

College of Medicine and Medical Sciences  
**Clinical Skills Center**  
**Thyroid Examination**

<b>Steps</b>	<b>Done Well</b>	<b>Done but Not Well</b>	<b>Not Done</b>
<b><u>The student:</u></b> Introduces himself to the patient			
Explains the procedure & takes permission.			
The patient is sitting & exposed from upper part of the chest upwards.			
<b><u>A. Inspection</u></b> <b>The student:</b> 1- Extends the neck of the patient			
2- Stands in front of the patient			
3- Comments on the swelling : <ul style="list-style-type: none"> <li>- Number : single</li> <li>- Site :in the lower part of front of neck</li> <li>- Size : in cm</li> <li>- Shape :butterfly if symmetrical enlargement</li> <li>- Surface :smooth or nodular</li> <li>-Borders (edge ) :specially lower border before &amp; after swallowing .</li> <li>- Relations to surrounding structures:  a)<b>Skin</b>(redness ,scar,dilated veins crossing the manubrium....etc)</li> <li>B)<b>Sternomastoid</b> (superficial or deep )  <ul style="list-style-type: none"> <li>-Special signs :  a)Pulsations (look tangential)</li> <li>b)Movement with swallowing</li> <li>c) Protrusion of tongue(If there is localized midline swelling to exclude thyroglossal cyst).</li> </ul> </li> <li>-Other swellings in the neck (L.Ns )</li> </ul>			
<b><u>B. Palpation</u></b> <b>The student:</b> 1- <b>Stands behind the patient (posterior approach )</b>			
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 palmar surface of others fingers of both hands meet in the midline anteriorly just above the suprasternal notch			
4- Start by palpating the isthmus , lower border of the gland(if not felt, ask patient to			

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swallow ) then each lobe during pushing the trachea & larynx towards the examined side.			
5- Comments on the swelling : <ul style="list-style-type: none"> <li>- Temperature &amp; tenderness .</li> <li>- Number ,site, size, shape, symmetry, surface .</li> <li>- Consistency, borders ( specially lower border ) .</li> <li>- Special signs : pulsations (expansile or transmitted ) , thrill &amp; mobility with swallowing.</li> </ul>			
6- Relation to the surrounding structures: <ul style="list-style-type: none"> <li>-Skin(fixed or not) by pinching or sliding</li> <li>-Sternomastoid (move the muscle from side to side over the swelling )</li> <li>-Common carotid pulsations at the level of the swelling ( site &amp; volume)</li> </ul>			
7- Palpates the upper & lower deep cervical lymph nodes			
8- <b>Stands in the front of the patient (anterior approach )</b> to palpate the followings :  <ul style="list-style-type: none"> <li>- Position of the trachea(central or not) by tip of two index fingers in the suprasternal notch ( if not felt follow the thyroid notch of the thyroid cartilage ) .</li> <li>-Horizontal &amp; vertical movements of the swelling over the trachea ( to detect fixity to the trachea ) .</li> <li>-Solitary nodule &amp; isthmus are better felt from front .</li> <li>- Prelaryngeal &amp; pretracheal lymph nodes.</li> </ul>			
<b><u>C .Percussion:-</u></b> <b>The student:</b> 1- Percusses directly over the manubrium ( dullness in retrosternal goitre)			
<b><u>D.Auscultation:-</u></b> <b>The student:</b> Auscultates the apex of lateral lobes & isthmus for machinery bruit ( toxic goiter )			