Introduction to Evidence-Based Physical Diagnosis

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<u>http://collections.countway.harvard.edu</u> <u>creativentechno.wordpress.com</u>

Disclosures

• None

Objectives

- Rational for Performing Physical exam
- Interesting Historical Facts about Physical Examination
- Understanding Concept of Evidence Based Physical Diagnosis & its Reasoning
- How to measure Diagnostic Accuracy of Clinical Findings ?
- Reliability of Physical Signs
- Useful Resources for Learning Physical Exam/Evidence Based Exam and Utilize

Rational For Performing Physical Exam

- Decline in physical examination skills (1)
- Physical examination inadequacies are a preventable source of medical error, and adverse events are caused mostly by failure to perform the relevant examination (1)
- Physical examination can be of substantial value in hospitalized patient (2)

 Inadequacies of Physical Examination as a Cause of Medical Errors and Adverse Events: A Collection of Vignettes, Varghese, Abraham et al. The American Journal of Medicine, Volume 128, Issue 12, 1322 - 1324.e3
 Physical examination in the care of medical inpatients: an observational study, Reilly, Brendan M, The Lancet, Volume 362, Issue 9390, 1100 - 1105

Rational For Performing Physical Exam

- Studies indicate that approximately 85% of diagnoses are correctly made simply by performing a detailed history and physical examination (1)
- Diagnostic testing beyond the history and physical examination should be used in an intentional, logical, and stepwise fashion; nearly 30% of all health care costs are spent on unnecessary tests and treatments (1)
- Reasonable quality evidence refutes the commonly held belief that ordering additional, unnecessary diagnostic testing alleviates patient fears and concerns (1)

Clinical Observations vs Technology

Medicine of ld Era



McGee , Steven (2012). Evidence Based Physical Diagnosis. 3rd ed.

Clinical Observations vs Technology

Modern Medicine



McGee , Steven (2012). Evidence Based Physical Diagnosis. 3rd ed.

Reliance on Technology raises few questions ?

- What is the diagnostic value of the traditional physical exam ?
- Is it outdated & best discarded ?
- Is it completely accurate and underutilized ?
- Is the truth somewhere between these two extremes ?

Evidence Based Physical Diagnosis

- Using the diagnostic accuracy of clinical findings according to the existing evidence in order to determine the clinical probability of disease in question.
- Increases the clinician's confidence on clinical diagnosis
- Helps in ; when to pursue technology , how quickly to do the investigations and prudent use of sequence
- For certain diseases clinical diagnosis is of paramount importance

Invention of Percussion- Greatest of all Times



Leopold Auenbruger 1722- 1809



Invention of Stethoscope-The Cylinder





Rene Laennec 1781-1826

Power of Close Observation-The Method of Dr Joseph Bell



- Observe Closely
- Deduce Shrewdly
- Confirm with hard evidence

1837-1911

Story of Dr Jo Bell

• Short Video

Resources for Learning Evidence Based Physical Diagnosis

 JAMA Evidence – Rational Clinical Exam

• Dr Steven McGee



David L. Simel, MD, MHS + Drummond Rennic, MD



Evidence-Based Physical Diagnosis

Steven McGee

Resources for Learning Evidence Based Physical Diagnosis

Dr Scott DC Stern An Evidence-Based Guide

Symptom to Diagnosis

3rd Edition

An Evidence-Based Guide



SCOTT D.C. STERN | ADAM S. CIFU | DIANE ALTKORN



Learning Physical Exam Skills: Resources



Physical Examination

10 videos • 7,757 views • Last updated on Jun 17, 2015

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Neurological Examination of the Limbs - Demonstration University of Leicester



Respiratory Examination - Explanation University of Leicester



Examination of the Cranial Nerves - Demonstration University of Leicester



Examination of the Cranial Nerves - Explanation University of Leicester



Cardiovascular Examination - Explanation

University of Leicester

Learning Physical Exam Skills: Resources



An Initiative of the Program for Bedside Medicine





Learning Physical Exam Skills: Resources

- Bates's Guide to Physical Examination
- MacLeod's Clinical Examination
- Hutichson's Clinical Methods
- Talley & O Connors' Clinical Examination, A Systematic Guide to Physical Diagnosis

Smart Phone Application: Diagnose





History	+LR	-LR
Headache	1.1	0.43
Nausea/Vomiting	1.3	0.64
Neck stiffness	1.1	0.95

Physical	+LR	-LR	
Fever	-	-	
Jolt Accentuation	2.4	0.05	
2%			

Smart Phone Application: snapdx

snapdx	Help
Q Search	
Abdominal Aortic Aneurysm	>
Acute Myocardial Infarction	>
Anterior Cruciate Ligament (ACL) Injury	>
Aortic Stenosis (Detection of)	>
Aortic Stenosis (Severe AS)	>
Ascites	>
Benign Paroxysmal Positional Vertig (BPPV)	• >
Carotid Stenosis, Asymptomatic	>
Carotid Stenosis, Symptomatic	>

K Bedside	Ascites	i
Rules In		
Fluid wave		i
Hx of increased	l girth	\bigcirc
Peripheral eden PLR 3.80	na	\bigcirc
Shifting dullnes	S	i
Rules Out		
No hx of increas	sed girth	\bigcirc
No ankle edema	а	\bigcirc
No shifting dull	ness	\bigcirc
No bulging flan	ks	\bigcirc
No flank dullnes	55	\bigcirc
For 86%		

How to Measure Diagnostic Accuracy?

- Pretest Probability : Prevalence before applying the results of a clinical finding
- Sensitivity : SnNout () PID = Positivity in Disease , Helpful when negative
- Specificity : SpPin (+) NIH = Negativity in Health , Helpful when positive
- Likelihood Ratios : Positive LR or Negative LR , These are diagnostic weights of clinical findings
- Post Test Probability :

Likelihood Ratios

$$ext{Positive LR} = rac{ ext{(sens)}}{ ext{(1-spec)}} ext{ Negative LR} = rac{ ext{(1-sens)}}{ ext{(spec)}}$$

Likelihood Ratio	Effect
1	No effect
3-10	Disease more likely
0.3-0.1	Disease less likey
> 10	Disease more likely
< 0.1	Disease less likely

Relationship between Likelihood Ratio & Post Test Probability



Reliability of Physical Signs

 Refers to how often multiple clinicians, examining the same patients, agree that a particular physical sign is present or absent.

K-Statistic	Degree of Agreement
0-0.2	Slight Agreement
0.2-0.4	Fair Agreement
0.4-0.6	Moderate Agreement
0.6-0.8	Substantial Agreement
0.8-1	Almost perfect Agreement

k- Statistics--Examples

- Clubbing (Schramroth sign)
 0.64
- Clubbing (IP depth ratio)
 0.98
- Displaced Trachea
 0.01
- Intra-retinal Hemorrhages
 0.89
- Neck Veins Elevated or Normal 0.08-0.71
- Abdominojugular Test
 0.92

Quick Example: Detecting Anemia

Finding (Reference) [†]	Sensitivity (%)	Specificity (%)	Likelihood Ratio [‡] if Finding Is	
			Present	Absent
Pallor at any site	22-77	66-92	3.8	0.5
Facial pallor	46	88	3.8	0.6
Nailbed pallor	59-60	66-93	NS	0.5
Palmar pallor	58-64	74-96	5.6	0.4
Palmar crease pallor	8	99	7.9	NS
Conjunctival pallor	31-62	82-97	4.7	0.6
Tongue pallor	48	87	3.7	0.6
Conjunctival Rim Pallor				
Pallor present	10	99	16.7	_
Pallor borderline	36	_	2.3	_
Pallor absent	53	16	0.6	_

Quick Example: Detecting Anemia



• Questions