

collection is being performed, appropriately label all specimen collection containers before giving them to the patient.

The patient needs a gown and a drape for all examinations. Depending on the type of exam, explain to the patient which items of clothing should be removed and instruct the patient to put on the gown with the opening in the front or the back, depending on the examination. For a problem-focused visit or exam, only some clothing items may need to be removed, such as all clothing above the waist. Regardless of the examination, patient gowns and drapes should be provided for the patient's modesty. Depending on the patient's needs, the medical assistant may need to assist the patient with disrobing or with stepping up onto the examination table. Exercise extreme caution when assisting patients on the safety step or step stool, as these items can increase the tendency for falls.

Try to assess the patient's level of anxiety. If the patient seems extremely nervous or agitated, try to put the patient at ease. Report unusual nervousness or behaviors to the physician.

### *Draping the Patient*

Drapes are sheets that are used to protect patient privacy and help keep the patient warm in the examination room. When used properly, they cover all but the body part that is being examined. Respecting and protecting a patient's modesty are important to ensure patient comfort and compliance during the examination. However, the drape must not obstruct the physician's vision or interfere with the examination. Drapes are typically smaller than bed sheets, although they are often made of the same material and often are disposable.

During sterile procedures, sterile drapes must be used to protect the surgical area from contamination. Sterile drapes are also used to provide a sterile surface for instruments, suture materials, and dressings. They also function to protect the patient from blood or drainage during the procedure.

### **Professionalism**



It is very important to be aware of the cultural norms of patients. Many cultures require that only members of the same sex be in the room during an examination or that the husband always be present while a wife is being examined. The patient's wishes should always be respected and never dismissed. If concern arises regarding a patient's cultural norm interfering with an examination, it is important to speak with the physician directly and discretely. Physicians are often well versed in obtaining information and handling difficult situations that arise because of cultural barriers.

### **Cultural Considerations**

### *Positioning the Patient*

As a medical assistant, you will help the physician with the physical examination by positioning the patient. Nine standard positions are used for a variety of medical and surgical examinations and procedures: supine (or supine horizontal recumbent); dorsal recumbent; lithotomy; Fowler's and semi-Fowler's; prone; Sims; knee-chest; Trendelenburg; and proctologic. In addition to these positions, a sitting position and decubitus (lying on one's side) position may be used in certain examinations and procedures.

Medical assistants must be completely familiar with each position. You will need to give patients clear directions on how to assume each position while gently guiding them and protecting their safety. If a patient must turn from back to stomach or vice versa, you should always stand alongside the examination table and have the patient turn toward you to prevent the patient from falling off the examination table.

Procedures 35-4 through 35-10 and Figures 35-12, 35-13, and 35-14 explain and illustrate these positions.

**Supine Position.** In the supine position, also known as the horizontal recumbent position, patients lie flat on their back with hands at the sides. Be sure that the patient's feet are supported by extending the examination table. This position is used to examine anything on the anterior or ventral (front) surface of the body (head, chest, stomach) and for certain types of X-rays. The patient should be draped from the chest down to the feet. During the examination, you will expose areas, as necessary and as indicated by the physician. The supine position may not be comfortable for patients who have difficulty in breathing or who have lower back problems. For these patients, placing a pillow under the head and under the knees may help alleviate pain and provide more comfort. See Procedure 35-4: Positioning the Patient in the Supine Position.

**Dorsal Recumbent Position.** In this position, the patient is lying flat on the back with knees bent and feet flat on the examination table. This position relieves strain on the lower back and relaxes abdominal muscles. The dorsal recumbent position is used to inspect the head, neck, chest, vaginal, rectal, and perineal areas. This position can be used for digital (using the gloved fingers) exams of the vagina and rectum. To drape the patient, place the drape at the patient's neck or underarms and cover the body down to the feet. Patients with leg problems may find the dorsal recumbent position uncomfortable, whereas patients with severe arthritis may find this position more tolerable than the lithotomy position, described next. See Procedure 35-5: Positioning the Patient in the Dorsal Recumbent Position.

**PROCEDURE**  
**35-4**

## Positioning the Patient in the Supine Position

**Objective** ♦ Assist the patient into supine position for examination of the anterior surface of the body.

### EQUIPMENT AND SUPPLIES

Examination table; gown; drape

### METHOD

1. Perform hand hygiene.
2. Greet and identify the patient. Explain that you will be assisting the patient into a position as required for the physical examination.
3. Provide a gown and assist the patient, if necessary.
  - a. If the patient does not need assistance with disrobing and gowning, leave the room to maintain the patient's privacy.
  - b. Always knock on the exam room door and ask for permission before reentering.
4. Assist the patient onto the examination table.
  - a. If a separate step stool is used, stabilize it with your feet as the patient steps up to prevent the stool from sliding.
5. Ask the patient to lie back on the table, and provide an arm of support near the patient's back as the patient lies down. Pull out the foot extension on the examination table.
6. Place a pillow under the patient's head.



**FIGURE A** The supine or horizontal dorsal recumbent position.

7. Cover the patient with a drape from the chest to the feet (Figure A).
8. After the examination, assist the patient to a sitting position. Allow and encourage the patient to remain seated to prevent dizziness from the change of position.
9. Push the foot extension into place while supporting the patient's feet.
10. When the patient is stable, assist the patient to a standing position. Hold the patient's arm while she steps down off of the table. Provide assistance with re-dressing, if necessary.
11. After the patient has left, clean the examination room for the next patient following the steps in Procedure 35-1.
12. Perform hand hygiene.

**PROCEDURE**  
**35-5**

## Positioning the Patient in the Dorsal Recumbent Position

**Objective** ♦ Assist the patient into the dorsal recumbent position for examination of the anterior surface of the body or to perform a pelvic examination.

### EQUIPMENT AND SUPPLIES

Examination table; gown; drape

### METHOD

1. Perform hand hygiene.
2. Greet and identify the patient. Explain that you will be assisting the patient into a position as required for the physical examination.
3. Provide a gown and assist the patient, if necessary.
  - a. If the patient does not need assistance with disrobing and gowning, leave the room to maintain the patient's privacy.
  - b. Always knock on the exam room door and ask for permission before reentering.
4. Assist the patient onto the examination table.
  - a. If a separate step stool is used, stabilize it with your feet as the patient steps up to prevent the stool from sliding.



**FIGURE A** Dorsal recumbent position.

5. Ask the patient to lie back on the table, and provide an arm of support near the patient's back as the patient lies down. Pull out the foot extension on the examination table.
6. Ask the patient to bend the knees and place the feet flat on the table (Figure A). Push in the foot extension.

7. Cover the patient with a drape with the point of the drape between the patient's legs.
8. Place the pillow under the head, if needed to provide additional comfort.
9. Position the light source and a rolling stool in place for the physician.
10. After the procedure is complete, assist the patient to a sitting position using the foot extension to support the patient's feet.
11. Ask the patient to remain seated a few moments to prevent dizziness from the change of positions.
12. When the patient is stable, assist the patient to a standing position and hold the patient's arm while she steps down off the table. Provide assistance with re-dressing if necessary.
13. After the patient has left, clean the examination room for the next patient following the steps in Procedure 35-1.
14. Perform hand hygiene.

**Lithotomy Position.** The lithotomy position is similar to the dorsal recumbent position, except the patient's feet are placed in stirrups attached to the end and sides of the table. The stirrups must be locked in place to ensure patient safety. Provide additional assistance to patients who may have difficulty placing their feet in the stirrups. After the feet are in place in the stirrups, the patient is instructed to slide down until the buttocks are positioned at the edge of the table. The patient is draped from under the arms to the ankles. This position is used for vaginal examinations, often requiring the use of a **vaginal speculum** (an instrument used to hold open the walls of the vagina) and for obtaining cell samples of the cervix.

It is uncomfortable to maintain this position for any length of time, so the patient's feet should not be placed in stirrups until the physician is in the room and ready to begin the vaginal examination. Patients with severe arthritis or those who are severely obese or at the end of pregnancy may find this position difficult or impossible. If so, the dorsal recumbent position may be used instead if the physician approves. See Procedure 35-6 on how to position the patient in the lithotomy position.

**Fowler's Position.** In this position the patient sits on the examination table with the head of the table raised to a

## PROCEDURE 35-6

# Positioning the Patient in the Lithotomy Position

**Objective** ♦ Assist the patient into and out of the lithotomy position for a pelvic examination.

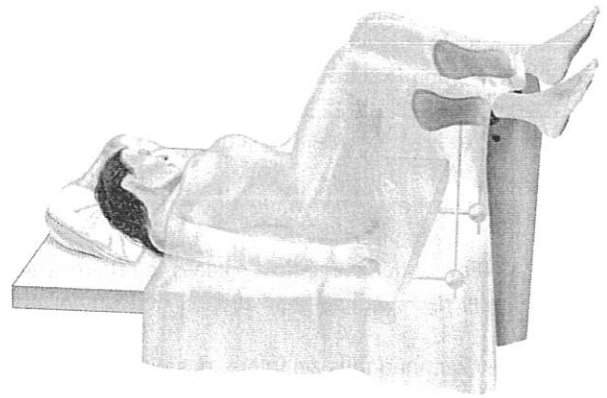
## EQUIPMENT AND SUPPLIES

Examination table with stirrups; gown; drape

## METHOD

1. Perform hand hygiene.
2. Greet and identify the patient. Explain that you will be assisting her into a position as required for the physical examination.
3. Provide a gown and assist the patient, if necessary.
- a. If the patient does not need assistance with disrobing and gowning, leave the room to maintain the patient's privacy.
- b. Always knock on the exam room door and ask for permission before reentering.
4. Assist the patient to sit on the end of the table.
5. Cover the patient's legs with a drape.
6. Ask the patient to lie back on the table, and provide an arm of support near the patient's back as she lies down.

7. Position the stirrups level with the height of the table and about 1 foot from the side of the table. Lock the stirrups into place.
8. Ask the patient to slide down on the table until her buttocks are on the edge of the table end.
  - a. The patient should not be positioned until the physician is in the room and ready to begin the examination.
9. Once the examination begins, assist the patient to bend her knees and place her feet in the stirrups. Position a drape for privacy with a point between the legs (Figure A).
10. Position the light source and a rolling stool for the physician.
11. Place a pillow under the patient's head as needed for additional comfort.
12. When the examination is complete, pull out the foot extension and help the patient remove her feet from the stirrups. Instruct her to lie with her feet extended out.
13. Ask the patient to slide up on the table, assisting as necessary. Keep the drape in place to ensure privacy.
14. Assist the patient to a sitting position and push in the foot extension. Allow the patient time to adjust to the change in position to prevent dizziness.



**FIGURE A** Lithotomy position.

15. When the patient is stable, assist her to a standing position and hold her arm while she steps down off the table. Provide assistance with re-dressing if necessary.
16. After the patient has left, clean the examination room for the next patient following the steps in Procedure 35-1.
17. Perform hand hygiene.

90-degree angle. If able, the patient may be seated on the edge of the table with feet over the edge in an upright position. This position is useful for examinations of the head, neck, and upper body. Patients who have difficulty breathing in the supine position may find this position more comfortable. The drape should be placed over the patient's lap and covering the legs.

**Semi-Fowler's Position.** The semi-Fowler's position is similar to the Fowler's position, but the head of the table is at a 45-degree angle instead of a 90-degree angle. This position is used for postsurgical exams and patients with breathing difficulties or lower back injuries. The drape should be placed over the patient's lap and covering the legs. See Procedure 35-7.

## PROCEDURE 35-7

### Positioning the Patient in the Fowler's or Semi-Fowler's Position

**Objective** ♦ Assist the patient into the Fowler's or Semi-Fowler's position for examination of the upper body and the head.

#### EQUIPMENT AND SUPPLIES

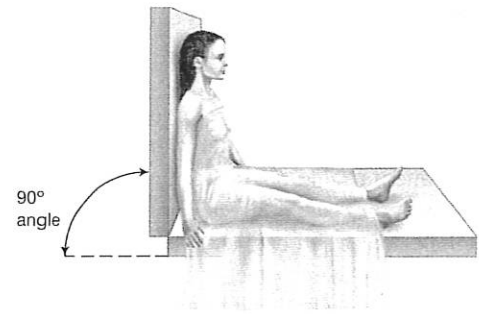
Examination table; gown; drape

#### METHOD

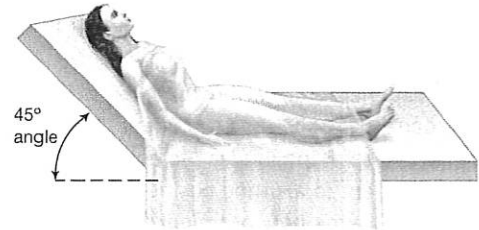
1. Perform hand hygiene.
2. Greet and identify the patient. Explain that you will be assisting the patient into a position as required for the physical examination.
3. Provide a gown and assist the patient, if necessary.
  - a. If the patient does not need assistance with disrobing and gowning, leave the room to maintain the patient's privacy.
  - b. Always knock on the exam room door and ask for permission before reentering.
4. Assist the patient up the step to sit on the end of the examination table.
  - a. Stabilize the step stool as needed.



5. Cover the patient's legs with a drape.
6. Raise the head of the table to a 90-degree angle for Fowler's position (Figure A) and to a 45-degree angle for Semi-Fowler's position (Figure B).
7. Direct and assist the patient to slide back and lean on the raised end of the table.
8. Pull out the foot extension while supporting the patient's feet.
9. Place a pillow under the patient's knees to relieve strain on the lower back. Adjust the drape as needed to ensure privacy.
10. When the examination is complete, push in the foot extension. Ask the patient to remain seated at the end of the table to prevent dizziness.
11. Ask the patient to lean forward, sitting upright, while you support the patient's back and lower the table. Inform the patient before lowering the table.
12. When the patient is stable, assist the patient to a standing position and hold the patient's arm while she steps down off the table. Provide assistance with re-dressing if necessary.
13. After the patient has left, clean the examination room for the next patient, following the steps in Procedure 35-1.
14. Perform hand hygiene.



**FIGURE A** Fowler's position.



**FIGURE B** Semi-Fowler's position.

**Prone Position.** The prone position requires the patient to lie face down, flat on the stomach, with the head turned to the side and arms either alongside the body or crossed under the head. This position is the opposite of the supine position. The drape should cover the patient from upper back to over the feet. This position is used for back exams and certain types of surgery. The prone position should not be used for patients with breathing problems, women in

late-term pregnancies, or older adults. In these cases the Sims position may be more appropriate, as described next. See Procedure 35-8.

**Sims Position.** The Sims, or lateral recumbent, position requires the patient to be placed on the left side with the right leg sharply bent upward and the left leg slightly bent. The right arm is flexed next to the head for support.

## PROCEDURE 35-8

# Positioning the Patient in the Prone Position

**Objective** ♦ Assist the patient into the prone position for examination of the posterior of the body.

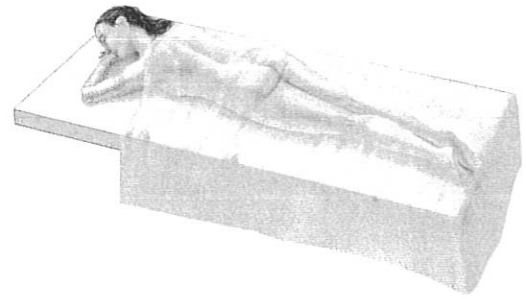
## EQUIPMENT AND SUPPLIES

Examination table; gown; drape

## METHOD

1. Perform hand hygiene.
2. Greet and identify the patient. Explain that you will be assisting the patient into a position as required for the physical examination.
3. Provide a gown and assist the patient, if necessary.
  - a. If the patient does not need assistance with disrobing and gowning, leave the room to maintain the patient's privacy.
  - b. Always knock on the exam room door and ask for permission before reentering.
4. Assist the patient up the step to sit on the end of the examination table.
  - a. Stabilize the step stool as needed.

5. Cover the patient's legs with a drape.
6. Ask the patient to lie back on the table, and provide an arm of support near the patient's back as she lies down. Pull out the foot extension.
7. Ask the patient to turn toward you onto her side, then onto the abdomen. Position yourself close to the middle of the side of the table to prevent the patient from falling.
8. Place pillows under the patient's head and feet as needed for comfort. Cover with a drape from the shoulders to the ankles (Figure A).
9. When the examination is complete, ask the patient to turn toward you, turning face up, and then help the patient to a sitting position.
10. Have the patient stay seated a few moments to prevent dizziness from the change in position.
11. When the patient is stable, assist the patient to a standing position and hold the patient's arm while she steps down



**FIGURE A** Prone position.

off the table. Provide assistance with re-dressing if necessary.

12. After the patient has left, clean the examination room for the next patient following the steps in Procedure 35-1.
13. Perform hand hygiene.

The patient is draped from under the arm or shoulders to below the knees on an angle. This allows the physician to raise a small section of the drape while keeping the rest of the patient covered. This position is used for rectal exams, taking rectal temperatures, enemas, and perineal and pelvic exams. See Procedure 35-9 for more information on how to position the patient in this position.

**Knee-Chest Position.** In the knee-chest position, the patient is placed in the prone position and then asked to pull the knees up to a kneeling position with thighs at a 90-degree angle to the table and buttocks in the air. The head is turned to one side, and the arms may be placed under the head or on either side of the head for comfort and support. Most patients need assistance to assume this position

## PROCEDURE 35-9

### Positioning the Patient in the Sims Position

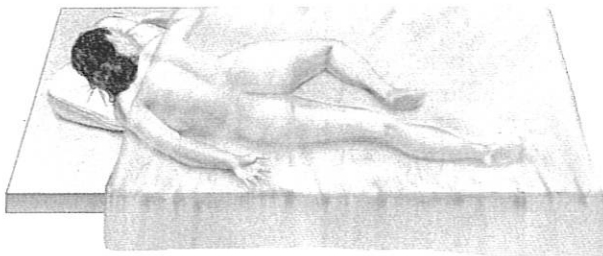
**Objective** ♦ Assist the patient into the Sims position for rectal exams, rectal temperatures, enemas, and perineal and pelvic exams.

#### EQUIPMENT AND SUPPLIES

Examination table; gown; drape

#### METHOD

1. Perform hand hygiene.
2. Greet and identify the patient. Explain that you will be assisting the patient into a position as required for the physical examination.
3. Provide a gown and assist the patient, if necessary.
  - a. If the patient does not need assistance with disrobing and gowning, leave the room to maintain the patient's privacy.
  - b. Always knock on the exam room door and ask for permission before reentering.
4. Assist the patient up the step to sit on the end of the examination table.
  - a. Stabilize the step stool as needed.
5. Cover the patient's legs with a drape.
6. Ask the patient to lie back on the table, and provide an arm of support near the patient's back as she lies down. Pull out the foot extension.
7. Ask the patient to turn onto her left side with the left knee slightly flexed, placing the body weight on the chest.
  - a. Position yourself close to the middle of the side of the table to prevent the patient from falling.
8. Ask the patient to flex the right knee to a 90-degree angle. Bend the patient's right arm at the elbow with the hand toward the head. Adjust the drape to cover the patient from the shoulders to the ankles (Figure A).



**FIGURE A** Sims position.

9. When the examination or procedure is complete, ask the patient to turn toward you and onto her back. Assist the patient to a sitting position. Ask the patient to remain seated at the end of the table a few moments to prevent dizziness from the change in position.
10. When the patient is stable, assist the patient to a standing position and hold the patient's arm while she steps down off the table. Provide assistance with redressing, if necessary.
11. After the patient has left, clean the examination room for the next patient following the steps in Procedure 35-1.
12. Perform hand hygiene.

correctly, and they should never be left unattended in this position at any time. It is an uncomfortable and embarrassing position, so the patient should not be made to assume the knee-chest position until necessary during the examination. This position is used for proctologic exams, sigmoidoscopy procedures, and rectal and vaginal exams. The drape should be placed from the upper back at an angle covering the anal area. A **fenestrated drape** (a drape with a precut

opening in the appropriate area) may be used. See Procedure 35-10.

Additionally, many physicians have proctologic tables available for this type of exam. This specialized examination table can be elevated in the middle, which will automatically position the patient with hips bent and the head and feet lowered, making it unnecessary for the patient to assume the knee-chest position.

## PROCEDURE 35-10

### Positioning the Patient in the Knee-Chest Position

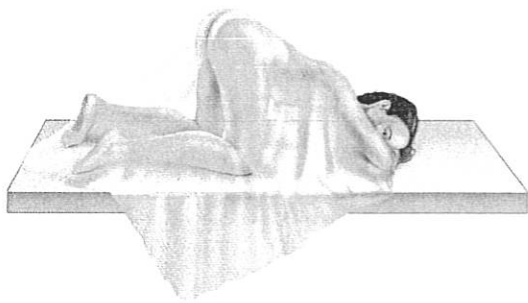
**Objective** ♦ Assist the patient into the knee-chest position for examination of the rectum, sigmoid colon, or vagina.

#### EQUIPMENT AND SUPPLIES

Examination table; gown; drape

#### METHOD

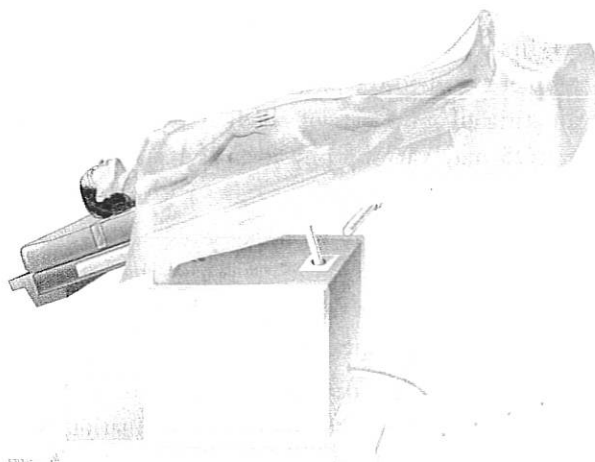
1. Perform hand hygiene.
2. Greet and identify the patient. Explain that you will be assisting the patient into a position as required for the physical examination.
3. Provide a gown and assist the patient, if necessary.
  - a. If the patient does not need assistance with disrobing and gowning, leave the room to maintain the patient's privacy.
  - b. Always knock on the exam room door and ask for permission before reentering.
4. Assist the patient up the step to sit on the end of the examination table.
  - a. Stabilize the step stool as needed.
5. Cover the patient's legs with a drape.
6. Ask the patient to lie back on the table, and provide an arm of support near the patient's back as she lies down. Pull out the foot extension.
7. Ask the patient to turn toward you onto the abdomen, providing assistance as needed. Position yourself close to the middle of the side of the table to prevent the patient from falling.
8. Assist the patient onto the knees, with hips bent and keeping the chest on the table. Buttocks will be raised in the air, arms bent, head turned to the side, and hands next to the head. The patient may rest her weight on the elbows if it is more comfortable (Figure A).
9. Adjust the drape so the point of the drape is between the patient's legs.
10. When the examination is complete, help the patient to lie flat on her abdomen. When the patient is ready, ask her to turn toward you and then lie on her back. Help the patient



**FIGURE A** Knee-chest position.

**Trendelenburg Position.** This position is not normally used in a physician's office except in cases of shock or hypotension (low blood pressure). For this position, the patient may be placed in the supine position, and the end of the table is raised to a 15- to 30-degree angle. This results in the patient's legs being elevated above the patient's head. The patient is draped from underarms to below the knees (Figure 35-12). The effectiveness of the Trendelenburg position in treating shock has been controversial, as some research has shown no effect or even negative effects on patient outcome. However, studies have shown the benefits of using a modified Trendelenburg position, also called the passive leg lift, which is elevating the patient's legs without tilting down of the head. Follow the instructions of the physician in this regard.

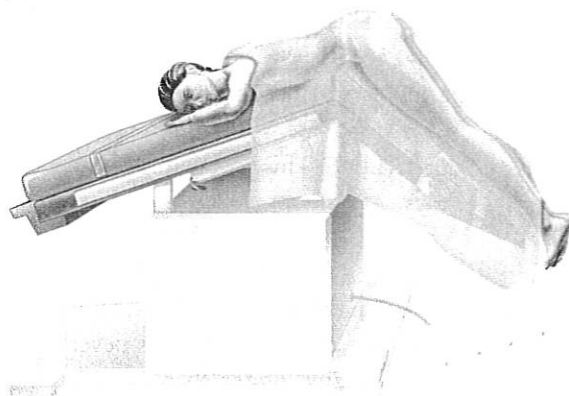
**Proctologic Position.** The proctologic (or jackknife) position is used for proctologic examinations, such as with a sigmoidoscopy. It is similar to the knee-chest position but with a greater bend at the hips. For this position, a special examination table is usually available, as discussed earlier. Patients lie face down with hips at the hinge of the examination table. The table is then tipped downward (Figure 35-13).



**FIGURE 35-12** Trendelenburg position.

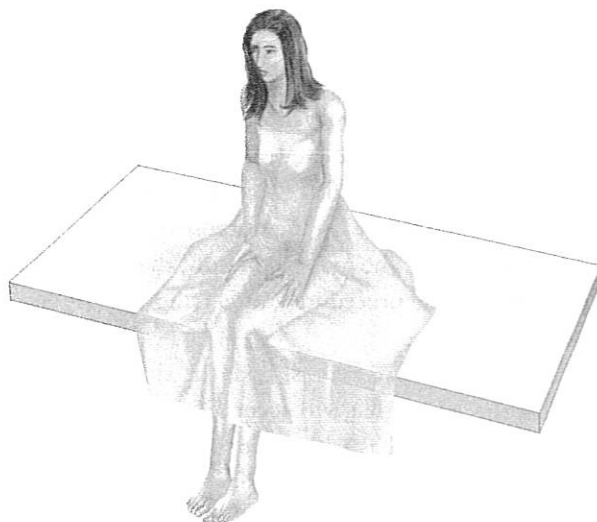
to sit up and remain seated a few moments to prevent dizziness from the change of position.

11. When the patient is stable, assist the patient to a standing position and hold the patient's arm while she steps down off the table. Provide assistance with re-dressing if necessary.
12. After the patient has left, clean the examination table for the next patient, following the steps in Procedure 35-1.
13. Perform hand hygiene.



**FIGURE 35-13** Proctologic (jackknife) position.

**Sitting Position.** This position is used to examine the head and chest (anterior and posterior). The patient sits upright with legs over the side of the examination table (Figure 35-14). The sitting position is ideal for patients with breathing problems and for auscultation of the heart and lungs during the physical examination.



**FIGURE 35-14** Sitting position.