

# Thyroid complete physical exam (1.1)

## WIPPER and the intro

- Introduce yourself and shake hands
- Washing of hands and appropriate hand hygiene
- Asking for permission
- Ensuring the room's privacy
- Ensuring the environmental warmth and good lighting conditions
- Asking for appropriate exposure (The neck and the upper chest)
- Asking the patient to be in the appropriate position (Sitting)
- Relocating to the right side of the patient
- Asking for a chaperon
- "I have all of my equipment's"

## General look of the patient

- Consciousness, alertness and orientation** of the patient to time, place and person (After asking the 3 questions)
- Comment on the patient's position and **comfort~**
- Patient is **not in distress, tachypnea or in pain, not obese nor thin**
- Comment that the patient is showing **normal facial expression, no apathy or agitation**
- Comment on the patient's **normal clothing for the weather**
- Ask the patient to **say his full name**
- Comment on **normal speech with no hoarseness, no slow speech or pressure on speech**

## Vital signs

- Mention that you want to check the pulse as tachycardia AND a.fib occur with hyperthyroidism and bradycardia with hypothyroidism.
- Mention that you will have to check the blood pressure for diastolic/systolic HTN
- Mention that you will have to check the BMI for weight gain/loss
- you might be asked to mention the rest of the vitals; Temp, pain, RR, O2 saturation

## Hands

### Inspect for; palm and dorsum

- No palmar erythema
- No thenar/hypothenar muscle wasting
- No vitiligo
- Normal hair distribution
- No dry and course skin

### Nail changes;

- No finger clubbing
- No onycholysis
- No thyroid acropachy
- No brittle nails
- PALPATE**; check and comment on **hand's temperature, dryness/sweatiness**

### Tests;

- Ask the patient to extend his arms (بمد ایدیہ)
- Comment on no fine tremor
- Do the carpal tunnel test! (You can find it ([Here](#)) in the mss checklist)

## Face

- No dry or coarse hair, no hair loss
- No hair loss of last third of eyebrows (*Hypothyroidism*)
- No periorbital puffiness or myxedema
- No lid retraction
- Ask the patient to look at your finger without moving his head, test for lid lag
- No lid lag
- No exophthalmos
- No proptosis
- No Conjunctival redness (Chemosis)
- Test for Ophthalmoplegia (H shape)!
- Comment on no diplopia, nystagmus ..

## Thyroid

### Inspection

- Ask the patient to hyperextend his neck, look at his thyroid
- No scars, swellings, skin lesions
- No asymmetry
- No visible dilated veins
- Ask the patient to swallow
- Mention that thyroid moves with swallowing
- Ask the patient to protrude his tongue
- Mention that thyroid doesn't move (*No thyroglossal cyst*)
- Ask the patient to raise his arms, notice any facial congestions (Pemberton's sign)
- Comment negative Pemberton's sign

### Palpation

- As always, do the steps before any palpation
- Stand behind the patient, ask him to slightly look down (Neck flexion)
- palpate :)
- Comment on symmetrical thyroid lobe
- Comment on no tenderness (Did you hold eye contact tho?!?!?!?)
- Comment on no nodules or masses
- Comment on no enlargement
- Feel for thrills, comment on no thrills
- Mention palpating cervical lymph nodes! (should be skipped)
- Ask the patient to swallow, comment on thyroid moves while swallowing
- Ask the patient to protrude his tongue, comment on no movement....

#### TRACHEAL TESTS!

- Using 3 fingers, check for tracheal deviation (comment that it's centralized)
- Ask the patient to take a deep inspiration, to check for tracheal tug
- Comment on no tracheal tug
- Measure the crico-sternal distance (Normally; 3 to 4 fingers)

## Percussion

- Percuss over the clavicle's head, note if there's dullness

dullness = Retrosternal goiter

- Comment on no dullness, normal resonance
- Percuss over the manubrium too, and comment no dullness, normal resonance

## Auscultation

- Auscultate for thyroid bruit
- Mention no thyroid bruit

- Auscultate for murmurs
- Mention no midsystolic murmur

## **Finishing off your station!**

I want to check/examine for;

- Proximal myopathy (Testing for it would be by asking the patient to stand up with his hands on his chest)
- Mention - Testing for deep tendon reflexes (WHY?, in hypothyroidism = delayed relaxation, in hyperthyroidism = hyperreflexia)
- Pretibial myxedema of grave's
- Ankle swelling of heart failure.
- Lower limb skin if its dry and course

:)