 5th ICS at left sternal edge)
- ___ 120. Auscultate apical area

Use **bell** of stethoscope to:

- ___ 121. Auscultate apical area
- ___ 122. Auscultate aortic area
- ___ 123. Auscultate pulmonic area
- ___ 124. Auscultate tricuspid area.

_____125. Light pressure only applied to bell
(Note: *Listen with bell applied lightly to chest; too much pressure applied causes bell to function as a diaphragm*)

Teaching Points

Have large-breasted female patients lift the left breast to expose apex for palpation and auscultation. For patient with murmur that requires further characterization, check effect of Valsalva, hand grip, squatting and/or standing.

For patient with murmur, use 'inching' technique to track murmurs (along aortic outflow tract to upper chest and carotids for aortic systolic murmurs; toward apex for diastolic murmurs).

For patient with suspected aortic regurgitation, have patient sit up, lean forward and auscultate 2nd and 3rd left intercostal space with stethoscope diaphragm.

For patient with suspected mitral valve disease:
Ask patient to roll to left lateral position.
Have female patient again lift breast.
Relocate apex and place bell directly over it, very lightly.
Auscultate apex with bell, listening specifically for S₃, S₄, diastolic rumble.

Total Possible Score (Heart) Section E: 19

Score Achieved _____

F. ABDOMEN

Prepare for the abdominal exam: Examine patient from right side

- _____126. Use proper draping technique to expose entire abdomen, but leave chest and pubis covered
- _____127. Teach patient to relax abdominal musculature
- _____128. Watch patient's face as you examine abdomen

INSPECTION

- _____129. Inspect abdomen for distention, scars, hernias, visible pulsations, venous pattern, bulging flanks

AUSCULTATION (before manipulation or palpation)

- _____130. Bowel sounds
- _____131. Left upper quadrant to include (L) renal artery
- _____132. Right upper quadrant to include (R) renal artery
- _____133. Right lower quadrant to include (R) iliac artery
- _____134. Left lower quadrant to include (L) iliac artery
- _____135. Aorta

PERCUSSION

- _____136. Percuss (or use scratch test) to determine liver span

PALPATION

- _____137. Left upper quadrant
- _____138. Palpate spleen with inspiration and expiration
Teaching Point *If splenomegaly suspected, roll patient to right lateral decubitus and palpate for spleen.*
- _____139. Epigastrium to include aorta
- _____140. Delineate margins of aorta
- _____141. Right upper quadrant
- _____142. Use proper technique to palpate liver edge (palpate below right costal margin for liver as patient breathes; liver should descend with inspiration and can be palpated with examining hand. Alternatively, hook hands around ribs from above patient as patient inspires.)
- _____143. Palpate liver edge with inspiration and expiration
Teaching Point *If suspected ventral hernia, palpate abdomen standing, or as patient sits up.*
- _____144. Palpate right lower quadrant
- _____145. Palpate left lower quadrant

After Abdominal Exam is complete:

- _____146. Palpate inguinal lymph nodes

- ____ 147. Auscultate for femoral bruit
- ____ 148. Palpate femoral pulse bilaterally
- ____ 149. Palpate one femoral pulse and radial or carotid pulse simultaneously

Total Possible Score (Abdomen) Section F: 24

Scored Achieved _____

G. ARTHROSKELETAL EXAM

NECK

Inspect / palpate neck (if not done previously; maneuvers scored in head and neck exam)

- ____ 150. Test neck flexion
- ____ 151. Test neck extension
- ____ 152. Test neck rotation left and right
- ____ 153. Test lateral flexion of neck right and left

UPPER LIMBS

- ____ 154. Inspect bilaterally with outer clothes removed.

HANDS

- ____ 155. Inspect dorsal and palmar surfaces of hands (*Note that this also tests pronation/supination of elbows*)

ROM of Hand:

- ____ 156. Make fist
- ____ 157. Extend fingers into claw position
- ____ 158. Full extension of fingers
- ____ 159. Thumb opposition

WRISTS

- ____ 160. Flex, Extend
- ____ 161. Abduct, Adduct
- ____ 162. Tested with elbows locked

- ____ 163. Palpate interphalangeal joints individually, right and left
- ____ 164. Squeeze MCP joints together, right and left, if this causes pain, palpate each MCP individually
- ____ 165. Palpate wrists bilaterally
- ____ 166. Test for **Tinel's sign**, right and left (tap on lateral wrist, volar surface over median nerve)
- ____ 167. Have patient hold wrists in proper position to elicit **Phalen's sign** (flexion of wrists with dorsum of hands pressed together)

ELBOWS

- ____ 168. Flex, Extend
- ____ 169. Pronate, Supinate
- ____ 170. Test with elbows locked

- ____ 171. Palpate elbow, including medial and lateral epicondyles, olecranon and ulna just distal to olecranon
- ____ 172. Palpate epitrochlear nodes

SHOULDERS

- ____ 173. Flex, Extend
- ____ 174. While fully abducted, test internal, external rotation
- ____ 175. Adduction [Note that adduction is also done during auscultation of lungs (checklist #68).]
Have patient slip left arm out of johnnie / retie johnnie, exposing left shoulder and inspect
- ____ 176. Palpate left sternoclavicular joint
- ____ 177. Palpate left acromioclavicular joint
- ____ 178. Palpate left supraspinatus tendon (subacromial bursa); palpate over posterior/lateral shoulder for tenderness.
- ____ 179. Palpate left tendon of long head of biceps (bicipital groove)
Have patient replace left arm in johnnie; remove right arm and retie to expose right shoulder and inspect.
- ____ 180. Palpate right sternoclavicular joint
- ____ 181. Palpate right acromioclavicular tendon
- ____ 182. Palpate right supraspinatus tendon
- ____ 183. Palpate right tendon of long head of biceps (bicipital groove)
Replace right arm in johnnie / retie

Lower Limbs

- ____ 184. Use proper draping to expose both legs (drape between legs, covering genital region.)
- ____ 185. Inspect bilaterally with outer clothes removed.
- ____ 186. Inspect feet, including toes.

HIPS

- ____ 187. Observe supine posture; (note that this also tests hip and knee extension.)
 - ____ 187. Flex, right and left; (note that this also tests flexion of knee.)
 - ____ 188. Internal rotation, External rotation, right and left
 - ____ 189. Abduction, Adduction right and left
 - ____ 190. Palpate greater trochanters, right and left
- Teaching Point** *Patrick Test (FABERE; Flexion, Abduction, External Rotation, and Extension), right and left - a smooth comprehensive maneuver that integrates maneuvers, 2,4,5; can add internal rotation and adduction)*

KNEES

- ____ 191. **Inspect, right and left**
- ____ 192. **Flex, extend, right and left**
- ____ 193. Palpate joint margin, popliteal space and anserine bursa
- ____ 194. Check for effusion (floating patella and bulge sign)
- ____ 195. Test valgus and varus stability with knee slightly flexed (check for medial / lateral stability)
- ____ 196. Test anterior and posterior drawer sign (An alternative for anterior drawer sign, **Lachman's test** has you flex knee to 20 degrees, stabilize knee above patella, and attempt to move lower leg anteriorly)
- ____ 197. Perform **McMurray's Test** (extend knee from fully flexed position while internally rotating leg at ankle, repeat while externally rotating leg at ankle; look and feel for 'click' at knee with hand on knee)

ANKLE AND FOOT

- ____ 198. Inspect ankle and foot
 - ____ 199. Dorsiflex and plantar flex ankle and toes, right and left
 - ____ 200. Evert and invert ankle
 - ____ 201. Evert and invert forefoot, holding the heel steady
 - ____ 202. Palpate ankle including Achilles tendon and its bursa
 - ____ 203. Squeeze MTP joint together, right and left; (*if this causes pain, palpate each joint individually*)
 - ____ 204. Palpate interphalangeal joints individually
- Teaching Point** *If active range of motion is abnormal, or if pain / tenderness is elicited, then perform passive range of motion, careful inspecting for swelling / redness; and, palpation for increased warmth should be performed on that joint.*

Palpate pulses bilaterally:

- ____ 205. Popliteal
- ____ 206. Posterior tibial
- ____ 207. Dorsalis pedis
- ____ 208. Check for peripheral pitting edema (over soft tissue of leg)
- ____ 209. Use proper technique to check for pitting edema

BACK - Patient Standing

Use proper draping to expose both legs (drape between legs and cover genital region.)

- ____ 210. Inspect for kyphosis, scoliosis
- ____ 211. Perform fist percussion of, or palpate, cervical, thoracic, lumbar, sacral vertebrae
- ____ 212. Perform fist percussion of costovertebral angle
- ____ 213. Check for sacral edema
- ____ 214. Palpate SI joints
- ____ 215. Palpate sciatic notch (*Palpate at midpoint of gluteal fold superiorly and anteriorly for pain.*)

Test ROM of L-S spine

- ____ 216. extension
- ____ 217. lateral bending

- ____ 218. rotation
 ____ 219. Flexion
 ____ 220. Straight leg raising – Raise leg fully extended at knee, flexing hip; ask pt. to describe location and nature of discomfort

Total Possible Score (Arthroskeletal) Section G: 71	Score Achieved _____
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H. NEUROLOGICAL-MUSCULOSKELETAL SCREENING EXAMINATION

MENTAL STATUS

Observe mood, affect, behavior

- ____ 221. Orientation (to person, time of day, day of week, month, place of examination, i.e. “Do you know where we are right now?”. Language (name common objects; repeat “no ifs, ands or buts”).
 ____ 222. Concentration: serial sevens from 100 or serial 3’s from 20, depending on ability
 ____ 223. Short term memory: store and recall 3 unrelated items after several minutes
 ____ 224. Remote memory: dates of distant past events

Speech (Usually assessed during history) - Check naming, repetition; observe spontaneous speech

CRANIAL NERVES

- ____ 225. Test **Nerve 1**: Sense of smell – Ask pt. if there has been any change in smell or taste.

Test **Nerve II**: (May be done with EENT)

- a. Visual acuity
- b. Visual fields
Ophthalmoscopic (disc, blood vessels, retina)

Test **Nerves III, IV, VI**: (May be done with EENT)

- a. Pupillary reaction to light and accommodation
- b. Extraocular movements

Test **Nerve V**:

Sensory function:

- ____ 226. Briefly test all 3 divisions for light touch and pinprick (*Test corneal reflexes bilaterally when appropriate.*)

- ____ 227. **Motor function** -Test Contraction of masseter (jaw) muscles or forced opening of mouth against resistance (mylohyoid and digastrics)

Test **Nerve VII**: (*may be done with EENT*)

Motor function in mimetic musculature of the face:

- ____ 228. Raise eyebrows or forced eyelid closing
 ____ 229. Show teeth, puff out cheeks, or smile

Test **Nerve VIII**:

Hearing (*may be done with EENT examination*)

Test **Nerves IX and X**:

Observe elevation of palate vocalizing "ah" (*may be done with EENT*)
 Test gag reflex when appropriate.

Test **Nerve XI**: (*may be done with Head and Neck Exam*)

- ____ 230. Test rotation of patient's head against resistance
 ____ 231. Test shoulder shrug against resistance

Test **Nerve XII**:

- ____ 232. Observe midline protrusion of the tongue. (*may be done with examination of the mouth*)

MOTOR STATUS

Examine functional groups of muscles for strength.

UPPER LIMB STRENGTH

- ____ 233. Proximal Muscles (close to trunk – upper arms) Test for Pronator Drift (arms extended, supinated, fingers spread, eyes closed) OR testing upper arm strength against resistance.

- _____234. Distal Muscles: Test patient's grip OR have patient form ring with thumb and index finger which examiner tries to pry apart with both hands OR have patient spread fingers against resistance.

LOWER LIMB STRENGTH

PROXIMAL muscles – Test standing unless pt. unable

- _____235. Flex hip against resistance, pt.seated or supine
_____236. Flex and extend knee against resistance, pt. seated or supine

DISTAL

- _____237. Dorsiflex and plantarflex foot against resistance, pt. seated or supine

Ask patient to push down on gas against resistance AND lift up feet against resistance AND test is done on both feet.

Ask patient to lift leg off table against resistance.

REFLEXES

Deep tendon reflexes (test bilaterally, using appropriate technique):

- _____238. Test biceps reflex (patient seated, hands relaxed in lap).
_____239. Test brachioradialis reflex.
(patient seated, hands relaxed in lap, or examiner supporting forearm).
_____240. Test triceps reflex (patient seated, hands relaxed in lap, or examiner supporting arm abducted at shoulder).
_____241. Test quadriceps (patellar) reflex (patient seated with legs swinging freely OR if supine, with knee resting on examiner's wrist)
_____242. Test Achilles reflex (patient seated, examiner may passively dorsiflex foot, OR if supine, rest ankle to be tested on other leg)

Cutaneous reflexes:

- _____243. Test plantar reflex

CEREBELLAR FUNCTION

- _____244. Rapid alternating movements bilaterally – hands on thighs
_____245. Finger-to-nose bilaterally (patient must fully abduct arm to horizontal and extend elbow)
_____246. Heel-Knee-Shin bilaterally (patient seated upright and not supine).
Touch heel to opposite knee, slide down tibia to ankle then back to knee.
Heel should be on front of shin and not hook heel over the tibia.

SENSORY STATUS

- _____247. Demonstrate difference between sharp and dull stimuli
_____248. Test light touch and pin prick on both sides of trunk
_____249. Test light touch and pin prick on 4 limbs, on at least one proximal and one distal site.

_____250. Proprioception: demonstrate difference between moving toe up and down, hold toes along side edges
_____251. Test position sense in great toes bilaterally

_____252. Test vibratory sense in both ankles using 128 Hz tuning fork (be sure pt. perceives vibration, not pressure)

GAIT AND STATION

Examiner must assure patient safety throughout.

Assess standing posture and gait. Watch for symmetrical arm swing, stability on turns.

- _____253. Have patient walk on toes (also tests proximal strength)
_____254. Have patient walk on heels (also tests proximal muscle strength)
_____255. Observe tandem gait, heel to toe.
_____256. Romberg test (patient standing, feet together, eyes open; close eyes and hold.

Revised, April, 2000
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STUDENT 'S NAME: _____

DATE: _____

<u>Score</u>	<u>Female</u>	<u>Male</u>
100%	250	241
90%	225	216
80%	200	192

Exam Section Subtotals:

Section A (Vitals)	_____
Section B (Head and Neck)	_____
Section C (Lungs)	_____
Section D (Breasts Female)	_____
D (Breasts Male)	_____
Section E (Heart)	_____
Section F (Abdomen)	_____
Section G (Arthroskeletal)	_____
Section H (Neurological)	_____

TOTAL SCORE _____

INSTRUCTIONS TO EVALUATOR

For Question 1, Parts a and b, please circle yes or no for each item.

- | | | |
|--|-----|----|
| 1. (a) Did the examiner introduce himself/herself? | Yes | No |
| (b) Did the examiner demonstrate ability to develop rapport? | Yes | No |

For Questions 2 through 9, please circle the score which best describes the examiner's performance.

5 = always
4
3 = about half the time
2
1 = very rarely

2. Did the examiner show concern for the patient's comfort and assure privacy during the examination?

5 4 3 2 1

3. Did the examiner present himself/herself in a professional manner (verbal & non-verbal behavior)?

5 4 3 2 1

4. Did the examiner explain procedures and prepare the patient for the use of instruments?

5 4 3 2 1

5. Did the examiner perform the complete PE in a logical sequence without repetition, progressing from one region to another?

5 4 3 2 1

6. Did the examiner examine and compare symmetrical parts of the body?

5 4 3 2 1

7. Did the examiner examine the patient with serial exposure appropriate to the steps of the examination?

5 4 3 2 1

8. Did the examiner examine the patient gently when there was patient contact?

5 4 3 2 1

9. Did the examiner demonstrate good percussion technique?

5 4 3 2 1

Additional comments: