## Wells Clinical Prediction Rule

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
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</thead>
<tbody>
<tr>
<td>1. Active cancer: ongoing treatment, within previous 6 months, or palliative</td>
<td>1</td>
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<tr>
<td>2. Paralysis, paresis or recent immobilization of LE</td>
<td>1</td>
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<td>3. Recently bedridden for &gt; 3 days or major surgery within 4 weeks</td>
<td>1</td>
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<td>4. Localized tenderness along deep venous system distribution assessed by firm palpation in posterior calf, the popliteal space, and along the femoral vein in anterior thigh and groin</td>
<td>1</td>
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<td>5. Entire LE swelling</td>
<td>1</td>
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<td>6. Calf swelling &gt; 3cm when compared with asymptomatic LE. Measured 10cm below tibial tuberosity</td>
<td>1</td>
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<td>7. Pitting edema (greater in symptomatic LE)</td>
<td>1</td>
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<tr>
<td>8. Collateral superficial veins (nonvaricose)</td>
<td>1</td>
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<tr>
<td>9. Alternative diagnosis as likely or greater than that of proximal DVT: cellulitis, calf strain, Baker cyst and postoperative swelling.</td>
<td>2</td>
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</tbody>
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Tally total points. The probability of patients having a DVT are:

- 0 = low
- 1-2 = moderate
- ≥3 = high


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### Deep Vein Thrombosis:

occurs when a blood clot (thrombus) forms in one or more deep veins, usually in lower extremities.

### Clinical Presentation:

- swelling of the extremity
- tenderness or cramping feeling of the calf muscle that is increased with dorsiflexion
- inflammation and discoloration of the extremity
- sometimes no signs present

### Management/Treatment:

- anticoagulation
- compression stockings
- thrombolysis

### Differential diagnosis:

- rupture of Achilles tendon
- acute posterior compartment syndrome
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- soleus muscle strain/cramps
- Fibula shaft fractures

References:

