Achievable

CCMA DUMP SHEET

Exams and positioning

Patient positions

Position	What it is	Used for
Fowler	Sitting, head of table at 90°	Head, neck and chest; difficulty breathing lying down
Semi-Fowler	Head of table at 45°	Post-operative, breathing disorders, head trauma
Supine	Flat, face up	Front of the body: heart, breasts, abdomen
Prone	Face down	The back; some surgical procedures
Dorsal recumbent	Face up, knees flexed, feet flat	**Digital** vaginal or rectal exam; not when a speculum is needed
Lithotomy	On the back, knees flexed, buttocks at the table edge, feet in stirrups	Vaginal exam **requiring a speculum**; Pap tests
Left lateral	On the left side, right leg sharply flexed	Rectal exams and medication, some perineal and pelvic
Knee-chest	Knees and chest, head turned, thighs perpendicular	Proctologic, sigmoid, rectal

Gynecologic and rectal draping goes on the **diagonal**, a diamond.

Examination methods

Method	What it is
Inspection	Observation. Comes **before** palpation and percussion, so the skin is unchanged
Palpation	Touch. Bimanual for pelvic, digital for anal
Percussion	Tapping. **Direct** = striking the body; **indirect** = a hand on the area struck by the other finger, used more often
Auscultation	Listening with a stethoscope
Mensuration	Measuring: tape measure, goniometer for joint angles. Recorded in centimeters
Manipulation	Passive joint movement for range of motion

The exam runs head to toe: appearance and gait → speech → skin → nails → head → eyes → ears → nose and sinuses → mouth and throat → neck. **PERRLA:** pupils equal, round, reactive to light and accommodation. A healthy eardrum is **pearly gray**.