Pedal Acceleration Time (PAT)

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What is PAT?

- PAT Pedal Acceleration Time
- Involves insonating the plantar arteries of the foot with Duplex Ultrasound (DUS) and measuring the acceleration time to predict wound healing and perfusion.
- Acceleration Time (AT) is time from beginning to peak of Systole on Doppler waveform. Long term application in renal arteries. Measured in milliseconds.
- Offers an alternative approach that directly studies the angiosome supply of the foot.¹

Why perform PAT?



Why perform PAT?

- Indications for performing PAT include claudication, rest pain, nonhealing ischaemic ulcers, diabetic patients with erroneous ABIs (Ankle-Brachial Indices) and TPs (Toe pressures), and reviewing arterial status of venous patients for suitability for compression.₃
- Based on research so far by Jill Sommerset and colleagues, PAT appears to be a reliable adjunct to calf artery DUS, ABI and TP in patients with erroneous ABIs and TPs due to arterial calcification especially diabetics. 1

Anatomy – Dorsal Surface of Foot





Anatomy – Plantar Surface of Foot





Examination protocol – sites of sampling



Measuring Acceleration Time



- From beginning of systole (upstroke) to peak of systole.
- Flatter the curve, longer the AT.

Reference Ranges

	No Ischemia	Mild Ischemia	Moderate Ischemia	Severe Ischemia
	Class 1	Class 2	Class 3	Class 4
Clinical	Asymptomatic	> 2 blocks	< 2 blocks	Limb Ischemia
Symptoms		claudication	claudication	(Tissue loss, rest pain)
PAT	20-120ms	121-180ms	181-224ms	Greater than 225ms
ABI	1.3-0.90	0.89-0.69	0.68-0.50	0.49-0.00

Aim of Study

- Primary Aims
 - To determine diagnostic accuracy of PAT for identifying PAD and CLTI, and further refine reference ranges
 - Explore different interpretations of PAT (using 5 sites, vs 1 site)
- Secondary aims
 - To further establish the predictive capacity of PAT for outcomes including wound healing and amputation
 - To further explore the correlation between other non-invasive tests (ABI, TBI, TP) and PAT
 - Ascertain the prevalence of pedal disease in a cross section of people with suspected PAD/CLTI, and explore the impact of pedal disease on TP/TBI values
 - Determine the impact of diabetes on the accuracy of PAT



Our Study₄

Inclusion:

- participants 50 years and over who have diabetes and/or who currently smoke cigarettes
- participants 65 years and over
- participants with suspected peripheral arterial disease (referred by their general practitioner)
- participants with active foot ulceration
- participants with signs or symptoms of peripheral arterial disease

Exclusion:

- participants with known vasospastic disorders or connective tissue disorders such as scleroderma or Raynuad's phenomenon
- participants who have undergone bilateral mastectomy preventing any brachial blood pressure measurement
- known allergy to coupling gel
- inability to lie still for up to 60 minutes

$\mathsf{Protocol}_4$

- 2 sonographers.
- Sonographer 1 performs DUS (AIF), ABI and TP.
 - 75-90 minutes
- Sonographer 2 performs PAT (1 foot)
 - 30 minutes
 - Blind to DUS findings

Example Case₁

	No ischemia Category I	Mild ischemia Category 2	Moderate ischemia Category 3	Severe Ischemia Category 4	
Clinical symptoms Pedal acceleration time Ankle-brachial index	Asymptomic 20-120 ms 1.3-0.90	>2 block claudication 121-180 ms 0.89-0.69	<2 block claudication 181-224 ms 0.68-0.50	Critical Limb Ischemia (Tissue loss, Rest Pain) Greater than 225 ms 0.49-0.00	



References

- 1. Somersett J, et al. Innovative Arterial Duplex Examination: A Guide to Evaluate Flow in the Foot Using Pedal Acceleration Time. J. Vasc. Surg. 2019; 43(1) 11-17.
- 2.PAT Tech Lecture, Somersett, Peace Health Group, Oregon, USA.
- 3. Pedal Artery Duplex method, Peace Health Group, Oregon, USA.
- 4. Vascular Healthcare Ultrasound PAT protocol.