

NR 509 Physical Assessment Video Exam

(Scan environment, introduce self & assignment, participant verbal consent.)

*** Introduce self to patient.**

HEAD & FACE *(Have patient sit up)*

- **Inspect facial skin:** Note no lesions or discolorations.
- **Inspect head:** Note normal size, symmetry, & midline position.
- **Palpate lymph nodes of the head & neck:** Note they are equal bilaterally with no tenderness or enlargement.

Preauricular: in front of the ears

Postauricular: behind the ears

Occipital: back of the head

Tonsillar: below the angle of the mandible
Submandibular: under the lateral jaw line
Submental: under the chin

Anterior cervical: anterior neck in front of SCM muscle

Posterior cervical: posterior neck behind the SCM muscle

Supraclavicular: above the clavicle

- **Test CN 5 (Trigeminal):**

Motor component: Palpate over the masseter muscle as the patient clenches their jaw—note good strength & no distortions.

Sensory component: Lightly touch patient's face with their eyes closed & ask them to identify where you are touching. **(forehead, left cheek, right cheek, chin, nose)**

- **Test CN 7 (Facial):** Have patient make different facial expressions **(smile, frown, raise eyebrows, puff cheeks, pucker lips)** & note symmetry bilaterally.

EARS

- **Inspect outer ear:** Note no nodules or skin lesions & symmetric bilaterally.
- **Inspect auditory canal & tympanic membrane:** **(Use otoscope)** Pulling the ear up & back, note the external auditory canal is clear without any swelling, redness, drainage, or cerumen noted. Note tympanic membrane is pearly gray with no effusion.
- **Palpate pinna & tragus:** Note no nodules or tenderness bilaterally.

- **Test CN 8 (Acoustic):** Using the Whisper test, stand behind patient & cover mouth with hand while patient covers their ear, whisper 3 words & have the patient repeat them. (**Right side: “One, Two, Three”; Left side: “Four, Five, Six”**) Note hearing is intact bilaterally.

EYES

- **Inspect sclera & conjunctiva:** Note the conjunctiva are pink & moist with no drainage or lesions. Note the sclera are white & clear.
- **Test CN 2 (Optic):** Test gross visual acuity & peripheral/central vision—has 3 parts:
 - 1st: Use the Snellen eye pocket chart & stand 6 feet away. Have the patient read the lowest line possible while covering the left eye, the right eye, & then using both eyes. Note the patient’s visual acuity. (20/20)
 - 2nd: (**Have patient stand**) Ask the patient to look straight ahead without moving their head. Standing in front of the patient, test their peripheral vision by moving hands from behind the patient to in front & ask them to tell you when they see your hands. (**Come from behind, below, & above.**)
 - 3rd: (**Use light source**) Check the patient’s pupillary response to light by having the patient look at your nose & bring light from side to each eye to look for constriction of the pupils. Note that bilateral pupils are 2-3 mm, equal, round, & reactive to light.
- **Test CN 3, 4, & 6 (Oculomotor, Trochlear, & Abducens):** Using a “star” or “H” pattern with your finger, have the patient follow it with their eyes only. Note that all extraocular eye movements are intact bilaterally.

NOSE

- **Inspect nose:** Note the nose is midline & straight with no obvious deformity or swelling.
- **Inspect nasal turbinates & septum: (Use otoscope)** Use your thumb to tip the patient’s nose up & insert the otoscope to visualize the lateral nose—note the turbinates are moist & pink without swelling. Then visualize the medial nose—note the septum is straight with no deviation.
- **Palpate frontal & maxillary sinuses:** Palpate the frontal (lower forehead above medial eyebrows) & maxillary (below the cheeks & above the teeth on the sides of the nose). Note any tenderness.

THROAT & MOUTH

- **Inspect the patient’s throat & mouth: (Use otoscope)**
 - Lips: Note they are moist & pink.
 - Teeth: Note there are no obvious cracks or decay.
 - Gums: Note they are moist & pink with no swelling, redness, or bleeding.