DOPAMINE
SCIENTIFIC TEAM

Final OSCE Checklist

Thyroid Examination – V1

Done By:

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COLOR CODE

Black: Comments

Gray: Clarification and Notes

Green: What you ask the patient to do

Blue: Examination Steps

Start-Up:

1. **R**equest a chaperone.
2. **I**ntroduce yourself.
3. Ask for **P**ermission / Ensure **P**rivacy.
4. **E**xplain the examination / Check your **E**quipment.
5. **W**arm and sanitize your hands.
6. Check the **I**nterior (warm, quiet, well-lit room).
7. **P**osition: **Sitting (90°).**
8. **E**xposure: **Fully exposed neck and upper chest (manubrium).**

General Look (Foot of the Bed):

- Conscious, alert and oriented to time, place and persons.
- Normal Activity: No Restless; No slow movement.
- Not tachypnic; Not distressed; Not in pain.
- Normal facial expression: Not **A**pathic; Not **A**gitated; Not **A**nxious.
- Normal speech: No hoarseness; No slow speech; No pressure on speech.
- Good clothing – appropriate to weather.
- Normal body habitus: Not underweight; Not overweight.
- No bovine cough.

Vital Signs:

- Heart Rate (use radial pulse unless skipped):
  - No tachycardia (in hyperthyroidism); No bradycardia (in hypothyroidism).
- Heart rhythm (use radial pulse unless skipped):
  - Regular rhythm (irregular in AF and thyrotoxicosis).
- Blood pressure:
  - Normal systolic BP (increased in hyperthyroidism).
  - Normal diastolic BP (increased in hypothyroidism).
- BMI:
  - Not underweight or overweight.
- *The rest are less important here, but say them of course unless skipped:*
  - Temperature, Respiratory rate, O_2 Sat., Pain score.

Hands:

Inspection:

- Palm:
  - No palmar erythema; No muscle wasting; No tar staining.
- Nails:
  - No clubbing; No thyroid acropachy; No onycholysis; No brittle nails.
- Dorsum:
  - No vitiligo; Normal texture; Normal hair distribution; No fine tremor.

Palpation:

- Not dry; Not sweaty.
- Normal temperature.
- Test for Carpal Tunnel Syndrome (seen in hypothyroidism)
  - Phalen's test (ask the patient to press the dorsum of both hands together with the wrists fully flexed for 60 seconds and report any numbness, pain or paraesthesia).
    - Negative Phalen's sign.
  - Tinel's test (press on (or percuss) the anterior side of the wrist for 60 seconds; ask the patient about any numbness, pain or paraesthesia).
    - Negative Tinel's sign.
  - Inspect specifically for thenar wasting.
    - No thenar muscle wasting.

Face:

Hair and skin:

- No hair loss; No coarse or dry hair; No loss of last third of eyebrows
- No dry or sweaty skin

Eyes:

- No Chemosis; No Redness; No periorbital puffiness or myxoedema
- No lid retraction (no sclera visible above the superior limbus in the 1° position)
- No lid lag (let the patient follow as your finger descend in their visual field)
- No ptosis; No proptosis or exophthalmos (observe from side and top views)
- No ophthalmoplegia, diplopia, nystagmus, or pain (let the patient follow your finger in an H-shaped track that spans their entire visual field)

Thyroid Examination

1. Inspection:

- Ask the patient to extend the neck.
- Inspect the neck and comment:
    - No asymmetry
    - No scars; No lesions; No wounds; No redness
    - No visible swelling, nodules, masses, or dilated veins.
- Ask the patient to swallow; observe that the thyroid normally moves with swallowing.
- Ask the patient to protrude the tongue; observe that the thyroid does not move with tongue protrusion, whereas a thyroglossal cyst does.
- Ask the patient to open the mouth; inspect for a lingual goiter

➢ Thyroid moves with swallowing

➢ Thyroid does not move with tongue protrusion

➢ No lingual goiter; No macroglossia; No signs of B12 or iron deficiency

2. Palpation

✓ Ask for permission; Ask if the patient has any painful areas

✓ Warm your hands; Maintain eye-to-eye contact

- Stand behind the patient (for tenderness, stand in front of him, with eye contact)
- Determine the thyroid location while slightly flexing the patient's neck
- Palpate the neck (palpate each thyroid lobe separately)
- Assess the symmetry of both lobes

➢ Symmetrical thyroid lobes

➢ Thyroid not palpable (comment if palpable, and describe it)

- Assess tenderness, masses, and local warmth
- If a mass is present, analyze it using SPACESPIT
- Palpate for thrills

➢ No tenderness; No masses; No thrills; No increased warmth

- Ask the patient to swallow while palpating
- ➢ Symmetrical thyroid elevation with swallowing
- Ask the patient to protrude the tongue while palpating
- ➢ No upward movement of masses during tongue protrusion
- Palpate the cervical lymph nodes (usually skipped)
- ➢ No palpable cervical lymph nodes

3. Percussion

- Percuss over the manubrium; Assess for dullness (retrosternal goiter).
- ➢ Normal resonant note over the manubrium; No dullness.

4. Auscultation

- Auscultate the thyroid using the diaphragm; Listen for a thyroid bruit.
- ➢ No thyroid bruit.
- ➢ Listen to the precordium for a midsystolic flow murmur (only mention).

5. Complete the Examination (Just Mention):

- ➢ Check for Pemberton's sign: Ask the patient to raise both arms above the head; observe for facial congestion and cyanosis.
- ➢ Inspect the lower limbs for ankle swelling (edema) and dry coarse skin
- ➢ Inspect the lower limbs for pretibial myxedema (Graves' disease);
- ➢ Test deep tendon reflexes:
  - Delayed relaxation in hypothyroidism;
  - Hyperreflexia in hyperthyroidism.
- ➢ Test for proximal myopathy (seen in hyperthyroidism):
  - Ask the patient to stand while crossing their hands (lower limbs).
  - Ask the patient to resist you while you depress or elevate their arms (upper limbs).

Changes from Version 0 → Version 1:

1. No tremors → No fine tremor
2. *Midsystolic flow murmur is ONLY MENTION*
3. Slight color adjustments