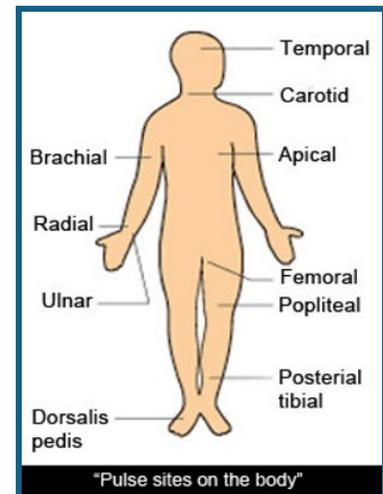


# Pulse Sites

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## Radial

The favored and most common site for finding a pulse on a seemingly healthy adult, this pulse site typically gives easy access to the pulse without disrobing (an inconvenient and time-consuming option). Most adults have a strong enough pulse at this site to verify the beat without feeling like the nurse is “invading personal space” since it might come across more as a prolonged handshake.



## Ulnar

Though typically not as strong a haptic indicator as the Radial, this pulse site allows for the same convenience on the same wrist area and can offer a simple “fall back” site if the Radial isn’t noticed. Everyone’s anatomy is different, but this pair—ulnar and radial—are good options for two sites in one area (wrist).

## Brachial

Compared to the ulnar and radial pulse sites, this site gives a better indication for blood pressure overall and would, therefore, have a stronger haptic indicator to feel. If both the distal sites on the arm aren’t giving a good reading, the brachial might be a good next step.

## Dorsalis Pedis

In order to assess proper circulation to the feet, one might try finding the pulse at this site. A solid pulse here is a good indicator of an overall healthy circulation, and it might be a necessary indicator after certain surgeries (like hip replacement).

### **Temporal**

Commonly checked as part of a head-to-toe examination, this pulse site might feel like the origin of your headaches, but really it's the superficial temporal artery that indicates blood flow to that half of the head's surface and some of your facial muscles. It may be important to check this after a poorly placed Botox injection, for instance.

### **Carotid**

The primary/preferred site for finding a pulse prior to and during CPR, this site is near the surface of the skin on the neck and indicates blood flow to the brain.

### **Apical**

Also known as the Point of Maximal Impulse—since the apex of the heart can be felt against the chest wall--this site between the fifth and sixth ribs on the left, midclavicular line gives the most accurate reading of one's heart rate. Whenever in doubt, find the heart rate here.

### **Femoral**

A primary site to evaluate coarctation of the aorta—by comparing the radial pulse to this site—a provider can determine if the aorta itself was damaged and is sending blood to the lower extremities. (Coarctation can be congenital and would usually/hopefully be diagnosed early in life.)

### **Popliteal**

After an auto accident injury smashed the femur, perhaps, this site would be used as a diagnostic site to determine whether blood is flowing to the distal part of the leg.

### **Posterior Tibial**

Similar in diagnostic use to the dorsalis pedis, this site would be checked in both a head-to-toe assessment and after a procedure like a heart

catheterization that accessed the femoral artery, checking to make sure that blood flow is still sufficient. Probably *not* the first site one should use to establish a heart rate.