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WRS For GP Quick Take

LOOK Before You Leap: A 30-Second Approach to Spirometry

Many spirometry interpretation errors occur before interpretation even begins.
Before reading the numbers, use the LOOK framework.

L — Look at the curve

The flow-volume loop often tells the story before the report does.
Ask yourself:

- Does the pattern look normal, obstructive, restrictive, or mixed?
- Does the curve look believable?

O — OK quality?

A poor-quality test can create a false diagnosis.
Check:

- Sharp start
- Maximal effort
- Adequate end of exhalation
- Reproducible manoeuvres

Never diagnose a patient from a bad test.

O — Obstruction or restriction?

Once you trust the test:

- FEV1/FVC below the lower limit of normal suggests obstruction
- FVC below the lower limit of normal suggests possible restriction
- Both abnormalities may indicate a mixed pattern

Use lower limit of normal and Z-scores where available rather than relying on percentage predicted alone.

K — Keep it clinical

Spirometry describes physiology, not diagnosis.
Interpret the result alongside:

- Symptoms
- Smoking history
- Occupational exposures
- Imaging findings
- Treatment response

The best spirometry interpretation is not the one with the most numbers. It is the one that makes sense for the patient sitting in front of you.

Remember: LOOK before you leap.

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