How good are your Physical Exams?

STEP 2: FUNCTIONAL PHYSICAL EXAM TECHNIQUES

In this section we will talk about how to enhance your physical exam skills. Most practitioners in my experience do not get their hands on their patients enough. Doing a physical exam from a nutritional and functional perspective inspires confidence in your abilities, can provide quick feedback from patients, and increases compliance.

Many of the physical exam skills we learned in medical school are designed to rule out and find pathology. They are not that helpful with diagnosing dysfunction. Most of the patients you do a standard screening physical exam will come out normal. It is quite easy to add a number of simple functional examinations to your standard PE to make the testing a lot more meaningful. This will not only help you sleuth out hidden dysfunctions, but will also give you a lot of nutritional information too.

In this section we will look at a number of these simple tests that you can incorporate into your PE.

SKIN EXAMINATION

The skin is one of the mirrors of deeper dysfunction in the body. Consider the implications behind the following on a skin examination:

**Acne in an adult** is very likely a sign of blood sugar dysregulation.

**Dilated capillaries in the cheeks and nose** are a classic sign of hypochlorhydria or too much alcohol. Check the HCL and stomach reflex (see below).

**Check for bumps on the back of the upper arm** (follicular hyperkeratosis). This is a sign of vitamin A or essential fatty acid deficiency. If you suspect EFA deficiency from their symptomology (you should have a list of EFA questions on your symptom questionnaire) consider pancreatic enzyme or bile salts to aid absorption. Check Murphy’s sign (see below).

**Patient displays dermatographism** (a raised wheal when a sharp object is dragged across the skin). This is a sign of systemic allergies or sensitivities. Check their pulse for allergic tension (see below).

**Slow wound healing** is a sign of diabetes, and/or a deficiency in zinc, EFA, vitamin C, and bioflavanoids.

**Multiple pigmented skin tags** on neck and/or under arms are a classic sign of blood sugar dysregulation. Check Adrenals (see below).

**Vertical creases on forehead near midline** are a sign of duodenal ulcers and epigastric discomfort. Check the stomach reflexes (see below).

NAIL EXAMINATION

**Spooning of the nails** is a sign of iron deficiency. Run a CBC, Total Iron, TIBC, and Ferritin.
Look for **soft nails or poor growth** as a sign of hypochlorhydria and mineral deficiency. Check stomach and HCL reflexes (see below).

**Cracking of the tips of the fingers** and inflammation of the cuticles are signs of zinc deficiency. Do a Zinc Taste test.

**Red tips to the fingers** with abnormal nail growth may be a sign of mercury toxicity. Run a hair mineral analysis or heavy metal urine screen post DMPS if symptomology matches.

**Ridging of the fingernails** is common in multiple mineral deficiencies. Run Tissue Mineral Analysis.

**ABDOMINAL EXAMINATION**

+++ **Check for tenderness in the 6th intercostal space in the mid clavicular line on the left hand side.** Pain on palpation is indicative of stomach dysfunction (hypochlorhydria, gastric inflammation, H. pylori.)

+++ **Patients with hypochlorhydria often have tenderness in a reflex known as the HCL point located 1 inch below the zyphoid and over to the left edge of the rib cage.**

+++ **Check for tenderness in the 6th intercostal space in the mid clavicular line on the right hand side.** Pain on palpation is indicative of liver/gallbladder dysfunction (liver detoxification problems, gallbladder stasis or insufficiency.)

+++ **A positive Murphy's sign** (palpation of the gallbladder under the rib cages) is a classic sign of a congested gallbladder. Consider food allergies, biliary stasis, gallstones, bile salt supplementation, EFA deficiency.

+++ **Tenderness palpating the colon** consider yeast overgrowth, sluggish bowel, bowel toxemia, dysbiosis.

**ADRENAL MARKERS**

+++ **Check for orthostatic hypotension.** A drop in diastolic BP from prone to standing of more than 6 points is a strong sign of adrenal dysfunction, dehydration, or anemia.

+++ **Check for a paradoxical pupillary light reflex.** The pupil staying dilated even when you shine a bright light in it is a sign of hypoadrenalism.

+++ **Medial knee tenderness** over the insertion of the pes anserinus is a sign of adrenal insufficiency.

+++ **Inguinal ligament tenderness** is a sign of adrenal weakness.

**BLOOD PRESSURE AND PULSE**

+++ **Calculating cardiac reserve.** The cardiac reserve gives you a sense of the health of the heart muscle and the likelihood that the heart is under extraordinary stress that might lead to an MI or CHF like state.

Take a patient's blood pressure and pulse. Add the diastolic and systolic blood pressure readings together and multiply by the pulse:

\[
\text{Systolic BP + Diastolic BP} \times \text{Pulse} = \text{Cardiac Reserve}
\]

**Clinical Implications:**
Normal cardiac reserve = 14,000 to 19,500
Critical or danger points: < 10,000 or > 26,00. In this case do a full cardiac work-up or send out for further evaluation.

+++ **A pulse pressure above 50 is a sign of magnesium deficiency.**
+++Slow heart rate is seen in hypothyroidism

+++Irregular heart rate may be due to potassium deficiency, allergies, or dehydration.

+++Check for what is known as "Allergic Tension" Take a full one minute pulse sitting, then stand, wait 15 seconds and take another full pulse. If the standing pulse goes up by more than six beats, this is an indication of "allergic tension", ie. hidden allergies are putting a stress or tension on the nervous system.

These are only a few of the many simple tests you can incorporate into your physical exam to get more information from your patients.

Tomorrow's installment is called:

"How One In-Office Lab Test Can Cut Your Overhead by 50 PERCENT!"

All the best,

Dicken Weatherby, ND

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