

Preventing Peripheral Arterial Disease (PAD): Are You At Risk?

STEP 1: Symptom and Risk Checklist

Check off if you have any of the following symptoms or risks:

Having **P**eripheral **A**rtery **D**isease, also called PAD, puts you at risk for heart attack, stroke and even leg or foot amputation. Knowing if you are at risk for PAD is the first step in staying healthy.

How do you currently feel?

- ☐ Pain, cramping, or achiness (goes away when you rest) in your foot, calf, thigh, or buttocks while walking or climbing stairs
- ☐ Leg or foot feels cooler in one foot than the other
- ☐ Dry and scaly skin on the leg or foot
- ☐ Poor toenail and leg hair growth
- ☐ Sore on your foot or leg that heals slowly or not at all
- ☐ Leg or foot turns pale, discolored, or blue
- ☐ Pain in your leg and foot while resting
- ☐ Feeling of pins and needles in your leg or foot
- ☐ Leg or foot feels weak or numb making you feel off-balance and hard to walk
- ☐ Erectile dysfunction, in men with diabetes

What are your risks for PAD?

- ☐ Family history of cardiovascular disease, PAD, heart attack or stroke (first generation: father, mother, sister, brother, grandparent, aunt or uncle)
- ☐ Age 65 or over
- ☐ High blood pressure or diabetes while pregnant
- ☐ Overweight or obese
- ☐ Current, past smoker, or exposed to secondhand smoke
- ☐ Physically inactive
- ☐ Eating foods high in saturated fat and cholesterol, and fast-foods
- ☐ Living with long-term stress
- ☐ Lack of proper sleep



STEP 2: ABCD's to Reduce Lower Risk for PAD

You can take action to keep the arteries in your legs as healthy as possible to avoid heart attack, stroke, and limb disease that can lead to amputation. Know your numbers to control your blood glucose, blood pressure, and cholesterol to reduce your risk for PAD.

Complete the sections below by checking only one box in each section. **Your Legs are Counting on You!**

A1C

Do you have diabetes (A1C 6.5% and up) or prediabetes (A1C 5.7-6.4%)?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

Do you know your A1C number?

- ☐ Yes (please list): _____
- ☐ No
- ☐ I'm not sure

Do you know your A1C goal?

- ☐ Yes (please list): _____
- ☐ No
- ☐ I'm not sure

Blood Pressure

Do you have high blood pressure (hypertension)?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

Do you know your blood pressure?

- ☐ Yes (please list): _____
- ☐ No
- ☐ I'm not sure

Do you know your blood pressure goal? (<120/80 or <130/80 with diabetes)?

- ☐ Yes (please list): _____
- ☐ No
- ☐ I'm not sure

ABCD's to Lower your Risk for PAD (cont).

Cholesterol

Do you know your cholesterol numbers? Including low density lipoprotein (LDL) Cholesterol, high density lipoprotein (HDL), and total cholesterol.

- ☐ Yes (please list): _____
- ☐ No
- ☐ I'm not sure

Do you know your cholesterol goal numbers? (for example, cholesterol <200)

- ☐ Yes (please list): _____
- ☐ No
- ☐ I'm not sure

Drugs

Do you take medicine for high cholesterol?

☐ Yes (please list): _____

- ☐ No
- ☐ I'm not sure

Do you take medicine for high blood pressure?

☐ Yes (please list): _____

- ☐ No
- ☐ I'm not sure

Do you take medicine for high blood glucose?

☐ Yes (please list): _____

- ☐ No
- ☐ I'm not sure

Do you take aspirin daily?

☐ Yes or ☐ No

Is there anything else you would like the screener/provider to know?



The next section will be filled out by a health care professional.

STEP 3: Physical Exam

Edema Scale Score: +1 = 2mm indent that disappears; +2 = 2-4 mm indent that returns in <4 seconds; +3 = 4-6 mm indent that returns in <12 seconds; +4 = 6-8 mm indent that takes >20 seconds to return.

Lower Extremity	LEFT		RIGHT	
Swelling/Edema (0-4)	Yes (grade: 1+, 2+, 3+, 4+)	No	Yes (grade: 1+, 2+, 3+, 4+)	No
Temperature	Warm	Cool	Warm	Cool
Discoloration/Rubor	Yes	No	Yes	No
Hair loss	Yes	No	Yes	No
Ulceration	Yes	No	Yes	No
Hyperpigmentation	Yes	No	Yes	No
Spider veins	Yes	No	Yes	No
Varicose veins	Yes	No	Yes	No

Screening Tool



STEP 3: Physical Exam (cont)

This section to be completed by a health care provider.

Pulses:

PULSES 0 = no pulse; 1 = faint/Doppler only; 2 = average, palpable; 3 = full & brisk; easily palpable; 4 = bounding, sometimes visible

Pulse	LEFT	RIGHT
Dorsalis Pedis (DP) (0-4)		
Posterior Tibial (PT) (0-4)		
Describe any irregularities		

Foot Check:

Have your patients their shoes and check their feet

Foot	LEFT	RIGHT
Presence of dry skin/callouses	Yes No	Yes No
Presence of hard nails/fungi	Yes No	Yes No
Presence of skin abrasion from shoes or open areas	Yes No	Yes No

To triage screening, only proceed with ABI if individual is high risk and symptomatic. Skip to "My Results and Action Plan" to discuss the results with the participant and encourage them to set lifestyle change goals.

My Screening Results:

Note: Results of this screening are intended for information only and not to replace a visit with your healthcare provider.

ABI Calculation	LEFT Extremity	RIGHT Extremity
Arm Systolic Blood Pressure (SBP)	____ / ____ mmHg	____ / ____ mmHg
Ankle Systolic Blood Pressure (SBP)	<div> <div>_____</div> <div>DP SBP</div> </div> <div> <div>_____</div> <div>PT SBP</div> </div>	<div> <div>_____</div> <div>DP SBP</div> </div> <div> <div>_____</div> <div>PT SBP</div> </div>
ABI = higher ankle SBP / higher arm SBP	ABI = _____	ABI Results >1.40 Abnormal 1.0-1.40 Normal 0.91-0.99 Borderline < 0.90 Abnormal
Diagnostic Tests and Labwork		
Electrocardiogram (ECG)	_____ Normal Sinus Rhythm (NSR) _____ Irregular rhythm	
Blood Glucose	Result:	Date obtained:
A1C	Result:	Date obtained:
Lipid panel	Total Cholesterol: • LDL-C • HDL-C • Total • Triglycerides	Date obtained:

Focus on Putting it All Together: PAD



Step 4: My Action Plan

Take small steps to improve your health and ask your healthcare professional to help you reach your goals by a certain date. Use the tool below to focus on one area at a time.

I will:

aim to eat a healthy diet by:

aim to be active most every day by:

aim for a healthy weight by:

stop smoking, vaping, or using chewing tobacco by:

Take prescribed medicines:

☐ High blood pressure (hypertension):

☐ High cholesterol (hypercholesterolemia):

Make a follow up appointment with my healthcare provider.

☐ The name of my healthcare provider is:

☐ If I don't have a healthcare provider. I will take steps to access a provider.

Discuss my symptoms with my provider and bring these screening results with me.

☐ The top things I need to discuss are:

PCNA Resources to Help:

PCNA.net/PAD

