

**School of Nursing**

**NURS 225 – Health  
Assessment**

**PLAR Candidate Guide**

Prior Learning Assessment and  
Recognition (PLAR)



Tomorrow  
in the making.

## Copyright

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Saskatchewan Polytechnic

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The School of Nursing is dedicated to removing barriers and broadening the access to programs at Saskatchewan Polytechnic. We believe that adults acquire knowledge and skills through life and work experience that may align with courses within our programs.

	June 2006			
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<b>Web ready – PLAR office</b>	July 2006	October 2008	March 2011	October 2014

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## Why consider a PLAR assessment?

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PLAR refers to the combination of flexible ways of evaluating people's lifelong learning, both formal and informal against a set of established standards. You can receive academic credit for your relevant lifelong learning. The School of Nursing recognizes prior learning in a number of ways.

We recognize:

- Previous formal learning from an accredited training institution through transfer of credit.
- Previous informal learning or experiential learning through a comprehensive prior learning and recognition process.

## What are the PLAR options?

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### Individual course challenge

You may challenge NURS 225 as an individual PLAR course challenge.

#### Fees:

- There is an assessment fee charged to challenge NURS 225 through PLAR.
- For a listing of the PLAR fee, check the PLAR database or call Saskatchewan Polytechnic and ask to speak to the PLAR advisor/counsellor assigned to the Primary Care Nurse Practitioner (PCNP) program at: 1-866-467-4278.

## Which courses are PLAR-ready?

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Health Assessment			
COURSE CODE	COURSE NAME	PLAR Challenge(s) <i>available</i> through program	PLAR Challenge(s) <i>not</i> <i>available</i>
NURS 225	Health Assessment	✓	

For assistance call Saskatchewan Polytechnic and ask to speak to the PLAR advisor/[counsellor](#) assigned to The School of Nursing at: 1-866-467-4278.

## Is PLAR available at any time of the year?

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Please contact The School of Nursing for challenge times.

**Saskatchewan Polytechnic Regina Campus  
Collaborative Nurse Practitioner Program  
4500 Wascana Parkway  
P.O. Box 556  
Regina, SK S4P 3A3  
Phone (306) 775-7335  
Toll Free 1-866-467-4278  
cnpp@saskpolytechnic.ca**

### **Is it *easier* to challenge a course through PLAR or take the course?**

Neither is easier. By using PLAR you may reduce the repetition of studying information that you already know. The PLAR process allows you to demonstrate knowledge you already have.

PLAR is not an easy way to certification, rather a “different” way to obtain certification. Your personal level of skill and experience will dictate which courses you choose to challenge. The self-audit section found later in this guide will help you decide if you have a good match of skill and knowledge for a specific course.

### **Methods of assessing prior learning**

Assessment methods measure an individual’s learning against course learning outcomes. These assessments may include: one or a combination of the following assessment tools:

- performance challenge exam
- documentation of health history and physical examination

These two assessment methods are further explained in [Appendix A](#) & [Appendix B](#)

### **If I live out of town, do I have to travel to a main campus to do PLAR?**

No, the PLAR challenge can be completed through distance evaluation upon approval from the program head Collaborative Nurse Practitioner Program (CNPP). Contact the CNPP office to request examination by an external evaluator.

### **What if I have a disability & need equity accommodations?**

At Saskatchewan Polytechnic, we understand that sometimes services must be provided to students in a variety of ways to achieve the goals of fair representation. Therefore, the range of services provided for Education Equity students is as diverse as the needs of those students. We strive for equity (not uniformity) and provide varied services for students with differing needs. If more information is required, please contact a Saskatchewan Polytechnic counsellor at a campus closest to you or refer to the Saskatchewan Polytechnic Web site: [Accessibility Services](#).

## **Are there other methods to gain Saskatchewan Polytechnic course credits for prior learning?**

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### **Transfer Credit**

Yes, Saskatchewan Polytechnic will grant credit for previous training that is similar in content, objectives, and evaluation standards to Saskatchewan Polytechnic training. Transfer of credit is different from the PLAR process. Transfer Credit guidelines may be found at:

<http://www.saskpolytech.ca/admissions/resources/transfer-credit.aspx>

It is the student's responsibility to check with [Registration Services](#) for specific campus procedures on this policy. For specific information and guidelines regarding transfer of credit, contact a [Saskatchewan Polytechnic educational counsellor](#).

### **Contact us**

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If more information is required, please contact a designated PLAR counsellor at a campus closest to you.

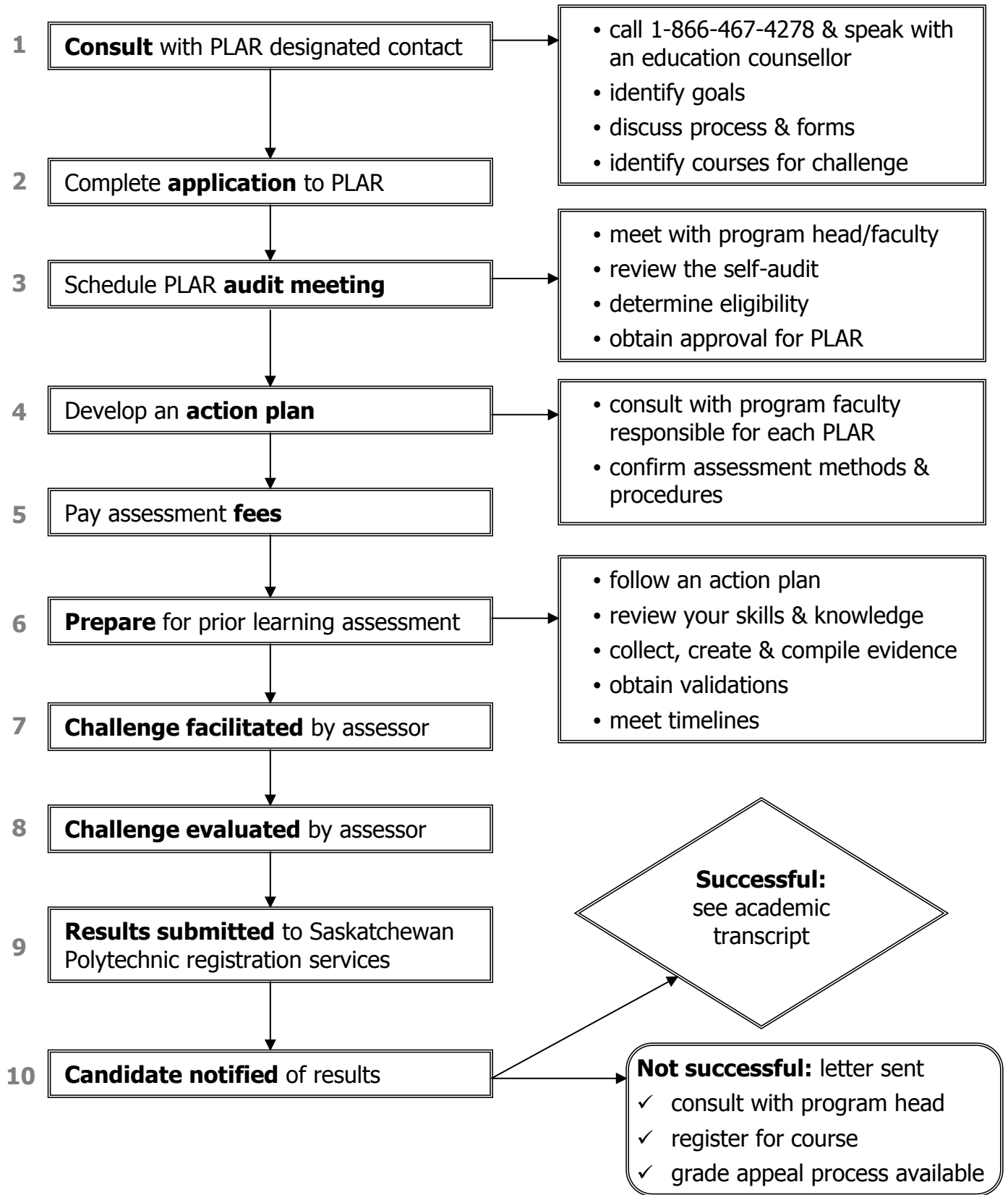
Saskatchewan Polytechnic in Moose Jaw  
Counselling Services, Room 2.203  
306-691-8311 or 306-691-8310  
[StudentServicesMooseJaw@saskpolytech.ca](mailto:StudentServicesMooseJaw@saskpolytech.ca)

Saskatchewan Polytechnic in Prince Albert  
Counselling Services, Room F203 (Technical Centre)  
306-765-1611  
[StudentServicesPrinceAlbert@saskpolytech.ca](mailto:StudentServicesPrinceAlbert@saskpolytech.ca)

Saskatchewan Polytechnic in Regina  
Counselling Services, Room 228  
306-775-7436  
[StudentServicesRegina@saskpolytech.ca](mailto:StudentServicesRegina@saskpolytech.ca)

Saskatchewan Polytechnic in Saskatoon  
Counselling Services, Room 114  
306-659-4050  
[StudentServicesSaskatoon@saskpolytech.ca](mailto:StudentServicesSaskatoon@saskpolytech.ca)

## Prior Learning Assessment and Recognition process



## Steps to complete a self-audit

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1. Read through the levels of competence as listed below.

**Mastery:** I am able to demonstrate the learning outcome well enough to teach it to someone else.

**Competent:** I can work independently to apply the learning outcome.

**Functional:** I need some assistance in using the outcome.

**Learning:** I am developing skills and knowledge for this area.

**None:** I have no experience with the outcome.

### Learning outcomes

For each learning outcome listed, please self-evaluate your competency levels and record in the appropriate column for each self-audit.

2. Take a few minutes and read through the following self-audit for each course you are interested in as a PLAR candidate.
3. Check your level of competence as you read through each of the learning outcomes for each course. The information will help you in your decision to continue with your PLAR application.
4. In order to be successful in a PLAR assessment, your abilities must be at the competent or mastery level for the majority of the learning outcomes. Some things to consider when determining your level of competence are:
  - How do I currently use this outcome?
  - What previous training have I had in this outcome: workshops, courses, on-the-job?
  - What personal development or volunteer experience do I have in this area?

Be prepared to explain the reason you chose this level if asked by an assessor.
5. Bring the completed self-audit to a consultation meeting with the program head or faculty member in [step 3 – PLAR process](#) of the candidate process for prior learning assessment.



## Self-audit guide

### NURS 225 – Health Assessment

You will study the theory related to interviewing techniques, history taking and a head-to-toe physical assessment. You will attend a mandatory two-day lab where you will focus on performing a comprehensive assessment of the adult client. An evaluation of the assessment skills will be scheduled with an experienced instructor/evaluator.

**Credit unit(s):** 6.0

<b>NURS 225 Health Assessment</b> <b>Mastery:</b> I am able to demonstrate it well enough to teach it to someone else. <b>Competent:</b> I can work independently to apply the outcome. <b>Functional:</b> I need some assistance in using the outcome. <b>Learning:</b> I am developing skills and knowledge for this area. <b>None:</b> I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
1. Complete a comprehensive health history of an adult client.					
2. Describe the components of a physical examination.					
3. Perform a general survey of an adult client.					
4. Perform a mental status assessment of an adult client.					
5. Perform an assessment of the integument of an adult client.					
6. Perform an assessment of head and neck on an adult client.					
7. Perform an assessment of the lungs and thorax on an adult client.					
8. Perform an assessment of the cardiovascular system on an adult client.					
9. Perform an assessment of the breasts and axillae on an adult client.					
10. Perform an assessment of the abdomen on an adult client.					
11. Describe the assessment of the adult male and female genitalia and rectum.					
12. Perform an assessment of the musculoskeletal and peripheral vascular systems on an adult client.					
13. Perform an assessment of the neurological system on an adult client.					
14. Adapt the techniques of health assessment for infants and children.					

## PLAR assessment methods

If you qualify for PLAR, you may be asked to demonstrate your learning in one or more of the following ways. Be prepared to discuss the expectations during a consultation meeting.

### 1. Performance challenge exam

Refer to [Appendix A](#) for detailed information.

### 2. Documentation of health history and physical examination

Refer to [Appendix B](#) for detailed information.

## Resources

A series of videos are available online through the Sask Polytech library. To access the videos, follow these steps:

1. Go to <https://ezproxy.saskpolytech.ca/login?url=http://batesvisualguide.com>
2. Login using the your own ID user name and Password
3. Click Bates Online "A Visual Guide to Physical Examination"

Both [Regina and Saskatoon libraries](#) have Bates' textbooks available for loan. However, it is highly recommended that you purchase the NURS 225 reference text:

Bickley, L. S. (Current Edition). *Bates' guide to physical examination and history taking*. Philadelphia, PA: Wolters Kluwer.

Other resources that may be useful include any anatomy and physiology textbook. For the Saskatchewan Polytechnic library, go to <http://library.saskpolytech.ca/> or contact the following:

Saskatchewan Polytechnic Libraries Toll free: 1-866-460-4430

Saskatchewan Polytechnic Regina Campus library extension 306-775-7401

Saskatchewan Polytechnic Saskatoon Campus library extension 659-4600

Practice, practice, practice!

Arrange to borrow any equipment that is required for physical assessment. Create cue cards with trigger words to assist in recalling the key components of each system.

# **School of Nursing**

## **NURS 225**

### **Health Assessment**

## Appendices

## Appendix A:

### Detailed explanation & exam evaluation guide for performance challenge exam

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#### Format and process for the exam

The performance challenge exam requires demonstration of knowledge and skills related to physical assessment of an adult.

The test will be performed at a time/date/location mutually agreed upon by the candidate and the examiner/evaluator.

The test involves the candidate performing physical assessments of the following areas:

- General survey
- Integumentary system
- Mental status
- Four of the following systems randomly selected by the candidate just prior to the test: head & neck; thorax & lungs and breast & axillae; cardiovascular & peripheral vascular; abdomen; musculoskeletal; neurological.
- A maximum of one hour is allowed for the test.

The examiner/evaluator will observe the assessments and evaluate the performance using a performance checklist.

#### Evaluation criteria

The candidate must achieve all of the critical elements in each area assessed, as indicated in bold on the performance checklist. The candidate must achieve a minimum of 80% of the required knowledge and skills in each area assessed, as indicated on the performance checklist.

#### Expectations of the candidate

- Is responsible to contact the CNPP administrative assistant and book a date/time for testing.
- Provide an adult "client" to examine.
- Arrive fully prepared for the examination, completing necessary readings and skill reviews. Has self-evaluated performance to ensure that the assessments can be completed within the one hour time frame.
- Will bring a **stethoscope with diaphragm and bell**, a pen light and a watch with second hand.
- May bring and refer to cue cards during the examination.
- Will "talk his/her way through" the examination, indicating what action is being taken ("I am inspecting the skin for..."), the findings ("Skin is pink in color") and any variations in the order of the examination ("I will assess the cranial nerves with Head & Neck").
- Except for social amenities and directions at the outset of the examination, the candidate and evaluator will not converse. The evaluator assumes a neutral observer role. If assistance is required (e.g. to retrieve equipment) the evaluator will participate to that extent.

- Is expected to make decisions and implement them during the course of the examination, without consulting the evaluator.
- Is expected to demonstrate skills and knowledge according to the Performance Checklists provided & according to Bickley, L. S. (current edition). *Bates' guide to physical examination and history taking*. Philadelphia, PA: Wolters Kluwer.

Several components of a system may be done with another applicable system. For example, the cranial nerves may be assessed with the head, and neck system; or, the range of motion of the neck may be included with the musculoskeletal system. These have been indicated on the performance checklist.

The candidate is expected to clearly inform the evaluator of the intended examination approach for these components if they plan to include them in other systems.

### Expectations of the examiner/evaluator

- Functions as an objective observer rather than as a teacher during the performance examination.
- Behaves towards the candidate in a manner intended to neutralize anxiety and to promote objective assessment.
- Ensures that all necessary supplies and equipment are available & in working condition prior to beginning the examination.
- Evaluates the candidate during all parts of the examination by using **only** the specified guidelines and critical elements in the Performance Checklist.
- Observes the candidate at all times during the entire examination.
- Documents the completion, error or omission of each critical element.
- Terminates the examination when any critical element is omitted or unmet.
- Allows the candidate the opportunity to correct errors or omissions.
- Completes all forms as specified.
- Advises the candidate of grade immediately following the test and provides constructive feedback on strengths and areas for growth.

### Suggestions for preparation

Read the text:

Bickley, L. S. (current edition). *Bates' guide to physical examination and history taking*. Philadelphia, PA: Wolters Kluwer.

This is the reference text for NURS 225.

Practice, practice, practice!

Arrange to borrow any equipment that is required for physical assessment. Create cue cards with trigger words to assist in recalling the key components of each system.



**NURS 225 Health Assessment  
PLAR physical examination skills checklist**

Candidate \_\_\_\_\_ Candidate Signature \_\_\_\_\_

Evaluator \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

Date \_\_\_\_\_ Time Start \_\_\_\_\_ Time End \_\_\_\_\_

GENERAL SURVEY				
Assessment	Knowledge Indicator	Yes	No	Comments
Apparent state of health	• Observed Status			
Level of Consciousness	• Observed Status			
Signs of distress	• Observed Status			
Skin color & obvious lesions	• Observed Status			
Dress/grooming/personal hygiene	• Observed Status			
Facial Expression	• Observed Status			
Odors of body/breath	• Observed Status			
Posture/gait/motor activity	• Observed Status			
Vital signs	• Observed Status			
Height & build	• Observed Status			
Weight	• Observed Status			
<b>Correct technique of inspection</b>	<b>Critical element</b>			
<b>TOTAL: GENERAL SURVEY</b>		<b>/11</b>	<b>/11</b>	<b>Minimum attainment: Critical element plus 9/11</b>

<b>INTEGUMENTARY SYSTEM</b>				
Note: The integument for each specific region is assessed when appropriately exposed				
<b>Assessment</b>	<b>Knowledge Indicators</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Inspect and palpate skin on visible areas	<ul style="list-style-type: none"> <li>• Color</li> <li>• Moisture</li> <li>• Temperature</li> <li>• Texture</li> <li>• Mobility &amp; Turgor</li> <li>• Lesions</li> </ul>			
Inspect and palpate hair	<ul style="list-style-type: none"> <li>• Quantity and distribution</li> <li>• Texture</li> </ul>			
Inspect and palpate nails	<ul style="list-style-type: none"> <li>• Color</li> <li>• Shape</li> <li>• Lesions</li> </ul>			
<b>Correct technique of inspection</b>	<b>Critical element</b>			
<b>Correct technique of palpation</b>	<b>Critical element</b>			
<b>TOTAL: INTEGUMENTARY SYSTEM</b>		<b>/11</b>	<b>/11</b>	<b>Minimum attainment: Critical elements plus 9/11</b>

<b>MENTAL STATUS</b>				
<b>Assessment</b>	<b>Knowledge Indicators</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
Appearance & Behavior	<ul style="list-style-type: none"> <li>• Level of consciousness</li> <li>• Posture &amp; motor behavior</li> <li>• Dress/grooming/hygiene</li> <li>• Manner/affect/facial expression</li> <li>• Relationship to people and things</li> </ul>			
Speech & Language	<ul style="list-style-type: none"> <li>• Quantity</li> <li>• Rate</li> <li>• Loudness</li> <li>• Articulation</li> <li>• Fluency</li> </ul>			
Mood	<ul style="list-style-type: none"> <li>• Describes</li> </ul>			
Thought & Perception	<ul style="list-style-type: none"> <li>• Thought processes</li> <li>• Thought content</li> <li>• Perceptions</li> <li>• Insight/Judgment</li> </ul>			
Cognitive functions	<ul style="list-style-type: none"> <li>• Orientation</li> <li>• Attention span</li> <li>• Remote memory</li> <li>• Recent memory</li> <li>• New learning ability</li> </ul>			
Higher cognitive functions	<ul style="list-style-type: none"> <li>• States rationale when these further assessments required</li> </ul>			
<b>Appropriate communication skills</b>	<b>Critical element</b>			
<b>TOTAL: MENTAL STATUS</b>		<b>/21</b>	<b>/21</b>	<b>Minimum attainment: Critical elements plus 17/21</b>

**HEAD & NECK**

Note: Several components of this assessment may be done with another applicable system that is also being tested. Student shall clearly inform evaluator of intended examination approach for these components.

**HEAD**

Assessment	Knowledge Indicators - verbalizes and demonstrates	Yes	No	Comments
Inspect and palpate: <ul style="list-style-type: none"> <li>Hair from vertex to occiput</li> <li>Scalp</li> <li>Skull</li> <li>Face</li> <li>Skin</li> </ul>	<ul style="list-style-type: none"> <li>Color, quantity, distribution texture</li> <li>Condition of scalp</li> <li>Size, shape position of skull, deformities, depressions, lumps</li> <li>Expression, symmetry of face</li> <li>Condition of skin</li> <li>Notes any abnormalities to above</li> </ul>			
<b>Correct technique of inspection</b>	<b>Critical element</b>			
<b>Correct technique of palpation</b>	<b>Critical element</b>			
<b>SUBTOTAL: HEAD</b>		<b>/6</b>	<b>/6</b>	<b>Minimum attainment: Critical elements plus 5/6</b>
<b>EYES</b>				
Assessment	Knowledge Indicators - verbalizes and demonstrates	Yes	No	Comments
Visual acuity: Bilateral Examination <ul style="list-style-type: none"> <li>Far vision</li> <li>Near vision</li> </ul> (May be done with Neurological System)	<ul style="list-style-type: none"> <li>Snellen chart results</li> <li>Acuity at 35 cm (14 inches)</li> </ul>			
Visual fields by confrontation (May be done with Neurological System)	<ul style="list-style-type: none"> <li>Screening of fields</li> </ul>			
Inspect and/or palpate external structures Bilateral examination <ul style="list-style-type: none"> <li>Eyebrows &amp; eyelids</li> <li>Lacrimal apparatus</li> <li>Conjunctiva &amp; sclera</li> <li>Iris and pupil</li> <li>Cornea &amp; lens (Oblique lighting)</li> </ul>	<ul style="list-style-type: none"> <li>Symmetry and alignment of structures</li> <li>Color, size, shape</li> <li>Notes opacities, swelling, abnormalities</li> </ul>			
Inspect pupils Bilateral examination <ul style="list-style-type: none"> <li>Oblique lighting and distant gaze</li> <li>Ocular Alignment</li> </ul> (May be done with Neurological System)	<ul style="list-style-type: none"> <li>Size in mm; shape</li> <li>Equality/symmetry</li> <li>Direct reaction to light</li> <li>Consensual reaction to light</li> <li>Corneal reflections</li> </ul>			
Extraocular movements Bilateral examination (May be done with Neurological System)	<ul style="list-style-type: none"> <li>Conjugate movement in all directions of gaze</li> <li>Convergence</li> <li>Noting abnormalities (lid lag, nystagmus)</li> </ul>			
Inspect internal structures [ophthalmoscope exam]: <ul style="list-style-type: none"> <li>elicit red reflex</li> <li>examine structures</li> </ul> (May be done with Neurological System)	<ul style="list-style-type: none"> <li>red reflex bilaterally</li> <li>appearance of retina, vessels, optic disc, macula, fovea</li> <li>note abnormalities (varicosities, hemorrhages, exudates)</li> </ul>			
<b>Correct technique of inspection</b>	<b>Critical element</b>			
<b>Correct technique of palpation</b>	<b>Critical element</b>			
<b>SUBTOTAL: EYES</b>		<b>/17</b>	<b>/17</b>	<b>Minimum attainment: Critical elements plus 14/17</b>



EARS				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspect & palpate external structures bilaterally <ul style="list-style-type: none"> <li>auricle</li> <li>opening of ear canal</li> </ul>	<ul style="list-style-type: none"> <li>Alignment color, size, lesions, discharge tenderness</li> </ul>			
Inspect internal structures bilaterally (otoscopic examination) Bilateral Inspection <ul style="list-style-type: none"> <li>Straighten ear canal</li> <li>Insert speculum gently</li> </ul> <b>Correct technique otoscope</b>	Identifies: <ul style="list-style-type: none"> <li>Ear canal (presence of cerumen)</li> <li>Ear drum (color, appearance)</li> <li>Light reflex</li> <li>Pars flacida</li> <li>Pars tensa</li> <li>Handle of malleus</li> <li>Short process malleus</li> <li>Umbo</li> </ul> <b>Critical element</b>			
Auditory Acuity Bilateral inspection <ul style="list-style-type: none"> <li>Whisper test (99, baseball)</li> <li>Weber test</li> <li>Rinne test</li> </ul> <b>Correct tuning fork 512 Hz</b> (May be done with Neurological System)	<ul style="list-style-type: none"> <li>Hearing equal bilaterally</li> <li>Lateralization/bilateral vibration</li> <li>Compare AC to BC</li> </ul> <b>Critical element</b>			
<b>Correct technique of inspection</b>	<b>Critical element</b>			
<b>Correct technique of palpation</b>	<b>Critical element</b>			
<b>SUBTOTAL: EARS</b>		<b>/12</b>	<b>/12</b>	<b>Minimum attainment: Critical elements plus 10/12</b>
NOSE & PARANASAL SINUSES				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspect & palpate visible structures bilaterally	Comments on: <ul style="list-style-type: none"> <li>Symmetry /position of septum</li> <li>Tenderness/swelling</li> <li>Drainage</li> <li>Patency of nares</li> </ul>			
Inspect internal structures bilaterally (nasal speculum examination) <ul style="list-style-type: none"> <li>Tilt head slightly</li> <li>Insert gently</li> <li>Otoscope held to side</li> </ul> <b>Correct technique – speculum</b>	Comments on: <ul style="list-style-type: none"> <li>Color of mucosa</li> <li>Condition of septum</li> <li>Any deviation, inflammation, polyps</li> </ul> <b>Critical element</b>			
Palpate sinuses: <ul style="list-style-type: none"> <li>Frontal</li> <li>Maxillary</li> </ul>	<ul style="list-style-type: none"> <li>Notes tenderness</li> </ul>			
<b>Correct technique of inspection</b>	<b>Critical element</b>			
<b>Correct technique of palpation</b>	<b>Critical element</b>			
<b>SUBTOTAL: NOSE &amp; PARA NASAL SINUSES</b>		<b>/8</b>	<b>/8</b>	<b>Minimum attainments: Critical elements plus 6/8</b>

MOUTH & PHARYNX				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspection	States condition and color, noting abnormalities: <ul style="list-style-type: none"> <li>• Lips, oral mucosa, tongue</li> <li>• Gums &amp; teeth</li> <li>• Hard palate</li> <li>• Submandibular and parotid glands</li> <li>• Pharynx</li> </ul>			
Inspect with tongue blade <ul style="list-style-type: none"> <li>• Soft palate</li> <li>• Uvula</li> <li>• Tonsils</li> </ul> (May be done with Neurological System)	Comments on: <ul style="list-style-type: none"> <li>• Condition, movement, position of soft palate &amp; uvula</li> <li>• Anterior and posterior pillars</li> <li>• Color &amp; size of tonsils</li> </ul>			
<b>Correct technique of inspection</b>	<b>Critical element</b>			
<b>Correct technique of palpation</b>	<b>Critical element</b>			
<b>SUBTOTAL: MOUTH AND PHARYNX</b>		<b>/8</b>	<b>/8</b>	<b>Minimum attainment: Critical elements plus 6/8</b>
NECK				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspect	Note: <ul style="list-style-type: none"> <li>• Symmetry, alignment</li> <li>• Notes masses or swelling</li> </ul>			
Palpates: <ul style="list-style-type: none"> <li>• Cervical Spine</li> <li>• Neck muscles</li> <li>• Lymph nodes</li> </ul>	Notes deformities/tenderness Names nodes and notes size, shape, mobility, tenderness <ul style="list-style-type: none"> <li>• Preauricular</li> <li>• Posterior auricular</li> <li>• Occipital</li> <li>• Tonsilar</li> <li>• Submandibular</li> <li>• Submental</li> <li>• Superficial cervical</li> <li>• Posterior cervical</li> <li>• Deep cervical chain</li> <li>• Supraclavicular</li> </ul>			
Inspect: <ul style="list-style-type: none"> <li>• Trachea</li> <li>• Thyroid cartilage and gland</li> <li>• Cricoid cartilage</li> </ul>	<ul style="list-style-type: none"> <li>• Notes position, movement with swallowing, abnormalities</li> <li>• Identify landmarks</li> </ul>			
Palpate trachea and thyroid gland	<ul style="list-style-type: none"> <li>• Note size, shape, consistency, movement with swallowing</li> </ul>			
<b>Correct technique of inspection</b>	<b>Critical element</b>			
<b>Correct technique of palpation</b>	<b>Critical element</b>			
<b>SUBTOTAL: NECK</b>		<b>/15</b>	<b>/15</b>	<b>Minimum attainment: Critical elements and 12/15</b>
<b>TOTAL: HEAD AND NECK</b>		<b>/66</b>	<b>/66</b>	<b>Minimum attainment: Critical elements and 52/66</b>

BREAST & AXILLAE				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspect both breasts <ul style="list-style-type: none"> <li>• arms at sides</li> <li>• arms overhead</li> <li>• hands pressed on hips</li> <li>• leaning forward</li> </ul>	Notes: <ul style="list-style-type: none"> <li>• Color, condition of skin</li> <li>• Size, symmetry &amp; contour of breasts</li> <li>• Size, shape, direction of nipples /areola</li> <li>• Notes rashes, ulcerations, discharge from nipples</li> <li>• Notes any dimpling or retraction</li> </ul>			
Palpate each breast: <ul style="list-style-type: none"> <li>• Positioning of client</li> <li>• Use systematic grid pattern</li> <li>• (as recommended by the Canadian Cancer Society)</li> </ul>	Notes: <ul style="list-style-type: none"> <li>• Consistency of tissue</li> <li>• Tenderness</li> <li>• Describes characteristics of any palpable nodes (location, size, shape, consistency, mobility, tenderness)</li> </ul>			
Palpate both nipples	Notes: <ul style="list-style-type: none"> <li>• Discharge</li> <li>• Elasticity/thickening</li> </ul>			
Palpate both axillae <ul style="list-style-type: none"> <li>• Positioning of client</li> <li>• Use opposite hand to opposite axilla</li> </ul>	Names as palpating: <ul style="list-style-type: none"> <li>• Central nodes</li> <li>• Lateral nodes</li> <li>• Subscapular nodes</li> <li>• Pectoral nodes</li> <li>• Describes characteristics of any palpable nodes (location, size, shape, consistency, mobility, tenderness)</li> </ul>			
<b>Correct technique of inspection</b>	<b>Critical element</b>			
<b>TOTAL: BREASTS &amp; AXILLAE</b>		<b>/15</b>	<b>/15</b>	<b>Minimum attainment: Critical elements plus 12/15</b>

THORAX & LUNGS				
INITIAL SURVEY				
Assessment	Knowledge Indicators	Yes	No	Comment
General initial inspection	<ul style="list-style-type: none"> <li>rate, rhythm, depth and effort of breathing</li> <li>overall color/cyanosis – check finger nails and lips</li> <li>listens to breathing</li> <li>inspection of neck for obvious signs of respiratory distress</li> <li>symmetry, shape of chest/AP diameter</li> </ul>			
POSTERIOR CHEST				
Assessment	Knowledge Indicators	Yes	No	Comment
Inspect: <ul style="list-style-type: none"> <li>Client in seated position</li> <li>Client directed to fold arms across chest</li> </ul> <b>Correct technique of inspection</b>	Notes: <ul style="list-style-type: none"> <li>Shape of chest and condition of skin</li> <li>Movement of chest with respirations: symmetry, deformities, retractions, accessory muscles</li> </ul> <b>Critical element</b>			
Palpate <ul style="list-style-type: none"> <li>posterior chest</li> <li>chest expansion with thumbs at level of 10<sup>th</sup> rib</li> <li>tactile fremitus from apices to bases</li> </ul> <b>Correct technique of palpation</b>	<ul style="list-style-type: none"> <li>any tender areas or abnormalities</li> <li>symmetry of expansion &amp; contraction</li> <li>quality and symmetry of vibrations</li> </ul> <b>Critical element</b>			
Percuss <ul style="list-style-type: none"> <li>symmetric pattern</li> <li>diaphragmatic excursion</li> </ul> <b>Correct technique of percussion</b>	Identifies: <ul style="list-style-type: none"> <li>correct percussion notes</li> <li>diaphragmatic dullness</li> <li>measures distance of diaphragmatic excursion</li> </ul> <b>Critical element</b>			
Auscultate: <ul style="list-style-type: none"> <li>symmetric pattern</li> </ul> <b>Correct technique of auscultation</b>	Identifies: <ul style="list-style-type: none"> <li>names of normal breath sounds</li> <li>presence &amp; names of abnormal sounds</li> </ul> <b>Critical element</b>			
<b>SUBTOTAL: GENERAL INSPECTION AND POSTERIOR CHEST</b>		/15	/15	<b>Minimum attainment: Critical elements and 12/15</b>

ANTERIOR CHEST				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspect <ul style="list-style-type: none"> <li>Client in supine position</li> </ul> (May be done together with cardiovascular system) <b>Correct technique of inspection</b>	Notes: <ul style="list-style-type: none"> <li>Shape of chest and condition of skin</li> <li>Movement of chest with respirations: symmetry, deformities, retractions, use of accessory muscles, impaired movement</li> </ul> <b>Critical element</b>			
Palpate : <ul style="list-style-type: none"> <li>anterior chest</li> <li>chest expansion</li> <li>tactile fremitus</li> <li></li> </ul> <b>Correct technique of palpation</b>	<ul style="list-style-type: none"> <li>any tender areas or abnormalities</li> <li>symmetry of expansion &amp; contraction</li> <li>symmetry of vibrations</li> </ul> <b>Critical element</b>			
Percuss: <ul style="list-style-type: none"> <li>symmetric pattern on anterior and lateral chest wall</li> </ul> <b>Correct technique of percussion</b>	Identifies: <ul style="list-style-type: none"> <li>correct percussion notes</li> <li>dullness in area of heart</li> <li>dullness at liver border</li> </ul> <b>Critical element</b>			
Auscultate <ul style="list-style-type: none"> <li>symmetric pattern</li> <li>anterior</li> <li>lateral</li> <li></li> </ul> <b>Correct technique of auscultation</b>	Identifies: <ul style="list-style-type: none"> <li>names of normal breath sounds</li> <li>presence &amp; names of abnormal sounds</li> </ul> <b>Critical element</b>			
<b>SUBTOTAL: ANTERIOR CHEST</b>		/10	/10	<b>Minimum attainment: Critical elements plus 8/10</b>
<b>TOTAL: THORAX &amp; LUNGS</b>		/25	/25	<b>Minimum attainment: Critical elements plus 20/25</b>

<b>CARDIOVASCULAR SYSTEM</b>				
Note: Carotid artery palpation and auscultation may be done here or with Head & Neck. Findings are to be described in relation to the cardiac cycle				
<b>NECK VESSELS</b>				
<b>Assessment</b>	<b>Knowledge Indicators – verbalizes and demonstrates</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>Inspects jugular veins and jugular venous pressure (JVP) client supine at 30° with head turned slightly away</li> <li>adjusts bed elevation as needed to visualize pulsations</li> <li>tangential lighting</li> </ul> <p><b>Correct technique of inspection</b></p>	<ul style="list-style-type: none"> <li>Identifies the names &amp; landmarks for:               <ul style="list-style-type: none"> <li>external jugular veins</li> <li>internal jugular pulsations</li> <li>carotid arteries</li> </ul> </li> <li>Notes amplitude and timing of jugular venous pulsations</li> <li>Measures JVP noting findings and implication of result</li> </ul> <p><b>Critical element</b></p>			
Inspect and palpate carotid pulse <ul style="list-style-type: none"> <li>carotid arteries one at a time</li> <li>client supine at 30° with head turned slightly away</li> <li>adjusts bed elevation as needed to visualize pulsations</li> </ul> Auscultate carotid arteries <ul style="list-style-type: none"> <li>using both diaphragm and bell</li> </ul> <p><b>Correct technique of palpation and auscultation</b></p>	Describes pulse: <ul style="list-style-type: none"> <li>in relation to cardiac cycle</li> <li>amplitude</li> <li>contour: carotid upstroke in relation to S1 and S2</li> <li>presence of thrills</li> </ul> <ul style="list-style-type: none"> <li>Notes presence bruits and explains clinical significance of bruit</li> </ul> <p><b>Critical element</b></p>			
<b>SUBTOTAL: NECK VESSELS</b>		<b>/10</b>	<b>/10</b>	<b>Minimum attainment: Critical elements and 8/10</b>
<b>THE HEART</b>				
<b>Assessment</b>	<b>Knowledge Indicators – verbalizes and demonstrates</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Blood Pressure and Heart Rate <p><b>Correct technique of measurement</b></p>	<ul style="list-style-type: none"> <li>States findings noting abnormalities</li> </ul> <p><b>Critical element</b></p>			
Inspect anterior chest <ul style="list-style-type: none"> <li>client supine with head at 30°</li> <li>tangential lighting</li> </ul> <p><b>Correct technique of inspection</b></p>	Notes: <ul style="list-style-type: none"> <li>condition of skin</li> <li>visible pulsations/heaves</li> </ul> <p><b>Critical element</b></p>			
Palpate : <ul style="list-style-type: none"> <li>client supine with head elevated 30°</li> <li>general palpation of chest wall</li> <li>Apical impulse (or PMI) in left lateral decubitus position (if required)</li> </ul> <p><b>Correct technique of palpation</b></p>	<ul style="list-style-type: none"> <li>note presence of any heaves, lifts, thrills in relation to cardiac examination sites</li> <li>identifies anatomical landmarks for cardiac valves</li> <li>Palpates PMI               <ul style="list-style-type: none"> <li>rationale of client position</li> <li>location, diameter amplitude, duration</li> </ul> </li> </ul> <p><b>Critical element</b></p>			

<p>Auscultate</p> <ul style="list-style-type: none"> <li>• Systematic pattern</li> <li>• Normal heart sounds in 5 locations with diaphragm while client supine: <ul style="list-style-type: none"> <li>○ Right 2<sup>nd</sup> interspace (aortic)</li> <li>○ Left 2<sup>nd</sup> interspace (pulmonic)</li> <li>○ Left 3<sup>rd</sup> interspaces</li> <li>○ Left 4<sup>th</sup> interspace (tricuspid)</li> <li>○ Left 5<sup>th</sup> interspace (tricuspid)</li> <li>○ Apex(mitral)</li> </ul> </li> <li>• Listens with bell at right sternal border while client supine</li> <li>• Auscultate apex with bell while client in left lateral decubitus position</li> <li>• Auscultate left sternal border and apex with diaphragm with client sitting, leaning forward after full exhalation</li> </ul> <p><b>Correct technique of auscultation</b></p>	<p>Identifies:</p> <ul style="list-style-type: none"> <li>• Rate &amp; rhythm, intensity of S1 and S2 in relation to auscultation of apex and base</li> <li>• Relation of S1 S2 to: <ul style="list-style-type: none"> <li>○ Carotid pulsations</li> <li>○ systole/diastole</li> <li>○ cardiac valves</li> </ul> </li> <li>• Notes abnormalities: <ul style="list-style-type: none"> <li>○ presence of cardiac bruits</li> <li>○ presence of extra heart sounds &amp; significance</li> <li>○ Notes presence of any murmurs</li> </ul> </li> <li>• States rationale for client position changes</li> </ul> <p><b>Critical element</b></p>			
<b>SUBTOTAL: HEART</b>		/15	/15	<b>Minimum attainment: Critical elements and 12/15</b>
<b>TOTAL: CARDIOVASCULAR</b>		/25	/25	<b>Minimum attainment: Critical elements plus 20/25</b>

PERIPHERAL VASCULAR				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
<b>ARMS</b>				
Inspect and palpate bilaterally <ul style="list-style-type: none"> <li>• Skin</li> <li>• Fingertips to shoulders</li> </ul>	States: <ul style="list-style-type: none"> <li>• Skin and nails: color, temperature, texture</li> <li>• Size &amp; symmetry of arms</li> <li>• Venous pattern</li> </ul>			
Palpate radial pulses	<ul style="list-style-type: none"> <li>• Names pulse</li> <li>• Describe rate &amp; rhythm</li> <li>• Grade amplitude</li> </ul>			
Palpate brachial pulses	<ul style="list-style-type: none"> <li>• Names pulse</li> <li>• Grade amplitude</li> </ul>			
Palpate epitrochlear nodes bilaterally <ul style="list-style-type: none"> <li>• Positioning of arm at 90°</li> </ul>	<ul style="list-style-type: none"> <li>• Name nodes</li> <li>• Note characteristics if nodes palpable</li> </ul>			
<b>LEGS</b>				
Inspect and palpate bilaterally while supine <ul style="list-style-type: none"> <li>• Positioning, draping</li> <li>• Skin</li> <li>• Feet to groin/buttocks</li> </ul>	States: <ul style="list-style-type: none"> <li>• Skin and nails: color, temperature, texture, pigmentation, ulcers, scars</li> <li>• Size &amp; symmetry of legs</li> <li>• Venous pattern</li> <li>• Describes &amp; grades edema if present</li> <li>• Bilateral comparison</li> </ul>			
Palpate superficial inguinal nodes bilaterally	<ul style="list-style-type: none"> <li>• Horizontal &amp; vertical groups</li> <li>• Compares bilaterally</li> <li>• Notes characteristics if nodes palpable</li> </ul>			
Palpate pulses on legs bilaterally	Names each pulse palpated: <ul style="list-style-type: none"> <li>○ Femoral</li> <li>○ Popliteal</li> <li>○ Dorsalis pedis</li> <li>○ Posterior tibial</li> </ul> <ul style="list-style-type: none"> <li>• Grades amplitude</li> </ul>			
Inspect both legs while client standing	<ul style="list-style-type: none"> <li>• Notes varicosities</li> </ul>			
<b>Correct technique of inspection</b>	<b>Critical element</b>			
<b>Correct technique of palpation</b>	<b>Critical element</b>			
<b>Bilateral comparison</b>	<b>Critical element</b>			
<b>TOTAL: PERIPHERAL VASCULAR</b>		<b>/24</b>	<b>/24</b>	<b>Minimum attainment: Critical elements plus 19/24</b>



ABDOMEN				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Client comfort assessed: <ul style="list-style-type: none"> <li>empty bladder</li> <li>abdomen fully exposed</li> <li>symphysis pubis draped</li> </ul> Inspect <ul style="list-style-type: none"> <li>right side of client</li> </ul>	Notes: <ul style="list-style-type: none"> <li>condition of skin</li> <li>umbilicus</li> <li>contour &amp; symmetry</li> <li>peristalsis</li> <li>pulsations</li> </ul>			
Auscultate: <ul style="list-style-type: none"> <li>auscultate all quadrants &amp; epigastrium</li> <li>auscultate vascular sounds</li> <li>auscultate over liver &amp; spleen</li> </ul>	<ul style="list-style-type: none"> <li>States rationale for auscultating before palpating/percussing</li> <li>Notes bowel sounds</li> <li>Names and notes any bruits in:               <ul style="list-style-type: none"> <li>aorta</li> <li>renal arteries</li> <li>iliac arteries</li> <li>femoral arteries</li> </ul> </li> </ul>			
Percuss <ul style="list-style-type: none"> <li>lightly - all quadrants, epigastric and suprapubic region</li> </ul>	<ul style="list-style-type: none"> <li>Determines areas of tympani and dullness and describes significance</li> </ul>			
Palpate all 4 quadrants: <ul style="list-style-type: none"> <li>Client relaxation methods if needed</li> <li>Light palpation / Deep palpation</li> <li>Observes client facial expressions</li> </ul>	Identifies: <ul style="list-style-type: none"> <li>Describes rationale for light vs. deep palpation</li> <li>Identifies any masses or areas of tenderness – describe location and characteristics</li> </ul>			
Percuss liver <ul style="list-style-type: none"> <li>Measure liver span in mid-clavicular line</li> </ul>	<ul style="list-style-type: none"> <li>Identify lower border from umbilicus</li> <li>Identify upper border from lung resonance</li> <li>Measure span in cm</li> </ul>			
Palpate liver	<ul style="list-style-type: none"> <li>Identifies liver edge</li> <li>Notes any firmness or tenderness</li> </ul>			
Percuss spleen <ul style="list-style-type: none"> <li>Right side with knees slightly flexed</li> <li>Splenic percussion sign</li> </ul>	<ul style="list-style-type: none"> <li>Describe sounds, noting significance</li> </ul>			
Palpate spleen <ul style="list-style-type: none"> <li>Client supine</li> </ul>	<ul style="list-style-type: none"> <li>States if able to feel tip of spleen noting any tenderness</li> </ul>			
Palpate kidneys <ul style="list-style-type: none"> <li>Standing on patient's right side to examine right kidney</li> <li>Blunt percussion of costovertebral angle (CVA)</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates palpation of right kidney</li> <li>states right is sometime palpable and left not often palpable</li> <li>Notes any CVA tenderness</li> </ul>			
Palpate aorta	<ul style="list-style-type: none"> <li>Identifies pulsations</li> <li>Demonstrates technique for determining aortic width</li> </ul>			
<b>Correct technique of inspection</b>	<b>Critical element</b>			
<b>Correct technique of palpation</b>	<b>Critical element</b>			
<b>TOTAL: ABDOMEN</b>		<b>/26</b>	<b>/26</b>	<b>Minimum attainment: Critical elements plus 21/26</b>

MUSCULOSKELTAL SYSTEM				
TEMPOROMANDIBULAR JOINT				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspect & palpate <ul style="list-style-type: none"> <li>Bilateral comparison</li> </ul>	<ul style="list-style-type: none"> <li>Notes, symmetry, alignment, movement,</li> <li>Note any deformities, swelling, redness, tenderness, clicking</li> </ul>			
Assess ROM	States as assessing: <ul style="list-style-type: none"> <li>Opening &amp; closing</li> <li>Protrusion &amp; retraction</li> <li>Lateral motion</li> </ul>			
	<b>SUBTOTAL: TMJ</b>	<b>/5</b>	<b>/5</b>	<b>Minimum attainment: Critical elements plus 4/5</b>
NECK				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspect & palpate	<ul style="list-style-type: none"> <li>Notes posture, symmetry, alignment, movement</li> <li>Names as palpating: <ul style="list-style-type: none"> <li>Sternomastoid muscles</li> <li>Cervical spine</li> <li>Trapezius muscles</li> <li>Muscles between scapulae</li> </ul> </li> <li>Notes any deformities, swelling, tenderness</li> </ul>			
Assess ROM	<ul style="list-style-type: none"> <li>Flexion</li> <li>Extension</li> <li>Rotation</li> <li>Lateral bending</li> </ul>			
	<b>SUBTOTAL: NECK</b>	<b>/10</b>	<b>/10</b>	<b>Minimum attainment: Critical elements plus 8/10</b>
SHOULDER				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspect & palpate <ul style="list-style-type: none"> <li>Bilateral comparison</li> </ul>	<ul style="list-style-type: none"> <li>Notes symmetry, alignment, movement</li> <li>Notes any deformities, swelling, redness, or tenderness</li> <li>Names as palpating: <ul style="list-style-type: none"> <li>Sternoclavicular joint</li> <li>Acromioclavicular joint</li> <li>Subacromial area</li> <li>Subacromial and subdeltoid bursae</li> </ul> </li> </ul>			
Assess ROM <ul style="list-style-type: none"> <li>Bilateral comparison</li> </ul>	States as assessing for fluidity <ul style="list-style-type: none"> <li>Flexion</li> <li>Extension</li> <li>Abduction</li> <li>Adduction</li> <li>External rotation</li> <li>Internal rotation.</li> </ul>			
	<b>SUBTOTAL: SHOULDER</b>	<b>/12</b>	<b>/12</b>	<b>Minimum attainment: Critical elements plus 9/12</b>

ELBOW				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspect & palpate <ul style="list-style-type: none"> <li>Bilateral comparison</li> <li>Support forearm, elbow flexed 70°</li> </ul>	<ul style="list-style-type: none"> <li>Symmetry, alignment, movement</li> <li>Notes any deformities swelling, redness, or tenderness</li> <li>Names as palpating: <ul style="list-style-type: none"> <li>Medial &amp; lateral epicondyles and epicondyle grooves</li> <li>Olecranon process</li> <li>Ulnar nerve</li> <li>Extensor surface of ulna</li> </ul> </li> </ul>			
Assess ROM	<ul style="list-style-type: none"> <li>Flexion</li> <li>Extension</li> <li>Pronation</li> <li>Supination</li> </ul>			
	<b>SUBTOTAL: ELBOW</b>	<b>/10</b>	<b>/10</b>	<b>Minimum attainment: Critical elements plus 8/10</b>
WRISTS & HANDS				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspect & palpate <ul style="list-style-type: none"> <li>Bilateral comparison</li> </ul>	<ul style="list-style-type: none"> <li>Symmetry, alignment, movement</li> <li>Notes deformities, tremors, swelling, warmth, redness, boggiess, or tenderness</li> <li>Names as palpating: <ul style="list-style-type: none"> <li>Wrist: <ul style="list-style-type: none"> <li>Distal radius</li> <li>Distal ulna (lateral and medial)</li> <li>Groove of each wrist joint</li> <li>Anatomical snuffbox</li> <li>Carpal bones</li> </ul> </li> <li>Hand <ul style="list-style-type: none"> <li>Metacarpophalangeal joints</li> <li>Proximal interphalangeal joints</li> <li>Distal interphalangeal joints</li> </ul> </li> </ul> </li> </ul>			
Assess ROM <ul style="list-style-type: none"> <li>Wrist</li> <li>Fingers &amp; thumb</li> </ul>	<ul style="list-style-type: none"> <li>Wrist: <ul style="list-style-type: none"> <li>Flexion</li> <li>Extension</li> <li>Radial/ulnar deviation</li> </ul> </li> <li>Fingers: <ul style="list-style-type: none"> <li>Flexion</li> <li>Extension</li> <li>Abduction</li> <li>Adduction Opposition (thumb)</li> </ul> </li> </ul>			
Assess grip strength bilaterally	<ul style="list-style-type: none"> <li>Notes symmetry of strength</li> </ul>			
	<b>SUBTOTAL: WRIST AND HANDS</b>	<b>/18</b>	<b>/18</b>	<b>Minimum attainment: Critical elements plus 14/19</b>

SPINE				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspect <ul style="list-style-type: none"> <li>Observes when client walks</li> <li>Observes from back and side when client standing</li> <li>Inspect from the back</li> </ul>	Notes: <ul style="list-style-type: none"> <li>Alignment of head and neck (midline and erect)</li> <li>Ease of gait</li> <li>Posture and alignment</li> <li>Cervical, thoracic, lumbar curves</li> </ul>			
Palpate while patient standing: <ul style="list-style-type: none"> <li>Spinous processes from neck down</li> <li>Paravertebral muscles</li> </ul>	<ul style="list-style-type: none"> <li>Notes tenderness, spasm in muscles</li> </ul>			
Assess ROM of spine while stabilizing pelvis	States as assessing and noting tenderness, fluidity of movement: <ul style="list-style-type: none"> <li>Flexion</li> <li>Extension</li> <li>Rotation (left and right)</li> <li>Lateral bending (left and right)</li> </ul>			
	<b>SUBTOTAL: SPINE</b>	<b>/9</b>	<b>/9</b>	<b>Minimum attainment: Critical elements plus 7/9</b>
HIP				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspect: <ul style="list-style-type: none"> <li>Gait (done with spine)</li> </ul>	Describes: <ul style="list-style-type: none"> <li>Stance &amp; swing of gait – noting width of base, shift of pelvis, flexion of knee</li> <li>Symmetry, alignment, noting any deformities</li> </ul>			
Assess ROM <ul style="list-style-type: none"> <li>Patient supine</li> </ul>	States as assessing: <ul style="list-style-type: none"> <li>Flexion</li> <li>Extension</li> <li>Abduction</li> <li>Adduction</li> <li>Internal &amp; external rotation</li> </ul>			
	<b>SUBTOTAL: HIP</b>	<b>/7</b>	<b>/7</b>	<b>Minimum attainment: Critical elements plus 6/7</b>

KNEE				
Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
Inspect <ul style="list-style-type: none"> <li>Gait (done with spine)</li> <li>Patient lying supine with knees flexed</li> <li>Bilateral comparison</li> </ul>	Notes: <ul style="list-style-type: none"> <li>Knee movements with gait</li> <li>Symmetry, alignment, movement, contours</li> <li>Notes atrophy of quadriceps muscle, popliteal swelling, deformities, swelling, warmth, redness, tenderness</li> </ul>			
Palpate: <ul style="list-style-type: none"> <li>Patient lying, knees extended</li> <li>Patient sitting with legs over edge of examining table</li> </ul>	Names as palpating: <ul style="list-style-type: none"> <li>Suprapatellar pouch bilaterally</li> <li>Patella – palpate, and examine motion as patient tightens quadriceps</li> <li>With legs flexed, palpate medial and lateral joint lines for degenerative</li> <li>Medial and lateral collateral ligaments</li> <li>Notes swelling, tenderness, thickening, warmth</li> </ul>			
Assess ROM Client standing  Client sitting	States as assessing: <ul style="list-style-type: none"> <li>Flexion</li> <li>Extension</li> <li>Internal/external rotation</li> </ul>			
	<b>SUBTOTAL: KNEE</b>	<b>/11</b>	<b>/11</b>	<b>Minimum attainment: Critical elements plus 9/11</b>
ANKLES & FEET				
Assessment	Knowledge Indicators - verbalizes and demonstrates	Yes	No	Comments
Inspect and palpate <ul style="list-style-type: none"> <li>Bilateral comparison</li> </ul>	<ul style="list-style-type: none"> <li>Symmetry, alignment, movement</li> <li>Notes calluses, corns, deformities, swelling, warmth, redness, bogginess or tenderness</li> </ul> Names as palpating: <ul style="list-style-type: none"> <li>Ankle joint</li> <li>Achilles tendon</li> <li>Heel</li> <li>Medial and lateral malleolus</li> <li>Metatarsophalangeal joints</li> <li>Metatarsals</li> </ul>			
Assess ROM	States as assessing: <ul style="list-style-type: none"> <li>Ankle Flexion (plantar flexion)</li> <li>Ankle extension (dorsiflexion)</li> <li>Inversion and eversion</li> </ul>			
	<b>SUBTOTAL: ANKLES AND FEET</b>	<b>/11</b>	<b>/11</b>	<b>Minimum attainment: Critical elements plus 9/11</b>
<b>Correct technique of inspection and palpation Bilateral examination of all joints</b>	<b>Critical element</b>  <b>Critical element</b>			
	<b>TOTAL: MUSCULOSKELETAL</b>	<b>/93</b>	<b>/93</b>	<b>Minimum attainment: Critical elements plus 74/93</b>

**NEUROLOGICAL SYSTEM**

Note: Cranial Nerves may be assessed during Head & Neck examination

Motor System may be assessed here or with Musculoskeletal System

Student shall verbalize the 5 components that comprise the complete neurological examination and clearly inform the evaluator if performing any of these with another system.

**CRANIAL NERVE**

Assessment	Knowledge Indicators – verbalizes and demonstrates	Yes	No	Comments
CN I – Olfactory	<ul style="list-style-type: none"> <li>Identifies nerve name/number</li> <li>Notes sense of smell bilaterally</li> </ul>			
CN II – Optic <ul style="list-style-type: none"> <li>Visual Acuity: Far Vision</li> <li>Visual Acuity: Near Vision</li> <li>Visual Fields by Confrontation</li> <li>Inspect Optic fundi</li> </ul> <b>(May be done with examination of Head and Neck)</b>	<ul style="list-style-type: none"> <li>Identifies nerve name/number</li> <li>Snellen chart results</li> <li>Acuity at 35 cm</li> <li>Screening of fields</li> <li>Red reflex bilaterally</li> <li>Appearance of retina, vessels, optic disc, macula, and fovea</li> </ul>			
CN II & III – Optic & Oculomotor <ul style="list-style-type: none"> <li>Pupils</li> </ul>	<ul style="list-style-type: none"> <li>Identifies nerve names/numbers</li> </ul> States: <ul style="list-style-type: none"> <li>Size in mm</li> <li>Shape</li> <li>Equality/symmetry</li> <li>Direct reaction to light</li> <li>Consensual reaction to light</li> <li>Near reaction</li> </ul>			
CN III, IV & VI – Oculomotor, Trochlear & Abducens <ul style="list-style-type: none"> <li>Extraocular movements</li> <li>Convergence</li> <li>Palpebral fissures</li> </ul> (May be done with Neurological System)	<ul style="list-style-type: none"> <li>Identifies nerve names/numbers</li> <li>Conjugate movements in all directions</li> <li>Convergence</li> <li>Presence of ptosis</li> </ul>			
CNV-Trigeminal <ul style="list-style-type: none"> <li>Motor               <ul style="list-style-type: none"> <li>Clenching of jaw</li> <li>Moving jaw side to side</li> </ul> </li> <li>Sensory (bilateral exam, patient eyes closed)               <ul style="list-style-type: none"> <li>Pain sensation</li> <li>Light touch</li> </ul> </li> <li>Corneal Reflexes (bilateral exam)</li> </ul>	<ul style="list-style-type: none"> <li>Identifies nerve name/number</li> <li>Motor:               <ul style="list-style-type: none"> <li>Names temporal and masseter muscles while palpating and notes strength.</li> <li>Notes movement of jaw</li> </ul> </li> <li>Sensory               <ul style="list-style-type: none"> <li>Assesses pain sensation</li> <li>Repeats test for light touch</li> </ul> </li> <li>Corneal Reflexes</li> </ul>			
CN VII – Facial <ul style="list-style-type: none"> <li>Motor</li> </ul>	<ul style="list-style-type: none"> <li>Identifies nerve name/number</li> <li>Notes symmetry /movement :               <ul style="list-style-type: none"> <li>Raise eyebrows</li> <li>Tightly closes eyes</li> <li>Frowns/smiles</li> <li>Shows teeth</li> <li>Puffs out cheeks</li> </ul> </li> </ul>			

CN VIII – Acoustic <ul style="list-style-type: none"> <li>Whisper test</li> <li>Weber test</li> <li>Rinne test</li> </ul> <b>Correct tuning fork 512 Hz</b>	<ul style="list-style-type: none"> <li>Identifies nerve name/number</li> <li>Hearing equal bilaterally</li> <li>Notes lateralization/bilateral vibration</li> <li>Compares AC to BC</li> </ul> <b>Critical element</b>			
CN IX and X – Glossopharyngeal and Vagus <ul style="list-style-type: none"> <li>Motor</li> </ul>	<ul style="list-style-type: none"> <li>Identifies nerve names/numbers</li> <li>Voice quality</li> <li>Symmetric rise in soft palate</li> <li>Uvula midline</li> <li>Gag reflex</li> </ul>			
CN XI – Spinal Accessory	<ul style="list-style-type: none"> <li>Identifies nerve name/number</li> <li>Notes, symmetry, fasciculations</li> <li>Names trapezius muscle &amp; notes bilateral strength</li> <li>Names sternomastoid muscle &amp; notes bilateral strength</li> </ul>			
CN XII - Hypoglossal	<ul style="list-style-type: none"> <li>Identifies nerve name/number</li> <li>Notes clear articulation (“light/tight/dynamite”)</li> <li>Notes tongue midline with symmetric protrusion</li> <li>Symmetric ability to move tongue side to side</li> </ul>			
<b>Correct technique of inspection</b>	<b>Critical element</b>			
<b>Correct technique of palpation</b>	<b>Critical element</b>			
<b>Correct use of required tools</b>	<b>Critical element</b>			
<b>SUBTOTAL: CRANIAL NERVES</b>		<b>/48</b>	<b>/48</b>	<b>Minimum attainment: Critical elements plus 38/48</b>

<b>MOTOR SYSTEM</b>				
<b>Assessment</b>	<b>Knowledge Indicators</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Body position	<ul style="list-style-type: none"> <li>• General description of body position during movement/ rest</li> </ul>			
Involuntary Movements	<ul style="list-style-type: none"> <li>• Notes presence/absence</li> </ul>			
Muscle Bulk <ul style="list-style-type: none"> <li>• Bilateral comparison</li> </ul>	States as assessing each muscle group: <ul style="list-style-type: none"> <li>• Size/contour, noting any atrophy</li> </ul>			
Muscle tone & strength <ul style="list-style-type: none"> <li>• Bilateral comparison</li> </ul> (May be done with Musculoskeletal system)	Notes tone and grades strength: <ul style="list-style-type: none"> <li>• Elbow flexion/extension</li> <li>• Wrist extension</li> <li>• Hand grip</li> <li>• Finger abduction</li> <li>• Thumb opposition</li> <li>• Trunk               <ul style="list-style-type: none"> <li>○ flexion/extension/lateral bending</li> <li>○ Thoracic expansion /diaphragmatic exertion</li> </ul> </li> <li>• Hip               <ul style="list-style-type: none"> <li>○ flexion/extension/adduction/abduction</li> </ul> </li> <li>• Knee               <ul style="list-style-type: none"> <li>○ extension/flexion</li> </ul> </li> <li>• Ankle               <ul style="list-style-type: none"> <li>○ plantar &amp; dorsiflexion</li> </ul> </li> </ul>			
Coordination <ul style="list-style-type: none"> <li>• Motor system</li> <li>• Cerebellar system</li> <li>• Vestibular system</li> <li>• Sensory system</li> </ul>	<ul style="list-style-type: none"> <li>• States integration of 4 areas of nervous system function are necessary for coordination</li> <li>• Rapid alternating movements – notes speed, smoothness bilaterally – arms, legs</li> <li>• Point-to-point movements – notes accuracy, smoothness bilaterally – arms, fingers to thumb, legs</li> <li>• Gait, balance &amp; posture:               <ul style="list-style-type: none"> <li>○ walk across room</li> <li>○ walk heel-to-toe</li> <li>○ walk on heels then on toes</li> <li>○ shallow knee bend on each leg</li> <li>○ Romberg Test – position sense</li> <li>○ Pronator Drift</li> </ul> </li> </ul>			
<b>Correct technique of inspection</b>	<b>Critical element</b>			
<b>Correct technique of palpation</b>	<b>Critical element</b>			
<b>SUBTOTAL: MOTOR SYSTEM</b>		<b>/22</b>	<b>/22</b>	<b>Minimum attainment: Critical elements plus 18/22</b>



SENSORY SYSTEM				
Assessment	Knowledge Indicators	Yes	No	Comments
Client preparation	<ul style="list-style-type: none"> <li>Instructs client to close eyes as necessary</li> </ul>			
Spinothalamic tract <ul style="list-style-type: none"> <li>Pain</li> </ul>	<ul style="list-style-type: none"> <li>States which component of sensory testing is being evaluated</li> <li>Compares distal with proximal</li> <li>Compares symmetric areas</li> </ul>			
Posterior columns <ul style="list-style-type: none"> <li>Vibration <ul style="list-style-type: none"> <li>Distal interphalangeal joints of finger and toe</li> </ul> </li> </ul> <b>Correct tuning fork 128 Hz</b> <ul style="list-style-type: none"> <li>Position sense <ul style="list-style-type: none"> <li>Toes and fingers</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>States which sensory testing component is being evaluated</li> <li>Compares symmetric areas</li> <li>Uses 128 Hz tuning fork</li> </ul> <b>Critical element</b> <ul style="list-style-type: none"> <li>Holds fingers &amp; toes by sides</li> <li>Notes up/down distinctions</li> </ul>			
Both pathways <ul style="list-style-type: none"> <li>Light touch</li> </ul>	<ul style="list-style-type: none"> <li>States which sensory testing component is being evaluated</li> <li>Compares distal with proximal</li> <li>Compares symmetric areas</li> </ul>			
Discriminative sensations <ul style="list-style-type: none"> <li>Stereognosis</li> </ul>	<ul style="list-style-type: none"> <li>States which sensory testing component is being evaluated</li> <li>Names &amp; states when additional methods would be done</li> </ul>			
<b>SUBTOTAL: SENSORY SYSTEM</b>		/14	/14	<b>Minimum attainment: Critical elements plus 11/14</b>
DEEP TENDON REFLEXES				
Assessment	Knowledge Indicators	Yes	No	Comments
Percuss and grade <ul style="list-style-type: none"> <li>Bilateral comparison</li> </ul>	<ul style="list-style-type: none"> <li>Notes symmetry and grades response and states corresponding dermatome <ul style="list-style-type: none"> <li>Bicep (C5, C6)</li> <li>Tricep (C6, C7)</li> <li>Brachioradialis (C5, C6)</li> <li>Knee (L2, L3, L4)</li> <li>Ankle (S1, L5)</li> <li>Plantar response(L5, S1)</li> <li>Abdominal (T8,T9,T10) &amp; (T10, T11, T12)</li> </ul> </li> </ul>			
<b>Correct use of reflex hammer</b>	<b>Critical element</b>			
<b>SUBTOTAL: REFLEXES</b>		/7	/7	<b>Minimum attainment: Critical elements plus 6/7</b>
<b>TOTAL: NEUROLOGICAL SYSTEM</b>		/91	/91	<b>Criteria for attainment: Critical elements plus 73/91</b>

## Appendix B:

### Documentation of health history & physical examination

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#### Guidelines

- Document a complete health history and the results of your physical examination for the “client” you have chosen.
- The blank [template](#) may be used as a guide.
- Refer to the applicable chapters in the text: to Bickley, L. S. (current edition). *Bates’ guide to physical examination and history taking*. Philadelphia, PA: Wolters Kluwer.
- All required areas shall be addressed and the documentation shall be complete, concise and in point form.
- Confidentiality shall be maintained on the written record by referring to the client using initials only.
- The documentation shall be typed with font size no smaller than 12 in Times New Roman, Arial or Tahoma.
- Your written documentation shall be received within ten days of your physical assessment performance test.
- Email is the preferred method to submit your documentation. Send to [cnpp@saskpolytech.ca](mailto:cnpp@saskpolytech.ca)
- If submitting a hard copy by mail, please send to:

**Saskatchewan Polytechnic Regina Campus**

**ATTN: Collaborative Nurse Practitioner Program**

4500 Wascana Parkway  
P.O. Box 556  
Regina, SK S4P 3A3  
Fax (306) 775-7791

- The examiner/evaluator will review and mark your assignment using a [marking guide](#). It will be returned to you as soon as possible, with the grade and written feedback attached.
- You must achieve a minimum mark of 80% to attain this component of the PLAR evaluation.

## Health History and Physical Examination template form

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### Introduction

### Date and time of history

#### Identifying Data

Client initials	Age	Birth date
Address	Ethnic Origin	Birth place
Phone number	Race	Gender
Occupation	Marital status	

### Source of history and reliability of data

#### Chief complaint:

#### Present illness, including:

- Seven attributes of symptoms (PQRSTU)
- Current Medications (prescription, over the counter, herbal)
- Allergies (including specific reactions)
- Tobacco, Alcohol, Drug and related substance use

#### Past health, including:

- Significant childhood illnesses
- Adult illnesses
  - Medical
  - Surgical
  - Obstetric/Gynecologic
  - Psychiatric
  - Significant accidents/injuries
- Health maintenance
  - Exercise and diet
  - Immunizations
  - Screening tests

### Family History

#### Personal and social history, including:

- Education/occupation
- Home situation and significant others
- Daily life/ leisure activities and hobbies/spiritual beliefs
- Important life experiences
- Lifestyle habits that promote health/safety measures

**Review of systems**

- Overall general health
- Skin, hair and nails
- Head, eyes, ears, nose, throat (HEENT)
- Neck
- Breast
- Respiratory
- Cardiovascular
- Gastrointestinal
- Urinary
- Male/female genital
- Peripheral Vascular
- Musculoskeletal
- Psychiatric
- Neurologic
- Hematologic
- Endocrine

**Physical examination**

- General survey
- Mental status
- Integument
- The 4 other systems examined

**Summary impressions & conclusion**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**NURS 225 Health Assessment**

**PLAR Documentation: Health History and Physical Examination marking guide**

Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

Received: \_\_\_\_\_

<b>Health History ( /62 marks)</b>	
Records date & time data collected (0.5 mark)	
Obtains & records identifying data (0.5 mark)	
Records source & reliability of data (2 x 0.5 mark each = 1 mark)	
Obtains and records chief complaint (2 marks)	
Obtains and records present illness (4 x 1 mark each = 4 marks)	
Obtains and records past health (9 x 1 mark each = 9 marks)	
Obtains and records family history (3 marks)	
Obtains & records personal & social history (5 x 2 marks each = 10)	
Obtains and records a review of all body systems (16 x 2 marks each=32)	
<b>Physical Examination ( /30 marks)</b>	
Documents general survey (3 marks)	
Documents mental status (3.5 marks)	
Documents assessment of integumentary system (3.5 marks)	
Documents assessment of 4 other systems as listed (4 x 5 marks each = 20): _____ _____	
<b>Summary Impression ( /3 marks)</b>	
<b>Process ( /5 marks)</b>	
Title page ( 1 mark)	
Introduction, summary impression/conclusion (1 mark)	
Provides a record that is complete and concise (1 mark)	
Provides a record that is in point form (1 mark)	
Maintains confidentiality on written record (1 mark)	
<b>TOTAL</b>	<b>/100</b>

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluator signature: \_\_\_\_\_ Date: \_\_\_\_\_

School of Nursing  
Saskatchewan Polytechnic

NURS 225 Health Assessment

Student name

Date