

Examination of the Thyroid Gland*

Wash your hands & Introduce the exam to your patient

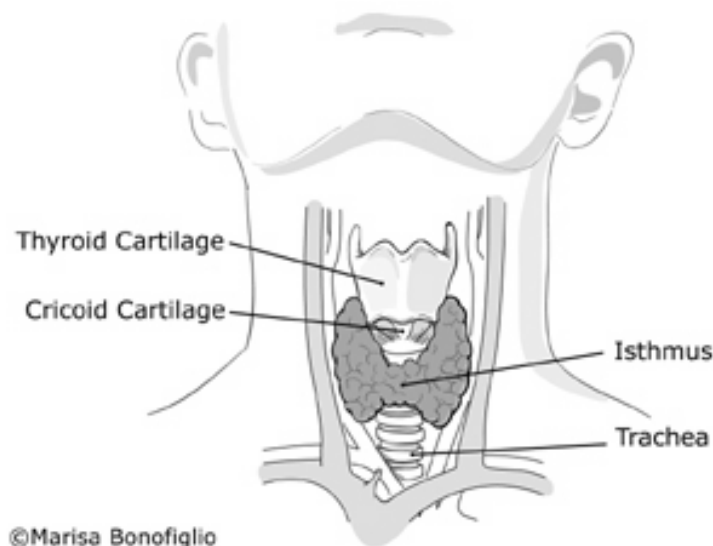
Positioning & Draping

- With the patient seated or supine, their neck should be completely exposed from shoulder-to-shoulder down to the level of the manubrium and clavicles

Inspection

- Inspect the thyroid region:
 - from the front and the side of the patient
 - with and without having the patient swallow
- Look for:
 - masses, scars, and lesions (trauma)
 - atrophy/hypertrophy
 - discolouration
 - swelling
 - muscle bulk/symmetry
 - exophthalmos ('bulging eyes')
 - Goiter

Figure 1:
Landmarks used in the examination of the Thyroid Gland



Palpation

- Anterior approach
 - With the pads of the fingers of one hand, find the thyroid cartilage and the cricoid cartilage, then move inferiorly to find the isthmus
 - work laterally into the gutter between the trachea and sternocleidomastoid muscle to feel one thyroid lobe for masses
 - get the patient to swallow
 - the thyroid should move superiorly
 - feel for masses as the patient swallows
 - repeat for the other lobe
- Posterior approach (optional)
 - reaching around from behind the patient, use the pads of the fingers of one hand to find the thyroid cartilage and the cricoid cartilage, then move inferiorly to find the isthmus
 - using one hand for each lobe, work laterally into the gutters between the trachea and sternocleidomastoid muscles to feel both thyroid lobes for masses
 - get the patient to swallow
 - the thyroid should move superiorly
 - feel for masses as the patient swallows

Auscultation

- the thyroid should be auscultated for bruits using the diaphragm of your stethoscope

*Please note that the Thyroid exam at the ASCM1 level focuses mainly on the thyroid gland itself. In ASCM2, you will learn how to examine your patient for extra-thyroidal features that are an integral part of the complete Thyroid exam.

