

## Geriatric signs

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Medicine is full of "signs;" visual cues that highlight illness or point to a diagnosis. I remember, as a first year medical student, being excited to learn that there was a Frank sign, and then being mildly disappointed to find that it is a small crease in the earlobe. There are several important and relevant signs in the world of geriatric care. They are presented in lighthearted fashion here, but I suspect many readers have found them useful.

The "positive lipstick sign" can be both a positive and negative finding. On the positive side, it can reflect that the patient is feeling better and is up to putting on makeup. This is particularly true for inpatients. On the flipside, this can be misleading in your office - sometimes they only get dressed and made up for the visit, and may spend the rest of the month in a housecoat. Always confirm the meaning of the "PLS."

The "over the shoulder sign" can be quite indicative of cognitive impairment in outpatients and inpatients. This is a well-recognized finding, but can be missed: when you ask the patient a question, they look over their shoulder to enquire of their loved one. I am not sure the specificity but it is quite sensitive.

"Head shaking daughter-in-law sign" is an indicator that the patient with dementia is not giving you a very accurate response, or that you have not understood the situation clearly. If the patient tells you something and the family member is vigorously and obviously shaking their head, the patient's response is not likely accurate and needs clarification.

The "talking about their bowels for more than 10 minutes sign;" if the patient can do this, they are depressed until proven otherwise.

The "left arm strain sign" is a subtle but relevant sign identified by the well-known geriatrician Ken Rockwood. When listening to a frail inpatient's chest to gauge the response to treatment of pneumonia, the amount of energy your left hand must expend to keep the person sitting upright is more important than their vital signs and labs. The less energy needed to hold them up, the more likely the patient is to recover. This has some basis in science!

The "folded arms sign"; at a hospital family conference concerning discharge of a patient, if the family members all sit with their arms crossed, it usually means that you've misunderstood their thoughts on the discharge and they believe their loved one should be going to a nursing home. This sign should not be ignored or left until the last 5 minutes of the meeting time.

Geriatric care is interesting, in part, because there are so many unusual presentations of common illnesses or social factors. It takes an alert clinician to notice them but they are an important part of recognizing relevant issues and managing them promptly. I would love to hear geriatric signs you have noticed; please share them with me by email or @ChrisFrankCOE.