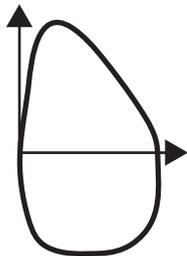


## What is normal spirometry?



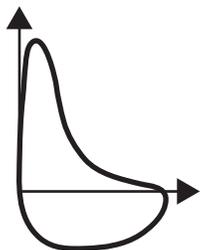
If the shape is normal, there is a range of normality.

**FVC:** >80% predicted  
**FEV1:** >80% predicted  
**FEF25-75:** 65-100%  
**FEV1/FVC (FEV 1%):** Norms based on age +/-5% (of predicted).

### FEV<sub>1</sub>/FVC:

5-19 yrs ≥ 85%  
 20-39 yrs ≥ 80%  
 40-59 yrs ≥ 75%  
 60-80 yrs ≥ 70%

## What does asthma look like?



### Meets the following criteria:

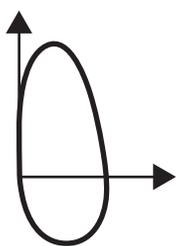
1. Shape of the curve is concave.
2. FEV1/FVC (FEV1%) is decreased
3. FVC > FEV1 > FEF25-75
4. A 12% and at least 200ml increase in FEV1 post bronchodilator treatment

### For severity rating, the following criteria are suggested:

- **Mild:** 0.00 - 0.04\* or >80%
- **Moderate:** 0.05\* or 60 - 80%
- **Severe:** <0.05\* or <60%

\*Note: This value is sometimes expressed as a percent, but this different than the percent predicted.

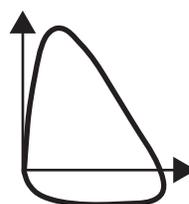
## What are the other flow patterns to look for?



### Restrictive

Possible causes:

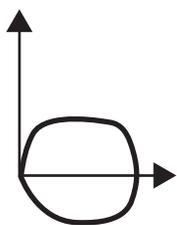
- Obesity
- Pregnancy
- Kyphoscoliosis
- Pulmonary Fibrosis/ILD



### Variable Extrathoracic Airway Obstruction

Causes:

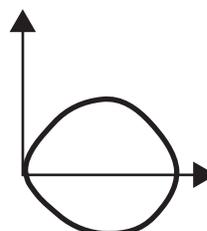
- Paradoxical vocal cord dysfunction



### Fixed Large Airway Obstruction

Multiple causes:

- Glottic or tracheal stenosis
- Tracheal malacia
- Paratracheal/Intratracheal mass
- Vocal cord paralysis
- Foreign body



### Variable Intrathoracic Airway Obstruction

Possible causes:

- Movable mass lesion
- Malignancy

## The One Minute Interpretation

Check five things:

1. **Is the entry data correct?**  
Check age, height, weight, sex and race
2. **Evaluate the quality of the blow**  
Good effort with rapid rise to peak flow? Is the curve smooth and reproducible?
3. **What is the shape?**  
Normal, obstructive, restrictive or mixed? Is the inspiratory loop cut off?
4. **Look at the percentages for the shape chosen**  
Mild, moderate, severe
5. **State your interpretation**  
e.g. "mild airway obstruction"