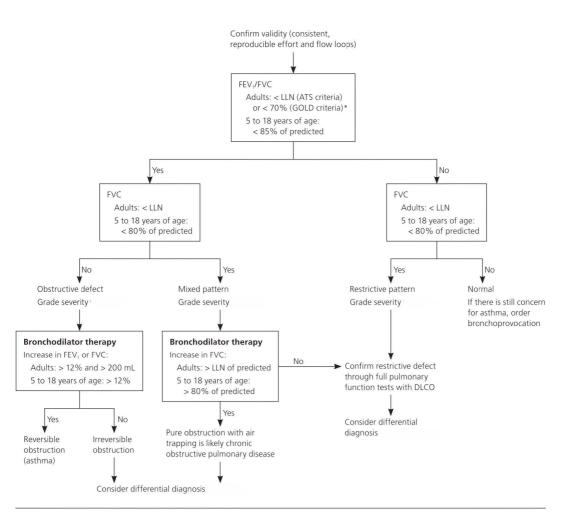
## Pulmonary Function Test (PFT) Interpretation Chart

Patient information	
Name:	Date of birth:
Ethnicity:	Gender:
Height:	Weight:
Contact information:	Date of assessment:
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.

<sup>\*—</sup>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:	
<ul> <li>Normal (≥ LLN or ≥ 0.70) → No obstruction.</li> <li>Low (&lt; LLN or &lt; 0.70) → Obstructive defect (e.g., COPD, asthma).</li> </ul>	
Step 2: Restriction	
Patient's FVC:	
<ul> <li>Normal (≥ 80%) → No restriction.</li> <li>Low (&lt; LLN or &lt; 80%) → Suspected restrictive defect → Confirm with full PFTs (TLC).</li> </ul>	
Step 3: Severity grading (obstruction or restriction)	
FEV1% predicted:	
<ul><li> Mild (&gt; 70%)</li><li> Moderate (60–69%)</li><li> Moderately severe (50–59%)</li></ul>	
<ul><li>☐ Severe (35–49%)</li><li>☐ Very severe (&lt; 35%)</li></ul>	
Step 4: Reversibility (Post-bronchodilator)	
FEV1/FVC or FEV1 improvement:	
<ul> <li>No improvement</li> <li>Improvement &gt; 12% and &gt; 200 mL → Reversible obstruction (e.g., asthma).</li> </ul>	
Additional testing	
DLCO (Diffusion capacity):	
<ul> <li>Low → Consider interstitial lung disease, emphysema, or pulmonary vascular disease.</li> <li>High → Consider asthma, pulmonary hemorrhage, or polycythemia.</li> </ul>	
Bronchoprovocation testing: Indicated Not indicated	
Results:	

Overall interpretation		
Diagnosis (check all that apply):		
<ul> <li>Normal</li> <li>Obstructive defect → Likely:</li> <li>Restrictive defect → Confirmed with TLC?</li> <li>Mixed defect</li> </ul> Clinical notes and recommendations:	Yes No	
Notes for use		
<ul> <li>Ensure demographic adjustments are applied. The Global Lung Function Initiative has a calculator that takes different ethnicities into consideration, which you can access here: <a href="https://gli-calculator.ersnet.org/index.html">https://gli-calculator.ersnet.org/index.html</a></li> <li>Severity classifications should guide but not dictate treatment—consider clinical context.</li> <li>Always confirm results with clinical history and additional tests as necessary.</li> </ul>		
Additional notes		
Healthcare professional information		
Name:	License ID number:	
Signature:	Date of assessment:	

## References:

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

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