






## Physical Examination Rubric

AREA	POINTS	COMMENTS
<p><b>Preparation (10 points):</b> This entails promoting the patient's comfort and conserving the patient's energy during the examination. Students must also demonstrate efficient use of time, organizational skills, and communication skills. Students should:</p>		Student: Rae Jeanne Guizar
Assemble all equipment needed for the examination and washes hands (2 points).	2	
Properly position the patient for the examination (2 points).	2	
Perform the assessment in a systematic manner (2 points).	2	
Perform the assessment in an organized and timely fashion. Completes examination in no more than 30 minutes. (2 points).	2	
Provide the patient with explanations throughout the assessment (2 points).	2	
<p><b>Physical Assessment</b> This involves the application of knowledge and skill. Besides demonstrating assessment skills, students should show knowledge of normal anatomy and physiology. This allows them to identify landmarks of each system and differentiate normal from abnormal findings, considering developmental and cultural variations. Areas to cover include:</p>		
<p><b>General Appearance (10 points)</b></p> <ul style="list-style-type: none"> <li>• Apparent age</li> <li>• General appearance</li> <li>• Grooming</li> <li>• Hygiene</li> <li>• Odors</li> <li>• Nutritional status</li> <li>• Level of consciousness</li> <li>• Speech</li> <li>• Affect</li> <li>• Gait</li> <li>• Posture</li> <li>• Movements</li> <li>• Gross deformities</li> <li>• Signs of distress</li> </ul>	10	
<p><b>Integumentary system should be examined throughout the exam.</b></p> <ul style="list-style-type: none"> <li>• Inspect color and lesions</li> <li>• Palpate temperature, turgor, and texture</li> </ul>		

<p><b>Systems/Regions (Head to Toe) (100 points):</b>  Choose 5 of the 8 areas below to examine. Each of the 5 areas has 20 points possible.</p>		
<p><b>1. HEAD, FACE, and NECK</b>  Head:</p> <ul style="list-style-type: none"> <li>• Inspect size, shape, symmetry, position, hair distribution, and lesions</li> <li>• Palpate scalp mobility, tenderness, and hair texture</li> <li>• Palpate TMJ and temporal arteries</li> </ul> <p>Face:</p> <ul style="list-style-type: none"> <li>• Inspect symmetry of nasolabial folds and palpebral fissures</li> <li>• Palpate muscles of mastication (CN V)</li> <li>• Test sensory function (CN V)</li> <li>• Test facial mobility (CN VII)</li> <li>• Condition of the skin</li> </ul> <p>Neck:</p> <ul style="list-style-type: none"> <li>• Inspect, palpate, and auscultate thyroid</li> <li>• Palpate lymph nodes</li> <li>• Palpate tracheal position</li> <li>• Note ROM of neck</li> <li>• Test neck muscle strength (CN XI)</li> <li>• Condition of the skin</li> </ul>		
<p><b>2. NOSE, MOUTH, AND THROAT</b>  Nose and Sinuses:</p> <ul style="list-style-type: none"> <li>• Palpate sinuses and nasal patency</li> <li>• Test sense of smell (CN I)</li> <li>• Inspect nasal mucosa, septum, and turbinates</li> </ul> <p>Mouth:</p> <ul style="list-style-type: none"> <li>• Inspect/palpate lips, oral mucosa, teeth and gingiva, tongue</li> <li>• Inspect throat</li> <li>• Test sense of taste on anterior/posterior tongue (CN VII, IX)</li> <li>• Test mobility of tongue (CN XII)</li> <li>• Test gag reflex (CN IX, X)</li> </ul>		
<p><b>3. EYES and EARS</b>  Eyes</p> <ul style="list-style-type: none"> <li>• Test visual acuity near/far with Snellen chart (CN II) (<i>may verbalize you would do</i>)</li> <li>• Peripheral vision by confrontation</li> <li>• EOM in 6 cardinal fields (CN III, IV, VI)</li> </ul>		

<ul style="list-style-type: none"> <li>• Corneal light reflex</li> <li>• Cover/uncover test</li> <li>• Inspect external structures of the eye</li> <li>• Test pupillary reaction</li> <li>• Palpate lacrimal glands and ducts</li> <li>• Perform fundoscopic examination</li> </ul> <p>Ears</p> <ul style="list-style-type: none"> <li>• Inspect/palpate external ear</li> <li>• Check angle of attachment</li> <li>• Perform whisper tests (CN VIII)</li> <li>• Perform otoscopic exam</li> </ul>		
<p><b>4. LUNGS</b></p> <ul style="list-style-type: none"> <li>• Inspection <ul style="list-style-type: none"> <li>○ Respiratory effort</li> <li>○ Anteroposterior-lateral ratio</li> <li>○ Costal angle</li> <li>○ Spinal deformities</li> <li>○ Muscles for breathing</li> <li>○ Condition of the skin</li> </ul> </li> <li>• Palpation <ul style="list-style-type: none"> <li>○ Symmetric chest expansion</li> <li>○ Tenderness, masses, crepitus</li> <li>○ Tactile fremitus</li> </ul> </li> <li>• Percussion <ul style="list-style-type: none"> <li>○ Anterior/posterior/lateral</li> <li>○ Diaphragmatic excursion</li> </ul> </li> <li>• Auscultation <ul style="list-style-type: none"> <li>○ Anterior/posterior/lateral</li> <li>○ Side to side, apex to base</li> <li>○ Breath sounds</li> </ul> </li> </ul>		
<p><b>5. CARDIOVASCULAR</b></p> <ul style="list-style-type: none"> <li>• Inspection <ul style="list-style-type: none"> <li>○ Carotid pulsations</li> <li>○ Jugular pulsations</li> <li>○ Jugular venous pressure</li> <li>○ Precordium</li> </ul> </li> <li>• Palpation <ul style="list-style-type: none"> <li>○ Carotid arteries</li> <li>○ Precordium (note apical impulse)</li> </ul> </li> <li>• Auscultation <ul style="list-style-type: none"> <li>○ Carotids</li> <li>○ Jugular veins</li> <li>○ Precordium (with patient in sitting, supine, and left lateral recumbent positions)</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>○ Use revised auscultatory areas (not traditional ATPM)</li> </ul>		
<p><b>6. UPPER EXTREMITIES</b></p> <ul style="list-style-type: none"> <li>• Palpate brachial, radial, and ulnar pulses</li> <li>• Palpate axillary lymph nodes</li> <li>• Perform Allen test</li> <li>• Perform Tinel and Phalen tests for carpal tunnel</li> <li>• Check color, temperature, capillary refill, deformities, clubbing</li> <li>• Inspect joints for deformities</li> <li>• Test hand grip</li> <li>• Check ROM and strength</li> <li>• Measure arm lengths and circumferences</li> <li>• Test pronator drift</li> <li>• Test coordination with RAM and finger-thumb opposition</li> <li>• Test accuracy of movements with point-to-point localization</li> <li>• Test superficial and deep sensations</li> <li>• Test DTRs of upper extremities</li> <li>• Condition of the skin</li> </ul>		
<p><b>7. ABDOMEN</b></p> <ul style="list-style-type: none"> <li>• Inspection <ul style="list-style-type: none"> <li>○ Size, shape, symmetry, and movements (respirations, pulsations, peristalsis)</li> <li>○ Condition of the skin</li> </ul> </li> <li>• Auscultation <ul style="list-style-type: none"> <li>○ Bowel sounds</li> <li>○ Vascular sounds</li> </ul> </li> <li>• Percussion <ul style="list-style-type: none"> <li>○ Tympany, dullness, tenderness</li> <li>○ Liver span</li> <li>○ Splenic dullness</li> <li>○ Costavetebral angle</li> </ul> </li> <li>• Palpation: <ul style="list-style-type: none"> <li>○ Light then deep</li> <li>○ Aortic size and pulsation</li> <li>○ Abdominal organs</li> <li>○ Rebound tenderness if pain present</li> <li>○ Fluid wave test if ascites present</li> </ul> </li> </ul>		
<p><b>8. LOWER EXTREMITIES</b></p> <ul style="list-style-type: none"> <li>• Inspect color, hair distribution, varicose veins</li> </ul>		

- Perform manual compression test to check venous circulation, if indicated
- Palpate popliteal and pedal pulses, and temperature
- Inspect condition of feet and toenails, note lesions and deformities
- Test ROM of lower extremities
- Measure leg lengths and circumferences
- Perform straight leg test if indicated
- Perform patellar tap or bulge sign if fluid is suspected
- Perform McMurray's test if indicated
- Test muscle strength of lower extremities
- Test superficial and deep sensations of lower extremities
- Inspect gait, toe and heel walking, tandem walk, deep knee bend
- Perform Romberg test
- Have patient toe-tap and run heel down shin
- Test Achilles, patellar, and plantar reflexes and DTRs
- Condition of the skin

PHYSICAL EXAM TOTAL POINTS | 20 / 120

Preceptor Signature: \_\_\_\_\_

*[Handwritten Signature]*

Preceptor Printed Name & Title: \_\_\_\_\_

*Julie Powell RN/BSN*

Date of assessment: \_\_\_\_\_

*4/23/14*