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FOR USE BY MEDICAL PERSONNEL IN EXAMINATION PROCEDURES DURING PATIENT EVALUATION.

WHILE NOT ALL INCLUSIVE, THIS GUIDE PROVIDES PERTINENT ASSESSMENT GUIDELINES.

This Booklet is dedicated:
To the Hospital Corpsman of past who served and gave their all for fellow shipmates in need of care.

To the Hospital Corpsman of today to assist them in that task.

To the Hospital Corpsman of the future to continue that fine tradition.

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This booklet is can be downloaded at the following site:


Comments or Suggestions are greatly appreciated.

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1-5..........History/Subjective/Objective
6..............Skin/Nails/Hair
HISTORY

Subjective

All important: Depending on the chief complaint consider everything, document the essential. Consider Abdominal, Genitourinary, Respiratory, Cardiovascular, Neurological, Musculoskeletal, and Psychiatric involvement.
Document presence or absence of fever, chills, nausea, vomiting, diarrhea, chest pain, shortness of breath and headaches. If you don't ask, they might not tell!

Focus on History of Present Illness
P- What Provokes discomfort?
Q- What is the Quality of the discomfort?
R- Where is the Region of the discomfort?
S- What is the Severity of the discomfort?
T- What is the Time sequence?

What was the mechanism of injury?
What was the pt doing prior to incident?
Are there any associated symptoms?
Are there any aggravating/relieving factors?
Is this a recurrent illness or injury?
Is the patient on any medications?
Note pt's ETOH, caffeine and smoking habits.
Allergies? ASK FOR YOURSELF!
REVIEW OF SYSTEMS: To help you focus your exam, consider a ROS.

General: First Impression. Nutritional status, weight gain/loss, weakness, fatigue, hydration status & overall condition?

Skin: Changes in skin/nail/hair texture, appearance and color. Rashes, itching, lumps or infection? Cellulitis, Lymphangitis, lymphadenopathy?
**Head:** Loss of consciousness? Lightheaded, vertigo, headaches, symmetry, Hx of Injury, PMH, sinus pain? Visual disturbance?

**Ears:** Acoustic trauma, hearing loss, tinnitus, drainage, pain, infection, discharge, vertigo. Hearing aids? Last Exam?

**Eyes:** Visual changes, diplopia, epiphora, pain, discharge, injection, light halos, trauma, photophobia, glaucoma, cataracts, last eye exam? Iritis, visual acuity, and Glasses/contacts?

**Nose/Sinuses:** Olfactory changes, stuffiness, drainage, itching, obstruction, hx of trauma, hay fever, nosebleeds, sinus problems.

**Throat/Mouth:** Hoarseness, dysphagia, enlarged tonsils, bleeding gums, sores, leukoplakia, teeth condition, caries, tongue changes, dry mouth, hx of sore throat?

**Neck:** Goiter, pain, masses, nodules, adenopathy, thyroid problems, stiffness, crepitus? Hx of Injury?

**Respiratory:** Cough, dyspnea, pleurisy, sputum (amt, type, color), asthma, bronchitis, COPD, emphysema, effusion, TB, last CXR? Coccidiomycosis, Histoplasmosis and smoking history?

**Cardiac:** HTN, hyperlipidemia, rheumatic fever, murmurs, chest pain/discomfort, orthopnea, dyspnea, edema, last ekg/stress test? CHF, pericarditis. Hx of surgeries/procedures/monitors.

**Peripheral vascular:** Nocturnal pain, claudication, varicose veins, thrombophlebitis, leg cramps? CHF? Venous insufficiency? DVT?
Gastrointestinal: Heartburn, dysphagia, appetite, indigestion, belching, flatulence, hematemesis, stool changes, hemechezia, melena, diarrhea, constipation, nausea, regurgitation, vomiting? Hx of gallbladder, liver, pancreatic disease, PUD?

Genital (male) Hernias, sores, lesions, penile discharge, pain, testicular/mass discomfort, scrotal mass/discomfort? Hx of STD's. Sexual hx, function, problems?

Genital (female): Birth control, sexual hx/function, STD's, itching, sores, discharge, dyspareunia, last pap/pelvic exam? Menarche, menopause, LMP, GPA, menstrual regularity, frequency, duration, amt? Dys/amenorrhea, metromenorrhea and PMS,

Urinary: Dysuria, polyuria, frequency, stones, pattern change, incontinence, nocturia, STD, hesitancy, dribbling, hematuria, infections? Flank discomfort?

Hematologic: Bleeding, bruising, anemias, petechia, hx of transfusions, sickle cell, thalassemias, G6PD?

Endocrine: Thyroid, adrenal, hormonal. Heat/cold intolerance, edema, hirsutism, sweating, excessive thirst, hunger, polyuria, pigment changes?

Psychiatric: Anxiety, mood swings, mania, depression, memory loss, insomnia, suicidal ideations, delusions, hallucinations?

Musculoskeletal: Myalgia, stiffness, gout, arthritis, backache. Hx of swelling, pain, erythema, tenderness, decreased ROM? Hx of trauma, overuse.
Neurologic: Syncope, vertigo, seizures, blackouts, parasthesias, paralysis, tremors, weakness, involuntary movements, equilibrium, LOC.

Other Problems and past medical history:
Consider any other problems which are currently active, comments should include functional impairment, childhood /adult illnesses, Hx of trauma, surgeries, hospitalizations.

Document environmental exposures and Family History when appropriate.

OBJECTIVE

Always start your objective with a opening statement concerning the patients general appearance and condition.

Example: Well developed, well nourished male in no acute distress. Pt is alert, orientated x3, cooperative, and shows no gross mental status changes. Pt appears hydrated. Vital signs noted.

Consider listing a minimum of 3-4 Physical exam findings for each complaint. Check the system
above and below, and include the possibility of cutaneous, musculoskeletal and occult findings. Document the absence of critical findings. This Booklet will assist you in that task. Remember, its not what you find that gets you in trouble. IT'S WHAT YOU MISS!

SKIN/NAILS/HAIR

Inspect for color changes: brown, gray, bronze, blue reddish blue, red, yellow, hypo/hyperpigmentation. Palpate for skin changes: in moisture, temperature, texture, turgor. Inspect and palpate nails for changes in texture, color and shape. Look for infections. Inspect and palpate hair for changes in quantity, quality, texture and distribution. Look for infections.

Primary Lesions include: macules, patch, papule, plaque, nodule, tumor, wheal, vesicle, bullae, pustule. Secondary Lesions include: Erosion, ulcer, fissure, crust, scale, lichenification, atrophy, scar, keloid.

PERTINENT POSITIVES AND NEGATIVES
HEAD/FACE

Inspect for symmetry, lesions, rashes, edema, erythema, twitching, involuntary movements, evidence of trauma/infection.

Palpate for masses, nodules, lymph nodes, salivary glands, Sinus tenderness, temporal artery tenderness, step-off.

PERTINENT POSITIVES AND NEGATIVES

? Edema, ecchymosis
? Erythema, exudate, erosions
? Obvious deformity
? Mastoid tenderness/ Battle sign
? Cranial Nerve compromise (see page 34)
? Cerebellar function (see page 31)
? Periorbital edema/cellulitis
? TMJ tenderness
? Signs of infection
? Sinus tenderness

EYES

Visual Acuity: Gross exam at 14" tests only near vision!
Snellen Chart is more reliable.
Document as 20/___ OS, 20/___ OD, 20/___ OU with and
without correction if applicable.

Inspect the Eyebrows, eyelids, lacrimal apparatus,
conjunctiva, sclera, cornea for edema, erythema, injection,
abrasion, infection. Note pupils for dilation/constriction.

Inspect for position and alignment of eyes. Orthophoric vs
evidence of Strabismus.

Hirschberg's test: Look for the light reflection on
corneas. Are They Symmetrical?

Cover/Uncover Test: Tests for Strabismus.
Exotropia, Esotropia, Hypertropia, Hypotropia?

**Fields of Confrontation:** Cranial nerve II
Tests for peripheral vision. Evaluate both eyes (8 fields)
Are they equal to yours?

**Extra Ocular Movements:** Check the 6 cardinal fields of gaze. Check for nystagmus, convergence, lidlag.

*Cranial Nerve III* responsible for opening the eye, pupillary constriction, most extraocular movements.
*Cranial Nerve IV* responsible for downward, inward movement of eye. (*Superior oblique*) SO4.
*Cranial Nerve VI* responsible for lateral deviation of eye. (*Lateral rectus*) LR6.

**Fundoscopic Exam:** Note the Optic disc for sharp margins, 2:1 cup to disc ratio. Is there any evidence of Retinal changes
(AV nicking, copper wiring, exudates, wool spots, tapering, banking, neovascularizations.)
Is there any papilledema, retinal detachment, drusen?

**PERRLA:**
Pupils, Equal, Reactive, Round to Light and Accommodation. Did you really check them all?

**PERTINENT POSITIVES AND NEGATIVES**
? PERRLA/visual acuity
? Injection/erythema/discharge (color, amt, type)
? Ciliary/Limbic Flush, Limbic pallor, Hyphema, Dendrites
? Foreign Body, abrasions, ulcers, invert eyelids
? Anterior chamber depth, IOP
? Preauricular Nodes
? Fluorescent Stain
? Keratoconjunctivitis

**EARS**

Inspect Auricles and External canal for lesions, nodules, foreign bodies, deformities, erythema, edema, wax, ecchymosis, discharge.

Palpate for tenderness and masses. Note preauricular and post auricular nodes.

**Auditory Acuity** (conductive vs neuro loss)

Whisper test: (gross exam)
Weber test: lateralization to which ear?
Rinne test: is AC>BC?

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<th>Suspected Hearing Loss</th>
<th>Weber Test</th>
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10
Neuro R  Cond L  Norm  Bilat =  Neuro L  Cond R  
Norm L  Norm R  Cond Loss  Norm R  Norm L

**Tympanogram:** Evaluate Eustachian tube function.

**Conductive Loss:** may be due to wax, foreign body, tympanosclerosis, otitis media, cholesteatoma.

**Neuro Loss:** may be due to Cranial Nerve VIII dysfunction, cochlear damage, acoustic trauma.

**PERTINENT POSITIVES AND NEGATIVES**

- External ear & canal condition/
- Lymphadenopathy, hematoma,
- Laceration with cartilage exposure
- Edema, erythema, abrasions, cerumen
- Drainage (color, amt, type)
- Tenderness (where)
- Foreign body, masses
- **TM** condition (color, intact, mobile, landmarks)
- Hearing acuity, Tympanogram
- Air Fluid level
- Anterior Cone of Light
- Mastoid tenderness
NOSE/SINUSES

Inspect for masses, lesions, edema, erythema, deformity. Visualize the mucosa, note color, consistency, lesions, masses, discharge, exudate, abrasion, lacerations

Palpate for tenderness, Percuss frontal and maxillary sinuses. Have patient bend forward. Note increase in discomfort to sinuses. Transilluminate with otoscope

PERTINENT POSITIVES AND NEGATIVES

? Symmetry, Patency
? Ecchymosis, edema, exudate
? Bleeding (ant vs post)
? Drainage (color, amt, type)
? Septal hematoma (fracture)
? Polyps
? Foreign body
? Mucous membrane color
THROAT

Inspect lips, gums, teeth, buccal mucosa, tongue, soft/hard palate, ant/post pillars, tonsils, uvula, posterior pharynx, frenulum, salivary glands.
Note any lesions, masses, edema, erythema, pustules, exudates, ecchymosis, nodules, masses, discharges, ulcerations, color variations.

PERTINENT POSITIVES AND NEGATIVES

? Uvula (midline?) Trismus, PTA
? Erythema, edema, (where?)
? Exudate (color, amt, type, where?)
? Pustules, vesicles (where?)
? Breath odor (fetid?)
? Adenopathy (which ones?)
? Tonsils (presence/absence)
? Ulcerations, Leukoplakia?
? Abscess (where?)
? Oral Hygiene
? Rash on face/trunk
? Heart Murmur, Hepatosplenomegaly
NECK

Inspect skin, trachea, thyroid, SCM, anterior/posterior triangles.

Note symmetry, lesions, nodules, masses, edema, ecchymosis, erythema.

Palpate all landmarks for tenderness, crepitus, spasm, nodules, masses, nodes.

Lymph node examination: Preauricular, postauricular, occipital, tonsillar, submandibular, submental, anterior cervical, posterior cervical, supraclavicular.

Assess Range of Motion: Flexion, extension, lateral rotation, lateral bending. (active and passive)

PERTINENT POSITIVES AND NEGATIVES

? Masses, edema
? Nodules
? Meningeal signs (kernig, brudzinski)
? Erythema, ecchymosis
? Rigidity, Suppleness
? Tenderness
? Thyroid exam
? Lymphadenopathy
? Range of motion

CHEST AND LUNG

Auscultate all lobes, for pneumo/consolidation, consider AP/LAT CXR. If suspect effusion, include lateral decubitus view.

Percussion: Listen for dull, tympanic, resonant, hyperresonant, flat sounds.

PERTINENT POSITIVES AND NEGATIVES

? Auscultation (all lobes)
? Respiratory expansion
? Diaphragmatic excursion
? Tactile fremitus
? Percussion
? Egophony, bronchophony, whispered pectoriloquy
? Spirometry (before and after)
? FEV1, pulse oximeter
? Pleural rubs
? Wheeze, rhonchi, rales (inspiratory/expiratory)

HEART

Inspect for heaves, thrusts, obvious deformity. Note PMI (LMCL at 5th ICS) location and activity.
Palpate valve areas:
(A) AORTIC -- RUSB at the 2nd ICS
(P) PULMONIC -- LUSB at the 2nd ICS
(M) MITRAL -- LMCL at the 5th ICS
(T) TRICUSPID -- LLSB at the 5th ICS
ERB's Point  LMSB at the 3rd ICS
Point of Ectopy midway between P and M

Auscultate valves with:
Diaphragm for High Pitched sounds.
examples- S1, S2, regurgitant murmurs
Bell for Low Pitched sounds:
examples- S3, S4, stenotic murmurs

Murmurs are graded 1-6, note location, pitch, intensity, shape, quality, timing.

Systolic Murmurs vs Diastolic Murmurs
(A) stenosis (A) regurgitant
(P) stenosis (P) regurgitant
(M) regurgitant (M) stenosis
(T) regurgitant (T) stenosis

HEART

PERTINENT POSITIVES AND NEGATIVES

? Rate, rhythm, regularity
? S1, S2, S3, S4
? Splits, clicks
? Murmurs
? Friction rub
? Thrills, heaves, thrusts

**EKG Pertinent Positives and Negatives**

? Rate
? Rhythm
? Regularity
? Axis
? PR/QRS interval
? Q's (where), J point changes
? BBB's, hypertrophy, hemiblock
? ST changes
? Sinus, AV, junctional, ventricular origin
? WPW, early repolarization
? Upright T’s in I, II, V2-6

**PERIPHERAL VASCULAR SYSTEM**

Inspect, Palpate and Auscultate carotids, abdominal aorta, renal, iliac, femorals, popliteal, posterior tibial, dorsal pedis, radial, ulnar, brachial pulses.
Look for edema, symmetry, venous, patterns, varicosities, change in temperature, color, texture differences on all extremities. Include nailbed assessment.

Palpate for sensory changes, varicosities, pulse differences, cord tenderness.

PERTINENT POSITIVES AND NEGATIVES

? Jugular venous distension (CVP)
? Hepatojugular reflux
? Retrograde filling test (valvular competency)
? Manual compression (saphenous)
? Allen's test (radial/ulnar patency)
? Adson's test (subclavian)
? Thrombophlebitis/DVT
? Compartment Syndrome
? Varicosities
? Homan's Sign

GASTROINTESTINAL

Inspect abdomen for lesion, masses, distension, erythema, edema, ecchymosis, color changes, striae. Auscultate all four quadrants for bowel sounds, listen to aorta, renals, iliac arteries. Palpate (light/deep) for guarding, rigidity, masses, tenderness.
Percuss entire abdomen, liver and spleen.

**PERTINENT POSITIVES AND NEGATIVES**

- Masses, aneurysms, bruits
- Hepatosplenomegaly
- Rigidity, guarding, rosvings
- Rebound, referred rebound
- Psoas, obturator, cough
- Heelslap, pelvic shake
- Ascites (fluid wave)
- Murphy's, Cullen's, Grey-Turner's sign

**Rectal Exam**

- Sphincter tone, hemocult
- Fissure, fistula, hemorrhoids
- Ulceration, excoriation, infection, lesions
- Prostate: size, shape, consistency, boggy, hard, firm, enlarged, nodules, masses, tenderness.

**GENITOURINARY (MALE)**

**Inspect entire** pubic area. Note lesions, masses, edema, erythema, ecchymosis, excoriation, lichenification, discharge, drainage.

**Palpate entire** pubic area for tenderness, masses, nodules, cysts, lymphadenopathy.
PERTINENT POSITIVES AND NEGATIVES

? Lesions, rash, erythema (Where?)
? Masses/ nodules/ cysts (where?)
? Discharge/drainage (color, amt, type)
? Scrotal vs testicular involvement
? Epididymitis vs torsion
? Phren's sign
? Cremasteric Reflex
? Hernias
? Spermatic cord
? Lymphadenopathy (where?)
? Rectal exam
? Prostate exam

GENITOURINARY (FEMALE)

Inspect entire pubic area. note lesions, masses, edema, erythema, ecchymosis, excoriation, lichenification, discharge, drainage.

Palpate entire pubic area for tenderness, masses, nodules, cysts, lymphadenopathy.
PERTINENT POSITIVES AND NEGATIVES

? HCG
? Cervical Motion Tenderness (PID)
? Chandelier's Sign
? Discharge/drainage (color, amt, type)
? KOH/NaCl Prep
? Cervical os condition, bleeding
? Rectal
? Ectopic, ovarian cyst, endometriosis
? Adnexal masses, tenderness
? Uterine masses, tenderness
? Vaginal/introitus condition
? Lesion, rashes, erythema, edema
? Abortion, miscarriage
? Chadwick's sign
? STD workup (TM, chlamydia, RPR, HIV, wet prep), herpes titer and hepatitis screen.

LOW BACK/HIP EXAM WITH NEURO

Be familiar with all landmarks: iliac crest, ant/posterior iliac spines, sacrum, lumbar, coccyx, paraspinals, latissimus dorsi, greater trochanter, Sacral-iliac junction, Sciatic notch.

PERTINENT POSITIVES AND NEGATIVES
? Edema, ecchymosis, erythema
? Deformity, spasms (where)
? Step off (spondylolisthesis, bifida)
? Lordosis, scoliosis
? Tenderness (where?)
? SLR/ crossover SLR
? Flip, Patrick, Yeoman's test
? Hoovers, Milgrams test
? Rectal Exam
? Valsalva, (intrathecal pressure)
? Kernigs test
? Gaenslen's sign (Sacroiliac)
? Pelvic Rock (Sacroiliac)
? Trendelenburg test (hip)
? Ober's Test (ITB)
? Range of Motion, Muscle strength
? Babinski

Distraction Maneuvers
? Sitting SLR
? Axial Compression
? Pseudo trunk rotation
? Light touch

NEURO CHECK  L4, L5, S1

L4
Motor- Inversion of foot
Sensory- Medial aspect of foot/calf
Reflex- Patellar

L5
Motor- Dorsiflexion of big toe
Sensory- Dorsum of foot and lateral calf
Reflex- None

S1
Motor- Eversion of foot
Sensory- Lateral aspect foot and sole
Reflex- Achilles

S5- Sphincter tone

If any discrepancies, consider doing sensory specific testing list on page 32.

KNEE

Observe patient presentation, consider mechanism of injury. Palpate all landmarks. Consider hip, ankle involvement. Do neurovascular check (L3, L4, L5, S1, S2). Consider Sensory Specific testing.

PERTINENT POSITIVES AND NEGATIVES

? Edema, erythema, ecchymosis, effusion
? Deformity, stability, masses, tenderness
? Valgus (med collateral)
? Varus (lat collateral)
? Anterior drawer (anterior cruciate)
Posterior drawer (posterior cruciate)
Lachman's (ACL)
Posterior Sag (PCL)
Apley's compression (meniscus)
Apley's distraction (collaterals)
Flick test, Duck walk, Childress (meniscus)
McMurray's, Bounce home test (meniscus)
Ballotment, bulge sign (effusion)
Patellar grind (PFS, CMP)
Tinel sign (neuramata)
ROM, muscle Strength (active/passive)
Neurovascular check (L4, L5, S1), sensory specific.

IF no history of direct trauma, consider OVERUSE conditions.

ITB tendonitis
PES tendonitis
Quadracep/ patellar tendonitis
Retinacular tendonitis
Shinsplints
Stress fracture
PFS/CMP
Osgood Schlatter's
Bursitis (inflammatory, septic)
ANKLE/FOOT

Observe patient presentation, consider mechanism of injury (MOI). Palpate all landmarks. Consider knee, hip, back involvement. Do neurovascular check (L4, L5, S1). Consider Sensory Specific testing.

Inspect and Palpate all landmarks

PERTINENT POSITIVES AND NEGATIVES

- Edema, ecchymosis, erythema, effusion
- Lesions, rashes, masses, nodules.
- Deformity, tenderness, crepitus (where?)
- Neurovascular (L4, L5, S1), sensory specific
- Stability (ATFL, CFL, PTFL, deltoid ligament)
- Talar rock, ant drawer
SHOULDER EXAM WITH NEURO

Observe patient presentation, consider mechanism of injury (MOI). Palpate all landmarks. Consider neck, elbow involvement. Do neurovascular check (C5, C6, C7, C8, T1, T2). Consider Sensory Specific testing.

PERTINENT POSITIVES AND NEGATIVES

? Edema, erythema, ecchymosis, effusion
? Deformity, tenderness (where?)
? Drop arm test (rotator cuff)
? Yeargersons test (bicipital tendon)
? Apprehension Test (shoulder stability)
? Apley's Scratch test
? Winging
? ROM, muscle strength (active/passive)
? Bursitis (inflammatory, septic, DJD)
? Rhomboid vs trapezius spasm
? Shoulder Girdle, axilla, clavicle status
? AC separation
? Shoulder dislocation
Neurovascular check (C5, C6, C7, C8, T1, T2).

Do both active and passive ROM testing. Document findings. Note when you are able to reproduce discomfort. This is essential for accurate diagnosis.

**SHOULDER NEURO EXAM**

**C5**
- **Motor**: Abduct Arm, Bicep flexion
- **Sensory**: Lateral Arm (Axillary nerve)
- **Reflex**: Bicep

**C6**
- **Motor**: Wrist extension, Bicep flexion
- **Sensory**: Lateral forearm/1st, 2nd digit (musculocutaneous nerve)
- **Reflex**: Brachioradialis

**C7**
- **Motor**: Wrist flexors, finger extensors, tricep ext.
- **Sensory**: Middle finger
- **Reflex**: Tricep

**C8**
- **Motor**: Hand Intrinsic, finger flexors
- **Sensory**: Medial forearm/4th and 5th digits (medial antebrachial cutaneous nerve)

**T1-2**
- **Motor**: Hand intrinsics, finger abd/adduction
Sensory Medial Arm (med.brach cutaneous nerve)

If abnormal findings occur do Sensory Specific, on page 32.

ELBOW/HAND

Observe patient presentation, consider mechanism of injury (MOI). Palpate all landmarks. Consider neck, Wrist involvement. Do neurovascular check (C5, C6, C7, C8, T1, T2). Consider Sensory Specific testing.

PERTINENT POSITIVES AND NEGATIVES

? Edema, erythema, ecchymosis, effusion
? Deformity, nodules, tenderness (where?)
? Crepitus
? Bursitis (inflammatory, septic)
? ROM, muscle strength (active/passive)
? Bursitis (inflammatory, septic, DJD)
? Snuff box tenderness
? Tenosynovitis (inflammatory, infectious)
? Fx, sprain, strain, overuse syndrome
? Neurovascular check (C5, C6, C7, C8, T1, T2).
? Tendonitis
? Flexor, extensor, collateral integrity
? Fx (volar plate, boxer's, bennett's, colle's, nightstick)
? Nodules (DIP Hebeden's, PIP Bouchard's)
? Cysts (ganglion)
Establish tendon, muscle, ligament, neurovascular integrity prior to any attempt at reducing or closing an injury.

NEURO/MENTAL STATUS EXAM

Do all 6 components:

1st- Mental Status Exam

Always check this on all patients: Observation is your best tool. These can be assessed without provoking the pt. Observe the following:

- Level of consciousness
- Posture and motor activity
- Dress, grooming and personal hygiene
- Facial Expression, Speech and Language
- Manner and affect Mood
- Insight and judgement:
  - Thought content: Perceptions, interpretation of external stimulus.
  - Thought Process: Sequence, logic, coherence, relevance of thought.
If anything does not seem right in the routine MS exam then check these cognitive Functions:

- Test for memory (recent, remote)
- Test for calculation ability
- Test for orientation x3 (person, place, time)
- Test for abstract thinking (proverbs, similarities)
- Test for judgement
- Test for general knowledge
- Test constructional abilities
- Test for new learning ability

2nd CEREBELLAR FUNCTIONS

1. Station
2. Romberg
3. Pronator sign
4. Heel to toe walk
5. Heel to shin drag
6. Rapid alternating movements (RAM's)
   - flipping hands on thighs
   - index finger to thumb DIP
3rd  MOTOR TESTING

Bilaterally check:
Cranial nerves III, IV, VI, VII, IX, X, XI, XII
C5 - T1
L4 - S1
Dermatomes

4th  SENSORY TESTING

Bilaterally check:
Cranial nerves I, II V, VII, IX, X,
C5 - T1
L4 - S1
Dermatomes

Sensory specific tests

Sharp/dull
2 point discrimination
Temperature
Vibratory
Pain
Light touch
Proprioception
Stereognosis
Graphesthesia

5th  REFLEX TESTING
Bilaterally check:
Cranial nerves V, IX, X,

**Deep Tendon Reflexes:**

C5 - Biceps
C6 - Brachioradialis
C7 - Triceps
C8 - Patellar
S1 - Achilles

**Superficial reflexes:**

Abdominal reflex - upper T7 - T10
- lower T10 - L1
Cremasteric reflex - L1, L2
Superficial Anal reflex - S2, S3, S4
Bulbocavernosus reflex - sacral sparing
Babinski sign - upper motor neuron lesion

6th CRANIAL NERVE EXAM
I- Olfactory
  Sensory - smell
II- Optic
  Sensory - Visual Acuity, Peripheral vision by confrontation. – Fundoscopic
III- Oculomotor
  Motor - EOM, accommodation (lateral rectus, superior oblique)
IV- Trochlear
  Motor - EOM (superior oblique)
V- Trigeminal
  Motor - clench teeth (palpate)
  Sensory - bilateral 3 sections of face
  Reflex - corneal
VI- Abducens
  Motor - EOM (lateral rectus)
VII- Facial
  Motor - raise eyebrow, frown, smile, puff cheeks, show teeth, shut eyes tightly.
  Sensory - taste to anterior of tongue
VIII Vestibulocochlear
  Sensory - watch tick, rub fingers, weber, rinne.
IX/X Vagus/Glossopharyngeal
  Motor - Listen to voice, say "AH"
  Sensory - Taste to Posterior tongue
  Reflex - gag
XI Spinal accessory
  Motor - Turn head, Shrug shoulders
XII Hypoglossal
  Motor - stick out tongue

The ULTIMATE SOAP note:
Be sure to include something in each section and you've just about covered all bases!

Subjective:
Pt's name and biographical data
Chief complaint
Prior self care/ means of arrival
History of present illness (concise)
Review of systems/ associated problems
Past medical history/ pertinent recent history
Family/ social history/ other complaints

**Objective:**
Physical Exam/ vital signs
Impression: Justify ancillary services
Obtain consent for:
Procedures, IV's, Labs, X-rays (time)
Ancillary service interpretation
Pt condition during/after procedure

**Assessment:**
Found worst to least critical

**Plan:**
Meds, Labs, X-rays
Follow-up date/ where?
Pt education sheets
Pt condition on discharge
Special thanks to HM2 Eddie Robirds for providing the Shipwreck logo.