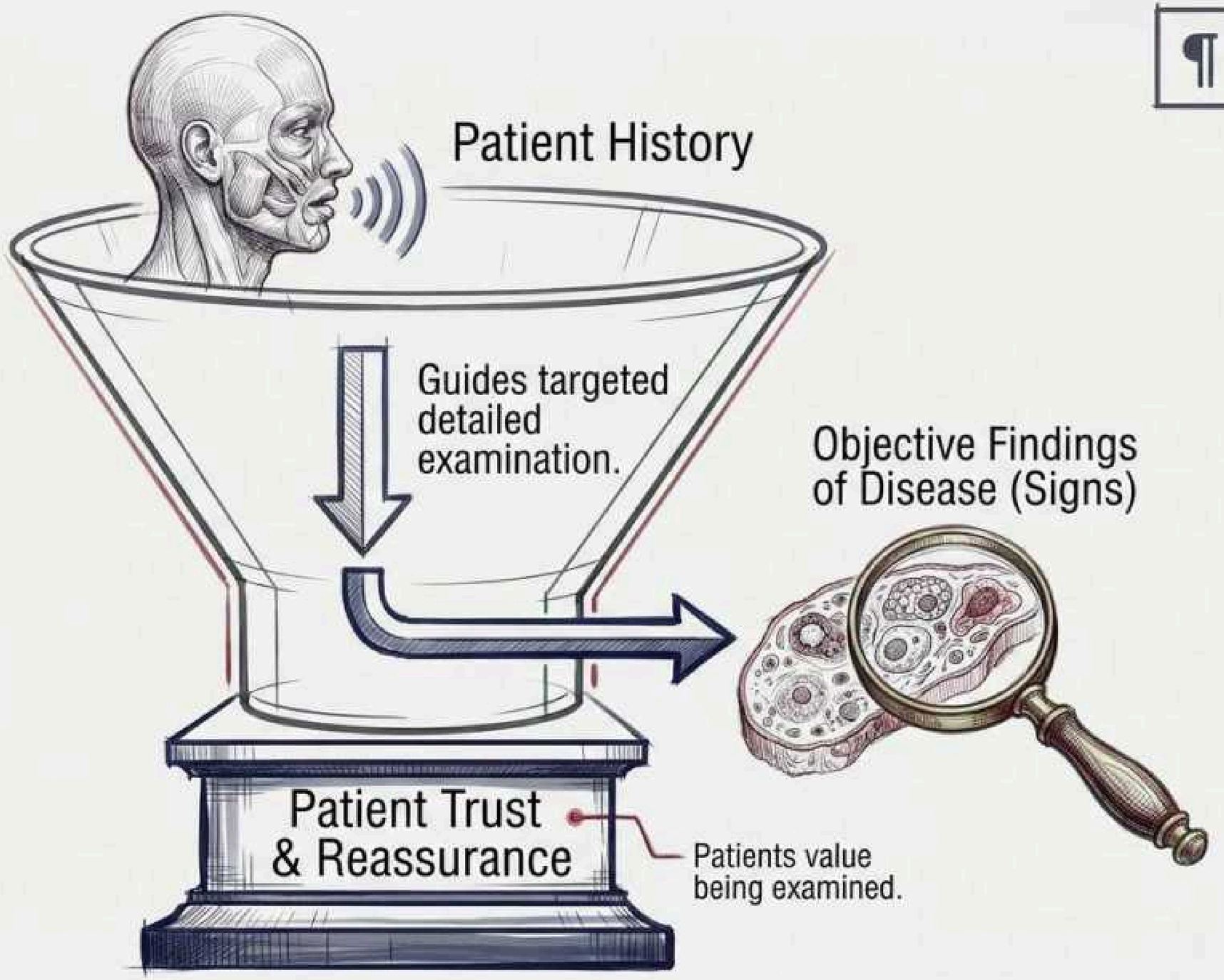


The Physical Examination

MED 535 B Lecture 2

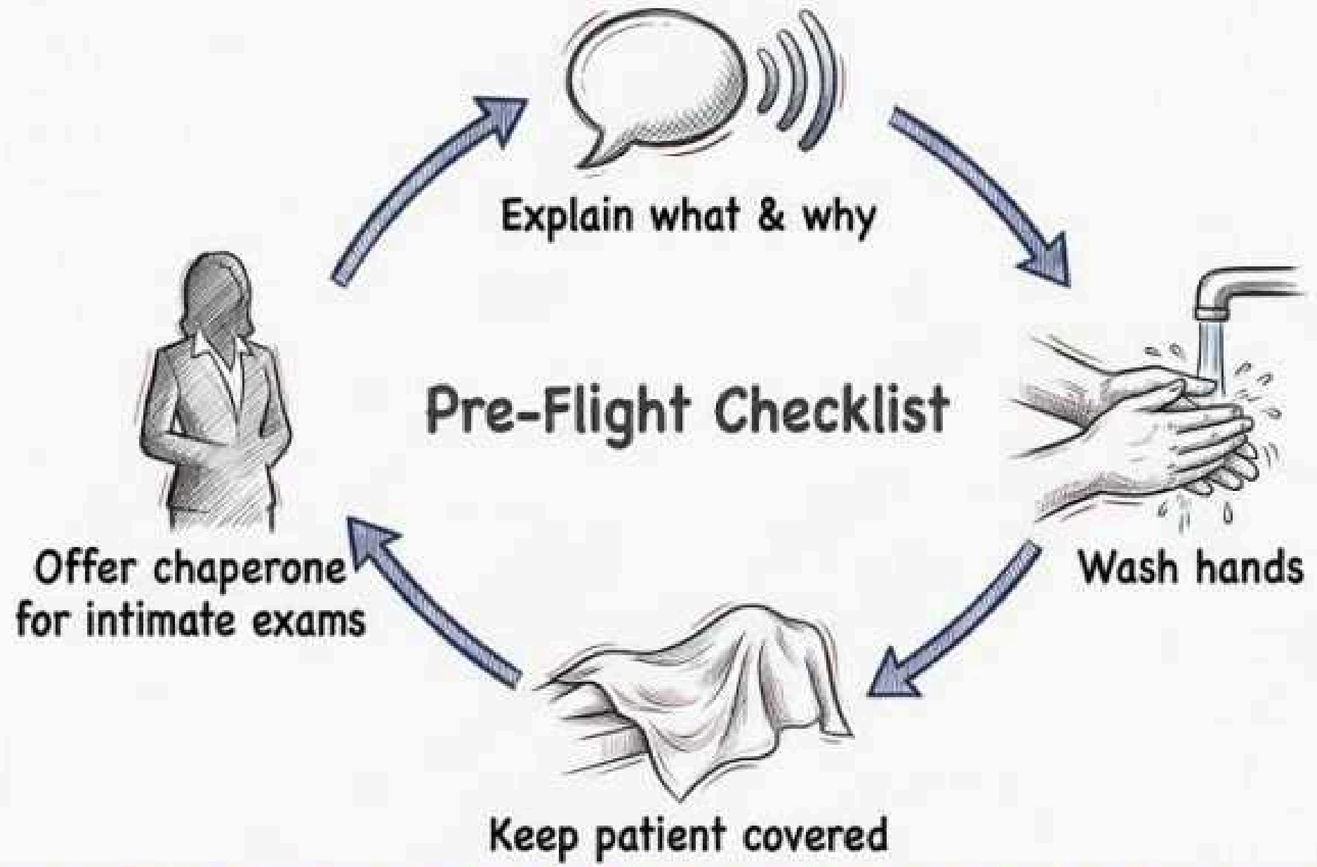
Purpose, Approach, and the Value of Physical Signs.

¶ 2.1


Patient History
Guides targeted detailed examination.
Objective Findings of Disease (Signs)
Patient Trust & Reassurance
Patients value being examined.

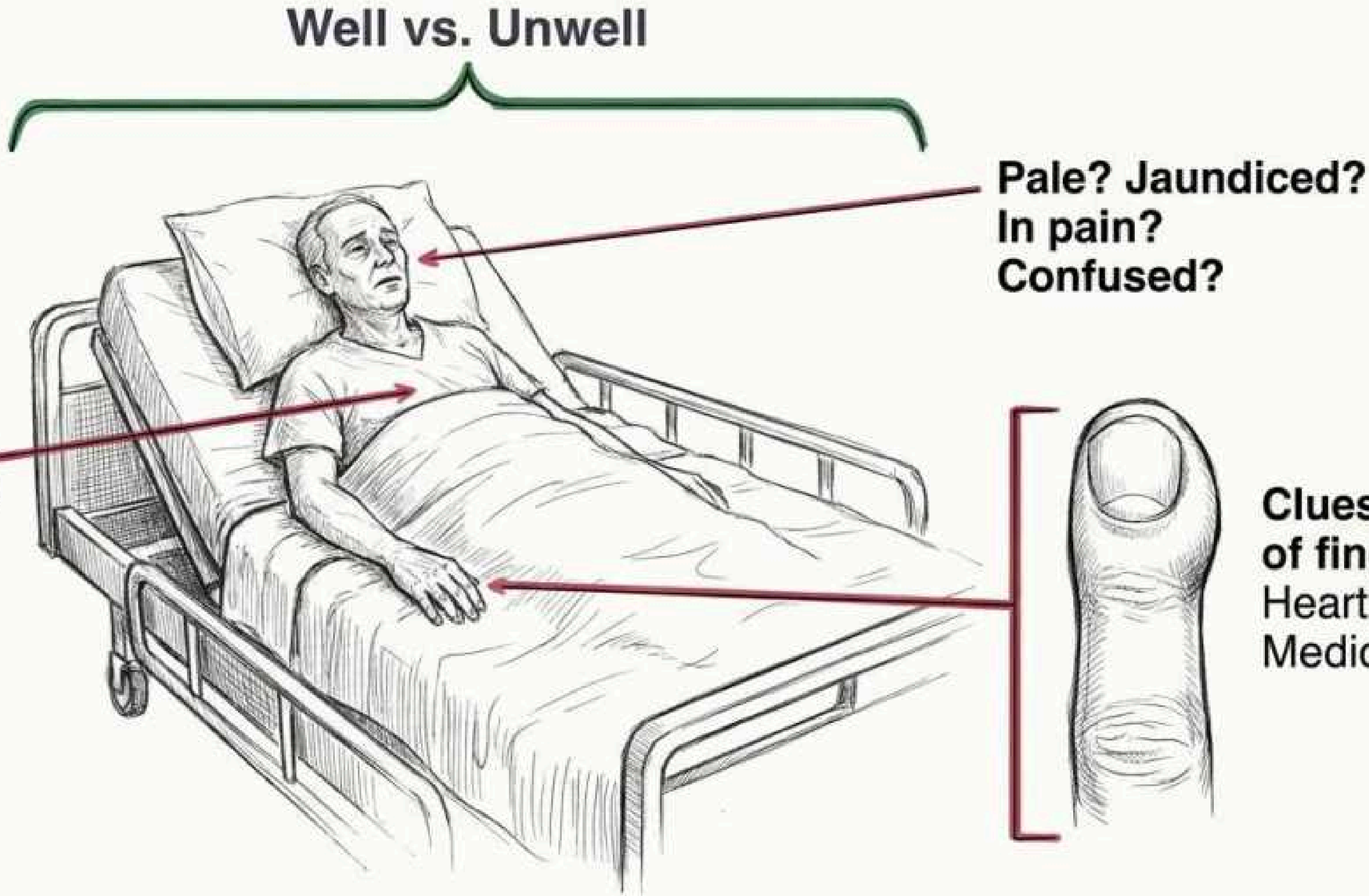
Respect for Dignity

Part of the examination, not an addition to it.



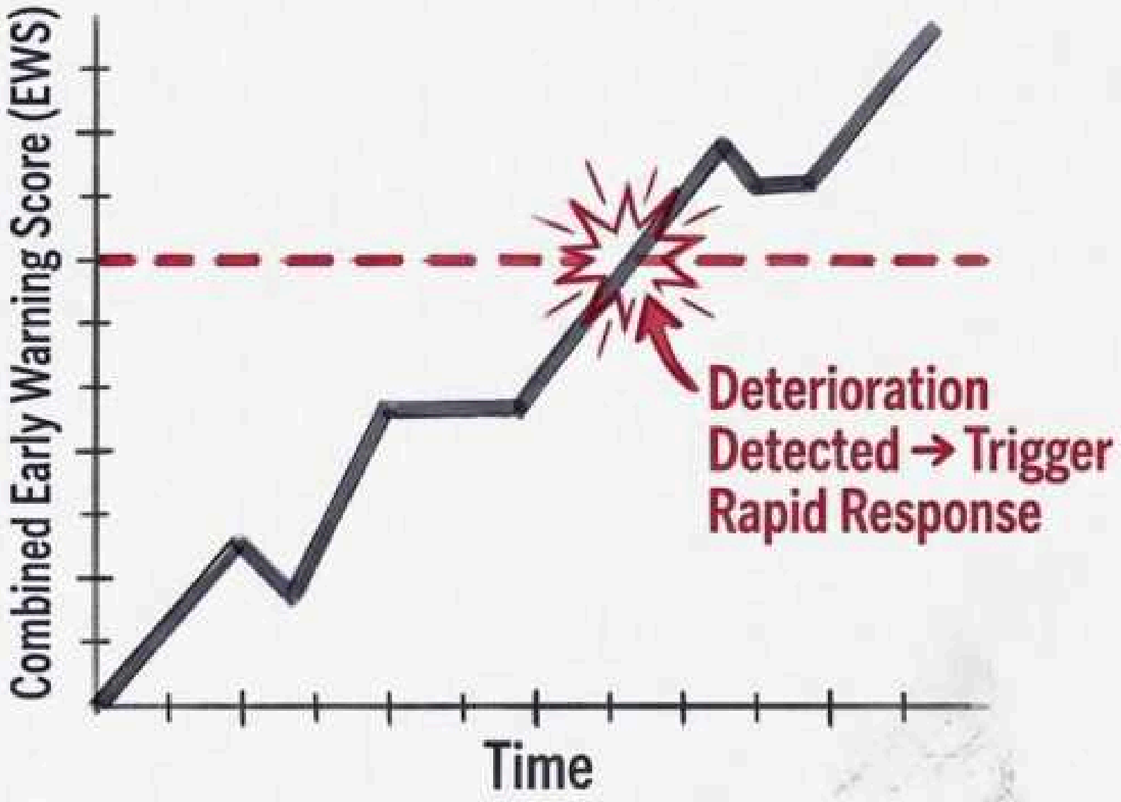
Much is learned before touching the patient.

¶ 2.3

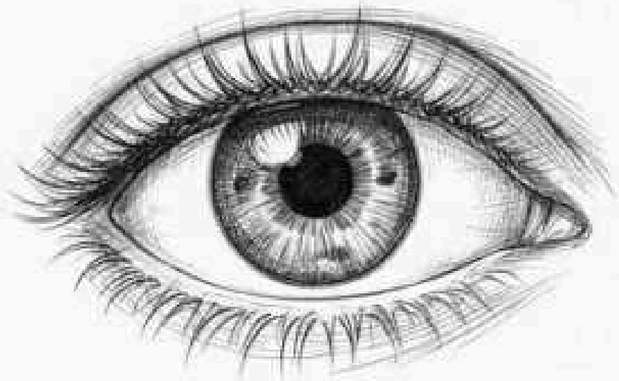


¶ 2.4

$$EWS = f(\Delta Temp, \Delta Pulse, \Delta BP, \Delta RR, \Delta SpO_2, \Delta LOC)$$



Abnormal vital signs are among the most important warning signs of serious illness.



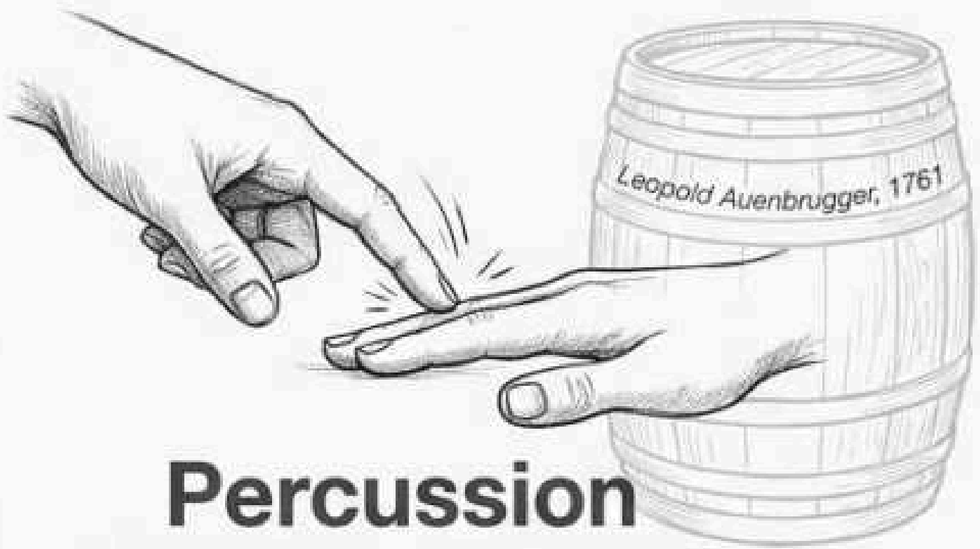
Inspection

Looking.



Palpation

Feeling.



Percussion

Tapping for underlying tissue
(Solid / Air-filled / Fluid-filled).



Auscultation

Listening.

¶ 2.6

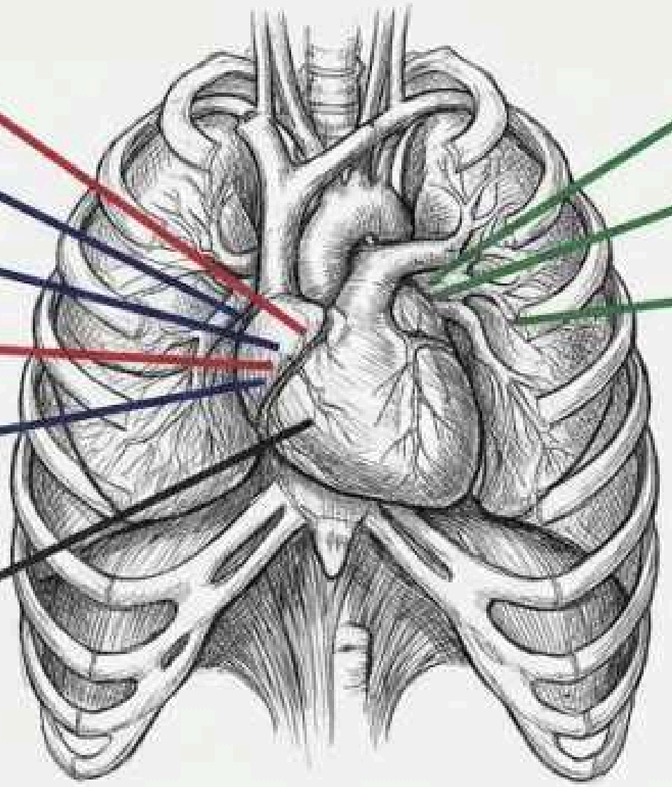
Pulse

Blood Pressure

JVP (neck veins)

Position of heartbeat

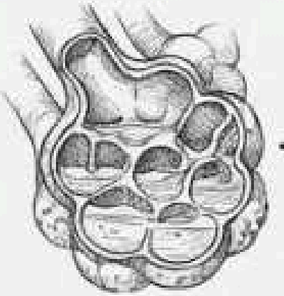
Heart sounds & murmurs



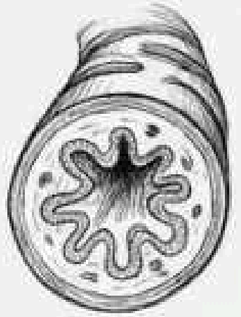
Chest movement

Percussion

Breath sounds



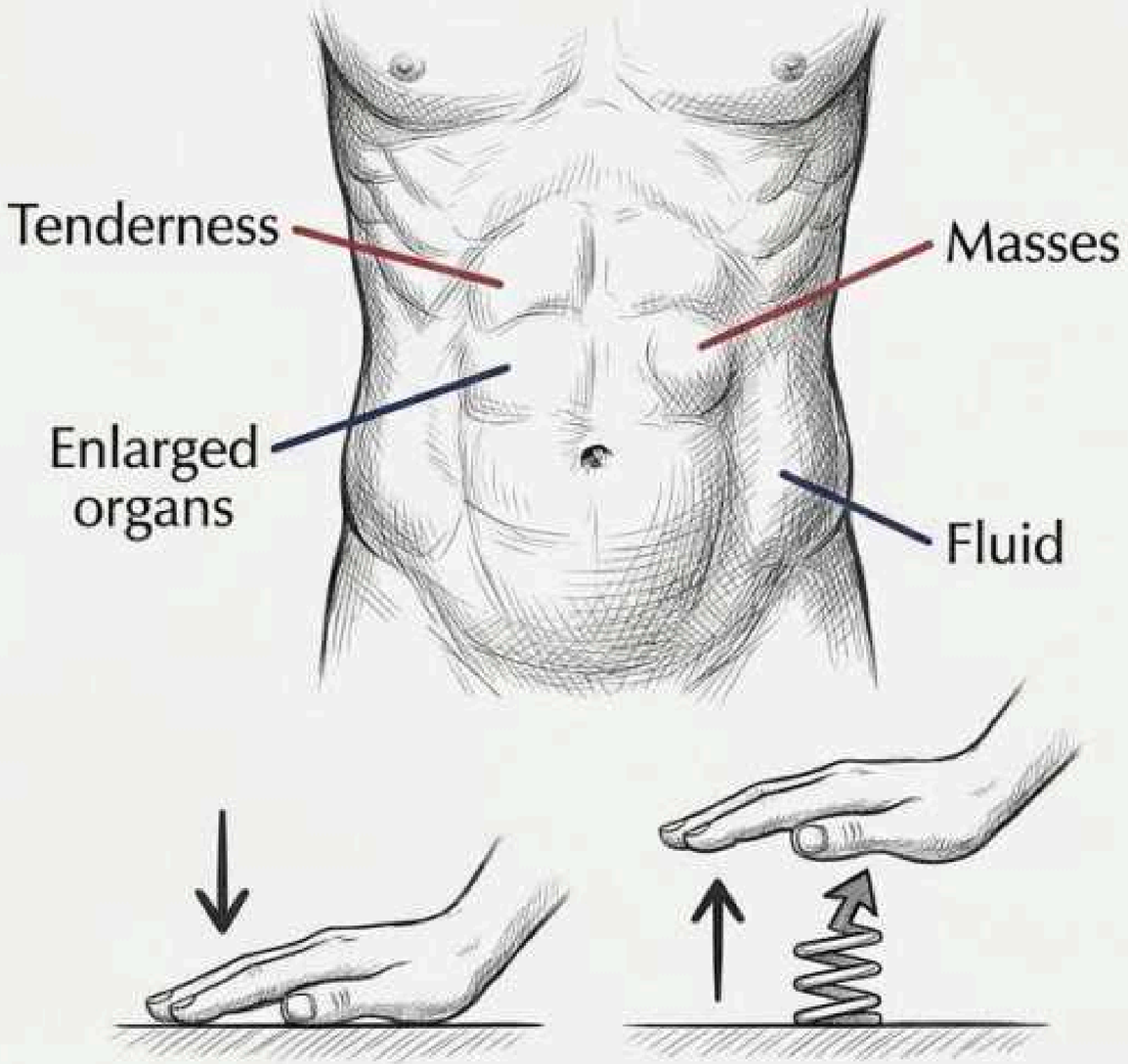
Crackles
-> Fluid/Scarring



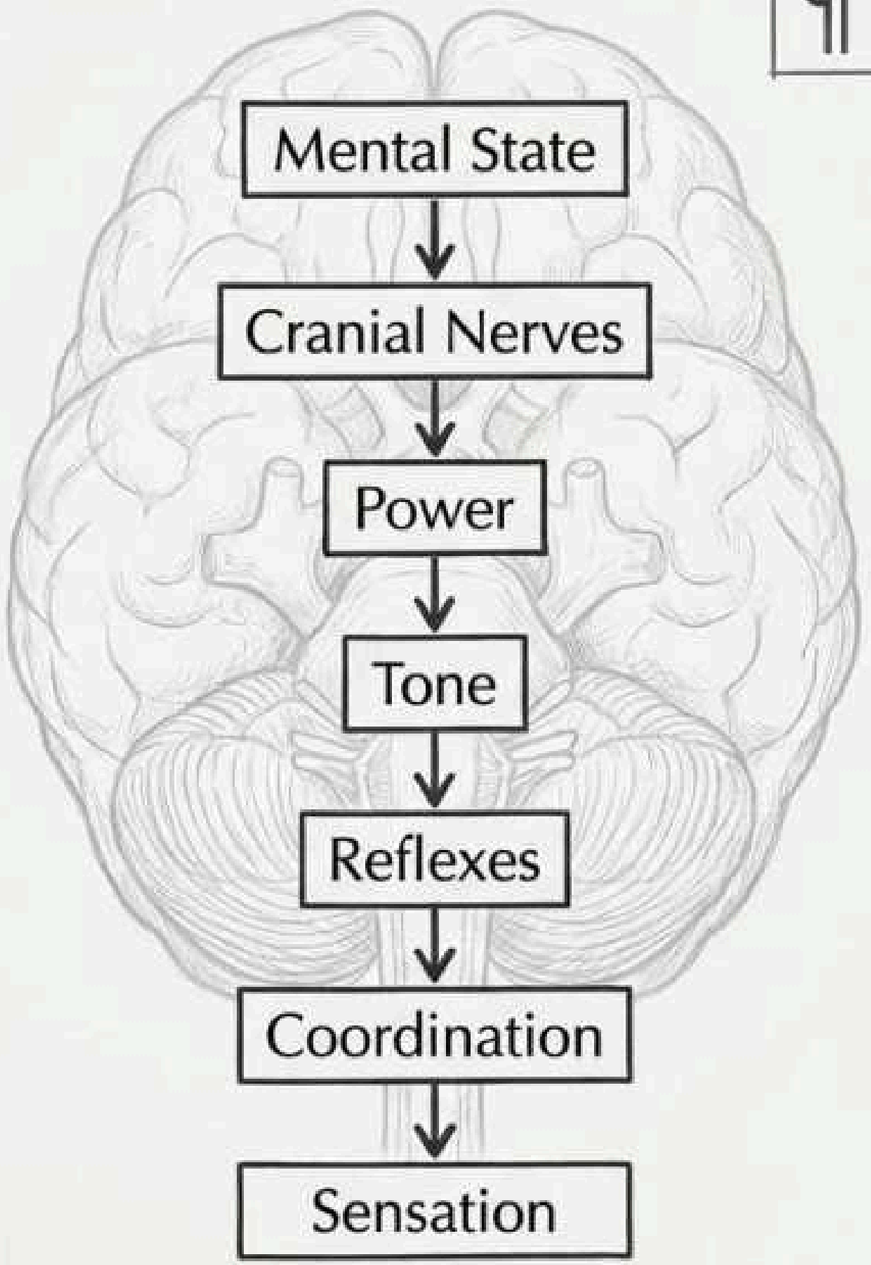
Wheezes
-> Narrowed Airways



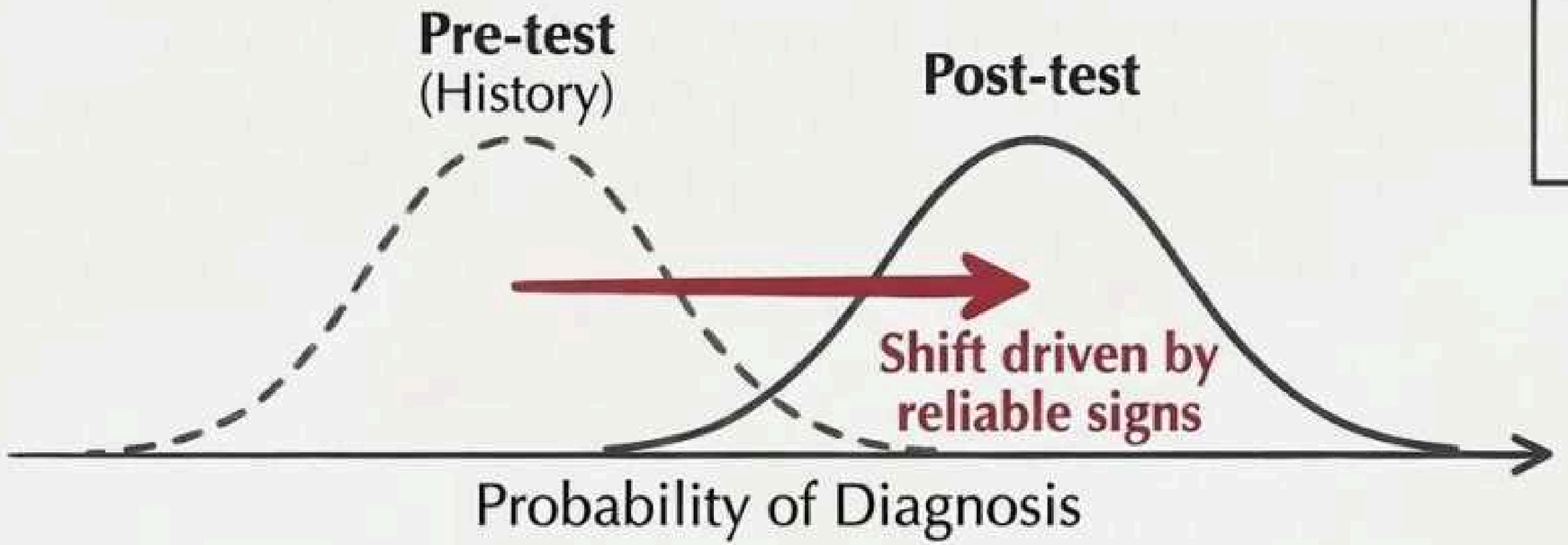
Fluid build-up
(Ankle swelling)

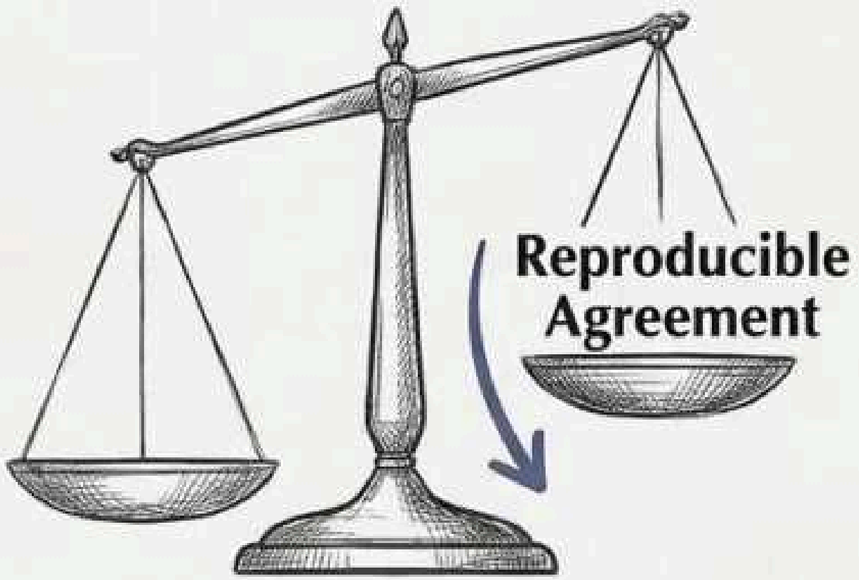


Signs of Peritonitis
(Rigid abdomen, pain on gentle/releasing pressure)
= **SURGICAL EMERGENCY.**



¶ 2.8



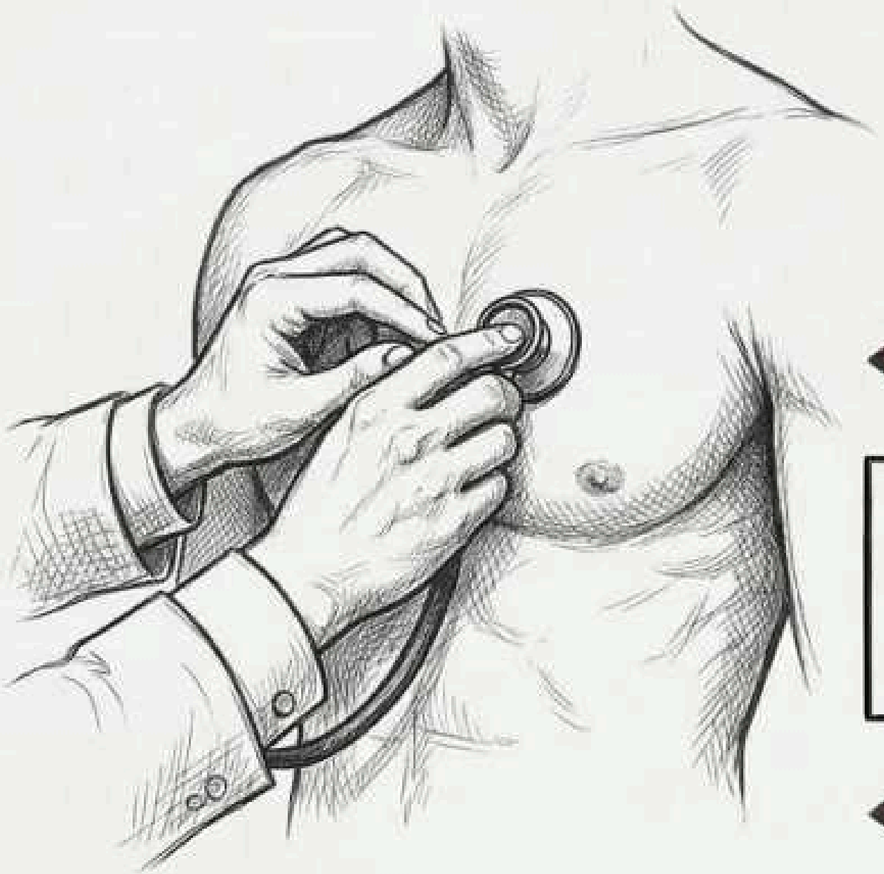


Likelihood Ratios (Ref: Medicine 515 B)

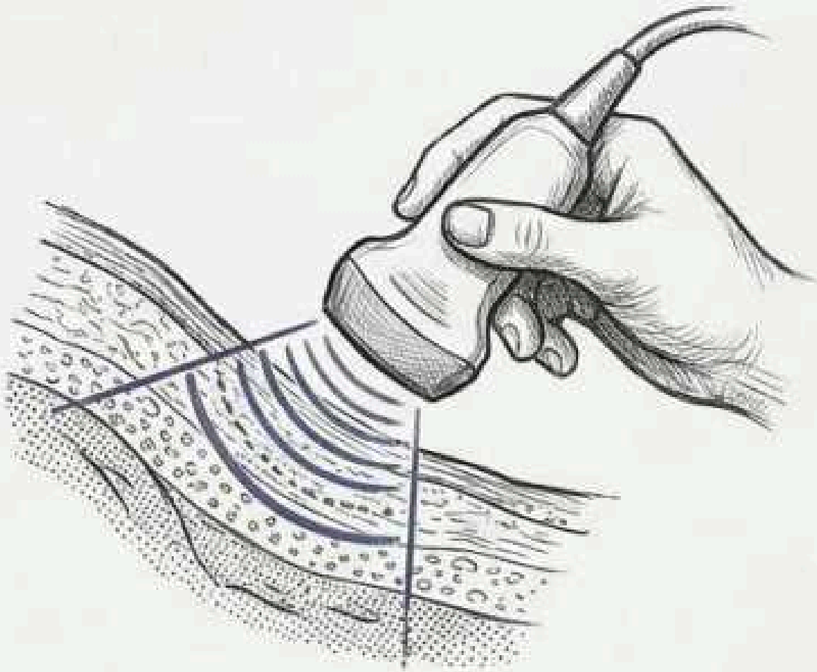
- **Strongly suggests (High LR+):** Rarely present, but definitive.
- **Reassuring absence (Low LR-):** Rules out disease.
- **Low reproducibility:** Carries little weight.

Knowing which signs carry weight is part of clinical skill.

¶ 2.9



Technology changes examination, but does not replace it.



Careful Physical Exam

- ✓ Quick
- ✓ Cheap
- ✓ Often Decisive
- ✓ Avoids unneeded tests

Bedside Ultrasound

(Ref: Medicine 534 B)

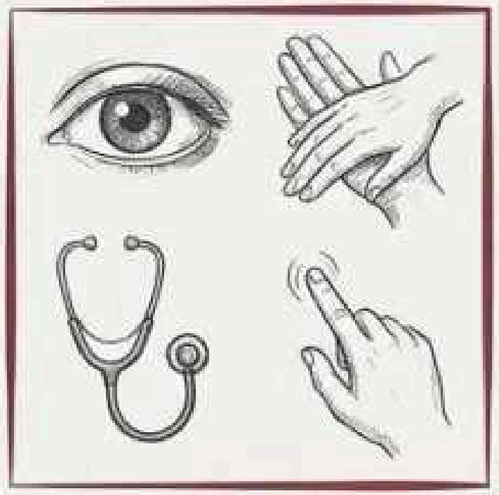
- ✓ Extends detection limits at the bedside

Capstone Flowchart

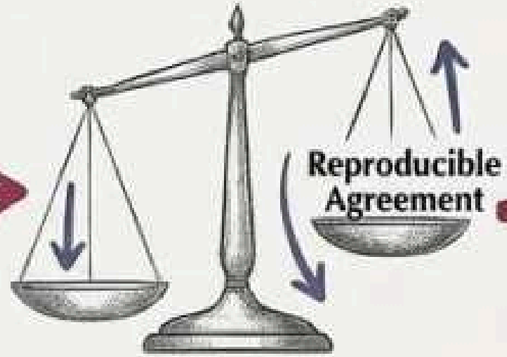
¶ 2.10



1. **Patient History**
(Guides the process)



2. **Targeted Exam**
(Canvas of Dignity + 4 Techniques)



3. **Objective Signs**
(Filtered by reliability)

Next: Reasoning from Findings to Diagnosis.