

Thyroid Examination

Introduction

- **W**ash hands, **I**ntroduce self, ask **P**atient's name & DOB & what they like to be called, **E**xplain examination and get consent
- Expose patient's neck

General Inspection

- **Patient:** stable, posture, anxious/ nervous, hot/ cold, facial complexion (**myxoedema, flushed**), obvious muscle wasting, BMI, obvious swellings, dry hair/ waxy skin
- **Around bed**

Hands

- Fine tremor: patient holds arms and hands stretched out, fingers straight and separated. Can see easily if you place a sheet of paper on top of hands.
- **Nails:** thyroid acropachy, onycholysis
- **Palms:** moist&sweaty/ cold&dry, palmar erythema (**thyrotoxicosis**)
- Pulse (**tachycardia and AF in thyrotoxicosis**)

Face

- **Generally:** waxy pale skin, hair loss (especially outer 1/3 eyebrows), myxoedema* (**hypothyroidism**)
- **Eyes:** lid retraction (upper eye lid), exophthalmos (sclera above and below iris), proptosis (forward protrusion of eye; look from above and side)
- **Extra-ocular muscles:** H-test and ask about diplopia (**ophthalmoplegia = Grave's**), lid lag

Neck

- **Inspection** (from front): swellings, scars, swallow, stick out tongue (**thyroglossal cyst moves on tongue protrusion**), hands above head (**Pemberton's sign = retrosternal goitre compresses SVC and results in venous congestion**)
- **Palpation 1** (from behind): thyroid gland (over 2nd, 3rd, 4th tracheal cartilages) + while patient swallows and sticks out tongue
- **Palpation 2** (from behind): full cervical lymph node exam
- **Percussion over sternum:** for retrosternal goitre
- **Auscultation:** thyroid bruit over each lobe

Finally

- Proximal myopathy (patient stand up with arms crossed; shrug shoulders against resistance)
- Reflexes (**increased in hyperthyroidism, decreased in hypothyroidism**)
- Look for pretibial myxoedema* (**Grave's**)

To complete

- Thank patient
- Summarise and suggest further investigations you would do after a full history (e.g. TFTS, thyroid USS)

*NB. myxoedema = "soft tissue swelling"

Specific conditions
 Diffuse goitre
 Multinodular goitre
 Solitary thyroid nodule
 Cancer
 Hyperthyroidism
 Hypothyroidism
 Thyroiditis