



Quick Guide to Physical Exams

Tips for Conducting a Physical Exam

- Before working with patients – **Practice, Practice, Practice!**
 - ✓ Co-workers, family, friends can all be used for practice to build your confidence
- Before you begin:
 - ✓ Wash your hands
 - ✓ Make sure you have appropriate PPE (gloves, mask, gown, etc.)
- For the exam:
 - Respect patient privacy
 - ✓ Conduct exam in a private space
 - ✓ Expose areas of body only as needed
 - Talk with the patient:
 - ✓ Introduce/reintroduce yourself
 - ✓ Explain what you will be doing
 - ✓ Ask for permission to touch them
 - ✓ Continue to explain as you go through the exam
 - ✓ Use the opportunity to clarify any questions you have about other components to the 7-point SGA – diet, functional status, etc.



Muscle Wasting

6 Areas to Assess



- Muscle wasting is evaluated on a scale of 1-7 with **1 being severe depletion** and **7 indicating no depletion** in all areas
- There are 6 areas that can be examined to assess for muscle wasting. The 7-Point Subjective Global Assessment requires the presence of muscle wasting to be evident in at least 3 areas
- The upper body is more susceptible to muscle wasting
- Muscle wasting is more significant than subcutaneous fat loss.

Temple



Normal - The muscle should be well defined with no scooping or hollowing

- **Observe patient from the front, as well as each side.**
- **Look for prominence of the brow bone.**



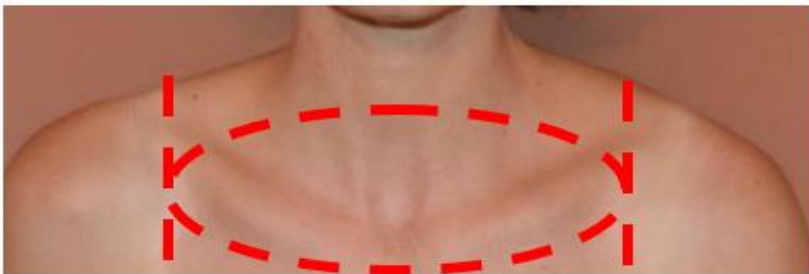
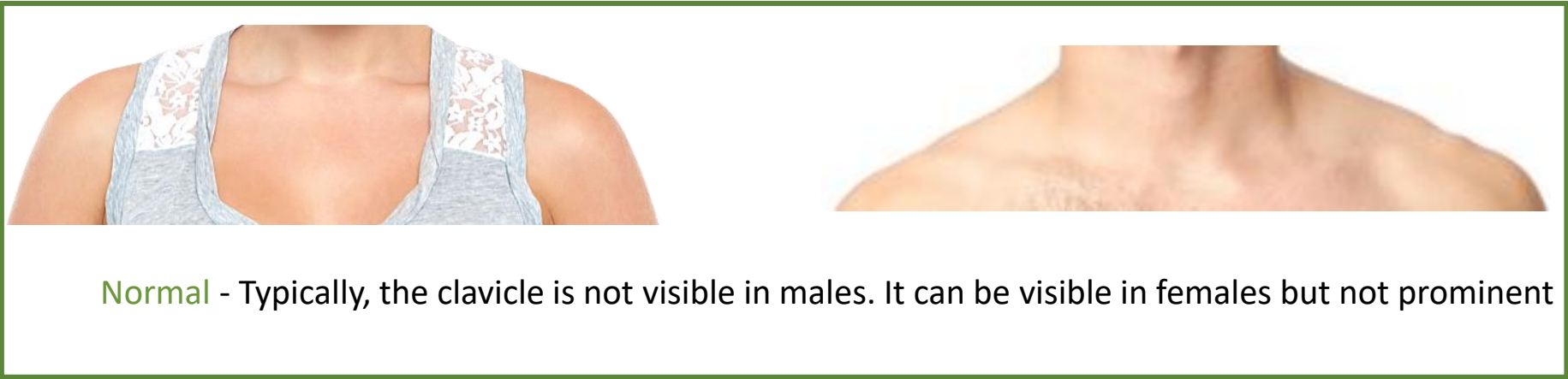
Mild/Moderate
Slight depression or indentation



Severe
Hollowing, obvious depression

Clavicle

➤ **Observe the pectoral and deltoid muscle.**



Mild
Some protrusion
Not all the way along the clavicle



Moderate
Some protrusion along the whole clavicle



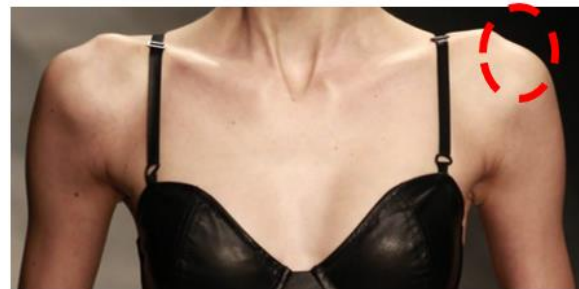
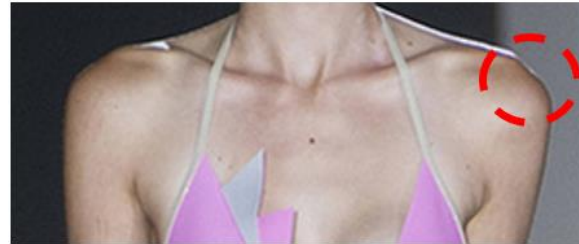
Severe
Clear protrusion, prominent bone

Shoulders

- **Observe straight on with their arms at their sides.**



Normal - Shoulders should be rounded with curves at the junction of the shoulder/neck and shoulder/arm



Mild/Moderate - No square look
Acromion process may protrude slightly.



Severe – Square look
Bones prominent

Ribs/Scapula



Normal - Chest should be full; ribs should not show.

- Observe patient from back
- It may help to have them press their hands hard against a solid wall



Mild/Moderate

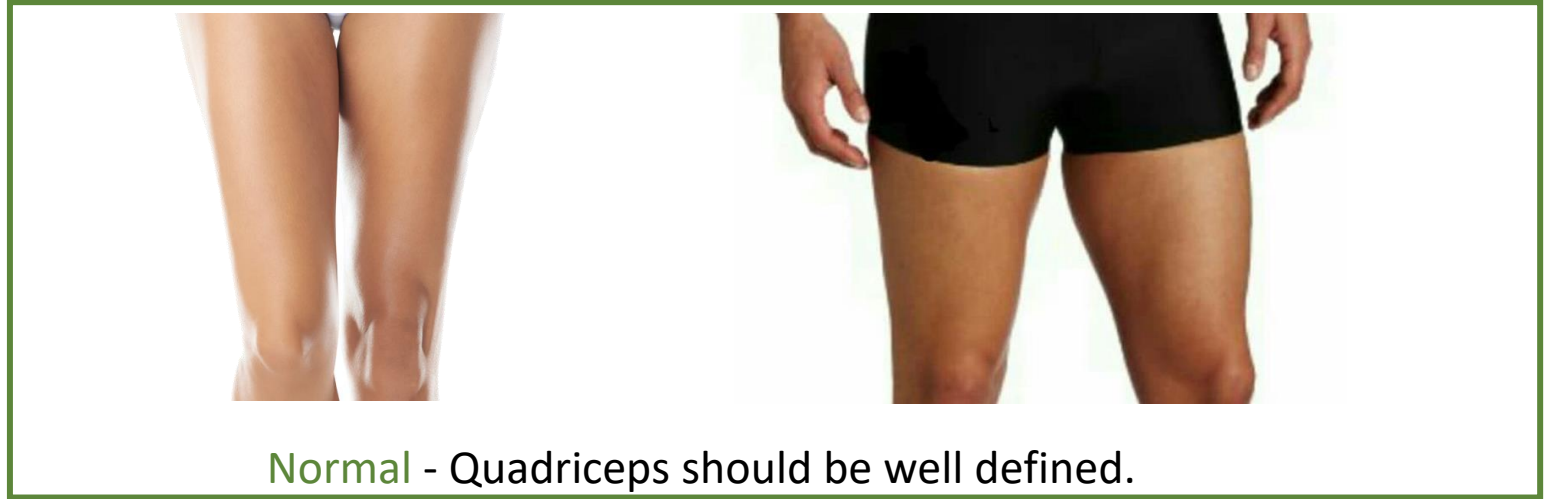
Mild depressions or bone may show slightly; not in all areas.

Severe

Bones prominent, severe depression

Quadriceps

➤ Observe the leg straight on



Mild/Moderate
Depression/atrophy medially



Severe – Prominent knees, severe depression medially



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Interosseous Muscle

➤ Observe the hand on the side of the thumb



Normal - The muscle will bulge or in some cases, typically in women, it will be flat.



Mild/Moderate
Slightly depressed



Severe – Flat or severely depressed area



Fat Stores

- Loss of fat stores is evaluated on a scale of 1-7 with 1 being severe depletion and 7 indicating no depletion in all areas.
- There are 3 areas used to assess for wasting or loss of subcutaneous fat deposits.
- Age-related loss of subcutaneous tissue may confound your findings.

3 Areas to Assess

Ribs, lower back,
and sides of trunk



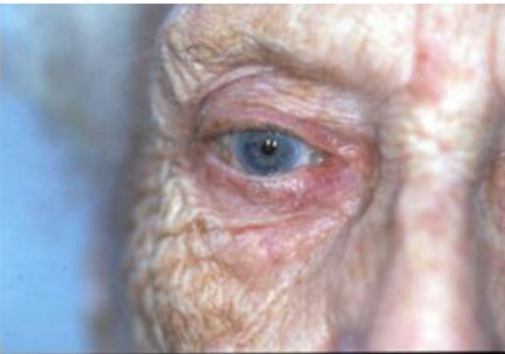
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Orbital Pads

- Observe patient by standing directly in front of them
- Touch just above the cheekbone



Normal - Fat pads should slightly bulge. Note fluid retention may mask loss



Mild/Moderate

Slightly dark circles, somewhat hollow look



Severe

Hollow look, depressions, dark circles, loose skin



Ribs, Lower Back, and Sides of Trunk

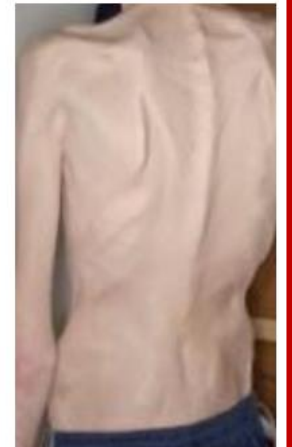
- **Observe patient from the back**
- **May help to have them press their hands hard against a wall**



Normal - Ample fat tissue, chest wall and ribs should not be visible. There may be a slight protrusion of the iliac crest.



Mild/Moderate
Ribs apparent but depressions less pronounced, iliac crest somewhat prominent



Severe
Skin is stretched; prominent, well-defined ribs

Triceps



Normal - Ample fat tissue is obvious between folds of skin.

- **Observe patient with their arm bent**
- **Roll skin in between fingers**
- **Do not include muscle in pinch.**



Mild/Moderate
Some depth in pinch but not ample



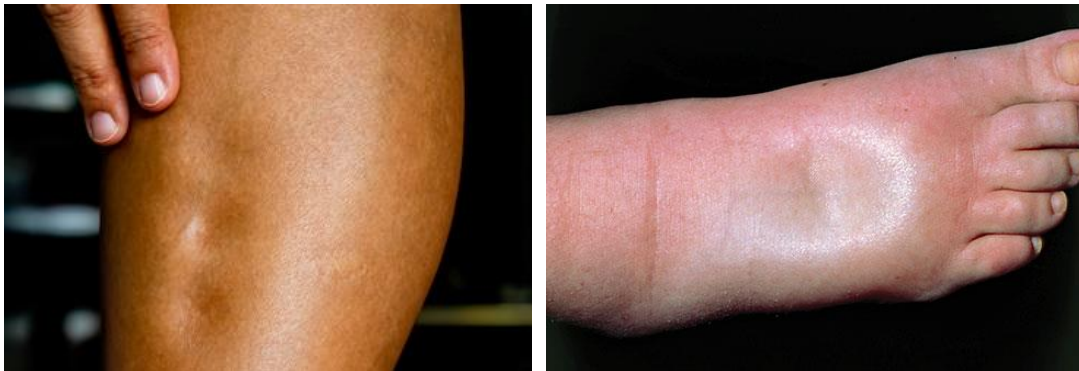
Severe
Very little space between folds,
fingers touch

Edema

- Observe and palpate extremities for fluid retention
- Use this opportunity to discuss patient's history of edema



Normal – No edema



Mild/Moderate

Pitting edema of extremities/pitting to knees, possible sacral edema if bed ridden



Severe

Pitting beyond knees, sacral edema if bed ridden
May also have generalized edema including swelling around the eyes or other parts of the upper body.

PCA Assessment Forms

Find our assessment forms on our [Website Portal](#):

7-POINT SUBJECTIVE GLOBAL ASSESSMENT & MALNUTRITION

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7-POINT SUBJECTIVE GLOBAL ASSESSMENT

Weight Loss ___ kg in last 6 months

7	6	5	4	3	2	1
0%	<3%	3-5%	5-7%	7-10%	10- <15%	≥15%

If weight is trending up add 1 point, if weight is trending down within 1 month subtract 1 point

Dietary intake in past 2 weeks

7	6	5	4	3	2	1
Good – full share of usual meal	Good – $\frac{1}{2}$ to <1 share of usual meal	Borderline – $\frac{1}{2}$ to $\frac{1}{4}$ share of meal but increasing	Borderline $\frac{1}{2}$ to $\frac{1}{4}$ usual meal w/ no change or decreasing	Poor $< \frac{1}{2}$ of usual meal but increasing	Poor $< \frac{1}{2}$ of usual meal w/ no change or decreasing	Starvation $< \frac{1}{4}$ of usual meal

Gastrointestinal symptoms (that persisted for >2 weeks)
 Nausea Vomiting Diarrhea

7	6	5	4	3	1-2
No symptoms	Very few intermittent symptoms 1x/day	Some symptoms 2-3x/day – improving	some symptoms 2-3x/day – no change	Some symptoms 2-3x/day – getting worse	Some or all symptoms >3x/day

Functional status (nutrition related)

6-7	3-5	1-2
Full functional capacity	Mild to moderate loss of stamina	Severe loss of functional ability (bedridden)

Disease state affecting nutritional requirements

6-7	3-5	1-2
No increase in metabolic demand (no or low stress)	Mild to moderate increase in metabolic demand (moderate stress)	Drastic increase in metabolic demand (high stress)

Muscle wasting* (at least 3 areas)

6-7	3-5	1-2
No depletion in all areas	Mild to moderate depletion	Severe depletion

Fat Stores*

6-7	3-5	1-2
No depletion in all areas	Mild to moderate depletion	Severe depletion

Edema* (nutrition related)

6-7	3-5	1-2
No edema	Mild to moderate edema	Severe edema

NUTRITION STATUS OVERALL SGA RATING

Well Nourished	Mild to Moderately Malnourished	Severely Malnourished
7 6	5 4 3	2 1

*See second page for more details

INFLAMMATION SCORE

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MALNUTRITION INFLAMMATION SCORE

MEDICAL HISTORY / Change if goal dry weight in past 3-6 months

0	1	2	3
<0.5kg	0.5-1.0kg	>1kg but <5%	≥5%

DIETARY INTAKE

0	1	2	3
Good appetite, no deterioration	Sub-optimal solid dietary intake	Moderate overall decrease and/or full liquid diet	Hypo-caloric liquid diet to starvation

GASTROINTESTINAL SYMPTOMS

0	1	2	3
No symptoms w/ good appetite	Mild symptoms, poor appetite, or nauseated occasionally	Occasional vomiting or moderate GI symptoms	Frequent diarrhea or vomiting or severe anorexia

FUNCTIONAL CAPACITY (nutrition-related)

0	1	2	3
Feeling fine – normal to improved functional capacity	Feeling tired frequently – occasional difficulty w/ baseline ambulation	Difficulty w/ otherwise independent ADLs	Bed/chair ridden, little to no physical activity

CO-MORBIDITY

0	1	2	3
On dialysis <1 year and no co-morbidity	Dialyzed 1-4 years, or mild comorbidity (excluding MCC*)	Dialyzed >4 years or moderate comorbidity (including 1 MCC*)	Any severe multiple comorbidity (≥2 MCCs*)

PHYSICAL EXAM / Decreased Fat Stores – triceps, biceps, chest, below the eyes

0	1	2	3
No change	Mild	Moderate	Severe

SIGNS OF MUSCLE WASTING – temple, clavicle, scapula, ribs, quadriceps, knee, interosseous

0	1	2	3
No change	Mild	Moderate	Severe

BODY SIZE / Body Mass Index (BMI)

0	1	2	3
≥20	18-19.9	16-17.99	<16

LABORATORY PARAMETERS / Serum albumin (g/L)

0	1	2	3
>4.0	3.5-3.9	3.0-3.4	<3.0

SERUM TOTAL IRON BINDING CAPACITY (mg/dL)

0	1	2	3
≥250	200-249	150-199	<150

SCORE _____

The sum of all above components added together, 0 means no malnutrition, 30 indicates severe malnutrition. A higher score indicates a more severe degree of malnutrition and inflammation.
 * MCC includes congestive heart failure class III or IV, full blown AIDS, severe coronary artery disease, moderate to severe chronic obstructive pulmonary disease, major neurological sequelae, metastatic malignancy, or recent chemotherapy.

* Continues on back side

Thank you

For more information on Patient Care America, please contact us at 866-348-0441

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