C&TC Requirements

General
A comprehensive physical examination performed by a clinician is required at each C&TC visit. The following components must be evaluated using medically accepted techniques (Tanski & Garfunkel, 2010):

- Review of physical measurements
- Skin, lymph nodes
- Head, eyes, ears, nose, neck
- Mouth, throat, tonsils, mucosa, teeth, gums
- Chest, heart, lungs
- Abdomen
- Musculoskeletal
- Neurological
- External genitalia and sexual development (pelvic exam is not part of a routine C&TC exam)

The exam should be performed with the patient unclothed and appropriately draped.

Personnel
A physician, nurse practitioner, or physician assistant may complete the physical exam.

In settings where primary care providers are limited, non-existent or when the child does not have a medical home, the physical exam may be completed by licensed school nurses or public health nurses who have completed the 3-day C&TC Comprehensive Screening Component Training provided by Minnesota Department of Health (MDH).

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. Highlight any concerns or abnormal findings identified to strengthen continuity of care.

For documentation examples, refer to the C&TC Documentation Forms (https://mn.gov/dhs).

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

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

Explain to the child and family ahead of time that a head-to-toe exam is part of the well visit.

A comprehensive physical exam is important:

- To educate the child and parent about the child and his or 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). 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 or family, should be present during the physical exam (American Academy of Pediatrics, 2011).

As early as age 11, providers should spend one-on-one time with adolescents to address questions or concerns the patient may have and to provide accurate and complete information on risks and recommendations for prevention.

Respecting the adolescent’s need for privacy and confidentiality, parents can be asked to step out of the room for a brief period of time. The Centers for Disease Control and Prevention (CDC) offers a downloadable parent handout, Teen Health Services and One-On-One Time with A Healthcare Provider - An Infobrief for Parents (www.cdc.gov).

According to the American Academy of Pediatrics, a parent or chaperone is recommended for parts of the physical exam that involve inspection or palpation of the breasts or genitalia. The use of a chaperone should be a shared decision between the patient and the provider. If the adolescent prefers to have the parent or 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**

A physical exam is part of each preventive health care visit, according to the AAP’s Guidelines for Health Supervision for Infants.