

An Interactive Learning Experience: Revalidation of Clinical Skills for AT Professionals & AT Educators

Cardiac Auscultation

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Disclosure Slide

- No conflicts of interest
- No relevant financial relationships

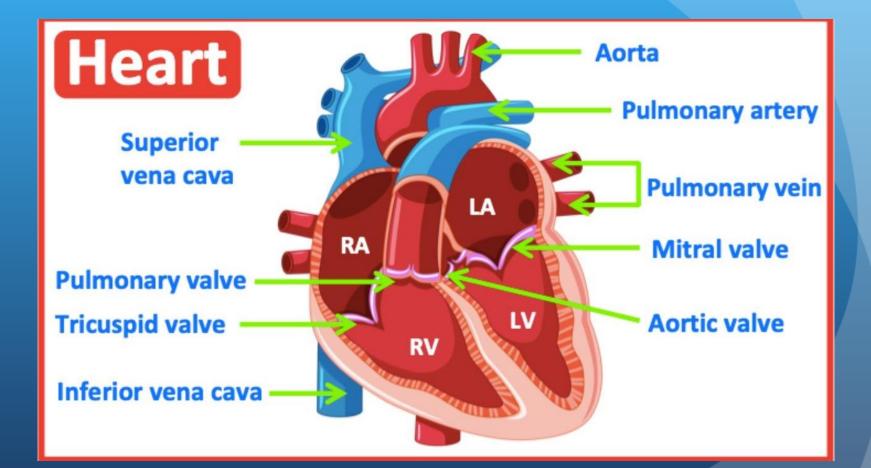


Learning Objectives

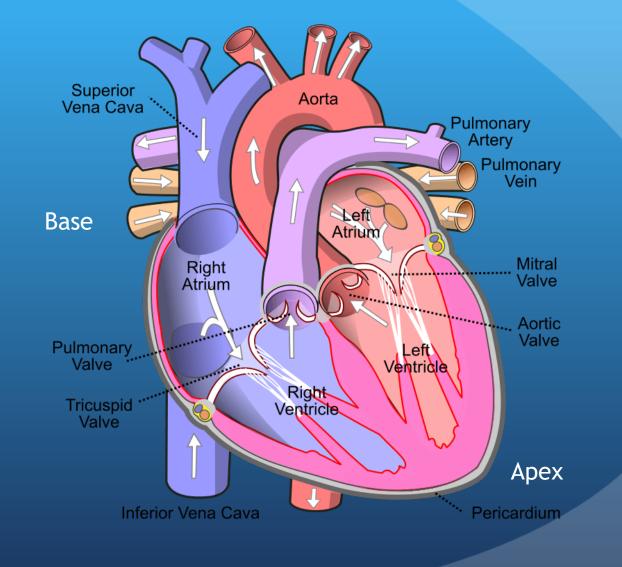
• At the end of the session, the participant will be able to:

- Demonstrate site proficiency for cardiac auscultation
- Identify normal heart sounds
- Recognize basic heart murmurs

Anatomy of the Heart: 4 Chambers and 4 Valves

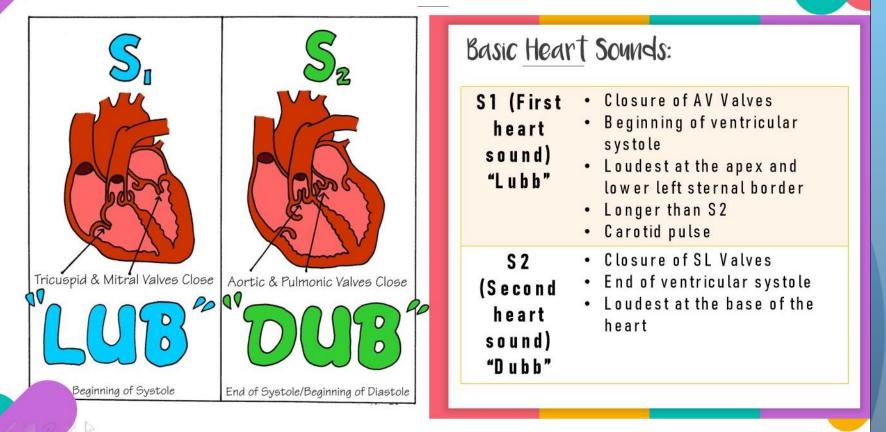


Blood Flow in the Heart

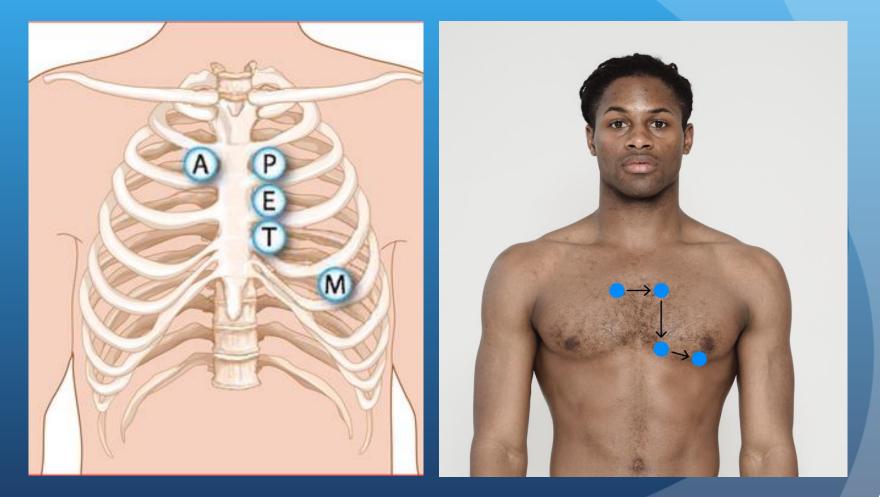


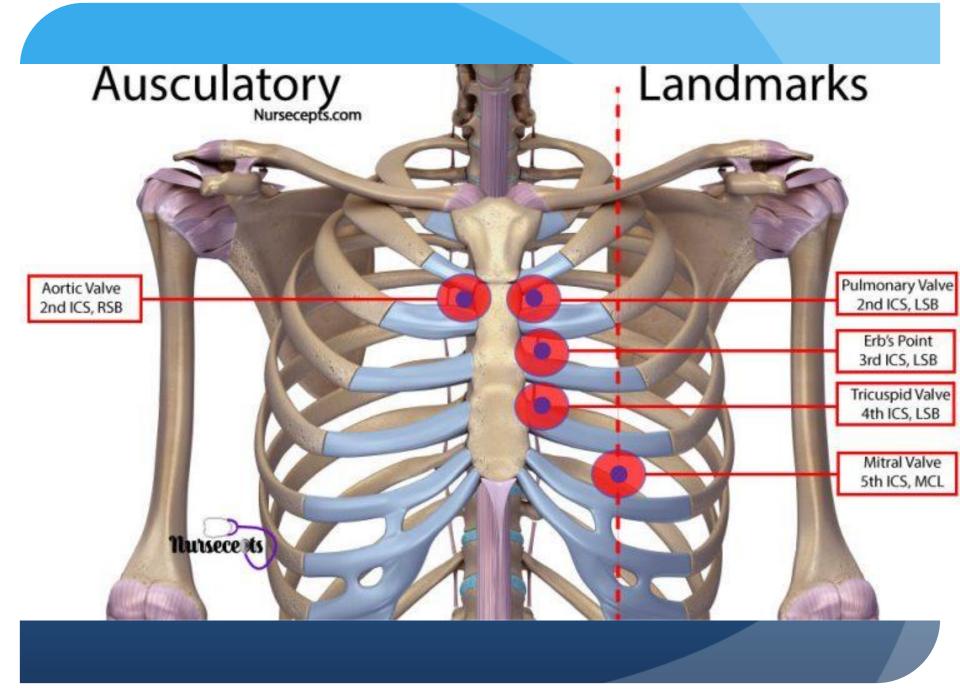
S1 and S2

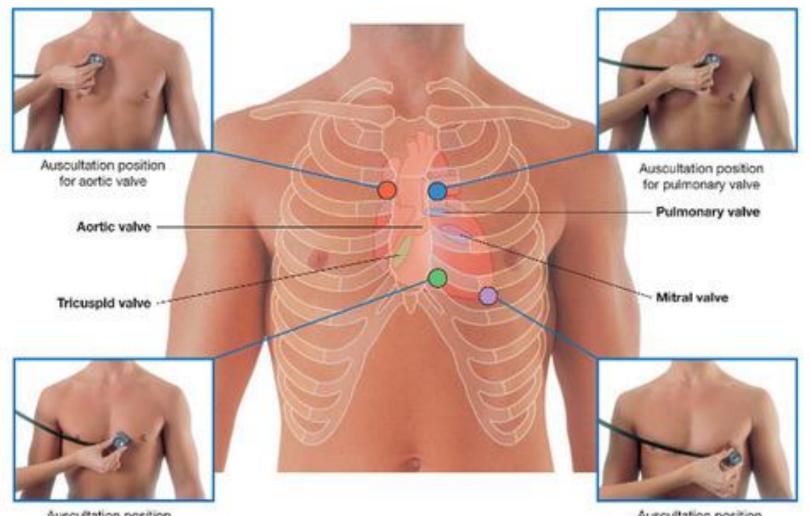
Cardiac Auscultation



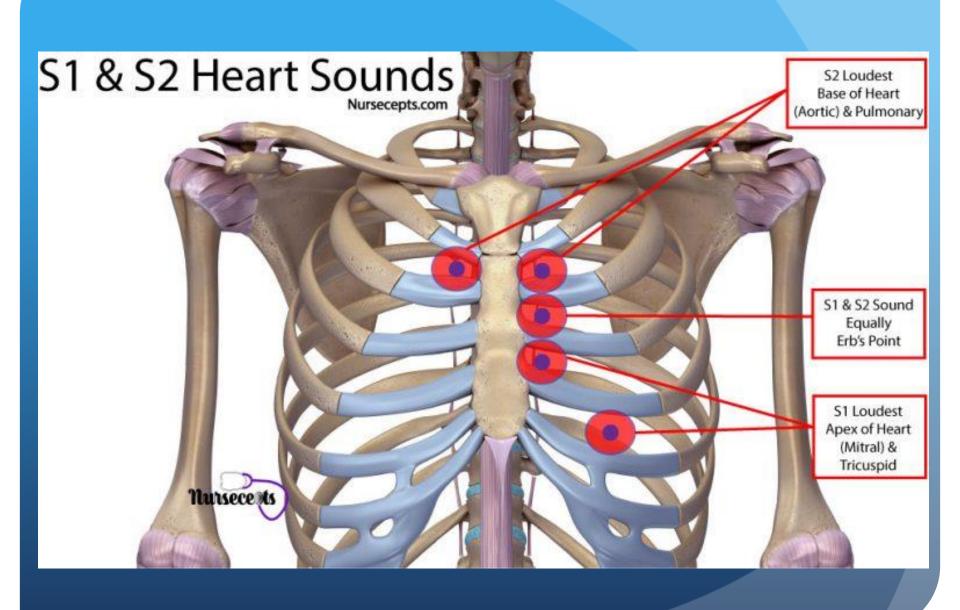
5 Sites for Auscultation "APT. M 2245" "All Patients Eat & Take Medicine"



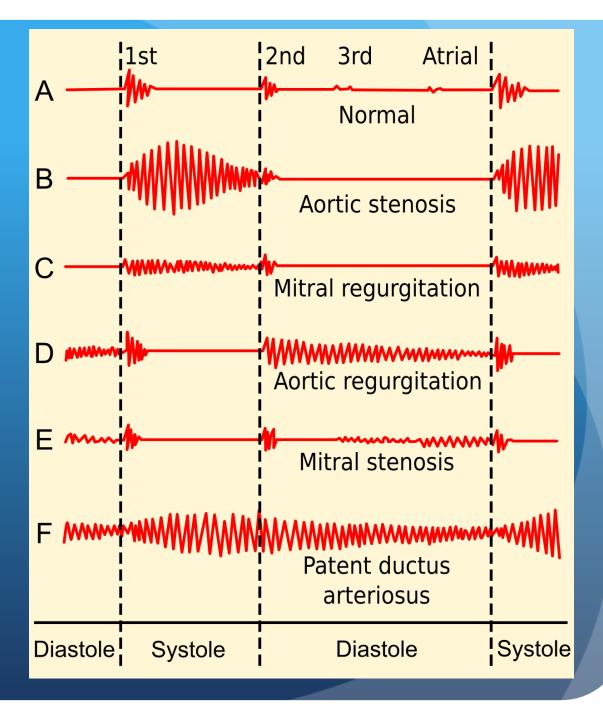




Auscultation position for tricuspid valve Auscultation position for mitral valve



Heart Murmurs



HEART MURMURS

P

E



Systolic murmur

- Aortic stenosis
- Flow murmur (e.g. physiologic murmur)
 Aortic valve sclerosis
- Aortic valve scierosis

ERB POINT

- Diastolic murmur
 - Aortic regurgitation (valvular)
 - Pulmonic regurgitation
- Systolic murmur
 - Hypertrophic cardiomyopathy

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PULMONIC AREA

- Systolic ejection murmur
 - Pulmonic stenosis
 - Atrial septal defect
 - Flow murmur

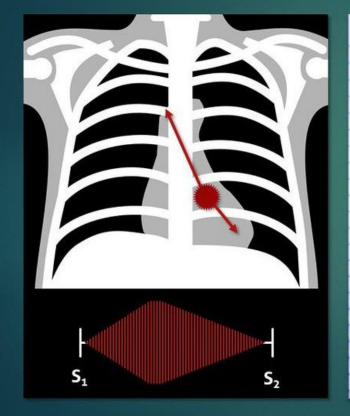
TRICUSPID AREA

- Holosystolic murmur
 - Tricuspid regurgitation
 - Ventricular septal defect
- Diastolic murmur
 - Tricuspid stenosis

MITRAL AREA

- Holosystolic murmur
 - Mitral regurgitation
- Systolic murmur – Mitral valve prolapse
- Diastolic murmur
 - Mitral stenosis

Hypertrophic Obstructive Cardiomyopathy Heart Murmur



Checklist

- Occurs during systole
- Crescendo-decrescendo murmur
- Heard best → left lower sternal border
- Radiates → aortic/mitral areas
- Increase intensity: reductions in afterload and venous return (standing, Valsalva manoeuvre, dehydration)
- Decrease intensity: elevations in afterload and venous return (squatting, leg elevation, handgrip)

References

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