

Peripheral Vascular Disease (PVD)

Peripheral Vascular Disease (PVD) is caused by atherosclerosis involving the aorta and/or large arteries that branch from the aorta supplying the arms and legs. Disease in the legs is much more common than the arms. The arteries to the kidneys (renal arteries) can also be involved. When blood flow is decreased by the blockages, ischemic pain can result (claudication). Claudication is brought on by activity (such as walking) and is relieved by rest. Poor blood supply can also lead to poor healing of even minor injuries, chronic ulcers, and gangrene.

The risk factors for developing PVD are similar to those for coronary artery disease (CAD) with cigarette smoking being a prominent risk factor.

On exam, the distal limb may feel cool or have diminished pulses. Often a bruit (sound) can be heard over the site of blockage. The ankle-brachial blood pressure ratio test can be done to evaluate the extent of the blockage in the legs.

Initial treatment is typically a reduction in risk factors, exercise, and medications to improve blood flow. If the blockages are severe, surgical treatment may be needed, such as percutaneous angioplasty (PTA) or bypass grafting.

PVD is also a marker for atherosclerosis in other sites such as coronary artery disease and carotid artery disease.

1. Please list date of diagnosis and artery(ies) involved:

2. Has your client had any of the following treatments? (if yes, please note dates)

angioplasty _____(date)

bypass grafting _____(date)

3. Are any of the following present (check all that apply)?

bruit heard by physician _____

diminished pulses _____

claudication pain with activity _____

ankle - brachial blood pressure ratio _____ (if yes, please send copy of results)

4. Is your client on any medications?

yes, please give details _____

5. Please check if your client has had any of the following: (check all that apply)

abnormal lipid levels _____ diabetes _____

high blood pressure _____ chest pain _____

coronary artery disease _____ cerebrovascular or carotid disease _____

6. Has your client smoked cigarettes or any other tobacco products in the last 5 years?

yes, please give details _____

7. Does your client have any other major health problems (ex: cancer, etc.)?

yes, please give details _____