

# Analysis of Medical Availability and Clinical Practice

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## ABOUT THE STUDY

Medicine is the science and art of providing for a patient's needs, including their diagnosis, prognosis, management of their injury or disease, prevention, treatment, and palliation, as well as the promotion of their health. A wide range of medical procedures have evolved over time to preserve and restore health through illness prevention and treatment. In order to diagnose, treat, and prevent injury and disease, modern medicine uses biomedical sciences, biomedical research, genetics, and medical technology. While most treatments involve drugs or surgery, other options include psychotherapy, external braces and traction, medical devices, biologics, and ionizing radiation.

Since prehistoric times, medicine has been practiced, and for the most of that time it was an art (a field requiring skill and knowledge), frequently connected to the religious and philosophical beliefs of the local culture. For instance, a medicine man would apply herbs and recite prayers for healing, or an ancient humorist philosopher and physician might use bloodletting. Since the development of contemporary science in recent decades, the majority of medicine has evolved into a blend of art and science (both basic and applied, under the umbrella of medical science). For instance, understanding what occurs at the cellular and molecular level in the tissues being sewn derives from science, whereas stitching technique for sutures is an art that is taught through practice.

## Clinical practice

Due to geographical variations in culture and technology, access to medical care and clinical practice vary globally. In contrast to underdeveloped nations like some regions of Africa or Asia, where the populace may rely more heavily on traditional medicine with less proof and efficacy and no mandatory formal training for practitioners, modern scientific medicine is highly developed in the Western world.

In contemporary clinical practice, doctors and physician assistants conduct in-person patient evaluations in order to use clinical judgement to diagnose, prognose, treat, and prevent disease. An evaluation of the patient's medical history and record, a medical

interview, and a physical examination are often the first steps in the doctor-patient relationship. Commonly utilized are simple diagnostic medical tools (such as a stethoscope and a tongue depressor). The doctor may request medical tests (such as blood testing), perform a biopsy, or prescribe pharmaceutical medicines or other therapies after checking for signs and asking about symptoms. Methods of differential diagnosis aid in excluding illnesses based on the information given. A crucial component of the relationship and the growth of trust during the encounter is accurately informing the patient of all pertinent information. The medical contact is then recorded in the medical record, which is often considered to be legal documentation

The medical interview and encounter's components are,

**Chief Complaint (CC):** The basis for the patient's most recent visit to the doctor. These are the so-called "symptoms," which have been written down along with the length of each one in the patient's own words. Additionally known as "primary worry" or "presenting complaint."

**History of Present Illness (HPI):** Detailed descriptions of each symptom in chronological order of occurrences. Different from Prior Medical History, also known as past disease history (PMH). Medical history includes PMH and HPI.

**Present activities:** Work, interests, and what the patient actually does.

**Medications (Rx):** This refers to the drugs a patient is currently taking, including prescription, over-the-counter, and home treatments as well as complementary and herbal therapies. Additionally, allergies are noted.

**Past Medical History (PMH/PMHx):** Concurrent illnesses, previous hospital stays and operations, accidents, injuries, infectious diseases in the past, or immunizations received in the past, and a history of recognized allergies.

**Social History (SH):** Birthplace, homes, marital history, social and economic status, habits (include diet, drugs, tobacco, alcohol) (including diet, medications, tobacco, alcohol).

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**Family History (FH):** A list of illnesses that may affect the patient that runs in the family. Sometimes, a family tree is utilised.

**Review of Systems (ROS) or systems inquiry:** A series of extra questions to ask that may not be covered by a routine physical examination (HPI), including a general inquiry (have you noticed any weight loss, changes in your sleep pattern, fevers, lumps and bumps, etc.) and questions about the body's major organ systems (heart, lungs, digestive tract, urinary tract, etc.).

In contrast to symptoms, which are self-reported by the patient and not always objectively observable, the physical examination involves examining the patient for medical markers of disease that are objective and observable. The medical professional makes use of sight, hearing, touch, and occasionally scent (e.g., in infection, uremia, diabetic ketoacidosis). Physical examinations are based on four procedures: inspection, palpation (feeling), percussion (tapping to identify resonance characteristics), and auscultation (listening), usually in that order, albeit for abdominal assessments, auscultation comes before percussion and palpation.

The clinical examination entails research into;

- Height, weight, body temperature, blood pressure, pulse, respiration rate, and hemoglobin oxygen saturation are among the vital indicators.
- The patient's general look and specific disease markers (nutritional status, presence of jaundice, pallor or clubbing).
- Skin
- Head, Ear, Eyes, Nose and Throat, (HEENT).
- Cardiological (heart and blood vessels).
- Reproductive (large airways and lungs).
- The rectum and abdomen.
- The genitalia (and pregnancy if the patient is or could be pregnant).
- Muscle and skeletal (including spine and extremities).
- Biological (consciousness, awareness, brain, vision, cranial nerves, spinal cord and peripheral nerves).
- Mental health (orientation, mental state, mood, evidence of abnormal perception or thought).

It may not contain everything on the above list and will probably concentrate on the areas of interest mentioned in the medical history.