



American Academy of Dermatology

How to Perform a Total Body Skin Exam

Basic Dermatology Curriculum

Last updated November 2015

Module Goal

The purpose of this module is:

- To help medical students develop a systematic approach to the skin exam
- To highlight the importance of examining the entire cutaneous surface



Learning Objectives

By completing this module, the learner should be able to:

- Discuss the key questions that make up a dermatologic history
- Explain the indications for a total body skin exam
- Recognize the need for patient comfort and modesty during this examination
- List the tools that can improve the quality of your skin examination
- Develop a systematic approach to the total body skin exam



The Medical History

A dermatologic history is similar to that in other fields of medicine and includes:

- Chief complaint
- History of present illness (HPI)
- Past medical history (PMH)
- Medications
- Allergies
- Family history
- Health-related behaviors
- Social history
- Review of systems



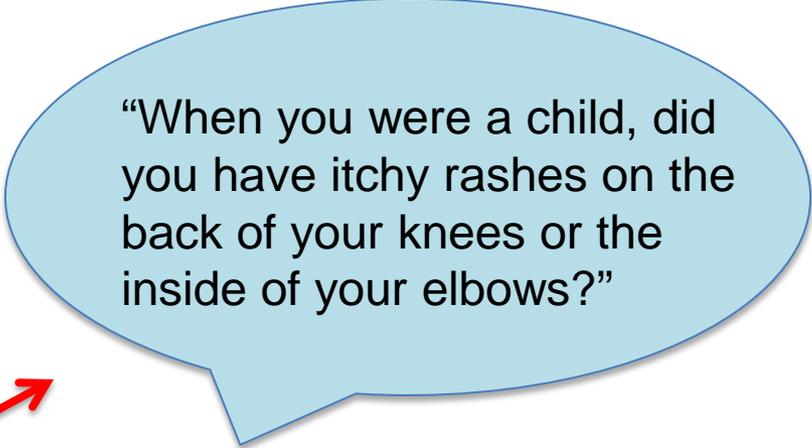
Key questions for a rash

HPI:

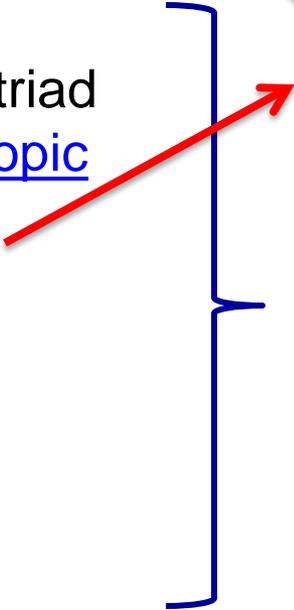
- When did it start?
- Does it itch, burn, or hurt?
- When was the first episode?
- Where on the body did it start?
- How has it spread (pattern of spread)?
- How have individual lesions changed (evolution)?
- What has made it worse or triggered it?
- What have you tried for it? Did it help?

Key questions for a rash

- ROS
 - Any associated symptoms?
- Past medical history
 - Ask about the atopic triad (asthma, allergies, [atopic dermatitis](#))
- Medications
- Travel history
- Environmental exposures



“When you were a child, did you have itchy rashes on the back of your knees or the inside of your elbows?”



may also yield important information

Key questions for a growth

- How long has the lesion been present?
- Has it changed and, if so, how?
 - Change in size?
 - Shape?
 - Color?
 - Does it itch?
 - Has it been bleeding?

Key questions for a growth

- Personal medical history:
 - Have you ever had a skin cancer? What type? When?
 - If they're not sure what type, it may be helpful to mention that basal cell and squamous cell carcinoma are the most common types of skin cancer.
 - If melanoma, do you remember the Breslow tumor depth (in millimeters)? Any other details? Were lymph nodes removed?
 - Confirm this history with pathology reports, to make sure records are accurate.
- Family history:
 - Any family members with skin cancer?
 - Have any family members had biopsy-confirmed melanoma?



The Skin Exam

The Total Body Skin Exam (TBSE) includes inspection of the entire skin surface, including:

- the scalp, hair, and nails
- the mucous membranes of the mouth, eyes, anus, and genitals

TBSE

- Do not forget the so-called “hidden areas” – places on the skin where lesions may be easily missed
 - Conchal bowl (concavity adjacent to the external auditory meatus), auditory canal, postauricular creases
 - Medial canthi (angular junction of the eyelids), alar (nasal) grooves
 - Intergluteal cleft and perianal skin
 - Interdigital spaces

Reasons for performing a TBSE

- To identify potentially harmful lesions, of which the patient is unaware, including:
 - skin cancers, such as basal and squamous cell carcinoma, and melanoma
 - pre-malignant lesions ([actinic keratoses](#))
- To reveal hidden clues to diagnosis
 - e.g. [psoriatic](#) plaques on the buttocks or gluteal cleft
- To inform your counseling to the patient on sun protective measures
 - e.g. [lentigines](#) are a sign of sun damage and suggest the need for improved sun protection

Indications for a TBSE

- Personal history of skin cancer
- Increased risk for melanoma
 - Two first-degree relatives with melanoma
 - Over 100 nevi (moles)
- Patient with concerning or changing growth
- New rash on body
- New patient with undiagnosed skin condition
- Follow-up patients with extensive skin conditions such as psoriasis

Essential elements for the skin exam

- Adequate lighting
- Undressed patient, in a gown
 - Preferably without makeup, watches, jewelry
- Privacy
- Ruler
- Magnifying glass
- An open mind about what you are seeing

Getting started: Lighting

- The skin exam should be performed with adequate lighting
 - natural sunlight is best
 - if windows are in the exam room, open the blinds
 - the best artificial source is high-intensity incandescent light
- If lighting is too low, turn on as many lights as possible and position the patient directly under available lights



Getting started: Undressed patient

- You cannot diagnose what you cannot see
- Before starting the skin exam, ask the patient to undress to their bra and underwear and put on a gown with the opening to the back
- Put down a chux or exam table paper so their bare feet don't touch the floor
- Tell the patient you will step out, and ***ask if they would like a chaperone during the exam***
 - If you expect to examine the breasts or genitalia of an opposite-gender patient, bring a chaperone regardless
- Draw the curtain and step out of the room



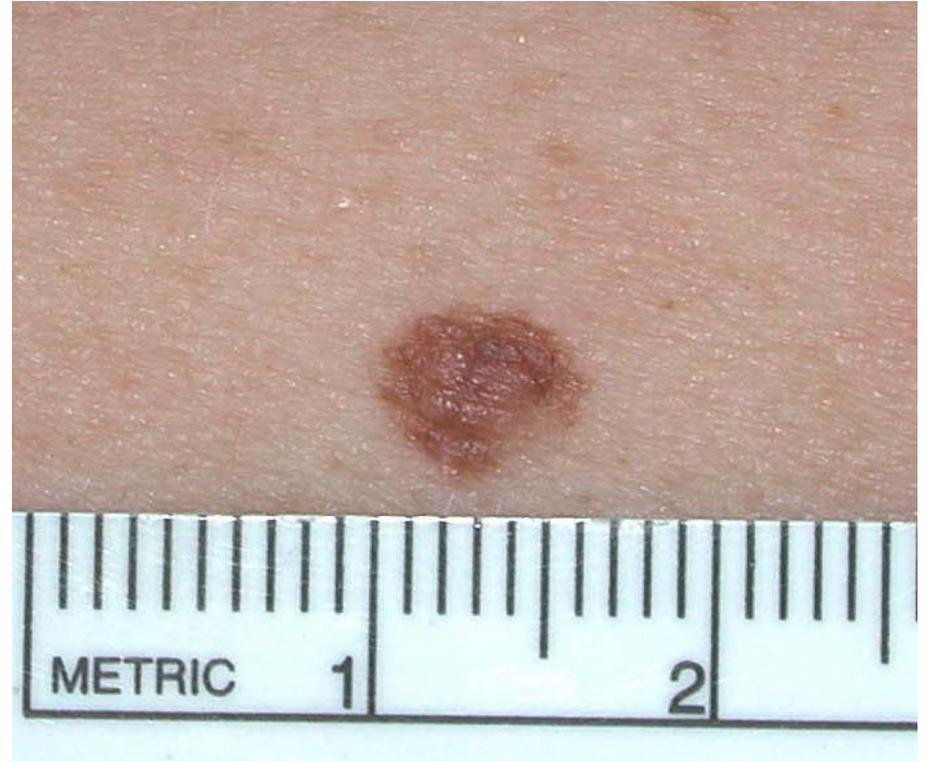
Getting started: Patient modesty

- Undressed patients feel very vulnerable
- Avoid keeping them waiting too long while undressed
- Offer a second gown or blanket if it is cold
- Before untying a gown or moving it, ask permission
- Ask the patient to expose the area being examined, and cover the area after it has been examined
- Say out loud what part of the body you want to examine next
 - e.g., “Okay, now let’s look at your chest and abdomen”
 - The patient will usually move the gown accordingly



Tools we use: Ruler

- Accurately records the size of a lesion on successive examinations
- Measure in the longest axis first, then in the perpendicular axis
 - e.g., this papule is 6x4 mm



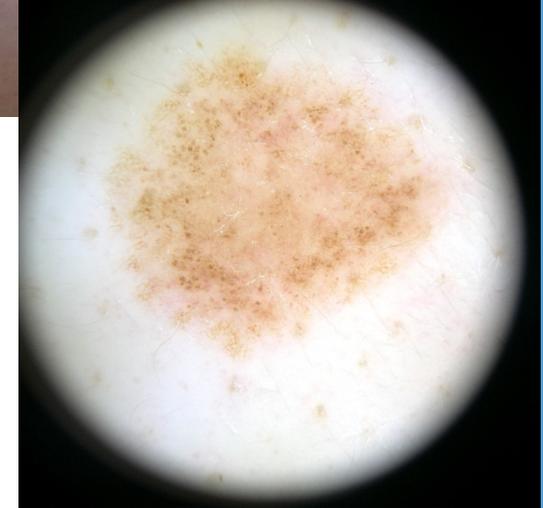
Tools we use: A penlight is used for side lighting

- Detects atrophy and fine wrinkling
- Distinguishes
 - Flat from raised lesions
 - Whether lesions are solid or fluid-filled
- Also helps look inside the mouth



Tools we use: Magnification

- Inexpensive magnifying glasses may help detect fine details
 - Avoid LED lights, which cast a blue hue
- Dermatoscopes help evaluate patterns in pigmented lesions
 - Requires additional training to become proficient



Getting started: Sanitize your hands

- The skin exam is tactile as well as visual
 - You must palpate lesions to tell if they are raised, flat, or atrophic
- Sanitize your hands before and after every skin exam
 - Alcohol-based sanitizers are less drying than soap and water washing; use moisturizers to prevent irritant hand dermatitis
- Keep hands clean and nails trimmed
- Use gloves for moist areas (groin, axilla) or oozing, crusted lesions



Performing the Skin Exam

- The TBSE must be complete and systematic
 - Perform it in the same order every time
- We will first discuss a method for the complete skin exam (TBSE) when the patient has a primary skin complaint
- Then we will discuss incorporating the skin exam into a complete physical exam



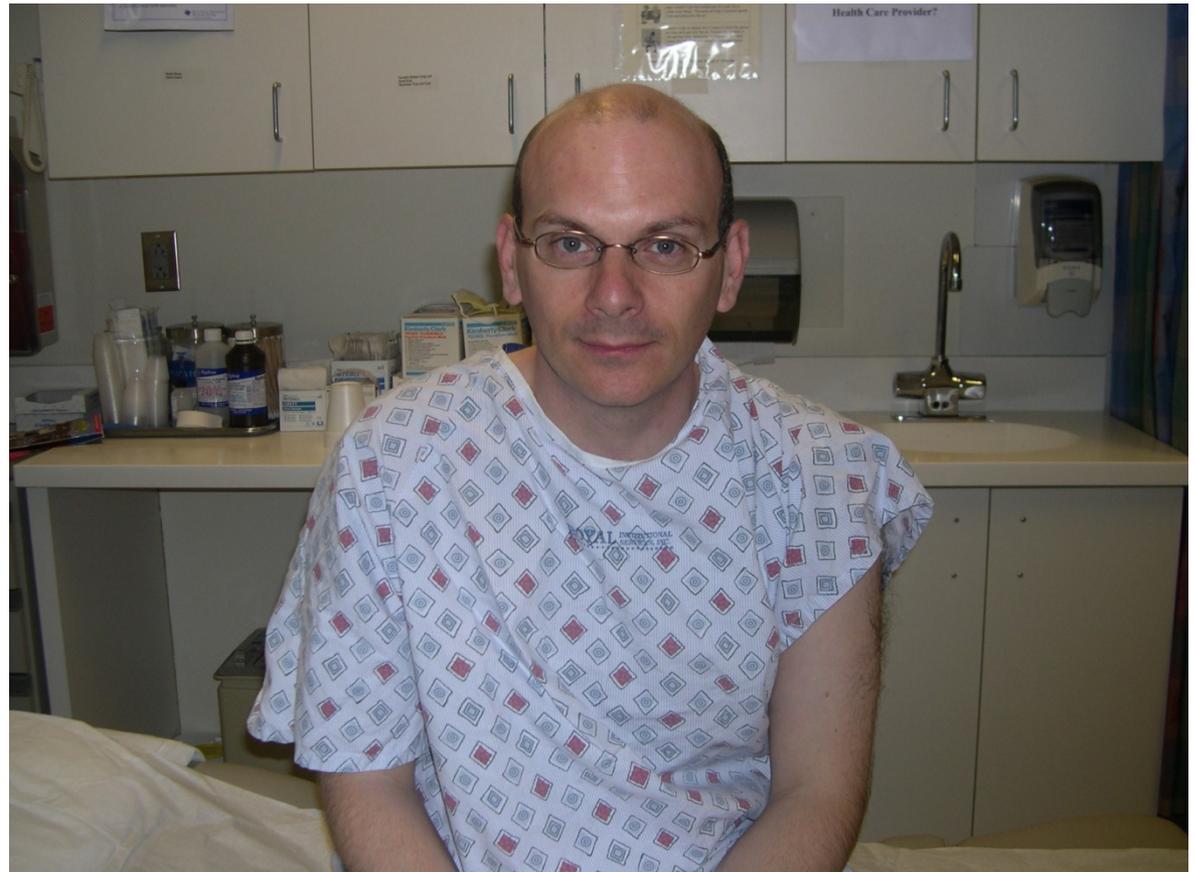
Sequence of the Skin Exam

The following sequence is an example that may be used to perform the TBSE



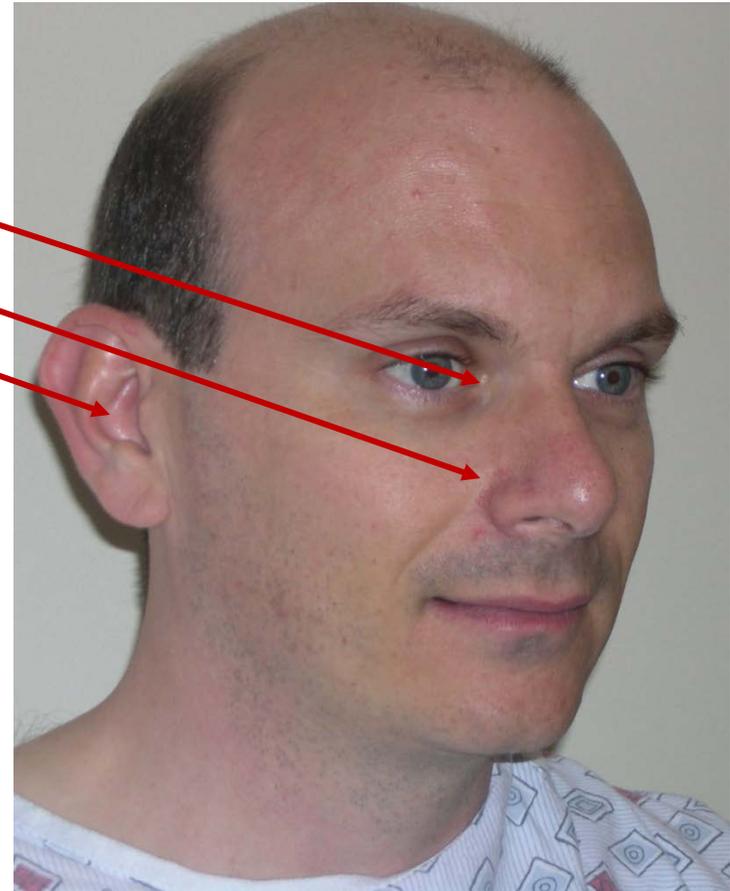
Initial Position

Patient
seated with
legs draped
over side of
exam table



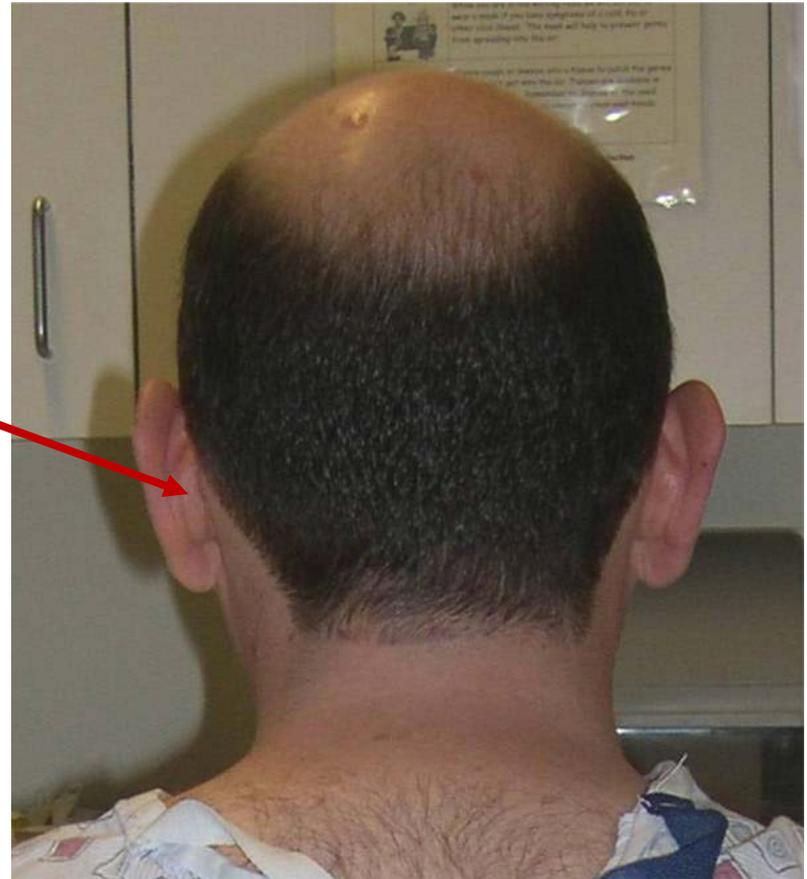
Start with Head and Neck

- Face
 - Medial canthi
 - Alar creases
 - Conchal bowl
- Conjunctivae
- Lips
- Oral mucosa
- Ears
- Scalp
 - Use fingers or a Q-tip to part the hair
- Neck



Back of Head and Neck

- Back of scalp
- Postauricular folds
- Back of neck



Arms: fingernails, palms, and underarms

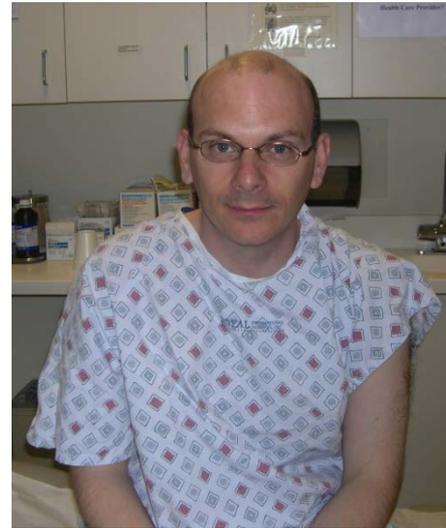


Your choice: sitting/standing, or lying down

- From this point on, some physicians prefer to continue the exam in a sitting position, then have the patient stand to see their back, legs, and buttocks
- Others prefer to have the patient lie down for the remainder of the exam on their back first, then flip over on the table

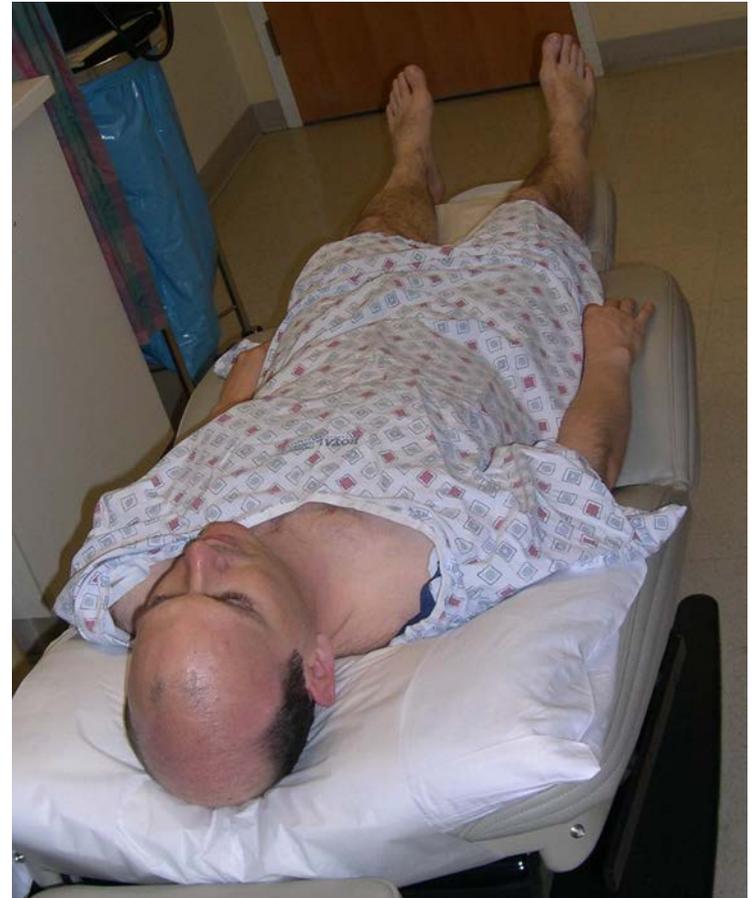
Chest Exam

- Can be examined seated, lying, or standing
- For female patients, ask permission to examine the skin of the breasts



Abdomen, Genital area, Legs

- **Abdomen**
 - Place a drape or sheet over the groin when examining the abdomen
- **Genital area**
 - Ask permission to examine the genital area
- **Legs**



Don't Forget the Feet

- Ask patients to remove their socks
- Examine dorsal and plantar skin, in between the toes, and the toenails



Buttocks, Legs, Feet

- Buttocks, intergluteal area, including the perianal area (ask permission)
- Legs, including heels



The Integrated Skin Exam

- The above approach to the TBSE is often performed in the dermatology clinic, however, a full skin exam can and should be done in other clinical settings
- A “head to toe” approach of the skin exam easily incorporates into the full physical exam

The Integrated Skin Exam

- Pay attention to what *is* present on the skin
- Start each part with inspection / palpation of skin
- HEENT: look at scalp, forehead, eyelids, outer ear, postauricular sulcus, inside mouth, lips
- Cardiac: look at entire skin of the chest before listening to the heart
- Pulmonary: be sure to look at the back before listening to the posterior lung fields



The Integrated Skin Exam

- Abdomen: before listening for bowel sounds, look at the skin
- Pelvic/Genitourinary exam: begin with inspection of the relevant regional skin
- Extremities: before checking pulses, reflexes, muscle strength and sensation, look at the skin of each extremity
- Look for nail changes in addition to capillary refill
- Look at feet (no socks) before checking pedal pulses and edema



Practice, Practice, Practice

- Hospitalized patients present an excellent opportunity to perform TBSEs
 - You may help make a critical or life-saving diagnosis
- Perform integrated skin exams on patients in different practice settings and patient populations
- Perform supervised TBSEs while in training; senior physicians may provide key insight to help you improve
- Look for common growths on all your patients
- If you don't know what something is, ask a colleague or attending physician or consult a dermatology text



Notes on the Pediatric Skin Exam

- Consider the age and developmental stage before approaching the patient
- Examine the general status (overall health, growth and development)
- Be patient, allow extra time to complete the exam

Principles of Pediatric Skin Examination

- Engage the patient
 - Use a friendly, calm voice
 - Avoid sudden movements
 - Engage in their interests



Principles of Pediatric Skin Examination

- Allow flexibility
 - A systematic head-to-toe exam is not always possible or desirable
 - Start with hands or feet
 - Distract patient with a toy or book



Age-based Skin Examination

- Newborns and young infants
 - Keep warm
 - Never leave the patient unattended
 - Babies may feel more comfortable on parent's lap



Age-based Skin Examination

- Older infants and toddlers
 - Patients will feel safer and more comfortable when sitting or laying down on a parent's lap
 - Ask the parent for assistance in positioning the patient



Age-based Skin Examination

- Pre-adolescents and adolescents
 - Can usually be performed as in an adult
 - Respect their privacy
 - Use extra gowns or bed sheets to cover appropriately



Special Examinations

- Dermatoscope, magnifying glass, Wood's lamp, etc:
 - Show them the device
 - Allow them to touch it
 - Use it on a parent first to show it is not painful



Special Tips

- Avoid pointing at lesions on the face with sharp objects like pens. This is particularly a pitfall when presenting skin findings to a supervisor. Use anatomic terms instead.
- Do not underexamine patients with limited mobility. Ask for assistance to help the patient change positions.
- When practical, look under dressings.
- Erythema can be hard to detect in skin of color. Look carefully and ask the patient if he or she thinks the area is pinker than normal.

Special Tips

- While ultimately you must respect patients' wishes about modesty, do not relent too easily when patients initially request only a focal exam of a problem and you feel other areas may be informative.
- Even a focal exam should include areas contralateral to the affected part to look for symmetric or asymmetric processes.
- Consider carefully whether TBSE should be done with or without other family members in the room.

Skin Exam Videos

- Click [here](#) to view a video on the TBSE
- Click [here](#) to view a video on the Dermatologic Examination
- Click [here](#) to view a video on the Integrated Skin Exam



Take Home Points

- The dermatologic history for rashes and growths encompasses focused and relevant questions
- The TBSE should be complete and systematic
 - Practice repeating the skin exam in the same order every time to avoid forgetting important elements
- Do not forget the so-called “**hidden areas**” – places on the skin where lesions may be easily missed
- Remember to consider patient comfort and modesty
- The skin exam should always be incorporated into the full physical exam



Acknowledgements

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End Of The Module

- LearnDerm Tutorial, Lesion 1: How to Perform a Skin Exam.
<http://www.logicalimages.com/educationalTools/learnDerm/lesion1.htm>.
- Argenziano G, Zalaudek I, Hofmann-Wellenhof R, et al. Total body skin examination for skin cancer screening in patients with focused symptoms. J Am Acad Dermatol 2012;66(2):212-9.
- Berger T, Hong J, Saeed S, Colaco S, Tsang M, Kasper R. The Web-Based Illustrated Clinical Dermatology Glossary. MedEdPORTAL; 2007. Available from:
www.mededportal.org/publication/462.



To take the quiz, click on the following link:

<https://www.aad.org/quiz/skin-exam-learners>



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