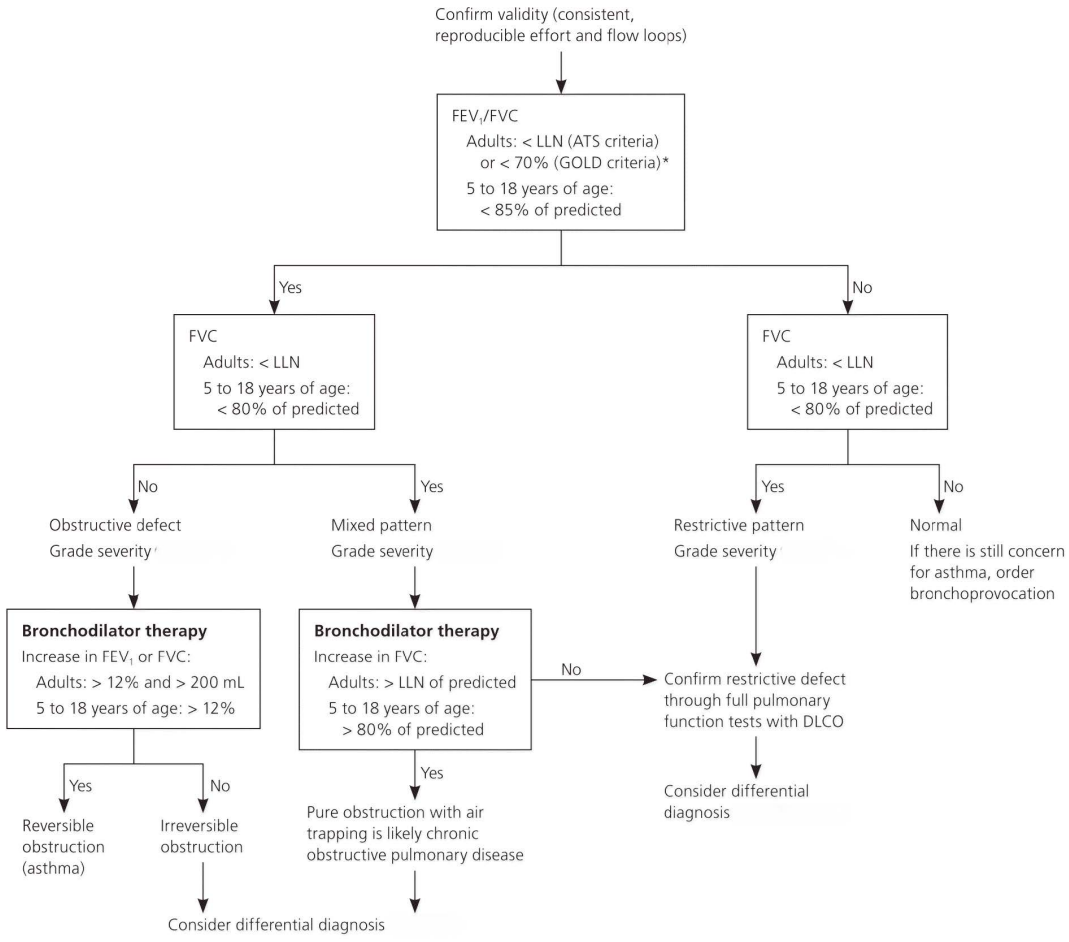
Pulmonary Function Test (PFT) Interpretation Chart

Patient information	
Name: Evan James	**Date of birth:** December 8, 1965
Ethnicity: Caucasian	**Gender:** Male
Height: 178 cm	**Weight:** 85 kg
Contact information: 555-1234-567 | evan.james@email.com	**Date of assessment:** December 21, 2024
Key spirometry measurements	
Forced Vital Capacity (FVC)	Total air exhaled forcefully after a deep breath.
Forced Expiratory Volume in 1 Second (FEV1)	Volume of air forcibly exhaled in the first second.
FEV1/FVC Ratio	Assesses obstructive vs. restrictive patterns.

Decision flowchart



NOTE: *A tool to calculate the LLN in adults up to 75 years of age is available at http://hankconsulting.com/RefCal.html.*

**—The 70% criteria should be used only for patients 65 years and older who have respiratory symptoms and are at risk of chronic obstructive pulmonary disease (i.e., current or previous smoker).*

Stepwise interpretation

Step 1: Obstruction

Patient's FEV1/FVC ratio:

- ◯ Normal (≥ LLN or ≥ 0.70) → No obstruction.
- ◉ Low (< LLN or < 0.70) → Obstructive defect (e.g., COPD, asthma).

Step 2: Restriction

Patient's FVC:

- ◯ Normal (≥ 80%) → No restriction.
- ◉ Low (< LLN or < 80%) → Suspected restrictive defect → Confirm with full PFTs (TLC).

Step 3: Severity grading (obstruction or restriction)

FEV1% predicted:

- ◯ Mild (> 70%)
- ◉ Moderate (60–69%)
- ◯ Moderately severe (50–59%)
- ◯ Severe (35–49%)
- ◯ Very severe (< 35%)

Step 4: Reversibility (Post-bronchodilator)

FEV1/FVC or FEV1 improvement:

- ◯ No improvement
- ◉ Improvement > 12% and > 200 mL → Reversible obstruction (e.g., asthma).

Additional testing

DLCO (Diffusion capacity):

- ◉ Low → Consider interstitial lung disease, emphysema, or pulmonary vascular disease.
- ◯ High → Consider asthma, pulmonary hemorrhage, or polycythemia.

Bronchoprovocation testing: ◉ Indicated ◯ Not indicated

Results:

Overall interpretation

Diagnosis (check all that apply):

- [ ] Normal
- [x] Obstructive defect → Likely:
- [ ] Restrictive defect → Confirmed with TLC? ◯ Yes ◯ No
- [ ] Mixed defect

Clinical notes and recommendations:

- Ensure demographic adjustments are applied. The Global Lung Function Initiative has a calculator that takes different ethnicities into consideration.
- Severity classifications should guide but not dictate treatment—consider clinical context.
- Always confirm results with clinical history and additional tests as necessary.

Notes for use

- Ensure demographic adjustments are applied. The Global Lung Function Initiative has a calculator that takes different ethnicities into consideration, which you can access here: https://gli-calculator.ersnet.org/index.html
- Severity classifications should guide but not dictate treatment—consider clinical context.
- Always confirm results with clinical history and additional tests as necessary.

Additional notes

No notes

Healthcare professional information

Name: Dr. Emily Tran	License ID number: MD987654
Signature: Dr. Emily Tran	Date of assessment: December 21, 2024

References:

Barreiro, T. J., & Perillo, I. (2004). An approach to interpreting spirometry. *American Family Physician, 69*(5), 1107–1115. https://www.aafp.org/pubs/afp/issues/2004/0301/p1107.html

Johnson, J. D., & Theurer, W. M. (2014). A stepwise approach to the interpretation of pulmonary function tests. *American Family Physician, 89*(5), 359–366. https://www.aafp.org/pubs/afp/issues/2014/0301/p359.html