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# Abdominal Examination of a Volunteer

Practical 10 / Supervised clinical examination

## Aim

Take a focused digestive history and demonstrate a systematic abdominal examination.

## Principle

Inspection, auscultation, percussion and palpation answer different questions. A gentle sequence and awareness of tenderness protect comfort.

## Materials and Requirements

- Consenting volunteer or simulator
- Stethoscope and anatomical region chart

## Procedure

1. Ask about pain, appetite, distension and bowel changes. Explain the examination and ensure privacy.
2. Ask where any discomfort is greatest and whether movement worsens it. Explain inspection, listening and gentle palpation and record permission before exposing the abdomen.
3. Position the volunteer supine and inspect all regions, noting contour and movement.
4. Place the volunteer supine with head supported and arms relaxed. Inspect from the end and side for symmetry, visible scars, distension and movement with breathing.
5. Practise the taught auscultation and percussion sequence. Identify areas of relative tympany and dullness.
6. Listen as taught before percussion and palpation. Work systematically through the abdomen, describing sound and percussion notes by region and stopping if the volunteer is uncomfortable.
7. Begin gentle palpation away from any reported pain. Identify normal landmarks and present findings with region and tenderness.
8. Warm the hands and begin light palpation away from discomfort while watching the volunteer's face. Progress to deeper palpation and supervised liver or spleen assessment only when appropriate.
9. Report contour, percussion, tenderness, masses and whether an organ edge is palpable. Record any incomplete part and avoid repeat painful manoeuvres.

## Precautions

- Keep exposure limited and stop if the subject asks.
- Avoid repeated painful manoeuvres and refer acute pain or instability promptly.

# Observations and Interpretation

Abdominal Examination of a Volunteer

## Observations and Record

| Item | What to record | What it tells you |
|---|---|---|
| Inspection | Contour, scars and visible movement | Documents baseline |
| Percussion and sounds | Region and reported character | Supports a structured description |
| Palpation | Tenderness, masses and organ findings | Communicates clinically relevant changes |

### Worked Example

Illustrative volunteer has a soft abdomen without reported tenderness. Describe that finding separately from whether the liver edge is palpable under the stated conditions.

## Result and Interpretation

Describe the examination and one limitation, such as inability to interpret an isolated bowel sound as a diagnosis.

## Viva Questions and Answers

### Why begin away from pain?

It reduces discomfort and helps establish a baseline response.

### What does percussion over gas commonly sound like?

Tympany is typical over gas-containing viscera.

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