



Physical Exam & History Taking

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Anamnesis

Overview: Components of the Adult Health History

Identifying Data

- *Identifying data*—such as age, gender, occupation, marital status
- *Source of the history*—usually the patient, but can be a family member or friend, letter of referral, or the medical record
- If appropriate, establish *source of referral*, because a written report may be needed.

Reliability

- Varies according to the patient's memory, trust, and mood

Chief

Complaint(s)

Present Illness

The one or more symptoms or concerns causing the patient to seek care

- ▶ Amplifies the *Chief Complaint*; describes how each symptom developed
- ▶ Includes patient's thoughts and feelings about the illness
- ▶ Pulls in relevant portions of the *Review of Systems*, called "pertinent positives and negatives" (see p. 10)
- ▶ May include *medications*, *allergies*, and habits of *smoking* and *alcohol*, which are frequently pertinent to the present illness

Past History

- ▶ Lists childhood illnesses
- ▶ Lists adult illnesses with dates for at least four categories: medical, surgical, obstetric/gynecologic, and psychiatric
- ▶ Includes health maintenance practices such as immunizations, screening tests, lifestyle issues, and home safety



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Family History

- Outlines or diagrams age and health, or age and cause of death, of siblings, parents, and grandparents
- Documents presence or absence of specific illnesses in family, such as hypertension or coronary artery disease

Personal and Social History

Describes educational level, family of origin, current household, personal interests, and lifestyle

Review of Systems

Documents presence or absence of common symptoms related to each major body system



7 dimensi anamnesis


- Location
- Quality
- Quantity or severity
- Timing (onset, duration, and frequency)
- The setting in which it occurs
- Factor that aggravated or relieved the symptoms



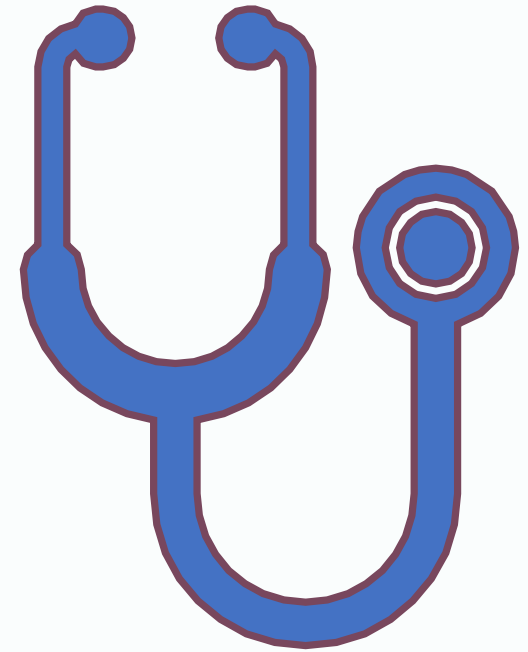
Review Of System (ROS)

- **General**
 - Usual weight, recent weight change, clothing that fits more tightly or loosely than before; weakness, fatigue, fever.
- **Skin**
 - Rashes, lumps, sores, itching, dryness, color change; changes in hair or nails; changes in size or color of moles.
- **Head, Eyes, Ears, Nose, Throat (HEENT).**
 - Head: Headache, head injury, dizziness, lightheadedness.
 - Eyes: Vision, glasses or contact lenses, last examination, pain, redness, excessive tearing, double or blurred vision, spots, specks, flashing lights, glaucoma, cataracts.
 - Ears: Hearing, tinnitus, vertigo, earache, infection, discharge. If hearing is decreased, use or nonuse of hearing aid.
 - Nose and sinuses: Frequent colds, nasal stuffiness, discharge or itching, hay fever, nosebleeds, sinus trouble.
 - Throat (or mouth and pharynx): Condition of teeth and gums; bleeding gums; dentures, if any, and how they fit; last dental examination; sore tongue; dry mouth; frequent sore throats; hoarseness

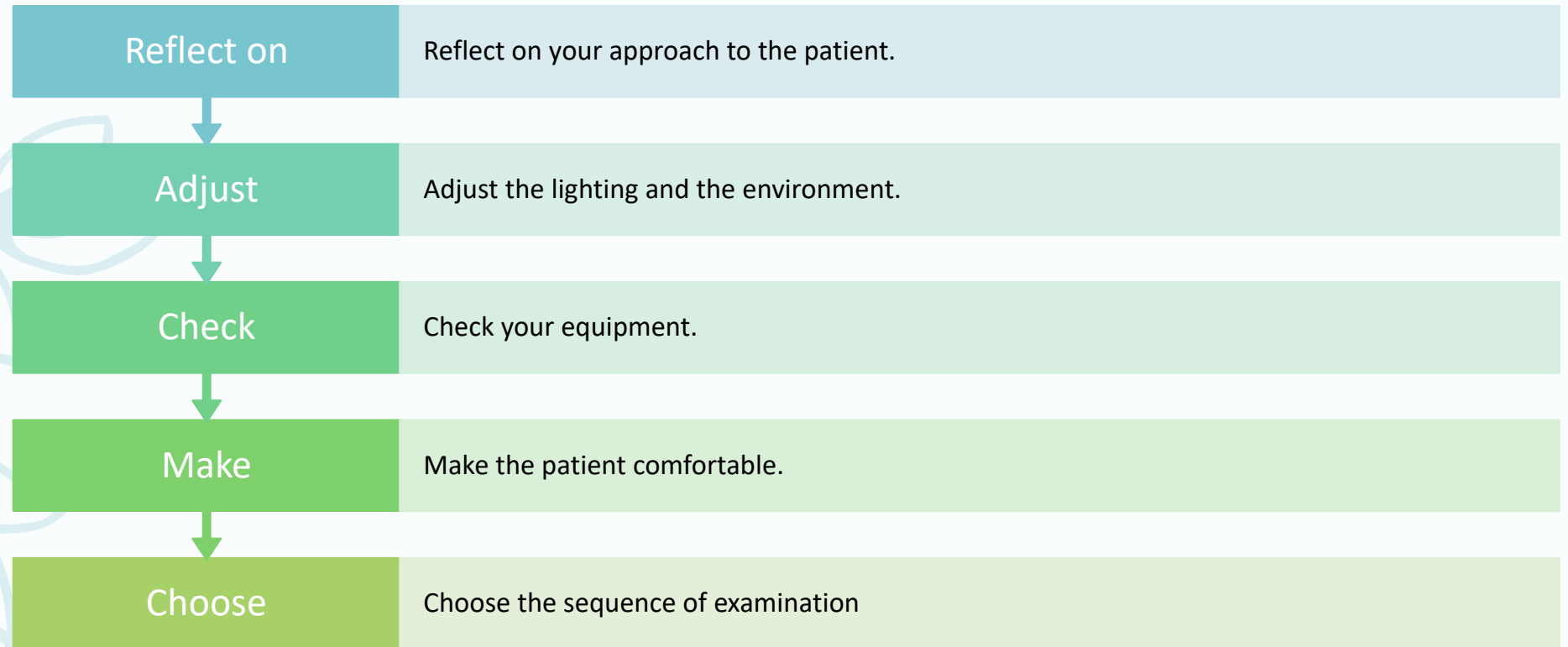
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- **Neck.** Lumps, “swollen glands,” goiter, pain, stiffness.
 - **Breasts.** Lumps, pain or discomfort, nipple discharge, self-examination practices.
 - **Respiratory.** Cough, sputum (color, quantity), hemoptysis, dyspnea, wheezing, pleurisy, last chest x-ray. You may wish to include asthma, bronchitis, emphysema, pneumonia, and tuberculosis.
 - **Cardiovascular.** “Heart trouble,” hypertension, rheumatic fever, heart murmurs, chest pain or discomfort, palpitations, dyspnea, orthopnea, paroxysmal nocturnal dyspnea, edema, past electrocardiographic or other cardiovascular tests.
 - **Gastrointestinal.** Trouble swallowing, heartburn, appetite, nausea. Bowel movements, color and size of stools, change in bowel habits, rectal bleeding or black or tarry stools, hemorrhoids, constipation, diarrhea. Abdominal pain, food intolerance, excessive belching or passing of gas. Jaundice, liver or gallbladder trouble, hepatitis.

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- **Peripheral Vascular.** Intermittent claudication; leg cramps; varicose veins; past clots in veins; swelling in calves, legs, or feet; color change in fingertips or toes during cold weather; swelling with redness or tenderness.
 - **Urinary.** Frequency of urination, polyuria, nocturia, urgency, burning or pain on urination, hematuria, urinary infections, kidney stones, incontinence; in males, reduced caliber or force of urinary stream, hesitancy, dribbling.
 - **Genital.**
 - Male
 - Female
 - **Musculoskeletal.** Muscle or joint pain, stiffness, arthritis, gout, backache. Neck or low back pain. Joint pain with systemic features such as fever, chills, rash, anorexia, weight loss, or weakness.
 - **Psychiatric.** Nervousness; tension; mood, including depression, memory change, suicide attempts, if relevant.
 - **Neurologic.** Changes in mood, attention, or speech; changes in orientation, memory, insight, or judgment; headache, dizziness, vertigo; fainting, blackouts, seizures, weakness, paralysis, numbness or loss of sensation, tingling or “pins and needles,” tremors or other involuntary movements, seizures.
 - **Hematologic.** Anemia, easy bruising or bleeding, past transfusions, transfusion reactions.
 - **Endocrine.** “Thyroid trouble,” heat or cold intolerance, excessive sweating, excessive thirst or hunger, polyuria, change in glove or shoe size.

Physical Examination



Preparing for the Physical Examination





GENERAL SURVEY

Apparent State of Health

Acutely or chronically ill, frail, robust, vigorous

Level of Consciousness.

Is the patient awake, alert, and interactive?

If not, promptly assess level of consciousness (see p. 305)

Signs of Distress

- Cardiac or respiratory distress
- Pain
- Anxiety or depression

Clutching the chest, pallor, diaphoresis; labored breathing, wheezing, cough

Wincing, sweating, protecting painful area

Anxious face, fidgety movements, cold and moist palms; inexpressive or flat affect, poor eye contact, psychomotor slowing

EXAMINATION TECHNIQUES

Dress, Grooming, and Personal Hygiene

- Is the patient wearing any unusual jewelry? Where? Is there any body piercing or tattoo?
- Note patient's hair, fingernails, and use of cosmetics.

Facial Expression. Watch for eye contact. Is it natural? Sustained and unblinking? Averted quickly? Absent?

Odors of Body and Breath. Odors can be important diagnostic clues.

Posture, Gait, and Motor Activity

POSSIBLE FINDINGS

Risk of hepatitis C

Stare of hyperthyroidism; flat or sad affect of depression. Decreased eye contact may be cultural or may suggest anxiety, fear, or sadness.

Breath odor of alcohol, acetone, uremia, or liver failure. Fruity odor of diabetes. (Never assume that alcohol on a patient's breath explains changes in mental status or neurologic findings.)

Preference to sit up in left-sided heart failure and to lean forward with arms braced in chronic obstructive pulmonary disease (COPD)

The Physical Examination: Suggested Sequence and Positioning



- ▶ General survey
- ▶ Vital signs
- ▶ Skin: upper torso, anterior and posterior
- ▶ Head and neck, including thyroid and lymph nodes
- ▶ *Optional*: nervous system (mental status, cranial nerves, upper extremity motor strength, bulk, tone, cerebellar function)
- ▶ Thorax and lungs
- ▶ Breasts
- ▶ Musculoskeletal as indicated: upper extremities



- ▶ Cardiovascular, including JVP, carotid upstrokes and bruits, PMI, S₁, S₂; murmurs, extra sounds



- ▶ Cardiovascular, for S₃ and murmur of mitral stenosis



- ▶ Cardiovascular, for murmur of aortic insufficiency



- ▶ *Optional*: thorax and lungs—anterior
- ▶ Breasts and axillae
- ▶ Abdomen
- ▶ Peripheral vascular
- ▶ *Optional*: skin—lower torso and extremities



- ▶ Nervous system: lower extremity motor strength, bulk, tone, sensation; reflexes; Babinski reflex
- ▶ Musculoskeletal, as indicated
- ▶ *Optional*: skin, anterior and posterior
- ▶ *Optional*: nervous system, including gait
- ▶ *Optional*: musculoskeletal, comprehensive



- ▶ *Women*: pelvic and rectal examination



- ▶ *Men*: prostate and rectal examination

Key to the Symbols for the Patient's Position



Sitting



Lying supine, with head of bed raised 30 degrees



Same, turned partly to left side



Sitting, leaning forward



Lying supine



Standing



Lying supine, with hips flexed, abducted, and externally rotated, and knees flexed (lithotomy position)



Lying on the left side (left lateral decubitus)

Each symbol pertains until a new one appears. Two symbols separated by a slash indicate either or both positions.

Cardinal Techniques of Examination

Inspection	Close observation of the details of the patient's appearance, behavior, and movement such as facial expression, mood, body habitus and conditioning, skin conditions such as petechiae or ecchymoses, eye movements, pharyngeal color, symmetry of thorax, height of jugular venous pulsations, abdominal contour, lower extremity edema, and gait.
Palpation	Tactile pressure from the palmar fingers or fingerpads to assess areas of skin elevation, depression, warmth, or tenderness, lymph nodes, pulses, contours and sizes of organs and masses, and crepitus in the joints.
Percussion	Use of the striking or <i>plexor finger</i> , usually the third, to deliver a rapid tap or blow against the distal <i>pleximeter finger</i> , usually the distal third finger of the left hand laid against the surface of the chest or abdomen, to evoke a sound wave such as resonance or dullness from the underlying tissue or organs. This sound wave also generates a tactile vibration against the pleximeter finger.
Auscultation	Use of the diaphragm and bell of the stethoscope to detect the characteristics of heart, lung, and bowel sounds, including location, timing, duration, pitch, and intensity. For the heart, this involves sounds from closing of the four valves and flow into the ventricles as well as murmurs. Auscultation also permits detection of bruits or turbulence over arterial vessels.

Vital Sign

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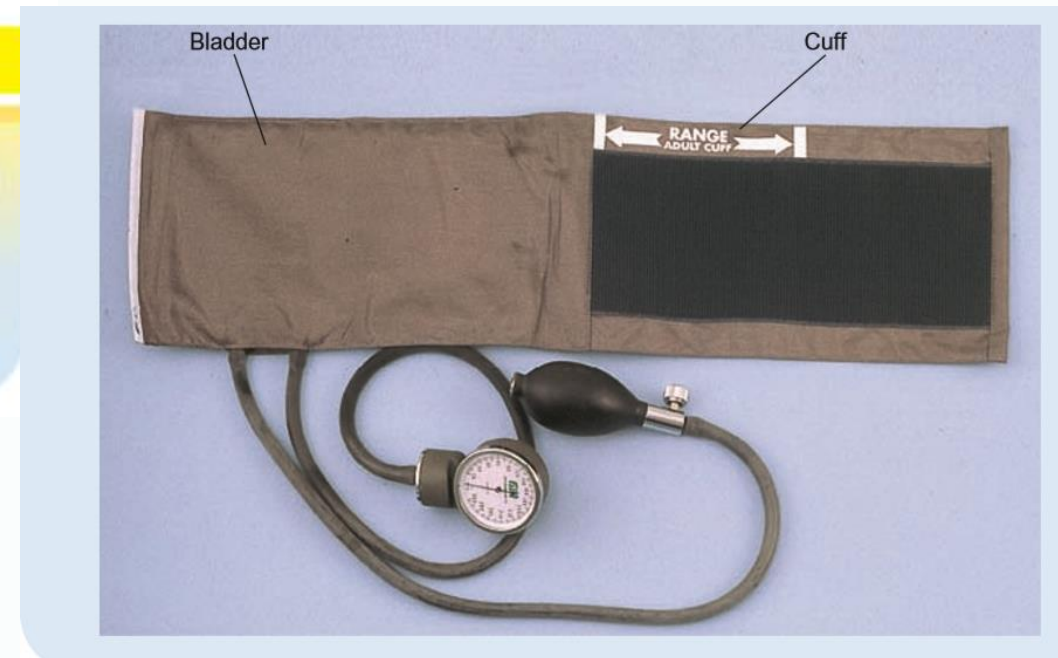


Vital Sign

Blood Pressure. To measure blood pressure accurately, choose a cuff of appropriate size and ensure careful technique.

Selecting the Correct Blood Pressure Cuff

- ▶ Width of the inflatable bladder of the cuff should be about 40% of upper arm circumference (about 12–14 cm in the average adult).
- ▶ Length of inflatable bladder should be about 80% of upper arm circumference (almost long enough to encircle the arm)

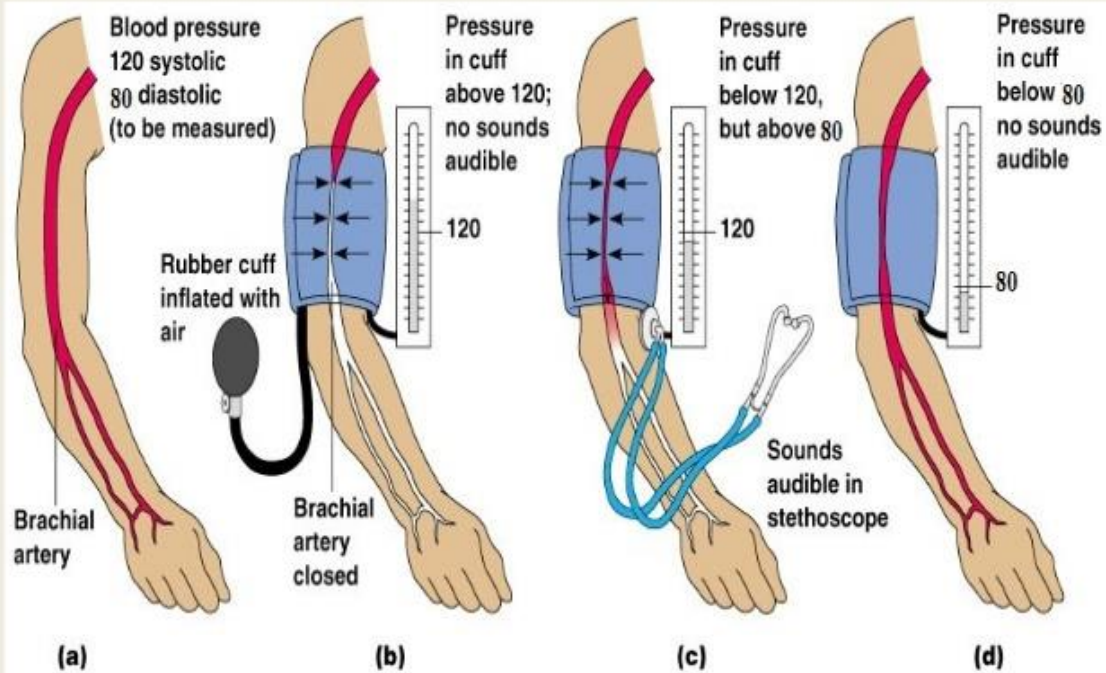


Tekanan Darah

Steps to Ensure Accurate Blood Pressure Recordings

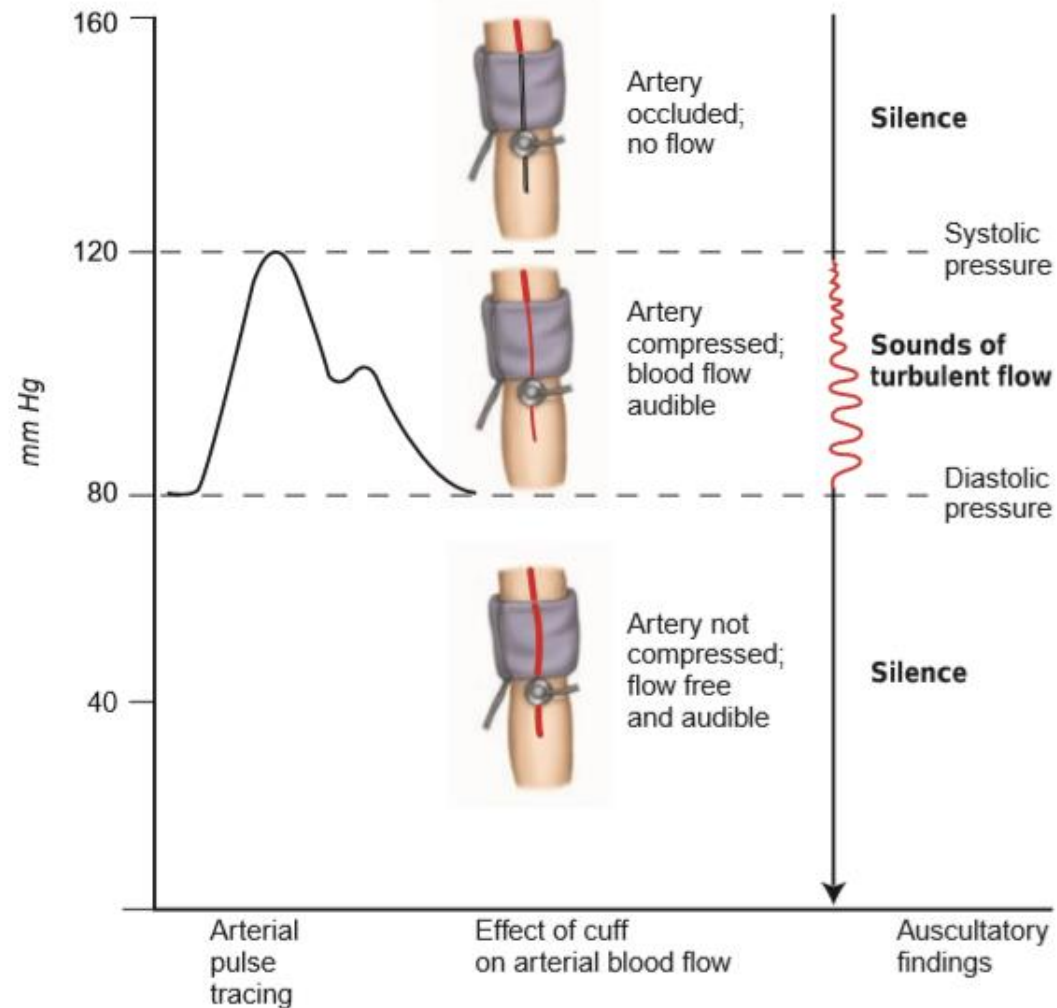
- ▶ Ideally, ask the patient to avoid smoking or drinking caffeinated beverages for 30 minutes before the blood pressure is taken and to rest for at least 5 minutes.
- ▶ Make sure the examining room is quiet and comfortably warm.
- ▶ Make sure the arm selected is *free of clothing*. There should be no arterio-venous fistulas for dialysis, scarring from prior brachial artery cutdowns, or signs of lymphedema (seen after axillary node dissection or radiation therapy).
- ▶ Palpate the brachial artery to confirm that it has a viable pulse.
- ▶ Position the arm so that the brachial artery, at the antecubital crease, is *at heart level*—roughly level with the 4th interspace at its junction with the sternum.
- ▶ If the patient is seated, rest the arm on a table a little above the patient's waist; if standing, try to support the patient's arm at the midchest level.

Procedure



- Center the inflatable bladder over the brachial artery. The lower border of the cuff should be about 2.5 cm above the antecubital crease. Position the patient's arm so that it is slightly flexed at the elbow
- Systolic palpatoar
- place the bell of a stethoscope lightly over the brachial artery
- deflate it slowly, at a rate of about 2 to 3 mm Hg per second
- Wait 2 or more minutes and repeat. Average your readings. If the first two readings differ by more than 5 mm Hg, take additional readings.

Tekanan darah



JNC VII Blood Pressure Classification for Adults

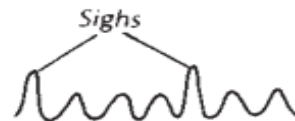
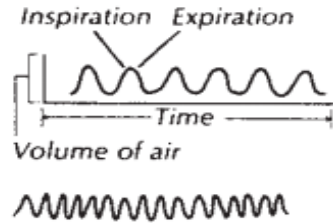
Category	Systolic (mm Hg)	Diastolic (mm Hg)
Normal	<120	<80
Prehypertension	120–139	80–89
Stage 1 Hypertension	140–159	90–99
Stage 2 Hypertension	≥160	≥100
If Diabetes or Renal Disease	<130	<80

Nadi

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- Rate
 - Rhythme
 - Tekanan nadi



Respirasi



Normal. In adults, 14–20 per min; in infants, up to 44 per min.

Rapid Shallow Breathing (Tachypnea).

Many causes, including restrictive lung disease, pleural chest pain, and an elevated diaphragm.

Rapid Deep Breathing (Hyperpnea, Hyperventilation).

Many causes, including exercise, anxiety, metabolic acidosis, brainstem injury. *Kussmaul breathing*, due to metabolic acidosis, is deep, but rate may be fast, slow, or normal.

Slow Breathing (Bradypnea). May be secondary to diabetic coma, drug-induced respiratory depression, increased intracranial pressure.

Cheyne-Stokes Breathing. Rhythmically alternating periods of hyperpnea and apnea. In infants and the aged, may be normal during sleep; also accompanies brain damage, heart failure, uremia, drug-induced respiratory depression.

Ataxic (Biot's) Breathing. Unpredictable irregularity of depth and rate. Causes include brain damage and respiratory depression.

Sighing Breathing. Breathing punctuated by frequent sighs. When associated with other symptoms, it suggests the hyperventilation syndrome. Occasional sighs are normal.




Temperature

- Oral temperature
 - is not recommended when patients are unconscious or restless, unable to close the mouth
 - a glass or an electronic thermometer
 - When using a glass thermometer, shake the thermometer down to 35°C (96°F) or below, insert it under the tongue, instruct the patient to close both lips, and wait 3 to 5 minutes. Then read the thermometer
 - reinsert it for a minute, and read it again.
 - *If the temperature is still rising, repeat this procedure until the reading remains stable.*
 - Note that hot or cold liquids, and even smoking, can alter the temperature reading.
 - *In these situations, it is best to delay measuring the temperature for 10 to 15 minutes.*



Temperatur

- Axilla temperature
 - are lower than oral temperatures by approximately 1°, but take 5 to 10 minutes to register and are generally considered less accurate than other measurements
- Rectal temperature
 - ask the patient to lie on one side with the hip flexed.
 - Select a rectal thermometer with a stubby tip, lubricate it, and insert it about 3 cm to 4 cm (1½ inches) into the anal canal, in a direction pointing to the umbilicus. Remove it after 3 minutes, then read.
 - Alternatively, use an electronic thermometer after lubricating the probe cover. Wait about 10 seconds for the digital temperature recording to appear

- 
- Tympanic Membrane Temperatures.
 - quick, safe, and reliable if performed properly.
 - Make sure the external auditory canal is free of cerumen, which lowers temperature readings.
 - Position the probe in the canal so that the infrared beam is aimed at the tympanic membrane (otherwise the measurement will be invalid). Wait 2 to 3 seconds until the digital temperature reading appears.
 - This method measures core body temperature, which is higher than the normal oral temperature by approximately 0.8°C (1.4°F)

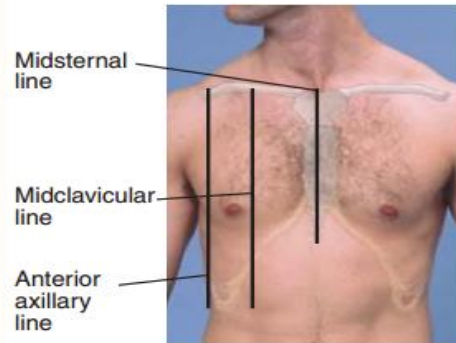
Head and Neck



- Bentuk kepala
- Konjunktiva mata, sclera
- Leher : benjolan

Thorax

THE ANTERIOR CHEST



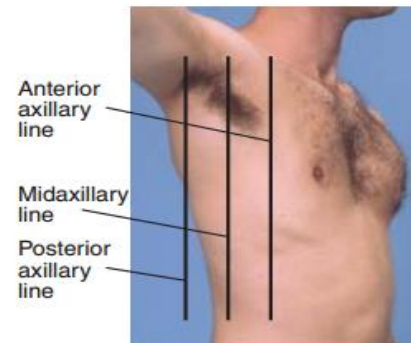
ANTERIOR VIEW

Inspect the chest for:

- Deformities or asymmetry
- Intercoastal retraction
- Impaired or lagging respiratory movement

Palpate the chest for:

- Tender areas
- Assessment of visible abnormalities
- Respiratory expansion
- Tactile fremitus



RIGHT ANTERIOR
OBLIQUE VIEW

Pectus excavatum

From obstructed airways

Disease of the underlying lung or pleura, phrenic nerve palsy

Tender pectoral muscles, costochondritis

Flail chest

Abdomen

THE ABDOMEN

— Inspect the abdomen, including:

- Skin
 - Scars, striae, veins, ecchymoses (in intra- or retroperitoneal hemorrhages)
- Umbilicus
 - Hernia, inflammation
- Contours for shape, symmetry, enlarged organs or masses
 - Bulging flanks of ascites, suprapubic bulge, large liver or spleen, tumors
- Any peristaltic waves
 - Increase in GI obstruction
- Any pulsations
 - Increased in aortic aneurysm

Auscultate the abdomen for:

- Bowel sounds Increased or decreased motility
- Bruits Bruit of renal artery stenosis
- Friction rubs Liver tumor, splenic infarct

Bowel Sounds and Bruits

Change	Seen With
Increased bowel sounds	Diarrhea Early intestinal obstruction
Decreased, then absent bowel sounds	Adynamic ileus Peritonitis
High-pitched tinkling bowel sounds	Intestinal fluid Air under tension in a dilated bowel
High-pitched rushing bowel sounds with cramping	Intestinal obstruction
Hepatic bruit	Carcinoma of the liver Alcoholic hepatitis
Arterial bruits	Partial obstruction of the aorta or renal, iliac or femoral arteries

