## 1

#### **History of Pain while walking (Intermittent claudication)**

Introduct	cion: Greet the patient, introduce yourself, explain what you plan to do, & take Patient ID
Site	<ul> <li>Where is the pain?</li> <li>Is it only in the calf? Do you feel it in your thighs or buttocks?</li> <li>Unilateral or bilateral?</li> </ul>
Onset Duration Timing	<ul> <li>Suddenly or gradually?</li> <li>Constant or intermittent?</li> <li>Progressive?</li> <li>How long did it last?</li> </ul>
Character	<ul> <li>Describe the pain, is it cramp like?</li> <li>After exercise?</li> <li>How far do you walk until the pain appears? Does it reappear with that distance every time? How long do you have to wait until the pain goes away?</li> <li>Does it go away at rest?</li> </ul>
Radiation	Does it radiate anywhere?
Alleviating & Exacerbating F	<ul> <li>Are there any relieving factors like hanging your legs over the side of the bed?</li> <li>Aggravating factors?</li> </ul>
Severity	<ul> <li>1-10</li> <li>How has this affected your daily life?</li> <li>Does it wake you up from sleep?</li> <li>Do you feel it at rest?</li> </ul>
Associated symptoms	<ul> <li>5P's: Pins and needles? Paralysis or weakness? Pallor/white or other discolouration? Paresthesia? (Poikilothermia) Cold? (Critical ischemia)</li> <li>Ulcerations or any skin changes? Toenail changes?</li> <li>Swelling? Redness? Hotness?</li> <li>Impotence? For males</li> <li>Chest pain, SOB?</li> <li>Upper limb weakness or numbness?</li> </ul>
Risk Factors	<ul> <li>Do you have DM, HTN, Dyslipidemia? Cardiac or vascular disease? Have you ever had a stroke?</li> <li>Do you smoke?</li> </ul>
Constitutional Symptoms	Nausea? Vomiting? Night sweats? Weight loss? Loss of Appetite? Fever? Fatigue?
	Finishing & Thank the patient

### **2** Examination

WIPER: wash hands, introduce yourself, permission, expose patient, reposition

Patient should be in a sitting position, 45° angle, exposure from the upper thigh to the feet.

#### 1. Inspection:

Inspect for: Hair Loss, Nail Loss, Tissue Loss (Ulcer), Color Changes and Muscle Wasting.

#### 2. Palpation:

- A. Temperature: compare between both sides!
- B. Tenderness: keep your eyes focused on the patient's face while palpating
- C. Capillary refill: Press until nail bed turns white
- D. Pulses: Try to trap them between 2 solid structures (the patient's bone and your fingers)

#### **Upper Limb Pulses:** (compare both sides)

- A. Radial: On the medial side of the head of the radius.
- B. Ulnar: On the lateral side of the head of the ulna.
- C. Brachial: On the lower medial 3rd of the arm, deeper to the biceps tendon, lateral to the medial epicondyle.
- D. Axillary: At the deltopectoral groove.
- E. Carotid: between the larynx and the anterior border of the sternocleidomastoid muscle.

#### Lower Limb Pulses:

- A. Femoral: At the midpoint from the anterior superior iliac spine to the symphysis pubis.
- B. Popliteal: Try to trap it between your fingers.
- C. Posterior Tibial: Behind the medial malleolus.
- D. Dorsalis Pedis: Between the first two metatarsals.



## 2 Examination

#### 3. Auscultation

With the bell of the stethoscope, listen for:

- A. Iliac artery
- B. Femoral artery
- C. Popliteal artery

#### 4. Special Test:

Buerger's Test (assesses arterial supply & venous drainage of the legs) Patient lying supine, start at the foot of the bed, & with the normal leg

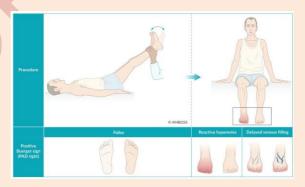
- Lifting the limb slowly to 90 degrees → the limb will become pale at any degree below 90 degrees, it's abnormal (the point is called Buerger's Angle). In ischemia: 15-30 degrees, in 30-60 seconds.
- After elevating the leg, ask the patient to sit & dangle their leg → in ischemia the leg will turn from white to pink to red-purple color (reactive hyperemia).
   Under normal conditions, it should remain pink.

#### Allen`s test

- Useful to demonstrate the collateral circulation.
- Patient make a fist .
- Occlude both radial and ulnar arteries.
- Ask the patient to open palm and should be white.
- Now release the pressure on ulnar side  $\rightarrow$  re-perfuse.
- Repeat the test with release radial side --- shoulder is reperfused

#### Adson test

- Feel radial pulse on the affected hand & ask the patient to look on the affected side and breath
- If the pulse become feeble or obliterated → +ve





Pate of examination: B=Partial		A=complete an B=Partial answ D=Not attempte	answer=1			
	Introduction	A	В	C	Mark	
1	Greeting the patient					
2	Self-introduction & permission					
3	positioning & Exposure of patient					
4	Ask about any pain					
Inspection		A	В	C	Mark	
5	Skin changes ( discolored area, ulcer, Hair loss, glistening)					
6	Digital Abnormality(amputation, ulceration)& Nail changes ( bri	ttle,)				
7	Muscle wasting					
8	Limb edema					
9	Venous guttering					
	Palpation	A	В	C	Mark	
10	Temperature					
11	Pitting edema					
12	Capillary refilling time					
13	Femoral pulse					
14	Popluteal pulse					
15	Posterior Tibial artery pulse					
16	Dorsalis pedis artery pulse					
	Auscultation for bruit	A	В	C	Mark	
17	Abdominal Aorta, common femoral artery, Popliteal artery					
Special tests		A	В	C	Mark	
18	Test sensation for peripheral neuropathy					
19	Burger test					
	Finishing	A	В	C	Mark	
20	Cover the patient & thank him					