V-11/2003

KNGF-guideline Claudicatio Intermittens

Diagnostic proces

Referral data

additional data:
- medication use
- co-morbidity
- data of diagnostic assessment: ankle-arm index, stage of Fontaine, blood results, duplex
- risk factors for cardio/vascular diseases
- contra-indications
- cardiac exercise capacity

History-taking

inventory:
- help question/most important complaints of the patient
- health problem with regard to nature, course and prognosis (including coping with complaints)
- status praesens
- patient's needs of information

record data with the help of the measuring instrument Patient Specific Complaints and Questionnaire on the Need for Information.

Physical assessment

inspection:
- position of the back, pelvis, hips, knees and feet
- skin (color, trophic impairments, wounds)
- nails (color, color under the nails, hyperkeratosis of the nails)

palpation:
- (pitting) edema
- muscle tonus
- peripheral arterial pulsations
- differences in temperature left/right

function:
- treadmill test
- gait analysis
- other functional assessments such as climbing stairs, standing on one leg, active stability of joints, muscle strength

Analysis

- Which impairments, disabilities, participation problems are of most immediate concern to the patient?
- Has exercise capacity been reduced objectively?
- Has exercise capacity been reduced subjectively?
- Is there an abnormal gait pattern?
- Does the patient have problems with specific activities (such as climbing stairs, standing on one leg)?
- Is the patient physical inactive?
- Is there a need for information/advise?

Is physical therapy indicated?

Can the patient be treated according to the guidelines?

Formulate a treatment plan

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Therapeutic Process

Treatment goals	Interventions	Evaluation
1 decrease the objective exercise limitation		
1a increase the maximum (pain free) walking distance	• walking exercise	• treadmill test
1b increase the maximum aerobic capacity	• continuous exercise training focused on the increase of VO_2max	• maximum exercise test (possibly symptom limited) • assessment of VO2 max (performed by medical specialist)
2 decrease the subjective exercise limitation		
2a increase the pain tolerance	• walking exercise 'walk through the pain'	• history-taking • observation • ACSM-scale for pain (four-points scale)
2b overcome the fear of physical exertion	• reduction of fear	• history-taking • observation • Borg-scale
3 improve the gait	• Walking education • coordination exercises	• video-frames • gait analysis list Nijmegen (GALN)
4 decrease the physical inactivity	• develop an active lifestyle (conform the risk profile cardiovascular diseases, Dutch Standard of Healthy Moving)	• diary • history-taking • risk profile of cardiovascular disease
5 improve specific activities	• functional exercise therapy	• history-taking • observation
6 provide information and advise	• information/education plan.	• history-taking • questionnaire

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