

SKILLS

CONSULTATION SKILLS

Physical examination

The ability to perform a physical examination appropriate to the patient's presentation, and correctly elicit physical signs, are core skills of the competent GP. As well, physical examination skills are assessed in college barrier examinations. Over recent years a decline in the physical examination skills of doctors has been described. This is especially the case in systems where hospital experience may not provide sufficient exposure for skill development, like dermatology and musculoskeletal medicine. As with history taking, the general practice setting requires physical examinations to be sufficiently comprehensive to address the problem at hand, but also 'focussed' in scope. The GP supervisor can play a key role in demonstrating and teaching evidence-based physical examination skills in registrars.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Evidence-based physical examination – pre- and post-test probabilities, sensitivity and specificity, likelihood ratios • Approach to the focused physical examination for common undifferentiated general practice presentations e.g. dizziness, headache, abdominal pain • Approach to physical examination for specific patient groups e.g. antenatal care, 6 week baby check, drivers licence medical • The approach to physical examination in the era of COVID-19 and telemedicine • Use of office-based tests as part of physical examination e.g. doppler USS, spirometry 				
<p>PRE- SESSION ACTIVITIES</p>	<ul style="list-style-type: none"> • Read the 2017 BJGP article Time to revive the GP-focused clinical examination 				
<p>ACTIVITIES</p>	<ul style="list-style-type: none"> • Assessment and teaching on physical examination skills is best done by a combination of discussion and demonstration/deliberate practice • See over page for activity 				
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • Encourage the registrar to have a diagnosis in mind before starting the examination • The likelihood ratio of many physical examination tests is poor and their utility in practice is limited e.g. Homan's sign, McMurray's test • Review the sensitivity, specificity and likelihood ratio of common physical examination tests used in general practice • Identify areas of strength and weakness in physical examination skills (for both supervisor and registrar) • Opportunistically incorporate physical examination into case discussion • Talk through the examination as you go • Review relevant resources e.g. McMaster MSk Examination YouTube videos 				
<p>RESOURCES</p>	<table border="1"> <tbody> <tr> <td data-bbox="323 1892 432 1966">Read</td> <td data-bbox="432 1892 1498 1966"> <ul style="list-style-type: none"> • JAMA rational clinical examination series </td> </tr> <tr> <td data-bbox="323 1966 432 2033">Listen</td> <td data-bbox="432 1966 1498 2033"> <ul style="list-style-type: none"> • IMreasoning podcast on myths of the physical exam </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • JAMA rational clinical examination series 	Listen	<ul style="list-style-type: none"> • IMreasoning podcast on myths of the physical exam
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<p>FOLLOW UP & EXTENSION ACTIVITIES</p>	<ul style="list-style-type: none"> • Read the 2020 JAMA article - The Disappearance of the Primary Care Physical Examination—Losing Touch 				

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Activity

DISCUSSION AND DEMONSTRATION

1. Discuss the case scenario with the registrar
2. Then, watch the [shoulder examination video](#) together
3. Ask the registrar to perform a shoulder examination on you
4. Then critically review the findings from the 2017 paper [Physical examination tests of the shoulder: a systematic review and meta-analysis of diagnostic test performance](#)

CASE SCENARIO

Nino, a 47-year-old signwriter, presents to you with a three week history of right shoulder pain. The pain is localised to the lateral aspect of the shoulder and is worse with reaching up and behind. It is interfering significantly with his work and also bothering him at night. He has been taking ibuprofen with minimal benefit.

Physical examination reveals the following signs

- Non-tender to palpation
- Painful arc
- Positive emptying the can test
- Positive Hawkins-Kennedy test
- Negative Yergason's test

