

HEENT Examination Benchmarks

- **Preparation and positioning:** The HEENT exam is usually performed in the seated position, but may be done semi-recumbent in the hospital. Cranial nerves may be assessed at the time of the head & neck examination, or as part of the neurologic exam

General Impression	Inspect the size and shape of the head and the scalp
	Inspect for symmetry, masses, and signs of trauma
	Note any difficulty with breathing or speech
Eyes	Measure visual acuity with a pocket size near-vision test card at the designated distance at eye level
	In patients with visual or focal neurological concerns, assess visual fields
	Inspect the eyelids, lashes, bulbar & palpebral conjunctiva, sclera, cornea, anterior chamber, and iris
	Assess pupils: describe their size, shape, and reactivity to light (direct and consensual)
	With ophthalmoscope: perform direct ophthalmoscopy, assessing the red reflex, optic cup & disc, retinal blood vessels, retinal background, and macula
Ears	Inspect the auricle and mastoid
	With the otoscope, examine the external auditory canals (EAC), tympanic membranes (TMs), and any middle ear structures visualized through the TMs
	Assess hearing one ear at a time with light finger rubbing
	If hearing is abnormal, perform the Weber and Rinne Tests
Nose	Examine the external nose, nares, septum, and nasal cavities, including inferior turbinates
	If you suspect sinusitis, palpate the paranasal sinuses in the following areas for tenderness: above the eyes (frontal), and over the malar eminences (maxillary)
Oral Cavity	Inspect the lips, buccal mucosa, tongue, floor of mouth, palate, palatine tonsils, and posterior pharyngeal wall
	Inspect the teeth and gums for caries and periodontal disease
	In patients with risk factors for oral cancer or symptoms of oral infection, salivary duct stone, or malignancy, palpate the submandibular glands, salivary ducts, & base of tongue
	Palpate parotid glands
	Palpate temporomandibular joints (TMJ)
Neck	Inspect the neck for symmetry and masses
	Palpate the neck, including the lymph nodes (anterior cervical, posterior cervical, and supraclavicular)
	Palpate the thyroid gland

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Tips on Technique

- Make sure to have the room darkened, if possible, and have the patient focus on a distant object while doing the funduscopic exam to ensure maximum pupillary dilation

Abnormal Findings

- **Scleral icterus:** starts to become apparent when the serum bilirubin is 3 mg/dL.
- **Conjunctival pallor** is a sign of anemia, correlating with a hematocrit < 22%
- **Anisocoria** may be a normal variant in up to 20% or more of the population. Other causes include pharmacological dilation, Horner's syndrome, and third cranial nerve palsy
- **Retinal findings:** papilledema, hypertensive retinopathy, abnormal cup/disc ratio)

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	With the otoscope, examine the external auditory canals (EAC), tympanic membranes (TMs), and any middle ear structures visualized through the TMs
	Assess hearing one ear at a time with light finger rubbing
	If hearing is abnormal, perform the Weber and Rinne Tests

Tips on Technique

- Retract the auricle in a posterior-superior direction in adults or in an inferior direction in a child to better visualize the TM.
- Performing the Weber and Rinne Tests:
 1. Weber Test: a 512 Hz vibrating tuning fork is placed on the patient's forehead in the midline and the patient is asked in which ear the sound is heard best. Normally, the sound should be heard equally well in each ear. If the sound lateralizes, it means one of two things:
 - There is sensorineural loss on the side with the decreased sound, or

- There is conductive hearing loss on the side with the increased sound
2. Rinne Test: the vibrating tuning fork is placed on the mastoid process, testing conduction of sound through bone. It is then held just lateral to the ear testing conduction of sound through air. The patient is asked which position produces the loudest sound.
- Normally, air conduction should be better than bone conduction.
 - In sensorineural hearing loss, air conduction is also better than bone conduction.
 - In conductive hearing loss, bone conduction is better than air conduction.

Abnormal Findings

- Cerumen impaction
- Middle ear effusion
- Erythema of the tympanic membrane

Nose	Examine the external nose, nares, septum, & nasal cavities, including inferior turbinates
	If you suspect sinusitis, palpate the paranasal sinuses in the following areas for tenderness: above the eyes (frontal), and over the malar eminences (maxillary)

Tips on Technique

- Gently elevate the tip of the nose to better see the nasal cavity.

Abnormal Findings

- Pale nasal mucosa
- Nasal polyps
- Deviated septum

Oral Cavity	Inspect the lips, buccal mucosa, tongue, floor of mouth, palate, palatine tonsils, and posterior pharyngeal wall
	Inspect the teeth and gums for caries and periodontal disease
	In patients with risk factors for oral cancer or symptoms of oral infection, salivary duct stone, or malignancy, palpate the submandibular glands, salivary ducts, & base of tongue
	Palpate parotid glands
	Palpate temporomandibular joints (TMJ)

Tips on Technique

- Use a tongue blade with firm pressure to depress the tongue and allow better visualization of the posterior oropharynx. If no tongue blade is available, having the patient phonate in a low pitch with the tongue at rest in the floor of the mouth can enhance visualization.
- To palpate the submandibular glands, salivary ducts, and base of tongue, use a gloved examining finger to palpate the floor of the mouth intraorally while the other hand palpates the sub-mental region externally.

Abnormal Findings

- Candidiasis
- Asymmetry of soft palate

Neck	Inspect the neck for symmetry and masses
	Palpate the neck, including the lymph nodes (anterior cervical, posterior cervical, and supraclavicular)
	Palpate the thyroid gland

Tips on Technique

- Use a circular motion to palpate lymph nodes. Lymph nodes are enlarged if they are over 1 cm in diameter. When palpated, note the following: location, size, consistency, tenderness, and degree of fixation.
- Thyroid Exam: with your hands in place, have the patient swallow a sip of water. Swallowing moves the thyroid gland and cartilage up several centimeters, which makes it easier to distinguish the thyroid gland from the surrounding tissues.
- The thyroid can be examined from the front or back of the patient. In either case, the thyroid gland should be assessed for overall size, symmetry of the two lobes, and presence of tenderness and/or nodules.

Abnormal Findings

- Lymphadenopathy
- Thyromegaly