

Head and Neck History & Examination



This tutorial is an introduction to history taking and examination of the head and neck.

Head and Neck History

As with all specialities a concise yet thorough history is paramount to ensure no important information is missed. The format you have learned from day one enables this, however taking a focused speciality history in this case laryngology history requires specific closed questions.

The main throat symptoms to consider when taking a history are:

1. Dysphagia

- Solids/ liquids or complete (both)
- Regurgitation

2. Odynophagia

- Laterality. (Get the patient to point with single finger to site)
- Use the full SOCRATES memory aid for the pain

3. Dysphonia

- Duration
- Onset
- Fatigability (does it get worse throughout the day or after conversation?)
- Occupation (singer's nodules)
- Smoker (Reinke's oedema)

4. Stridor

- Inspiratory / expiratory / biphasic

5. Haemoptysis

- Frequency
- Presence of clots
- Associated shortness of breath

6. Neck Lump

- How long has it been present?
- Is it growing?

- Is it tender?
- Does it change size with eating?
- Does it move on swallowing?

Head and Neck Examination

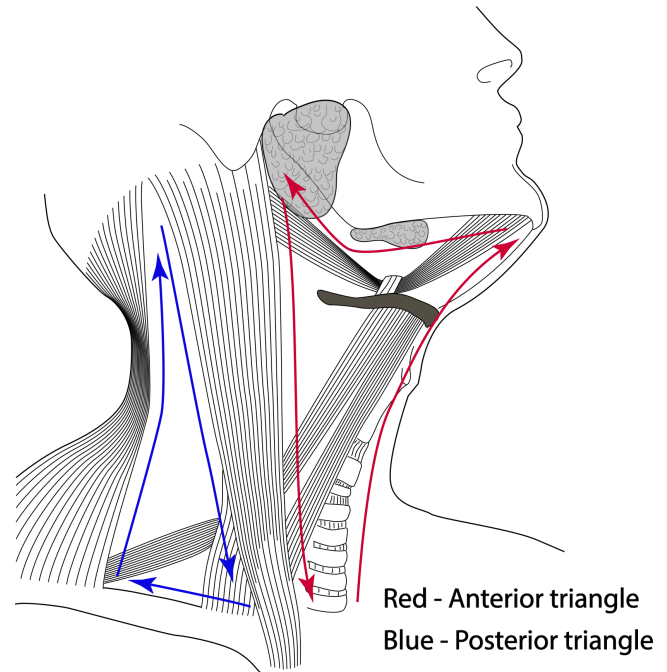
Below is a summary of the steps conducted during an examination of the head and neck:

Inspect for swellings, skin lesions, discolouration or scars

Assess for thyroglossal cyst moving superiorly when the patient protrudes the tongue

Palpate lymph nodes from behind-pre/post auricular, cervical chain, tonsillar, submandibular and submental, occipital and supra/infraclavicular

Thyroid examination is not included here.



The diagram shows a scheme for examining the neck triangles. Don't forget to include the pre- and post-auricular nodes and the occipital nodes in your exam.

Below is a summary of the steps conducted during an examination of the oropharynx

- Use the tongue depressor to systematically examine the oropharynx
- Start superiorly looking at hard & soft palate
- Look at tonsils (colour, size shape, symmetry, presence of pus/ discharge)
- Look at buccal spaces bilaterally
- Ensure to look under the tongue & at the floor of mouth (an area pathology can be missed)