

Hello, my name is And I will be demonstrating a physical examination within 30 min the advanced physical assessment course. can the room 360 degrees, with no notes/aides/devices present.

My name isand I give approval for this exam to be recorded and submitted for grading purposes.

I will verbalize each exam step, and identify the cranial nerves by name and number.

Hi my name isand I will be performing a complete physical today.

• Head Face EAR

Inspecting face, no discolorations or lesions

- × Inspect his head, midline and
- × symmetrical. palpating the *lymph nodes*,
- × preauricular lymph nodes, right in front of the ear,
- × postauricular, right behind the ear.
- × occipital back of the head.
- × tonsillar below angle of mandible
- × jawline, submandibular
- × submental under chin.
- × anterior cervical neck in front of SCM muscle
- × posterior cervical lymph nodes. Behind SCM muscle
- × supraclavicular lymph nodes right above the clavicles. I do not feel any enlargement, equal bilaterally.

CN 5&7

- × Trigeminal nerve, cranial nerve number five.
- × motor component, Palpate over the masseter muscle as he clenches his jaw. No distortions, & super strong strength.
- × Test sensory portion of the trigeminal nerve.
- × Ask Todd close eyes & tell me where he feels my touch.
 - × > > Forehead, right cheek, left cheek, chin, nose. > >
- × Test his facial nerve, cranial nerve number seven.
- × Do some facial expressions.
 - × (smile, Noted symmetrical. Frown for me. Raise your eyebrows- go ahead puff up cheeks,) Notice they're equal bilaterally.
- × Pucker your lips, very tight pucker. Looks great!

EAR

- Let's inspect Todd's ears, No nodules or any skin lesions. Let's look at your other ear Todd. Note that they're symmetrical, & look good,
- Inspect auditory canal & tympanic membrane: USE otoscope. pull his ear up and back, look in, note external auditory canal is clear, no swelling or redness or drainage or cerumen. The tympanic membrane is pearly gray, no effusion in the middle ear.
- I will do the same for the left ear, pulling the ear up and back, looking into the external auditory canal. no swelling or redness, drainage, and no cerumen. The tympanic membrane is pearly grey, and no fluid in the external auditory canal.
- eardrums and ears are healthy and normal.
- palpate Todd's pinna, Note no nodules or tenderness, Todd any tenderness? And now the tragus, in front of the ear, any tenderness? >> No. >>
- TEST CN 8 acoustic nerve, whisper test, cover one of YOUR ears. stand behind him, cover my mouth, and whisper three words. One, two, three. >> One, two, three. >> And let's do the other side. Four, five, six. >> Four, five, six. >> hearing is intact bilaterally.

EYES

- × Inspect sclera & conjunctive pink, clear, moist no drainage or lesions; sclera is white and clear.
- × CN2 optic nerve, & covers gross visual acuity & peripheral /central vision.
- × I will use this Snellen eye pocket chart. And I'll stand six feet away and have Todd cover one eye. PLS read the lowest line possible. >> LTFPH. >> Repeat with the other eye. >> LTFPH. >> And now with both eyes. >> LTFPH. >> And TODD has normal vision, 20/20 in her left eye, right eye, and both eyes.
- × Next, CN2 optic nerve again, peripheral vision. Todd stand up & be at the same eye level. TODD look straight ahead & DO NOT move his head, TEST PERIPHERAL VISION MOVE HANDS BEHIND HIM, IN FRONT ASK Do you see my hands now? COME FROM BEHIND BELOW & ABOVE
- × OK, thank you, Pls have a seat. His peripheral vision is normal.
- × CN2, the optic nerve, for pupil response to light. And I'm using the ophthalmoscope headlight. Todd stare at my nose. Now from the side with my light source, his pupil constricts, Next I will check the right eye. And his pupils are about two to three millimeters, & respond to light equally.
- × CN3 4 & 6 ocular motor, trochlear, abducens. And in doing so, I will choose a star or an H pattern, and this is checking the extraocular muscles of the eye. So pls follow my finger, with your eyes only. all EXTRAOCULAR EYE MOVEMENTS are intact equally.

NOSE, Mouth, Trachea

Nose, Midline. No obstruction or any noticeable fracture or swelling. Look inside left turbinates, and midline septum with pink and moist turbinates. Angle anteriorly, septum is straight, no deviation.

- × COVER right side, septum, straight septum with turbinates on the lateral aspect healthy, pink, with no swelling or bogginess.
- × Palpate sinuses START AT frontal sinuses
- × Maxillary sinuses, any tenderness? >> No. >> Thank you.
- × Throat and mouth, lips, pink, and moist. open mouth, TEETH NO see SIGNS of decay, or cracks. Gums look nice, pink, and healthy no redness or bleeding noted.
- × Buccal mucosa bilateral, moist and pink. Upper hard and soft palates are intact, healthy pink& moist. Tongue is smooth, healthy pink, and moist. lift your tongue up, and I'm looking at the floor of the mouth, pink moist no nodules, or drainage noted.
- × Posterior pharynx towards the back, healthy pink, no post nasal drainage noted. He has no tonsils, otherwise I would grade them.
- × CN 9 glossopharyngeal, gag reflex, not testing for that. CN10 VAGUS open mouth again. USE light source SAY AHHH And I note that the uvula

Does rise symmetrically with phonation. Thank you.

Throat, Neck, Thyroid, heart sounds

- × CN12, hypoglossal. tongue out, move it side to side. palpating her TMJ, which is her temporomandibular joint. I'm palpating on both sides for any subluxations, tenderness, or crepitus. open your mouth, and close I don't feel any crepitus, clicking, or tenderness.
- × ASSESS neck, looks symmetrical NO DEFORMITIES, palpate your trachea. the trachea. Is midline, no abnormalities.
- × Palpate thyroid gland, cricoid process. one hand in the suprasternal notch, And I will put my fingers on either side, between those two points, landmarks, retract a little bit on one side and ask to swallow. I will feel the thyroid as it rises for size in any nodules. retract on the opposite side, and swallow. And that would be the thyroid gland palpation.
- × Palpate carotid arteries one at a time, normal and bounding.
- × AUSCULATE carotid arteries, checking bilaterally for any bruits. hold ur breath, breathe. And take a breath in. Hold it. And breathe. NO BRUITS BILATERALLY
- × ROM of the neck your chin down to your chest. Now straighten your neck, look up to the ceiling, and extension now look forward. look over your right shoulder. THATS rotation, now your left shoulder rotation. flexion to the side, like ear to your shoulder. That's lateral flexion. And the other side, lateral flexion. Happy to report they are all intact equally.
- × CN 11, which is the spinal accessory nerve. Put resistance shoulders shrug ur shoulders. equal, and intact.

HEART

- × AUSCULATE heart sounds. Sit & auscultation in all five areas, with the bell and the diaphragm,
- × Aortic valve, 2ND intercostal space on the R sternal border.
- × Pulmonic valve, 2ND intercostal space L sternal border.
- × Erb's point, 3RD intercostal space, L the sternal border.
- × Tricuspid, 4TH intercostal space, L sternal border.
- × Mitral area, the midclavicular line, 5TH intercostal space.

Inspect ur anterior chest, for any obvious deformities in symmetry, Nothing noted.

Lungs

Auscultate lung sounds in the interior lung fields, beginning at the intercostal spaces. Pls take some normal breaths in and out through your mouth. breath sounds are clear. '

- × Posterior chest. To listen lungs. turn around.
- × Auscultate 8 areas, beginning above the scapulas. Take normal breaths, in and out through your mouth.
- × Lateral. Middle right, middle low.
- × Sit down. check upper extremities.
- × inspecting the joints hands. extend your hands out. NO redness , swelling or any deformities o finger joints. Palpate for capillary refill. one finger on each hand. turns healthy pink, within less than 3 seconds. Check left side, turns a healthy pink in less than 3 seconds. And that would be a normal capillary refill.

JOINT PULSES

- × Radial pulses bilaterally, face your palms inward
- × palpate the radial pulses. And they are equal, about 2+ bilaterally.
- × ASsess hand grips. Grip my hands together tight. Very good, strength in Hands five out of five.
- × passive UNILATERAL ROM elbow. Flexion and extension. And I would do so on the other side.
- × Check strength of biceps and triceps. Pls flex your elbows and push against my hands. And now, pull back towards you, biceps and triceps strength was five out of five.

✗ **Passive ROM shoulder.** Flexion, extension, internal rotation, external rotation. Then you have abduction and adduction.

- ✗ ***cerebellar coordination*** rapid alternating movements. Take your thumb and touch your index finger, middle finger, and fourth finger, fifth finger. Repeat - Great coordination.
- ✗ rapid movements hands. Palms down on your thighs, then up, and then down, and alternate, now increase the speed. Very good, normal coordinated.
- ✗ Assess her ***deep tendon reflexes***, we'll do one side for demonstration purposes. start with the bicep tendon. support arm on my arm, and
- ✗ Placing my thumb on the medial aspect of the antecubital fossa, I will strike my thumbnail with the pointy end of the hammer. And as U see, he contracted his bicep tendon great. Now I'm checking his patellar reflex with the flat end of the hammer. Great response.
- ✗ And I'll come around 4 the Achilles. Pls relax ur foot, now dorsiflex the foot a little bit and tap with the flat end. And you notice he had a little bit of pronation there.

ABDOMINAL EXAM

- × Now I'll have the patient lie down for the abdominal exam. expose abdomen. Observing the abdomen for its contours and symmetry, no distortions.
- × Auscultate bowel sounds in all four quadrants.
- × Bowel sounds are present in all four quadrants. Auscultate for bruits.
- × Begin with the aortic area, below the xiphoid process.
- × Midline. left renal, which is above and lateral to the left, the umbilicus. The right renal is to the right and above the umbilicus.
- ×

The iliac, to the left and below the umbilicus. And the right iliac, which is to the right and below the umbilicus. And I do not hear any bruits.

- × Percuss four quadrants. I'm percussing for any tympany, dullness, or flatness. normal.
- × Palpate 4 quadrants for tenderness & masses. Feels normal, don't feel masses.
- × Palpate liver and spleen.
- × Liver. place left hand underneath & I'm looking at the midclavicular line on the right. Placing my palm upward right at the edge of the costovertebral angle,
- × take a deep breath in. I'm pressing deeper and upward, and I might feel the lower edge of the liver.
- × Spleen- adjust & over towards me laterally. Put my left hand back here. Right below the costovertebral angle I'm gonna put my right hand. As he breathes in, once again pushing upward and downward. I do not feel the edge of the spleen which is normal.
- × Assess the Blumberg sign. Take hand vertically 90 degrees press down into the abdomen.
- × When I release, if any pain felt on rebound, positive Blumberg sign. Any pain?

- × Assess lower extremities. inspect skin for any lesions /edema. None noted.
- × ROM hip flex his knee. And, in turn, flex his hip. Abduction, taking the leg away. Adduction, crossing the midline.
- × internal rotation. And then external rotation. Rest leg. For purposes of this exam not testing extension.
- × ROM- knee, flexion & extension. Assess the strength of her knees. Flex your knees.
- × Place my hands on top, push up towards them. Now push back. Awesome, strength 5 OUT OF 5 & equal.
- × Extend your legs. Range of motion ankle. Supporting the ankle, dorsiflexion, plantar flexion, and rotation.
- × Assess the strength ankles. Dorsiflect with resistance. Plantar flexion with resistance. five out of five and equal as well.
- × Assess her dorsalis pedis pulses. And they are 2+ and equal.

- × Todd stand up. Spine examination, Inspect and palpate along both sides of the spine for any expected curvatures, alignment, and tenderness.
- × ROM spine. Bend over and touch her toes. Straighten back up, extend backwards. Straighten back up - lateral flexion to one side- then the other. Rotation, right - left. Strong & active ROM.
- × Romberg stand with arms down by side. Close eyes for about 20 seconds, and I'm looking for any swaying. None noted. You can open your eyes. So that would be a negative Romberg.
- × Assess gait, few steps forward. Turn around and a few steps more. Awesome!.
- × Thanks for allowing me to exam you, & This ends my physical examination for the NR509 advanced physical assessment course



Thank you

someone@example.com