H&P SUMMARY WRITEUP

SUBJECTIVE (include)

- Include History Questionnaires written
- Include Verbal History Checklist

OBJECTIVE

- Include Physical Exam Checklist
- Include Physical Exam Notes

ASSESSMENT

DIFFERENTIAL DIAGNOSIS:

PLAN:

REVIEW OF FINDINGS: with Patient and Family

Todays Date: _____

PATIENT QUESTIONNAIRE

Patient's Name _____ Birth Date _____ Sex _____ S. M. LTP. W. D.

Address _____ Tel. No. _____

Insurance Co. _____ ☐HMO ☐PPO Copay $ _____ Copay $ _____ Primary care Physician _____ Occupation _____

Mail Claim To _____ Policy No. _____

Instructions: Put ☑ In Those Boxes Applicable To You And In The "Yes" Or "No" Space. If Lines Are Provided Write In Your Answer.

Family History

	Father	Mother	Brother 1	Brother 2	Brother 3	Brother 4	Sister 1	Sister 2	Sister 3	Sister 4	Spouse/ Partner	Children 1	Children 2	Children 3	Children 4	Children 5	Children 6
Age (if Living)																	
Health (G) Good (B) Bad																	
Cancer																	
Tuberculosis																	
Diabetes																	
Heart Trouble																	
High Blood Pressure																	
Stroke																	
Epilepsy																	
Nervous Breakdown																	
Asthma, Hives, Hay Fever																	
Blood Disease																	
Age (At Death)																	
Cause Of Death																	

Personal History

Have You Ever Had . . .	No	Yes	Have You Ever Had . . .	No	Yes	Have You Ever Had . . .	No	Yes
☐Scarlet Fever			Jaundice			☐Broken Bones ☐Cracked Bones		
Diphtheria			Epilepsy			Recurrent Dislocations		
Smallpox			Migraine Headaches			☐Concussion ☐Head Injury		
Pneumonia			Tuberculosis			Ever Been Knocked Unconscious		
Pleurisy			Diabetes			☐Food ☐Chemical ☐Drug Poisoning		
☐Rheumatic Fever ☐Heart Disease			Cancer			Explain		
☐Arthritis ☐Rheumatism			Colonoscopy / Sigmoidoscopy			Latex Sensitivity		
☐Bone Disease ☐Joint Disease			☐High ☐Low Blood Pressure			Chronic Fatigue Syndrome		
☐Neuritis ☐Neuralgia			Nervous Breakdown			Any Other Disease		
☐Bursitis ☐Sciatica ☐Lumbago			☐Hay Fever ☐Asthma			Explain		
☐Polio ☐Meningitis			☐Hives ☐Eczema					
☐Gonorrhea ☐Syphilis ☐HIV			Frequent ☐Colds ☐Sore Throat			Weight: Now One Yr. Ago		
Anemia			Frequent ☐Infections ☐Boils			Maximum When		

Allergies

Are You Allergic To . . .	No	Yes	Are You Allergic To . . .	No	Yes	Are You Allergic To . . .	No	Yes
☐Penicillin ☐Sulfa Drugs			Any Other Drugs			Any Foods		
☐Aspirin ☐Codeine ☐Morphine			Explain			Explain		
☐Mycins ☐Other Antibiotics			Iodine Or Radiologic Dye					
☐Tetanus ☐Antitoxin ☐Serums			Adhesive Tape			☐Nail Polish ☐Other Cosmetics		

Surgery

Have You Had Removed . . .	No	Yes	Have You Had Removed . . .	No	Yes	Have You . . .	No	Yes
Tonsils			☐Ovary ☐Ovaries			Had Hernia Repaired		
Appendix			Hemorrhoids			Had Any Other Operations		
Gall Bladder			Ever Have A Transfusion			Been Hospitalized For Any Illness		
Uterus			☐Blood ☐Plasma			Explain		

X-Rays

Ever Have X-rays Of . . .	No	Yes	Date	Disease Present
Chest				
☐Stomach ☐Colon				
Gall Bladder				
Extremities				
Back				
Mammogram				
Sigmoidoscopy / Barium Enema				
Other				

Print Name: _____ Todays Date: _____

Review Of Systems

Do You Now Have Or Have You Ever Had . . .	No	Yes	Do You Now Have Or Have You Ever Had . . .	No	Yes
☐ Eye Disease ☐ Eye Injury ☐ Impaired Sight			Kidney ☐ Disease ☐ Stones		
☐ Ear Disease ☐ Ear Injury ☐ Impaired Hearing			Bladder Disease		
Any Trouble With ☐ Nose ☐ Sinuses ☐ Mouth ☐ Throat			Blood In Urine		
Fainting Spells			☐ Protein ☐ Sugar ☐ Pus ☐ Other In Urine		
Convulsions			Difficulty In Urination		
Paralysis			Narrowed Urinary Stream		
Dizziness			Abnormal Thirst		
Headaches: ☐ Frequent ☐ Severe			Prostate Trouble		
Enlarged Glands			☐ Stomach Trouble ☐ Ulcer		
Thyroid: ☐ Overactive ☐ Underactive ☐ Enlarged			Indigestion		
Enlarged Goiter			☐ Gas ☐ Belching		
Skin Disease			Appendicitis		
Cough: ☐ Frequent ☐ Chronic			☐ Liver Disease ☐ Gall Bladder Disease		
☐ Chest Pain ☐ Angina Pectoris			☐ Colitis ☐ Other Bowel Disease		
Spitting Up Blood			☐ Hemorrhoids ☐ Rectal Bleeding		
Night Sweats			Black Tarry Stools		
Shortness Of Breath ☐ Exertion ☐ At Night			☐ Constipation ☐ Diarrhea		
☐ Palpitation ☐ Fluttering Heart			☐ Parasites ☐ Worms		
Swelling Of ☐ Hands ☐ Feet ☐ Ankles			☐ Any Change In Appetite ☐ Eating Habits		
Varicose Veins			☐ Any Change In Bowel Action ☐ Stools		
Extreme ☐ Tiredness ☐ Weakness			Explain		

Immunization - EKG

Have You Had . . .	No	Yes	Have You Had . . .	No	Yes
Smallpox Vaccination (Within Last 7 Years)			Polio Shots (Within Last 2 Years)		
Tetanus Shot (Not Antitoxin)			An Electrocardiogram When		
Hepatitis Vaccination					

Social History

Do You . . .	No	Yes	Do You Use . . .	Never	Occ.	Freq.	Daily
Exercise Adequately			Laxatives				
How?			Vitamins				
Awaken Rested			Sedatives				
Sleep Well			Tranquilizers				
Average 8 Hours Sleep (Per Night)			Sleeping Pills				
Have Regular Bowel Movements			Aspirins				
Sex - Entirely Satisfactory			Cortisone				
Like Your Work (Hours Per Day) ☐ Indoors ☐ Outdoors			Alcoholic Beverages				
Watch Television (Hours Per Day)			Tobacco: Cigarettes (Pks Per Day)				
Read (Hours Per Day)			☐ Cigars ☐ Pipe ☐ Chewing Tobacco				
Have A Vacation (Weeks Per Year)			☐ Snuff				
Have You Ever Been Treated For Alcoholism			☐ Other Drugs				
Have You Ever Been Treated For Drug Abuse			Appetite Depressants				
Recreation: Do You Participate In Sports Or Have Hobbies Which Give You Relaxation At Least 3 Hours A Week?			Thyroid Medication: ☐ No ☐ Yes, In Past ☐ None Now ☐ Now On Gr. Daily Have You Ever Taken: ☐ Insulin ☐ Tablets For Diabetes ☐ Hormone Shots ☐ Tablets ☐ No				

Women Only

Menstrual History . . .	No	Yes		No	Yes
Age At Onset			Are You Regular: ☐ Heavy ☐ Medium ☐ Light		
Usual Duration Of Period Days			Do You Have ☐ Tension ☐ Depression Before Period		
Cycle (Start To Start) Days			Do You Have ☐ Cramps ☐ Pain With Period		
Date Of Last Period			Do You Have Hot Flashes		
Pregnancies . . .	No	Yes	Cervical & Vaginal Cancer Risk Assessment:	No	Yes
Children Born Alive (How Many)			**1) Did you have sexual intercourse before the age of 16?**		
Cesarean Sections (How Many)			**2) Have you had more than five partners in your lifetime?**		
Have you had a Pap test in the past 7 years?			**3) Have you ever had a sexually transmitted disease?**		

Emotions

Are You Often . . .	No	Yes	Are You Often . . .	No	Yes
Depressed			Jumpy		
Anxious			Jittery		
Irritable			Is Concentration Difficult?		

Verbal History Checklist

Initial Question(s): "What brings you here? Push them to be as descriptive as possible:

8 Follow-up Questions: Onset, **L**ocation/radiation, **D**uration, **C**haracter, **A**ggravating factors, **R**elieving factors, **T**iming, and **S**everity:

Allergies/Reactions:

Medications:

Past Medical History:

Past Surgical History:

Family History:

Smoking History:

Alcohol:

Other Drug Use:

Obstetric (if appropriate**):**

Sexual Activity:

Military Service:

Work/Hobbies/Other:

REVIEW OF SYSTEMS QUESTIONS

General: (weight loss/gain, Fatigue, malaise, sleeping habits, fever, chills, chronic pain, recent MD visits

Vision (Past eye exams?, Chronic or past eye disorders? Decrease/change in vision or blurriness? With or without pain? Double vision? Eye discharge (D/C)?)

Head and Neck: (Chronic or past head and neck disorders? Pain? Sores or non-healing ulcers in/around mouth? Masses or growths? Change in hearing acuity? Ear pain or discharge? Nasal discharge, post nasal drip? Change in voice/hoarseness? Tooth pain or problems? Sense of lump/mass (globus) in throat w/swallowing?)

Pulmonary: (Chronic or past pulmonary disorders? Shortness of breath at rest or w/exertion? Chest pain? Cough? Hemoptysis (coughing up blood)? Wheezing? Snoring or stop breathing?)

Cardiovascular: (Chronic cardiovascular disorders? Chest pain (CP) or pressure? Shortness of breath at rest or w/exertion? Orthopnea (short of breath lying down)? Paroxysmal Nocturnal Dyspnea (PND)sudden shortness of breath that awakens pt from sleep? Lower extremity edema? Sudden loss of consciousness (syncope)? Sense of rapid or irregular heartbeat, palpitations? Calf/leg pain/cramps w/ambulation? Wounds/ulcers in feet difficult/slow to heal?)

Gastrointestinal (Chronic or past GI disorders? Heartburn/sub-sternal burning? Abdominal pain? Difficulty swallowing? Pain upon swallowing? Nausea or Vomiting? Abdominal swelling or distention? Jaundice (yellowish coloration of skin)? Vomiting blood (hematemesis)? Black/tarry stools? Bloody stools? Constipation? Diarrhea or other change in bowel habits?)

Genito-Urinary: (Chronic or past GU disorders? Blood in urine? Burning with urination? Urination at night? Incontinence (unintentional loss of urine)? Urgency? Frequency? Incomplete emptying? Hesitancy? Decreased force of stream? Need to void soon after urinating? Genital Ulcers or Growths? fertility problems? Hx STIs? # Sexual partners & type of sexual activity? | For Men: Erectile Dysfunction (ED)? Penile d/c or pain? Testicular pain? Testicular swelling, mass?)

Hematology/Oncology: (Chronic or past Hematology/Oncology disease? Fevers, chills, sweats, weight loss? Abnormal bleeding/bruising? New/growing lumps or bumps? Hypercoagulability?)

Ob/Gyn/Breast: (Chronic or past disease? Menstrual Hx? Sweats? Past pregnancies? Vaginal Discharge? # Sexual partners & type of sexual activity? Breast mass, pain or discharge? Therapeutic or spontaneous abortions? Hx STIs?)

Neurological: (Known disease? Sudden loss of neurological function? Abrupt loss/change in level of consciousness? Witnessed seizure activity? Numbness? Weakness? Dizziness? Balance problems? Headache?)

Endocrine: (Known Endocrine disorder? Polyuria, polydipsia, polyphagia? Fatigue? Weight loss? Weight gain?)

Infectious Diseases: (Known disease? Fevers, Chills, Sweats?)

Musculoskeletal: (Known disease? Joint pain and/or Swelling (general comments)? Muscle ache? Low back pain? Knee pain/swelling? Hand Symptoms? Elbow symptoms? Hip area symptoms? Shoulder pain or symptoms?)

Mental Health: (Known mental health disorder? Do you feel sad or depressed much of the time? Alcohol, other substance abuse? Anxious much of the time? Memory problems? Confusion?)

Skin and Hair: (Hair Loss? Known disease? Skin eruptions/rashes? Growths? Sores that grow and/or don't heal? Lesions changing in size, shape, or color? Itching?)

Vital Signs:
□ Wash Hands
□ Ask patient to put on gown and sit
□ General observation
□ Measure pulse, both radial arteries
    □ rate
    □ rhythm
    □ volume
□ Measure respiratory rate
□ Measure blood pressure
□ Examine hands, fingers, nails

Head and Neck
□ Observation face, head, neck & scalp
□ Palpation lymph node, parotid and salivary gland regions
□ Assess auditory acuity (crude test hearing loss)
    □ If hearing loss, perform Weber & Rinne Tests 512 Hz fork (CN 8) (***special test**)
□ Ear: external and internal (otoscope)
□ Nose: observation, nares/mucosa (otoscope)
□ Oropharynx:
    □ Inspect w/light from otoscope & tongue depressor→uvula, tonsils, tongue, mucosa
    □ "Ahh" to help see back of throat
    □ Inspect teeth & salivary gland ducts
□ Thyroid: Observation, palpation

Eye Exam, Including Ophthalmoscopy:
□ Observe external eye structures – lid, sclera, pupil
□ Visual acuity (hand-held card – CN2)
□ Visual fields (confrontation – CN 2)
□ Extra-ocular movements (CN 3, 4, 6)
Using Ophthalmoscope:
□ Examine external eye structures (lids, sclera, pupil, iris, conjunctiva)
□ Check pupillary response to light – direct and consensual (CN 2 & 3)
□ Red reflex
□ Retinal exam – identifying: Optic disc, arteries, veins, color of retina, and macular area.

Pulmonary
Observation and Inspection
□ General observation of breathing, note if using accessory muscles/general respiratory effort
□ Note shape of chest and spine
Palpation
□ Assess chest excursion
□ Assess tactile fremitus (***special test**)
Percussion
□ Percuss posterior lung fields, top to bottom→comparing side to side
□ Identify amount of diaphragmatic descent with Inhalation **(*special test**)
□ Percuss right antero-lateral chest (middle lobe) and anterior lobes (bilateral)
Auscultation
□ Listen w/diaphragm to posterior lung fields, top to bottom→comparing left w/right
□ Listen to right middle lobe area
□ Listen to anterior lung fields
□ Listen over trachea
□ Assess for egophany (***special test**)

Cardiovascular:
□ Drape appropriately
□ Examiner stands on right side of patient's body
□ Patient lying w/head of table elevated ~ 30°
Observation & Palpation
□ Inspect precordium – visible PMI, other contours
□ Palpation of RV and LV (heaves, thrills); Determination of PMI
Auscultation
    □ S1 and S2 in 4 valvular areas w/diaphragm; note rate, rhythm
    □ Try to identify physiologic splitting S2
    □ Assess for murmurs, characterize if present
    □ Assess for extra heart sounds (S3, S4) w/bell over LV
Carotid artery
    □ Palpation
    □ Auscultation
Internal Jugular Vein
    □ Measure jugular venous pressure

Abdomen

□ Lay patient flat. Drape appropriately – allowing exposure of abdomen but not rest of body

Observe & inspect abdomen

□ Shape, scars, color, symmetry, protrusions

Auscultation

□ Listen w/diaphragm to 4 quadrants
□ Note quantity and quality of bowel sounds
□ Listen for bruits centrally & over renal arteries (***special test**)

Percussion

□ Percuss all quadrants
□ Percuss liver span
□ Percuss area of spleen, stomach

Palpation

□ Palpate all quadrants superficially
□ Palpate all deeply
□ Try to identify liver edge (w/inspiration)
□ Palpate region of spleen
□ Palpate area of aorta (***special test**)

Lower Extremities (continuation of C/V)

Assess femoral area (you don't have to do this on fellow students)

- □ Palpation for nodes
- □ Palpate femoral pulse
- □ Auscultation femoral artery (for bruits) (***special test**)

Assess knees (non-mechanical exam)

- □ color, swelling
- □ palpate popliteal artery pulse

Assess ankles/feet:

- □ Color
- □ Temperature
- □ Check cap refill
- □ Check for edema
- Pulses
  - □ Dorsalis pedis artery
  - □ Posterior tibial artery

Neuro

□ Higher Cognitive Function

- □ level of consciousness,
- □ Orientation to time, place, person and situation
- □ attention – subtract 7 from 100
- □ memory- 3 objects (cat, number 7 and table) repeat immediately and after 5 minutes
- □ Abstract thinking- similarity and difference between orange and ball.

□ Mental Status Exam

- □ Mood- as described by patient
- □ Affect- observed by examiner could be congruent or incongruent to described mood,
- □ Speech- rate, tone, production,
- □ Thought process- linear, goal directed or circumstantial, tangential, disorganized,
- □ Thought content- delusions, suicidal or homicidal ideations/intent/plan,
- □ Insight- good, partial, poor,
- □ Judgment- what would you do if you found a sealed, addressed, stamped envelope on the ground?

□ Cranial Nerves – A few covered (above) in Eye and Head/Neck sections. Described 1 thru 12 here:

- □ CN 1 – assess smell
- □ CN 2 – visual acuity, visual fields
- □ CN 2 & 3 pupillary response to light
- □ CN 3, 4, & 6 – extra-ocular movements
- □ CN 5 sensory & motor face; corneal reflex (sensory 5, motor 7) – (Describe only)
- □ CN7 – facial expression; smile, puff cheeks, close eyes against resistance
- □ CN8 – hearing assessment
  If hearing loss, Webber and Rinne as per H&N section (***special test**)
- □ CN 9 & 10 – gag, palate rise
- □ CN 11 – neck turn/shoulder shrug
- □ CN12 – tongue movement

□ Motor testing (patient seated):

- □ muscle bulk of major groups (see below)
- □ tone of major groups (see below)
- □ strength of major groups – shoulders, elbows, wrists, hand, hips, knees, ankle

□ Sensory testing - in distal lower extremities:
    - □ pain
    - □ light touch
    - □ proprioception
    - □ vibration – 128 Hz tuning fork

□ Reflexes
    - □ biceps
    - □ brachioradialis
    - □ triceps
    - □ patellar
    - □ achilles
    - □ Babisnki assessment

□ Coordination (finger→nose, heel→shin, rapid alternating finger movements, hand supination ←→pronation,)

□ Gait, Romberg

□ Wash Hands

***Special test** denotes a maneuver that would only be done in selected circumstances - based on the patient's symptoms and clinical presentation.

Charlie Goldberg, MD – cggoldberg@health.ucsd.edu

Cranial Nerves Assessment

LEARN MORE AT NURSESLABS.COM

Cranial Nerve	Assessment Technique	Normal Response	Client's Response
I. Olfactory	Ask the client to smell and identify the smell of cologne with each nostril separately and with the eyes closed.	Client is able to identify different smell with each nostril separately and with eyes closed unless such condition like colds is present.	Client was able to describe the odor of the materials used.
II. Optic	Provide adequate lighting and ask client to read from a reading material held at a distance of 36 cm. (14 in.).	The client should be able to read with each eye and both eyes.	Client was able to read with each eye and both eyes.
III. Oculomotor	***Reaction to light:*** Using a penlight and approaching from the side, shine a light on the pupil. Observe the response of the illuminated pupil. Shine the light on the pupil again, and observe the response of the other pupil.	Illuminated and non-illuminated pupil should constrict.	PERRLA (pupils equally round and reactive to light and accommodation)
	Reaction to accommodation: Ask client to look at a near object and then at a distant object. Alternate the gaze from the near to the far object. Next, move an object towards the client's nose.	Pupils constrict when looking at a near object, dilate when looking at a distant object, converge when near object is moved towards the nose.	
IV. Trochlear	Hold a penlight 1 ft. in front of the client's eyes. Ask the client to follow the movements of the penlight with the eyes only. Move the penlight upward, downward, sideward and diagonally.	Client's eyes should be able to follow the penlight as it moves.	Both eyes are able to move as necessary.
V. Trigeminal	While client looks upward, lightly touch lateral sclera of eye to elicit blink reflex.	Client should have a (+) corneal reflex, able to respond to light and deep sensation and able to differentiate hot from cold.	Client was able to elicit corneal reflex, sensitive to pain stimuli and distinguish hot from cold.
	To test light sensation, have client close eyes, wipe a wisp of cotton over client's forehead.		
	To test deep sensation, use alternating blunt and sharp ends of an object. Determine sensation to warm and cold object by asking client to identify warmth and coldness.		
VI. Abducens	Hold a penlight 1 ft. in front of the client's eyes. Ask the client to follow the movements of the penlight with the eyes only. Move the penlight through the six cardinal fields of gaze.	Both eyes coordinated, move in unison with parallel alignment.	Both eyes move in coordination.
VII. Facial	Ask client to smile, raise the eyebrows, frown, and puff out cheeks, close eyes tightly. Ask client to identify various tastes placed on the tip and sides of tongue.	Client should be able to smile, raise eyebrows, and puff out cheeks and close eyes without any difficulty. The client should also be able to distinguish different tastes.	Client performed various facial expressions without any difficulty and able to distinguish varied tastes.
VIII. Vestibulocochlear	Have the client occlude one ear. Out of the client's sight, place a tickling watch 2 to 3 cm. ask what the client can hear and repeat with the other ear.	Client should be able to hear the tickling of the watch in both ears.	Client was able to hear tickling in both ears.
	Ask the client to walk across the room and back and assess the client's gait.	The client should have upright posture and steady gait and able to maintain balance.	The client was able to stand and walk in an upright position and able to maintain balance.
IX. Glossopharyngeal	Ask the client to say "ah" and have the patient yawn to observe upward movement of the soft palate.	Client should be able to elicit gag reflex and swallow without any difficulty.	Client was able to elicit gag reflex and able to swallow without difficulty.
	Elicit gag response.		
	Note ability to swallow.		
X. Vagus	Ask the patient to swallow and speak (note hoarseness)	The client should be able to swallow without difficulty and speak audibly.	Client was able to swallow without difficulty and speak audibly.
XI. Accessory	Ask client to shrug shoulders against resistance from your hands and turn head to side against resistance from your hand (repeat for other side).	Client should be able to shrug shoulders and turn head from side to side.	Client was able to shrug his shoulders and turn his head from one side to the other.
XII. Hypoglossal	Ask client to protrude tongue at midline and then move it side to side.	The client should be able to move tongue without any difficulty.	The client was able to move tongue in different directions.

MONTHLY THERAPY PROGRESS NOTE

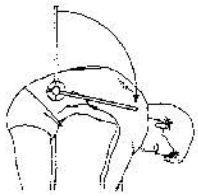
Muscle Strength Testing & Range of Joint Motion Evaluation Chart

NAME OF PATIENT	DATE OF BIRTH	DATE OF INJURY	NEW OR REINJURED ☐

INSTRUCTIONS: For each affected joint, please indicate the existing limitation of motion by drawing a line(s) on the figures below, showing the maximum possible range of motion or by notating the chart in degrees. For each affected joint, please indicate the existing muscle strength by listing the MRC grade. Finally, if applicable, compare this chart to the previous evaluation chart to determine if this patient's condition is 1) improving, 2) stable, or 3) worstening.

☐ _____Check here if this is a baseline evaluation and that no previous evaluation charts are avalable.

1. Back Lumbar



Extension 25°		Flexion 90°	
I	W	I	W
Degrees		Degrees	

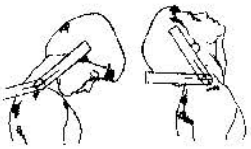
Muscle Strength _____

2. Lateral (flexion) Thoracic

Left 25°		Right 25°	
I	W	I	w
Degrees		Degrees	

Muscle Strength _____

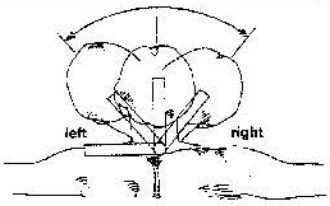
3. Neck



Extension 60°		Flexion 50°	
I	W	I	W
Degrees		Degrees	

Muscle Strength _____

4. Neck (lateral bending)



Left 45°		Right 45°	
I	W	I	W
Degrees		Degrees	

Muscle Strength _____

5. Neck (rotation)

Left 80°		Right 80°	
I	W	I	W
Degrees		Degrees	

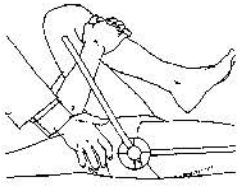
Muscle Strength _____

6. Hip (backward extension)

Left 30°		Right 30°	
I	W	I	W
Degrees		Degrees	

Muscle Strength _____

7. Hip (flexion)



Left			
Knee Flexed 100°		Knee Extended 100°	
I	W	I	W
Degrees		Degrees	
Right			
Knee Flexed 100°		Knee Extended 100°	
I	W	I	W
Degrees		Degrees	

Muscle Strength _____

8. Hip (adduction)

Left 20°		Right 20°	
I	W	I	W
Degrees		Degrees	

Muscle Strength _____

9. Hip (abduction)

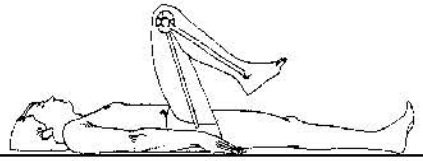
Left 40°		Right 40°	
I	W	I	W
Degrees		Degrees	

Muscle Strength _____

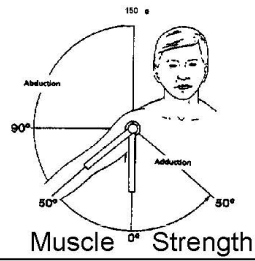
10. Knee (flexion)

Left 150°		Right 150°	
I	W	I	W
Degrees		Degrees	

Muscle Strength _____



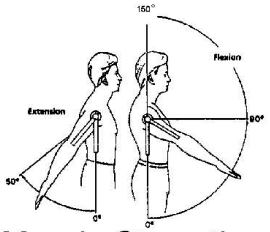
11. Shoulder (Abduction – Adduction)



Muscle Strength _____

Left	
Abduction 150°	Adduction 30°
I W Degrees	I W Degrees
Right	
Abduction 150°	Adduction 30°
I W Degrees	I W Degrees

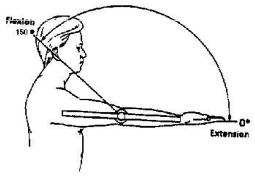
12. Shoulder (Flexion – Extension)



Muscle Strength _____

Left	
Extension 50°	Flexion 150°
I W Degrees	I W Degrees
Right	
Extension 50°	Flexion 150°
I W Degrees	I W Degrees

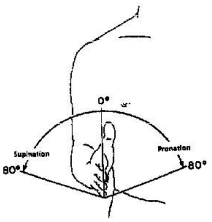
13. Elbow



Muscle Strength _____

Left	
Extension 0°	Flexion 150°
I W Degrees	I W Degrees
Right	
Extension 0°	Flexion 150°
I W Degrees	I W Degrees

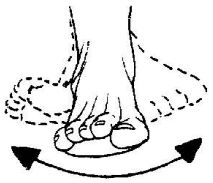
14. Forearm (Pronation – Supination)



Muscle Strength _____

Left	
Pronation 80°	Supination 80°
I W Degrees	I W Degrees
Right	
Pronation 80°	Supination 80°
I W Degrees	I W Degrees

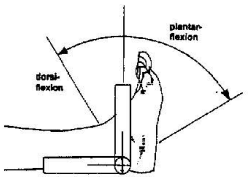
15. Ankle



Muscle Strength _____

Left	
Inversion 30°	Eversion 20°
I W Degrees	I W Degrees
Right	
Inversion 30°	Eversion 20°
I W Degrees	I W Degrees

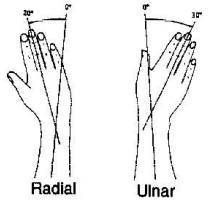
16. Ankle (Flexion – Extension)



Muscle Strength _____

Left	
Plantar 40°	Dorsal 20°
I W Degrees	I W Degrees
Right	
Plantar 40°	Dorsal 20°
I W Degrees	I W Degrees

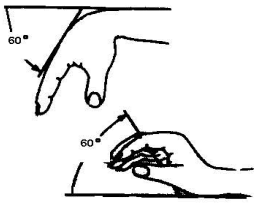
17. Wrist (radial, ulnar)



Muscle Strength _____

Left	
Radial 20°	Ulnar 30°
I W Degrees	I W Degrees
Right	
Radial 20°	Ulnar 30°
I W Degrees	I W Degrees

18. Wrist



Muscle Strength _____

Left	
Extension 60°	Flexion 60°
I W Degrees	I W Degrees
Right	
Extension 60°	Flexion 60°
I W Degrees	I W Degrees

RANGE OF MOTION (ROM) AND MUSCLE STRENGTH DETERMINATION

KEY: I = Improved | W=Worse

When applicable, compare this ROM-exam with the previous ROM-exam and determine in what areas the patient's ROM has improved or worsened. Do the same with the muscle strength testing. Finally, use this testing data to determine how the patient's condition is progressing. Check all of the boxes below that apply:

Compared to the exam of _____, this

Patients condition has:

- ☐ **Improved**
- ☐ **Stayed the Same**
- ☐ **Worsened**
- ☐ **Not Applicable. This is a Baseline Evaluation**

Modified MRC Grade	Degree of Strength
5	Normal power
5 –	Equivocal, barely detectable weakness
4 +	Definite but slight weakness
4	Able to move the joint against combination of gravity and some resistance
4 –	Capable of minimal resistance
3 +	Capable of transient resistance but collapses abruptly
3	Active movement against gravity
3 –	Able to move against gravity but not through full range
2	Able to move with gravity eliminated
1	Trace contraction
0	No contraction

☐ *** If Checked * Discontinue TPI & Physiotherapy Because of a FAILURE TO SHOW ANY IMPROVEMENT**

DATE OF EXAMINATION

EXAMINING PHYSICIAN'S SIGNATURE

OSCE Checklist: Rectal Examination (PR)

Introduction		
1	Gather equipment	
2	Wash your hands and don PPE if appropriate	
3	Introduce yourself to the patient including your name and role	
4	Confirm the patient's name and date of birth	
5	Explain what the examination will involve using patient-friendly language	
6	Explain the need for a chaperone	
7	Gain consent to continue with the clinical examination	
8	Ask the patient if they have any pain before continuing with the clinical examination	
9	Ask the patient to remove their underwear for the examination and provide them with privacy whilst they get undressed	
Preparation		
10	Don an apron and a pair of non-sterile gloves	
11	Ask the patient to lie down in the left lateral position with their knees bent up towards their chest	
12	Ask the patient if it is ok to remove the sheet to begin the examination	
Inspection		
13	Separate the buttocks and inspect the perianal region for relevant clinical signs	
Palpation		
14	Lubricate the examining finger	
15	Warn the patient you are about to insert your finger	
16	Insert your finger gently into the anal canal	
17	Palpate the prostate gland anteriorly (in males) and assess the size, symmetry and texture of the gland	
18	Rotate your finger 360 degrees to assess the entirety of the rectum	
19	Assess anal tone by asking the patient to bear down on your finger	
20	Withdraw your finger and inspect for blood or mucous	
21	Clean the patient using paper towels	
22	Cover the patient with the sheet, explain that the examination is now complete and provide the patient with privacy so they can get dressed	
23	Dispose of the used equipment into a clinical waste bin	
To complete the examination...		
24	Thank the patient for their time	
25	Dispose of PPE appropriately and wash your hands	

Male Genitourinary Examination Checklist

Introduction	
	Explain exam and purpose
	Wash hands
	Gloves
	Check equipment-lubricant, specimen collection
Visual Examination-Penis	
	Tanner Staging
	Skin, shaft of penis, Glans, Foreskin, Urethral opening
Palpation	
	Base, shaft and glans for lumps or masses
Visual Examination-Scrotum	
	Ask patient to lift penis for better view of scrotum
	Check skin and hair for nits, blood vessels, rashes, scars, ulcers, lumps and rugae
Palpation-Scrotum and contents	
	Feel each testis, epididymis, and spermatic cord for lumps and/or swelling
	Instruct patient in TSE
Hernias and Lymph	
	View of lower abdomen, genitalia and upper thigh is necessary
	Inspect femoral areas for bulges, scars and asymmetry; ask patient to bear down
	Inspect then palpate for inguinal nodes and masses
	Palpate for hernias: Use right hand for patient's right side and left hand for left side Find spermatic cord as it enters the external inguinal ring and follow (gently) as far into inguinal canal as possible; ask patient to bear down Find femoral artery below inguinal ligament; move medially 1-3 cm and feel for bulge while patient bears down
Rectal and prostate examination	
	Explain process and purpose of exam
	Position patient
	Inspect sacrococcygeal area for pilonidal cyst
	Separate buttocks and inspect skin on and around anus
	Ask patient to bear down and inspect for rectal prolapse or internal hemorrhoids
	Apply lubricant; explain sensation of bowel movement on insertion
	Insert finger slowly into anal canal
	Palpate rectum
	Explain sensation to urinate with prostate palpation
	Palpate prostate Outline gland: width, length, central groove, consistency, mobility and tenderness Note enlargement, nodules, tenderness
	Closing Summarize findings and tests taken, if any Answer client's questions Further discussion, as needed , after client dresses
Facilitator Comments:	

Pelvic Examination *Checklist*

Bimanual Rectovaginal Examination:

- ☐ Reglove and apply lubricant to index and middle fingers
- ☐ Alert patient that the rectovaginal exam will begin
- ☐ Place middle finger on anus and ask patient to bear down
- ☐ Insert middle finger into rectum and index finger into vagina
- ☐ Repeat the palpation and characterization of the cervix, and other structures from this position
- ☐ Sweep posterior pelvic wall with rectal finger
- ☐ Palpate rectovaginal septum between fingers
- ☐ Remove fingers smoothly
- ☐ Help patient assume sitting position

ACP
American College of Physicians
internal medicine | *Doctors for Adults®*

Pelvic Examination *Checklist*

Preparation:

- ☐ Check all materials and equipment
- ☐ Wash hands in the presence of the patient
- ☐ Position patient:
  - ❖ offer pillow
  - ❖ raise table back
  - ❖ drape appropriately
  - ❖ place patient's feet in foot rests
  - ❖ have patient move buttocks to end of table
- ☐ Adjust the light and drape
- ☐ Put on gloves
- ☐ Explain in advance each step of the examination and warn patient when you begin

External Examination:

- ☐ Inspect and palpate the mons pubis, labia majora and perineum
- ☐ Separate the labia and inspect:
  - ❖ labia minora
  - ❖ clitoris
  - ❖ urethral meatus
  - ❖ vaginal opening
  - ❖ Skene's glands
  - ❖ Bartholin's glands
- ☐ Inspect the anus
- ☐ Ask patient to bear down to assess for cystocele/ rectocele if indicated

Pelvic Examination *Checklist*

Speculum Examination and Pap Test:

- ☐ Alert patient that speculum examination is about to begin
- ☐ Warm and lubricate speculum with water
- ☐ Insert speculum:
  - ❖ Hold speculum at 45 degree angle
  - ❖ Open labia with opposite hand and introduce speculum into vagina avoiding urethral meatus
  - ❖ Insert blades gently and slowly into the vagina, pointing downward
  - ❖ Rotate at full insertion so that handle is vertical
  - ❖ Open speculum slowly, exposing cervix
  - ❖ Tighten screw to hold in open position
- ☐ Observe cervical size, color, outer os configuration, noting any erosion, cyst, polyp, tumor, eversion, etc.
- ☐ Obtain and fix cervical specimens according to manufacturer's recommendations for performing pap smears and handling specimens
- ☐ Hold blades open and release screw
- ☐ Withdraw speculum

Pelvic Examination *Checklist*

Bimanual Pelvic Examination:

- ☐ Apply lubricant to index and middle fingers of gloved hand
- ☐ Alert patient that you are about to begin
- ☐ Introduce index and middle fingers into vagina
- ☐ Insert both fingers slightly into vagina and turn hand to palm up position
- ☐ Palpate vaginal rugae and cervix
- ☐ Starting at the umbilicus, press on outer abdomen with the pads of the fingers of the outside hand and move towards pubis
- ☐ Palpate uterus between vaginal and abdominal hands
- ☐ Move vaginal fingers into one lateral fornix
- ☐ With abdominal hand, attempt to palpate the ovary and parametrial tissues and check for pelvic masses
- ☐ Repeat on other side
- ☐ Remove fingers from vagina