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### **Physical Examination**

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

A comprehensive physical examination is required at each C&TC. AAP guidance on the presence of a guardian or a chaperone during the physical exam is outlined below.

#### **C&TC Requirements**

#### General

A comprehensive physical examination performed by a clinician is required at every C&TC visit.

#### Personnel

A licensed health care provider must complete the physical exam: physician, nurse practitioner, physician assistant, or a registered or public health nurse (RN or PHN) who has completed the C&TC Comprehensive Screening training through the Minnesota Department of Health (MDH).

#### Documentation

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

For documentation examples or for use as a template with your electronic medical record, refer to the <u>C&TC Provider</u> <u>Documentation Forms</u>.

#### Procedure

The physical exam is the cornerstone and an essential part of the pediatric evaluation in every health supervision visit (Tanski, Garfunkel, Duncan, & Weitzman, 2010). Evaluate the following components using medically accepted techniques (Tanski, Garfunkel, Duncan, & Weitzman, 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

The exam should be performed with the patient unclothed and appropriately draped. A pelvic exam is not part of a routine C&TC exam.

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, their body, and growth.
- Provide the opportunity to discuss the child's physical changes associated with healthy development.
- Identify silent or subtle illnesses or health risks.
- Focus on specific assessments appropriate for the child or adolescent's age, development, needs, and concerns identified from the patient history (Tanski, Garfunkel, Duncan, & Weitzman, 2010).

Complete the physical examination of an infant, toddler, or young child in the presence of the child's parent or guardian. 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 (Curry, 2011).

A parent or chaperone is recommended for parts of the physical exam that involve inspection or palpation of the breasts or genitalia. Using 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 (Curry, 2011). Refer to the <u>C&TC Health</u> <u>History Fact Sheet</u> for information on adolescent and provider 1:1 time.

#### Referral

The child or adolescent must be referred to an appropriate health care provider or specialist if the patient or parent presents concerns outside the clinician's scope of practice or the provider does not have the skills to perform a required component.

#### Professional Recommendations

#### American Academy of Pediatrics

A physical exam is part of each preventive health care visit, according to the AAP's <u>Recommendations for Preventive Pediatric</u> <u>Health Care</u>.

The AAP sports preparticipation physical evaluation form includes most components of a general well child exam (American Academy of Pediatrics, 2019).

#### Resources

#### Minnesota Department of Human Services

- <u>C&TC Schedule of Age-Related</u> <u>Screening Standards</u>
- <u>Minnesota Health Care Programs</u>
   (MHCP) Provider Manual C&TC Section

## Minnesota Department of Health

<u>Child and Teen Checkups (C&TC)</u>

#### References

American Academy of Pediatrics. (2019). *Preparticipation Physical Evaluation (PPE)*. Retrieved from www.aap.org/en-us/advocacy-and-policy/aap-healthinitiatives/Pages/PPE.aspx Curry, E. (2011). Use of Chaperones During the Physical Examination of the Pediatric Patient. *Pediatrics, 127*(5), 991-993. doi:10.1542/peds.2011-0322

Tanski, S., Garfunkel, L., Duncan, P., & Weitzman, M. (2010). *Performing Preventive Services: A Bright Futures Handbook.* American Academy of Pediatrics. doi:10.1542/9781581105698

#### **For More Information**

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3650 or email health.childteencheckups@state.mn.us.

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#### **Resource Links**

- <u>C&TC Provider Documentation Forms</u> (https://mn.gov/dhs/partners-andproviders/policiesprocedures/minnesota-health-careprograms/provider/types/ctc-resources)
- <u>C&TC Health History Fact Sheet</u> (www.health.state.mn.us/docs/people/ childrenyouth/ctc/healthhistory.pdf)
- <u>Recommendations for Preventive</u> <u>Pediatric Health Care</u> (https://downloads.aap.org/AAP/PDF/p <u>eriodicity\_schedule.pdf)</u>
- <u>C&TC Schedule of Age-Related</u> <u>Screening Standards</u> (https://edocs.dhs.state.mn.us/lfserver/ <u>Public/DHS-3379-ENG</u>)
- Minnesota Health Care Programs

   (MHCP) Provider Manual C&TC Section
   (www.dhs.state.mn.us/main/idcplg?ldc
   Service=GET DYNAMIC CONVERSION&
   RevisionSelectionMethod=LatestRelease
   d&dDocName=dhs16 150092)

 <u>Child and Teen Checkups (C&TC)</u> (www.health.state.mn.us/divs/cfh/prog ram/ctc/index.cfm)