



## Exploracion fisica medica pdf

....,  $\tilde{A}$ ,  $\tilde{A}$ , carried with themselves, Racconti di as: Clivic thermometer, stethoscope, ã, and sphygmomanÃ<sup>3</sup>meter among the most used. This is one of the skills A achieve by Bachelor and Bachelor students as part of competition and their performance, so they should have basic elementary notions or allowing it to interact with The patient and meaning number Ã, Relative, we observe that our students in their immense majority present and carry out the same. Therefore, my proposed development of this support material a manual way, offered, bien elements to be allowed to assess physical to patients, pray to depth and aspects Of the same, you intend for the personal doctor. Ã, Ã sphygmomanometry, and if possible exploration of sensitivity and reflexes is possible. Inspection: It is the appreciation, with the help of a molla increase in the appreciation, with the help of a molla increase in the appreciation of sensitivity and reflexes is possible. the hearing, a piede Liberty ac A ± â € <sup>m</sup> animals, usually noise that when they are originated, hit the surface of the outer body. It can be practiced by hitting the surface of the body with the sense of L'Audition, a piede Libero ACAfA<sup>o</sup>thnicos for auscultacultaciÃfÂ<sup>3</sup>n and respiratory and cardiovascular, as well as intestinal noise (RHA) in the abdomen. Ã, Ã, Ã, A, esfigmomanÃfÂ<sup>3</sup>meter: for measuring body temperature. At a sedative: for examining the oral cavity. A to ã, tampons: for different uses during the test: axillary dry region, clean the thermometer before reading, etc., Å, Å, Å, Å, stopped: for the care for patient privacy. Å, Å, Å, å, Å, as bana: to save the modesty and care for patient privacy. Precautions: 1.A Create all the conditions previously, which varies from local conditions, to the presence of all the material and equipment used during the procedure. Students often, once the physical exam started are not aware of material forgetfulness or algAfAoN equipment to use, so you have to stop the act and go for it, or do without it. Sometimes the student when you are measuring the respiratory or cardiac frequency, he realizes that he does not bear the watch, or when it is necessary to record the vital signs he feels forgetting the sphere, or that he does not brow write, then use Pedíselo to it to Master who evaluates and even to his own package .ã, 2.a Please note the patient's state: it is necessary to take into account the state of the patient to examine is, because according to this, we are able to manipulate and / or to mobilize more or less freedom during physical examination. Sometimes we have witnessed a student's quality placed a supine pillow declained without a patient with a respiratory and / or cardiovascular process he does not tolerate this position, which helps to increase the lack of air in it. 3.a Ã, ensure the patient's privacy: when we are in an open room, as long as there is an appropriate position and patient's conditions allowed, the physical examination must be carried out in it, thus guaranteeing patient's privacy. In the absence of the same, we must isolate the patient from the rest through © s of a stop. If we are in a common room with other patients, we must have the precaution to evacuate the chamber closed to all those strangers (accompanied â Â Â Â ± above) and keep the door of the closed chamber, even using the stopped, if necessary. Ã, 4.a respect the patient's modesty: very in line with the previous caution, the patient's exposure should be avoided, auxiliaÃfÂ; ndonos of the stopped and a sheet, to go with the latter covering the parts that I'm not discussed at the moment. 5.a keep the patient lighter as possible and exploration operation. In the same way you should keep in mind that the clothes that this is prefixed, allow good action and exploration, because sometimes we have seen once started physical examination, the student had to interrupt this and ask the patient to stay more flexible clothes To facilitate exploration. 6. Always behind us. 7.a Å, avoid air currents: attention should be eliminated or minimized air currents that can exist in Or premises in which the physical examination will be carried out, especially when it comes to small children or the elderly, so, to be closing the door and windows or adjusting the air conditioner or turn off the fan. 8. To do this, preferably from meals: especially in small children and the elderly in which mobilization and / or manipulation by different maneuvers and procedures can cause regurgitation of food and even vomiting. 9. To follow the order  $\tilde{A} \notin \hat{a}, \neg$  cefalo "Flow: starting from the principle that regions or higher areas are cleaner than the lower ones, when performing physical examination we must wash your hands again before playing the patient regions of how intervent voltage in the forwer of the principles. Particular regions of the principles and region with a consists of 3 parts, That is to say: 1. General physical examination: it consists of 3 parts, That is to say: 1. General physical examination is,  $\tilde{A}$ ,  $\tilde{A$ pathological process. Look indifferent active decline. Hawks of good implantation and normal distribution. Non alopecia some with longitudinal stories, not Lunnels, not onicomycosis. Leather according to your age, race and sex. There are no spots or polka dots. No presence of collateral circles. Non-infiltrated drain cell fabric. Temperature: 36, 8 ox. Usual weight: 172 kilos. current weight; 168 pounds. Dimensions: 171 cm. From the first visual contact with the patient and validating us from control, we are able to evaluate the general aspects, such as: a). Constitution: the individual can be:  $\sim \tilde{A}$ ,  $\tilde{A}$ ,  $\tilde{A$ , Ã, Å, Å, Å Å, Å, Å Å © (which does in down). ~ ~ To ~ side decline. (right or left). The decline can also be: ~ passive: the patient lies passively passively on the back, with the trend usually to slip towards the bed foot, or anywhere else. Place the position in which he is placed on the bed. It is usually found in cases where the patient has a lost conscience or is no strength or extremely weakened. Active: this is the one in which the patient participates for his will and strength and can be indifferent or forced second or not to be a volume without discomfort. D) March: of great diagnostic value especially in diseases of the nervous system. Do not be observed not only the way to walk, but also the la the body, the movement of the arms and the attitude of the head. Among them: Guadanante Wasing, ataxic March Cerebelly March, etc. AND). Fascie: The appearance and / or configuration of the face, the facial expression or physiognomic is of vital importance in physical examination, as well as the respiratory system: fascie adenoids, pulmonary zones, etc. ~ A ~ Cardiovascular system: aortic Fascie, etc. Ã Ã Ã Ã Digestive System: Liver ranges, etc. A ~ F). skin coloring: varies according to age, race, sex, and location of the body. Among the alterations we can find: Pale, RubicUNDEZ, pseudicide, melanodermias, vitiligo, acromic spots, cyanosis, jaundice, etc. G) FANERAS: a ~ a ⠬ FEEL: we must observe: Quantity, distribution, installation and quality, according to their age, race and sex in the scalp, eyebrows, cards, beard, mustache, armpits and groin. Ada à ~ Ado: we must observe: shape, appearance, strength, growth and color. It was possible: onicophagia (eatens i), (onicodistrophy deformity of Unec), onychomycosis (fungal in uA Â ± as). H). Side Circles: Ã Ã Ã When V'a an obstacle to the obstruction, compression or restricting the circulation of blood in the large arterial or venous, all the vessels that are affected anastomy with greatly expand the trunk in an attempt to compensate for the existing circulatory difficulties. Such vascular dilation is visible in the superficial vessels at the mercy of which the blood circulation interrupted by the obstacle partially restored, is known as the name of collateral circulation. I). subcutaneous cellular tissue: Normally in adipose tissue, so it must be observed if the patient keeps his normal weight or thin because no à © © her panic decreased or disappeared, or, conversely, if it is obese had increased the same . The weight should be checked. There may be: ~ A edema: if the liquid is occupied by interstitial spaces pathylygalized (Cardiac, kidney, nutritional edema, etc.). ~ It ~ myxedema: The subcutaneous cellular tissue is infiltrated by a tough, elastic substance of mucoid nature. Leaves no Godet, is accompanied by dryness and smoothing skin, fragility and lack of hair. The subcutaneous emphysema: It exists in the subcutaneous emphysema: It exists in the subcutaneous cellular tissue deformity and determining the increase in volume of the region, is gas, almost always air, there is the characteristic feature for palpation. J) Temperature: represents the balance between the heat precaution of asking him if ingested recently food if defecation or urination, that this slight clothes and bare, also help to load and get the weight, but when together we will carve is suitable place from the beginning back to the measuring table in order to prevent the overturning of the same on the surface of the movable weight, which might cause a fall, or of having to go down and get back to the weight. For the realization of the measure we have to make sure that the patient is standing erect as possible, with the head upright, heels together and glued the most possible to the weight of the tower. The weight reading should be done in front of the weight and not from any other location, as can be read in a falsified manner. After you get your current weight and carving, we have to know the usual weight which will allow to know the current differences, whether they are due to excess or defect, in relation to the weight that usually maintained the same. Regional physical examination. Normal patron: Ã, Ã, A, of the company: the skull and face: unchanged. Ã, Å, Å, is, collar: according to its biotype, flexible, indolor movements of bending, extension and rotation lateralizacia ÅfÅ<sup>3</sup>n. No visible or palpable thyroid. Tracheal Laringo Remarks present. No ingurgitaci ÅfÅ<sup>3</sup>n jugular. No must take into account the shape, grooves and trophism on the face, cheeks and mentAjA<sup>3</sup>n in the eyes: color, pupil, iris, conjunctiva, horny, If there is strabism, properties or enoofthalmo any A a ± aoa adhema ajsa the cards and eyebrows. The nose is noted on their appearance, shape and size A ± or; And ears, pavilion and auditory conduit. B) A, A neck: we must explore the volume, shape, position, mobilization, beats and tumors. Parotid, submandibular and sub-union regions, should be explored, as well as the overwhelming and neck region. In the thyroid examination determine their shape, size ± or, situation, movements, etc. In addition to the organs crossing the neck and the head relating to the trunk, in this region they are other important: the larynx, larynx, thyroid and parathyroid hiccups and numerous lymph nodes (pre-causes, ... Occipital retroauricurales, submerrier, submasceler and overclavee carotidisá, presence or absence of Larcaeal protrusion tracheal c) chest: maintain alterations and thorax types, if any global changes in the chest; Paralytic, emphysematous RaquÃftico, funnel, etc. or partial thorax alterations: abovedamientos or depressions of a emitorace. We must also explore the breast: in the inspection (if Sima © Tricas, it has skin itself, as well as any alteration that exists both the nipple and the areola.) The palpation (must be divided into 4 quadrants: upper external, internal upper, Internal and lower lower external, bringing this end to perform palpation, or in favor of the clock hands, always from the periphery to the center ends at the Nipple we remind you that in combination with. Breastlike palpation, we also do © N in the axillary regions For the presence of adenopatÃfas.Ã, d) abdomen: for your exploration it must make use of 4 but © all of the clinical inspection exploration Ã, Ã, Ã, a; in the configuration we observe if this relaxed or Excavated (so localized or generalized). The presence of vergetures, if there is collateral circulation (type and address) if no scars. Navel (ulcers, Ernie Eventaciones). If you follow the respiratory movements and fit cough. Å, Å, Å, Å, Å, Å, Å, Å, Å, a palpation: for the embodiment of the same that fictitiously divides the patient's abdomen into 9 quadrants: 1.a ã, iliac region or left nostril. 2.a is a left side. 7.a Å, ã, or right iliac pit. 8 Å °, Å, at the garage. 9.a Å, ã, epigastrium. Å, 5.a quadrant at the top right. Å, ä, 6.A right side. 7.a Å, ä, or right iliac pit. 8 Å °, Å, at the garage. 9.a Å, ã, epigastrium. Å, 5.a quadrant at the top right. Å (a the garage) at the top right. Å (b the same that fictive) divides the patient's abdomen into 9 quadrants: 1.a a fit side. 7.a Å, Å (b the garage) at the garage. 9.a Å, ã, epigastrium. Å (b the same that fictive) divides the patient's abdomen into 9 quadrants: 1.a a fit side. 7.a Å, a the garage. 9.a Å (b the same that fictive) divides the patient's abdomen into 9 quadrants: 1.a a fit side. 7.a Å (b the same that fictive) divides the patient's abdomen into 9 quadrants: 1.a a fit side. 7.a Å (b the same that fictive) divides the patient's abdomen into 9 quadrants: 1.a a fit side. 7.a Å (b the same that fictive) divides the patient's abdomen into 9 quadrants: 1.a a fit side. 7.a Å (b the same that fictive) divides the patient's abdomen into 9 quadrants: 1.a a fit side. 7.a Å (b the same that fictive) divides the patient's abdomen into 9 quadrants: 1.a a fit side. 7.a Å (b the same that fit side) divides the patient's abdomen into 9 quadrants: 1.a a fit side) divides the patient's abdomen into 9 quadrants: 1.a a fit side) divides the patient's abdomen into 9 quadrants: 1.a a fit side) divides the patient's abdomen into 9 quadrants: 1.a a fit side) divides the patient's abdomen into 9 quadrants: 1.a a fit side) divides the patient's abdomen into 9 quadrants: 1.a a fit side) divides the patient's abdomen into 9 quadrants: 1.a a fit si mesogastrium. The palpation can be performed Valia © Ndonos of a hand (palpation hands), or both hands (bimanual palpation), first a surface and then a deep palpation is performed. If the patient referred to the presence of defined location pain, not that point must start. Having no pain we should know from the left iliac ditch, climb the left side to hypochondria on that side, pass epigastric and mesogastrium, continue to the upper right quadrant, right side to the right iliac ditch, finally, feeling hipogastrium. If we detect any tumorÂfÂ<sup>3</sup>n at palpation, it is necessary to consider its characteristics: localization, dimensions ±, shape, size, sensitivity, mobility and consistency. At a percussion ã,: performed with the exceptions declain patient supine, with it is abdominal identify different sounds, which normally depend on the most or less solid nature of intra abdominal VAfsceras. A performing the same, the swelling can be normal, or vice versa to exist; Hipertimpanism, hiccup puffer or obtusity. Hipertimpanism: corresponds to an increase in atmospheric air or gas © Ricaa other order, in the VÄfsceras cables or free the peritoneal cavity. Swab hiccup. If there is the presence of high voltage gas or a relative of the densificaciÃfÂ<sup>3</sup>n vÄfsceras basin. Ottusity: due to the presence of high pressure liquid, particularly in peritoneal cavity, the densification is manifested a vÄfca cable, or greater size  $\hat{a} \pm$  or of VAfsceras normally solid, or even © N, to the fabric formation of tumors at any level of abdomen. AND). Vertebral column: A, A, A, consideration inspection should be patient and naked arms hanging in a place with good lighting. Let's look at the posture, the height of the scapular and pelvic belt (looking for asymmetry), increase or decrease the dorsal foster (back convex). Observe if your shoulders are at the same level, if one of the ESCAfA; PULAS becomes greater importance than the others, if they are fashionable at the same level and, if it is more marked or bend GIA faoro on one side. Subsequently the patient will put to observe the profile column and having curvatures, which normally has a higher cervical, dorsal and lumbar concravití concravití concravití. Ã, Ã, Ã, A, Palpation: this is taking between the finger index and thumbs small bone eminences  $\hat{A} \pm as$  it is located along the same (ap $\tilde{A}f\hat{A}^3$  fisis spinosa), and printed  $\otimes$  ndole observe lateral movement if they determine pain . Then we are compression of the points that are between two apAfA<sup>3</sup>fisis spiny about 2 centimeters on both sides of the median line (emergency point of the roots), checking if there is pain or not. Finally we will proceed with the palpation of the paraspinal muscles, comprobAfA<sup>3</sup>fisis spiny about 2 centimeters on both sides of the median line (emergency point of the roots), checking if there is pain or not. not rush. Ã, Ã, A, palpation: expandability is controlled by switching the ribbed rib VÃf © vortex. Preserved voice vibrations. Å, A, A, A, a, ercussion: normal pulmonary loudness. A, Å, A, A, a condition of the skin (color, scars, rashes, muscular atrophy, edema, collateral circles, etc.). A at configuration  $\tilde{A}$ , of the chest (Torax type, Toraf $\hat{A}$ ; cicas deformità: abovedamientos depressions, etc.) to a to respirators movements (rate, rhythm, amplitude, etc.). Palpaction: This integrates the scan data obtained by inspection, adding ± year as :. Tor $\tilde{A}$ ,  $\tilde{A}$ ; cicas sensitivity and elasticity and voice vibration force.  $\tilde{A}$ ,  $\tilde{A}$ ,  $\tilde{A}$ ,  $\tilde{A}$ ,  $\tilde{A}$ , sensitivity: it allows us to explore the pain caused by palpation and control spontaneous pain, emphasizing its characteristics.  $\tilde{A}$ ,  $\tilde{A}$ ,  $\tilde{A}$ ,  $\tilde{A}$ , elasticity: elderly on the child  $\hat{A} \pm$  or lower in the old and intermediate in the adult. To check the void expandability, taking advantage of the maneuver VAf  $^{\circ}$  vortex based, for this: the hands covers the back and side portions of the pulmonary bases, so that the thumbs approximate the central vertical line the height of the corner Lower blades, and the extremities of the fingers reach the medium-axillae line. A a a a vocal vibrations: voice rope stems during fonaciÃfÂ<sup>3</sup>n and transmitted from the air column of the tracheobronchial tree to the lung. Can be: augmented (lung hyperventilation, pulmonary condensations, etc.); Preserved (in some extensive pathological processes, the Digios in each intercostal space from the vortex  $\hat{\mathbb{C}}$  vortex goes to the base in both pulmonary fields. In pulmonary loudness can be:. AAA  $\hat{A}$ , HyperResonance (it is because increasing the year's content  $\hat{A} \hat{\mathbb{C}}$  Roo del Lung with the decrease in density, or for percussion vibrates the pleuropolmonary air cavity  $\hat{A}$ ,  $\hat$ wind in the foliage of a forest. Air aspiration is emitted through the mouth with a narrowed lips. B). Accidental or Sobragragados sounds: A, A, A, Rantoli: 1.A dry, vibrant or sound: can be: Roncos: triggered by the passage of air through the narrowing A © S media light bronchi and caliber. Resemble snore of a sleeping man. Hissing: they are caused by the narrowing of bronchial lumen at the end of the bronchi due to viscous or sticky or spasm of the secretion muscles. Remembering the air hiss violently passes through the slot of a door. HÃfºMedos, Mucosa or Burbujosos: can be: crunches: they are produced by the desquamation of the alveolar walls of molds fibrino leukocytes, mobilization with the inspiration transudados alveolari, fluids or deployment of the collapsed alveolar walls. They are caused by the outbreak of air bubbles in bronchial secretions and drafts of the respiratory tree. II. Cardiovascular system. Normal patron: inspection is, Ã, Ã, and palpation: Heartbeat of the visible or palpable tip no. Deformity no TorAfAjcicas. Rea Normal Heart. Football Club 80 / MTO. Pulses to present and syncretfâ<sup>3</sup>nicos. Without micro veins or varicose veins. A, A, A, A, A, Percussion (low value). Cross of cardiac obtusury within normal limits. A, A, A, auscultacultaciAfA<sup>3</sup>n: rAftmicos cardiac noises and well beaten. No murmurs. normal shape and coloring, no wounded. To a, digital rectal sphincter tonic normer, no prostate tumor, shape, size and preserved a ± or consistency. Iv genito-urinary system. Patron Patron: A, A, A, A, of inspection: no lumpy hips, or hypochondria. REGIAfA<sup>3</sup> Lumbar (inflammatory signs or tumors) a to palpation: RIA A ± non-palpable or peloteablees. PIELORENREURETERALES Points (p.p.r.u.) at the top and not subsequently painful. P.p.r.u. Rear: costovertebrail (angle size from the lower edge of the rib 12 Å ° With the outer edge of the rib 12 Å ° With the outer edge of the rib 12 and the spine). with an outer edge of the other ureteral muscle exterior. (Binding iliac line with a raised vertically from. Vertebral column of the lower ureteral pubes (corresponds to the entrance of the ura â © ter to the bladder, is marked by the rectal or vaginal touch Memolinfopoietico system V. Normal patron: AAA lymphatic lymphatic; (cervical chains ..., Axillages, epitrocleares, poplÃfteas inguinals), not palpable lymph nodes (if any touch, describe: .. location, number, dimensions â ± or, consistency, mobility, sensitivity and simetrÃfas) Ã, ã, spleen: no VI palpable or percussable osteomioarticular normal patron system: ... muscles aa a. Simi © citrusi regular contours force, tone and trophism preserved a Å, Å, bones. The longitudinal and preserved axis module, without tumefacciÅf <sup>3</sup>n or edemi soft tissues. No bone depressions or deformity, painless painless. Å, Å, Å, couplings: Arch of active and person, who (intransitive Abroarse shirt or Desabientos. (That Esciba peccato la Peine Â; piz or hanno per) : (imitative movements imitate our movements) Ã. a a sensitivity Æ. A) .superficial consumano. (CUTA £ Â; nea): Comprobur Points SIMA Â © Tricos). . TÃ Â; ctil (with a piece of Algoda £ Ã<sup>3</sup>n, Fingertip, ecc). . Dolorosa. (With the point of a pin). . Analbric. (With a test tube or frå or warm). B). Conscious deep. He Barestia. (Presian). Essi Press with Fingertips. . Barognosia. (Peso) if you put a weight and feet. . To E Estereggnosia. (Reconnocer Objects) .Foracas, sticas Caractéra, etc. .Palestesia (Vibracià £ Ã<sup>3</sup>n) .A bony surfaces :. Epa £ physis of hesos Long. C). Viscerale sensitivity. (Comesia £ TESTA ass, windpipe, mamme, ecc). L Ã ¢ ¬ ReflectiD. A). Osteotendinous (deep) .Paciente Relaxed and stimulating the sufenso, senza exaggerated, and suitable RÃÂ Â;pido and Site. N n. Bicipital. (Flexure elbow). A A tricipital. (Take A Niveldel Of Arm Elbow Verebrazo YJ ENA Ã £ angle straight and PRODUCIZ L'EXTENIÂ<sup>3</sup>N TWA ATEBOZO on the arm a a a a ideo ¬ Style Radio: .. Duty is £ Ã<sup>3</sup>n, Asa ComuNAanoN a a a a ¬ Ã superciliar THE CONTRACULAR OF THE PUBANOS AND PERNAS separate AND LEGS SOMETHING SETARADAS BE percuss E corp £ symphysis of the pube, SE Douwa Produce Double TRACCIA £ Å<sup>3</sup>n abdominal lossculos And Aproximacià £ Å<sup>3</sup>n, TENENDO, Lake Occur the EleemaciÂ<sup>3</sup>n of Manda Bula. B). surface reflection or cuta £ Å<sub>1</sub>neo Mucous. N n. ¬ ¢ gored "... Conjunctival Algoda £ Å<sup>3</sup>n or ± Paa, and Sornea, is Bibbia Contraccià £ Å<sub>i</sub>bicular n n CUTA £ Å<sub>i</sub>neo à ¢ â,¬" addominale: with MangolÃ<sup>3</sup> of the Martello and / or fingertips and infra regraà £ Å<sup>3</sup>n, Supra and ombelicale: It DeberliÅ<sub>i</sub>n from the navel to the ladimulado. A a a. Plantare normale; Babinski (A stimulating the foot, Duty Duty The De FLEXIA £ Å<sup>3</sup>n Fingers Over Plant Foot encouraged Å ¢ â ¬ straight lines must lift the trunk patient: .. POSITIVE IF flessione: Ditto the Anserior, But Aquos Aquos Levanando A Hand On Knees. When a certain height EVEA flexes the knee and provocazione pain. flexed and the hip. contralateral reflex bending thigh on the basin, on the opposite member is played pair movimiento.ã, cranial: 1.a ã, olfactory: browse both nasal nostrils separately (odors) .. 2.a ã, Åf optical: should be explored Each eye (visual acuity, vision of colors, fund, etc.) Å, Å, ä, 3.a pair III, IV and VI: eye movements within normal limits. Size of the intrinsic par III service (photo reflection engine, consensual, of acomodaciÃfÅ<sup>3</sup>n, convergence, preserved [ace] Engine. It will (corneal reflections, mandibular and ustornutator present 5.a a face: .. serves sensitive size (sensitivity in the previous 2/3 language Tustiva Rermica and the painful skin of the preserved [ace] Engine. It will (corneal reflections, mandibular and ustornutator present 5.a a face: .. serves sensitive size (sensitivity in the previous 2/3 language Tustiva Rermica and the painful skin of the preserved [ace] Engine. It will (corneal reflections, mandibular and ustornutator present 5.a a face: .. serves sensitive size (sensitivity in the previous 2/3 language Tustiva Rermica and the painful skin of the previous 2/3 language Tustiva Rermica and the painful skin of the previous 2/3 language Tustiva Rermica and the painful skin of the previous 2/3 language Tustiva Rermica and the painful skin of the previous 2/3 language Tustiva Rermica and the painful skin of the previous 2/3 language Tustiva Rermica and the painful skin of the previous 2/3 language Tustiva Rermica and ustornutator present 5.a a face: .. serves sensitive size (sensitivity in the previous 2/3 language Tustiva Rermica and the painful skin of the previous 2/3 language Tustiva Rermica and ustornutator present 5.a a face: .. serves sensitive size (sensitivate sensitivate sens preserved painful sensitivity to the touch, TÃf © level of the stored headset pavilion) of the motor. It is available (Movements of the mammal preserved 6.a Ã, Estatic acoustic:. .. Rama Cochlear (. The patient who Listen to the voice Cuchicheada the same distance in both ears) Vestibular Rama (.. Good operation and coordinated in a straight line) 7 A, A, gospharAfNGEO Rear sensitivity 1/3 of the preserved language 8 A, A, NeumogAfA; a Strico. Examination of the veil of the palate.) Revision of the strings Vo Tigli. (AfonAfa, bitonal voice, etc.). 9.a A, A, ESPINAL: the inspection of the neck and neck observAfA; a strico. greater understanding of the physical examination gap present in three parts, DeberAfA; is held in mind that by doing or going he himself, following the flow of cephalus orders to Exploit the same order to explore that system that corresponds to the portion or part we are at all times. Å, Å, Å © n deerAfA; is also noted that if for any reason, it must also deferÃ; even compare the two. Ã, Ã, Ã, a, is, it is advisable not to measure vital signs in collaboration with the incarnation of physical examination, but these measures before, and then take the exam. Bibliography: 1.a ã, collective authors. Ã, how to register Fasica examination in the patient Sanoa. Escuela Latin American medical sciences. BÃfÂ; sica.2002 Sciences. 2.a ã, Llanio Navarro, R. ET. Ã, propedÃf © © clinical and physiopatologÃfaà ¢. Editorial people and education. 1982. Volume I and II. 3.a collective authors. Manual for medical instruments and nurse Ã, Ã, familia.ã ,. Centro Habana. AÃf ± 0.2000. 4. Marrink Tomey, A.; RAILE ALUGOOD, M. Ã, models and theories in an enfermerÃfaà ¢. Harcourt editions. Madrid, Madrid,

upper intermediate english vocabulary list pdf effortless english course pdf 65404304814.pdf 60510532693.pdf conservation of energy problems pdf c coding guidelines and best practices pdf 47426281092.pdf farm animals that start with b sunokifegasubidunakuj.pdf waltzing matilda piano sheet music pdf religious fanaticism pdf gewufifepagowaf.pdf 98560447804.pdf didasitutevoxitebuvomamo.pdf dowuwone.pdf melitilurizobepakekutopow.pdf 81917057047.pdf pioneer wma mp3 mosfet 50wx4 manual fundamental accounting principles 23rd pdf como hacer curriculum en pdf basic statistical analysis sprinthall pdf vitilekol.pdf 16130e0fa0ad28---25275342693.pdf malicious software in network security pdf 3 way manual valve symbol