

Performing a physical exam via telehealth can seem challenging, especially if the patient is in their home where assessment tools, such as a blood pressure cuff or digital stethoscope, may not be available. But with some thoughtfulness, cooperation of the patient, and adequate lighting and camera, providers are able to examine several organ systems. And, as Osler reminds us, let's not forget our most keen diagnostic tool: a thorough patient history.

EYES

- Appearance of conjunctiva and lids (lid droop, crusting/exudate, conjunctival injection)
- Appearance of pupils (equal, round, extraocular eye movements)
- Assessment of vision (seeing double)



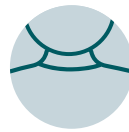
EARS, NOSE, MOUTH, AND THROAT

- External appearance of the ears and nose (scars, lesions, masses)
- Assessment of hearing (able to hear, asks to repeat questions)
- Inspection of lips, mouth, teeth and gums (color, condition of mucosa)
- Gross inspection of throat (tonsillar enlargement, exudate)
- Appearance of face (symmetric, appropriate movement of mouth, no drooling or labial flattening, ability to raise eyebrow, frown/smile, close eyes, show upper lower teeth, puff out cheeks)
- Pain or tenderness when patient palpates sinuses or ears



NECK

- External appearance of the neck (overall appearance, symmetry, tracheal position, gross evidence of lymphadenopathy, jugular venous distention)
- Gross movement (degrees of flexion anterior, posterior and laterally)



RESPIRATORY

- Assessment of respiratory effort (intercostal retractions, use of accessory muscles, diaphragmatic movement, pursed lip breathing, speaking in full sentences or limited due to shortness of breath)
- Audible wheezing
- Presence and nature of cough (frequent, occasional, wet, dry, coarse)
- Determine Roth Score¹



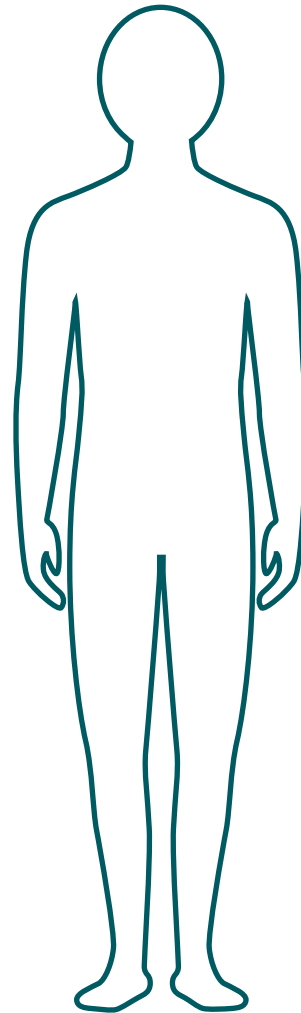
CARDIOVASCULAR

- Presence and nature of edema in extremities (pitting, weeping)
- Capillary refill
- Temperature of extremities per patient/other measure



CONSTITUTIONAL

- Vital signs (heart rate and respiratory rate; if available, temperature, blood pressure, weight)
- General appearance (ill/well appearing, (un) comfortable, fatigued, attentive, distracted, disheveled/unkept)



CHEST

- Inspection of the breasts (symmetry, nipple discharge)
- Chest wall or costochondral tenderness with self-palpation



ABDOMEN

- Examination of the abdomen
- Tenderness on self-palpation or palpation by attendant
- Observation of patient jumping up and down



MUSCULOSKELETAL

- Examination of gait and station (stands with/without use of arms to push off chair; steady gait, broad/narrowed based)
- Inspection of digits and nails (capillary refill, clubbing, cyanosis, inflammatory conditions, petechiae, pallor)
- Extremity exam may include:
 - Alignment, symmetry, defects, tenderness on self-palpation
 - Range of motion, pain, contracture
 - Muscle strength and tone (flaccid, cogwheel, spastic), atrophy, abnormal movements
 - Presence and nature of edema, temperature
- Self-Assessment using **Ottawa ankle and knee rules**



SKIN

- Rashes, lesions, ulcers, cracking, fissures, mottling, petechiae
- Cyanosis, diaphoresis



NEUROLOGIC

- Dermatomal distribution of numbness or pain
- Examination of sensation (by touch or pin)



PSYCHIATRIC

- Orientation to time, place, and person
- Recent and remote memory
- Mood and affect
- Pressured speech
- Mood lability (crying, laughing)



¹ Roth score should be used only during telehealth visits, and in conjunction with a comprehensive assessment. This is not a reliable indicator of hypoxia.

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