



Final OSCE Checklist

Thyroid Examination



Done By:

Almothana Khalil

Zaid Abu Hassan

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, O₂ 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 tremors.

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.
- Listen for a midsystolic flow murmur.
- No thyroid bruit; No midsystolic flow murmur.

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).