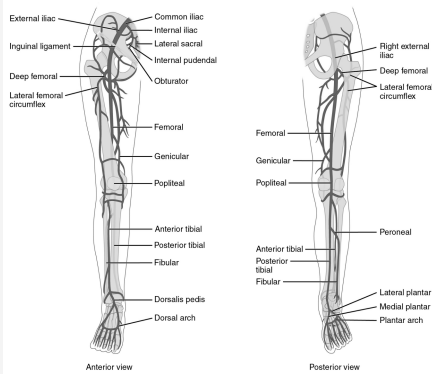


General

Greater than 60% associated with diabetes mellitus and renal insufficiency

Anatomy



Clinical Presentation

Claudication: exertional cramping pain due to ischemia of muscle bed
Critical Limb Ischemia: insufficient blood flow to meet metabolic demand

Iliac vessels → Thigh
 Femoral → Calf

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

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