

**COLLEGE OF MEDICINE AND MEDICAL SCIENCES
CLINICAL SKILLS CENTER
THYROID EXAMINATION**

Steps	Done Well	Done but Not Well	Not Done
<u>The student:</u>			
- Introduces himself to the patient			
-Explains the procedure & takes permission.			
-The patient is sitting & exposed from upper part of the chest upwards.			
<u>A. Inspection :</u>			
<u>The student:</u>			
1- Extends the neck of the patient			
2- stands in front of the patient			
3- comments on the swelling : (8S) - Number : single - Site :in the lower part of front of neck - size : in cm - shape :butterfly if symmetrical enlargement - Surface :smooth or nodular -Borders (edge): especially lower border. - Relations to surrounding structures: a.skin(redness ,scar, dilated veins crossing the manubrium , ulcer or sinus) b.Sternomastoid (superficial or deep) -Special signs : a.Pulsations (look tangential), b. Movement with swallowing c.Protrusion of tongue (If there is midline swelling- thyroglossal cyst). -Other swellings in the neck (LNs)			
<u>B .Palpation :</u>			
<u>The student:</u>			
1- stands behind the patient			
2- Flexes the neck of the patient with tilting the head towards the side of the examination.			
3- places the thumbs in the midline of the back of the neck and the palmer surface of others fingers of both hands meet in the midline anteriorly in the suprasternal notch			
4- Start by palpating the isthmus &lower border of the gland then one lobe during pushing the contralateral sternomastoid towards the examined side .			
5- comments on the swelling : (2T + 8S			

**COLLEGE OF MEDICINE AND MEDICAL SCIENCES
CLINICAL SKILLS CENTER
THYROID EXAMINATION**

<p>+ CEM) - Temperature & tenderness. - Number, site, size, shape, symmetry, surface. - Consistency, , edge (specially lower edge) & mobility - Special signs: pulsations (expansile or transmitted), thrill & swallowing.</p>			
<p>6- Relation to the surrounding structures: -Skin(fixed or not) by pinching or sliding -Sternomastoid (move the muscle) (fixed or not) -Common carotid pulsations(site & volume)</p>			
<p>7- palpates the upper & lower deep cervical Prelaryngeal & pretracheal lymph nodes .</p>			
<p>8- stands in the front of the patient to palpate the followings : - Position of the trachea (central or not) by tip of two index fingers in the suprasternal notch. -Horizontal & vertical movements of the swelling over the trachea to detect fixity to the trachea.</p>			
<p><u>C .Percussion:-</u> The student: percusses over the manubrium (dullness in retrosternal goiter)</p>			
<p><u>D.Auscultation:-</u> The student: Auscultates the apex of the lateral lobes for machinery bruit (toxic goiter)</p>			