

ARTERIAL PERIPHERAL VASCULAR EXAMINATION

Points to remember!

Observation:

- Trauma
- Scars
- Muscle wasting or asymmetry
- Edema- often absent or mild with arterial insufficiency
- Erythema (redness) on dependency, white (blanching) with elevation
- Ulcers-arterial ulcers tend to be on the borders/sides of the foot, toes
- Hair- is absent in peripheral vascular disease (PVD)
- Shiny skin, and trophic changes
- Nails thick and ridged
- Gangrene may occur- tissue death with no blood supply

Palpation:

- Temperature- cool, as blood can't get into distal limbs due to PVD, bilaterally compare
- Pitting edema-should be tested in a dependent position, foot>shin>sacrum
- Pulses- may be weak or absent with PVD

Special Tests:

- *Capillary refill test*-should be less than 3 seconds for refill time, bilateral test
- *Rubor test*-watch for normal filling, extreme redness = arterial insufficiency, may take as long or longer than 30 seconds to appear
- *Claudication time*- need a baseline, then try to improve slowly with exercise. In mild cases of arterial insufficiency!
- *Allen's test*: for upper extremity, tests radial and ulnar artery supply to hand

General Treatment Goals:

- Improve exercise tolerance for ADL
- Decrease incidence of intermittent claudication
- Improve vasodilation (by reflex heating)
- Relieve pain at rest – educate patient about sleeping in dependent position
- Prevent joint contractures and muscle atrophy
- Prevent skin ulcerations- via patient education, mostly a MD's concern

CI's/Pre-cautions:

- No direct heat to affected limbs – can burn ischemic tissue
- No use of support hose
- DO NOT ELEVATE LIMBS
- No deep pressure over fragile tissue
- Work proximal to distal and finish distally, need to bring blood into the distal limbs and keep it there.