

# 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 expectance

- ❖ 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

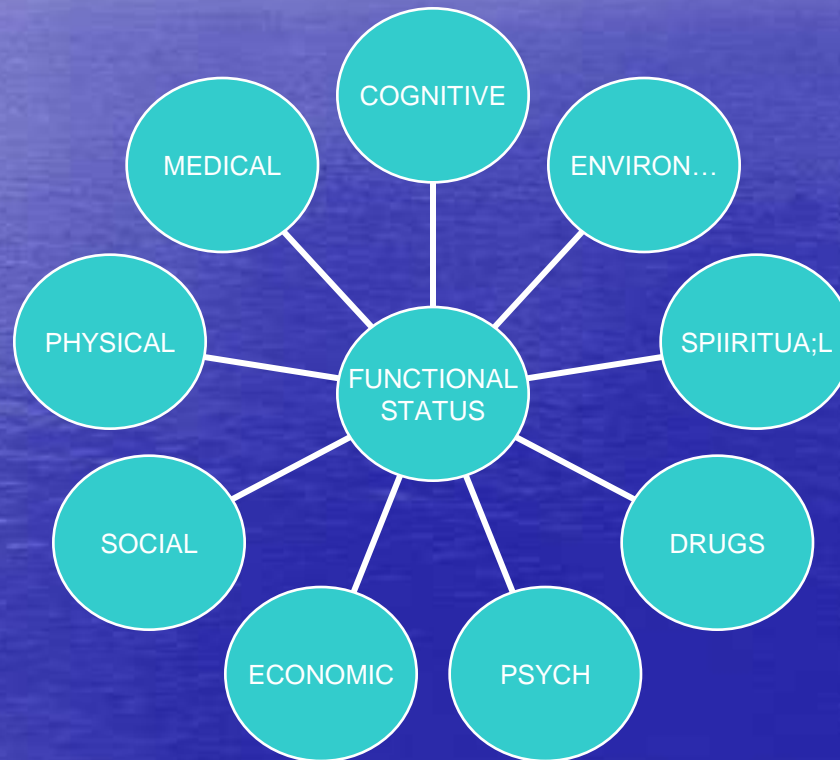
# Setting for Assessment

- 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
- Pitting 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 SYLABUS



THANK YOU