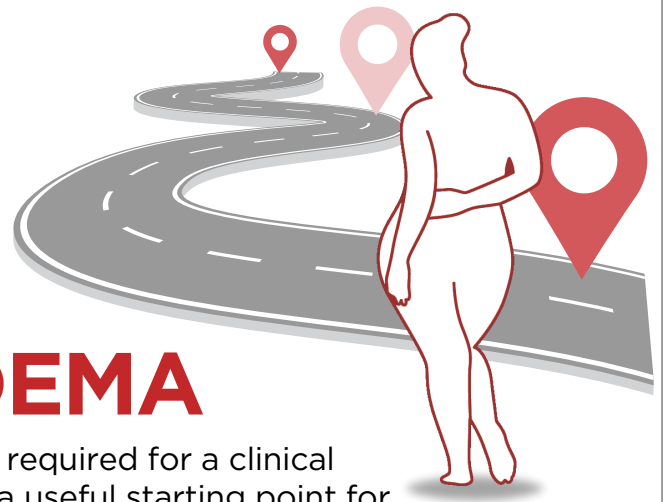


Simplified ROADMAP FOR DIAGNOSING LIPEDEMA



The research criteria shown here is more rigorous than required for a clinical diagnosis. We hope the information listed here can be a useful starting point for recognition and diagnosis of lipedema. This is crucial for initiating proper management, to slow or stop progression of the disease and reduce or eliminate symptoms as much as possible.

Characteristics Supporting a Lipedema Diagnosis

Agreed-upon Characteristics	Additional Evidence
✓ Female ✓ Painful and/or sensitive fat ✓ Disproportionate fat between limbs (more fat) and torso (less fat) ✓ Tissue changes (i.e. stiff, bumpy and/or dimpled fat) ✓ Fat in arms and/or lower body is non-responsive to low calorie diet and exercise	✓ Fat abruptly ends at wrist and/or ankles ✓ Swelling without foot/hand involvement ✓ Starts or worsens with hormonal flux such as puberty, pregnancy, perimenopause ✓ Leg shape/size look like other family members ✓ Easy bruising without apparent cause

We suggest a diagnosis of lipedema if one of the following three pathways are present:

1. All five Agreed-Upon Characteristics are present.
2. Four of the five Agreed-Upon Characteristics (two of which must be “Female” and “Pain” are present and at least two Additional Evidence characteristics are present, or
3. Three of the five Agreed-Upon Characteristics are present (two of which must be “Female” and “Pain” along with four Additional Evidence characteristics.

If these pathways are not met but lipedema is still suspected, a referral to a specialist is recommended.



Scan this QR code to refer to our paper

<https://www.liebertpub.com/doi/10.1089/lrb.2023.0062>

for more detailed descriptions on evaluating lipedema.



Do you experience any of the above characteristics?
(check with self-assessment tool at the back page)

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Lipedema DIAGNOSIS ASSESSMENT TOOL

We invite patients and practitioners to go through this self assessment tool together, as well as the evaluation instructions found within our paper (e.g. for palpation guide to evaluate tissue changes), to see if further investigation into a lipedema diagnosis would be right for the patient. Online at <https://lipedemaproject.org/roadmap-for-diagnosing-lipedema/>

Do you experience any of the following?

☐ **Heavy, tight, or painful legs and in some cases upper arms.**

- painful to touch
- feel like concrete
- feel so full as if they could burst



☐ **Easy bruising in legs without apparent cause.**

- black & blues appear with little or no remembered contact



☐ **Skin/tissue looseness (laxity).**

- loose and hanging fat
- jiggly fat in thighs or calves
- upper arm fat and skin hanging down ("bat wings")



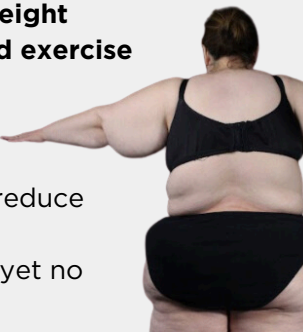
☐ **Swelling in legs and/or ankles that progresses over a day or with heat/humidity.**

- with high humidity, the swelling increases significantly & it can hurt to walk
- at the end of the day, my legs are usually larger and more uncomfortable.
- ankles turn into cankles



☐ **Struggling to lose excess weight despite adhering to diet and exercise programs.**

- calorie restriction doesn't work to reduce weight
- exercise doesn't work to reduce volume
- tried many types of diets yet no results



☐ **With some success with weight loss, fat is lost in torso and head/face/neck but not in legs or arms affected with lipedema.**

- when weight loss does happen, it is only evident in the torso and not the arms or legs or hips
- muscle definition just doesn't happen even with rigorous exercise



☐ **Disproportionate fat distribution with significantly bigger legs/thighs/upper arms.**

- size "small" top with size "large" or "extra-large" bottom
- if a T-shirt fits the torso, the sleeves are too tight, so a larger size is needed
- pants that fit at the waist are too tight over the hips and/or thighs
- pants that fit my thighs too big at the waist

