

**ABDOMINAL TEACHING EXAMINATION  
Checklist 2008**

	<b>Need to Practice</b>	<b>Feel Comfortable</b>
<b>General Approach</b>		
1. Patient supine on examination table with arms at side or folded across chest.		
2. Stand to patient's right.		
3. Undrape the abdomen from the symphysis pubis to just above the xiphoid process. Bring sheet up from below to cover the patient below the waist, then bring the gown up to the xiphoid process. Remember, patient privacy is to be respected at all times.		
<b>Inspection</b> <b>(Systematically inspect all four quadrants and epigastric area, noting the following.)</b>		
4. Skin (scars, rashes, lesions, caput, venous dilatation, spider angiomas – see your physical diagnosis text for descriptions).		
5. Contour of the central abdomen (Flat, rounded, protuberant, distended or scaphoid).		
6. Symmetry (or lack thereof due to masses or organ enlargement causing a focal protuberance).		
7. Visible pulsations (Particularly aortic pulsations in the upper abdomen)		

**ABDOMINAL TEACHING EXAMINATION  
Checklist 2008**

	<b>Need to Practice</b>	<b>Feel Comfortable</b>
<p><b>Auscultation:</b></p> <p>8. Describe character (e.g., high pitched, tinkling, rushes, rumbling) – The term borborygmi (rumbling, gurgling, tinkling noises heard on auscultation of the abdomen in conditions of increased intestinal peristalsis) is sometimes used.</p>		
9. Listen in the midepigastrium for abdominal aortic bruits.		
10. Listen on the left and right sides of the epigastrium for renal artery bruits.		
11. Listen over the femoral arteries for femoral bruits.		
<p><b>Percussion:</b></p> <p>12. Percuss abdomen. (This will be painful if the peritoneum is irritated)</p>		
13. Percuss over the suprapubic area. (Will be dull if bladder is distended).		
14. Assess top and bottom edges of liver (in midclavicular line) by percussion, and note liver span in centimeters.		
<p><b>Palpation:</b></p> <p>15. Palpate each quadrant of the abdomen lightly to detect tenderness, muscular spasm, or rigidity.</p> <p>16. Palpate each quadrant of the abdomen deeply (see text for technique), noting any of the following: tenderness, masses, pulsations, palpable bowel loops, rushes or movement. Try to examine with the patient's respiratory flow, and be sure to palpate tender areas last (and gently).</p>		
17. Identify the bottom edge of the liver. Begin palpating below the lower edge identified by percussion, and work your way superiorly. Scratch test is acceptable. Remember, the right lobe of the liver comes down lower than the left lobe.		

**ABDOMINAL TEACHING EXAMINATION  
Checklist 2008**

	<b>Need to Practice</b>	<b>Feel Comfortable</b>
18. Palpate in the mid-abdominal region for an aortic aneurysm (i.e., a pulsatile mass).		
19. Palpating the spleen: Normally the spleen is not palpable. A good screen is to percuss along the left side of the abdomen. If no dullness is noted, the spleen is unlikely to be enlarged. To confirm your findings, palpate the left upper quadrant deeply in both the supine position, and with the patient resting on his/her right side.		