

# abnormal digital rectal exam icd 10

## Abnormal Digital Rectal Exam ICD-10: A Critical Analysis of Current Trends

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Abstract: This analysis explores the significance of an "abnormal digital rectal exam ICD-10" in current medical trends. We examine its implications for diagnostic pathways, coding accuracy, reimbursement, and potential biases. We discuss the challenges associated with the subjective nature of the DRE and the need for standardized reporting to improve the reliability and utility of "abnormal digital rectal exam ICD-10" codes.

### 1. Introduction: Understanding the Significance of an Abnormal Digital Rectal Exam ICD-10

The digital rectal examination (DRE) remains a cornerstone of the physical examination, particularly in gastroenterology and urology. An abnormal DRE can indicate a wide spectrum of conditions, ranging from benign prostatic hyperplasia (BPH) to colorectal cancer. Accurate coding of these findings using the International Classification of Diseases, 10th Revision (ICD-10) is crucial for several reasons. Precise ICD-10 coding for an "abnormal digital rectal exam" ensures accurate billing and reimbursement, facilitates epidemiological studies, and contributes to the overall quality of healthcare data. However, the subjective nature of the DRE and the variability in interpretation across healthcare providers present significant challenges in

achieving consistent and reliable coding for "abnormal digital rectal exam ICD-10". This analysis delves into these challenges and explores current trends and future directions.

## **2. Challenges in Coding an Abnormal Digital Rectal Exam (ICD-10)**

The primary challenge lies in the inherent subjectivity of the DRE. The findings, such as the size, consistency, and presence of nodules or masses, are often described qualitatively, leading to inconsistencies in interpretation and coding. Two physicians performing a DRE on the same patient might use different terminology to describe the same abnormality, resulting in different ICD-10 codes being assigned. This variability in "abnormal digital rectal exam ICD-10" coding can negatively impact epidemiological studies, hindering our understanding of the prevalence and incidence of various colorectal and prostate conditions. Furthermore, the lack of standardized reporting guidelines for DRE findings exacerbates this issue. The absence of universally accepted criteria for defining an "abnormal digital rectal exam ICD-10" further complicates the process.

## **3. Impact of ICD-10 Coding on Diagnostic Pathways and Patient Management**

The accuracy of "abnormal digital rectal exam ICD-10" coding directly influences subsequent diagnostic testing and patient management. An incorrectly coded abnormal DRE might delay or even prevent necessary investigations, such as colonoscopy or prostate biopsy. Conversely, overcoding might lead to unnecessary and costly procedures. This underscores the crucial need for careful documentation and consistent application of ICD-10 guidelines when reporting DRE findings. The use of standardized reporting templates and checklists can significantly improve the accuracy and consistency of "abnormal digital rectal exam ICD-10" coding. This would ensure that relevant information is consistently captured, facilitating efficient and effective patient management.

## **4. Reimbursement Implications of Accurate ICD-10 Coding for Abnormal DRE**

Accurate "abnormal digital rectal exam ICD-10" coding is also critical for ensuring appropriate reimbursement for healthcare services. Incorrect or incomplete coding can lead to claims denials or reduced reimbursement, impacting healthcare providers' financial stability. Conversely, consistent and accurate coding helps ensure that healthcare providers receive fair compensation for the services they provide. Therefore, understanding and adhering to ICD-10 coding guidelines for abnormal DREs is not only medically important but also financially crucial.

## **5. Addressing Bias in Abnormal Digital Rectal Exam ICD-10 Coding**

Studies have shown potential biases in the interpretation and coding of DRE findings, particularly related to factors such as patient age, sex, and race. Addressing these biases requires focused training and education for healthcare professionals on objective assessment and unbiased documentation of DRE findings. Implementing standardized protocols for DRE performance and reporting can minimize the influence of subjective factors and ensure more equitable coding practices. This is particularly crucial for minimizing health disparities and ensuring fair access to healthcare.

## **6. The Future of Abnormal Digital Rectal Exam ICD-10 Coding**

The future of "abnormal digital rectal exam ICD-10" coding likely involves a greater reliance on electronic health records (EHRs) and the integration of decision support tools to improve coding accuracy and consistency. EHR systems can help standardize reporting formats and provide prompts to guide clinicians in selecting the most appropriate ICD-10 codes based on documented DRE findings. Furthermore, the development of advanced imaging techniques, such as high-resolution endoscopy and advanced prostate imaging, may gradually reduce the reliance on DRE as a primary diagnostic tool. However, the DRE will likely remain a valuable component of the physical examination for the foreseeable future.

## **7. Conclusion**

The accurate coding of an "abnormal digital rectal exam ICD-10" is crucial for effective patient management, accurate reimbursement, and high-quality healthcare data. Addressing the challenges associated with the subjectivity of the DRE requires a multi-pronged approach, including standardized reporting guidelines, improved training for healthcare professionals, and the utilization of EHR-based decision support systems. By implementing these strategies, we can enhance the reliability and utility of "abnormal digital rectal exam ICD-10" coding, leading to better healthcare outcomes.

## **FAQs**

1. What are the common ICD-10 codes used for an abnormal digital rectal exam? The specific ICD-10 code depends on the findings. It may include codes related to benign prostatic hyperplasia, prostate cancer, colorectal polyps, colorectal cancer, or other conditions. A consultation with a coding specialist is recommended for specific cases.

1. How can I ensure accurate ICD-10 coding for an abnormal DRE? Careful and detailed documentation of the DRE findings is critical. Use standardized terminology and follow established guidelines for reporting. Consult coding resources and seek clarification when needed.

1. What are the consequences of incorrect ICD-10 coding for an abnormal DRE? Incorrect coding can lead to claims denials, reduced reimbursement, delayed or inappropriate treatment, and skewed epidemiological data.

1. What is the role of electronic health records (EHRs) in improving ICD-10 coding for abnormal DREs? EHRs can facilitate standardized reporting, provide coding assistance, and reduce the risk of errors.

1. Are there any specific guidelines for documenting an abnormal DRE? While universal guidelines are lacking, detailed descriptions of the findings (size, consistency, location of abnormalities) are crucial for accurate coding.

1. How often should a digital rectal exam be performed? The frequency depends on individual risk factors and clinical indications. Regular DREs are recommended for routine screenings in specific populations.

1. Can an abnormal DRE be a sign of serious illness? Yes, it can indicate conditions such as colorectal cancer or prostate cancer, necessitating further investigation.

1. What are the limitations of a digital rectal exam? DREs are subjective, may miss early-stage lesions, and are not a substitute for more advanced diagnostic tests.

1. What other diagnostic tests might be ordered following an abnormal DRE? Further investigations may include colonoscopy, sigmoidoscopy, prostate-

specific antigen (PSA) test, and/or biopsy, depending on the findings.

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**abnormal digital rectal exam icd 10: Essentials of Human Diseases and Conditions** Margaret Schell Frazier, 2004 Offering quick access to the pathological conditions most commonly seen in the physician's office, this portable text/reference is ideal for administrative and clinical medical assistants who have a wide range of responsibilities - including billing, coding, telephone screening, taking patient examinations, understanding diagnostic and treatment procedures, and putting together patient education programs. Thoroughly revised and updated to reflect the changes in the field, this third edition features an enhanced format with a description of over 500 conditions and disorders, their ICD-9-CM codes, signs and symptoms, patient screening, etiology, diagnostic assessment and clinical tests, treatment options, prognosis, prevention, and patient teaching. A companion website provides multiple weblinks for all diseases and conditions profiled in the book. Disease presentations follow a normal pathological progression - with descriptions, related ICD-9-CM codes, symptoms and signs, patient screening, etiology, diagnosis, treatment, prognosis, prevention, and patient teaching - to help readers conceptualize disease pathology and better apply information. Enrichment and Alert boxes offer readers information, clarification, and precautions next to the related topic in the text to improve the awareness of diseases as they affect people every day. Diseases are presented in an encyclopedia-type format, to break the text into easy-to-understand topics, and to make disease classifications easier to locate within subject areas. Concise descriptions of disorders help readers quickly review information. The ICD-9-CM code for each disorder provides a reference point for health care providers when coding for reimbursement. Symptoms and signs of each disorder are discussed in a logical format to enlighten readers on what patients may report and what the clinician will be finding during the examination that is characteristic of the disorder. Information on telephone screening provides suggestions for scheduling and for emergency intervention concepts. Discussions of diagnostic testing, laboratory, and imaging are included along with physical and emotional findings. Various treatment options are included for each disorder including current drug therapies. A section on prognosis provides readers with the possible outcome for each disorder. Coverage of prevention provides the reader with information necessary to help educate the patient on preventive measures. A section on patient teaching provides suggestions for patient instruction and teaching. Appendix provides panic values and other valuable information in a concise and readable form. Appendix contains mailing addresses and telephone numbers to help readers provide patients, clients, or family members with agencies that may be contacted for additional information or assistance. A glossary includes the Spanish translations of each word, and defines words that are bold in the text to help readers understand the terminology used throughout the text. Content emphasizes total patient care with the inclusion of unique discussions on childhood disorders and conditions, normal pregnancy and complications, mental health disorders, and trauma or emergency care options. Student-friendly features include

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**abnormal digital rectal exam icd 10: Management of Genetic Syndromes** Suzanne B. Cassidy, Judith E. Allanson, 2011-09-20 The bestselling guide to the medical management of common genetic syndromes —now fully revised and expanded A review in the American Journal of Medical Genetics heralded the first edition of Management of Genetic Syndromes as an unparalleled collection of knowledge. Since publication of the first edition, improvements in the molecular diagnostic testing of genetic conditions have greatly facilitated the identification of affected individuals. This thorough revision of the critically acclaimed bestseller offers original insights into the medical management of sixty common genetic syndromes seen in children and adults, and incorporates new research findings and the latest advances in diagnosis and treatment of these disorders. Expanded to cover five new syndromes, this comprehensive new edition also features updates of chapters from the previous editions. Each chapter is written by an expert with extensive direct professional experience with that disorder and incorporates thoroughly updated material on new genetic findings, consensus diagnostic criteria, and management strategies. Edited by two of the field's most highly esteemed experts, this landmark volume provides: A precise reference of the physical manifestations of common genetic syndromes, clearly written for professionals and families Extensive updates, particularly in sections on diagnostic criteria and diagnostic testing, pathogenesis, and management A tried-and-tested, user-friendly format, with each chapter including information on incidence, etiology and pathogenesis, diagnostic criteria and testing, and differential diagnosis Up-to-date and well-written summaries of the manifestations followed by comprehensive management guidelines, with specific advice on evaluation and treatment for each system affected, including references to original studies and reviews A list of family support organizations and resources for professionals and families Management of Genetic Syndromes, Third Edition is a premier source to guide family physicians, pediatricians, internists, medical geneticists, and genetic counselors in the clinical evaluation and treatment of syndromes. It is also the reference of choice for ancillary health professionals, educators, and families of affected individuals looking to understand appropriate guidelines for the management of these disorders. From a review of the first edition: An unparalleled collection of knowledge . . . unique, offering a gold mine of information. —American Journal of Medical Genetics

**abnormal digital rectal exam icd 10: Colorectal Cancer Screening** Joseph Anderson, MD, Charles Kahi, MD, 2011-04-23 Colorectal Cancer Screening provides a complete overview of colorectal cancer screening, from epidemiology and molecular abnormalities, to the latest screening techniques such as stool DNA and FIT, Computerized Tomography (CT) Colonography, High Definition Colonoscopes and Narrow Band Imaging. As the text is devoted entirely to CRC screening, it features many facts, principles, guidelines and figures related to screening in an easy access format. This volume provides a complete guide to colorectal cancer screening which will be informative to the subspecialist as well as the primary care practitioner. It represents the only text that provides this up to date information about a subject that is continually changing. For the primary practitioner, information on the guidelines for screening as well as increasing patient

participation is presented. For the subspecialist, information regarding the latest imaging techniques as well as flat adenomas and chromoendoscopy are covered. The section on the molecular changes in CRC will appeal to both groups. The text includes up to date information about colorectal screening that encompasses the entire spectrum of the topic and features photographs of polyps as well as diagrams of the morphology of polyps as well as photographs of CT colonography images. Algorithms are presented for all the suggested guidelines. Chapters are devoted to patient participation in screening and risk factors as well as new imaging technology. This useful volume explains the rationale behind screening for CRC. In addition, it covers the different screening options as well as the performance characteristics, when available in the literature, for each test. This volume will be used by the sub specialists who perform screening tests as well as primary care practitioners who refer patients to be screened for colorectal cancer.

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Edward R Christophersen, Patrick C Friman, 2010-01-01 A compact, how-to manual on effective, evidence-based treatments for enuresis and encopresis. The aim of this book is to provide readers with a practical overview of the definitions, characteristics, theories and models, diagnostic and treatment recommendations, and relevant aspects and methods of evidence-based psychosocial treatments for encopresis and enuresis, primarily in children. Although treatments and research for elimination disorders are reviewed in general, particular attention is directed at constipation and encopresis, toileting refusal, and diurnal and nocturnal enuresis due to the high incidence of these conditions in children. Case vignettes, websites, and suggestions for further reading are provided for the interested reader.

**abnormal digital rectal exam icd 10: The selection and use of essential in vitro diagnostics**, 2021-01-29

**abnormal digital rectal exam icd 10: MRI of the Prostate** Andrew B. Rosenkrantz, 2016-12-20 Learn the fundamental principles and clinical applications of the diagnostic and risk assessment imaging test of choice for prostate cancer: prostate MRI Although prostate cancer is the second leading cause of cancer death in men in the USA, it can be treated successfully if detected early. Disease management has gradually changed to a paradigm that relies on close monitoring through active surveillance in select patients, as well as ongoing refinements in treatment interventions, including minimally invasive procedures. This has resulted in a critical need for a more exacting methodology for performing targeted biopsies, assessing risk levels, and devising treatment strategies. Prostate MRI has emerged as the most precise, state-of-the-art imaging modality for prostate cancer diagnosis and management, thereby creating an immediate demand for radiologists to become proficient in its use. Conceived and edited by a leading authority, with contributions from renowned experts in the field, MRI of the Prostate: A Practical Approach is the first book to tackle this important topic. It provides an overview of the fundamentals of prostate MRI acquisition, interpretation, and reporting. Readers will benefit from a wide range of insightful perspectives gleaned from years of hands-on experience. Key Highlights Prostate Imaging Reporting and Data System (PI-RADS) for prostate MRI interpretation and cancer risk scoring Clinical pearls on the optimization and application of prostate MRI for risk assessment, disease staging, MRI-targeted biopsy, recurrent disease, and active surveillance The emerging utilization of PET and PET/MRI for primary prostate cancer evaluation More than 700 illustrations with one entirely image-based chapter featuring educational case studies Radiologists will learn how to optimally perform and interpret prostate MRI, and referring physicians will learn to integrate it into day-to-day practice. This book is an essential resource for radiologists and radiology residents, as well as urologists, oncologists, MRI technicians, and other medical practitioners who treat patients with genitourinary disorders.

**abnormal digital rectal exam icd 10: Viral and Immunological Malignancies** Paul Volberding, 2006 The precise relationship between viral infection and malignancy remains an epidemiologic association and the subject of active investigation. Nonmalignant hematologic disorders have a similarly complex relationship with cancer-associated viruses and may offer insight into the

pathogenesis of oncogenesis. This book explores the relationships between viral infections, immune impairments and the hematologic and malignant diseases, particularly against the backdrop of the HIV epidemic. By extending the scope to all of viral oncology the editors provide an invaluable resource on tumors related to other viruses other than HIV, particularly carcinomas of the cervix and anus with HPV and tumors of the liver with the various hepatitis viruses.

**abnormal digital rectal exam icd 10: Handbook of Clinical Obstetrics** E. Albert Reece, MD, PhD, MBA, John C. Hobbins, 2008-04-15 The second edition of this quick reference handbook for obstetricians and gynecologists and primary care physicians is designed to complement the parent textbook *Clinical Obstetrics: The Fetus & Mother* The third edition of *Clinical Obstetrics: The Fetus & Mother* is unique in that it gives in-depth attention to the two patients – fetus and mother, with special coverage of each patient. *Clinical Obstetrics* thoroughly reviews the biology, pathology, and clinical management of disorders affecting both the fetus and the mother. *Clinical Obstetrics: The Fetus & Mother - Handbook* provides the practising physician with succinct, clinically focused information in an easily retrievable format that facilitates diagnosis, evaluation, and treatment. When you need fast answers to specific questions, you can turn with confidence to this streamlined, updated reference.

**abnormal digital rectal exam icd 10: The Best Intentions** Committee on Unintended Pregnancy, Institute of Medicine, 1995-06-16 Experts estimate that nearly 60 percent of all U.S. pregnancies--and 81 percent of pregnancies among adolescents--are unintended. Yet the topic of preventing these unintended pregnancies has long been treated gingerly because of personal sensitivities and public controversies, especially the angry debate over abortion. Additionally, child welfare advocates long have overlooked the connection between pregnancy planning and the improved well-being of families and communities that results when children are wanted. Now, current issues--health care and welfare reform, and the new international focus on population--are drawing attention to the consequences of unintended pregnancy. In this climate *The Best Intentions* offers a timely exploration of family planning issues from a distinguished panel of experts. This committee sheds much-needed light on the questions and controversies surrounding unintended pregnancy. The book offers specific recommendations to put the United States on par with other developed nations in terms of contraceptive attitudes and policies, and it considers the effectiveness of over 20 pregnancy prevention programs. *The Best Intentions* explores problematic definitions--unintended versus unwanted versus mistimed--and presents data on pregnancy rates and trends. The book also summarizes the health and social consequences of unintended pregnancies, for both men and women, and for the children they bear. Why does unintended pregnancy occur? In discussions of reasons behind the rates, the book examines Americans' ambivalence about sexuality and the many other social, cultural, religious, and economic factors that affect our approach to contraception. The committee explores the complicated web of peer pressure, life aspirations, and notions of romance that shape an individual's decisions about sex, contraception, and pregnancy. And the book looks at such practical issues as the attitudes of doctors toward birth control and the place of contraception in both health insurance and managed care. *The Best Intentions* offers frank discussion, synthesis of data, and policy recommendations on one of today's most sensitive social topics. This book will be important to policymakers, health and social service personnel, foundation executives, opinion leaders, researchers, and concerned individuals. May

**abnormal digital rectal exam icd 10: Saving Lives, Improving Mothers' Care** , 2017

**abnormal digital rectal exam icd 10: Step-By-Step Medical Coding**, 2017 Edition Carol J. Buck, 2016-12-06 Resource ordered for the Health Information Technology program 105301.

**abnormal digital rectal exam icd 10: Ferri's Clinical Advisor 2013** Fred F. Ferri, 2012-06-01 With the 2013 edition of *Ferri's Clinical Advisor*, you can access current diagnostic and therapeutic information on more than 700 common medical conditions faster and more effectively than ever before. Dr. Ferri's popular 5 books in 1 format provides quick guidance on vitamin-D deficiency, statin-induced muscle syndrome, postural tachycardia syndrome (POTS), and much more. Rapidly find the answers you need with separate sections on diseases and disorders, differential

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**abnormal digital rectal exam icd 10: Medical Terminology** Barbara A. Gyls, Barbara A. Gyls, MeD, CMA-A, Mary Ellen Wedding, 1999-02 Each chapter in the volume features outlines, objectives, line drawings, pronunciation keys and worksheets for immediate feedback. The book uses word-building and the body-systems approach to teach terminology. Medical records sections relate the content to real-life situations.

**abnormal digital rectal exam icd 10: Genomic Medicine** Dhavendra Kumar, Charis Eng, 2014-10-15 Preceded by Genomics and clinical medicine / edited by Dhavendra Kumar. [First edition]. 2008.

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**abnormal digital rectal exam icd 10: Syndrome X** Terry Kirsten Strom, Barry Fox, Gerald Reaven, 2002-02-28 Millions of Americans follow the best medical advice every day to prevent heart attacks -- eating the standard low-fat, high-carbohydrate diet so widely recommended by doctors -- but in fact they are placing themselves at greater risk for heart disease. In Syndrome X: Overcoming the Silent Killer That Can Give You a Heart Attack, Dr. Gerald Reaven, the world-renowned physician who identified and named this silent killer, explains why the standard heart-healthy diet can be dangerous and lays out a simple six-step program to reduce the risk of heart disease for everyone. The problem stems from a little-known cluster of metabolic abnormalities known as Syndrome X. The insulin resistance that lies at the heart of the syndrome can turn normal rules of good health upside down and dramatically increase the risk of heart disease. Fortunately, Syndrome X can be cured. This important book explains how to identify the disorder and provides a program of diet and exercise (plus medication when necessary) that can render Syndrome X harmless. Tested in carefully controlled research settings and in practice, this remarkable new approach has the ability to reduce the risk of heart attacks and heart disease for all of us. Dr. Reaven shows how eating a diet relatively high in good fats (40 percent of calories) can dramatically lower the risk of heart disease if you have Syndrome X. The approach seems paradoxical: Everyone knows that fat is bad, so how can more fat possibly lead to better health? The answer lies in the type of fat and the body chemistry of the people who consume it. If you have the abnormal metabolism called Syndrome X, eating a low-fat, high-carbohydrate diet to lower your LDL and blood fats won't protect you. In fact,

doing so will increase the odds of heart disease. Millions of Americans have the potentially deadly, yet easily identifiable signs of Syndrome X -- but few cases are detected in time, because most physicians don't know what to look for. This trailblazing book will change that, making doctors and patients aware of the problem -- and its easy solution, an integrated program of diet and exercise that simultaneously reduces all the risk factors for heart disease, including Syndrome X. Dr. Reaven's discovery of Syndrome X has shown us that the standard approach to preventing heart disease is dangerous for many of us. Now, his safe, proven new approach explains how millions can drastically reduce their risk of heart disease. His program works not only for those who have Syndrome X, but also for anyone who simply wants to reduce the risk of heart disease.

**abnormal digital rectal exam icd 10: *Global Strategy for Health for All by the Year 2000***  
World Health Organization, 1981-01-01

**abnormal digital rectal exam icd 10: *The Little Black Book of Neuropsychology*** Mike R. Schoenberg, James G. Scott, 2011-01-11 From translating the patient's medical records and test results to providing recommendations, the neuropsychological evaluation incorporates the science and practice of neuropsychology, neurology, and psychological sciences. The Little Black Book of Neuropsychology brings the practice and study of neuropsychology into concise step-by-step focus—without skimping on scientific quality. This one-of-a-kind assessment reference complements standard textbooks by outlining signs, symptoms, and complaints according to neuropsychological domain (such as memory, language, or executive function), with descriptions of possible deficits involved, inpatient and outpatient assessment methods, and possible etiologies. Additional chapters offer a more traditional approach to evaluation, discussing specific neurological disorders and diseases in terms of their clinical features, neuroanatomical correlates, and assessment and treatment considerations. Chapters in psychometrics provide for initial understanding of brain-behavior interpretation as well as more advanced principals for neuropsychology practice including new diagnostic concepts and analysis of change in performance over time. For the trainee, beginning clinician or seasoned expert, this user-friendly presentation incorporating 'quick reference guides' throughout which will add to the practice armamentarium of beginning and seasoned clinicians alike. Key features of The Black Book of Neuropsychology: Concise framework for understanding the neuropsychological referral. Symptoms/syndromes presented in a handy outline format, with dozens of charts and tables. Review of basic neurobehavioral examination procedure. Attention to professional issues, including advances in psychometrics and diagnoses, including tables for reliable change for many commonly used tests. Special "Writing Reports like You Mean It" section and guidelines for answering referral questions. Includes appendices of practical information, including neuropsychological formulary. The Little Black Book of Neuropsychology is an indispensable resource for the range of practitioners and scientists interested in brain-behavior relationships. Particular emphasis is provided for trainees in neuropsychology and neuropsychologists. However, the easy to use format and concise presentation is likely to be of particular value to interns, residents, and fellows studying neurology, neurological surgery, psychiatry, and nurses. Finally, teachers of neuropsychological and neurological assessment may also find this book useful as a classroom text. There is no other book in the field that covers the scope of material that is inside this comprehensive text. The work might be best summed up as being a clinical neuropsychology postdoctoral residency in a book, with the most up to date information available, so that it is also an indispensable book for practicing neuropsychologists in addition to students and residents...There is really no book like this available today. It skillfully brings together the most important foundations of clinical neuropsychology with the 'nuts and bolts' of every facet of assessment. It also reminds the more weathered neuropsychologists among us of the essential value of neuropsychological assessment...the impact of the disease on the patient's cognitive functioning and behavior may only be objectively quantified through a neuropsychological assessment. Arch Clin Neuropsychol (2011) first published online June 13, 2011 Read the full review [acn.oxfordjournals.org](http://acn.oxfordjournals.org)

**abnormal digital rectal exam icd 10: *Emergencies in Urology*** M. Hohenfellner, R.A.

Santucci, 2007-08-18 This is a comprehensive textbook covering one of the few remaining blind spots on the map of urological literature. To date only a small number of publications have been dedicated to the topic of urgent and emergent problems in urology, important though they are in everyday clinical medicine. The editors are both internationally recognized urological experts and have made the effort to present an in-depth study into virtually every possible urgent urological situation with which a urologist may be confronted today. Thus the book includes chapters on topics such as urological trauma, urosepsis, urinary obstruction, oncological emergencies, intra- and postoperative complications, acute problems in children, and many more.

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**abnormal digital rectal exam icd 10: Veterans and Agent Orange** National Academies of Sciences, Engineering, and Medicine, Institute of Medicine, Board on the Health of Select Populations, Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides (Tenth Biennial Update), 2016-04-29 From 1962 to 1971, the US military sprayed herbicides over Vietnam to strip the thick jungle canopy that could conceal opposition forces, to destroy crops that those forces might depend on, and to clear tall grasses and bushes from the perimeters of US base camps and outlying fire-support bases. Mixtures of 2,4-dichlorophenoxyacetic acid (2,4-D), 2,4,5-trichlorophenoxyacetic acid (2,4,5-T), picloram, and cacodylic acid made up the bulk of the herbicides sprayed. The main chemical mixture sprayed was Agent Orange, a 50:50 mixture of 2,4-D and 2,4,5-T. At the time of the spraying, 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD), the most toxic form of dioxin, was an unintended contaminant generated during the production of 2,4,5-T and so was present in Agent Orange and some other formulations sprayed in Vietnam. Because of complaints from returning Vietnam veterans about their own health and that of their children combined with emerging toxicologic evidence of adverse effects of phenoxy herbicides and TCDD, the National Academy of Sciences was asked to perform a comprehensive evaluation of scientific and medical information regarding the health effects of exposure to Agent Orange, other herbicides used in Vietnam, and the various components of those herbicides, including TCDD. Updated evaluations were conducted every two years to review newly available literature and draw conclusions from the overall evidence. *Veterans and Agent Orange: Update 2014* is a cumulative report of the series thus far.

**abnormal digital rectal exam icd 10: Obstetrics by Ten Teachers** Louise C Kenny, Jenny E. Myers, 2017-05-18 First published in 1917 as 'Midwifery', *Obstetrics by Ten Teachers* is well established as a concise, yet comprehensive, guide within its field. The twentieth edition has been thoroughly updated by a new team of 'teachers', integrating clinical material with the latest scientific developments that underpin patient care. Each chapter is highly structured, with learning objectives, definitions, aetiology, clinical features, investigations, treatments, case histories and key point summaries and additional reading where appropriate. New themes for this edition include 'professionalism' and 'global health' and information specific to both areas is threaded throughout the text. Along with its companion *Gynaecology by Ten Teachers* the book will continue to provide



an accessible 'one stop shop' in obstetrics and gynaecology for a new generation of doctors.

**abnormal digital rectal exam icd 10: Acute Pain Management** Pamela E. Macintyre, S. Schug, D. Scott, E. Visser, S. Walker, 2010-01-01

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