

PERIPHERAL VASCULAR HISTORY

Distribution (site of pain ie calf=SFA, thigh/butt=aortoiliac, impotence=iliac bifurcation in LeRiche's)

Character: differentiate from venous claudication/radiculopathy/spinal stenosis/OA

Diff dx: Spinal stenosis= relationship to flexion/venous claudication=bursting/OA=better with walking

Onset

Timing/Duration: (acute/chronic) eg night-time in bed

Periodicity: intermittent claudication/rest pain

Progression

Exacerbating: walking (IC +distance)/horizontal (CLI rest pain)/cold, vibration, emotion (Raynaud's)

Alleviating: rest (IC+time)/dependence (CLI rest pain)

SYSTEMS REVIEW:

CVS/VENOUS/NEUROLOGICAL(pain/paraesthesia/weakness or paralysis)/MUSCULAR (pain/contractures/weakness)

PMHx:

CVS(MI/ANGINA/HTN/ANEURYSM/CVA/TIA) + risk factors of CV disease +fixed/modifiable risk factors of PAD

FHx: Atherosclerosis/CVD/Cerebrovascular disease/PVD/Aneurysms/Raynaud's etc/DVT/PE

MEDx: atherosclerosis/OCP

SHx: accommodation/marital/job (occupational factors)/hobbies/travel ie recent long haul

ARTERIAL LIMB EXAMINATION

INSPECTION

General: warm room with both limbs exposed for 5 mins

Skin/hair/muscle bulk/ulcers: punched out/gangrene

Venous guttering: veins collapse and sink below skin surface

Colour: (a)acute ischaemia= mottling (blue streak/white patches)

(b)critical ischaemia= fixed blue staining +/- gangrene

Buerger's angle: angle when raised leg becomes white (90° normal; 15-30° ischaemia; <20° severe)

Buerger's test: elevate then dangle legs over side of bed

Normal= remains pink throughout

Ischaemia= white-pink in 15-30s (cap refill time, betrays degree of insufficiency)

Critical= purple (autoreg paralysed, cap refill with deoxygenated blood ie Rutherford 4)

PALPATION: Temperature/Cap refill time/Pulses: femoral, popliteal, dorsalis pedis, posterior tibial

DOPPLER: monophasic pedals with ankle>brachial pressure suggests calcification

Compartment syndrome: muscle tenseness/tenderness + neurological assessment

AUSCULTATION: Bruit= turbulent flow beyond stenosis/art wall irreg (AAA/bifurcation/fem canal/ant thigh/add canal)

Completion: PNS exam/Abdo for AAA/rest of CVS

*If young patient without IC symptoms and normal pulses but tissue loss/pain → Buerger's

*Diabetics have less severe rest pain