
Summary of Policy Recommendations for Periodic Health Examinations

**November 1996,
Revision 5.1, December 2001**

These policy recommendations describe AAFP policy for a number of periodic health interventions for the general and specific populations.

Strongly Recommend
Recommend
No Recommendation Either For or Against
Recommend Against
Insufficient Evidence to Recommend Either For or Against

These recommendations are provided only as an assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations.

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Introduction to AAFP Summary of Policy Recommendations for Periodic Health Examinations

The AAFP Summary of Policy Recommendations for Periodic Health Examinations (RPHE) originated in the Commission on Clinical Policies and Research and was approved by the Board of Directors in August 1996. Further revision of the RPHE was approved by the Board in November 1996 (Revision 1), July 1997 (Revision 2), March 1999 (Revision 3), July 2000 (Revision 4) and August 2001 (Revision 5).

The starting point for the recommendations is the rigorous analysis of the scientific knowledge available as presented by the United States Preventive Services Task Force (USPSTF) in their *Guide to Clinical Preventive Services, 2nd Edition* and ongoing releases of evidence reports and recommendations from the 3rd edition. The RPHE was developed with some consideration of overall cost and patient preferences. Costs were not specifically calculated but were estimated to include broad economic impact and opportunity costs. Patient preferences were also not explicitly stated, however the Working Group on Periodic Health Examinations, the Commission on Clinical Policies and Research, and the AAFP Board of Directors served as surrogates.

The recommendations include those that should be offered (Strongly Recommend and Recommend), those that should not be done (Recommend Against), those interventions considered an option (No Recommendation Either for or Against) and those with Insufficient Evidence to

Recommend Either For or Against.

SR Strongly Recommend: Good quality evidence exists which demonstrates substantial net benefit over harm; the intervention is perceived to be cost effective and acceptable to nearly all patients.

R Recommend: Although evidence exists which demonstrates net benefit, either the benefit is only moderate in magnitude or the evidence supporting a substantial benefit is only fair. The intervention is perceived to be cost effective and acceptable to most patients.

NR No Recommendation Either For or Against: Either good or fair evidence exists of at least a small net benefit. Cost-effectiveness may not be known or patients may be divided about acceptability of the intervention.

RA Recommend Against: Good or fair evidence which demonstrates no net benefit over harm.

I Insufficient Evidence to Recommend Either For or Against: No evidence of even fair quality exists or the existing evidence is conflicting.

Recommendations are made for two different patient populations: the *General Population* and the *Specific Populations*. The General Population includes those persons who are asymptomatic and not known to be at any increased risk except based on their gender, age, or for specific parameters that apply to substantial groups within the general population. For example, because of the high prevalence of tobacco use, the General Population charts contain recommendations on this health hazard even though not all



members of the general population smoke.

Recommendations for Specific Populations address the health concerns of persons based on their health behaviors, living environment, medical history, or other factors other than gender or age. For some practices, these specific populations may in fact represent major portions of the patients seen. For example, depending upon the fluoride content of a population's water supply, the recommendation regarding fluoride supplementation may apply to the vast majority of children in one practice and virtually none in a practice in another geographic location. Physicians are encouraged to review not only the needs of individual patients they see, but also of the populations in the communities they serve to determine which Specific Population recommendations need to be implemented systematically in their practices. The recommendations contained in this document are for screening only. They do not necessarily apply to patients who have signs and/or symptoms relating to a particular condition. Finally, recommendations are not presented specifically relating to women who are pregnant. It is the intent of the commission to consider this at a later time.

These recommendations are provided only as an assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding

of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. The recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented.

The Guide to Clinical Preventive Services is available through the AAFP Order Department by calling 1-800-944-0000; ask for item number 1912. The member price is \$20. It is also available on the Internet at <http://158.72.20.10/pubs/guidecps/> or <http://odphp.osophs.dhhs.gov/pubs/guidecps/>.

The RPHE is available through the AAFP Order Department by calling 1-800-944-0000; ask for item number 962. The document is free. The RPHE is also available on the Web at <http://www.aafp.org/exam/>.

For more information about the RPHE and clinical policies, call the Scientific Activities Division of the AAFP at 1-800-274-2237, or e-mail Herbert F. Young, MD, MA, Scientific Activities Division Director, hyoung@aafp.org or Bellinda Schoof, MHA, CPHQ, Scientific Affairs Manager, bschoof@aafp.org.

**American Academy of Family Physicians
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**SR STRONGLY RECOMMEND
GENERAL POPULATION**

PATIENT POPULATION	TARGET DISEASE	SCREENINGS
Neonates	PKU, Hemoglobinopathies, Thyroid function abnormalities	Order screening tests for these conditions
Neonates	Gonococcal or Chlamydial Ophthalmia Neonatorum	Order ophthalmic antibiotic
All patients more than 21 years of age	Hypertension	Measure blood pressure periodically
Males age 35 and older, and females age 45 and older	Lipid Disorders	Either a fasting lipid profile or a nonfasting total cholesterol and HDL cholesterol
Women who have ever had sex and have a cervix	Cervical Cancer	Complete a Pap smear at least every 3 years
Women age 50-69	Breast Cancer	Order mammography and perform clinical breast exam every 1-2 years
Women age 25 years or younger and sexually active	Chlamydia	Screen for chlamydia

PATIENT POPULATION	TARGET DISEASE	COUNSELING
Parents of infants	Otitis media, lower respiratory tract illness, meningitis, allergies, diarrhea, abnormal cognitive development	Counsel to promote breast feeding through at least 6 months of age
Smoking parents with children in the house	Otitis media, allergies, asthma, etc.	Counsel regarding the harmful effects of smoking on children's health
All tobacco users	Complications of tobacco use	Counsel to encourage tobacco cessation on a regular basis
Patients desiring to quit smoking	Complications of tobacco use	Counsel regarding the use of pharmacotherapy as an adjunct for smoking cessation
All peri-menopausal women	Osteoporosis, circulatory disease, symptoms of menopause	Counsel regarding the benefits and risks of post-menopausal hormone replacement therapy

PATIENT POPULATION	TARGET DISEASE	IMMUNIZATIONS
All children unless contraindicated	Diphtheria	Immunize using AAFP recommendations
All children unless contraindicated	Pertussis	Immunize using AAFP recommendations

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**SR STRONGLY RECOMMEND
GENERAL POPULATION**

PATIENT POPULATION	TARGET DISEASE	IMMUNIZATIONS, continued
All children unless contraindicated	Tetanus	Immunize using AAFP recommendations
All children unless contraindicated	Poliomyelitis	Immunize using AAFP recommendations
All children unless contraindicated	Measles	Immunize using AAFP recommendations
All children unless contraindicated	Mumps	Immunize using AAFP recommendations
All children unless contraindicated	Rubella	Immunize using AAFP recommendations
All children unless contraindicated	H.influenzae type b disease	Immunize using AAFP recommendations
All children less than 24 months	Pneumococcal disease	Immunize using pneumococcal conjugate vaccine
Infants and children who are unimmunized at age 11-12	Hepatitis B	Immunize using AAFP recommendations
Adults	Tetanus	Complete Td vaccine series if haven't received primary series. Boosters every 10 years or at least at age 50.
Adults	Diphtheria	Complete Td vaccine series if haven't received primary series. Boosters every 10 years or at least at age 50.
PATIENT POPULATION	TARGET DISEASE	MISC.
Women planning to become pregnant who have not had a previous pregnancy affected by a neural tube defect	Neural tube defects	Prescribe 0.4-0.8 mg/day of folic acid supplementation from at least 1 month prior to conception through the first trimester of pregnancy

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**Ⓡ RECOMMEND
GENERAL POPULATION**

PATIENT POPULATION	TARGET DISEASE	SCREENINGS
All patients	Obesity	Measure height and weight periodically
Children age 3-4 years	Visual difficulties	Screen for amblyopia and strabismus
Women of childbearing potential	Congenital rubella syndrome	Assure rubella immunity by history, serology, or vaccination
Women age 40-49	Breast cancer	Counsel regarding potential risks and benefits of mammography
Adults age 50 and older	Colorectal cancer	Screen for colorectal cancer with FOBT (annually), sigmoidoscopy, colonoscopy or barium enema
Elderly adults	Visual difficulties	Perform Snellen acuity testing
Elderly adults	Hearing difficulties	Question about hearing impairment and counsel regarding the availability of treatment when appropriate

PATIENT POPULATION	TARGET DISEASE	COUNSELING
All patients more than 2 years old	Obesity	Counsel to maintain caloric balance
Females age 11 and older	Osteoporosis	Counsel to maintain adequate calcium intake
All parents and patients more than 2 years old as appropriate	Accidental injury	Counsel regarding accidental injury prevention including, as appropriate: child safety seats, lap and shoulder belt use, bicycle safety, motorcycle helmet use, smoke detectors, poison control center numbers, and driving while intoxicated
Children, adolescents, and young adults	Complications of tobacco use	Counsel regarding the risks of tobacco use
All children, adolescents and adults	Coronary artery disease, hypertension, obesity and diabetes	Counsel to engage in regular physical activity
Adolescents and adults	Sexually transmitted diseases	Counsel regarding the risks for sexually transmitted diseases and how to prevent them

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**American Academy of Family Physicians
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**® RECOMMEND
GENERAL POPULATION**

PATIENT POPULATION	TARGET DISEASE	COUNSELING, continued
Adults who are problem drinkers	Automobile accidents	Counsel regarding the dangers of driving while intoxicated
Men age 50-65	Prostate cancer	Counsel regarding the known risks and uncertain benefits of screening for prostate cancer
PATIENT POPULATION	TARGET DISEASE	IMMUNIZATIONS
Healthy infants age 12-18 months	Varicella	Discuss immunization using AAFP recommendations
Unimmunized children and adolescents with no reliable history of varicella infection or previous immunization; Consider serologic testing instead of immediate immunization in history negative adolescents if able to comply if return visit needed	Varicella	Discuss immunization using AAFP recommendations
Unimmunized persons age 12-24 years with no reliable history of hepatitis B infection or previous immunization	Hepatitis B	Discuss immunization using AAFP recommendations
All persons age 50 years and older	Influenza	Discuss immunization annually using AAFP recommendations
All adults age 65 years and older	Pneumococcal disease	Discuss immunization using AAFP recommendations
Adults with no history of varicella or previous vaccination	Varicella	Discuss immunization using AAFP recommendations
PATIENT POPULATION	TARGET DISEASE	MISC.
Women not planning a pregnancy but of childbearing potential who have not previously had a baby with a neural tube defect	Neural tube defects	Prescribe 0.4mg folate supplementation

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**SR STRONGLY RECOMMEND
SPECIFIC POPULATIONS**

PATIENT POPULATION	TARGET DISEASE	SCREENINGS
Patients at a high risk for tuberculosis, including those with close contacts to persons with known or suspected TB, health care workers, immigrants from countries with high TB prevalence, HIV positive individuals, alcoholics, injection drug users, residents of long term care facilities, and medically underserved low income people	Tuberculosis	Apply Mantoux test
Pregnant women, persons who exchange sex for money or drugs, persons with other STDs, sexual contacts of persons with syphilis	Syphilis	Order VDRL or RPR (sexual contacts of persons with syphilis should be treated regardless of screening results)
Men who had sex with men after 1975, past or present injection drug users, persons who exchange sex for money or drugs and their sex partners, those with current or past sex partners who were injection drug users, bisexual or HIV positive, and persons seeking treatment for STDs	HIV Infection	Screen for HIV infection
PATIENT POPULATION	TARGET DISEASE	IMMUNIZATIONS
Healthy children living where pneumococcal disease is endemic	Pneumococcal disease	Immunize using AAFP recommendations
Children less than 60 months with sickle cell, HIV, functional or anatomic asplenia, immunocompromising conditions, and chronic illness, and children who are African Americans, Alaskan Natives and American Indians	Pneumococcal disease	Immunize using pneumococcal conjugate vaccine
All persons born after 1956 who lack evidence of immunity to measles (receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles)	Measles Mumps Rubella	Give single dose
Adolescents and young adults in settings where such individuals congregate (e.g., high schools, technical schools, and colleges), if they have not previously received a second dose	Measles Mumps Rubella	Give second dose at least 1 month after first dose

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**SR STRONGLY RECOMMEND
SPECIFIC POPULATIONS**

PATIENT POPULATION	TARGET DISEASE	IMMUNIZATIONS, continued
Persons who are injection drug users and their sexual partners, have a history of multiple sexual partners in the previous 6 months, have recently acquired a sexually transmitted disease, recipients of certain drug products, have a health related job with frequent exposure to blood or blood products, travelers to countries where HBV is of high or intermediate endemicity, or who are men who have sex with men	Hepatitis B	Complete primary series
Children more than 2 years of age and all adolescents who are living in, traveling to, or working in areas where hepatitis A is endemic and periodic outbreaks occur	Hepatitis A	Immunize using AAFP recommendations
PATIENT POPULATION	TARGET DISEASE	MISC.
Infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply (less than 0.6 ppm)	Dental Caries	Order fluoride supplementation based on age and fluoride concentration of patient's water supply
Women who are planning a pregnancy and had a previous pregnancy affected by a neural tube defect	Neural tube defects	Prescribe 4 mg/day of folic acid supplementation from 1-3 months prior to conception through the first trimester of pregnancy

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**® RECOMMEND
SPECIFIC POPULATIONS**

PATIENT POPULATION	TARGET DISEASE	SCREENINGS
Infants age 6-12 months who are living in poverty, black, Native American, or Alaska Native, immigrants from developing countries, preterm and low birthweight infants, and infants whose principal dietary intake is unfortified cow's milk	Iron deficiency anemia	Obtain hemoglobin and/or hematocrit levels
Infants at 12 months of age who live in communities in which the prevalence of lead levels requiring intervention is high or undefined, or live in or frequently visit a home built before 1950 with dilapidated paint or with recent or ongoing renovation or remodeling, or have close contact with a person who has an elevated lead level, or live near lead industry or heavy traffic, or live with someone whose job or hobby involves lead exposure, or uses lead based pottery, takes traditional remedies that contain lead	Lead poisoning	Determine lead levels
Infants born to high risk mothers whose HIV status is unknown (high risk includes past or present injection drug use, exchange of sex for money or drugs, seeking treatment for STDs or whose sex partner is HIV positive, injection drug using, bisexual, or exchanged sex for money or drugs)	HIV	Screen for HIV infection
Women with new or multiple sexual partners in the past 12 months; persons with other STDs including HIV; sexual contacts of persons with gonorrhea and chlamydia	Gonorrhea and chlamydia	Screen for gonorrhea and chlamydia (sexual contacts of persons with gonorrhea or chlamydia should be treated regardless of screening results)
Adults age 40 and older with a family history of early colorectal cancer	Colorectal cancer	Order FOBT (annually), sigmoidoscopy, barium enema or colonoscopy
PATIENT POPULATION	TARGET DISEASE	COUNSELING
Men age 40-84 with risk factors for coronary artery disease	Coronary artery disease	Counsel regarding the risks and benefits of aspirin prophylaxis

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**® RECOMMEND
SPECIFIC POPULATIONS**

PATIENT POPULATION	TARGET DISEASE	IMMUNIZATIONS
Children and adolescents with chronic cardiac or pulmonary disease, diabetes mellitus, or anatomic asplenia or who live in special environments or social settings with an identified increased risk of pneumococcal disease	Pneumococcal disease	Discuss immunization using AAFP recommendations
Children and adolescents age 6 months or older who are residents of chronic care facilities, or who have chronic cardiopulmonary disorders, metabolic diseases including diabetes mellitus, hemoglobinopathies, immunosuppression, or renal dysfunction	Influenza	Discuss immunization annually using AAFP recommendations
Adults who are residents of chronic care facilities, or suffer from chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, renal dysfunction, or are health care providers for the above	Influenza	Discuss immunization annually using AAFP recommendations
Institutionalized adults (age 50 years or older) or any adult with chronic cardiac or pulmonary disease, diabetes mellitus, anatomic asplenia, or who live in special environments or social settings with an increased risk of pneumococcal disease (e.g., certain Native American or Native Alaskan populations)	Pneumococcal disease	Discuss immunization using AAFP recommendations
Adults living, working or travelling in areas where Hepatitis A is endemic and periodic outbreaks occur, or users of injection or street drugs, military personnel, men who have sex with men, and institutionalized persons and those working in those institutions	Hepatitis A	Discuss immunization using AAFP recommendations
Unimmunized persons who have been exposed to varicella in the last 3 to 5 days	Varicella	Discuss immunization using AAFP recommendations
Persons at high risk for <i>B. burgdorferi</i> infection are those who (1) reside, work or recreate in areas of high or moderate risk during Lyme disease transmission season; and (2) engage in activities (e.g., recreational, property maintenance occupational, leisure) that result in frequent or prolonged exposure to tick infested habitat	Lyme disease	Discuss immunization using AAFP recommendations

**American Academy of Family Physicians
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 NO RECOMMENDATION EITHER FOR OR AGAINST

PATIENT POPULATION	TARGET DISEASE	INTERVENTIONS
Children aged 24-59 months including those children who attend childcare settings and children who had frequent or complicated acute otitis media in the previous year	Pneumococcal disease	As a practice option, discuss pneumococcal conjugate immunization
Young adults, college students	Serotypes A and C meningococcus	Physicians need not initiate discussion of the meningococcal quadravalent polysaccharide vaccine as part of routine medical care, given the large number of issues that are of greater importance in the care of young adults. Colleges, through their student health service, may provide education on meningococcal infection and vaccination and offer it to those who are interested

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◆ INSUFFICIENT EVIDENCE TO RECOMMEND EITHER FOR OR AGAINST

PATIENT POPULATION	TARGET DISEASE	INTERVENTIONS
Asymptomatic persons	Skin cancer	There is insufficient evidence on which to make a recommendation for or against routine screening for skin cancer
Neonates	Sensorineural Hearing Loss (SNHL)	There is insufficient evidence on which to make a recommendation for or against routine screening of newborns for hearing loss during the postpartum hospitalization period

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**RA RECOMMEND AGAINST
(No Strength Implied)**

PATIENT POPULATION	TARGET DISEASE	INTERVENTIONS NOT RECOMMENDED
Asymptomatic persons	Pancreatic Cancer	Use of ultrasound and/or serological markers
Asymptomatic persons	Bladder Cancer	Use of urinalysis (microscopic or dipstick)
Asymptomatic persons	Peripheral Arterial Disease	Use of Doppler or duplex ultrasound or other vascular laboratory tests
Asymptomatic persons	Lung Cancer	Use of chest X-ray and/or Sputum cytology
Asymptomatic persons	Thyroid Cancer	Use of ultrasound screening
Asymptomatic persons	Insulin Dependent Diabetes Mellitus	Use of immune marker screening
Asymptomatic persons	Genital Herpes Simplex Virus Infection	Screening with culture, serology, or other tests
Asymptomatic children and adults	Cardiac Disease	Use of routine ECG as part of a periodic health or preparticipation physical exam
All children	Poisoning	Use of Mr. Yuk stickers
Patients less than 60 years old and not neonates	Thyroid Disease	Use of thyroid function test
Males	Asymptomatic Bacteriuria	Use of urinalysis (microscopic or dipstick)
Females, except for two groups, those who are noninstitutionalized elderly and those who have diabetes, for whom there is insufficient evidence to recommend for or against routine screening	Asymptomatic Bacteriuria	Use of urinalysis (microscopic or dipstick)
Women who have had hysterectomies for reasons other than cancer	Vaginal Cancer	Use of Pap smears
Women without a family history of frequent ovarian cancer. For this latter group, there is insufficient evidence to recommend for or against routine screening	Ovarian Cancer	Use of ultrasound of the pelvis, and/or Serum tumor markers

**For more information about AAFP
clinical policies, go to**

<http://www.aafp.org/clinical>

**And for updates to the Summary of
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