CARDIOVASCULAR PHYSICAL EXAM

INSPECTION & PALPATION:

- Palpate peripheral arteries: femoral, popliteal, posterior tibial, dorsalis pedis, brachial, radial
  Positive: diminished/absent pulse (PAD), bounding pulse (aortic regurgitation)
- Inspect neck for jugular venous distension (JVD)
  Positive: elevated JVP → right heart failure, volume overload
- Inspect chest wall with light source
  Positive: heaves, visible pulsations, scars
- Palpate precordial region and point of maximal impulse (PMI)
  Positive: displaced PMI (LV hypertrophy, cardiomegaly)
- Describe lift, thrill, PMI
  Positive: thrill indicates murmur/turbulent flow; lift = RV hypertrophy
- Palpate carotid arteries independently
  Positive: weak, thready, or asymmetrical pulse
- Evaluate capillary refill
  Positive: >2 seconds → poor perfusion, shock, dehydration

AUSCULTATION:

- Listen to carotid arteries for bruits
  Positive: bruit → carotid stenosis, atherosclerosis
- Auscultate at 6 locations with diaphragm and bell: Aortic, Pulmonic, Tricuspid (×2), Erb's point, Mitral/apex
  Positive: murmurs (systolic/diastolic), rubs, gallops
- Auscultate abdominal arteries
  Positive: bruit → abdominal aortic aneurysm, renal artery stenosis
- Describe 2 of the following heart sounds (S2 split, S3, S4)
  Positive: S3 (CHF), S4 (stiff ventricle, HTN), wide/fixed split S2 (ASD, conduction delay)

SPECIAL TESTS:

- Allen test (radial/ulnar collateral circulation)
  Positive: hand doesn't flush within 10 seconds (indicating poor collateral circulation)
- Ankle Brachial Index (ABI)
  Positive: ABI <0.9 = PAD