



Sarah Green has completed this personal reflection on **05/04/2023**

Paper: Autumn 2022 CPD Questions

Personal Reflection:

1) Bicycle exercise ankle brachial index recovery time for evaluating significant external iliac endofibrosis in competitive cyclists.

DESCRIPTION OF LEARNING - new technique of recording ABI's post intervention to see if it correlate with better patient satisfaction rather than relying upon ABI's alone (authors have found ABI's alone do not correlate with patients improved symptoms post intervention)

EVALUATION - The authors believe that this study supports the usage of bicycle exercise ankle brachial index recovery time vs using ABI's only.

ANALYSIS - small study, time consuming to perform the BART, operator dependent.

CONCLUSION - cases are rare and dependent upon the vascular centre, some vascular sonographers may not come across many cases of external iliac endofibrosis in endurance cyclists. It is an interesting phenomenon to come across - also measuring should be used as an indication (in combination with the patients symptoms). There is also the physical imaging of the disease using ultrasound. It would be interesting to see if there is a relationship between the BART and the ultrasound imaging.

ACTION PLAN - continue with departmental protocols (until advised otherwise), being mindful of studies such as this one.

2) The reliability of Duplex ultrasound in diagnostic popliteal artery entrapment syndrome: An observational study.

DESCRIPTION OF LEARNING - The study recorded the diameter and PSV of the above and below knee popliteal artery in 3 different provocation manoeuvres (neutral, active plantar flexion and erect on top of toes) in healthy individuals.

EVALUATION - The authors concluded that Duplex ultrasound alone would lead to false-positive results and cannot be used alone to determine the asymptomatic from symptomatic patients.

ANALYSIS - Small scale study with HEALTHY individuals - not enough to draw such a bold conclusion, needs more data. The authors should have used symptomatic individuals too in order to compare if there are differences in the 2 groups.

CONCLUSION - again, symptomatic patients for popliteal entrapment are rarely come across on a day to day basis. The vascular sonographer needs to be aware of them (and how to scan for popliteal entrapment) and should follow departmental guidelines.

ACTION PLAN - continue with departmental protocols (until advised otherwise), being mindful of studies such as this one.