PROCEDURE

Palpation

Palpation is a hands-on examination used to feel body structures, tenderness, swelling, movement, and pulses.

PURPOSE
Assess size, texture, tenderness, movement, pulses, or swelling

PROCEDURE TYPE
Diagnostic bedside examination using the hands

WHERE IT IS DONE
Outpatient clinic or at the bedside

ANAESTHESIA
None

HOW LONG IT TAKES
Usually 1 to 10 minutes per body area

PREPARATION
Usually none; follow the treating facility's instructions

RECOVERY
Immediate; no driving restriction

MAIN RISKS
Temporary discomfort, tenderness, bruising, or emotional distress

RESULTS
Initial findings usually explained immediately

Overview

Palpation is part of a physical examination. A healthcare professional uses their fingers, one hand, or both hands to feel an area of your body.

They may check the size, shape, firmness, temperature, movement, or tenderness of tissues and organs. Palpation can also help assess a pulse, swelling, a lump, or fluid beneath the skin.

The amount of pressure used ranges from a light touch to deeper pressure. The technique is adjusted for the body area and the reason for your examination.

Palpation does not usually confirm a diagnosis by itself. Its findings are considered alongside your symptoms, medical history, and any tests you may need.

Why the procedure is performed

Palpation helps your healthcare professional gather information that cannot always be seen. It may be used during a routine examination or to investigate a specific concern.

Common reasons include:

Some pelvic or rectal examinations also use palpation. These are intimate examinations and require a clear explanation and your consent.

- Finding the location of pain or tenderness
- Checking a lump, enlarged lymph node, or swollen area
- Feeling the abdomen for enlarged organs, muscle guarding, or a mass
- Assessing joints, muscles, bones, and areas around an injury
- Checking pulse strength, rhythm, and circulation
- Examining the thyroid, breasts, chest, or skin
- Assessing whether a structure moves normally
- Guiding another procedure, such as locating a pulse before an injection

Who should and should not have it

Palpation may be appropriate when a hands-on examination could help explain pain, swelling, a lump, an injury, or another physical change. It is also commonly included in routine examinations.

There are few absolute reasons not to use palpation. However, the examination may be avoided, delayed, or modified over:

Tell the examiner if you take a blood thinner like warfarin or apixaban , bruise easily, recently had surgery, or have an injury that should not be pressed.

You can decline any part of the examination or ask for it to stop. For breast, genital, pelvic, or rectal palpation, you should receive an explanation beforehand. You may ask about having a chaperone or support person present, subject to the facility's policies.

- An open wound, severe burn, or recent surgical area
- A suspected fracture or unstable injury
- Severe pain that makes pressure unsafe or intolerable

- Skin that bruises or tears easily
- An area with a medical device, graft, or healing incision
- A known blood vessel problem where pressure could be harmful

How to prepare

Most palpation requires no special preparation. You can usually eat, drink, and take your usual medicines.

The treating facility's own instructions take priority. Preparation may be different when palpation is part of another examination or procedure. For example, you may be asked to empty your bladder before an abdominal or pelvic examination.

Wear clothing that allows the relevant area to be reached easily. You may need to remove some clothing and use a gown or drape. Only the area being examined should need to be uncovered.

Before the examination, explain where you feel pain and whether touching the area makes it worse. Mention any recent injury, surgery, pregnancy, skin sensitivity, or concern about an intimate examination.

What happens during the procedure

You may sit, stand, or lie on an examination table. Your position is chosen to relax the area and make the structures easier to feel.

The examiner should explain which area they need to touch. They usually begin gently, especially if you have pain. They may compare one side of your body with the other.

Light palpation checks structures close to the skin, such as temperature, tenderness, pulses, lymph nodes, or surface lumps. Deeper palpation uses more pressure to assess muscles, abdominal organs, or a deeper mass.

Sometimes both hands are used. One hand may support a body part while the other feels it. This is called bimanual palpation.

During an abdominal examination, you may be asked to breathe slowly or take a deep breath. The examiner may watch your face for signs of discomfort. They will often examine a painful area last.

Gloves are used when contact with body fluids, broken skin, the mouth, genitals, or rectum is

possible. Gel may be used for certain examinations.

Tell the examiner if pressure is painful, if you feel dizzy, or if you want them to stop.

Recovery and what to expect afterward

Palpation should not cause ongoing pain. A tender or injured area may feel briefly more sore after it has been pressed. If the examination becomes too uncomfortable, ask for it to stop.

You can eat and drink normally unless another test requires restrictions.

Most people can return to their usual activity immediately. Palpation does not involve sedation or anaesthesia, so it does not normally affect movement or coordination.

You can drive afterward unless another procedure, medication, injury, or medical condition makes driving unsafe.

You can usually return to work or school immediately. If the examination was part of an assessment for an injury or illness, your activity may instead be limited by that underlying problem.

Risks and possible complications

Palpation is generally low risk. The main concern is temporary discomfort when a sore or injured area is examined.

Possible problems include:

Excessive pressure could worsen pain or aggravate certain injuries. Examiners therefore adjust their technique when a fracture, recent operation, blood vessel problem, or fragile tissue is suspected.

Palpation cannot identify every abnormality. A structure may be too small, deep, or difficult to distinguish by touch. A normal examination does not always rule out disease.

- Brief pain or increased tenderness
- Minor bruising, especially with fragile skin or blood-thinning medicine
- Skin irritation from gloves or gel
- Anxiety, embarrassment, or emotional distress during an intimate examination

Results and follow up

The examiner can usually describe the initial findings immediately. They may tell you whether an area felt tender, enlarged, unusually firm, warm, fixed in place, or different from the opposite side.

These descriptions are findings, not always a final diagnosis. The meaning depends on the body area, your symptoms, and your medical history.

Follow-up may include:

Ask when you should expect further results and how they will be shared. Laboratory, imaging, or biopsy results may take longer than the examination findings.

- Watching the area for change
- A repeat physical examination
- Blood or urine tests
- Ultrasound, X-ray, CT, or MRI imaging
- Referral to another healthcare professional
- Sampling tissue with a needle or biopsy

Alternatives

The alternatives depend on what the examination is trying to find. You may also choose not to have palpation, although this can leave useful physical information unknown.

Inspection means looking at the area without touching it. This avoids pressure but cannot reliably assess tenderness, depth, firmness, or movement beneath the skin.

Ultrasound can show structures beneath the skin and may distinguish solid tissue from fluid. It takes more time and equipment, and it does not replace every part of a hands-on examination.

X-rays are useful for many bone and chest problems but expose you to a small amount of radiation and show soft tissues less clearly.

CT and MRI scans provide more detailed internal images. They are more costly and less immediately available. CT uses radiation, while MRI can take longer and may not suit people with certain implanted devices.

Blood and urine tests can identify specific biological changes, but they do not show how a lump feels or exactly where tenderness occurs.

These options often complement palpation rather than replace it.

When to call your healthcare team

Contact your healthcare team during routine hours if tenderness or bruising after palpation is not improving, or if you have questions about the findings or follow-up plan. Also call if a lump, swelling, or painful area changes before your next appointment.

Seek urgent medical advice if you develop significant new pain, rapidly increasing swelling, spreading redness, or bleeding after the examination. These effects are unusual and may relate to the condition being assessed rather than palpation itself.

Seek emergency help for severe breathing difficulty, fainting, uncontrolled bleeding, sudden severe pain, or signs of a serious allergic reaction such as swelling of the face or throat.

Common questions

Will I be asleep?

No. Palpation is performed while you are awake and does not usually require anaesthesia or sedation.

Can I drive home?

Yes, if palpation is the only procedure you have. Do not drive if you received sedating medicine for another procedure or if your injury or medical condition affects safe driving.

How painful is it?

Normal tissues should not be painful to examine. Pressure over an injured, inflamed, or already tender area may hurt briefly. Tell the examiner so they can reduce the pressure or stop.

When will I know the results?

The examiner can usually explain what they felt immediately. You may need imaging, laboratory tests, or a biopsy before the cause is known.

Do I need to undress?

Only the area being examined usually needs to be accessible. You may be offered a gown or drape. Ask how much clothing must be removed before agreeing.

Can I ask for a chaperone?

Yes. You can ask about a chaperone, particularly for an intimate examination. You may also ask who will be present and stop the examination at any time.

Sources

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- General Medical Council. Intimate examinations and chaperones . Good Medical Practice . Updated 2024.