

The Outpatient Physical Examination

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KEYWORDS

- Annual physical examination • Problem-focused physical examination
- Low back pain examination • Dizziness examination • Headache examination
- Shoulder examination

KEY POINTS

- The annual physical examination in the outpatient setting is a valuable tool, despite lack of evidence-based support. It has a therapeutic effect.
- A targeted or problem-oriented physical examination has important diagnostic value, helping to rule in or rule out differential diagnoses.
- Obtaining a careful history is a crucial part of the work-up of any medical complaint and can help narrow the differential diagnosis.
- With a problem-oriented differential diagnosis, physical examination maneuvers can be performed to support or refute a specific diagnosis.

INTRODUCTION

Most of the health care delivery in the United States happens in the outpatient setting.

According to Centers for Disease Control and Prevention data, the number of outpatient visits in 2013 was approximately 920 million, and 53.2% of these visits were made with primary care physicians.¹

Patients generally make an appointment with their health care provider for an acute problem, a checkup, or management of a chronic condition. It is common that a patient brings a multitude of complaints to a provider's attention. Appointment time is limited, however, averaging approximately 15 minutes per visit.² It is crucial that a provider is efficient and addresses the patient's most pressing concerns while conveying a sense of caring. An astute medical provider can gain significant insight about a patient through observation. What is the patient's appearance? Is the patient dressed

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neatly or disheveled? Does the patient smell like tobacco? How is the patient's demeanor? Does the patient appear sad or depressed? Can the patient walk without assistance? Being curious and making an effort to understand the patient as a person and not just someone with a disease make a big difference in developing comfort and trust.

This article uses a few of the most common reasons patients present to a primary care physician to demonstrate that the physical examination not only is a crucial tool to help make or narrow down a diagnosis but also it can have a therapeutic effect.³

THE ANNUAL PHYSICAL EXAMINATION

Patient Case

A 45-year-old healthy man without any significant family history contacts you, asking if he needs to schedule an annual physical examination. He has not been seen in your office for more than 2 years. What do you tell him?

Beginning in the 1910s, the physical examination has been necessary for work clearance.⁴ Since the 1920s, when it was endorsed by the American Medical Association, the general physical examination has been popular with patients and physicians as a means to identify and screen for diseases before they become clinically significant.⁵ For the next 50 years, the comprehensive physical examination of apparently healthy people, or the preventive physical examination, was the standard of care. As early as 1975, however, the value of the comprehensive physical examination was called into question.⁶ Over the next 10 years, multiple major medical associations, including the Canadian Task Force On The Periodic Health Examination, the American College of Physicians, the American Medical Association, and the US Preventive Services Task Force (USPSTF), released statements recommending against the annual physical examination. Instead, it was recommended to screen for health problems in a more selective fashion.⁷⁻¹⁰

Numerous studies have shown that the annual physical examination does not reduce mortality or morbidity and can lead to unnecessary follow-up studies.¹¹ A majority of patients and physicians, however, continue to believe in the importance of the annual physical examination. An estimated one-third of US adults receive an annual physical examination, accounting for approximately 8% of all ambulatory visits. This equates to a cost of approximately \$7 billion.¹² When patients schedule an appointment for their annual checkup, they expect a complete physical examination and are disappointed when this is not done. Patients' satisfaction with their medical care decreases if the expectation for services has not been fulfilled.^{13,14}

What do patients expect during a full physical examination? In a study about public expectations and attitudes,¹⁵ more than 90% of the respondents desired blood pressure measurement, heart and lung examinations, reflex testing, and an abdominal examination. Most of these examination maneuvers, however, are not recommended.⁷⁻¹⁰ Systematic reviews of the evidence for the components of the annual physical examination informed the current recommendations.¹⁶⁻¹⁸ Currently, the USPSTF recommends only 4 components of the physical examination¹⁹⁻²³: measurement of the blood pressure at least every 2 years, Papanicolaou smear for sexually active women with a cervix every 3 years to 5 years up to age 65 years, measurement of weight, and periodic screening for depression. The USPSTF recommends against Papanicolaou smears in women without a cervix or in women older than age 65 years, pelvic examination for the detection of ovarian cancer, testicular examinations for the detection of testicular cancer, thyroid examination

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