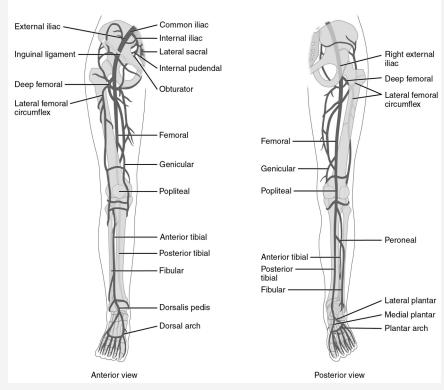


General

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.

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Page 1 of 1.

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