10 MinuteMoment
PHYSICAL EXAM FOR ABDOMINAL PAIN

SOCIETY OF BEDSIDE MEDICINE

Faculty development

The key goal for the initial assessment of abdominal pain is to find pathology that will need urgent imaging and / or referral. The priority of the exam is to determine the likelihood of serious pathology. It is also to determine the pace and extent of the work up.

The two most common causes of acute abdominal pain that need urgent evaluation are ***bowel obstruction*** and ***peritonitis***.

Patients who are often restless in the examining room suggests the possibility of bowel obstruction.

Patients who appear reluctant to change positions or who remain still on the examining table suggest the possibility of peritoneal irritation.

Signs Suggesting Bowel Obstruction

- Visible peristalsis, while rare, significantly increases the likelihood of a small bowel obstruction (LR = 18.8)

- Abdominal distention significantly increases the likelihood of small bowel obstruction (LR = 9.6)

Normal bowel sounds modestly decrease the likelihood of small bowel obstruction.

Signs Suggesting Peritonitis

- **Appendicitis** is suggested by the *Rovsing Sign* where pressure over the patient's *left* lower quadrant causes pain in the *right* lower quadrant (LR = 2.3)

- **Cholecystitis** is suggested by the *Murphy Sign* where there is a sudden stop of inspiration when the gallbladder is palpated (LR = 3.2)

In adults over age 60, up to 25% will not have abdominal pain even with cholecystitis.

Signs Suggesting Abdominal Wall Sources

- Carnett Sign is positive when the area of maximal abdominal tenderness is located and applying modest pressure while the patient lifts shoulders and head off the bed, resulting in the same intensity or worsening pain.

*This patient presents with acute **Abdominal** pain. Please examine them to decide what further management is needed.*

	Physical Exam Technique	Y / N	Areas for Feedback
Inspection	**Observe the patient** * Did the learner directly observe the patient's abdomen in the supine position with the head and neck supported by a pillow? * Did the learner inspect the patient's exposed abdomen, commenting on the shape, the umbilicus, and any peristalsis? * Did the learner comment on any scars or skin changes? * Did the learner check for signs of jaundice?		- Learner does not expose the patient's abdomen. - Learner does not take time to inspect the abdomen. - Learner does not comment on skin changes, scars, or abnormalities. - Learner does not comment on patient's vital signs or general appearance.
Palpation	**Palpate the abdomen** * Did the learner palpate all 4 quadrants, saving the most painful area for last? **Palpate for specific signs of pathology** * Guarding/ Rigidity —> evaluate for peritonitis * RUQ Pain —> Murphy's Sign * RLQ Pain —> Psoas Sign, Rovsing Sign, McBurney's Point * LLQ Pain —> Diverticulitis * Abdominal Wall Pain —> Carnett Sign		- Learner does not inspect the patient's face for a response when palpating for tenderness. - Learner does not have a clear organization for the palpation of the abdomen. - Learner does not elicit specific physical exam maneuvers to help with the diagnosis.
Special Maneuvers	**Perform Auscultation** * Did the learner listen to the abdomen? **Examination for hernias** * Did the learner inspect for and then palpate for hernias in the groin?		- Learner did not auscultate for bowel sounds - Learner did not examine for hernias
	Did the learner have an organized and structured approach to the exam?		
	Did the learner maintain the patient's comfort and well being?		