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Evidence-Based Physical Examination

Best Practices for Health and Well-Being Assessment

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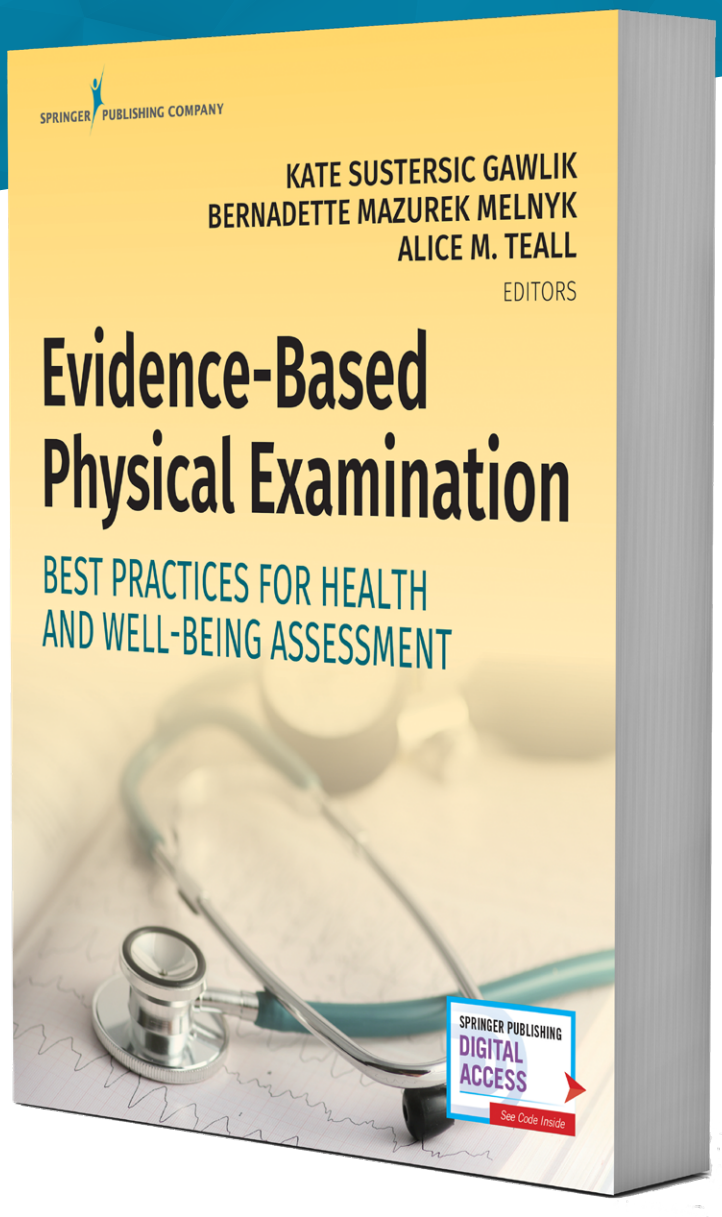

The first book to teach physical assessment techniques based on evidence and clinical relevance

Grounded in an empirical approach to history-taking and physical assessment techniques, this text for health care clinicians and students focuses on patient well-being and health promotion.

Evidence-Based Physical Examination: Best Practices for Health and Well-Being Assessment is based on an analysis of current evidence and up-to-date guidelines and recommendations, underscoring the evidence, acceptability, and clinical relevance behind physical assessment techniques.

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MEET THE EDITORS

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*Our goal is to provide the **strategies** and **best practices** needed by clinicians to **assess** an individual's **health and well-being**.*

- Provides instructors with ample resources to support their course
- Helps students strengthen diagnostic accuracy
- Offers tools to address complex conditions, acuity, and resilience

We hope you enjoy using this book as much as we enjoyed creating it.

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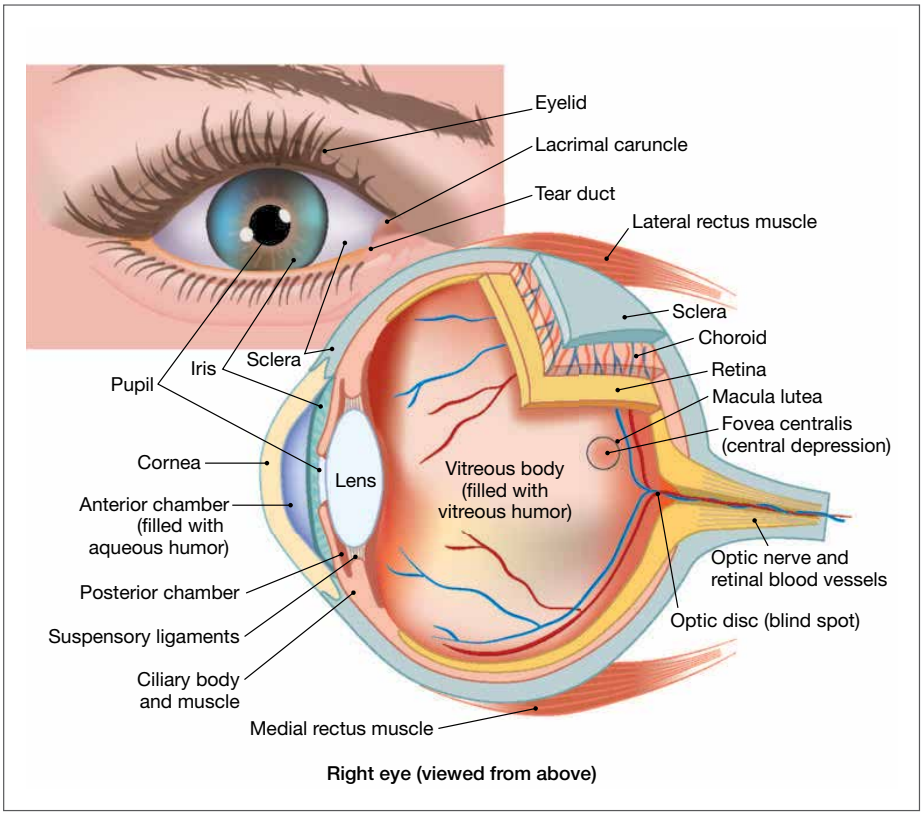
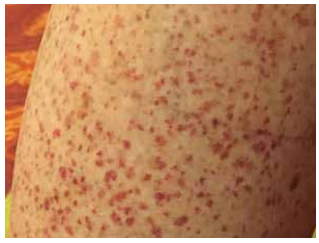
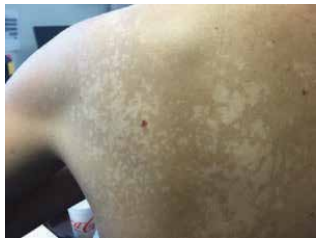
ENHANCED LEARNING FEATURES

Countless tables, illustrations, images, and videos demonstrate history-taking and assessment techniques



Right eye (viewed from above)

TABLE 9.1 Primary Skin Lesions

Lesion	Description	Examples	Visual With Diagnosis
Macule	• Flat, nonpalpable • Smaller than 1 cm	• Freckles • Flat moles (nevi) • Measles • Petechiae	Leukocytoclastic Vasculitis 
Patch	• Flat, nonpalpable • Larger than 1 cm	• Vitiligo • Mongolian spots • Port-wine stains • Chloasma • Café au lait patch	Tinea Versicolor 

Case Studies, Clinical Pearls, & Key Takeaways Aid Retention

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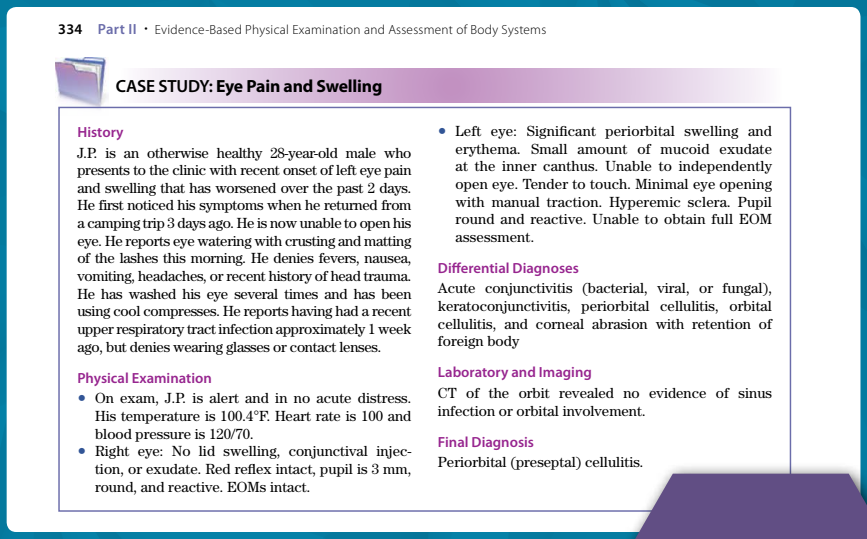
BONUS FEATURES

This text is accompanied by an **Instructor's Manual** and comprehensive bonus resources including:

- Learning Objectives
- Case Studies
- Chapter Summaries
- Essay Questions
- Test Bank
- PowerPoint Slides
- Image Bank
- Case Study Videos
- Multiple-Choice Questions with Rationales



334 Part II • Evidence-Based Physical Examination and Assessment of Body Systems

CASE STUDY: Eye Pain and Swelling

History

J.P. is an otherwise healthy 28-year-old male who presents to the clinic with recent onset of left eye pain and swelling that has worsened over the past 2 days. He first noticed his symptoms when he returned from a camping trip 3 days ago. He is now unable to open his eye. He reports eye watering with crusting and matting of the lashes this morning. He denies fevers, nausea, vomiting, headaches, or recent history of head trauma. He has washed his eye several times and has been using cool compresses. He reports having had a recent upper respiratory tract infection approximately 1 week ago, but denies wearing glasses or contact lenses.

Physical Examination

- On exam, J.P. is alert and in no acute distress. His temperature is 100.4°F. Heart rate is 100 and blood pressure is 120/70.
- Right eye: No lid swelling, conjunctival injection, or exudate. Red reflex intact, pupil is 3 mm, round, and reactive. EOMs intact.
- Left eye: Significant periorbital swelling and erythema. Small amount of mucoid exudate at the inner canthus. Unable to independently open eye. Tender to touch. Minimal eye opening with manual traction. Hyperemic sclera. Pupil round and reactive. Unable to obtain full EOM assessment.

Differential Diagnoses

Acute conjunctivitis (bacterial, viral, or fungal), keratoconjunctivitis, periorbital cellulitis, orbital cellulitis, and corneal abrasion with retention of foreign body

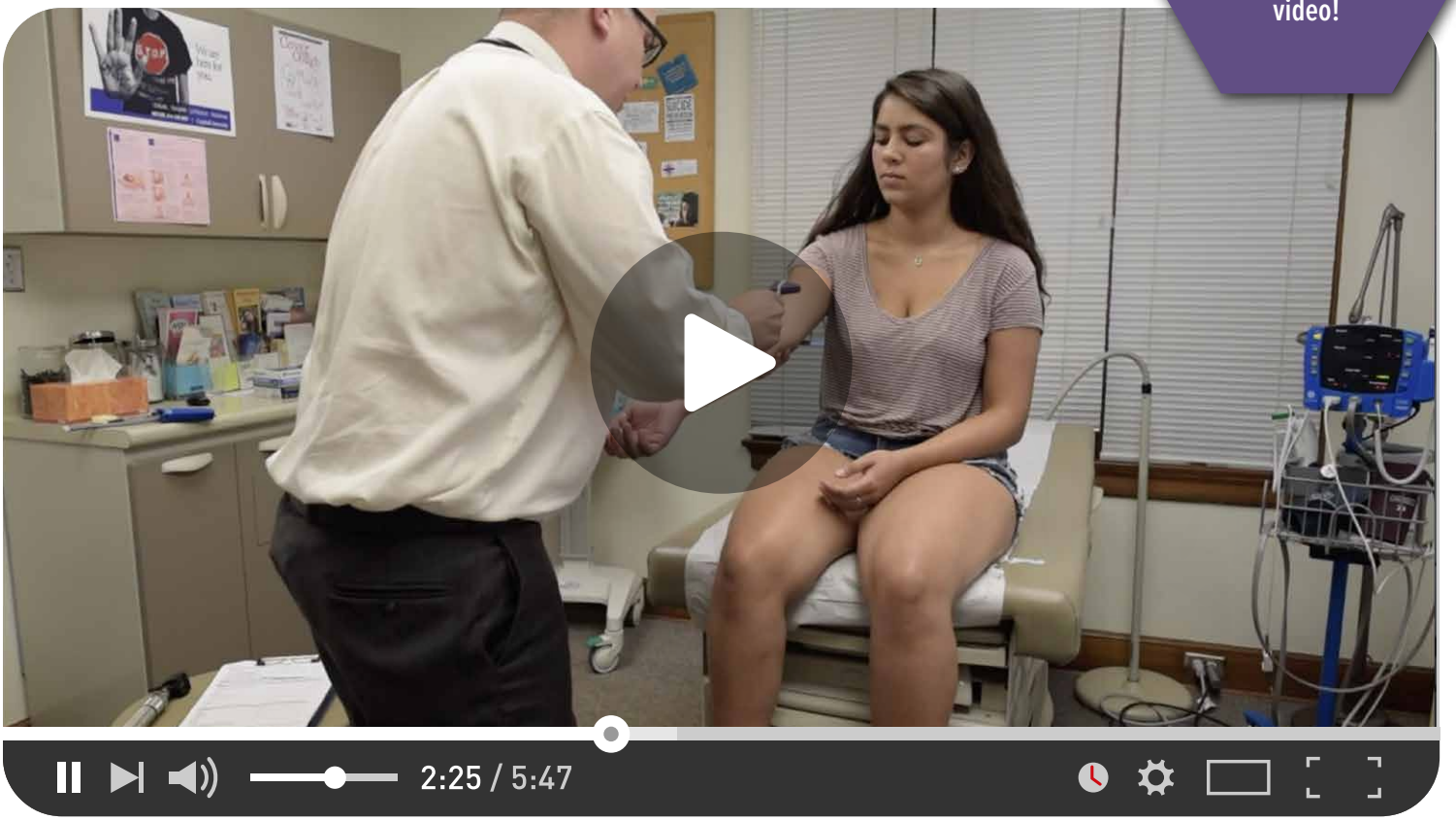
Laboratory and Imaging

CT of the orbit revealed no evidence of sinus infection or orbital involvement.

Final Diagnosis

Periorbital (preseptal) cellulitis.

Visit springerpub.com/MORE3P for a sample case study video!



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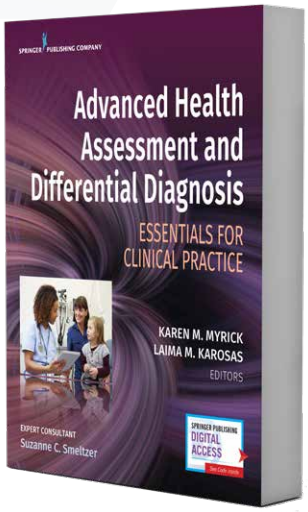

Advanced Health Assessment and Differential Diagnosis
Essentials for Clinical Practice

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Laima Karosas PhD, APRN, FNP-BC, ANP-BC
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The first textbook to specifically target the scope of practice for advanced practice providers

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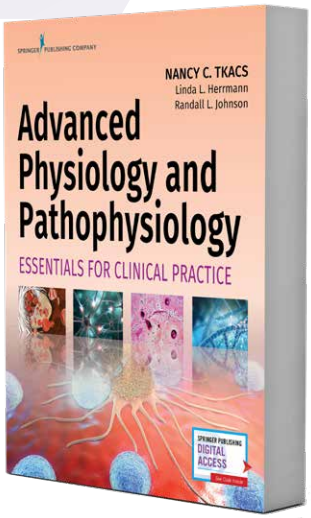

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EDITORS:
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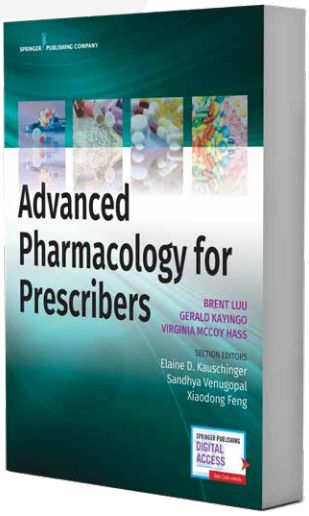

Advanced Pharmacology for Prescribers

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Gerald Kayingo PhD, PA-C
Virginia McCoy Hass DNP, MSN,RN, FNP-C, PA-C

Delivers the critical information clinicians need to be thoroughly informed prescribers

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