HEENT PHYSICAL EXAM

INSPECTION:

- Inspect head, face, nose, ears, eyes, neck, trachea midline, mouth/throat
  Positive: asymmetry, lesions, scars, erythema, tracheal deviation, tonsillar enlargement
- Assess cervical ROM (flexion, extension)
  Positive: limited or painful range, stiffness, guarding

PALPATION:

- Palpate bony prominences, parotid glands, TMJ
  Positive: tenderness, swelling, crepitus at TMJ
- Palpate pinna, tragus, mastoid process
  Positive: tenderness (possible otitis externa/mastoiditis)
- Palpate lymph nodes (pre/post auricular, occipital, tonsillar, submandibular, submental, superficial/deep/posterior cervical, supraclavicular)
  Positive: enlarged, tender, hard, fixed nodes
- Palpate thyroid
  Positive: enlargement, nodules, tenderness
- Palpate paranasal sinuses (frontal, ethmoid, maxillary)
  Positive: tenderness suggesting sinusitis

ASSESSMENT:

- Evaluate extra-ocular movements (EOM), convergence
  Positive: strabismus, diplopia, nystagmus
- Evaluate visual fields
  Positive: visual field cuts (hemianopia, quadrantanopia)
- Assess pupils (size, corneal reflections, PERRLA)
  Positive: unequal pupils, sluggish/nonreactive response
- Perform ophthalmoscopic exam
  Positive: papilledema, AV nicking, retinal hemorrhage, cotton wool spots
- Perform otoscopic exam of ears
  Positive: erythematous tympanic membrane, effusion, perforation
- Perform gross hearing test
  Positive: diminished response, lateralization on whisper/finger rub
- Examine posterior pharynx/oral cavity with light
  Positive: tonsillar hypertrophy, erythema, exudates, oral lesions

SPECIAL TESTS:

- Transillumination of sinuses
  Positive: decreased light transmission → fluid-filled sinus
- Weber test
  Positive: lateralization (conductive vs sensorineural hearing loss)
- Rinne test
  Positive: bone > air conduction (conductive loss), both reduced (sensorineural loss)