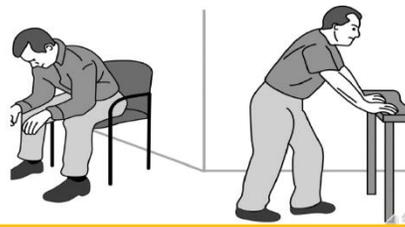


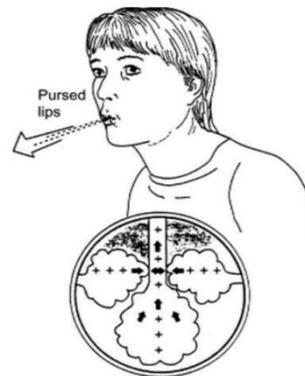
Tripod position

- Sitting forward and bracing arms on table.
- COPD patients



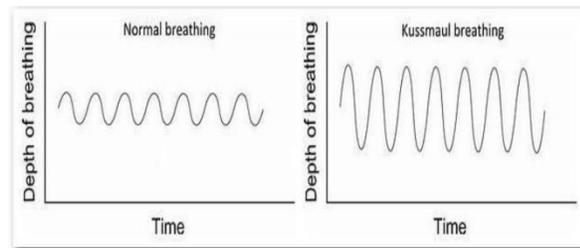
Pursed lips

- This maneuver increases positive end-expiratory pressure, reducing small-airway collapse and improving ventilation.
- May be seen in patients with severe COPD



Kussmaul breathing

- type of hyperventilation that is the lung's emergency response to acidosis.
- Kussmaul breathing causes a labored, deeper breathing rate. It is most commonly associated with conditions that cause metabolic acidosis, particularly diabetes.

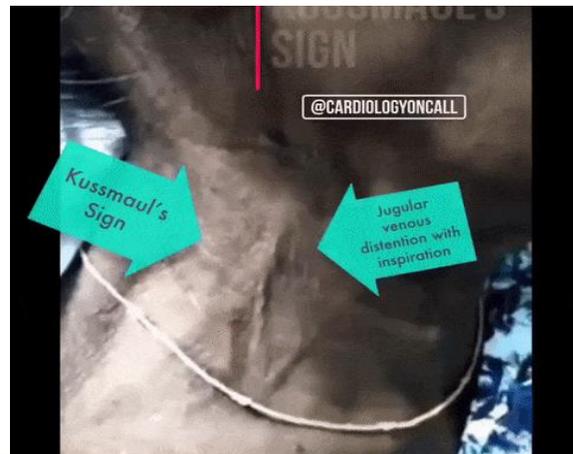


- In COPD with hyperinflation the normal outward movement of the lower ribs on inspiration is replaced by paradoxical inward movement ([Hoover's sign](#)).
- May be missed if expansion is assessed only in the upper chest or from behind.



Kussmaul's sign

- Paradoxical elevation of JVP with inspiration.
- Differential diagnosis:
 1. Pericardial constriction.
 2. Severe right ventricular failure.
 3. Restrictive cardiomyopathy.



Burger's Test

- Pt lying supine, Raise pt's feet & support legs at 45° for 2–3 minutes.
- Watch for pallor with emptying or 'guttering' of superficial veins. Ask pt to sit up & hang legs over bed's edge.
- Watch for reactive hyperemia on dependency.
- Loss of pallor & spreading redness is a positive test.
- 'sunset' foot

BUERGER'S TEST



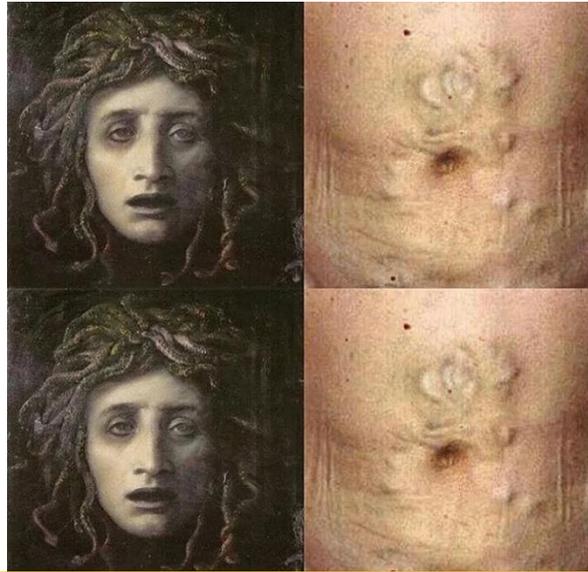
Troisier's Sign:

- Enlargement of Left Supraclavicular LN (Troisier's sign).
- Gastric + Pancreatic CA.



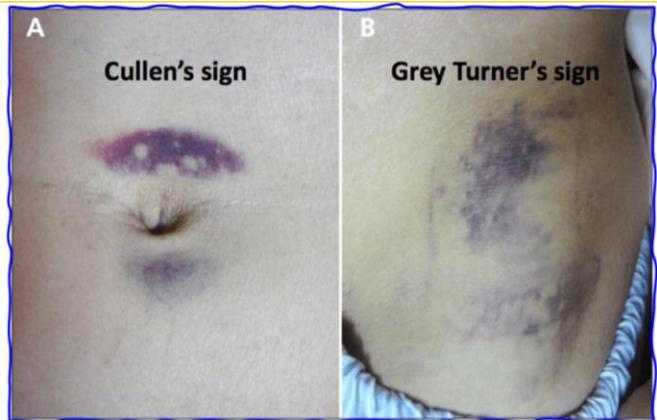
Caput Medusa

- In portal HTN.
- Re-canalization of umbilical vein along the falciform ligament.
- Drain away from umbilicus.
- Umbilicus: bluish & Distended due to umbilical varix.



BRUISING

- Bleeding into the falciform ligament, bruising develops around the umbilicus (Cullen) or in the loins (Grey Turner).
1. Hemorrhagic pancreatitis.
 2. Aortic rupture.
 3. Ruptured ectopic pregnancy.



COUGH test:

- Look for Hernia Orifices.
- Increase pain in Peritonitis.
- **Dunphy sign:** pain elicited after coughing.

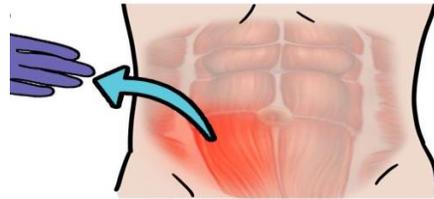
- **Dunphy's sign:** Increased pain in the right lower quadrant with coughing.



REBOUND TENDERNESS

- When rapidly removing your hand after deep palpation, the pain will increase.
- Indicates: Intra-abdominal disease (but not necessary peritonism).

REBOUND TENDERNESS



Rebound tenderness is when there is brief worsening of pain after releasing pressure while palpating. This indicates possible peritonitis, *i.e.* a ruptured appendicitis

Ask the patient to RAISE HIS/HER HEAD OUT OFF BED.

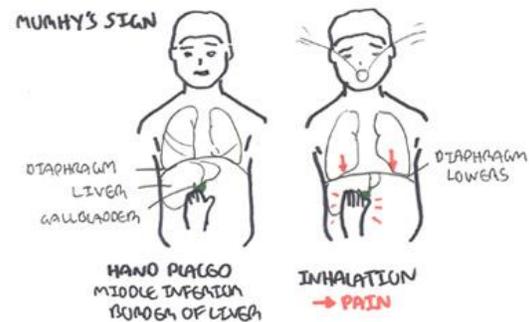
- Look for **Divarication of Recti**.

Divarication of Recti (Rectus Abdominis Diastasis)



MURPHY'S SIGN

- Deep palpation at 9th costal margin during deep inspiration will cease inspiration with tenderness. Indicates: Acute Cholecystitis.



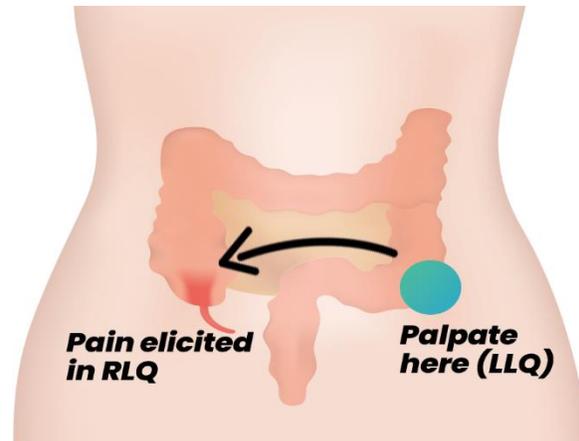
UMBILICAL MASS

- Hard subcutaneous nodule at umbilicus.
- May indicate metastatic disease (Sister Mary Joseph's Nodule)



Rovsing's sign

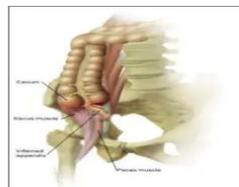
- Palpation in the LIF produces pain in the RIF.
- Acute appendicitis.



Iliopsoas sign

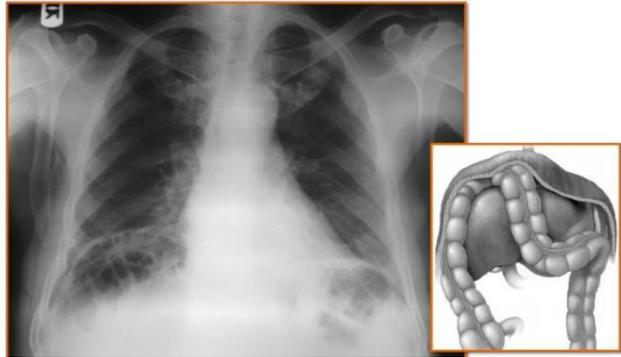
- Ask the patient to flex their thigh against the resistance of your hand, a painful response indicates an inflammatory process involving the right psoas muscle.
- Retroileal appendicitis, iliopsoas abscess, perinephric abscess.

- Psoas sign- the right psoas muscle also runs over the pelvis and near the appendix.
- By applying resistance to the right knee as patient tries to lift the right thigh while lying down.
- If flexing the muscle will cause abdominal pain



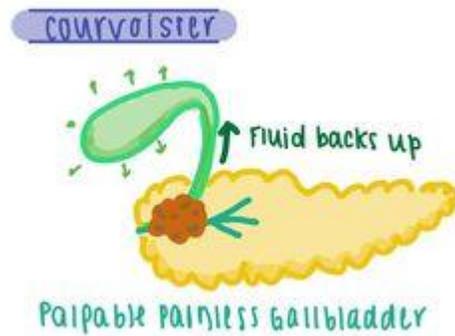
Chilaiditi's sign

- Interposition of transverse colon between liver & diaphragm.
- Resonance below 5th ICS



Courvoisier's sign

- Jaundice + Palpable GB = likely Extrahepatic Obstruction [pancreatic CA or, very rarely, GBS].

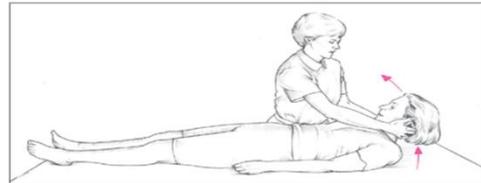


Brudzinski's sign

- Flex the patient's head. If neck stiffness is present, the neck cannot be passively flexed.
- Flexion of the hips and the knees in response to neck flexion is Brudzinski's sign.

Testing for Brudzinski's sign

Here's how to test for Brudzinski's sign when you suspect meningeal irritation:
With the patient in a supine position, place your hands behind her neck and lift her head toward her chest.



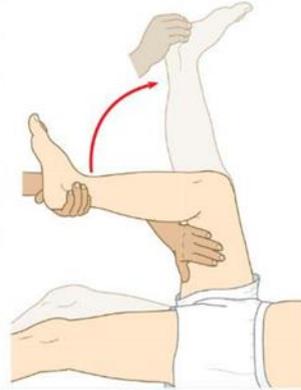
If your patient has meningeal irritation, she'll flex her hips and knees in response to the passive neck flexion.



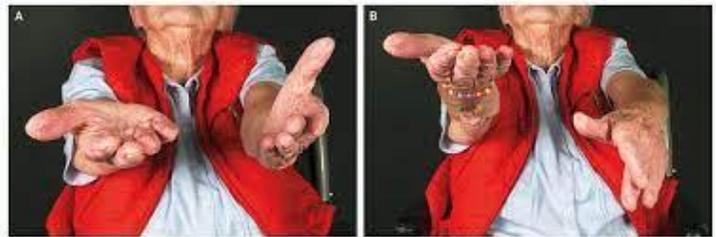
The patient is positioned in supine with hip and knee flexed to 90 degrees:

1. The knee is then slowly extended by the examiner.
2. Resistance by spasm in the hamstrings, or pain and inability to extend the patient's because of pain bilaterally indicates a positive **Kernig's sign**.

Kernig's sign

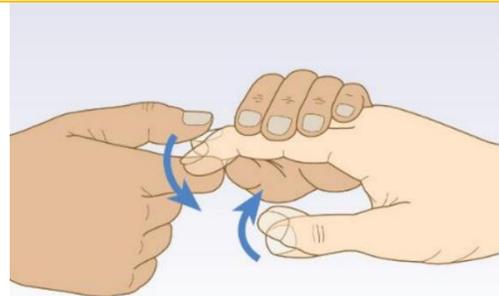


- **Pronator drift**: Observe the patient with his arms outstretched and supinated (palms up) and eyes closed for 'pronator drift', when one arm starts to pronate
- It is an early feature of upper motor neuron lesions and it has good sensitivity and specificity



Hoffmann's reflex

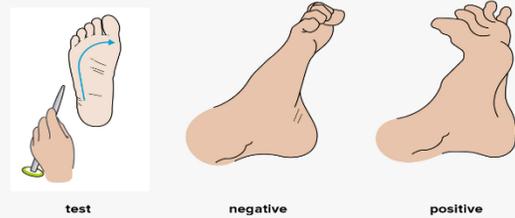
- Place your right index finger under the distal interphalangeal joint of the patient's middle finger.
- Use your right thumb to flick the patient's finger downwards.
- Look for any reflex flexion of the patient's thumb.
- Positive Hoffmann's and finger jerks suggest hypertonia, can occur in healthy individuals, and are not useful signs in isolation.



A true Babinski sign:

- involves activation of the extensor hallucis longus tendon (not movement of the entire foot, a common 'withdrawal' response to an unpleasant stimulus).
- This is a sign of upper motor neuron, Fanning of the toes is normal and not pathological.

The Babinski Reflex



MEDICALNEWS TODAY

Rebound phenomenon:

- Ask the patient to stretch his arms out and maintain this position.
- Push the patient's wrist quickly downward and observe the returning movement.



Adie's pupil's:

- benign condition, due to parasympathetic dysfunction.
- It is a neurological disorder characterized by a mid-dilated pupil that reacts poorly to light and accommodation

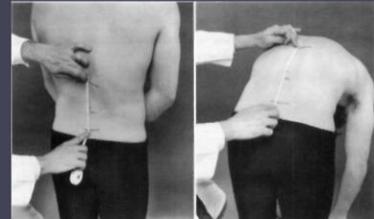
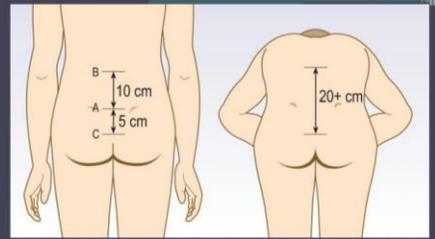


Schober's test

- is classically used to determine if there is a decrease in lumbar spine range of motion (flexion), most commonly as a result of ankylosing spondylitis.
- Positive Schober's Test
 - ➔ Less than 5cm increase in length with forward flexion: Decreased lumbar spine range of motion, ankylosing spondylitis.

Special tests

Schober's test for forward flexion



The **FABER** test is used to identify the presence of hip pathology by attempting to reproduce pain in the hip, or sacroiliac region. The test is a passive screening tool for musculoskeletal pathologies, such as hip, or **sacroiliac joint dysfunction**.



FABER -ve



FABER +ve

Hoover's sign:

- ➔ Improvement of apparently weak hip extension when it is tested at the same time as contralateral hip flexion (hip flexion is associated with reflex contralateral hip extension).

