Exercise walk-through

13.2 Principles of physical examination

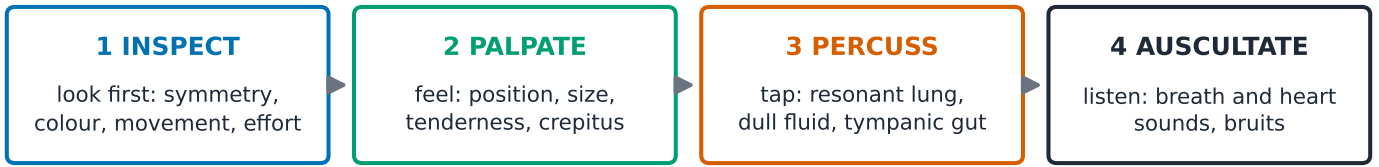
University Medicine

Principles of physical examination: four steps, one order

1. **Steps** Inspect → palpate → percuss → auscultate; **palpation** changes guarding, **percussion** disturbs sounds.
2. **Mapping** Rate 24 with accessory use = MED05; dull right base with absent sounds = MED10 fluid.
3. **Records** Per region, what was examined and found - never a bare word normal; hands and eyes are trained, not read.

The examine-by-look-feel-tap-listen sequence

least intrusive first — each step preserves the conditions the next step needs



why the order is fixed

palpating first alters guarding and breathing before you inspect; percussing first disturbs the sounds you will hear — observe in the state the patient arrived in

findings map to the sciences

rate 24, accessory use → MED05 ventilation
right base dull, sounds absent → MED10 fluid
every finding: MED03 anatomy + MED05 physiology; record per region, findings listed

reading cannot replace hands and eyes: volumes, consistency and left-versus-right comparison are trained perception

> Inspect, palpate, percuss, auscultate - least intrusive first.

Exercises 2.1·2.3

2.1 State the four steps in order. [3]

2.2 Why does palpation precede percussion in the abdomen? [3]

2.3 What is wrong with a record that reads just: chest normal? [3]

Exercises 2.1·2.3

2.1 State the four steps in order. [3]

2.1

- Inspect, palpate, percuss, auscultate ✓.

2.2 Why does palpation precede percussion in the abdomen? [3]

2.2

- Percussion (and palpation) alters bowel gas and guarding – the less intrusive look-and-feel data come first ✓.

2.3 What is wrong with a record that reads just: chest normal? [3]

2.3

- It names neither what was examined nor the findings – evidence, not conclusions ✓.

Exercise 3.1

3.1 A fictional respiratory examination (role-play description): respiratory rate 24; accessory muscle use; reduced right-side expansion; dull right base; absent breath sounds at the base.

Present each finding under its step (inspection, palpation, percussion, auscultation) and map it (MED05 ventilation arithmetic; MED10 dull-fluid rule) ✓. Explain why auscultating last preserves the sounds and why the left-right comparison is essential ✓. [8]

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3.1

- Inspection: rate 24, accessory use → MED05 increased work of breathing ✓.
- Palpation: reduced right expansion → asymmetry of ventilation ✓.
- Percussion: dull right base → MED10 fluid replaces air ✓.
- Auscultation last: untouched sounds; comparison against the left separates local from general ✓.

Exercise 3.2

3.2 Two fictional students argue that reading the manual is enough before the wards.

State what knowledge transfers from reading (the sequence, the questions each step asks, the mapping to anatomy and physiology) and what it cannot (volumes, consistency, left-vs-right judgement – trained perception under supervision) ✓. Give one consequence for training (order taught first; skills practiced on the well before the ill) ✓. [7]

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3.2

- From reading: the sequence, the question each step asks, the anatomy-physiology mapping ✓.
- Not from reading: trained perception – volumes, texture, comparison ✓.
- Consequence: sequence first, then supervised practice on the well ✓.