**Background:** The ABI-Q exam evaluates arterial waveforms to assess the need for further vascular evaluation in Peripheral Artery Disease diagnosis.

**Open 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. **Attach 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.



- 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.

## **Interpreting Waveforms:**

Additional information can be obtained by analyzing the PVR waveforms.

## **Normal Waveforms:**

• <u>Normal PVR waveforms have a sharp upslope and a prominent reflected wave in late systole or dicrotic notch.</u>



## **Abnormal Waveforms:**

 <u>Moderately abnormal</u> PVR waveforms will cause the waveform to broaden and the reflected wave (dicrotic notch) will not be present.



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



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