Physical Assessment Of The Older Patient

“The Essentials”

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NO FINANCIAL DISCLOSURES
Why do we do what we do?

• WHO
  – “The state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

• Impact state of health
  – Improve quality of life
  – Promote independent function
  – Improve life expectancy
    – Decrease morbidity and mortality
Why is this relevant?

- AGING is Inevitable
  - “the BABY BOOMERS are booming”
- Evidenced Based Standard of Care
- Assessment/Intervention decreases morbidity/mortality
  - Impacts ADLs/IADLs
  - Improve life expectancy and quality of life
Guides Diagnostic testing

- Serology
- Imaging

- What is the indication?
Guides Management

• **Goal**
  – Promote independent function
  – Reduce morbidity & mortality
    • Improve quality of life
      – Decreased & suffering
    • Improve life expectancy
  – Treat underlying cause
  – Minimize risk of an unfavorable outcome
    • Remove, Reverse, Restore
Questions...

- When does the physical exam begin?
- What is a normal geriatric physical examination?
- How do patients present?
- What signs or symptoms are suggestive of an underlying problem?
How does it differ from standard medical evaluation?

- Focus is on elderly individuals with complex problems
- A good geriatric assessment requires multidisciplinary team approach
- Quality of life and functional status emphasized.
- 5 “I”s in geriatrics
Setting for Assessment

- Ambulatory
- Acute Care Setting
  - Emergency Room
  - Hospital
- Home
  - Skilled Nursing Facility
  - Assisted Living

***Time Constraints***
Functional Status

- Individual’s “ability to perform tasks that are required for living”
- Activities of daily living (ADLs)
Factors impacting functional status
Physical Exam

• Observation/Inspection

• Vitals
  – ABCs
  – Extremes of Vitals
General appearance

- Acromegaly: enlarged nose, lips, jaws...
- Myxedema: puffy face, coarse features
- Polycythemia Vera: ruddy complexion
- Scleroderma: shiny skin, no wrinkles
- Parkinsonism: mask like, festinating gait
- Paget’s: frontal bossing
- Depression: weary, stooped
• ROS

• Common things occur commonly
  – Previous episode is predictor of recurrent event

• Did I Ask?
  – D.I.D.I.A
  – Drugs, Infection, Dehydration, Incontinence

• V.I.T.A.M.I.N.S
The Eyes will tell

- Proptosis: unilateral, bilateral
- Ptosis: bilateral, unilateral
- White and blue scleral patches
- Conjunctival hemorrhages
- Conjunctival edema (chemosis)
- Lacrimal sac swelling: unilateral, bilateral
- Red eye
Functional Assessment

- Gait
- Mobility
- Balance
- Transfer
- ADL
• Timed Up and Go
• > 20 seconds predicts disability
• Manual Dexterity
  – Major determinant in ability to live independently
Physical Assessment

- Memory
- Vision
- Hearing
- Mobility
- Dentition
  - Nutrition
- Cognitive
- Snellen chart
  - Visual Acuity
- Audioscopy, whisper test
- Get up and Go
  - Gait
Pulse can tell the story

- **Tachycardia**
  - Medications
  - Infections
  - Dehydration
  - Anemia
  - Hyperthyroidism
  - Myocardia infarction
  - Pulmonary Embolism

- **Bradycardia**
  - Infection
  - Hypoglycemia
  - Sick-sinus syndrome
  - Hypothermia
  - Hypothyroidism
  - ICP
  - Infection
  - IWMI
Breathing Clues

Bradypnea

• Medications
• Hypothermia
• Hypothyroidism
• Hypoglycemia
• Pontine hemorrhage
• Uremia
Breathing Clues...

- Cheyne-Stokes breathing: CHF, CNS disease, pneumonia, medications, obesity
- Biot’s breathing: sign of increased intracranial pressure
- Apneustic breathing: Severely ill patients. This pattern is suggestive of pontine lesion
Breathing clues...

Tachypnea

• Pulmonary embolism
• CHF
• COPD
• Infections
• Acidosis
• Pneumothorax
Blood Pressure

- Pitfalls in measurement
  - White Coat
  - Cuff over clothing
  - Size of cuff
  - Level of arm
  - Arm too tense
  - Vascular stiffness
  - Auscultatory gap
  - Rapid deflation
Some Hand Signals

- Palmar erythema: cirrhosis, b12 def, hyperthyroidism
- Palmar xanthoma: myxedema, pancreatitis
- Piting of nails: psoriasis, LP
- Koilonychia: Fe deficiency
- Clubbing: look for Shamroth’s sign. Name some associated conditions
- Palmar callus, extensive: in Ca
Open the mouth

- Assess odor: fishy, fruity, putrid, very putrid, garbage dump, bitter almond
- TMJ
- Mucosal ulcers: consider aphthous stomatitis, SLE, herpes zoster,
- White ulcerated plaque (leukoplaia): squamous cell cancer
- Pigmentation with ulcer: melanoma
Mouth (cont’d)

- Tongue lesions
- Red shiny surface: Vitamin B12 deficiency
- Coated black: colonized by aspergillus niger
- Pale tongue: giant cell arteritis
- Painful ulcers: tuberculosis associated with pulmonary TB
- Post. lateral ulcers: malignancy
Medical Ethics

- Respect patients autonomy
- Informed consent
- Non-maleficence
- Beneficence
REFERENCE

• GERIATRIC REVIEW SYLLABUS
THANK YOU