

Health Assessment Skills Check-Off

Criteria - Breast Exam

Student Name	Examiner Name	
Physical Assessment Technique	Does Student Meet Criteria?	Comments
	Y	N
Patient Sitting Up		
Inspection:		
Sitting with arms to sides, direct patient to raise arms slowly and observe for size, symmetry, contour of breasts, and characteristics of each nipple (i.e. asymmetry, discoloration, dimpling, puckering or change in the quality of the skin- "peau d'orange"; nipple that is flat, retracted or points in an unusual direction).		
Sitting with hands on hips, direct patient to exert pressure on hips (scrunch shoulders) making sure to observe pectoral muscles (state that you are observing for any of the above irregularities).		
Sitting, have patient lean forward with hands on knees or edge of table - making sure to observe each breast from both sides and state what you are observing for (i.e. breast tissue that falls away from chest wall smoothly or is there retraction, asymmetry, discoloration, dimpling, puckering or change in the quality of the skin- "peau d'orange"; nipple that is flat, retracted or points in an unusual direction).		
Palpation:		
While supporting pt's arm, palpate the midaxillary, anterior axillary, lateral and posterior axillary nodes. See palpation of lymphatic nodes below.		This will be repeated in lying position.
For patients with pendulous breasts, perform bimanual palpation.		Bimanual palpation technique is additional palpation performed after inspection and prior to lying position using the provider's opposing hands in an orderly fashion.
Patient Supine		
Inspection:		
The patient is examined with the patient lying flat.		Continue to use visual inspection.
Palpation of breasts:		
Palpation to each breast should be performed using the three fingerpads of your middle fingers using three small concentric circles to each spot, press in a downward motion applying steady pressure checking for 3 levels of depth (first superficial, then medium, then deep/to the level of the chest wall) in a systematic method (i.e. <i>vertical strips</i>) NB some clinicians use circular or radial spoke pattern; however, <i>vertical strips</i> is best validated technique).		

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Palpate the boundaries of the breast including the bra-line (5 th rib) inferiorly to each clavicle superiorly and to the line separating each breast medially (mid-axillary). Palpate the Tail of Spence.			
To examine the medial portion of the breast, ask patient to lie with shoulders flat placing patient's hand at neck lifting the elbow up until it is even with shoulder. Using search pattern noted above, palpate using the vertical strip pattern from axilla to nipple (be sure to cover the entire boundary of each breast).			
Examine: breast tissue for size, shape, color, contour, skin characteristics, symmetry, tenderness, developmental stage, areas of density or irregularity, presence of nodules; nipples for inversion, eversion, dry, scaling, crusting, discharge as noted. If nodules are present, assess location using a clock pattern, size in centimeters, shape, consistency, limitation (well circumscribed or not), tenderness, and mobility.			
Palpation of Lymphatic Nodes:			
With patient sitting, examine the axilla with patient's arms relaxed. Provide support to the arm on the side to be examined with your opposite arm (to examine left axilla, use your right hand).			
Examine the midaxillary (central) nodes by placing your fingers behind the pectoral muscles, pointing toward the midclavicle, press fingers in toward the chest wall and slide downward; try to feel the central nodes against the chest wall.			
Examine anterior axillary (pectoral) nodes grasping the anterior axillary fold between your thumb and fingers and with your fingers, palpate the inside border of the pectoral muscle.			
Examine the lateral nodes high in the axilla and feel along the upper humerus.			
Examine the posterior axillary (subscapular) nodes by stepping behind patient and feeling inside the muscle of the posterior axillary fold.			
You may examine lateral axillary (brachial) nodes along the patient's arm.			
Palpate infraclavicular nodes and reexamine the supraclavicular nodes.			

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