

ABI-Q™ Exam with simpleABI Cuff-Link™ Systems

Exam Purpose: The ABI-Q procedure is a 1-2 minute exam to quickly and effectively assess the lower extremity arteries for peripheral artery disease. It utilizes PVR waveforms at both ankles.

Background: The ABI-Q exam is a test that examines arterial waveforms to determine the need for further vascular evaluation. The test is intended to aid in the diagnosis of peripheral artery disease, but does not provide a diagnosis in and of itself

The ABI-Q Procedure (Basic)

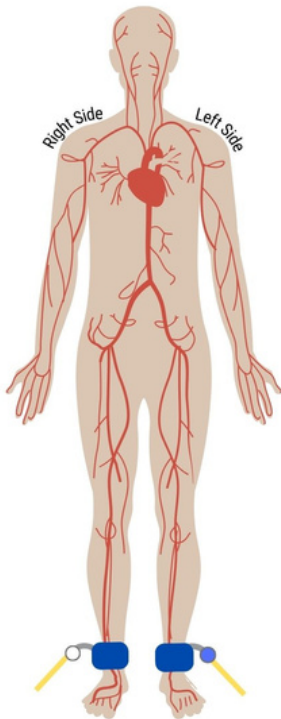
Opening the exam

On the computer desktop, double click the simpleABI icon. When the program opens select *File->New->New ABI-Q Report*. The report will open and you can enter patient information, risk factors, symptoms, ICD codes, etc.

Attaching cuffs

With the patient in the supine position, wrap 10cm cuffs at each ankle. Attach the hoses from the Cuff-Link control unit to cuffs as shown below. The yellow connectors go to the ankles. White hoses go to the patient's right side, blue to the left.

NOTE the image is reversed as if you are looking at the patient lying down



Obtaining Waveforms:

1. To obtain a PVR waveform click on one of the fields for taking a waveform near the middle of the screen. Press the button with the waveform image on it on the top right of the remote. The cuff will inflate to 80 mmHg pressure and then slowly deflate to 65 mmHg and stop while the waveform is obtained. *PVRs require patient cooperation; limb motion affects the waveform. Patients should be instructed not to move or talk during this test.* The waveform will start to appear after the cuff reaches 65 mmHg.
2. If you are not satisfied with the waveform, you may push the waveform button again to overwrite the previous waveform.
3. Press either Next or Back after the waveform is obtained to move to the other side.
4. Repeat the waveform sequence for the other leg.
5. Under each waveform will be the calculated ABI-Q.

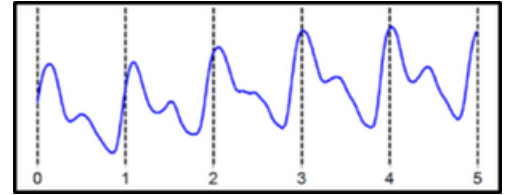
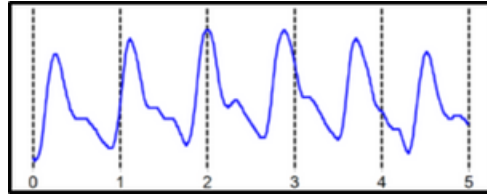
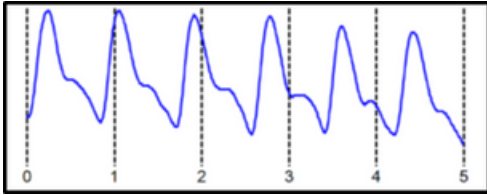
Waveform Interpretation

Interpreting Waveforms:

- Additional information can be obtained by analyzing the PVR waveforms.

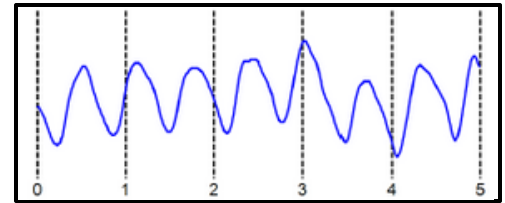
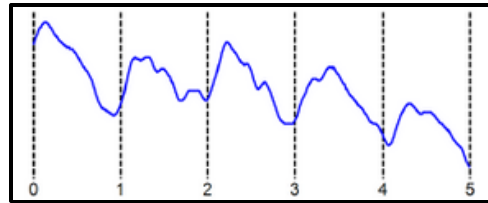
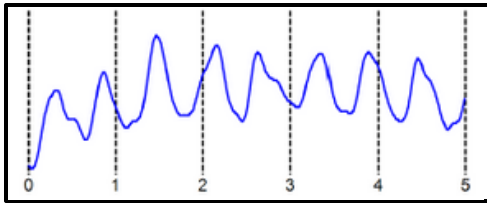
Normal Waveforms:

- *Normal* PVR waveforms have a sharp upslope and a prominent reflected wave in late systole or diastolic notch.

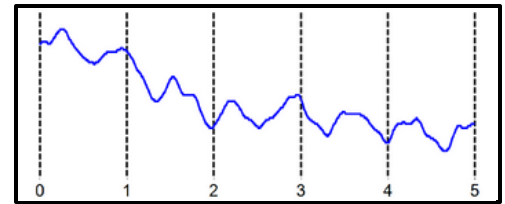
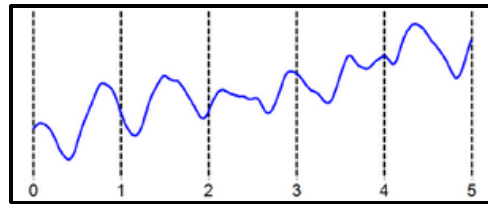
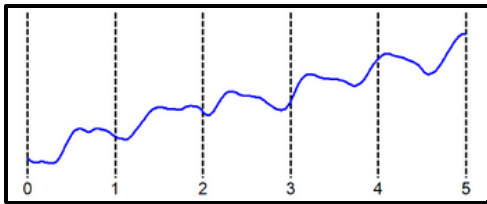


Abnormal Waveforms:

- *Moderately abnormal* PVR waveforms will cause the waveform to broaden and the reflected wave (diastolic notch) will not be present.



- *Severely abnormal* PVR waveforms have little to no amplitude, or even appear as a 'flatline'.



Final Interpretation

Vascular Diagnosis:

- The simple ABI-Q is an aid in the diagnosis of peripheral vascular disease but does not provide a diagnosis in and of itself. After the examination, the physician should consult both the ABI-Q guidelines in conjunction with the waveform interpretation to determine the presence or absence of PAD. Care should be taken to look at each side individually.
- ABI-Q guidelines are shown below.

ABI-Q Guidelines:

ABI-Q	> 1.00	Normal
ABI-Q	0.91 – 0.99	Borderline
ABI-Q	< 0.90	Increased risk of PAD

Helpful Hints

Cuff technique hints:

- Wrap the cuff snugly.
- While wrapping cuffs, don't let the patient try to help by lifting their leg - as soon as they relax their muscles the cuff will become loose.
- Placing a pillow under the patient's heels may aid the examination.
- Have the patient remain as still and quiet as possible while taking the waveforms.
- If the patient has tremors that interfere with the waveform, having them do a few dorsiflexions with their toes before taking the waveform can sometimes help.