

Physical Exam

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

C&TC Requirements

General

A complete physical examination performed by a clinician is required at each C&TC visit. The following medically accepted procedures are required as part of the physical exam (Tanski & Garfunkel, 2010):

- Review of physical measurements; refer to the [Physical Measurements C&TC FACT Sheet \(www.health.state.mn.us\)](http://www.health.state.mn.us).
- Skin
- Head, eyes, ears, nose, pharynx, neck
- Mouth/oral health: refer to the [C&TC Oral Health Screening fact sheet \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- Chest, heart, lungs
- Abdomen
- Extremities, joints, spine, muscle tone
- Neurological condition
- Genitalia/sexual development, including testicular exam and breast exam
 - Pelvic exam is done only if medically necessary

Clinicians must ensure that patients are unclothed but appropriately draped to provide privacy during the physical exam (American Academy of Pediatrics, 2011).

Personnel

A Physician, Nurse Practitioner, or Physician Assistant may complete the physical exam.

In settings where providers are limited, non-existent or when the child does not have a medical home, licensed school nurses and public health nurses who have completed the C&TC Comprehensive Screening Component Training provided by MDH may also complete the physical exam as part of the C&TC screening.

Documentation

Documentation must include normal and abnormal findings of the physical exam. Providers must document refusal of or inability to perform any portion of the physical exam, along with the reason.

When a C&TC screening is performed outside of the child's health care home, documentation should be sent to the child's primary care clinic. Be sure to highlight any concerns or abnormal findings identified to strengthen continuity of care.

For documentation examples, refer to the [C&TC Documentation Forms for Providers and Clinics \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

Referral

If a child, adolescent, or parent present concerns that are outside the clinician's scope of practice, or if the provider does not possess the skills to perform a required component, the child or adolescent must be referred to an appropriate health care provider and/or specialist.

Why the Physical Exam is Important

The physical exam is the cornerstone and an essential part of the pediatric evaluation in every health supervision visit (Tanski & Garfunkel, 2010).

A comprehensive physical exam is important:

- To build trust and model respect for the child or teen;
- To educate the child and parent about the child and his/her body and growth;
- To provide the opportunity to discuss the child's physical changes associated with healthy development;
- To identify silent or subtle illness or health risks.

The physical examination must be comprehensive and focus on specific assessments that are appropriate for the child's or adolescent's age, development, and needs or concerns which are identified from the patient history (Tanski & Garfunkel, 2010).

The physical examination of an infant, toddler, or young child should be completed in the presence of the child's parent or guardian (American Academy of Pediatrics, 2011).

By early adolescence, the provider should frame the adolescent's need for privacy and confidentiality with the parent as part of the teenager's increasing self-reliance and excuse the parent from the room. The use of a chaperone should be a shared decision between the patient and the provider (American Academy of Pediatrics, 2011).

If a parent or guardian is unavailable or if the parent's presence will interfere with the physical exam (e.g. in cases of physical or sexual abuse or if the patient is uncomfortable with the parent in the room), a chaperone, preferably unrelated to the patient/family, should be present during the physical exam (American Academy of Pediatrics, 2011).

If the adolescent prefers to have the parent/guardian in the room during the exam, offer another opportunity for a private conversation during the visit (American Academy of Pediatrics, 2011).

Professional Recommendations American Academy of Pediatrics (AAP) & Bright Futures

Preventive health care visits are recommended within 3-5 days after hospital discharge, at 0, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months and annually from 3-21 years of age.

At each well child visit, a complete physical examination is essential, with an infant totally unclothed and older children, teenagers and young adults undressed and suitably draped.

Resources

Bright Futures

- [Guidelines for Health Supervision for Infants, Children and Adolescents \(www.brightfutures.aap.org\)](http://www.brightfutures.aap.org)

Minnesota Department of Human Services (DHS)

- [MHCP Provider Manual-Child and Teen Checkups \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)

Minnesota Department of Health (MDH)

- [Child and Teen Checkups \(C&TC\) \(www.health.state.mn.us\)](http://www.health.state.mn.us)

References

American Academy of Pediatrics. (2011). Policy statement: Use of chaperones during the physical examination of the pediatric patient. *Pediatrics*, 127(5), 991-993.

Tanski, S., & Garfunkel, L. (2010). *Physical Exam*. American Academy of Pediatrics, Bright Futures, The Bright Futures Clinical Guide to Performing Preventive Services.

For More Information

Minnesota Department of Health
Child and Teen Checkups Program
PO Box 64882,
St. Paul, MN (zip) 55164-0882
(phone) 651-201-3760
health.childandteencheckups@state.mn.us
www.health.state.mn.us

Revised: 07/2016

To obtain this information in a different format, call: 651-201-3760.