Initial Diagnosis of PAD and Intermittent Claudication · Patient History: "Do you experience reproducible pain, cramping, aching, or fatigue in your leg muscles with exercise that disappears when you rest?" Physical Examination: Pulse examination, ABI · Recommended optional assessments: treadmill test, WIQ Lifestyle Modifications and Pharmacotherapy to Decrease Ischemic Events Stop smoking immediately • Treat other atherosclerosis risk factors (ie, hypercholesterolemia, hypertension, diabetes) · Begin antiplatelet therapy PAD exercise rehabilitation (supervised, sustained program best) Severe Claudication or Claudication With Mild Claudication or Asymptomatic Ischemic Pain at Rest Lifestyle Limiting Discomfort Consider Drug Therapy for Symptoms No Additional Treatment Needed Set reasonable expectations for patients Ensure no contraindications Reevaluate Periodically Initiate Drug Therapy **Evaluate Effectiveness of Therapy** • Assess within 2 – 4 months Evaluate safety, tolerability, and efficacy · Treadmill test, WIQ, subjective assessment No Is Therapy Effective? Is Patient Willing to Continue Therapy? Yes Consider Dose Adjustment, if Appropriate **Periodic Reevaluation** Assess compliance, safety, tolerability, and efficacy* Vascular No **Specialist** Benefit Seen? **Evaluation** Yes **Continue Therapy With Periodic Reevaluation**

PAD= peripheral arterial disease; ABI=ankle-brachial index; MWD=maximal walking distance; PFWD=pain-free walking distance, WIQ=walking impairment questionnaire.

*The efficacy of any claudication intervention can be assessed by use of the patient history or use of

*The efficacy of any claudication intervention can be assessed by use of the patient history or use of more formal walking impairment questionnaires, treadmill tests, or objective quality-of-life evaluations.