

Spirometry was first introduced into clinical medicine in 1846 by John Hutchinson. Hutchinson not only designed the first spirometer but also designated the expiratory vital capacity and developed the original normal standards. He deduced that the measurement of a patients' vital capacity could be used to trace, define, and diagnose respiratory and circulatory disorders.

Since then, spirometry has been used extensively to measure lung function capability and to recognize and treat many diseases associated with the impairment of healthy lung functions. Spirometry today provides great insight into the status of any persons' health.

Generally speaking, spirometry is a simple diagnostic tool used to define a subject's lung condition. The major indications for spirometry are:

- ✓ To evaluate symptoms, signs or abnormal laboratory tests (i.e. dyspnea, chronic cough, chest tightness/cough during exercise, frequent colds)
- ✓ To measure the effect of disease on pulmonary function
- ✓ To assess therapeutic interventions (i.e. bronchodilator or steroid treatment, management of CHF, etc.)
- ✓ To assess preoperative risk
- ✓ Frequent colds or hay fever
- ✓ To screen individuals at risk of having pulmonary diseases (i.e. smokers, obesity, occupational exposures)
- ✓ To assess the prognosis of a disease
- ✓ To assess health status before enrollment in strenuous physical activity programs
- ✓ To assess patients as part of a rehabilitation program
- ✓ To assess risks as part of an insurance evaluation
- ✓ To assess individuals for legal reasons (i.e. Social Security Disability, personal injury lawsuits, etc.)