



Ankle Brachial Pressure Index (ABPI) & Toe Brachial Pressure Index (TBPI) Assessment Form

Client Name: _____
 PHIN: _____
 Date: _____

Health History Associated with Venous Disease	Health History Associated with Arterial and Non-venous disease
<input type="checkbox"/> Family history of leg ulcers <input type="checkbox"/> Varicose veins <input type="checkbox"/> DVT <input type="checkbox"/> <i>affected leg</i> <input type="checkbox"/> <i>unaffected leg</i> <input type="checkbox"/> Phlebitis <input type="checkbox"/> Trauma / fracture of leg(s) <input type="checkbox"/> Venous surgery <input type="checkbox"/> Injection sclerotherapy <input type="checkbox"/> Pulmonary embolism <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Pregnancies # _____ <input type="checkbox"/> Obesity	<input type="checkbox"/> Peripheral vascular/arterial disease <input type="checkbox"/> MI <input type="checkbox"/> Angina <input type="checkbox"/> High cholesterol <input type="checkbox"/> CVA/TIAS <input type="checkbox"/> Hypertension <input type="checkbox"/> CHF <input type="checkbox"/> Vasculitis <input type="checkbox"/> Diabetes <input type="checkbox"/> Rest pain/night pain <input type="checkbox"/> Intermittent claudication (refer to Edinburgh Test) <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Renal disease <input type="checkbox"/> Ulcerative colitis/Crohn's disease/IBD <input type="checkbox"/> Current smoker – years/amount _____ <input type="checkbox"/> Past smoker – quit _____ <input type="checkbox"/> Vascular surgery lower limbs <i>specify</i> _____

The Edinburgh Claudication Questionnaire: CAD/PVD

* A positive questionnaire diagnosis of claudication is made only if the “correct” answer is given to **all questions**

Questions	Correct Answer	Client Response
1. Do you get pain or discomfort in your legs(s) when you walk? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to walk <i>If you answered “yes” to question 1, please answer the following questions:</i>	Yes	
2. Does the pain ever begin when you are standing or sitting still?	No	
3. Do you get it when you walk uphill or in a hurry?	Yes	
4. Do you get it when you walk at an ordinary pace on the level?	Yes	
5. What happens if you stand still? - Usually continues for more than 10 minutes? - Usually disappears in 10 minutes or less?	No Yes	
6. Where do you get this pain or discomfort?		
<input type="checkbox"/> Insufficient activity to elicit symptoms		

Current Medications: _____

No known allergies Allergies: _____

Have you worn compression bandage in the past? yes no
 Have you been prescribed compression stockings in the past? yes no
 How frequently do you wear stockings? all of the time daytime only occasionally never
 How old are your current stockings? less than 6 months greater than or equal to 6 months
 Do you have problems with stockings? yes no

IF YES, the problem is: applying discomfort skin reactions other _____

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Physical Assessment

Feature:	Venous	R	L	Arterial	R	L	Diabetic	R	L
Temperature	- Warm			- Cool			- Dependent upon co-existence with arterial insufficiency		
Skin/Nail	- Hemosiderin staining (brown staining) - Lipodermatosclerosis - Atrophe blanche - Ankle flare - Stasis dermatitis - Wet - Dry - Infected - Hyperkeratosis (nail thickening) - Tinea pedis (fungal) - Interdigital maceration - Callus			- Dependent rubor - Shiny, taut skin - Hairless - Buerger's test (leg blanches on elevation) - Dry scale - Gangrene - Wet - Dry - Trophic (fungal) nail bed - Interdigital maceration			- Dry scale - Absence of sweating in feet - Tinea pedis (fungal) - Interdigital maceration/lesions - Heel cracks/fissures		
Sensation	- Aching, heavy legs later in day, may decrease with elevation			- Rest pain (severe pain in leg/foot worse with elevation)			- Numbness/loss of protective sensation - Tingling - Burning		
Capillary Refill	- Less than 3 seconds			- Greater than 3 seconds			- Depends on degree of ischemia		
Peripheral Pulses	- Palpable - Dorsalis pedis (DP) - Posterior tibialis (PT)			- Diminished or absent - DP - PT			- Diminished, absent or bounding - DP - PT		
Location of Wounds	- Gaiter region (distal third to the medial third of lower leg) - Medial malleolus - Often multiple ulcers			- Pressure points or areas of repetitive trauma (on/between toes, metatarsal heads, heels) - Dorsum of foot - Bony prominences			- Beneath calluses - Pressure points or areas of repetitive trauma - Common to plantar surface of foot		
Exudate	- Moderate to larger serous exudate			- Minimal serous or purulent drainage - Dry			- Small to moderate sero-sanguinous drainage		
Wound Bed	- Shallow - Presence of granulation tissue - Slough may be present - Rarely necrotic			- Shallow to deep - Pale pink - Slough common - Eschar common - May be necrotic			- Shallow or deep - May be pink or pale - May be necrotic - May probe to bone		
Wound Edge	- Irregular shape			- Punched out appearance, well defined wound edge			- Punched out appearance		
Peri wound	- Macerated if increased exudate			- Dry			- Dry with surrounding callous		
Edema	- Pitting - Non-pitting - Stemmer's sign			- Minimal unless leg constantly in dependent position			- Minimal unless leg constantly in dependent position		
Other characteristics	- Varicose veins - Fixed ankle joint - Fixed hallux joint						- Foot deformity - Hammer toes - Prominent metatarsal heads - Charcot joint		

Leg measurements: Right ankle circumference: _____ cm Left ankle circumference: _____ cm
 Right calf circumference: _____ cm Left calf circumference: _____ cm

Sensory: 60 second foot screen: Right foot: _____
 Monofilament (10g): Right foot: _____/10 negatives Left foot: _____/10 negatives

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RIGHT (mmHg)	LEFT (mmHg)
Brachial systolic _____ <i>Pulsatility:</i> _____	Brachial systolic _____ <i>Pulsatility:</i> _____
Dorsalis pedis (DP) _____ <i>Pulsatility:</i> _____	Dorsalis pedis (DP) _____ <i>Pulsatility:</i> _____
Posterior tibial (PT) _____ <i>Pulsatility:</i> _____	Posterior tibial (PT) _____ <i>Pulsatility:</i> _____
Toe pressure _____	Toe pressure _____
ABPI = $\frac{\text{Higher right ankle pressure}}{\text{Higher arm pressure}} = \frac{\quad}{\quad} = \quad$	ABPI = $\frac{\text{Higher left ankle pressure}}{\text{Higher arm pressure}} = \frac{\quad}{\quad} = \quad$
TBPI = $\frac{\text{Right toe pressure}}{\text{Higher are pressure}} = \frac{\quad}{\quad} = \quad$	TBPI = $\frac{\text{Left toe pressure}}{\text{Higher are pressure}} = \frac{\quad}{\quad} = \quad$

ABPI & TBPI Interpretation Chart

ABPI	Toe Pressure	TBPI	Ankle Doppler Wave Form	Possible Diagnosis	Potential for Wound Healing	Amount of Compression	Type of Compression
Greater than 1.2				Calcified – refer to Toe Pressure results			
0.8 - 1.2	Greater than 55 mmHg	Greater than 0.6	Triphasic/ Biphasic	No significant arterial disease	Good	High (30-40 mmHg)	Coban 2; Graduated compression stockings; Comprilan; Elastisized tubular bandages
0.5 – 0.79	Greater than 40 mmHg	Greater than 0.4	Biphasic / Monophasic	Arterial disease; compression may be used with CAUTION	Adequate	Moderate (20-30 mmHg)	Coban 2 Lite; Graduated compression stockings; Elastisized tubular bandages
0.35 – 0.49	Less than 30 mmHg	Greater than 0.2	Biphasic / Monophasic	Arterial disease	Poor	Refer to Vascular Specialist. Normally NO compression BUT can be used with GREAT CAUTION ONLY if mixed venous/arterial ulcer and edema is an issue and ONLY if directed to do so by a Vascular Physician.	As per Vascular Physician's orders.
Less than 0.35	Less than 20 mmHg	Less than 0.2	Monophasic	High risk for critical limb ischemia		NONE. Refer to a Vascular Specialist.	

Comments/Summary: _____

Assessment completed by: (print name) _____ (signature) _____