

Peripheral artery disease (PAD) screening guidelines

Peripheral artery disease (PAD) is a common cardiovascular disease that affects up to 12 million Americans over the age of 40, but symptoms can be silent and difficult to diagnose early on—especially in non-cardiovascular settings.¹

As a frontline healthcare provider, you play a pivotal role in recognizing early signs of PAD, often before a formal diagnosis is made. These screening guidelines are designed to help you identify PAD earlier and refer appropriate patients promptly, before serious complications arise.

To learn more, reference the latest guidelines published by a joint committee including [American College of Cardiology \(ACC\)](#) and [American Heart Association \(AHA\)](#).

Clinical checklist overview

Here is a snapshot of what is included in these guidelines:

- Assess for PAD symptoms and risk factors
- Perform Ankle-Brachial Index (ABI) or Toe-Brachial Index (TBI), if clinically indicated
- Document findings and monitor over time, especially in high-risk patients with borderline results
- Initiate guideline-recommended treatment and support lifestyle changes (e.g., smoking cessation, walking programs, etc.)
- Refer promptly to a vascular specialist, such as interventional cardiologists, interventional radiologists, vascular surgeons, if ABI or TBI results are abnormal or there are signs of disease progression

Assess for PAD symptoms and risk factors

You see the symptoms and risk factors. Let's connect them quickly to the disease. Patients with the following symptoms and risk factors should be screened for PAD:

Common symptoms (may be "silent"):

- Claudication: pain in the legs or feet while walking due to reduced blood flow to the limbs that is relieved by rest (this occurs in up to 35 percent of PAD patients)¹⁻³
- Pain in the legs or feet while resting^{2,3}
- Poor circulation^{2,3}
- Other nonjoint-related exertional lower extremity symptoms¹
- Erectile dysfunction¹

Physical signs (easier to spot):

- Non-healing ulcers, or gangrene in advanced cases^{2,3}
- Weak or absent pulse in ankles or feet (present in over 90 percent of symptomatic patients)^{1,3}
- Cool or pale skin on legs or feet¹
- Skin changes: thinning, hair loss, or shiny skin on legs or feet¹
- Vascular bruit (e.g., epigastric, periumbilical, groin)¹

Major risk factors:

- Age > 50¹
- Diabetes (2x more likely to develop PAD than those without diabetes)^{4,5}
- Smoking (2x more likely to develop PAD)^{2,3}
- Hypertension (up to 55% of people have high blood pressure when they are diagnosed with PAD)¹
- Hyperlipidemia or high blood pressure¹
- Chronic kidney disease (associated with significantly higher mortality and cardiovascular risk in patients with PAD)⁶
- Family history of cardiovascular disease¹





Perform ABI or TBI, if clinically indicated¹

Screening patients who match the following may help diagnose PAD early and guide appropriate intervention:

All patients aged ≥ 65 ¹

All patients aged **50–64** with risk factors, especially diabetes or history of smoking¹



Test	Use	PAD thresholds
 Ankle-Brachial Index	First-line test	$\leq 0.90 = \text{PAD}$
 Toe-Brachial Index	Use if ABI > 1.40 (common in diabetics)	$< 0.70 = \text{PAD}$
 Exercise ABI	When symptoms are present but resting ABI is normal	Drop ≥ 20 percent = PAD
 Pulse Volume Recording (PVR)	Useful for waveform analysis	Abnormal = flow limitation

Refer promptly to a vascular specialist¹

01
ABI ≤ 0.90 or > 1.40

02
Non-healing wounds
 > 2 weeks

03
Rest pain, tissue loss,
or suspected CLTI

04
Absent pulses or
abnormal pulse exam

[Read the ACC / AHA guidelines to learn more.](#)

References:

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