

Name:

Date:

Instructor:

**UMMSM Essential Physical Examination
ABDOMINAL EXAM
Level ONE and Level TWO Benchmarks**

Instructor instructions: Please instruct the student to perform these selected portions of the essential physical exam. Please check the appropriate box ("P" or "R") for each step of the exam. Certification requires correctly performing all aspects of the highlighted maneuvers.

"P" = skill performed properly and completely

"R" = needs remediation or has improper technique

No check means the skill was not performed

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Professionalism	Comments (Refer to Item #)	P	R
1. Washes hands before encounter <i>Instructor: Please prompt student to wash hands <u>prior</u> to beginning competency testing, if not initiated by student</i>			
Level 1 Benchmarks			
Pt supine with HOB flat, Examiner on right			
Abdomen		P	R
2. Pt properly positioned & draped <i>Instructor: Pt lying supine; HOB flat; leg rest extended; pt draped exposing abdomen from xiphoid process to midway between iliac crests & symphysis pubis; examined from right side of bed. If done incorrectly, student should be corrected PRIOR to proceeding</i>			
3. Inspects abdomen <i>Instructor: Student should inspect abdomen: skin, umbilicus, contour, symmetry, presence of masses or pulsations</i>			
4. Auscultates abdomen <i>Instructor: Student should auscultate in all 4 quadrants <u>PRIOR</u> to percussion or palpation</i>			
5. Percusses abdomen <i>Instructor: Student should lightly percuss tapping over middle finger in all 4 quadrants</i>			
6. Palpates abdomen <i>Instructor: Student should palpate all 4 quadrants using a dipping or circular motion; one hand guides while the other palpates; patient's legs may be flexed for abdominal wall relaxation, if necessary</i>			
8. Percusses lower liver border <i>Instructor: Starting at level below umbilicus at mid clavicular line, student should percuss upwards toward lower liver border; location of lower border should be assessed <u>PRIOR</u> to palpation</i>			
7. Palpates liver <i>Instructor: Student should place left hand behind patient (supporting the patient's right 12th rib); right hand is placed on patient's right abdomen lateral to rectus muscle; patient is asked to take deep breath as student presses inward & upward with right hand</i>			
9. Palpates spleen <i>Instructor: Using left hand, student should reach over patient & press forward adjacent soft tissue; right hand is placed below left lateral costal margin at mid axillary line; patient is asked to take deep breath as student presses inward & upward with right hand</i>			
10. Palpates inguinal lymph nodes <i>Instructor: Student should at least indicate location where nodes should be palpated</i>			
11. Palpates femoral arteries <i>Instructor: Student should at least indicate that femoral pulse would be felt below inguinal ligament</i>			
Level 2 Benchmarks			
Pt sitting, examiner moves <u>behind</u>			
Back		P	R

<p>12. Assess for rebound tenderness <i>Instructor: Student should palpate the right lower quadrant and ask the patient if it hurts more during palpation or on release</i> <i>[Rebound tenderness suggests peritoneal inflammation, ie. appendicitis]</i></p>		
<p>13. Assess for referred tenderness (Rovsing's sign) <i>Instructor: Student should press deeply and evenly in the left lower quadrant then quickly withdraw fingers; ask patient if this elicits pain and where pain is located</i> <i>[Pain in RLQ during left sided pressure suggests appendicitis]</i></p>		
<p>14. Assess for iliopsoas sign <i>Instructor: Student should place hand above the patient's right knee and ask patient to raise that thigh against hand</i> <i>[Increased abdominal pain on this maneuver suggests irritation of psoas muscle by an inflamed appendix]</i></p>		
<p>15. Assess for obturator sign <i>Instructor: Student should flex the patient's right thigh at the hip, with the knee bend, and rotate the leg internally at the hip</i> <i>[Right hypogastric pain on this maneuver suggests irritation of obturator muscle by an inflamed appendix]</i></p>		
<p>16. Asks to perform a rectal exam (male & female) and pelvic exam (female) <i>Instructor: Student should ask to perform a rectal and pelvic exam</i></p>		
<p>17. Test for shifting dullness <i>Instructor: Student should percuss out borders of tympany and dullness; then, ask patient to turn slightly onto one side and re-percuss borders again</i> <i>[In ascites, dullness shifts to more dependent side, tympany shifts to top]</i></p>		
<p>18. Test for fluid wave <i>Instructor: Student should ask the patient or an assistant to press the edges of both hands firmly down midline of abdomen (this pressure helps to stop transmission of a wave through fat); student then taps one flank sharply with fingertips while feeling the opposite flank for an impulse transmitted through fluid</i> <i>[An easily palpable impulse suggests ascites]</i></p>		

General comments / overall impressions of this student's performance.