

Introduction to Evidenced Based Medicine: Peripheral Vascular Examination

- **JAMA recommendations on the detection of an abdominal aortic aneurysm** (Lederle FA & Simel DL. Rational clinical examination: Does this patient have abdominal aortic aneurysm? JAMA. 1999;281:77-82)
 - Palpation to detect a widened aorta is the only physical examination maneuver that is valuable for the diagnosis of an abdominal aortic aneurysm (AAA) and will detect most AAAs large enough to require surgery. However, palpation alone should not be relied upon to exclude the diagnosis of an AAA.
 - Ultrasound provides a safe and inexpensive confirmatory test for suspected AAAs
 - AAAs are more difficult to detect in overweight patients
 - Palpation of an AAA is safe and has not been reported to lead to rupture
- **Advice from McGee on the Peripheral Vascular Exam** (McGee S. Evidence-Based Physical Diagnosis. Phil: WB Saunders Co, 2001):
 - Dorsalis Pedis pulses are not present in up to 15% of examinations. However, they are missing bilaterally in only 2% of examinations of healthy individuals. Therefore, the absence of both pedal pulses is strong evidence of peripheral vascular disease.
 - Other evidence arguing for the diagnosis of Peripheral Vascular Disease:
 - The presence of 1) wounds/sores on the foot, 2) a limb bruit, and/or 3) asymmetric coolness of the foot
 - The absence of a femoral pulse
 - Findings that are unhelpful diagnostically include:
 - Hairless lower limbs

- Prolonged capillary refill