The Lost Art of Bedside Diagnosis: What a Thorough Physical Exam Should Include Transcript

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Introduction to the Balancing Point

Doctors should be picking all of these things up before they ever run a lab. Posture, if I were talking to them and they weren't just kind of lounging in front of their computer, they're attempting to open the back of the spine.

So if they have a spinal problem, a disc, it's probably on the, if they were sitting kind of in a military fashion with their belly pushed forward, it would probably be an attempt to open the other side of the, so again, very telling.

Hi, and welcome to The Balancing Point. I'm Dr. John Needers, and I'm here to make traditional Chinese medicine, functional medicine, and integrative health simple, practical, and fun, so you can restore balance, boost vitality, and enjoy a healthier life every single day.

Hi there, this is Dr. John, and I'm back with another episode of The Balancing Point. This one will be a moderate length, but I think it's pretty fun for you to watch.

And this is taken from a course that I teach, fairly regularly and also I was inspired by a book that my wife gave me. Now, when I see a patient, it's usually a three-part exam for me.

I have a scribe that's taking notes. I will do a general seated visual exam that I'm going to go over with you. Then I will do palpation, which in this case, seated is mostly taking their pulses in the Chinese medical way.

Then we take them into the other room, have them lie down, and we do a variety of other exams there.

Three-Part Patient Exam Overview

Now, occasionally we add orthopedic or gait testing, et cetera, but very, very rarely in my part of the practice, I have several really skilled, I mean, really skilled sports medicine, orthopedic practitioners in the office that do most of the orthopedics.

My wife is the acupuncturist for the San Francisco 49ers, St. Mary's rugby team, she teaches all over the world. She treats athletes from all over the world.

So she's got it pretty well handled. So I get to stay in my lane and do what I do. Now, when I see a patient, well, before I get to that, my wife gave me this book called Bedside Cardiac Diagnosis done by Henry Marriott.

And Henry is a cardiologist from the United Kingdom. And my wife kind of giggled when she gave it to me and she pointed to a particular section and I saw why she giggled.

He went on a rant. Henry was just going on and on and on about how cardiologists had lost their ability to do bedside diagnosis. He said, they've gotten too reliant on technology and they miss too many things and their patients suffer needlessly.

Well, I've gone through that rant many times in front of my wife and she's seen my process. So she knew I'd appreciate this. So gait analysis. Now, this doesn't have to be formal.

In fact, we don't do them. I don't do them formally. My wife does. What this involves is I will stand up, walk out in the hallway. We have a fairly long hallway back to my office, and I'll watch people walk.

You can tell a whole lot about what's going on in terms of injuries, in terms of illnesses, in terms of their attitude,

whether they're depressed, whether they're happy, et cetera.

All these things, just watching them walk into your office. Then I'm going to shake hands. Yay. Well, what can you tell from that? Do they have any strength?

Are they weak? Are they hot? Are they cold? Are their hands clammy? Are they dry? Right. So all of these things that you can tell from a handshake, you can get a lot about their attitude also.

So then from a Chinese standpoint, we have a lot of advantages that Western medical doctors don't. So here we're looking at a map of the different zones on the face that corresponds to different organs.

There's one of Katherine, my associate's favorite, favorite teachers is a, was a woman named Lillian Bridges who passed away a few years ago, who was brilliant at this.

I had a couple patients that I told about Lillian.

Observational Diagnosis: Gait, Handshake, and Face

I, they went up to see her in Seattle. She diagnosed exactly what I had diagnosed just by looking at their face. And she told them a lot more stuff also about kind of their personal life and things.

So it can be quite astonishing. Again, here are some of those zones. You can look back at these at some time. And you get these different areas. So we look at acne, and sometimes it's the large intestine.

Sometimes it's the stomach. Sometimes it's the small intestine. But you can tell what's out of balance just from looking at their face. Now, I'm going to follow that up with a dozen, a hundred other tests.

I'm going to read their labs. I'm going to take a complete history. I haven't even started yet. I haven't even started interviewing them yet, and I have all this information.

Then you've got your eye processing patterns. Those of you that have done neuroassociative conditioning or looked at neurocode systems, you know that people, when they're accessing their brains in different ways, will look in different quadrants or different areas with their eyes.

So if you ask them a question, what did you have for breakfast this morning? And they look up to the left, then they're seeing their breakfast. If they look off to the side, to the left, then they are talking to themselves actually about their breakfast.

And so then you can see if they're lying, if they go from recalled to constructed, and then tell you a story, right? So again, This can be very helpful.

And one of the reasons it's helpful is it helps the doctor access their predominant styles of listening. It's like if someone speaks Spanish, it's not very effective for me to speak French to them, unless they also know French.

And so I want to be able to speak their language. This is an ear coloration chart. I'm not going to go into the details, but looking at the ears and seeing different colorations is very powerful.

here on this fella. Now, you can't see it very well, but There's a line at their earlobe, okay? It's called the diagonal earlobe creasing, and it's a positive correlation to atherosclerosis and coronary artery disease.

Now, it's not a tremendously high correlation, but there is a correlation. Now, again, I can't point here, but if you look at the very apex of this gentleman's ear, you see a big black spot.

That's the point for high blood pressure. If you come down around the back of the ear, you're going to see several other black spots. And if you look more in the top, about one third of the way down from the top of the ear, you see

a white spot and you see several more black spots.

Those are all diagnostic. Now here we've got skin tags. This is often type 2 diabetes or too much insulin.

Eye, Ear, and Skin Clues

Sometimes it's just genetics. And here you see xanthalasia. swellings at the upper inner canthus of the eye. Now, if you see all three of those, if you see xanthalasia, skin tags, and franksign, those three together, there is a proven positive correlation to atherosclerosis and coronary artery disease.

You see all three. Here's corneal arcus. You're staring at your patient. or you're the patient being stared at, and you see these white areas around the cornea.

And that's an indicator, generally, of very high cholesterol levels that have settled into the vessels. Here's thyroid ophthalmopathy or Graves' disease.

You see how the eyeballs are bulging. Probably the classic example of that, it was the actor Marty Feldman. He was in Young Frankenstein and a few other movies, and he had very clear Graves' disease eyes, okay?

Now again, your doctor should be picking all of these things up before they ever run a lab. Posture, this person very possibly, you know, if I were talking to them and they weren't just kind of lounging in front of their computer, they're attempting to open the back of the spine.

So if they have a spinal problem, a disc, it's probably on the rear. If they were sitting kind of in a military fashion with their belly pushed forward, it would probably be an attempt to open the other side of the spine.

So again, very telling. Okay, you're gonna look at muscular tone and balance, skin quality, pulse oxygen, nails, palms, and then channel palpation of the in channels, which I'm not gonna have time to go into today, but.

These are all things you look for. Now, these pictures came out of Wikipedia and they always show the most severe cases. Now, if you had nail clubbing like this, you would have already been diagnosed.

Your doctor couldn't miss this, but you see many minor cases of lung clubbing, I mean of nail clubbing, and you can catch it early, like here. This is called the shamroth window.

You can see a little window there. a little kind of diamond-shaped window where you can see white between the nails. If that disappears, that means there's nail clubbing.

These are really easy to spot if you look for them. I've never had a doctor look for them. So these are small blood clots. It's called a splinter hemorrhage because it looks like a splinter.

And when I point them out to people, they swear they're splinters, but there's no splinter. So these are tiny blood clots. that are getting trapped in these tiny, tiny capillaries in the fingers.

And this is really about the only place you can see them because you can see through the nail and see the clots. Now, this is often infective endocarditis.

It can also be cancer, et cetera.

Posture, Nails, and Hand Findings

It just means let's look deeper and look quickly. Okay, I'll leave these up here. I'm not going to go through all of them, but you're welcome to come back and take a look at them.

But each of these nail and nail bed colors can tell you something. So this is a baby with a heart disease. You can

see the red fingertips. Here we've got cyanosis, the blue from very low oxygen levels.

Here we've got onycholysis. Lysis means to break down. And you see the nails are, this isn't just typical like biting the nails. This is from psoriasis, or it can be due to a thyroid problem, thyrotoxicosis.

And you don't really see it much, but there are also a couple of white spots on the nail beds, which is usually, not always, but usually a zinc deficiency.

So you want to look at the nail and the nail bed color. So here we've got these alternating lines. These are called Mies lines and they can show up if there's arsenic or thallium poisoning and sometimes in kidney failure.

Fortunately, they are not very common. Bose lines, this is much more common. This is a horizontal area of depression. And this is nonspecific, but it means something really bad happened.

Heart attack, stroke, death in the family, something that was so shocking that the body would not put energy into growing fingernails at that time. And you can see it.

I have patients, I'll go through their history. but I look at their nails and I go, something severe happened to you like six months ago. Oh yeah, you know, this and that happened.

I got in a car wreck and I was hospitalized, but they hadn't put it on their history, right? But the bows lines don't lie. Vertical nail ridging, that can be many different things.

Again, too many to go into in this presentation. And then physical exam of the hands and fingers. Heberdeen's nodes, that's where the distal interphalangeal joints, the joints closest to the nails get swollen and hard, sometimes painful, sometimes not, but that's really a sign of osteoarthritis.

Ehlers-Danlos, I will pull on people's skin, you know, to see how much stretching and flexibility they have, because most of the patients I see with Ehlers-Danlos have not been diagnosed by their doctors when I see them.

Here's some hypermobility, often associated with Ehlers-Danlos, but not a hundred percent. Dupuytren's contracture, you can see there on the fourth finger, the ring finger, there's a a bump there, which is where the connective tissue has become damaged.

Dapertrains contracture. This is a gene that was passed around the Atlantic, around Great Britain, et cetera, by the Vikings. That was very kind to them.

Here you have Osler's nodes. Now again, this one's really extreme. The one like on the index finger is much more likely to be found. This is an immune complex deposition.

I mean, something's really messing with your immune system. Effective endocarditis is often the cause of a Janeway lesion, and these are very subtle.

Tongue and Mouth Examination

It's not like the Osler's node or like, wow, I can't miss that. This one's easy to miss. It's almost always missed because doctors don't look at your hands.

Rheumatoid arthritis, that's obvious. Now, the art of pulse taking. Probably the single most important thing from a Chinese medical perspective is pulse taking.

We check three or four positions. Some people even check five on each wrist and we look for the depth, the quality, there are 28 pulse qualities. So when you multiply that out, got nine to 15 on each hand, and then you've got them on both wrists and you put those together.

This is an amazing diagnostic tool. We'll look at the tongue. We look at the top of the tongue and underside some lingual veins. These are, these are Chinese medicine things.

Tongue diagnosis. This is a patient with a very, if this is a female, severe premenstrual syndrome. So you see the area in the middle of the spleen and stomach is very depressed.

It's indented. The area on the sides, the liver gallbladder is swollen. So that's a sign of an earth wood disharmony or liver assailing the spleen and stomach.

And that will cause way, way horrible PMS. There's also a little bit of a heart cleft here. So this person could easily suffer from anxiety. This is really a bad one.

This is a tongue of a breast cancer patient. You see the swelling there, very unusual, but that's a very clear indication. Here we have glossitis, that red tongue.

This can be any number of B vitamin deficiencies, but it can also be from inflammatory bowel disease like Crohn's disease. And then you see that horrible patch of Candida there.

Here we have angular chelitis. That's where you have redness at the corners. That can be caused by anything from anemia to infection. Leukoplakia. Now your dentist will hopefully pick this up.

I've never had a doctor look in my mouth. And this is a precursor to mouth cancers. Gingivitis. At the top, you can see the damage. At the bottom, you see when it's cleaned up.

Very important because gingivitis is one of and maybe the leading cause of heart attacks. Way, way, way more important than cholesterol.

Abdominal, Heart, and Blood Pressure Checks

And I'm not saying cholesterol doesn't play a role, but gingivitis and gum infections are much more dangerous. Then we'll take them in the other room.

We will do a physical exam. Murphy sign. So we reach under there. You can see that green in their little green place is the gallbladder. So we'll have patients breathe in, exhale.

I'll put my hand up under their ribs, press on the gallbladder. And if it's hot, they'll scream at me. Okay. So we're going to check that. We'll palpate over the liver.

We're going to check for the liver size. If I'm suspicious, I'll do what's called the hepato jugular sign where We put them at a 45 degree angle. We press on the liver and you'll see changes in the blood vessels in their neck.

Here's a picture, but it's not a very good picture. There are lots of very good videos on this. Blood pressure. should always be a minimum of both arms.

Always be a minimum of both arms. You might want to do all four quadrants if you're suspicious of peripheral vascular problems. I use just a general electronic measuring device for my general checks.

I use a cuff and a stethoscope if I find something abnormally high or to confirm other findings. Stethoscope, I'm going to listen to their heart sounds, bronchial sounds, intestinal sounds.

Now we're getting into things that doctors will do more often, but still. It's very rare to do intestinal sounds. Here's the heart map. Physical exam, we're going to look for Morton's toe.

That's where the second toe is longer than the big toe. And here it's called short big toe, but it can actually also be long second toe. And that will cause several gait problems over time.

So it's nice to know it. Notice it. Morton's neuroma, again, named for Dr. Morton. is actually a calcium deposit that gets around the nerves. And you can see it there between the third and fourth toes.

It's a calcium deposits and those can hurt like heck. chronic venous insufficiency. I'll check every patient's legs and feet to make sure they're not getting vein breakage.

I will, this is very serious. This is venous stasis dermatitis. This is nasty if you see this, or if you have this, get to a good doctor right away. Diabetic shin spots.

Often people don't know they're diabetic, but this is one, another symptom, saphenous vein thrombosis. Now, I've had patients that had no other symptoms other than a little cramping on the medial portion of their calf.

I checked them.

Feet, Neurological Signs, and Orthostatic Testing

They had an obvious saphenous vein occlusion. It feels like a hard pencil. If you know what it feels like, you can't really miss it. And then we'll do, look for general eye pupillary examination, the stagmas, that's where the eyes bounce back and forth.

The pupils accommodation to light and something called a PPR, which is a paroxysmal pupillary reflex. Now this I will do when there's a concussion or I suspect a concussion, but it also can happen from brain stem and tumor issues.

And the bottom line is when you shine a light into the eyes at an angle, so your darkened room, shine a light. The pupils should hold the contraction for 30 seconds.

If they don't, there's something wrong. And one of the things that I didn't list here is severe adrenal fatigue. The adrenals just aren't providing enough energy to keep the pupils contracted.

So there's basic eye exam. Raglan's test, we do this on most patients. If you have a postural change from lying to standing, it should increase the blood pressure by five to 10 points at two minutes.

Some doctors prefer three minutes. I do it lying down. Then I do a 30 second standing because I want another thing. I want to see how the adrenals are responding.

And then two minutes standing. Adrenal fatigue of the lower, the number, well, Anyway, if, if they drop, so I get a lot of chronic fatigue patients who their blood pressure will drop 30 to 35 points when they go from lying to standing.

That's very, very dangerous and very bad. They can get orthostatic hypotension from low blood volume and pass out. So there are a couple of things we want to check with that.

So that's the end of the presentation. These are ways that you can get in touch with our office. And I want to thank you if you sat through all this and start expecting more from your doctor, whoever it is.

I don't care if it's an acupuncturist, a chiropractor, an MD, start expecting more from them and make sure they're really giving you a thorough examination.

So until next time, be happy, be healthy. See you soon. Bye-bye. Thank you for joining me on The Balancing Point. If you enjoyed today's episode, please follow the show, share it with a friend, and leave a review.

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