



Child and Teen Checkups (C&TC) FACT Sheet

For primary care providers

Physical Examination

C&TC Requirements:	Qualified Personnel	Documentation
<p>Physical Exam Unclothed and completed according to medically accepted procedures. Include:</p> <ul style="list-style-type: none"> • Pulse, Respiration • Head, eyes, ears, nose, mouth/oral¹, pharynx • Neck, chest, heart, lungs • Abdomen, spine • Extremities, joints, muscle tone, skin • Neurological condition • Genitals /sexual development (i.e., testicular exam, breast exam, pelvic exam when appropriate). <p>A child must be evaluated to determine whether the child’s sexual development is consistent with the child’s chronological age. In addition, counseling and information on birth control and sexually transmitted diseases, prescriptions and/or tests must be offered as indicated. A screening provider may refer the child to other counseling resources or to another provider for a pelvic examination.</p> <p>¹An oral examination of a child’s mouth must be performed to detect deterioration of hard tissue and inflammation or swelling of soft tissue. By providing prevention education, counseling about the systemic use of fluoride or fluoride varnish applications as part of the C&TC visit, providers can help reduce the risk of dental decay for young children. See the Dental Fact Sheet for specific recommendations.</p>	<p>Physician Nurse Practitioner Physician Assistant Licensed school nurses, certified public health nurses, and registered nurses who have completed the C&TC Screening Component Training currently provided by MDH and are providing the service in a public health clinic, community health clinic (as defined in Minnesota rules, Part 9505.0255), Head Start or school.</p>	<p>Document normal/abnormal findings of the physical exam. Document refusal of any portion of the physical exam.</p>

Note: The reason for the exception which allows school nurses, PHNs and RNs to perform C&TC exams in specified settings is to provide greater access to C&TC services in areas where providers are limited or non-existent or the child does not have a medical home. This exception does not include RNs in clinics where there are physicians, nurse practitioners, and physician assistants able to offer these services.

C&TC screening that occurs in non-traditional settings should always promote a medical home and the family should be connected as soon as possible with a full service clinic.

When a C&TC is performed outside of the child’s medical home, the screening results information should be sent to the child’s regular clinic. This will keep the primary care provider informed and help reduce duplication of services.

Key Points:

- Prevention of early childhood caries (ECC) begins with intervention in the prenatal and perinatal periods [7].
- Providers who may not be qualified or have expertise in components of the physical examination (e.g., pelvic exam if sexually active) should refer the child/adolescent to another provider to perform these components.
- If the provider is unable to complete a portion of the physical examination, it is necessary to document this in the child's chart.
- In addition to helping children learn about their bodies, the physical exam provides an opportunity to:
 1. Identify problems at an early stage, that when left untreated, can lead to increased disability or untimely death.
 2. Diagnose an existing condition (if a primary care provider, or REFER anything outside of normal parameters if an R.N.)
 3. Rule out diagnostic hypotheses (if a primary care provider) [1].
- Pediatricians and pediatric health care professionals should develop the knowledge base to perform oral health risk assessments on all patients beginning at 6 months of age [8].
- Because dental caries (tooth decay) is the most prevalent chronic disease in the U.S., it is recommended that infants and young children receiving C&TC screenings receive fluoride varnish applications at 3-6 month intervals [5].

Professional Recommendations

American Academy of Pediatrics - At each visit, a complete physical examination is essential, with infants totally unclothed and older children undressed and suitably draped [4]. Early recognition of excessive weight gain relative to linear growth should become routine in pediatric ambulatory care settings. BMI (kg/m² [see <http://www.cdc.gov/growthcharts>]) should be calculated and plotted periodically [7].

American Medical Association – Guidelines for Adolescent Preventive Services - From ages 11 to 21 all adolescents should have an annual routine health visit that includes screening for hypertension according to the protocol developed by the National Heart, Lung, and Blood Institute's Second Task Force on Blood Pressure Control in Children and screening for eating disorders and obesity by determining weight and stature, and asking about body image and dieting patterns [6].

Resources: (Accessed May 15, 2007)

- Engel, J., (1997). Pocket Guide: Pediatric Assessment (3rd ed.). St. Louis, MO: Mosby.
- American Academy of Pediatrics. (1997) Guidelines for Health Supervision (3rd ed.). Elk Grove Village, IL: Author.
- Green, M., Palfrey J.S., (2000) Bright Futures: Guidelines for Health Supervision of Infants,



Children and Adolescents (2nd ed.). Arlington, VA: National Center for Education in Maternal and Child Health. . [On-line], available: <http://www.brightfutures.org>

- Elster, A., Kuznets, N., (1994) Guidelines for Adolescent Preventive Services. Williams and Wilkins: Baltimore. [On-line], available: <http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/adolescent-health/guidelines-adolescent-preventive-services.shtml>
- U. S Public Health Service. (1998). Clinician's Handbook of Preventive Services (2nd ed.) McLean, VA: International Medical Publishing. [On-line], available: <http://www.ahcpr.gov/clinic/ppiphand.htm>
- Department of Human Services. C&TC Documentation Forms [Online] http://www.dhs.state.mn.us/main/ideplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_028848# and Criteria Guidelines for C&TC Provider Documentation. [Online]: <http://www.dhs.state.mn.us/provider/ctc>
- Minnesota Department of Health, Maternal and Child Health Section. For questions, training, or additional information, contact the C&TC Training Coordinator at (651) 201-3760. Website: <http://www.health.state.mn.us/divs/fh/mch/trainings.html>
- National Institutes of Health (NIH) Clinical Center. 2004. Pediatric blood pressure charts. [Online], available at <http://www.cc.nih.gov/ccc/pedweb/pedsstaff/bp.html>
- Vessey, JA., (1995). Developmental approaches to examining young children. Pediatric Nursing, 21, 53-56.

References:

(Accessed May 15, 2007)

1. Sackett DL., Rennie D., (1992). The science of the art of the clinical examination. JAMA, 267, 2650-2652.
2. AAP Policy Statement Oral Health. (2003).[Online], available: <http://www.aap.org/commpeds/doch/oralhealth/policy.cfm>
3. Minnesota Child & Teen Checkups. January 2007. Fluoride Varnish Fact Sheet: Prevention of dental caries in children [Online], available: <http://www.dhs.state.mn.us/provider/ctc>
4. American Academy of Pediatrics. (March 2000) Recommendations for Preventive Pediatric Health Care – Policy Statement. PEDIATRICS, 105,3: 645-646. [On-line], available: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;120/6/1376.pdf>
5. AAP Policy Statement (2003, reaffirmed 2-1-07). Committee on Nutrition. Prevention of pediatric overweight and obesity. PEDIATRICS, 112, 2: 424-430.
6. Montalto NJ, (1998). Implementing the guidelines for adolescent preventive services. American Family Physician, 57, 9.