

CHECKLIST FOR HEAD AND NECK EXAMINATION (THYROID) – UNDERGRADUATE GUIDE

Ones in BLACK must do or comment on, Ones in BLUE must comment on only if present or applicable to patient. Content in blue should be in back of your mind so say when you are practicing but not during exam unless seen on the patient in the exam. **FOLLOW THIS CHECKLIST IN PUBLISHED ORDER**

Stage 1: Pre Exam Checklist	
1. Alcohol Gel / Bare Below Elbows	
2. Introduction – “Shake hands/ hello my name is.....”	
3. Consent – “Will it be okay if I examine your hands and neck?”	
4. Positioning – Sat upright on a chair ideally. Glass of drinking water should be available within patients reach for this exam (see stage 4)	
5. Exposure – Men ideally shirts with collars should be taken off. In females neck should be exposed. Ask to unbutton top 2-3 buttons if wearing a shirt	
Stage 2: General inspection	
NB: POSITION YOURSELF TO THE RIGHT SIDE IF NOT ALREADY DONE SO AS ALL EXAMINATION SHOULD BE PERFORMED FROM THE RIGHT SIDE OF PATIENT	
1. Take a few steps back to stand in front of patient and then to the side	
2. Comment on patient (obvious only) <ul style="list-style-type: none"> • Comfortable at rest or not • Attire – wearing too much clothing for weather (e.g. in hypothyroidism). Equally minimal or loose clothing in cold weather (e.g. in hyperthyroidism) • Tremor • Listen for sounds of airway obstruction - stridor • Obvious proptosis, alopecia and Cushingoid type features (moon face). NB. Do not use the term moon face to describe patient! 	
3. Obvious neck signs <ul style="list-style-type: none"> • Swelling • Scars – thyroidectomy scars, tracheostomy scars / holes, sternotomy scars (for retrosternal goitre) • Drains post thyroidectomy surgery from neck <p>Remember this is not close inspection of the neck, So only mention obvious things. A close inspection of the neck will be performed later.</p>	
4. Comment on surroundings <ul style="list-style-type: none"> • If no other clues “say no other obvious clues around the bed” • Electrolarynx – external handheld device used after laryngectomy to help patients regain speech • Food or drink around indicating e&d • Comment on monitoring attached – observations etc • Drains from neck (e.g. post op patients) 	

Stage 3: Peripheral Examination	
<p>1. Hands</p> <ul style="list-style-type: none"> • Nails – <ul style="list-style-type: none"> ➤ Thyroid acropachy – Clubbing that occurs in thyroid disease – check for this as you would do for clubbing ➤ Nails other – Koilonychia (iron deficiency anaemia), splinter haemorrhages, tar staining • Warmth – Very warm hands in hyperthyroidism • Extend hands out – Look for a resting tremor. Seen in hyperthyroidism 	
<p>2. Wrist</p> <ul style="list-style-type: none"> • Pulse: rate and rhythm <ul style="list-style-type: none"> ➤ NB: Rhythm especially as hyperthyroidism causes AF 	
<p>3. Offer to do blood pressure at this stage (examiner will usually say move on)</p>	
<p>4. Head</p> <ul style="list-style-type: none"> • Face <ul style="list-style-type: none"> ➤ Pallor ➤ Cushingoid features (moon face) ➤ Scars – from salivary gland surgery, cleft palate surgery ➤ Swellings – Swollen salivary glands, salivary gland exam will be covered in 4th year ENT • Eyes <ul style="list-style-type: none"> ➤ Comment on presence or absence of proptosis / exophthalmos ➤ Ask patient to follow finger using eyes but keeping head still. Do this slowly. ➤ Whilst moving down look for lid lag (hypothyroid) ➤ Whilst moving up look for lid retraction (hyperthyroid) ➤ Conjunctiva (pull lower lid down and ask patient to look up) – “No conjunctival pallor” or “pale conjunctiva – possible anaemia” • Mouth <ul style="list-style-type: none"> ➤ Hydration (moist or dry) ➤ Use tongue depressor to see back of tongue looking for opening of thyroglossal duct, lingual thyroid & tonsils ➤ Macroglossia ➤ Glossitis (Vit B12 deficiency) ➤ Angular stomatitis – iron deficiency anaemia 	

Stage 4: The Neck

1. Close inspection

- Inspect from front and sides
- Look for scars (unilateral or bilateral) / sternotomy for retrosternal goitre
- Look for goitre (unilateral or bilateral / multinodular or not)
- Look for swellings (lumps) in the thyroid region or localise to neck triangles.
- If noticed comment on site, size, shape, symmetry, skin changes
- Ask patient to swallow and assess if lump moves
- Ask patient to stick tongue out and see if lump moves
- [Comment on any tracheostomy sites / scars, drains etc](#)

2. Palpation

Palpation should be done from behind. Before proceeding you must explain to the patient that you will be examining from behind and feeling the neck for any lumps. **Also explain you will ask them to take a sip of water and hold it in mouth and swallow when asked during this bit of exam.** Now from behind the patient.

- **BEFORE YOU PALPATE, inspect for hair loss and receding hair line from the back and for exophthalmos. Then.....**
- Use dorsum of hand to feel temperature
- If lump / mass present feel mass to comment further on surface, consistency, nodularity, fluctuance or tenderness
- Ask patient to stick tongue out and see if lumps moves whilst palpating
- Now tell the patient “Take a sip of water in your mouth and hold it in your mouth and when I say swallow please do so”
- Once patient has taken a sip of water, feel for lump and say swallow and feel if lump moves on swallowing
- If moves on swallowing and not on tongue stick out then it is thyroid in origin
- If does not move on swallowing but on tongue stick out then thyroglossal duct cyst
- Now examine the lymph nodes of the neck (supraclavicular, anterior chain, posterior chain, submandibular, pre auricular, post auricular and occipital)

NOW MOVE BACK TO THE FRONT!

3. Percussion

- From the front
- Explain to the patient “I will now tap on your neck and upper chest”
- Percuss upper sternum for dullness and any lower neck mass

4. Auscultation

<ul style="list-style-type: none"> ➤ Explain to patient “I will have a listen to your neck” ➤ Auscultate for thyroid bruits 	
STAGE 5: The Legs	
1. Inspect legs for thyroid myxoedema (in Graves disease, oedematous autoimmune inflammatory reaction of the skin of the legs)	
STAGE 6: Neuro	
<ol style="list-style-type: none"> 1. Check for proximal muscle weakness <ul style="list-style-type: none"> - Cross arms and stand up without support. If struggling or unable to then proximal muscle weakness 2. Reflexes: ask patient to kneel on chair and tap Achilles tendon <ul style="list-style-type: none"> • Hypothyroidism = slow relaxing, hyperthyroidism = brisk 	
STAGE 7: TO FINISH OFF	
<p>Turn to the examiner and say: “To complete my examination I would like to:”</p> <ul style="list-style-type: none"> • Examine the cranial nerves • Full cardiovascular examination • Examine the ears and salivary glands • Assess endocrine status 	
STAGE 8: COMPLETION	
<ul style="list-style-type: none"> • Thank the patient • Offer to help get dressed and cover up • USE ALCOHOL GEL AGAIN AT THE END 	
STAGE 9: PRESENT FINDINGS	
END OF EXAMINATION	

NB: In the OSCE due to time constraints you may be asked to “move on” during various parts of the exam. Offer to do all of above and if examiner wants you to move on they will direct you. Be aware of this and do not be put off by this.

COMMON LUMPS / Masses Encountered in the NECK

- Skin – Lipomas, Sebaceous cysts, Abscesses
- Muscle – Leiomyoma, Sarcoma
- Lymph Nodes – Lymphoma, Infection
- Salivary glands – Tumours, Sialolithiasis (Stones in salivary gland)
- Nerves – Neuroma
- Thyroid – Multinodular or uniform GOITRE (unilateral or bilateral), Thyroid nodules (solitary or multiple) – due to malignancy
- Other – Thyroglossal duct cyst, pharyngeal pouch, BRANCHIAL CYSTS (2/3 way down sternocleidomastoid), Cystic hygromas