Clinical Examination Techniques

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Key points

- Although there may only be 3-4 patient stations in the OSCEs, these account for most of your score
- Practice your technique, but be prepared to only perform part of it
- DRESS appropriately
Always start with

- Brief introduction
- USE the alcohol cleansing gel BEFORE you touch the patient
- Ask – ‘May I examine you?’
- Ask – ‘Is your ear/nose/neck tender?’
- But proceed rapidly…
Ear examination (1)

- Always use a headlight and aural speculum to examine the pinna, and postaural area
- Look carefully for postaural and endaural scars
- BAHAs and cochlear implants in the scalp
- If headlight not available use an otoscope
- Then insert a speculum into the ear canal to check for wax
Ear examination (2)

- Use otoscope – held in correct manner
- Examine ear canal
- Inspect all 4 quadrants of tympanic membrane
- For perforations think
  - Site
  - Size
  - Central, marginal, subtotal, total
  - ME structures
Ear examination (3)

- For Mastoid cavities
  - Cavity type
  - Adequacy of meatoplasty
  - Level of facial ridge
  - Moist/dry

- Change speculum tips between ears

- Tests (3Fs)
  - Fistula
  - Free field
  - Forks

- Give clear precise instructions

<table>
<thead>
<tr>
<th>Use bisyllabic words or numbers</th>
<th>Threshold</th>
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<tbody>
<tr>
<td>Whisper 2’</td>
<td>&lt; 30dB</td>
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<tr>
<td>Whisper 6”, Conversation 2’, 6”</td>
<td>30 – 70 dB</td>
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<tr>
<td>Loud voice at 6” and 2’</td>
<td>&gt; 70 dB</td>
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Ear examination (4)

- Example of instructions –
  “I am going to use this tuning fork to test your ears. Tell me if it is louder behind or in front of your ears”
  “I am going to place this on your forehead. Tell me if you hear in louder in one ear or in the middle”
  “I am going to whisper words in one ear and block the other. Please repeat these words if you hear them”
  “I am going to block and press your ear. Keep your eyes open and look straight ahead. This may make you dizzy”

- Finally, say that you will examine the postnasal space, facial and lower 4 cranial nerves
Nose examination (1)

- Position lamp at eye level over patient’s left shoulder. Your knees together to the right of patients knees.
- Inspect external nose.
- Nasal patency. Thumb occlusion, cold speculum and Cottle’s if unilateral obstruction.
- Thumb lift then Thudicum’s for anterior rhinoscopy. Thudicum’s alone will not reveal collumela dislocation.
Nose examination (2)

- Oral cavity with 2 X Lacks speculum
- Ask to examine the postnasal space and neck
Neck examination (1)

- Listen to examiners instructions
- If ‘examine thyroid gland’, make sure you assess thyroid status
Neck examination (2): Inspection

Look for:
Scars, sinuses, skin changes and swellings

For midline swellings, view patient from side:
“Open your mouth. Now stick out your tongue!”

For obvious anterior swellings, or if there is water next to patient:
“Please take a sip of water, hold it in your mouth. Now swallow!”
Neck examination (3): Palpate the neck

Always check that there is no tenderness

Approach from the back

Position head and neck in neutral position

Define lower border of mandible
Neck examination (4)

Palpate the neck

- Submental
- Submandibular
- Parotid
- Ant border SCM
- Anterior neck
Neck examination (5)
Palpate the neck

Don’t forget the posterior triangle!

Start at mastoid process, palpate along posterior border of SCM, along clavicle and up along anterior border of trapezius
Thyroid status assessment (1): Examine the hands

There are 7 signs to look for:
- Pulse and tremor
- Clubbing (acropachy) and onycholysis
- Sweating and palmar erythema
- Vitiligo

2 movements, 2 nail, 2 palm & 1 forearm sign
Thyroid status assessment (2): Examine the eyes

There are 7 signs to look for

Lid retraction, lid lag, exophthalmos, proptosis

Opthalmoplegia

Chemosis

Loss of outer third of eyebrow

Opthalmoplegia
Thyroid status assessment (3): Examine the eyes

- Lid retraction
- Exophthalmos
Thyroid status assessment (4):

Finally,

- Ask to examine shins
- Deep tendon reflexes