Grounded in an empirical approach to history-taking and physical assessment techniques, this text for health care clinicians and students focuses on patient well-being and health promotion.

Evidence-Based Physical Examination: Best Practices for Health and Well-Being Assessment is based on an analysis of current evidence and up-to-date guidelines and recommendations, underscoring the evidence, acceptability, and clinical relevance behind physical assessment techniques.
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Our goal is to provide the strategies and best practices needed by clinicians to assess an individual’s health and well-being.

Helps students strengthen diagnostic accuracy  
Provides instructors with ample resources to support their course  
Offers tools to address complex conditions, acuity, and resilience

We hope you enjoy using this book as much as we enjoyed creating it.
TABLE 9.1 Primary Skin Lesions

<table>
<thead>
<tr>
<th>Lesion</th>
<th>Description</th>
<th>Examples</th>
<th>Visual With Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macule</td>
<td>Flat, nonpalpable</td>
<td>Freckles</td>
<td>Leukocytoclastic Vasculitis</td>
</tr>
<tr>
<td></td>
<td>Smaller than 1 cm</td>
<td>Flat moles (nevi)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measles</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Petechiae</td>
<td></td>
</tr>
<tr>
<td>Patch</td>
<td>Flat, nonpalpable</td>
<td>Vitiligo</td>
<td>Tinea Versicolor</td>
</tr>
<tr>
<td></td>
<td>Larger than 1 cm</td>
<td>Mongolian spots</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Port-wine stains</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chloasma</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Café au lait patch</td>
<td></td>
</tr>
</tbody>
</table>
CASE STUDY: Eye Pain and Swelling

History
J.P. is an otherwise healthy 28-year-old male who presents to the clinic with recent onset of left eye pain and swelling that has worsened over the past 2 days. He first noticed his symptoms when he returned from a camping trip 3 days ago. He is now unable to open his eye. He reports eye watering with crusting and matting of the lashes this morning. He denies fever, nausea, vomiting, headaches, or recent history of head trauma. He has washed his eye several times and has been using cool compresses. He reports having had a recent upper respiratory tract infection approximately 1 week ago, but denies wearing glasses or contact lenses.

Physical Examination
* On exam, J.P. is alert and in no acute distress. His temperature is 100.4°F. Heart rate is 100 and blood pressure is 120/70.

• Right eye: No lid swelling, conjunctival injection, or exudate. Red reflex intact, pupil is 3 mm, round, and reactive. EOMs intact.

• Left eye: Significant periorbital swelling and erythema. Small amount of mucoid exudate at the inner canthus. Unable to independently open eye. Tender to touch. Minimal eye opening with manual traction. Hyperemic sclera. Pupil round and reactive. Unable to obtain full EOM assessment.

Differential Diagnoses
Acute conjunctivitis (bacterial, viral, or fungal), keratoconjunctivitis, periorbital cellulitis, orbital cellulitis, and corneal abrasion with retention of foreign body

Laboratory and Imaging
CT of the orbit revealed no evidence of sinus infection or orbital involvement.

Final Diagnosis
Periorbital (preseptal) cellulitis.
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