

Physical Examination

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

A comprehensive physical examination is required at each C&TC visit. Guidance on the presence of a guardian or chaperone during the physical exam is outlined below.

C&TC standards

General

A comprehensive physical examination performed by a clinician is required at every C&TC visit.

Personnel

A licensed health care provider must complete the physical exam: physician, nurse practitioner, physician assistant, or a registered or public health nurse (RN or PHN) who has completed the C&TC Comprehensive Screening training through the Minnesota Department of Health.

Documentation

Documentation must include normal and abnormal findings from the physical exam. Providers must document the refusal of or inability to perform any portion of the physical exam and the reason.

Refer to the [C&TC Provider Documentation Forms](#) for documentation examples or to use as a template with your electronic medical record.

Procedure

The physical exam is the cornerstone and an essential part of the pediatric evaluation in every health supervision visit. Evaluate the following components using medically accepted techniques (Tanski, Garfunkel, Duncan, & Weitzman, 2010):

- Review of physical measurements
- Skin, lymph nodes
- Head, eyes, ears, nose, neck
- Mouth, throat, tonsils, mucosa, teeth, gums
- Chest, heart, lungs
- Abdomen
- Musculoskeletal
- Neurological
- External genitalia and sexual development

The exam should be performed with the patient unclothed and appropriately draped. A pelvic exam is not part of a routine C&TC exam.

Explain to the child and family ahead of time that a head-to-toe exam is part of the well visit.

A comprehensive physical exam is important to:

- Educate the child and parent about the child's body and growth.
- Provide the opportunity to discuss the child's physical changes associated with healthy development.
- Identify silent or subtle illnesses or health risks.
- Focus on specific assessments appropriate for the child or adolescent's age, development, needs, and concerns identified from the patient history (Tanski, Garfunkel, Duncan, & Weitzman, 2010).

Complete the physical examination of an infant, toddler, or young child in the presence of the child's parent or guardian. If a parent or guardian is unavailable or if the parent's presence will interfere with the physical exam (e.g., in cases of physical or sexual abuse or if the patient is uncomfortable with the parent in the room), a chaperone, preferably unrelated to the patient or family, should be present during the physical exam (Curry, 2011).

A parent or chaperone is recommended for parts of the physical exam that involve inspection or palpation of the breasts or genitalia. Using a chaperone should be a shared decision between the patient and the provider. If the adolescent prefers to have the parent or guardian in the room during the exam, offer another opportunity for a private conversation during the visit (Curry, 2011). Refer to the [C&TC Health History Fact Sheet](#) for information on adolescent and provider one-on-one time.

Referral

The child or adolescent must be referred to an appropriate health care provider or specialist if the patient or parent presents concerns outside the clinician's scope of practice or the provider does not have the skills to perform a required component. Indicate a referral with the appropriate HIPAA-compliant referral code on the claim.

Professional recommendations

American Academy of Pediatrics

A physical exam is part of each preventive health care visit (American Academy of Pediatrics, 2025).

Resources

Minnesota Department of Human Services

- [C&TC Schedule of Age-Related Screening Standards](#)
- [Minnesota Health Care Programs \(MHCP\) Provider Manual - C&TC Section](#)

Minnesota Department of Health

- [Child and Teen Checkups \(C&TC\)](#)

For more information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3650 or email health.childteencheckups@state.mn.us.

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Tanski, S., Garfunkel, L., Duncan, P., & Weitzman, M. (2010). *Performing Preventive Services: A Bright Futures Handbook*. American Academy of Pediatrics. doi:10.1542/9781581105698

Resource links

- [C&TC Provider Documentation Forms \(https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/ctc-resources\)](https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/ctc-resources)
- [C&TC Health History Fact Sheet \(www.health.state.mn.us/docs/people/childreneyouth/ctc/healthhistory.pdf\)](http://www.health.state.mn.us/docs/people/childreneyouth/ctc/healthhistory.pdf)
- [C&TC Schedule of Age-Related Screening Standards \(https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3379-ENG\)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3379-ENG)
- [Minnesota Health Care Programs \(MHCP\) Provider Manual - C&TC Section \(www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestRelease&dDocName=dhs16_150092\)](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestRelease&dDocName=dhs16_150092)
- [Child and Teen Checkups \(C&TC\) \(www.health.state.mn.us/divs/cfh/program/ctc/index.cfm\)](http://www.health.state.mn.us/divs/cfh/program/ctc/index.cfm)

References

American Academy of Pediatrics. (2025, February). *Recommendations for Preventive Pediatric Health Care*. Retrieved from https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

Curry, E. (2011). Use of Chaperones During the Physical Examination of the Pediatric Patient. *Pediatrics*, 127(5), 991-993. doi:10.1542/peds.2011-0322