

Preparing for the Head to Toe Examination—Comments regarding the video demonstration 2019-2020

The best way to prepare for and master the head to toe examination is to *practice*, do not just talk through the steps. This will help you to not only recall steps without prompting, but will also help you to solidify moving through the steps logically, smoothly and with attention to patient positioning and draping.

Please review the “Head to Toe, Female” video on the PCM2 webpage. This video was put together specifically for PCM2 students by Dr. Michael Koller, a prior Stritch School of Medicine Assistant Dean and beloved teacher of the physical exam.

You can see how he fluidly walks through the entire Head to Toe examination (except for the Breast, GU exams). Recall that this is a screening exam. *Note--You will continue to learn specific maneuvers this year for patients who have particular symptoms. These additional maneuvers are not included in this Head to Toe screening examination OSCE.*

See the Head to Toe examination grading checklist and use it to guide your practice. Note that *slight* alterations in order of steps is acceptable. Marked deviation that puts a patient through an awkward and non-fluid exam, or other signs of a disorganized examination, as determined by the grader, is not acceptable and may be a cause for a failing grade.

Specific points about the video:

1. Add in the steps of **percussion of the spine and costovertebral angle**, which is on your checklist.
2. You may have noted that we are asking you to auscultate **5 specific** locations on the chest. These include the 2nd intercostal space on both the right and left side of the sternum, the left lower sternal border and the apex, i.e., the mid-clavicular line at about the 5th intercostal space on the left side of the chest. The fifth location is the epigastric area (to listen for bruits from the vasculature). Not all textbooks or videos will include this.
3. Notice how Dr. Koller **percusses the liver**—he starts low in the abdomen, finds the change in percussion note—the lower edge of the liver, then he goes to the upper chest and percusses down to find the upper edge of the liver.
4. Dr. Koller examines inguinal areas/femoral artery areas bilaterally. For the OSCE you only need to examine one side.
5. Dr. Koller does not specifically test active ROM of the lower extremity in this video but rather seems to combine the active ROM and muscles strength testing of the lower extremity. You should have these as separate steps in your examination.
6. Part 4 of the video includes the Neuro examination, which is not on this OSCE. The Neuro runs from approximately the 3:48 minute marker to 9:05 minute marker.
7. From 9:05 to 9:39 minutes, the examination of spine range of motion is demonstrated. Include lateral rotation.
8. **Do remember to wash your hands before and after the examination!**