

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	
<p style="text-align: center;">Confirm validity (consistent, reproducible effort and flow loops)</p> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: fit-content;"> <p style="text-align: center;">FEV₁/FVC Adults: < LLN (ATS criteria) or < 70% (GOLD criteria)* 5 to 18 years of age: < 85% of predicted</p> </div> <p style="text-align: center;">↓</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Yes</p> <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: fit-content;"> <p style="text-align: center;">FVC Adults: < LLN 5 to 18 years of age: < 80% of predicted</p> </div> <p style="text-align: center;">↓</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">No</p> <p style="text-align: center;">Obstructive defect Grade severity:</p> <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: fit-content;"> <p style="text-align: center;">Bronchodilator therapy Increase in FEV₁ or FVC: Adults: > 12% and > 200 mL 5 to 18 years of age: > 12%</p> </div> <p style="text-align: center;">↓</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Yes</p> <p style="text-align: center;">Reversible obstruction (asthma)</p> </div> <div style="width: 45%;"> <p style="text-align: center;">No</p> <p style="text-align: center;">Irreversible obstruction</p> </div> </div> <p style="text-align: center;">↓</p> <p style="text-align: center;">Consider differential diagnosis</p> </div> <div style="width: 45%;"> <p style="text-align: center;">Yes</p> <p style="text-align: center;">Mixed pattern Grade severity:</p> <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: fit-content;"> <p style="text-align: center;">Bronchodilator therapy Increase in FVC: Adults: > LLN of predicted 5 to 18 years of age: > 80% of predicted</p> </div> <p style="text-align: center;">↓</p> <p style="text-align: center;">Yes</p> <p style="text-align: center;">Pure obstruction with air trapping is likely chronic obstructive pulmonary disease</p> </div> </div> </div> <div style="width: 45%;"> <p style="text-align: center;">No</p> <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: fit-content;"> <p style="text-align: center;">FVC Adults: < LLN 5 to 18 years of age: < 80% of predicted</p> </div> <p style="text-align: center;">↓</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Yes</p> <p style="text-align: center;">Restrictive pattern Grade severity:</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Confirm restrictive defect through full pulmonary function tests with DLCO</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Consider differential diagnosis</p> </div> <div style="width: 45%;"> <p style="text-align: center;">No</p> <p style="text-align: center;">Normal If there is still concern for asthma, order bronchoprovocation</p> </div> </div> </div> </div>	

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 (\geq LLN or ≥ 0.70) → No obstruction.
- Low ($<$ LLN or < 0.70) → Obstructive defect (e.g., COPD, asthma).

Step 2: Restriction

Patient's FVC:

- Normal ($\geq 80\%$) → 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
- Obstructive defect → Likely:
- Restrictive defect → Confirmed with TLC? Yes No
- Mixed defect

Clinical notes and recommendations:

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

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. <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>