**THE SCREENING PHYSICAL EXAMINATION**

Faculty: __________
Time: (start) ________ (end) ________ (60 minutes max.)

S = Satisfactory, US = Unsatisfactory, ND = Not Done

<table>
<thead>
<tr>
<th>Performance</th>
<th>S</th>
<th>US</th>
<th>ND</th>
</tr>
</thead>
</table>

**Opening the encounter**

1. **Introduction:** Explain encounter, wash hands
   ___     ___     ___

Comments:

**Vital Signs**

2. **Measurement:** Pulse rate (radial)
   ___     ___     ___
3. **Measurement:** Respiratory rate
   ___     ___     ___
4. **Measurement:** Blood pressure
   ___     ___     ___

Comments:

**General Appearance, Hair, Skin, and Nails**

5. **Assessment:** General appearance, mental status (orientation)
   ___     ___     ___
6. **Inspection:** Hair and skin
   ___     ___     ___
7. **Inspection:** Fingernails and hands (capillary refill)
   ___     ___     ___

Comments:

**Head**

8. **Inspection:** Entire head, including scalp
   ___     ___     ___
9. **Palpation:** Entire head, including sinuses and TMJs
   ___     ___     ___
10. **Assessment:** Cranial Nerves V and VII (i.e., Masseter Contraction, facial sensation V1/V2/V3, and facial muscles)
    ___     ___     ___

Comments:
Ears
11. *Inspection & Palpation*: Outer ears (auricles)  
12. *Inspection*: Ear canals and tympanic membranes (with otoscope)  

Comments:

Nose
Screen for Olfaction (*CN I*) if indicated.  

Comments:

Mouth
15. *Inspection*: Entire oral cavity (including lips, buccal mucosa, tongue, subglossal area, gingivae, teeth, palate, tonsils, and posterior pharynx)  
16. *Palpation*: Oral cavity (with gloved hand)  
17. *Assessment*: *CN IX & X* (Swallowing, palatal elevation)  
18. *Assessment*: *CN XII* (Tongue extrusion)  

Comments:

Eyes
19. *Screening*: Visual fields by confrontation; visual acuity if indicated (*CN II*)  
20. *Assessment*: Extra-ocular muscle function (*CN III, IV, & VI*)  
   (6 cardinal directions of gaze) and alignment (corneal light reflex)  
21. *Inspection*: External ocular structures (eyebrows, lids, conjunctiva, sclera, cornea, and anterior chamber)  
22. *Assessment*: Pupillary light response (*CN II & III*)  
23. *Assessment*: Red reflex with ophthalmoscope  
24. *Inspection*: Optic disc, maculae, vessels (fundoscopic exam)  

Comments:

Neck (See also #39 and #40 for other neck structures)
25. *Palpation*: Lymph nodes in neck and supraclavicular regions  
26. *Inspection and Palpation*: Trachea, thyroid (both with and without swallowing)  
27. *Observation*: Range of motion of cervical spine  
28. *Assessment*: *CN XI* (Shoulder shrug or SCM)  

Comments:
Thorax & Lungs
29. *Inspection*: Chest and back, during inspiration and expiration
30. *Palpation*: Clavicles, ribcage (apical, anterior, posterior, lateral)
31. *Palpation*: Tactile fremitus in posterior lung fields
32. *Percussion*: Posterior thorax (other areas as indicated)
33. *Percussion*: Diaphragmatic excursion
34. *Assessment*: CVA tenderness
35. *Auscultation*: Systematically, bilaterally (superior and inferior, posterior and anterior), including RML
36. *Auscultation*: If abnormal breath sounds are heard assess bronchophony (99), whispered pectoriloquy (99), egophony (E-to-A)

Comments:

Heart
37. *Inspection and Palpation*: Heaves, thrills, and PMI
38. *Auscultation*: 4 areas for heart sounds (diaphragm and bell, sitting and supine positions). Note apical pulse.
39. *Inspection*: Neck vein distention and pulsations at 45 degrees
40. *Auscultation*: Carotids, (using bell)

Comments:

Abdomen
41. *Inspection*: Entire abdomen
42. *Auscultation*: 4 quadrants for bowel sounds
43. *Auscultation*: Aorta, renal and iliac arteries for bruits
44. *Percussion*: Systematically
45. *Palpation and percussion*: Liver and spleen size
46. *Palpation*: Systematically, with gentle and firm pressure
47. *Palpation*: Abdominal aorta
48. *Palpation*: Inguinal lymph nodes

Comments:

Musculoskeletal System and Extremities
49. *Inspection and Palpation*: Spine (standing, bending ROM) and Extremities
50. *Assessment*: Range of motion, all extremities (upper and lower extremities)
51. *Assessment*: Bulk, strength of all extremities (upper and lower extremities)
53. **Palpation**: Pulses bilaterally (radial, brachial, femoral, popliteal, posterior tibial, and dorsalis pedis).

Comments:

**Neurological System:**

54. **Assessment**: Deep tendon reflexes (biceps, brachioradialis, triceps, patellar, and Achilles); Assess Clonus

55. **Assessment**: Plantar reflex (i.e., Babinski)

56. **Assessment**: Vibratory sense in all 4 extremities

57. **Assessment**: Sensation in all 4 extremities (pain, light touch) (dermatomes and stocking/glove)

58. **Assessment**: Cerebellar function for both upper and lower extremities (i.e., finger-nose-finger, rapid alternating movements, heel-knee-shin)

59. **Assessment**: Proprioception in toes

60. **Assessment**: Romberg test and pronator drift

61. **Observation**: Barefoot gait, station (stance)

62. **Observation**: Heel walk, toe walk, and heel-to-toe walk

Comments:

**Contingent Procedures/Questions (circle ‘P’ or ‘Q’ and describe)**

63. P/Q: ____________________________

64. P/Q: ____________________________

65. P/Q: ____________________________

Comments:

**Objective Scoring** – S (2 pts), US (1 pt), ND (0 pt)  
TOTALS: __  __  __

<table>
<thead>
<tr>
<th>Technique</th>
<th>Outstanding</th>
<th>Advanced</th>
<th>Proficient</th>
<th>Needs Remediation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequencing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dexterity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subjective Scoring**

**GRAND TOTAL (Objective + Subjective points):**

Please record the ending time of the exam on the front page. Please also fill out the “Peak Flow Meter Skill Sheet” – this is not part of their timed exams.

Further Comments:
CRITERIA FOR EACH ITEM

Opening the encounter
1. The examiner introduces self to patient, explains what is about to happen, washes hands.

Vital Signs
2. Radial pulse is palpated (or heart is auscultated) while monitoring the time.
3. Respirations are counted by observation, palpation, or auscultation over time.
4. Correctly sized cuff is applied & brachial pulse is palpated, then blood pressure is measured appropriately.

General Appearance, Hair, Skin, & Nails
5. General impressions of the patient’s level of consciousness (alert vs. lethargic or obtunded) and appearance (grooming, overall health, level of distress, etc.) are verbalized to the proctor. Mental status briefly assessed by determining whether or not the patient is oriented to person, place, time, and situation (“Tell me your name.” “Where are you now?” “What’s today’s date?” and “Why are you here?”).
6. Hair is deliberately examined, & observations about the skin are made throughout exam.
7. Fingernails are examined for grooming, clubbing, & capillary refill. Hands are examined (observing size, symmetry, swelling, and color).

Head
8. The entire head is examined for overall shape, evidence of injuries or malformations. Hair should be separated in at least three areas to note the condition of the scalp.
9. The patient’s entire head is palpated for tenderness or crepitus. The sinus areas (frontal, maxillary, & ethmoid) & the temporomandibular joints (TMJ) are palpated for tenderness (or clicks).
10. Assess cranial nerve five (CN V) by examining muscles of mastication (temporalis, masseter) & facial sensation (pain & light touch), & CN VII by assessing facial muscle movement. Symmetry should be noted.

Ears
11. The entire outer ear (auricles) (pinna – helix, tragus) is inspected and palpated.
12. The otoscope is used properly & safely to visualize ear canals and tympanic membranes.
13. After visualizing TMs, gross hearing (CN VIII) is screened in both ears, & the Weber and Rinne tests are completed with the appropriate tuning fork (512 MHz).

Nose
14. Patency of both nares should be assessed. The dorsum should be noted, and the interior is inspected with a speculum (& light source). Note the condition of the septum and turbinates. Screen for olfaction (CN I) (if nares are patent) if patient has related complaint (anosmia).

Mouth
15. A tongue blade and light source are used to examine the total oral cavity (including lips, buccal mucosa, tongue, subglossal area, gingivae, teeth, palate, tonsils, and posterior pharynx). Note the position of the uvula and symmetry of the tonsils.
16. Oral cavity palpation with gloved hand and gauze checking mandible and lateral tongue for nodules or lesions.
17. CN IX & CN X are tested by observing palatal elevation (have patient say “ah”) or eliciting a gag reflex, and by having the patient swallow.
18. **CN XII** is assessed by observing the movement of the tongue in protrusion and to both sides.

**Eyes**

19. Vision (**CN II**) is screened by assessing visual fields in each eye individually. Visual acuity should be assessed with a Snellen chart if patient reports any change in vision.

20. The extrinsic muscular function (**CN III, IV, VI**) is tested by assessing the 6 cardinal directions of gaze (medial, lateral, superio-temporal, superio-nasal, inferio-temporal, inferio-nasal). Alignment is noted via the corneal light reflex (noting the relative positions of a reflected light image on both corneas simultaneously).

21. External structures of the eye are deliberately examined, including the eyebrows, lids, conjunctiva, sclera, cornea, & anterior chamber.

22. The pupillary response to light and near reaction (convergence and accommodation) is assessed.

23. Red reflex assessment with ophthalmoscope standing about 15 inches away from the patient.

24. The ophthalmoscope is used with good technique (ex. examiner’s right hand and right eye to examine patient’s right eye) to inspect the corneas, fundi, & internal ocular structures. Adequate directions are given to the patient.

**Neck**

25. Lymph nodes in the neck, & supraclavicular regions are palpated with firm pressure.

26. Midline position of the trachea is noted. The thyroid gland is inspected & palpated with the patient at rest & while swallowing. Palpation should be from behind. Auscultate if enlarged.

27. The range of motion of the cervical spine is evaluated by having the patient flex chin-to-chest & ear-to-shoulder on both sides, or by using passive ROM.

28. **CN XI** is assessed by having the patient shrug shoulders or by testing the sternocleidomastoid (SCM) by turning the head against resistance.

**Breast, Axilla, Genital, Rectal, and axillary lymph nodes** exams deferred until the Practical Instructor (PI) labs later.

**Thorax & Lungs**

29. The chest and back are deliberately observed during quiet respiration, with the patient seated & undressed to the waist. Look for symmetric expansion, paradoxical motion, etc.

30. General palpation of clavicles, ribcage (apical, anterior, posterior, lateral) for tender areas or abnormalities. Test chest expansion.

31. Estimate tactile fremitus on the posterior thoracic area.

32. Percuss the posterior thorax systematically. Percuss other areas if indicated by respiratory complaints.

33. Using percussion, measure diaphragmatic excursion bilaterally by determining the distance between the level of dullness during full inspiration and full expiration.

34. Assess costovertebral angle (CVA) tenderness

35. Auscultation systematically, bilaterally (superior and inferior, posterior and anterior), including right middle lobe (RML).

36. If abnormal breath sounds are heard, assess for bronchophony (voices sounds are louder and clearer), whispered pectoriloquy (patient speaks or whispers “99-99-99”. If abnormal, 99s are amplified), and egophony (patient says “Eeeeee”. If abnormal, sounds like “Aaaay”).

**Heart**

37. The total precordial area is inspected & palpated for heaves & thrills. The exact location of the PMI is palpated, in left lateral recumbent position if necessary.

38. Auscultate for transmitted cardiac sounds in four areas (Aortic, Pulmonic, Tricuspid, Mitral), using the diaphragm & bell, while the patient is seated & supine. Note the apical pulse (S1) & correlate with the peripheral (radial) pulse.
39. The neck veins are observed for distention or pulsations with the patient at a 45° angle.
40. The carotids are auscultated using the bell while the patient pauses in breathing.

**Abdomen**

41. Deliberately inspect the abdomen using good lighting, with patient supine, knees bent.
42. Auscultate for bowel sounds in all quadrants with the diaphragm, before percussion or palpation to reduce guarding.
43. The aorta, renal, & iliac arteries are auscultated with the bell, with firmer pressure.
44. Percussion systematically in all four quadrants.
45. The entire abdomen is percussed, including the organs (liver, spleen). The liver span is measured by percussion or with the scratch test, against a tape measure or a known standard.
46. Palpation must include appropriate techniques for evaluating the liver, the spleen, & the kidneys. Gentle & firm pressure should be used systematically to assess the entire abdomen.
47. Deep palpation of abdominal aorta pressing firmly in the upper abdomen, slightly to the left of the midline. Identify pulsations.
48. Palpate inguinal lymph nodes bilaterally.

**Musculoskeletal System & Extremities**

49. The spine is inspected standing & with the patient attempting to touch toes from a standing position. Note the curvature in A-P & lateral directions. Also palpate the spinous processes.
50. Observe active (or passive) range of motion of major joints. (If the patient is ambulatory, no specific assessment is necessary unless there are related complaints. Palpate involved joints.)
51. Assesses the bulk & strength of at least 3 muscle groups in each upper & lower extremity.
52. Deliberately palpate the skin on extremities, using dorsum of the hand to note discrepancies of skin temperature. Edema should be assessed in the lower extremities or dependent regions.
53. Palpate the radial, brachial, femoral, popliteal, posterior tibial, & dorsalis pedis pulses. Compare bilaterally.

**Neurological System**

54. The deep tendon reflexes (biceps, brachioradialis, triceps, patellar, and Achilles) are elicited & compared bilaterally. Reinforcement is used if reflexes are weak or absent.
55. Plantar reflex is tested. Note upgoing, downgoing, withdrawal, or absent responses.
56. Vibratory sense including cessation is evaluated distally in all extremities.
57. Sensation including pain, light touch, & position sense is assessed in all extremities. Assess for differences between dermatomes & progress proximally to rule-out stocking/glove losses.
58. Both upper & lower extremities are evaluated bilaterally for cerebellar function (finger-to-nose, heel-along-shin). Assess for dysdiadochokinesis (poor rapid alternating movements).
59. Assess proprioception by isolating the great toe, grasping from the side. Move up and down.
60. Romberg is done standing, with feet together. Pronator drift can be assessed at same time.
61. Observe the barefoot gait and natural stance of the patient.
62. Assess the patient’s ability to walk heel-to-toe (tandem walk), heel walk, & toe walk.

**Contingency Procedures or Questions**

63. Correctly perform additional skills or answer clinical questions as requested by the proctor. This should be completed even if the student appears to have passed the remainder of test. See attached for example items. Proctor, please write in a brief description of the item tested.
64. Same as above.
65. Same as above.

**Technique**

66. Sequencing – Look for a logically organized exam – it does not have to follow the numbered sequence listed here. Mark the Outstanding column if it flows well from start to finish. Mark the
Advanced column if some items were done at an awkward time or required excess movement of
the patient. Mark the Proficient column if multiple items were out of sequence and/or patient was
moved excessively between various positions. Mark the Needs Remediation column if the student
had no detectable regard for a logical sequence. Score 1 point for O, A, or P.

67. Dexterity – Look for competent abilities throughout exam. Note skill with each component of
exam, in moving the patient around, & with instruments. Mark the Outstanding, Advanced, or
Proficient columns as appropriate. Mark the Needs Remediation column if student obviously
makes the patient physically uncomfortable multiple times, cannot handle the instruments
effectively, or is at immediate risk of harming the patient at any point. Score 1 point for
O, A, or P.

68. Patient interaction – Look for appropriate communication skills & professional demeanor. Did
student close the encounter and/or summarize findings? Mark the Outstanding, Advanced, or
Proficient columns as appropriate. Mark the Needs Remediation column if the student fails to
communicate with the patient adequately or shows very poor professionalism. Score 1 point for
O, A, or P.

SCORING

As you evaluate the student, feel free to use a check over the various components in complex items,
and determine S = Satisfactory, US = Unsatisfactory, ND = Not Done. It may help to circle items
that are incomplete. For items that are only partially completed, it is up to the proctor’s discretion to
determine if it satisfies the overall requirement. Please keep in mind the training level and experience
of these students.

Score 2 points for each “S” the student receives, 1 point for each “US”, and 0 points for each “ND”.
There are a total of 133 possible points (65 questions x 2 points+ 3 points for technique) To pass,
the student must have at least 86 total points.

He or she must complete the exam within 1 hour – please warn at 45 minutes, and stop the exam at
60 minutes (if necessary) to move on to the contingency questions.

Proctors, please review each student’s performance at the end of the session. If you have concerns
with any of the student’s abilities, please address them directly with the student (discretely) and note
them on the form, and/or pull aside the TA to discuss it.

REMEDIATION

Any student that fails to score at least 65% (86 points) will have the chance to repeat the whole exam.
A second attempt can be done on the same testing day, at the discretion of the proctor, if time allows.
This should be done on a different partner (if possible) and recorded on a fresh checklist. Regardless
of the performance, 3 new contingency questions will be asked as part of the exam.

If the student fails the initial test by a wide margin, if the proctor chooses not to repeat the exam, or if
the student is unable to pass on the second attempt, it will be the student’s responsibility to schedule
a time with the TA and to obtain a partner to try again within the week. If the student fails to achieve
86 points on the rescheduled exam, he or she may be required to repeat the class.

CONTINGENCY ITEMS

Please see attached handout for suggested contingency items.