

Guide to Conducting a Virtual Physical Exam Over Telemedicine



General Advice

- Ensure adequate lighting is available to allow your patient to see you clearly.
- If patient is unable to complete instructions below, ask them to seek the input of a family member if the patient consents.
- Maintain eye contact with the computer camera. Ask the patient or family member to move the camera (on computer/mobile phone/smart pad) as needed to make eye contact.
- During the exam, instruct the patient to position themselves near a natural light source (e.g., window) or to use a flashlight or cellphone light to illuminate areas of concern.
- Remind them it is OK to enlist the help of family members.
- Encourage the patient to complete the visit in a private setting to support completion of sensitive components of the history and physical examination.

General Virtual Physical Exam

- Document patient mentation through ability to appropriately answer questions.
- Document if patient is breathing comfortably and speaking in full sentences.
- If thermometer not available, ask patient to touch forehead with the back of the hand to see if it feels warm.
- Evaluate for flushed skin or shivering.
- Ask patient to check the heart rate by placing the tips of the index and middle finger on the inside of the wrist, just below the thumb, feeling the pulse, and counting the pulse for 15 seconds. Multiply by four to obtain beats per minute.
 - Alternatively, if the patient is wearing a device (such as a watch or ring) that monitors the heart rate, ask the patient what heart rate the device is reporting.
- If the patient has a home blood pressure cuff, ask them to check their blood pressure according to package instructions.

Virtual Upper Respiratory Tract Exam

- Eyes: Ask patient to bring the camera in to focus on the eyes and ask patient to wash their hands prior to the eye exam.
 - Do eyes appear sunken?
 - Is there periorbital swelling?
 - Is there asymmetry?
 - Is there pain with eye movement?
 - Is there eye discharge?
- Ears: Ask patient to bring the camera in to focus on the ears. Note the appearance, such as the presence of erythema, otorrhea, or protuberant pinna. Request that they palpate the mastoid bone (the bone directly behind the earlobe) and assess for tenderness.

- If a patient has a digital otoscope, ask them to place the digital otoscope in ear canal per the package instructions. Look for a fluid-filled middle ear and a tympanic membrane that is bulging, opaque, yellow, or white.
- Sinuses: Ask the patient to move the camera and lighting so you can see the nares. Note the color of the nares and the presence of any discharge.
 - Ask the patient to gently tap on the frontal, sphenoid, ethmoid, and paranasal sinuses on both sides of their face and tell you how it feels.
- Oropharynx: Ask the patient to move the camera and lighting so that you can see the mouth and the back of the throat.
 - The patient should tilt their head back.
 - Ask the patient to open the mouth wide, stick out the tongue, and say “ahh.” They may need to hold the tongue down with a blunt object such as a spoon.
 - Look for tonsillar symmetry, uvular deviation, exudates or white patches, oral ulcers, and inflammation.
 - To evaluate dehydration, ask the patient to show you the tongue and ask if it feels dry or sticky.
- Neck and Lymph Nodes: Ask the patient to adjust the camera and lighting to provide a clear view of the neck.
 - Instruct the patient to gently tilt their head backward while you observe for any visible swelling, asymmetry, or enlarged lymph nodes.
 - Have the patient move their head side to side and up and down, noting any discomfort or limitation in range of motion.
 - When guiding lymph node assessment, demonstrate the technique on yourself. Show the patient how to check the following areas:
 - For the anterior cervical nodes, ask the patient to use their fingertips to palpate along both sides of the trachea, moving from just below the jawline to the clavicle.
 - For the posterior cervical nodes, instruct the patient to tilt the head slightly forward and palpate along the muscle extending from the base of the skull to the shoulders, using gentle circular motions to identify any swelling or tenderness.
 - To assess the supraclavicular nodes, have the patient place their fingertips in the hollow just above the clavicle on each side and apply light circular pressure.
 - For the axillary nodes, instruct the patient to slightly raise one arm and use the opposite hand to palpate high within the axilla, pressing along the inner upper arm and adjacent chest wall; repeat on the opposite side.
 - Throughout the examination, ask the patient to report any areas of enlargement, tenderness, or discomfort.

Virtual Chest Exam

- Determine the respiratory rate by asking the patient to place their hands on their shoulders, which facilitates clearer visualization of chest wall movement during inspiration and expiration.
- Instruct the patient to take a slow, deep breath while you assess for audible wheezing.
 - Ask whether they subjectively perceive wheezing, describing it as a sensation akin to breathing through a narrow straw.
- If the patient is in a suitably private setting (e.g., a bedroom), consider requesting that they remove their shirt—with assistance from a family member if needed—to allow for direct observation of chest wall dynamics, including the presence of retractions during deep breathing.

Virtual Abdominal Exam

- Instruct the patient to lie supine with the abdomen exposed, and to position the camera to provide a clear, centered view of the abdominal region.
- Inspect for visible abnormalities, including distension, asymmetry, or contour changes.
- Guide the patient to palpate the abdomen in all four quadrants (right upper, left upper, right lower, and left lower), applying gentle pressure and reporting any tenderness or discomfort.
- Ask the patient to cough, if able, and assess whether this maneuver elicits or exacerbates abdominal pain.

Virtual Skin Exam

- Ask the patient to remove any clothing, dressings, or bandages that may obscure the region of interest.
- Instruct the patient to bring the camera close to the area of concern and ensure appropriate focus and lighting to optimize visualization.
- Guide the patient to gently palpate the lesion and report the presence and severity of any tenderness.
- Assess for concerning features such as bullae formation or areas suggestive of necrosis.
- Evaluate adjacent joints, both proximal and distal to the lesion, for evidence of swelling or reduced mobility.
- In cases of suspected cellulitis, advise the patient to outline the margins of erythema with a pen or marker with a thin tip to facilitate monitoring for progression or regression over time.
- To assess hydration status, instruct the patient to gently pinch the skin over the dorsal forearm and observe the time required for skin recoil; normal turgor typically returns within two seconds.
- For capillary refill assessment, have the patient apply pressure to a fingertip until blanching occurs, then release and measure the time to return to baseline coloration; normal refill is generally under two seconds.
- If there is a rash, look at the area and describe the appearance as you would in an in-person appointment.

- Ask the patient or their family member to gently touch the rash. Ask them to tell you whether the rash is flat (level with the skin), raised (like bumps), or depressed (under the skin). Ask them whether it feels like it's just on the skin surface (superficial) or whether it feels deep. Ask them to describe the texture—is it smooth, scaly, or rough? Ask them whether the rash is soft or firm. Ask them whether it is warm to the touch and whether it is tender.
 - Ask the patient or their family member to push on the rash with their finger. Observe for blanching.
- If visualization remains suboptimal, consider requesting that the patient capture a high-quality image of the area and transmit it via the organization's secure electronic patient portal for further evaluation.

Disclaimer: This document and the advice it contains are designed for the users of this toolkit, "The Agency for Healthcare Research and Quality Safety Program for Telemedicine: Improving Antibiotic Use," and is limited to the infectious conditions covered in the toolkit.

AHRQ Pub. No. 26(27)-0021
October 2026