Thyroid Physical Examination Checklist

Preparation & Setup

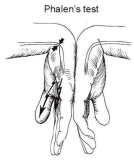
- Position: Seated.
- Exposure: Neck fully exposed.

1-Inspection

- General Look: Sitting comfortably, not agitated / restless / apathy / slowed movement.
- Orientation: Conscious, Alert, and Oriented.
- Clothes: Dressed appropriately for the weather.
- Speech: No hoarseness / slowed speech / pressure of speech.
- Vital Signs Blood pressure/ heart rate / BMI (the most important)

➢ Hands

- Sweaty vs. Dry
- Temperature: Warm vs. cold
- Palms: Palmar erythema / Muscle wasting (Hypo/Thenar)
- Fine Tremor (hyperthyroidism)
- Nails: Onycholysis / Clubbing (hypothyroidism) / Thyroid acropachy
- Skin: Vitiligo
- Radial Pulse(rate & rhythm)
- Carpal Tunnel Syndrome (CTS) Tests (hypothyroidism):



1. Phalen's Test: Ask the patient to flex both wrists fully by pressing the backs of the hands together for 60 seconds.
2. Carpal Compression Test : Apply firm pressure with your thumbs over the carpal tunnel on the volar aspect of the wrist for about 30 seconds.
3. Tinel's Test: Tap gently over the median nerve at the carpal tunnel using your fingers or a tendon hammer.

➢ Face & Eyes

- Face:
- Dry vs. sweaty skin
- Dry coarse hair / hair loss
- Loss of outer eyebrows

➢ Eyes:

1. Lid Retraction
2. Periorbital Puffiness
3. Conjunctival Redness
4. Exophthalmus(Look from Above + Behind/ beside)
5. **Lid Lag**
6. **Ophthalmoplegia 'H' test** (check for restricted movement or diplopia)

➢ Neck

Position: Neck extended

- **Inspection (SPACEPIT):**
  - Look for: Masses / Scars / Skin discoloration / Swellings / Dilated veins / Asymmetry
- **Dynamic Tests:**
- Ask patient to **swallow** Normally, *Thyroid moves with swallowing*.
- Ask patient to **protrude tongue** *Normally, Thyroid doesn't move* (thyroglossal cyst moves).
- **Pemberton's Sign** *(Just mention)*.

2-Neck Palpation

Setup: Flex neck slightly, ask about pain, ensure eye contact, warm hands, hygiene.

- **From Front:**
  - Check for **tenderness**.
- **From Behind (One lobe at a time):**
  - **Symmetry**, regular/smooth surface, no masses, no nodules, no swelling.
  - Ask patient to **swallow** (palpate movement).
  - Ask patient to **protrude tongue** (palpate movement).
  - Check for **thrills**.
- **Lymph Nodes:**
  - State: *"I want to examine cervical LNs"*.

Symmetrical bilateral thyroid movement with swallowing, no movement with tongue protrusion.

3-Percussion & Auscultation

- **Percussion:** Percuss directly over the manubrium by tapping twice with the tip of your middle finger. Do not place your other hand beneath it.
  - **Manubrium** : Check for **no dullness** (retrosternal goiter).
- **Auscultation:** " No thyroid bruit, no midsystolic murmur "
  - **Thyroid Bruit:** Use diaphragm + ask patient to hold breath in inspiration.
  - **Heart:** Check for **Mid-systolic murmur** using the diaphragm.

End with I would like to check for: (Lower Limb Examination)

1. **Pretibial myxedema**, ankle swelling, dry coarse skin. Seen in graves
2. **Proximal Myopathy:-**
   Upper limb (proximal muscle strength):*The patient was asked to abduct both shoulders to 90°. Downward pressure was applied over the arms while the patient was instructed to resist, assessing proximal muscle strength.*

   Lower limb (proximal muscle strength): *The patient was asked to rise from a sitting position without using their arms for support, assessing proximal lower limb muscle strength.*
3. **Deep Tendon Reflexes (DTR):** Check patellar reflex (delayed relaxation vs. hyperreflexia).

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