

Physical Examination in Medicine

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Everything we see hides another thing, we always want to see what is hidden by what we see. There is an interest in that which is hidden and which the visible does not show us.

René Magritte

The target of physical examination is to reach a successful diagnosis, as other tools already do such as anamnesis and clinical instrumental examinations.

The most appreciated trait of physical examination is to be affordable. So it is believed, although it is not entirely true.

It must be said that in order to obtain a reliable physical examination it must be carried out by trained and skilled professional clinicians. Therefore a physical examination becomes a performance comparable to diagnostic investigations at average cost, certainly more expensive than the cost of a standard X-ray or ultrasound examination.

Physical examination provides many diagnoses with certainty and contrary to what you might believe, it should not be considered only to complete or avoid specific exams able to confirm the diagnosis [1,2].

The misunderstanding can be solved if you think that there are various levels of clinical diagnosis.

For instance noticing that the patient has a higher than normal body temperature and detect tachycardia and tachypnea is enough evidence to put the fever diagnosis with a high approximation. It explains the expression 'Woe to the doctor who thermometer needs to know if your patient has fever'.

Detecting that a patient has fever does it mean we just made a diagnosis? It certainly does. This is a symptomatic diagnosis, i.e. you diagnose the presence of a symptom. It is true that the doctor and the patient seek to have a disease-causing diagnosis too. At this regard physical examination alone requires also an epidemiological context. Think of the number of fever diagnosis during an influenza epidemic. The etiological diagnosis is made.

It's even better if you combine physical examination with the medical history. It's hard not to diagnose pneumonia when you detect symptoms such as wet crackles at a lung associated with inspiratory pain, fever and reddish sputum.

So, physical examination might be waste when applied without context.

Like any other diagnostic test, physical examination is prone to uncovering incidental findings and false-positives that might become confounding [3]. It would emphasize selective application of the physical examination in appropriate clinical contexts, recognizing that highly specific findings in a low-risk population are likely false-positives or vice versa.

Although clinicians strive to emphasize the importance of physical examination it is not broadly practiced, and still less taught. It is certainly easier to rely on effective diagnostic methods that are less time consuming for the prescriber and will allow you to use a provably data like imaging or blood chemistry one. The scientific community should investigate and prospectively validate more diagnostic algorithms or scoring systems that incorporate known high-yield physical findings with other diagnostic tests.

On the other hand patients seem to prefer more a diagnosis based on provable data compared with the subjectivity of the data reported by your practitioner [4-6].

Finally what not least, physical examination allows you to create an empathetic relationship with the patient. This should not be underestimated in the process of continuity of care.

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