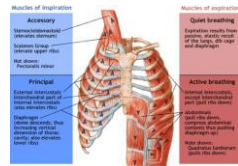


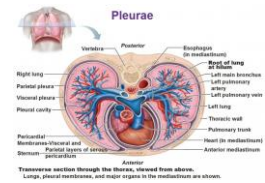
Thorax Muscles

- **Inspiratory**
 - Diaphragm
 - External intercostals
- **Expiratory**
 - Internal intercostals
 - Innermost intercostals (intimi)
 - Transverse Thoracis (weak)
 - Subcostals
- **Accessory**
 - SCM Scalenes, Pec minor
 - Rectus abdominis, Ext/Int oblique, Trans abdominus & others in abdominal region



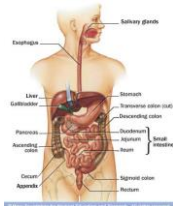
Pleural cavity

- Pleurae lines the rib cage and covers the lungs
- Thin fluid filled space between visceral and parietal pleurae
 - Allow layers to slide over each other
 - "potential" space, layers remain tightly connected



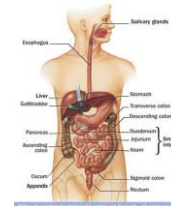
Gastrointestinal

- Mouth
- Esophagus
- Stomach
- Small intestine
- Appendix
- Large intestine
- Anus



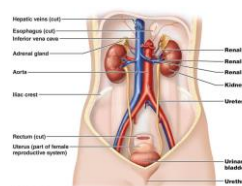
Other structures

- Liver
- Gallbladder
- Pancreas
- Spleen



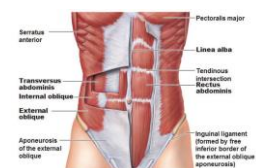
Urinary

- Kidneys
- Ureters
- Bladder
- Urethra



Muscles

- Rectus abdominis
- Internal / external oblique
- Transverse Abdominis



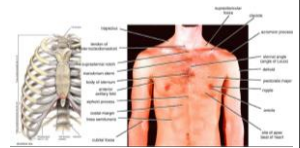
Abdominal Cavity

- Diaphragm
- Rectus abdominis
- Internal / External Oblique
- Vertebrae
- Iliac crest, inguinal ligament, pubis



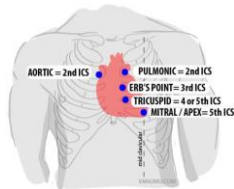
Landmarks

- Clavicles
- Sternal angle
 - 2nd costal cartilage, 4th/5th disc space
- Sternum
 - Right border of heart lies behind
- Subcostal angle
 - Inferior sternum, between 7th costal cartilages
- Costal margins
 - Medial 7-10 costal cartilages
- Apex beat of heart
 - Contraction of the heart, 5th intercostal space
- Axillary folds
 - Axillae margins, anterior is formed by pect major, posterior by latissimus dorsi and teres major



Heart Auscultation Landmarks

- Aortic
 - Left ventricle and aorta
- Pulmonic
 - Right ventricle and pulmonary artery
- Erb's Point
 - Not one valve, but common listening point, between base and apex of heart
- Tricuspid
 - Right atrium and right ventricle
- Mitral/apex
 - Left atrium and left ventricle



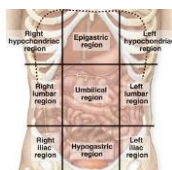
Landmarks

- Abdominal quadrants
- RUQ – liver, right kidney, gall bladder, colon, pancreas
- RLQ – Appendix, colon, small intestine, ureter
- LLQ – colon, small intestine, ureter
- LUQ – Stomach, left kidney, spleen, colon, pancreas



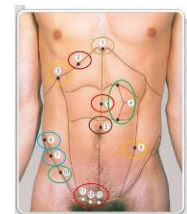
Landmarks

9 Abdominal Regions			
Right Hypochondriac	Epigastric	Left Hypochondriac	
Liver (right lobe)	Stomach	Spleen	
Gall bladder	Pancreas	Left kidney	
Liver (left lobe)			
Right kidney	Right & Left Adrenal Glands	Left kidney	
Stomach (body)			
Stomach (fundus)			
Right Lumbar	Umbilical	Left Lumbar	
Ascending Colon		Transverse Colon	
Right Iliac	Pubic	Left Iliac	
Cecum & Appendix	Bladder	Sigmoid Colon	
Right iliohypogastric (R11)		Left iliohypogastric (L11)	
Right iliohypogastric (R12)		Left iliohypogastric (L12)	
Right iliohypogastric (R13)		Left iliohypogastric (L13)	
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Right iliohypogastric (R99)		Left iliohypogastric (L99)	
Right iliohypogastric (R100)		Left iliohypogastric (L100)	



Landmarks

- Xiphoid process
- Costal margin
- Tip of 9th costal cartilage
- Tendinous intersections
- Umbilicus
- Iliac crest
- ASIS
- Linea semilunaris
- Linea alba
- Inguinal ligament
- Pubic tubercle
- Pubic crest



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Landmarks

- Midsternal
- Midclavicular
- Anterior Axillary
- Midaxillary
- Posterior Axillary



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Assessment Plan (Thorax)

History (Cardiac)

- Medical History
 - Family
 - History of SCD under 40
 - Cardiovascular disease
 - Personal
 - Physical inactivity
 - Smoking
 - Hypertension
 - High blood lipids
 - Obesity
 - Diabetes
 - Marfan's
 - Connective tissue disorders
- Previous cardiovascular symptoms
 - Exertional angina
 - Dyspnea
 - Syncope
 - Unusual fatigue
 - Palpitations
 - Known heart murmur
 - Increased BP
 - SCT / sickle cell disease (family or personal)

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Assessment Plan (Thorax)

History (Pulmonary)

- Family / Personal
 - Smoking
 - Undetected pulmonary disorder
 - Intermittent symptoms with respiration, coughing, sneezing
 - Infection (fever, recent infection, fatigue)
 - Injury history of blunt trauma to chest, sudden deceleration

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Assessment

Signs and Symptoms

Cardiac <ul style="list-style-type: none"> • Angina • Dyspnea • Fatigue • Palpitations • Syncope • Claudication (impaired gait) • Skin/Nail temp, color, appearance • Edema 	Pulmonary <ul style="list-style-type: none"> • Dyspnea • Cough • Cyanosis • Chest tightness • Decreased exercise capacity
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Pain Patterns

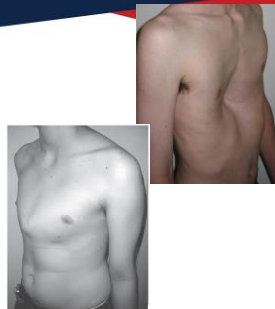
Cardiac <ul style="list-style-type: none"> • Cardiac <ul style="list-style-type: none"> • Neck/throat to medial side of arm • Crushing/pressure in chest and radiates to left arm • Vascular <ul style="list-style-type: none"> • Occurs locally in region of affected vessel • Tearing, sharp or throbbing 	Pulmonary <ul style="list-style-type: none"> • Lung <ul style="list-style-type: none"> • Upper lung tumors may affect brachial plexus; may also compress bronchi, leading to cough, dyspnea, chest pain • Lung tissue does not produce pain until inflammation affects pleura • Tracheobronchial <ul style="list-style-type: none"> • Overlying cutaneous areas • Diaphragm <ul style="list-style-type: none"> • Ipsilateral shoulder, also neck, ribs, spine • Pleurisy <ul style="list-style-type: none"> • Sharp, stabbing pain over affected area
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Physical Exam

Inspection

- Marfans
- Lack of normal kyphosis
- Deformed / displaced sternum
- Notable deformity in chest wall



Physical Exam

- **Heart rate**
 - Heart apex, brachial, femoral, radial, posterior tibial or dorsal pedis, carotid artery
 - Rate, rhythm, character
 - 70-100 bpm normal for adults
 - Preadolescents – 55-115bpm
 - Bradycardia - less than 60 bpm resting
 - Tachycardia – above 100 bpm resting
- **Respiration Rate**
 - 10 to 15 breaths per minute
 - Should be regular, moderate in depth and effortless
 - Forced/difficult respiration, dyspnea or shallow breaths are abnormal
 - Notice rate, rhythm, depth, effort and odor

Physical Exam

- **Blood pressure**
 - Stethoscope /sphygmomanometer
- **Korotkoff sounds**
- **Proper cuff size**
 - False measures
- **Normal systolic 100-140**
- **Normal diastolic 70-90**
- **BP equal to or greater than 140/90 on consecutive days indicates HTN**
- **Large differences in systolic BP between lying, sitting and standing may suggest orthostatic hypotension**
 - Dehydration
 - Blood loss

Auscultation

- AT role in cardiac auscultation is to recognize abnormal sounds.
- Diaphragm (high pitched) S1/2 and Bell (low pitched) S3/4
- Performed over aortic, pulmonary, Erb's*, tricuspid and mitral listening zones
- First sound (S1) are closing of mitral and tricusps
- Second sounds (S2) are closing of aortic and pulmonary valves
- Abnormal; extra heart sounds (S3/S4), muffled, murmurs or rubbing/hissing noises are caused by valve disorders



Auscultation

- **Normal Heart Sound – Apex**



- **Mitral Regurgitation – Apex**



Auscultation

- **Third Sound (S3) – Apex**



- **Fourth Sound (S4) - Apex**



Auscultation

- **Normal Lung (bronchial)**
- **Normal Lung (tracheal)**
- **Normal Lung (tracheal / posterior)**
- **Expiratory Wheeze**
- **Wheeze / Rhonchi**
- **Inspiratory Stridor**

Assessment Plan (abdominal) History

- Present Condition
 - Pain
 - Indigestion
 - Nausea / Vomiting
 - Bowel / Bladder Habits
- Past Medical History
 - GI Disorders
 - Hepatitis
 - Surgery
 - UTIs

Assessment Plan History

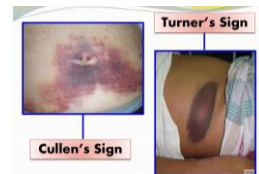
- Family
 - Gallbladder
 - Kidney
 - IBS
 - Cancer
- Personal / Social
 - Nutrition
 - Trauma
 - Stress
 - Drug use

Assessment Plan Exam

- Supine
- Abdomen exposed
- Inspection
 - Abdominal contour
 - Flat
 - Concave
 - Convex
 - Symmetry
 - Epigastric / Hypogastric Fullness
 - Distension
 - Masses
 - Scars
 - Surgery
 - Discoloration
 - Cullen's
 - Grey turner sign

Inspection

- Cullen's Sign – Intraperitoneal hemorrhage
- Grey-Turner – retroperitoneal hemorrhage

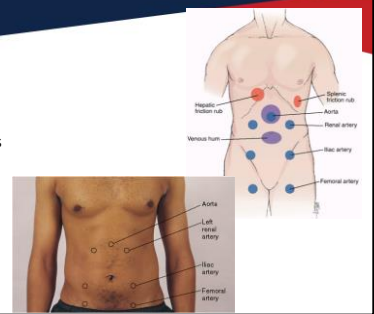


Auscultation

- Bowel sounds
- Vascular sounds
- Organs
- Bowel Sounds
 - Over the abdomen, all four quad
 - Should hear long gurgles
 - Sounds are transmitted, multiple areas not necessary
 - 5-34 sounds per minutes

Auscultation

- Diaphragm / Bell
- Abnormal sounds / bruits
- Partially occluded artery
- Aorta
- Renal artery
- Iliac artery
- Femoral artery



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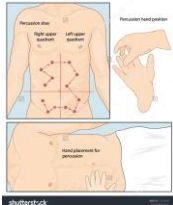
Auscultation

- Rubs (friction rubs)
 - Mechanical sounds
 - Friction between organs
 - Liver, spleen w/ breathing
- Liver Scratch Test
 - Place diaphragm over the liver
 - Lightly scratch skin near edge of liver
 - Scratch higher until sound changes (louder) by the mass of the liver
 - Evaluates size and shape

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Percussion

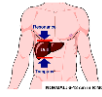

- Size
- Density
- Fluid, air, masses
- All quadrants for:
 - Tympany – air filled
 - Dullness – solid masses



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Percussion Liver

- Size determination
 - Percuss from right ASIS up
 - Percuss down from right size of chest

Percuss the borders of the liver (to estimate size)

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Percussion

- Visualize organs in each quadrant
- Dull sounds where should be tympanic – mass/tumor, pregnancy, ascites (fluid in abdomen)

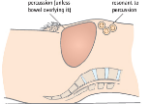


If now resonant it suggests free fluid in the abdomen (ascites)

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Percussion Bladder

- Suprapubic region
- Percuss from pubic symphysis
- Urine give dull sound



Solid mass dull to percussion (urine, bladder swelling etc.)

Gas filled bowel resonant to percussion

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Percussion Spleen

- Enlarged
- Normally under rib cage
- Lowest costal space
 - Ant axillary line
- Area should be tympanic
- Dullness may indicate enlarged spleen



Percussion area

Anterior axillary line

Midclavicular line

Midaxillary line

Resonant

Dullness

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Palpation


- Detect
 - Masses
 - Enlarged organs
 - Tenderness
 - Rebound
 - Muscle Guarding
- Localize pain
- Supine, knees bent
- Use pads of fingers
- Light
 - Tenderness
 - Rebound
 - Masses
 - Guarding
- Deep
 - Organs / Masses
 - Location
 - Size, shape, consistency
 - Mobility, pulsatility
 - May be painful

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Palpation Liver

- Left hand under ribs 11-12
- Right hand at mid-clavicular line
- Deep breath
- Feel for a step, as the liver edge passes below hand
- If you don't feel anything, repeat the process with your hand 1-2 cm higher
- Liver not felt normally below ribs
- If liver edge is felt, note the following:
 - Degree of extension below the costal margin
 - Consistency of the liver edge (*smooth/irregular*)
 - Tenderness – suggestive of hepatitis
 - Pulsatility – a pulsatile enlarged liver can be caused by tricuspid regurgitation

Palpation Liver



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Palpation Gallbladder

- At liver margin
- Lateral border of rectus abdominis
- Not palpable is healthy
- Hands at right costal margin, mid clavicular line (9th rib)
- Deep Palpation
- Round mass may be felt with respiration
- Murphy's Sign – under palpation, deep breath may be interrupted by pain

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Palpation Spleen

- Only palpable if doubled/tripled in size
- Palpate (1)
 - Left hand posterior rib cage and lift spleen to abdominal wall
 - Upward with right hand
 - Patient deep breath
- Palpate (2)
 - Align your fingers in the same direction as the left costal margin
 - Press your right hand into the abdomen as you ask the patient to take a deep breath
 - Feel for a step, as the splenic edge passes under your hand
 - If you don't feel anything, repeat process with your hand 1-2 cm closer to the left hypochondrium



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Palpation Kidney

- Left hand behind the patient's back, at the right flank
- Right hand just below the right costal margin in the right flank
- Right hand's fingers deep into the abdomen
- Press upwards with your left hand
- Deep breath
- Lower pole of the kidney moving inferiorly during inspiration
- Repeat this process on the opposite side



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Palpation Aorta

- Palpate using fingers from both hands
- Palpate just above the umbilicus at the border of the aortic pulsation
- Note the movement of your fingers:
 - upward movement = pulsatile
 - Outward movement = expansile (suggestive of AAA)



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Palpation Bladder

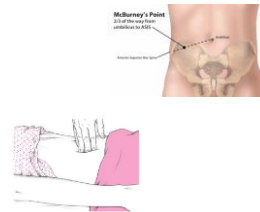
- Suprapubic Region
- Heel of hand
 - Pain with UTI
- Palpable if bladder is extended



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Palpation Other

- Appendicitis
 - Pain in lower right quad
 - Referred pain to umbilical region
 - Tenderness at McBurney's; rebound (Blumberg's Sign)
 - Rigidity
 - Nausea, vomiting
 - Shock



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Selected Pathologies

- Sudden Cardiac Death
- Rare
 - 1/50,000-200,000 males
 - 1/200,000-769,000 females
- Any sport/activity
 - Most frequent in basketball/football
- Causes
 - Hypertrophic cardiomyopathy
 - Congenital coronary artery anomalies
 - Electrical / conduction abnormalities
 - Acquired myocarditis
- Contributing factors
 - High-intensity exercise
 - Electrolyte imbalances (dehydration)
 - High body temperature
 - Sudden cessation of intense physical exercise
 - PED / Supplements



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Selected Pathologies

- Marfan Syndrome
- Inherited connective tissue disorder
- Most (80-90%) will develop potentially fatal aorta deformity
- May participate if:
 - No aortic root dilation
 - No moderate/severe mitral regurgitation
 - No family history of dissection or sudden death
- Commotio Cordis
 - Blunt force to chest during ventricular repolarization, leads to ventricular arrhythmia
 - Young males (13y)
 - 80% with firm projectile
 - AED improves outcomes

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Sickle Cell Trait

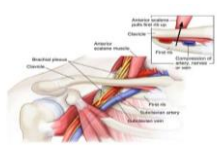
- Inherited condition, two genes have disease, one has trait
- 10% of African Americans carry SCT, ~1% develop anemia
- Crisis risk greater in exercise in hot and humid environment
- Also risk factor for exertional rhabdomyolysis
- Crisis
 - Muscle cramping in the legs, buttocks, low back
 - Tachycardia
 - Hypotension
 - Hyperventilation
 - LOC



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Thoracic Outlet Syndrome

- Subclavian or axillary artery is occluded between scalene, clavicle/first rib or pec minor tendon near coracoid process
- Repetitive overhead activities
- Diffuse arm pain, paresthesia, fatigue, intermittent swelling
- Temperature changes, cyanosis, diminished radial pulse during tests (Adson's, military brace, Allen's, Roo's)
- May be acute/traumatic



Ruptured Spleen

- Pain in upper left quad
- Referred pain to left shoulder; upper arm (kehr)
- Shallow breathing
- Tenderness, rebound

Ruptured Liver

- Dull pain in URQ
- Referred pain to right shoulder
- Shallow breathing
- Tenderness, rebound
- Rigidity
- Nausea, vomiting
- Shock

Selected References

- <https://basicmedicalkey.com/abdomen-2/>
- <https://ytmed.com/pulled-abdominal-muscles/>
- <http://licklick.info/abdominal-regions/>
- <https://www.proprofs.com/quiz-school/story.php?title=abdominal-regions-abdominopelvic-quadrants-hap>
- <https://biology-forums.com/index.php?action=gallery;sa=view;id=8094>
- <https://www.coursehero.com/flashcards/467578/structural-kinesiology11/>
- <https://quizlet.com/64522503/test>
- <https://www.pinterest.com/pin/488218415836588931/>
- <https://thesebonesofmine.wordpress.com/2011/05/06/skeletal-series-part-5-the-human-rb-case/>
- https://www.nursingtimes.net/clinical-archive/respiratory/the-respiratory-system-part-3-lungs-pleura-and-respiratory-defence-mechanisms/205168_article
- <http://www.dummies.com/education/science/anatomy/the-surface-anatomy-of-the-thorax/>
- <https://geekymedics.com/abdominal-examination/>

