

Physical Health Maintenance Guidelines

These recommendations are from The **U.S. Preventive Services Task Force** which is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services.

<https://uspreventiveservicestaskforce.org/uspstf/home>

Abdomen

Screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.

Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit and in persons at high risk for infection.

Screening for colorectal cancer starting at age 50 years and continuing until age 75 years; frequency depends on findings. Screening includes stool testing, direct visualization and CT scanning. The most sensitive and accurate is direct visualization by colonoscopy (not sigmoidoscopy). People with a family history of colorectal cancer (a first-degree relative with early-onset colorectal cancer or multiple first-degree relatives with the disease) be screened more frequently starting at a younger age, and with colonoscopy.

Blood Tests

Providers usually recommend annual, but insurance does not always cover. You can order your own labs from a quality lab, but this will almost always be an out of pocket expense.

Source: <https://requestatest.com/>

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for vitamin D deficiency in asymptomatic adults. **(this means there is currently not enough randomized controlled trial results)**

Some routine labs:

- Complete Blood Count
- Basic Metabolic Panel
- Thyroid Panel
- Nutrient Test for Iron (reproductive women) and B vitamins
- Lipid Panel
- Liver Enzymes
- Diabetes test with A1C (if high risk)

CHOLESTEROL SCREENING

- Recommended starting ages for cholesterol screening are age 45 for women with no known risk factors for coronary heart disease and age 20 for women with known risk factors for coronary heart disease.
- Women with normal cholesterol levels do not need to have the test repeated for 5 years.
- Repeat testing sooner than needed if changes occur in lifestyle (including weight gain and diet).
- If you have diabetes, heart disease, kidney problems, or certain other conditions, you may need to be monitored more closely.

From <<https://medlineplus.gov/ency/article/007462.htm>>

Body

- The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.
- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the use of multivitamins for the prevention of cardiovascular disease or cancer.
- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the use of single- or paired-nutrient supplements (except β -carotene and vitamin E) for the prevention of cardiovascular disease or cancer.

May be a better measure of body mass health

- <https://www.healthline.com/health/muscle-mass-percentage>

Brain

- Mental Status exam only when you have symptoms
- Providers should be screening you for depression at each annual visit
- **If you have had any type of closed head injury, this should be in your medical record**

Breast

- The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment

tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing

Breast Cancer Screening guidelines:

<https://www.cdc.gov/cancer/breast/pdf/breastcancerscreeningguidelines.pdf>

Radiation exposure:

- Using a standard measure of radiation dose, milliSievert (mSv), the total dose for a screening mammogram is about 0.4 mSv.
- To put that number in perspective, people in the US are typically exposed to an average of about 3 mSv of radiation each year from background sources such as natural surroundings.
- The radiation dose a woman receives with a screening mammogram is about equal to the dose received over seven weeks from natural surroundings or background radiation.

From <<https://www.wakerad.com/expert-feature/how-much-radiation-is-in-a-mammogram/>>

<https://www.medscape.com/viewarticle/824999>

Cardiac

- The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who have hypertension or are overweight or obese.
- The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment

BLOOD PRESSURE SCREENING

- Have your blood pressure checked at least once every 2 years. If the top number (systolic number) is from 120 to 139, or the bottom number (diastolic number) is from 80 to 89 mm Hg, you should have it checked every year.
- If the top number is 130 or greater or the bottom number is 80 or greater, schedule an appointment with your provider to learn how you can reduce your blood pressure.

- If you have diabetes, heart disease, kidney problems, or certain other conditions, you may need to have your blood pressure checked more often, but still at least once a year.
- Watch for blood pressure screenings in your area. Ask your provider if you can stop in to have your blood pressure checked.

From <<https://medlineplus.gov/ency/article/007462.htm>>

- The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years. See the "Clinical Considerations" section for more information on lipids screening and the assessment of cardiovascular risk.
- The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.

Communicable Diseases and Immunizations

- The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.
- The USPSTF recommends screening for chlamydia and gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.

Immunizations Recommended Schedules

<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

IMMUNIZATIONS

- You should get a flu shot every year.
 - At or after age 19, you should have one tetanus-diphtheria and acellular pertussis (Tdap) vaccine as one of your tetanus-diphtheria vaccines if you did not receive it as an adolescent. You should have a tetanus-diphtheria booster every 10 years.
 - You should receive two doses of varicella vaccine if you never had chickenpox or the varicella vaccine.
 - You should receive one to two doses of the measles, mumps, and rubella (MMR) vaccine if you are not already immune to MMR. Your doctor can tell you if you are immune .
 - Your provider may recommend other immunizations if you are at high risk for certain conditions, such as pneumonia.
Ask your provider about the human papilloma virus (HPV) vaccine if you are ages 19 to 26 and you have:
 - Not received the HPV vaccine in the past
 - Not completed the full vaccine series (you should catch up on this shot)

From <<https://medlineplus.gov/ency/article/007462.htm>>

Eyes

- Individuals who develop diabetes mellitus type 1 should be examined by an ophthalmologist 5 years after disease onset and at least yearly thereafter.^{13, 14} Individuals who develop diabetes mellitus type 2 should be examined at the time of diagnosis and at least yearly thereafter.¹⁵ Women with type 1 or type 2 diabetes should receive a comprehensive eye examination before conception and then early in the first trimester of pregnancy. Recommended intervals for subsequent examinations depend upon the level of retinopathy.¹⁶⁻¹⁸
- Adults with no signs or risk factors for eye disease should receive a baseline comprehensive eye evaluation at age 40.⁴ Individuals without risk factors aged 40 to 54 should be examined by an ophthalmologist every 2 to 4 years. Individuals without risk factors aged 55 to 64 should be examined by an ophthalmologist every 1 to 3 years.^{4, 5}
- Individuals without risk factors 65 years old or older should have an examination performed by an ophthalmologist every 1 to 2 years as the incidence of unrecognized ocular disease increases with age.^{4, 5}
- The frequency of ocular examinations in the presence of acute or chronic disease will vary widely with intervals ranging from hours to several months, depending on the risks involved, response to treatment, and potential for the disease to progress.

- Any individual at higher risk for developing disease, based on ocular and medical history, family history, age, or race should have periodic examinations determined by the particular risks, even if no symptoms are present.
- A routine comprehensive annual adult eye examination in individuals under the age of 40 unnecessarily escalates the cost of eye care and is not indicated except as described above.

From <<https://www.aao.org/clinical-statement/frequency-of-ocular-examinations>>

GU and Reproductive

- No routine screening for UTI w/o symptoms
- The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).
- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of performing screening pelvic examinations in asymptomatic women for the early detection and treatment of a range of gynecologic conditions.
- The USPSTF recommends against the use of estrogen alone for the primary prevention of chronic conditions in postmenopausal women who have had a hysterectomy.
- The USPSTF recommends against the use of combined estrogen and progestin for the primary prevention of chronic conditions in postmenopausal women.
- The American Heart Association³³ and the American College of Obstetricians and Gynecologists³⁴ recommend against the use of hormone therapy for the primary or secondary prevention of coronary heart disease, and most clinical guidelines, including those of the Canadian Task Force on Preventive Health Care³⁵ and the American Academy of Family Physicians,³⁶ recommend against the use of hormone therapy for prevention of any chronic conditions. The American Association of Clinical Endocrinologists^{37, 38} recommends that

cardiovascular risk, age, and time from menopause be considered when using hormone therapy in symptomatic postmenopausal women and notes that hormone therapy is approved by the FDA for use in women at increased risk of osteoporosis and fractures.

- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the use of single- or paired-nutrient supplements (except β -carotene and vitamin E) for the prevention of cardiovascular disease or cancer.

Lung

- The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.
- The U.S. Preventive Services Task Force recommends yearly lung cancer screening with Low Dose CT scan for people who—
 - Have a history of heavy smoking, **and**
 - Smoke now or have quit within the past 15 years, **and**
 - Are between 55 and 80 years old.

From <https://www.cdc.gov/cancer/lung/basic_info/screening.htm>

Mouth

Any lesion lasting more than 2 weeks in your mouth should be examined by an oral surgeon or ENT physician.

Dental exam every 6 months. Cleaning once per year.

Musculoskeletal

The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.

The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.

The USPSTF recommends against daily supplementation with 400 IU or less of vitamin D and 1000 mg or less of calcium for the primary prevention of fractures in community-dwelling, postmenopausal women.

The USPSTF recommends against the use of estrogen alone for the primary prevention of chronic conditions in postmenopausal women who have had a hysterectomy.

The USPSTF recommends against the use of combined estrogen and progestin for the primary prevention of chronic conditions in postmenopausal women.

Skin SELF-EXAM

- Your provider may check your skin for signs of skin cancer, especially if you're at high risk.
- People at high risk include those who have had skin cancer before, have close relatives with skin cancer, or have a weakened immune system.

From <<https://medlineplus.gov/ency/article/007462.htm>>