

Beginning the Physical Examination: General Survey, Vital Signs, and Pain

Once you understand the patient's concerns and have elicited a careful history, you are ready to begin the physical examination. At first you may feel unsure of how the patient will relate to you. With practice, your skills in physical examination will grow, and you will gain confidence. Through study and repetition, the examination will flow more smoothly, and you will soon shift your attention from technique and how to handle instruments to what you hear, see, and feel. Touching the patient's body will seem more natural, and you will learn to minimize any discomfort to the patient. Before long, as you gain proficiency, what once took between 1 and 2 hours will take considerably less time.

This chapter, reorganized for this edition, addresses *Common or Concerning Symptoms* that relate to general health. *Health Promotion and Counseling* focuses on important habits for a healthy lifestyle—optimal weight and nutrition, exercise, and blood pressure and diet. This section provides information that will be useful as you counsel patients about their Body Mass Index (BMI), particularly because being overweight or obese poses a growing health threat to all age groups in our population. The remaining sections of the chapter follow the sequence of the patient visit.

- *General Survey*—The General Survey begins with the first moments of the patient encounter. How do you perceive the patient's apparent state of health, demeanor and facial affect or expression, grooming, posture, and gait? Height and weight, usually recorded before the patient enters the examining room, add important detail to the General Survey.
- *Vital Signs*—These include blood pressure, heart rate, respiratory rate, and temperature and their ranges of normal.
- *Pain, the Fifth Vital Sign*—This edition brings new information on how to assess pain, commonly underdiagnosed and a major focus of caring for patients in all health professions.

