

**College of Medicine and Medical Sciences**  
**Clinical skills center**  
**Abdominal Examination**

	Done well	Done but not well	Not done
<b>General:-</b>			
<b>Student:</b>			
1- Washes hands before and after examination with alcohol gel or water.			
2- Introduces himself to the subject as a medical student,			
3- dresses professionally in white coat and			
4- Seeks permission for doing examination.			
5- Uses the subject's name to address him			
6- Closes the door			
<b>General Considerations:-</b>			
1. The subject should be lying comfortably			
2. The examination room should be quiet and warm.			
3. Position subject supine with one pillow under head with arms at side or folded across the chest, if necessary ask subject to flex knees to relax abdomen.			
4. The drapes should be arranged to expose the abdomen from above the xyphoid process to the symphysis pubis.			
5. Approach the subject from his right side, uses his right hand, if he is right handed (warm hands).			
6. Ask subject to point to any areas of tenderness or pain and start examination away from them.			
7. Examine the nine regions systematically starting with right lower quadrant (RLQ) and finishing with umbilical region. (if there is not reported pain)			
<b>Inspection</b>			
<b>Comments on:</b>			
1. Abdominal contour:			
2- Fullness of Flanks			
3- Subcostal angle			
4- Abdominal wall:			
skin pigmentation,			
scars of previous surgery,			
Striae			
dilated veins & the direction of blood flow.			
5- Umbilicus :			
Shape, position, pigmentation, discharge			

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6-Divarcation of recti : - The patient tries to sit unsupported .			
7- Hernial orifices . - If a hernia is visible ask the subject to cough or sit up.			
8-Respiratory movement			
9-Intestinal movement: visible peristalsis (an abnormal sign).			
10-Pulsation:			
epigastric			
pulsating swelling			
<b>Palpation</b>			
<b><u>1-Superficial (light) palpation:-</u></b> -Initially touches the abdomen gently and in short movements			
- Comment on facial expression (for tenderness) while palpating.			
- Comment on muscle rigidity.			
- Comment on area of changed temperature			
<b><u>2- Deep palpation:-</u></b> - For deep tenderness. - Organ palpation is during inspiration .			
<b>Liver</b> - Place the hand flat over the abdomen with fingers pointing upwards and position the sensing fingers (index and middle fingers) lateral to the rectus muscle. - The fingers lie on a line parallel to the expected liver edge.			
- Start examination in right iliac fossa and move towards the right costal margin asking subject to take deep breaths in and out.			
- Move his hand upwards and inwards with each inspiration.			
- At the height of inspiration release the inward pressure and keep the upward pressure (the tip of the fingers should slip over the edge of a palpable liver.			
- Use dipping method of palpation (If the subject is obese or in case of massive ascites)			
-Palpate the surface and edge for irregularities, consistency, masses, tenderness).			

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<p><b>Gall Bladder</b></p> <p>- Place the examining hand over the gall bladder area and ask the patient to take a deep breathing.  “Inspiration may be sharply arrested with tensing of the abdominal muscles because of sudden accentuation of pain suggesting acute cholecystitis. (Murphy’s sign)”.</p>			
<p><b>Spleen:-</b></p> <p>-Start examination in right iliac fossa and move towards the left costal margin asking subject to take deep breaths in and out.</p>			
<p>- Ask the patient to breath deeply. At the height of inspiration release the pressure on the examining hand so that the finger tips slip over the lower pole of the spleen (if enlarged)</p>			
<p>- If not palpable, move the hand upwards after each inspiration until the fingertips are under the lefty costal margin.</p>			
<p>- Repeat the process along the entire rib margin as the position of the enlarging splenic tip is variable</p>			
<p>Palpate for spleen bimanually</p>			
<p>If still impalpable</p>			
<p>a) Position the patient in the right lateral position with the left hip and knee flexed, and repeat the exam.</p>			
<p>b) Alternatively examine from the left side, curling the fingers of the examining hand under the left costal margin as the patient breathes in deeply.  “Use dipping method of palpation (If the subject is obese or in case of massive ascites)”</p>			
<p><b>Palpation of the Aorta</b></p> <p>- Palpate for aortic pulsation in the epigastric region</p>			
<p><b>Kidneys:</b>  (Using a bimanual technique in the flanks ballot for kidneys bilaterally)</p>			
<p>- Place one hand posteriorly below the lower rib cage and the other hand over the upper quadrant.</p>			
<p>- Push the 2 hands together gently and firmly as the patient breathes out.  - Feel for the lower pole moving down as the patient breathes in deeply.</p>			
<p>- Push the kidney back and forwards between the 2 hands(balloting)</p>			

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- Assess the size, surface and consistency of a palpable kidney.			
- Examine the left kidney from the other side.			
<b>Percussion</b>			
<b>Method:</b> (general rules for percussion) - Percuss from resonance to dull. - Move the wrist only for percussion - Percuss on the middle phalanx only of the middle finger			
<b>- Percuss for liver (Liver Span):-</b>			
1-Percuss upper border. (firmly)			
2-Percuss lower border.(lightly)			
3-Measure the liver span between these two points in centimeters with a ruler the vertical span of liver dullness in the mid-clavicular line			
<b>-Percuss for spleen (Splenic Dullness):-</b> -The patient holds breath in during full inspiration - Percuss for the lower margin of the spleen, starting from the RLQ upwards and to the left costal margin. - Percuss below and above the left costal margin. “If doubt, percuss over Traub’s area”			
<b>-Percuss flanks:-</b> for dullness and demonstrate shifting dullness or fluid thrill			
<b>Shifting dullness:-</b> - Percuss from the center of the abdomen to the right t flank till the dull note is obtained. - Keep the finger in place. - Ask patient to rolls on to the other side.			
- Wait for at least 10 seconds then percuss again (on the same side) “Ascites is suggested if note becomes resonant. Confirmed by obtaining a dull note while percussing back towards umbilicus.”			
<b>Fluid thrill:-</b> -Place a detected hand on the patient’s flank. - Put the patient or the assistant hand on the abdomen along the midline sagittal plane to dampen any possible thrill transmitted via the abdominal wall. - Flick the skin of the abdominal wall over the other flank using the thumb or forefinger.			
<b>-Percussion of kidneys:</b> just under the lowest rib posteriorly on both sides			

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<b>Auscultation</b>			
Auscultate all four quadrants			
<p>Comment on:</p> <ul style="list-style-type: none"> <li>- Bowel sounds: for at least 3 minutes before deciding they are absent.</li> <li>-Bruits : (harsh systolic murmur) aortic; renal (back) and iliac --- bilaterally, liver (hepatoma)</li> <li>- Venous hum: midway between umbilicus and xiphisternum (in portal hypertension)</li> <li>- Friction sounds (over spleen (perisplenitis) or liver (perihepatitis).</li> <li>- Succession splash (pyloric stenosis, autonomic neuropathy):place the hands over the lower ribs and shake the patient quickly and rhythmically from side to side.(the patient should be fasting &gt; 2 hours)</li> </ul>			
<p><b>Special Signs:-</b> Check for Rebound tendernes in right iliac fossa.</p>			
<p><b>Costovertebral Tendernes: -</b> -Ask subject to sit up on the exam table. -Use the heel of the closed fist to strike the subject firmly over the costovertebral angles. -Compare the left and right sides.</p>			
<p><b>Psoas Sign: -</b> -Place his hand above the subject's right knee -Ask the subject to flex the right hip against resistance</p>			
<p><b>Obturator Sign:-</b> -Raise the subject's right leg with the knee flexed. -Rotate the leg internally at the hip.</p>			
<p><b>Rovsing's Sign :-</b> -Palpate the lower left lower quadrant of a the patient's abdomen</p>			