


# Telehealth Physical Exam

## General Principles

- The Physical exam is a test. Like all tests, it should be disease specific and used to increase or decrease the likelihood of a possible disease based off of the patient's history. Other than weight and blood pressure, there is no evidence that any physical exam technique on an asymptomatic patient can accurately screen for chronic diseases.
- There is currently no literature validating a standard Telemedicine Physical Exam. However, evidence-based techniques with ingenuity can be applied to two way video visits and have been proven to be effective based off of collective clinical experience. Successful telemedicine programs range from low acuity/ low physical exam dependent specialties (tele counseling) to high acuity/highly dependent physical exam specialties (telestroke).
- The Telemedicine physical exam relies on inspection and observation rather than palpation. However, several telemedicine programs advocate the use of patient self-palpation
  - *Self-palpation of the lower extremities under my guidance yielded 1+ pitting edema*
- As with an in person visit, documentation of important negative findings in conjunction with clear discharge instructions, return precautions, and follow up is imperative to limit liability
  - i.e.: midline uvula, negative trismus, and full ROM of neck in a patient with sore throat
- As with an in person visit, referral to a higher level of care is sometimes needed. Anytime you feel uncomfortable with a video visit for a particular patient, don't be afraid to conclude the visit with a recommendation for higher level of care
- The following will automatically require an in person visit:
  - High risk/red flag symptoms that require hands on exam techniques (I.e: subjective weakness with back pain)
  - Symptoms that require an instrument (I.e.: ear pain requiring otoscope)
  - Symptoms or exams that will lead to a procedure (i.e.: abscess or laceration repair)

## Physical Exam Guide

- Vital signs
  - Vital signs are not required for billing. Conduct disease specific vital signs as needed
  - Ask the patient if the patient has home equipment and use it, for example:
    - Home scale: Weight
    - Home thermometer: Temp
    - Home BP cuff: Blood pressure
    - Fit bit: HR
    - pulse oximeter: O2 saturation, pulse ox

- IF the patient has no equipment, use the patient and your own stop watch
  - Heart Rate
    - Teach patient to find radial pulse
    - Ask the patient to count every time they feel their pulse
      - Note whether this is regular or irregular
    - Calculate BPM using watch or phone stop watch
  - Respiratory rate
    - Calculate breaths per minute using watch or phone stop watch
- System Based Physical Exam (general tips)
  - An exam is better obtained with a mobile device (phone or tablet)
  - A full physical can be performed/documentated by simple inspection and observation
    - GENERAL:** No acute distress. Sitting comfortably
    - HENT:** Scalp atraumatic. External ear normal. No nasal trauma. Mucous membranes moist. Dentition normal. Uvula midline
    - Eyes:** No scleral icterus. No scleral injection
    - Respiratory:** Regular respiratory rate.
    - Cardiovascular:** Under my supervision, no peripheral edema on self-palpation
    - Gastrointestinal:** Non-distended. Non tender to self-palpation.
    - Genitourinary:** No CVA or suprapubic tenderness with self-palpation
    - Musculoskeletal:** No joint deformity or effusion.
    - Neuro:** Alert and orientated x3. No upper or lower extremity drift. Normal ambulation
    - SKIN:** No obvious rash or ecchymosis.
  - Use family members/ friends to improve the quality of the video (with permission)
  - Help educate patient's/family members on how to conduct an exam, for example:
    - Self-palpation of the lower extremities
    - Ambulate/squat/cough/ jump to rule out peritoneal signs
  - Use the tools the patient has available
    - Light on phone/lpad, flashlight, home health equipment
  - Take pictures of relevant findings
    - Inform the patient that you will be taking a secure image
    -  **Capture Image** saves a picture from the video to the patient's chart. This image will appear in the **Patient Media** section

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