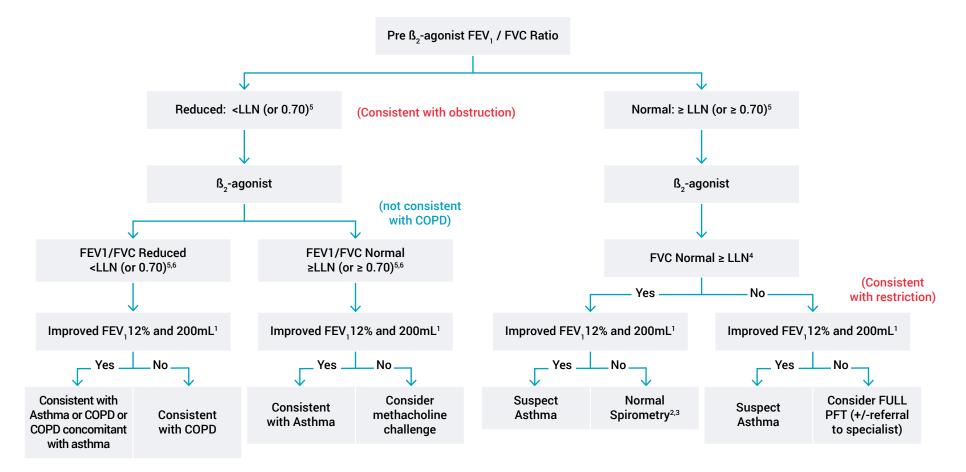


Spirometry Interpretation Guide

Consider patient history and full clinical assessment in all decision making



- 1. 200mL criteria only necessary for adults (18 yrs of age and over)
- 2. Reversibility criteria not met. May occur with chronic asthma -consider methacholine challenge or referral
- 3. Normal Spirometry: in the context of persistent symptoms consider further clinical testing i.e. methacholine challenge
- 4. LLN may not be available on outdated systems -use 80% predicted
- Evidence supports the use of the fixed ratio (0.70) vs. LLN as more appropriate to identify individuals at risk for clinically significant COPD. However, the use of the fixed ratio may underestimate the presence of airflow obstruction in younger individuals and overestimate in older populations.
- If FVC < LLN (or < 80%) predicted, consider hyperinflation/gas trapping. If post-BD FVC remains < LLN (or < 80%) predicted, consider combined obstructive and restrictive defect and full PFT.

Note: Recommended reference equations: GLI-Global

Adapted and revised with permissionfrom Primary Care Respiratory Alliance of Canada (PCRAC)

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