

### 8.5.1 WOMEN'S PERIODIC PHYSICAL ASSESSMENT

**Policy:** Title X clinics must offer periodic physical assessments for women. The following are guidelines for the periodic health assessment. Guidelines should never be a substitute for sound clinical judgment. Some clients will need no or few examinations or laboratory tests before starting a method of contraception. It is a goal of Title X to decrease unnecessary barriers to contraceptive access while maintaining safety to the client.

The decision of when to schedule examinations or laboratory testing must be made on an individual basis after careful review of the health history and client counseling by the provider. Professional medical judgment based on the comprehensive health history, as well as professional medical society recommendations must be considered when determining what services the client requires. It remains the responsibility of the medical provider to decide the individual client's need for services at every visit. References used in preparing these guidelines include:

1. ACOG Committee Opinion No. 534, August 2012, Well Woman Visit
2. American Cancer Society, Guidelines for Breast Cancer Screening: August 2012
3. ACOG Practice Bulletin No. 131, November 2012; Screening for Cervical Cancer
4. ACOG Committee Opinion Number 483, April 2011, Primary and Preventive Care: Periodic Assessments
5. MMWR Providing Quality Family Planning Services, April 25, 2014

**Procedure:**

The periodic physical assessment may include:

1. General overall appearance – All female clients
2. Height, weight and Body Mass Index (BMI) – All female clients
3. Blood pressure – All female clients
4. HEENT, as indicated
5. Skin – All clients
6. Neck (adenopathy & thyroid) – **ACOG recommends starting at age 19**
7. Clinical Breast Exam:
  - a. For women 20 to 39 – a clinical breast exam and axilla every 1-3 years
  - b. For women age 40 and older – a clinical breast exam and axilla every year
8. Heart – There is no recommendation for or against auscultation of the heart
9. Lungs – There is no recommendation for or against auscultation of the lungs
10. Abdomen – **ACOG recommends starting at age 19**
11. Extremities for varicosities and signs of phlebitis – There is no recommendation for or against examining extremities
12. Pelvic examination (including visualization and inspection of the external genitalia, vagina, cervix, and bimanual exam)
  - a. For women 13-20 – when indicated by the medical history
  - b. For women 21 and older – pelvic exams every 1 to 3 years in clients without symptoms or as indicated by medical history.
13. Additional physical examinations as clinically appropriate – All ages

Laboratory testing, as indicated:

1. The following procedures are to be done according to the screening guidelines outlined in the Pap Test Screening and Follow-Up protocol and the Laboratory protocol.
  - a. Pap test – **per ACOG guidelines** (see MT Title X Family Planning Clinical Protocol Manual). Repeat according to Pap Smear Screening and Follow-Up protocol
  - b. Chlamydia screening
    - i. All sexually active women < 25 years of age annually (**rationale for not doing a chlamydia screen must be documented**)
    - ii. Women  $\geq$  25 years of age with one or more of the following: (**rationale for doing a chlamydia screen must be documented**)
      1. Non-specific cervicitis
      2. Cervical friability or ectopy
      3. Mucopurulent cervicitis (MPC)
      4. Reported exposure to chlamydia
      5. Sex with a symptomatic partner in the last 60 days
      6. Chlamydia infection within the last 12 months
      7. Pelvic Inflammatory Disease (PID)
      8. Pregnancy
  - c. Human Immunodeficiency virus (HIV) – **CDC recommends that health care providers test everyone between the ages of 13 and 64 at least once as part of routine health care.**
  - d. Mammography – **ACS/ACOG recommend every year beginning at age 40 for women of average risk**
  - e. Lipid profile assessment – **ACOG recommends every 5 years beginning at age 45**
  - f. Colorectal cancer – **USPSTF/CDC recommends screening beginning at age 50 for persons of average risk. Screening should begin earlier than age 50 if there is a personal or family history of CRC or polyps.**
    - i. Methods include:
      1. Annual high sensitivity fecal occult blood testing or fecal immunochemical test (FIT/FOB) client collected. Each method requires two or three samples of stool collected by the client at home and returned for analysis. A single stool sample obtained by digital rectal exam is not adequate for the detection of colorectal cancer.
      2. Flexible sigmoidoscopy every 5 years combined with high-sensitivity fecal occult blood testing every 3 years.
      3. Colonoscopy every 10 years (preferred).
  - g. Diabetes testing – **ACOG recommends every 3 years after age 45**
  - h. Thyroid screening – **ACOG recommends every 5 years beginning at age 50**
  - i. Hepatitis C one-time testing for persons born between 1945-1965 and unaware of their Hepatitis C infection status
  - j. Other laboratory tests, as indicated:
    - i. Pregnancy test
    - ii. Microscopic examination of wet mounts or spun urines
    - iii. Immunization screening annually, CDC guidelines for screening adolescents and adults
    - iv. Glucose screening for women with history of gestational diabetes
    - v. Rubella Titer assessment
      1. Marriage license
      2. Prenatal labs
    - vi. Tuberculosis skin – per **CDC guidelines**

### Post Assessment Discussion

Following the periodic physical assessment (**done as indicated**), the provider must have a discussion with the client.

1. This discussion must follow a client centered approach.
2. Any potential physical findings and/or laboratory results, as appropriate.
3. The client must demonstrate clear understanding that they will be notified of abnormal Pap smear cytology and/or other abnormal test results.
4. Client questions must be addressed and counseling documented in the client record.
5. Revisits may be scheduled and documented as appropriate.

### Table Format

The following table represents recommended screenings by age for females. The areas which are required screening by Montana Title X Family Planning Clinical Protocol Manual guidelines are marked as “must.” Screenings which are recommended are marked by an “x.” “Med hx” represents medical history. “+fm hx” indicates positive family history. Unmarked boxes represent screening options that may or may not be appropriate and should be client centered.

<b>Periodic Physical Assessment - Women</b>			
	Ages 13-18	Ages 19-39	Ages 40-64
<b>Screening</b>			
<b>History</b>	x	x	x
Determining need for service (see MT TX FP Administrative Manual, Policy 8.3.1 <i>Determining Need for Services</i> )	x	x	x
Comprehensive health history (see MT TX FP Administrative Manual, Policy 8.4.1 <i>Comprehensive Health History</i> )	<u>Must</u>	<u>Must</u>	<u>Must</u>
Sexual Health Assessment (see MT TX FP Administrative Manual, Policy 8.3.3 <i>Sexual Health Assessment</i> )	<u>Must</u>	<u>Must</u>	<u>Must</u>
Reproductive life plan (see MT TX FP Administrative Manual, Policy 8.3.2 <i>Reproductive Life Plan</i> )	<u>Must</u>	<u>Must</u>	<u>Must</u>
Dietary/nutrition Assessment	x	x	x
Physical activity	x	x	x
Use of complementary and alternative medicine	x	x	x
Tobacco, alcohol, other drug use	x	x	x
Intimate Partner Violence/Domestic Violence/Abuse/Neglect (see MT TX FP Administrative Manual, Policy 8.3.5 <i>Intimate Partner Violence/Domestic Violence</i> )	x	x	x
<b>Physical Examination</b>			
Height	<u>Must</u>	<u>Must</u>	<u>Must</u>
Weight	<u>Must</u>	<u>Must</u>	<u>Must</u>
Body mass index (BMI)	<u>Must</u>	<u>Must</u>	<u>Must</u>
Blood pressure	<u>Must</u>	<u>Must</u>	<u>Must</u>
Secondary sexual characteristics (Tanner staging)	x		
Oral cavity			x
Neck, adenopathy, thyroid		x	x
Breast/Axilla (ACOG guidelines). Every 1-3 years women 20-39, annually after 40 years, or when indicated by medical history.	Med hx	x	x
Abdomen	x	x	x
Pelvic Examination: for ages 13-20 when indicated by medical history. For ages 21 and older, periodic pelvic examination.	Med hx	19-20 Med hx	x
Skin	x	x	x
<b>Laboratory Testing</b>			
<b>Periodic</b>			
Cervical Cancer screening (ACOG/ASCCP) Pap smear screening begins at age 21 regardless of when sexual activity starts. Screening is recommended every 3 years for women ages 21-29. Women ages 30-65 and older who have had 3 consecutive negative Pap tests and who have no history of CIN2 or 3 or higher grade OR low risk women 30 and above may go every 3 years if Pap only, or 5 years if contesting. Risk factors should be considered for HPV infection, STI's, HIV, smoking, new sexual partners, previous SIL, or immunosuppression.		Begin age 21	x
Chlamydia and gonorrhea testing (if sexually active). Chlamydia annually for women <25 y/o. Women over 25 y/o reason for testing must be documented. Retest positives in 3 months	<u>Must</u>	<u>Must</u> <25	x
Human Immunodeficiency Virus (HIV) testing (if sexually active) and if positive STI	x	x	x

	Ages 13-18	Ages 19-39	Ages 40-64
<b>High-Risk Groups</b>			
Colorectal cancer screening (per guidelines)		+fm hx	x
Fasting glucose testing (per guidelines)			
Genetic testing/counseling (per guidelines)			
Hemoglobin level assessment (per guidelines)			
Hepatitis C Virus testing (once for clients born between 1945-1965)			
Lipid profile assessment (per guidelines)			
Rubella titer assessment (marriage license and prenatal labs)			
Sexually Transmitted Infection testing (per CDC guidelines)	x	x	x
Tuberculosis skin testing (per CDC guidelines)			
<b>Evaluation and Counseling</b>			
<b>Sexuality</b>	x	x	x
Development	x		
High-risk behaviors	x	x	x
Preventing unwanted/unintended pregnancy			
Postponing sexual involvement/abstinence as option	<u>Must</u>	x	
Emergency contraception	x	x	x
Contraceptive options	x	x	x
Sexually Transmitted Infection	x	x	x
Partner selection	x	x	x
Barrier protection	x	x	x
<b>Fitness and Nutrition</b>			
Exercise: Discussion of program			
Dietary/nutrition assessment (including eating disorders)			
Folic acid supplementation			
Calcium intake			x
<b>Psychosocial Evaluation</b>			
Suicide: Depressive symptoms	x	x	x
Family involvement	<u>Must</u>		
Sexual orientation and gender identity			
Personal goal development			
Behavioral/learning disorders			
Abuse/neglect			
Satisfactory school experience			
Peer relationships			
Date rape prevention/sexual coercion	<u>Must</u>	x	x
<b>Cardiovascular Risk Factors</b>			
Family history			
Hypertension			
Dyslipidemia			
Obesity (BMI 30 or greater) medical risks, lifestyle changes, referral to weight loss program	<u>Must</u>	<u>Must</u>	<u>Must</u>
Diabetes Mellitus			

	Ages 13-18	Ages 19-39	Ages 40-64
<b>Health/Risk Behaviors</b>			
Hygiene (including dental), fluoride supplementation			
<b>Injury Prevention</b>			
Exercise and sports involvement			
Firearms			
Hearing			
Occupational hazards			
Recreational hazards			
Safe driving practices			
Helmet use			
Skin exposure to ultraviolet rays			
Tobacco, alcohol, other drug use	x	x	x
<b>Immunizations/CDC guidelines</b>			
Annual screening of vaccination status for adolescents and adults	x	x	x
Influenza vaccine, annually	x	x	x