The Lost Art of History and Physical Examinations for High Value Care

Karen Holder
and
Angie Golden

Objectives
• Identify history components to establish differential diagnosis and management plan
• Demonstrate advanced physical exam skills in three organ systems that support differential diagnosis and management plan

Disclosures
• None related to this topic
Chief complaint and demographics

STOP.
THINK. What’s related to CC?
- Anatomy
- Systems/Physiology
- Predisposing conditions

Begin differential diagnosis thinking
Guided assessments
- Subjective
- Objective

So many possibilities...
Clinical Reasoning: Differential Diagnosis

- Identify possible diagnoses
- Match possible diagnoses with findings that support (rule in) or eliminate (rule out) diagnoses
- Determine top 3 most likely diagnostic hypotheses/assessments

VITAMIN CD

Vascular/post-vascular
Infectious/post-infectious
Trauma/post-traumatic
Autoimmune
Metabolic/toxic
Idiopathic
Neoplastic
Congenital/hereditary
Degenerative

Sorting the results

CC – HPI
OLDCARTS
Pertinent ROS
What does the patient’s story tell us?

• 70-75% of the diagnosis is the history
  – Listening
  – HPI
  – ROS
  – PMH/FH
• Accurate history provides focus to PE

Objective Assessment

✓ Focused physical examination
✓ Based on history – differential lists

Beware of:

✓ Incomplete diagnostic decision making
✓ Ignoring data that doesn’t support your diagnosis
✓ Failing to recognize other diagnostic possibilities
✓ Failing to recognize information that confirms a diagnosis
✓ Using a broad assessment term when data exists to identify a more specific diagnosis
✓ Failure to discriminate between multiple concurrent problems versus multiple symptoms of a single problem
✓ Making assumptions
✓ Overconfidence/insecurity
Why do we order diagnostics

• Meet annual screenings
• Reliance on the data to make a decision versus using the history and physical (especially radiology)
• CYA

Do we need the diagnostic

• We may... but when
• FIRST
  – Do a good history AND physical
• Order diagnostic ONLY if it will change your treatment
• Choose Wisely

Is Physical Assessment a Lost Art?
Hands on workshop

• Thyroid exam
• CV
• Neuro
  – Romberg
  – RAM
  – Nose to Finger
  – GAIT

Hands on workshop

• MS - knee and shoulder
  – Knee: https://www.youtube.com/watch?v=B76oGAFKb28
  – Shoulder: https://www.youtube.com/watch?v=TDs1QfYnMq

PEARLS

• Meningeal signs
  – Kernig’s sign
  – Brudzinski’s sign
PEARLS

• Acute abdomen
  – McBurney’s sign
  – Markle sign
  – Jarring landing
  – Psoas sign
  – Extending thigh or active flexing of leg
  – Rovsing’s sign
  – Palpation in LLQ = pain in RLQ
  – Obturator sign +/-
    – Movement of obturator muscle causes pain to inflamed appendix

Overview of MS screening exam

• Adult
• Adolescent/Pediatric
  – Combined maneuvers
  – Sports physicals
  – CDLs

PEARLS

• Ottawa Rules
  – Knees
  – Ankles
Musculoskeletal: Fx determination - Ottawa rules

  - Age 55 years or older
  - Tenderness at head of fibula
  - Isolated tenderness of patella
  - Inability to flex to 90°
  - Inability to bear weight both immediately and at time of exam (4 steps)

  - Pain in the malleolar zone and any of the following findings:
    - Bone tenderness at A or B
    - Inability to bear weight (four steps) immediately after injury and at time of exam
  - Foot radiography is indicated
  - If pain in the midfoot zone and any of the following findings:
    - Bone tenderness at C or D
    - Inability to bear weight (four steps) immediately after injury and at time of exam

**References**

- **Ottawa Rules**

- **Exam videos**
  - Knee: [https://www.youtube.com/watch?v=B76oGAFKb28](https://www.youtube.com/watch?v=B76oGAFKb28)
  - Shoulder: [https://www.youtube.com/watch?v=TDs1IOFYnMo](https://www.youtube.com/watch?v=TDs1IOFYnMo)
  - [http://library.med.utah.edu/neurologicexam/html/home_exam.html](http://library.med.utah.edu/neurologicexam/html/home_exam.html) (will require you register for a password to download the videos)

- App – DXSaurus
- pepidonline.com
References

• Choosingwisely.org