NR 509 Physical Assessment Video Exam

* ***Introduce self & assignment*** *

"My name is Staci Johnson and this is my physical examination assignment for NR509. I am not using any aids/notes/assistive devices to complete this assignment."

* ***Participant verbal consent*** *

"My name is Mike Johnson, and I permit this examination to be recorded and submitted to Chamberlain College of Nursing for grading purposes.

* ***Scan environment*** *

HEAD & FACE *(Have patient sit up)*

- **Inspect face and head:** The face and head are symmetrical; there are no lesions noted. The head is in the midline position and normal size.
- **I will Palpate lymph nodes, please let me know if there is any tenderness:**

  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

  - **"Any tenderness?" "no"**
  - "The lymph nodes are equal bilaterally with no tenderness or enlargement."

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

  Motor component: Palpate over the masseter muscle as the patient clenches their jaw—

  "Good strength bilateral & 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" "great, cranial nerve 5, the trigeminal nerve, is intact"

- **Test CN 7 (Facial):** Please make a **smile, frown, raise eyebrows, puff cheeks, pucker lips**

  "All movements are symmetrical. CN 7, the facial nerve, is intact"

EARS

- **Inspect outer ear:** Symmetric bilaterally, no skin lesions
- **Inspect auditory canal & tympanic membrane:** ***(Use otoscope)*** Pulling the ear up & back, "the canal has no swelling, redness, drainage, or cerumen noted. Tympanic membrane is pearly grey 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 the ear NOT tested, 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:** "the conjunctiva are pink & moist with no drainage or lesions. The sclera are white and clear bilaterally."
- **Test CN 2 (Optic):** Test gross visual acuity & peripheral/central vision—has 2 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.)**

  "All aspects of cranial nerve 2, the optic nerve, are intact"
- **Test CN 3** (Oculomotor): ***(Use light source)*** "please look at my nose and I will shine a light in your eyes to check pupil response." "Pupils are 3mm bilateral, equal, round, & reactive to light.
- **Test CN 3, 4, & 6 (Oculomotor, Trochlear, & Abducens):** "please follow my finger with your eyes only, I will trace an H pattern to assess extra ocular eye