Compression Wraps and Garments (notes)

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| **Compression Wraps / Garments** | **Coban 2**  | **Coban 2** **lite** | **Profore**  | **Profore** **lite** | **Viscopaste** | **Edema Wear** | **Tubigrip** | **Velcro** **Garments** | **Others:**  |
| **Type of Compression:** |  |  |  |  |  |  |  |  |  |
| *Elastic / Long stretch* |  |  |  |  |  |  |  |  |  |
| *Inelastic / short stretch* |  |  |  |  |  |  |  |  |  |
| **Level of Compression**: |  |  |  |  |  |  |  |  |  |
| *Low: (15-20 mmHg)* |  |  |  |  |  |  |  |  |  |
| *Med.: 20-30 mmHg)* |  |  |  |  |  |  |  |  |  |
| *High: (30-40 mmHg)* |  |  |  |  |  |  |  |  |  |
| **Application Technique:** |  |  |  |  |  |  |  |  |  |
| *spiral* |  |  |  |  |  |  |  |  |  |
| *figure of 8* |  |  |  |  |  |  |  |  |  |
| *50% stretch* |  |  |  |  |  |  |  |  |  |
| *full stretch* |  |  |  |  |  |  |  |  |  |
| *heel lock* |  |  |  |  |  |  |  |  |  |
| *other* |  |  |  |  |  |  |  |  |  |
| **Criteria**:  |  |  |  |  |  |  |  |  |  |
| *ABPI* |  |  |  |  |  |  |  |  |  |
| *Toe pressure* |  |  |  |  |  |  |  |  |  |
| *minimum limb circumference* |  |  |  |  |  |  |  |  |  |
| *other considerations* |  |  |  |  |  |  |  |  |  |
| **Advantages**  |  |  |  |  |  |  |  |  |  |
| *number of layers* |  |  |  |  |  |  |  |  |  |
| *comfort* |  |  |  |  |  |  |  |  |  |
| *self management* |  |  |  |  |  |  |  |  |  |
| *others* |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Disadvantages** |  |  |  |  |  |  |  |  |  |
| *number of layers* |  |  |  |  |  |  |  |  |  |
| *comfort/pain* |  |  |  |  |  |  |  |  |  |
| *self management* |  |  |  |  |  |  |  |  |  |
| *others* |  |  |  |  |  |  |  |  |  |
| **Special Consideration:**  |  |  |  |  |  |  |  |  |  |
| *Tips* |  |  |  |  |  |  |  |  |  |
| *Tricks* |  |  |  |  |  |  |  |  |  |
| *Others* |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

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|  **Edema Etiologies** |  |
|  | **Venous** | **Lymphedema** | **Lipidema** | **Others** |
| **Pathophysiology** |  |  |  |  |
| **Location** |  |  |  |  |
| **Characteristics / skin** |  |  |  |  |
| **Wounds/ulcers** |  |  |  |  |

| **Comprehensive Lower Leg Assessment** |
| --- |
| **Parameters** | **Venous** | **Arterial** |
| **Risk Factors** |  |  |
| **History** |  |  |
| **Pain** |  | **Intermittent Claudication** |
| **Nocturnal Pain** |
| **Night Pain** |
| **Skin and Nail Assessment** | **Colouration** | **Colouration** |
| **Condition/hydration** | **Condition/hydration** |
| **Hair growth** | **Hair growth** |
| **Nail appearance** | **Nail appearance** |
| **Ulcer**  | **Location** | **Location** |
| **Appearance** | **Appearance** |
| **Pulses** | **Presence PT/DP/AP****Normal/bounding/diminished/absent** | **Presence PT/DP/AP****Normal/bounding/diminished/absent** |
| **Capillary Refill** |  |  |
| **Temperature** |  |  |
| **Edema**  | **Pitting/non-pitting****Stemmer’s sign** | **Pitting/non-pitting****Stemmer’s sign** |
| **Range of Motion** | **Ankle****Gait Assessment** |  |
| **ABPI** |  |  |