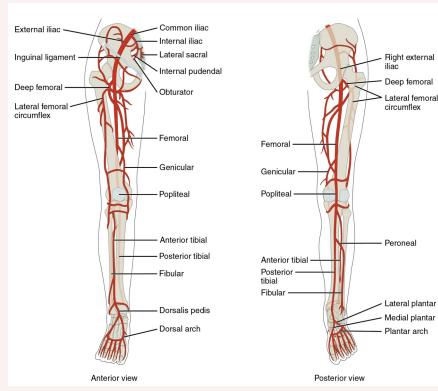


### General

Greater than 60% associated with diabetes mellitus and renal insufficiency

### Anatomy



### Clinical Presentation

**Claudication:** exertional cramping pain due to ischemia of muscle bed

Iliac vessels → Thigh

Femoral → Calf

**Critical Limb Ischemia:** insufficient blood flow to meet metabolic demand

1. Rest pain

2. Ulceration

3. Gangrene

### Diagnosis and Assessment

#### A. FUNCTIONAL STATUS

Ambulation -  walk up 1 flight of stairs

#### B. LIMB FACTORS

NM disease, edema, infection

#### C. ARTERIAL PERfusion - assess for multilevel disease

*Pulse exam:* femoral (R/O suprainguinal inflow disease), popliteal (R/O flow-limiting prox stenosis), PT/DP not commonly palpable

*Physiologic testing\** - confirm dx of PAD, localize level of obstructive lesions and assess adequacy of tissue perfusion and wound healing potential

### Physiologic Testing

#### Doppler exam

Triphasic - normal transduction of systolic and diastolic pulse

Biphasic - mild/moderate disease

#### Pressure indices

Ankle-Brachial Index (ABI)

>1.3-1.5 medial calcification resistant to compression

>1.0 Normal

>0.9-1.0 Asymptomatic or minimal disease

0.5-0.9 Claudication

<0.5\* Ischemic rest pain/CLI (~ ankle pressure <50)

\*ABI >0.5 = single level, <0.5 multilevel disease

Not published yet.

Last updated 13th July, 2017.

Page 1 of 1.

Sponsored by [Readable.com](https://readable.com)

Measure your website readability!

<https://readable.com>



By [deleted]

[cheatography.com/deleted-39547/](https://cheatography.com/deleted-39547/)