



Building Blocks of Clinical Practice

Helping Athletic Trainers Build a Strong Foundation



Issue #5: Abdominal Assessment

General Approach → History → Observation → Auscultation → Percussion → Palpation → Special Tests

1. General Approach

- expose abdomen
- patient supine, knees bent
- be systematic
- compare bilaterally
- warm hands
- vitals

2. History

- pain – location, sudden onset, quality, type, radiation
- nausea, diarrhea, constipation
- mechanism of injury
- painful urination
- fever, fatigue
- appetite, food and liquid consumption, alcohol use
- current medication use
- last menstrual period; sexual history

3. Observation

- abdominal symmetry/contours
- masses/protrusions
- skin color/markings
- Cullen's sign
- Grey Turner's sign

- muscle guarding
- respiratory rate/rhythm
- scars
- shock

4. Auscultation

- ** always precedes percussion, palpation and special tests
- use diaphragm of stethoscope with light pressure
- listen to all four quadrants
- absence of bowel sounds may indicate intra abdominal pathology

5. Percussion

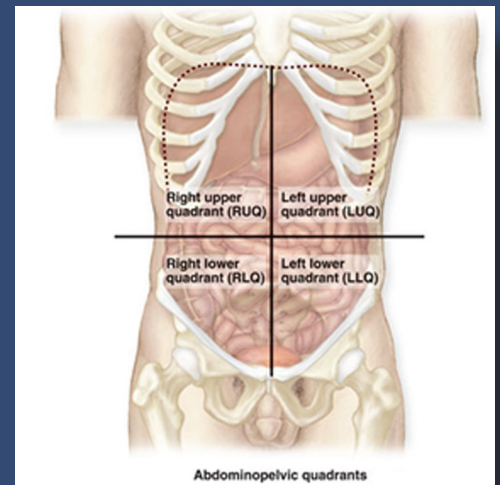
- used to assess the size and density of organs
- used to detect the presence of air or fluid in the abdominal cavity

6. Palpation

- used to detect masses, muscular rigidity, organomegaly, localized tenderness, rebound tenderness
- start light palpation through four quadrants depressing no more than 1 cm → then second round medium pressure → then deep palpation
- deep palpation delineates abdominal structures and may elicit pain in healthy individuals
- muscle guarding indicates peritoneal irritation
- may palpate a prominent pulse beat in midline indicating a possible descending abdominal aortic aneurysm

7. Special Test

- Rebound tenderness: assess peritonitis
- Iliopsoas Sign: used to assess appendicitis
- Obturator Sign: used to assess appendicitis
- Rovsing's Sign: used to assess appendicitis
- jar tenderness/heel strike: assess peritonitis



Abdominopelvic quadrants

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