

AMERICAN ACADEMY OF PEDIATRICS

The Use of Chaperones During the Physical Examination of the Pediatric Patient

Committee on Practice and Ambulatory Medicine

ABSTRACT. The intent of this statement is to inform practitioners about the purpose and scope of an appropriate physical examination for children, adolescents, and young adults, and the need to communicate this information to the parents and the patient. Issues of patient comfort, confidentiality, and the use of a chaperone are addressed. An appropriate physical examination should result in efficient, sensitive, and effective health care.

An appropriate physical examination is often a critical component of a visit to the pediatrician by a child, adolescent, or young adult. There are multiple goals of the physical examination, including detection of developmental delays and/or physical abnormalities, which may be congenital or acquired, and detection of clues to the cause of a current illness. The extent of the examination is determined by both the reason for the visit and by diagnostic considerations raised during the history taking. Some physical examinations will be highly focused and the child, adolescent, or young adult will be fully clothed. At other times, during a physical examination, the patient may be partially or completely unclothed. In these cases an appropriate gown should be provided.

The purpose and scope of the physical examination should be made clear to the parents. It should also be made clear to the patient if he or she is old enough to understand. If any part of the examination will be physically or psychologically uncomfortable, the parents and patient should be so informed in advance of the examination. Similarly, the pediatrician must be sensitive to the patient's and parent's feelings about an examination, particularly if the breasts, ano-rectal area, and/or genitalia require in-

spection or palpation. In some cases, either the patient, the parent, the pediatrician, or some combination of these persons may wish to have a chaperone present. In those cases, the chaperone protects the interest of the patient and the pediatrician. However, there are a variety of circumstances, including those in which the patient requests confidentiality, that would render the presence of a chaperone problematic. Physician judgment and discretion must be paramount in evaluating the needs for a chaperone; however, the highest priority should be given to the requests of the patient and the parent. If a patient is offered and declines the use of a chaperone, the pediatrician should document this fact in the chart. Communication in advance regarding the components of the physical examination being performed is of critical importance in any event.

Attention to these principles should result in more efficient, sensitive, and effective health care for children, adolescents, and young adults while preventing misunderstandings about the reasons for and conduct of the examination.

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
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