There is not a universal physical exam sequence practiced by all physicians. In fact, you will encounter great heterogeneity as you observe clinicians during your training. You should work to become familiar with a sequence that flows well for you and minimizes unnecessary repositioning of your patients.

The general aspects of most parts of the physical exam include inspection, palpation, percussion, auscultation. Do not forget inspection!

Below is one sequence that you may wish to try or adapt to your own needs. In some situations, not all parts of the physical exam need to be done. The exam is a problem-solving tool, just as is the patient’s history and lab testing.

**Introductions**
1. ____ Introduce self
2. ____ Confirm patient’s preferred name

**With patient sitting**
1. ___Wash hands & ___Clean stethoscope
2. ___Vital signs Also consider these:
   a. ___BP
d. ___Temperature
   b. ___Pulse (bilaterally)
e. ___Weight ___Height ___BMI
   c. ___Respirations
f. ___ Oxygen saturation [“pulse ox”]
3. ___Skin: Inspection of the skin is often integrated into other parts of the examination. As you perform each part of the physical exam, inspect the skin carefully, and ask if patient has noticed any skin changes.
4. ___Head [HEENT]
   a. ___Inspection of hair and scalp, palpation of skull
   b. ___Examination of ears
      i. ___Inspection, palpation [include gentle tug on pinna]
      ii. ___Otoscopic examination [insufflate if indicated]
c. ___Nose/nares
d. ___Sinus palpation
e. ___Oral cavity: teeth, gums, tongue, palate: “Aaah” tests CNs IX and X [see below]
f. ___Cranial Nerves: Many clinicians perform the CN exam at the same time during the HEENT exam since many of the HEENT functions are controlled by the CNs.
   i. ___Olfactory - not usually tested. Ask about changes in taste or smell
   ii. ___Optic
      1. ___Visual acuity [note whether or not tested with glasses on]
      2. ___Visual fields [by confrontation]
      3. ___Funduscopic exam/optic nerve [and retinal vessels]
   iii. ___Oculomotor
      1. ___Eye movements (along with CN IV [S.Oblique] and VI [Lat.R])
      2. ___Pupillary light reflexes (done with CN II)
   iv. ___Trochlear: Superior oblique, as above
   v. ___Trigeminal
      1. ___Corneal reflex - sensory limb of ocular branch (not routine)
      2. ___Facial sensation (light touch in all 3 trigeminal areas)
      3. ___Motor: jaw strength; open and close against resistance
   vi. ___Abduces: Lateral rectus function, as above
vii. ____Facial
   1. ____Corneal reflex – motor limb (as above, not routinely tested)
   2. ____Facial expression muscles: smile/bare teeth, puff out cheeks, wrinkle forehead, close eyes against resistance

viii. ____Vestibulocochlear
   1. ____Hearing to finger rub or whisper [Weber, Rinne if indicated]

ix. ____Glossopharyngeal
   1. ____[Sensory function: gag reflex (not routinely tested)]
   2. ____[Patient says “aaah”: check for symmetric elevation of soft palate (along with CN X); do with examination of the mouth, above]

x. ____Vagus
   1. ____[Swallowing, phonation; also tested during mouth exam]

xi. ____Spinal accessory
   1. ____Head, neck, shoulder movements: move head against resistance, shrug shoulders against resistance

xii. ____Hypoglossal
    1. ____Tongue movements (stick out tongue, observe for asymmetry); usually tested during oral cavity exam, above

5. ____Upper extremities
   a. ____Inspection of hands, nails, arms (color, capillary refill, skin turgor)
   b. ____Radial pulses (already done if you checked the patient’s pulse yourself)
   c. ____Epitrochlear and axillary lymph nodes (wash hands after exam). Axillary LN exam often done with breast exam in women.

6. ____Neck
   a. ____Inspection
   b. ____Thyroid exam (from behind or side)
   c. ____Neck lymph nodes: occipital, posterior auricular, posterior cervical, cervical, preauricular, submandibular, submaxillary, submental
   d. ____Supraclavicular nodes (stand behind patient, patient inspires)

7. ____Back
   a. ____Inspection of cervical, thoracic, and lumbar spine
   b. ____Palpation of cervical, thoracic, and lumbar spine
   c. ____Range-of-motion (ROM) of neck

8. ____Lungs Ask patient to breathe through open mouth
      i. ____Inspection, [check expansion], auscultation, percussion (if indicated)
      ii. ____Tactile fremitus if indicated
   b. ____Lateral lung fields
      i. ____Auscultation, percussion (if indicated)
   c. ____Anterior lung fields
      i. ____Tracheal inspection
      ii. ____Inspection, auscultation, percussion (if indicated)

9. ____Heart
   a. ____Inspection and palpation for PMI, heaves
   b. ____Auscultation: Carotids (ask patient to hold breath, then exhale); then all 4 cardiac areas with diaphragm
   c. ____Tricuspid and mitral areas also with bell

With patient supine at 30 to 45 degrees
10. ____Heart (continued)
   a. ____Estimation of jugular venous pressure (JVP)
   b. ____Abdominojugular test (AJT)/Hepatojugular reflux (HJR) if indicated

**With patient supine**

11. ____Heart (continued)
   a. ____Inspection
   b. ____Auscultation of all 4 cardiac areas
   c. ____Left lateral decubitus position with bell of stethoscope
      i. ____Locate PMI or mitral area: (mitral stenosis, S₃, S₄)

12. ____Abdominal exam
   a. ____Inspection
   b. ____Auscultation: for bruits and bowel sounds [sucssuction splash if indicated]
   c. ____Palpation (relax abdominal muscles by bending knees)
      i. ____Light palpation for tenderness, guarding
      ii. ____Deep palpation for aorta, masses, etc
      iii. ____Liver and spleen palpation
   d. ____Percussion: liver; Traube’s space/Castell’s method (spleen)
   e. ____Inguinal lymph nodes [and femoral pulses]

13. ____Lower Extremities: pulses, edema, capillary refill; hip, knee, ankle range-of-motion

14. ____Heel-to-shin (if performing); this cerebellar test is best done with patient supine.

15. ____Breast exam (including axillary lymph node exam) may be done here

**With patient sitting**

16. ____Musculoskeletal exam
   a. ____Joint survey: this is a quick inspection and palpation of major joints [if patient has no joint symptoms]
   b. ____Range-of-motion (ROM) upper extremities
   c. ____Range-of-motion (ROM) lower extremities (if not already done while patient supine as above)

17. ____Screening neurologic exam
   a. ____Reflexes (Biceps, triceps, brachioradialis, knee, ankle, Babinski [planter response]
   b. ____Motor strength and sensation: upper and lower extremities
   c. ____Cerebellar function (coordination)
      i. ____Finger tapping
      ii. ____Rapid alternating movements
      iii. ____Finger-to-nose
      iv. ____Heel-to-shin (if not done above; supine position preferred)

**With patient standing**

18. ____Spine range-of-motion (ROM), Scoliosis screen

19. ____Gait [including symmetry, posture]

*If performing*

20. ____Genital/pelvic/rectal

Additional observations or remarks: