



DEVELOPMENT, VALIDATION AND APPROVAL OF A PLANETARY EXTRAVEHICULAR ACTIVITY PREBREATHE PROTOCOL: NASA EXPLORATION ATMOSPHERE TESTS 1 & 2

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Disclosure Information

94rd Annual Scientific Meeting
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I have no financial relationships to disclose.

I will not discuss off-label use and/or investigational use in my presentation.

The opinions discussed are mine and mine alone, they do not represent those of GeoControl, KBR, NASA or the federal government

Fundamentals

- ↓pressure:
 - tissues release nitrogen bubbles
 - Too much bubbling: Decompression Sickness
 - Type I DCS: Mild/Joint pain
 - Type II DCS: Severe/life threatening
 - Pre-EVA denitrogenation via oxygen prebreathe *reduces* DCS risk during EVA
- High workload/ambulation = higher risk



DCS Risk

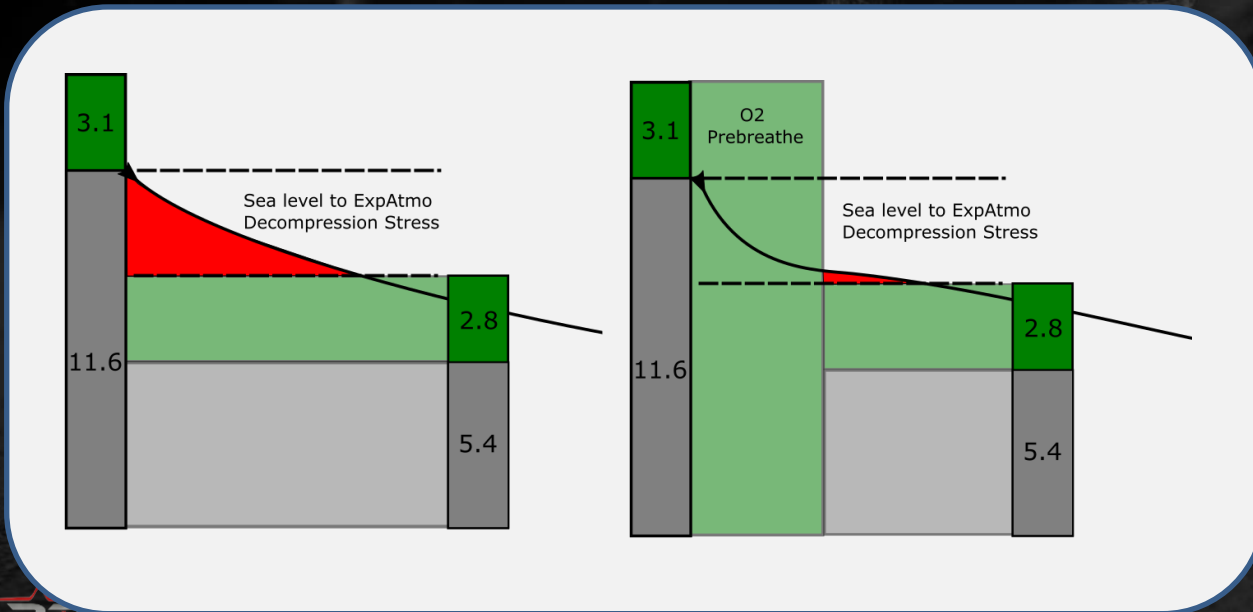


Atmospheric Composition

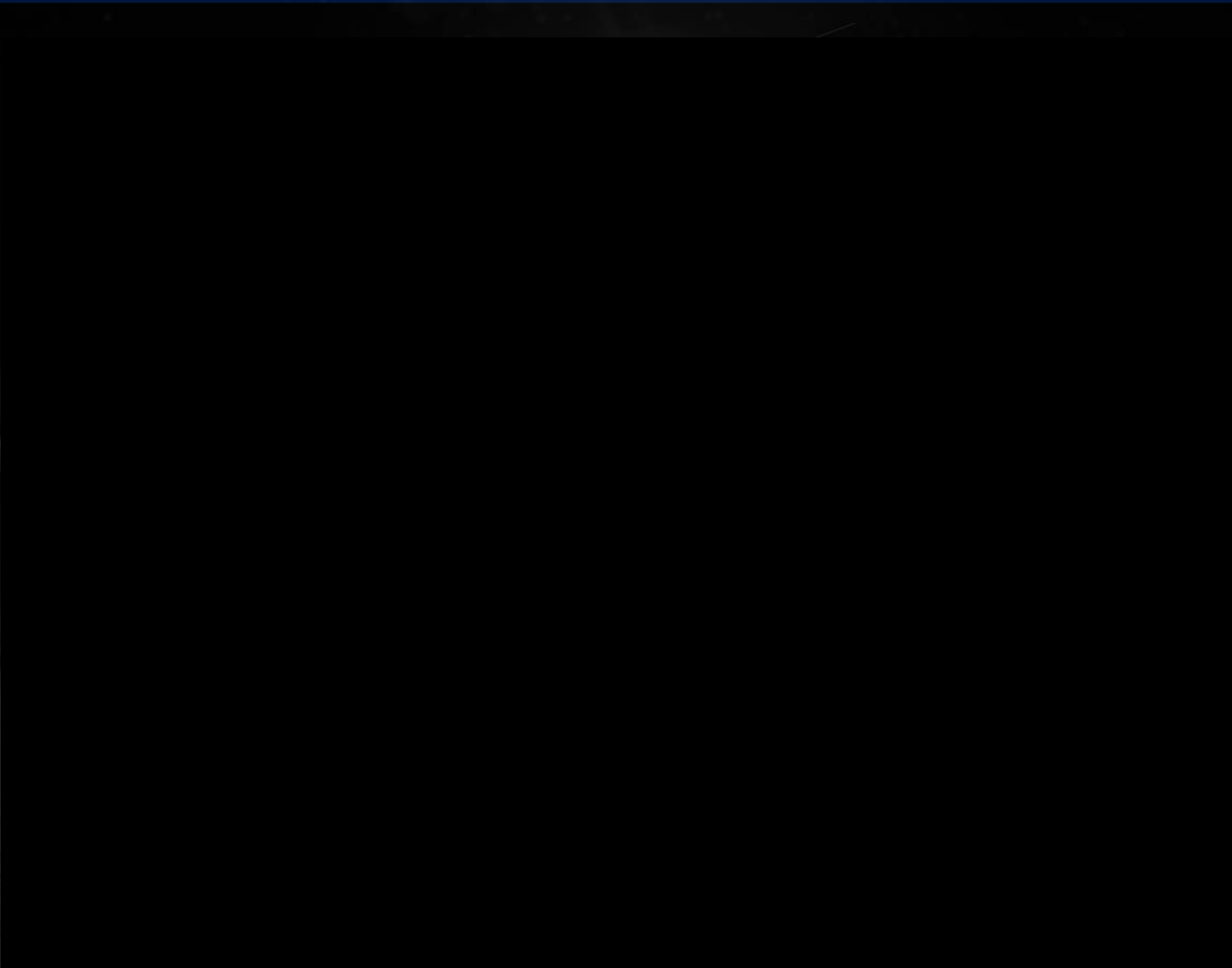
EVA Workload

Prebreathe Duration

Suit Pressure



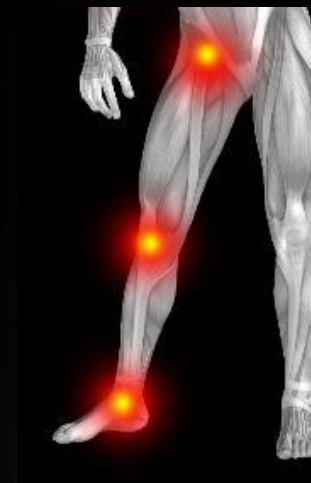
High Grade VGE



Why Exploration Atmosphere?

- Significantly increased frequency of EVAs is expected during planetary ops vs. ISS
 - Up to 24 hrs / person / week
- DCS risk is increased by ambulation and physical activity vs microgravity^[1]

Current ISS prebreathe protocols would add significant timeline overhead and are NOT validated for planetary EVA
– Shuttle & ISS protocols are applicable to microgravity only



Apollo had 100% O₂ cabin and zero EVA prebreathe

¹Conkin J, et al. Venous gas emboli and ambulation at 4.3 psia. *Aerosp Med Hum Perform.* 2017; 88(4):370–376.

Rationale for Exploration Atmosphere



Saturation Atmosphere	Microgravity Prebreathe* (h:mm)	Planetary Prebreathe*
14.7 psi, 21% O ₂	4:00 (resting)	6:30-7:00 ²
10.2 psi, 26.5% O ₂	0:40	3:00-3:30 ³
8.2 psi, 34% O₂	0:00-0:15	0:00-0:30^{4,5}
5.0 psi, 100% O ₂ (Apollo, Gemini)	0:00	0:00



This Study

Unvalidated estimates
(i.e., not yet available for flight use)

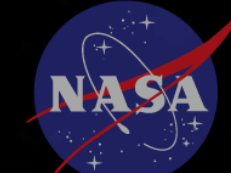
*Assumes 6hr EVA @ 4.3 psia and approximately equal DCS risk level

² Abercromby et al. *Suited Ground Vacuum Chamber Testing Decompression Sickness Tiger Team Report*, (2019) NASA Technical Report. NASA/TP-2019-220343

³ Abercromby et al. *Using the Shuttle Staged Prebreathe Atmosphere and Variable Pressure Spacesuits for Exploration Extravehicular Activity*, (2018) AsMA.

⁴ Abercromby et al. *Modeling Oxygen Prebreathe Protocols for Exploration EVA Using Variable Pressure Suits*, (2017) AsMA.

⁵ Abercromby et al. *Modeling a 15-min extravehicular activity prebreathe protocol using NASA's exploration atmosphere (56.5 kPa/34% O₂)*. *Acta Astronautica*, 109 (2015), pp.76-87.



What is NASA-STD-3001

- NASA-STD-3001 requires human testing to
 - ≤ 15% incidence of Type I DCS (@95% CL)
 - ≤ 20% incidence of Grade IV VGE (@95% CL)
 - No Type II DCS
- Prebreathe study yields:

$$\frac{\# \text{ DCS cases}}{\# \text{ of exposures}}$$
- Statistical conversion to:
 - % DCS risk and Confidence Limits at 5%-95%
 - Confidence limits are driven by N moreso than actual risk
 - Thus, reaching 3001 req'ts is contingent on sample size

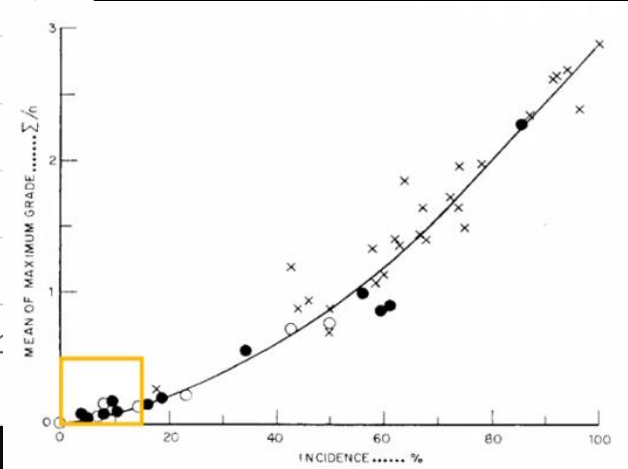
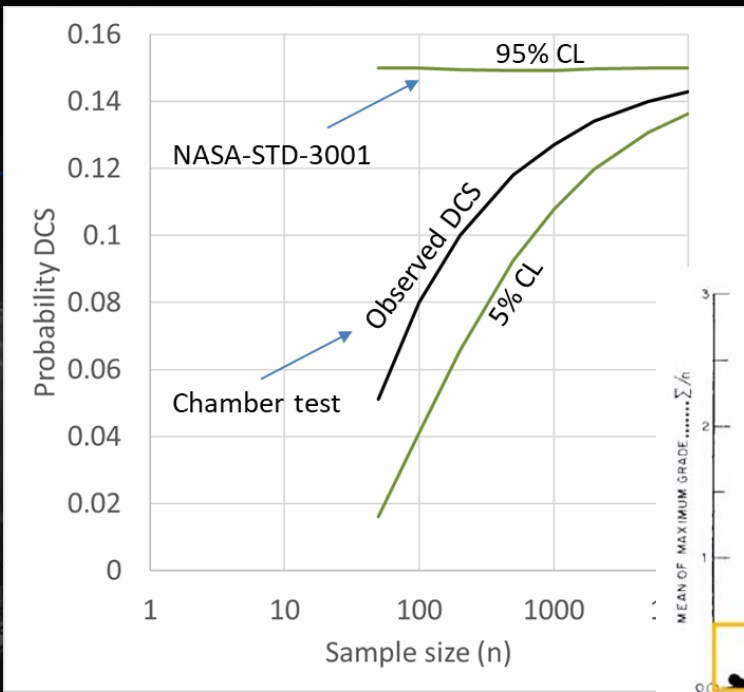
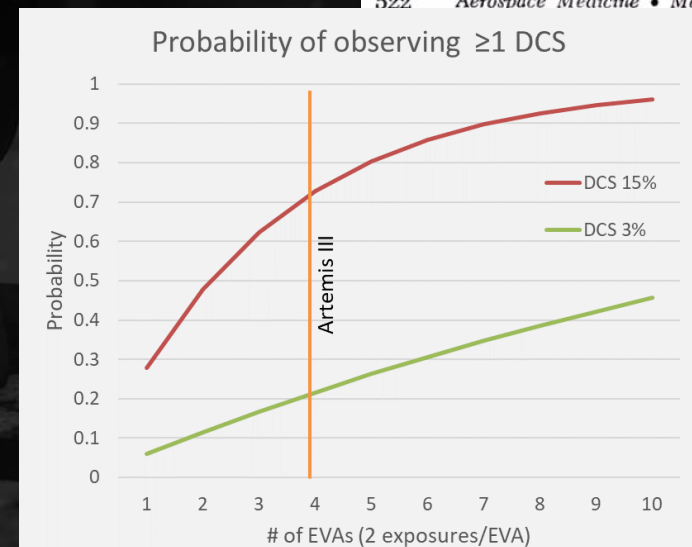


Fig. 4. Incidence and mean grade of altitude decompression sickness from 1942 to present: Crosses, 26 types of exposure with no information on body fat (Table II); Circles, 13 types of exposures (Table I), if filled F > 12 kg, if not filled F < 12 kg.
522 *Aerospace Medicine* • May, 1971

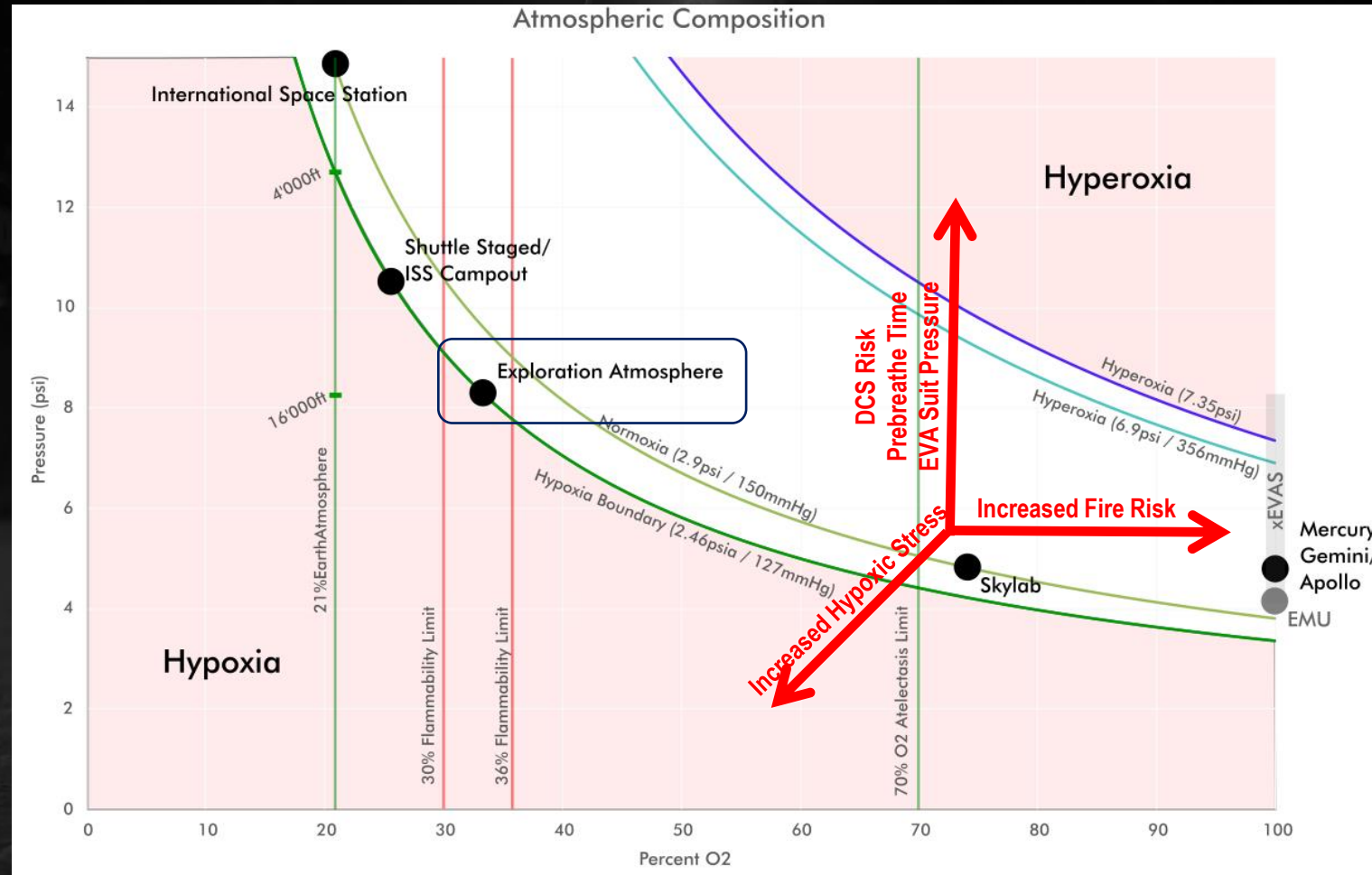
NASA-STD-3001 does NOT address Cumulative Risk:

- Loss of EVA is a *mission* risk – determined by mission
- **Artemis does not currently have mission-wide DCS risk**



Cabin Atmosphere Constraints

- Exploration Atmosphere Working Group (2006, 2012): 8.2psia / 34% O₂
 - Compromise between flammability, hypoxia, DCS risk, prebreathe time





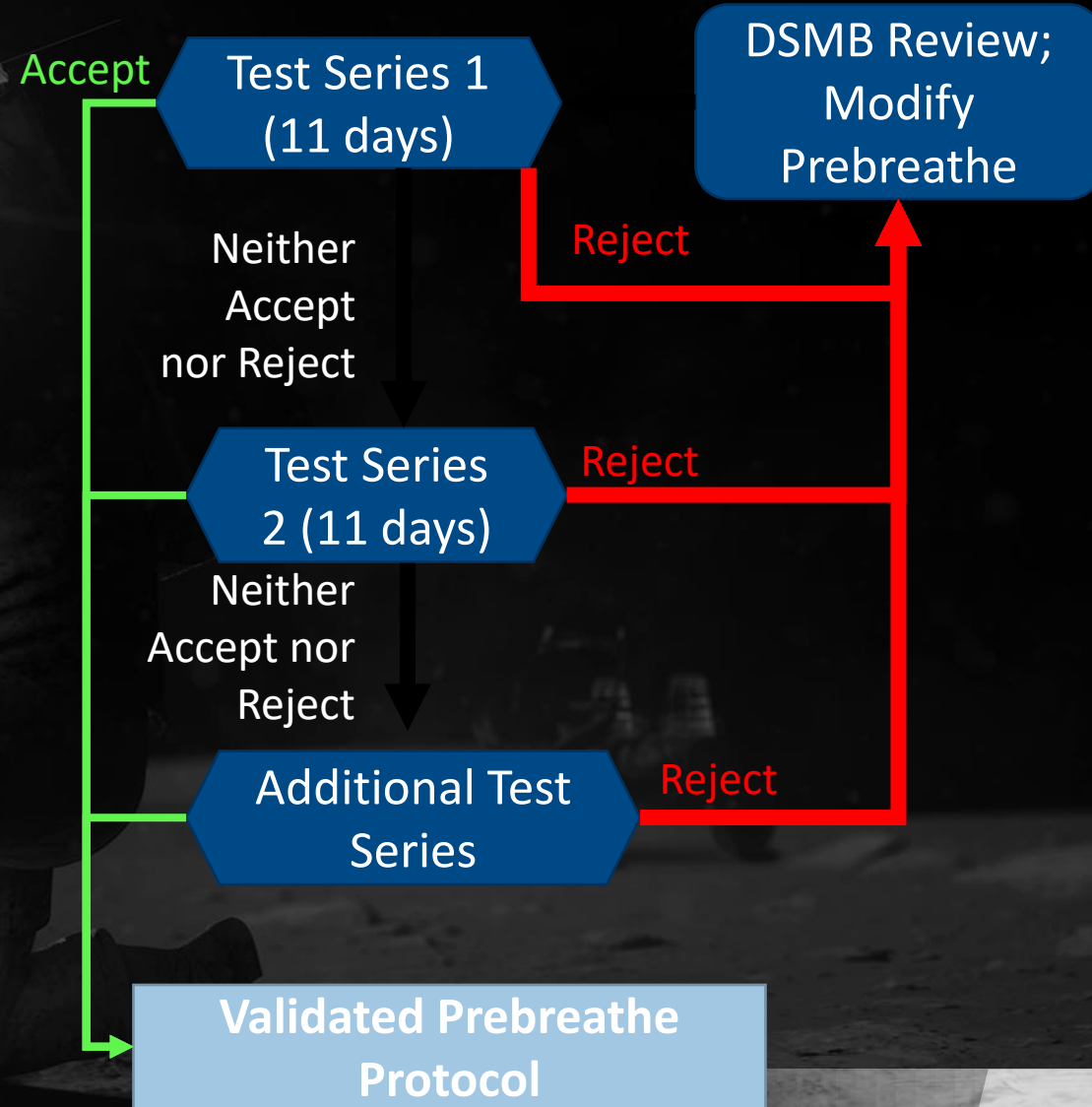
How do we actually test?





Exploration Atmosphere Validation

- Accept Criteria (per NASA-STD-3001):
 - $\leq 15\%$ incidence of Type I DCS (@95% CL)
 - $\leq 20\%$ incidence of Grade IV VGE (@95% CL)
 - No Type II DCS
- Reject Criteria
 - $> 15\%$ incidence of Type I DCS (@70% CL)
 - $> 20\%$ incidence of Grade IV VGE (@70% CL)
 - Any Type II DCS
- Neither
 - Requires review and additional data



Protocol: EVA Simulations

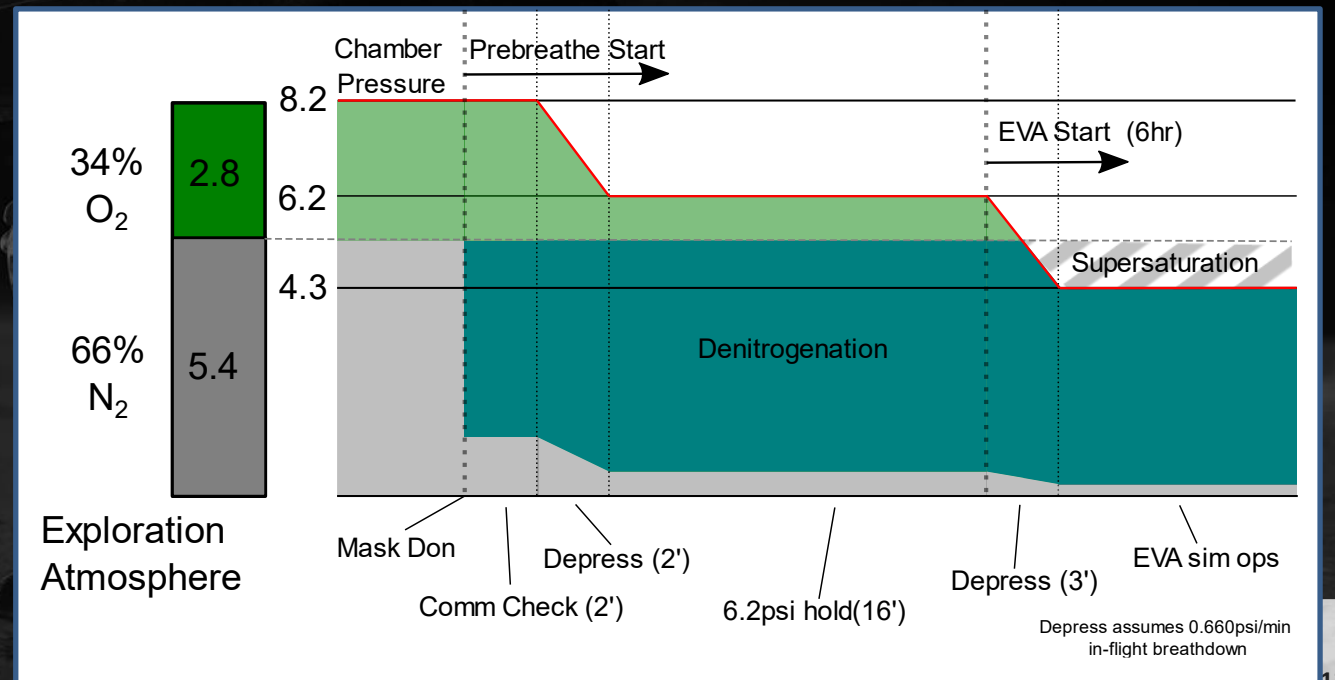
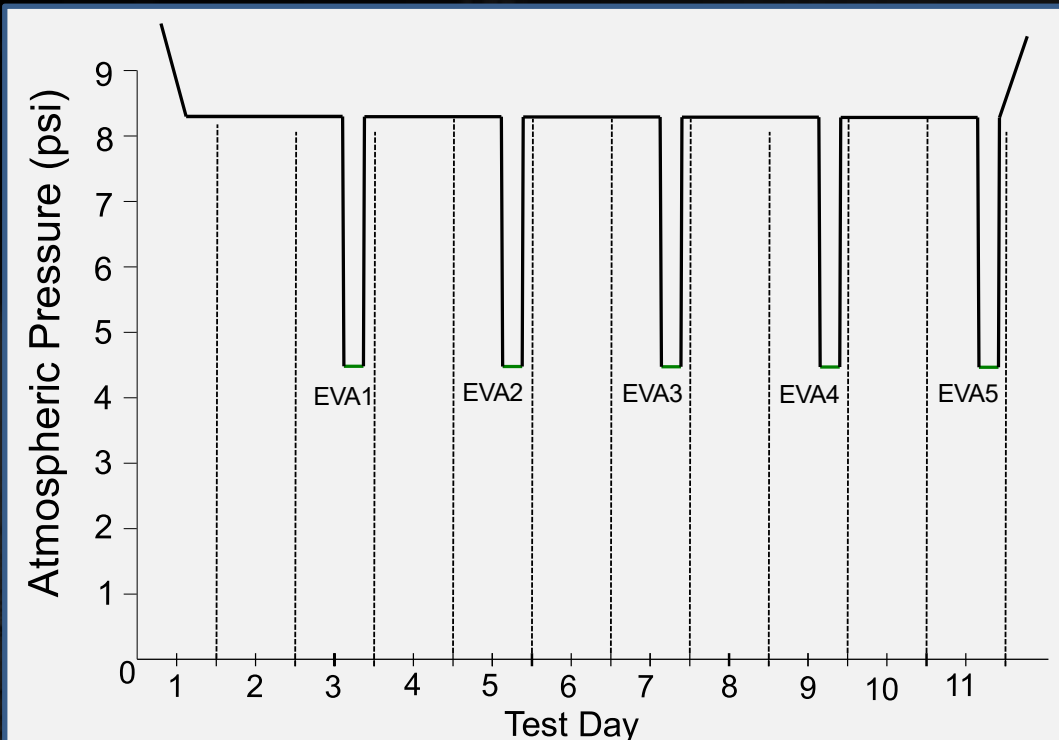
- **Odd Days: EVA Simulations ($N_{EVA} = 5$)**
 - Complete prebreathe and 6 hrs of prescribed simulated EVA activities
- **Even Days: Rest + Hypoxia Characterization**
 - Various physiologic and cognitive measurements will be taken to characterize the effects of hypobaric hypoxia in the exploration atmosphere.

Day 1	3hr PB @ 100% O ₂ , 14.7 psia; Depress to 8.2 psia, equilibrate
Day 2	Equilibrate + Hypoxia Characterization
Day 3	Prebreathe; 6hr EVA @ 4.3 psia, 85% O ₂
Day 4	Hypoxia Characterization
Day 5	Prebreathe; 6hr EVA @ 4.3 psia, 85% O ₂
Day 6	Hypoxia Characterization
Day 7	Prebreathe; 6hr EVA @ 4.3 psia, 85% O ₂
Day 8	Hypoxia Characterization
Day 9	Prebreathe; 6hr EVA @ 4.3 psia, 85% O ₂
Day 10	Hypoxia Characterization
Day 11	Prebreathe; 6hr EVA @ 4.3 psia, 85% O ₂

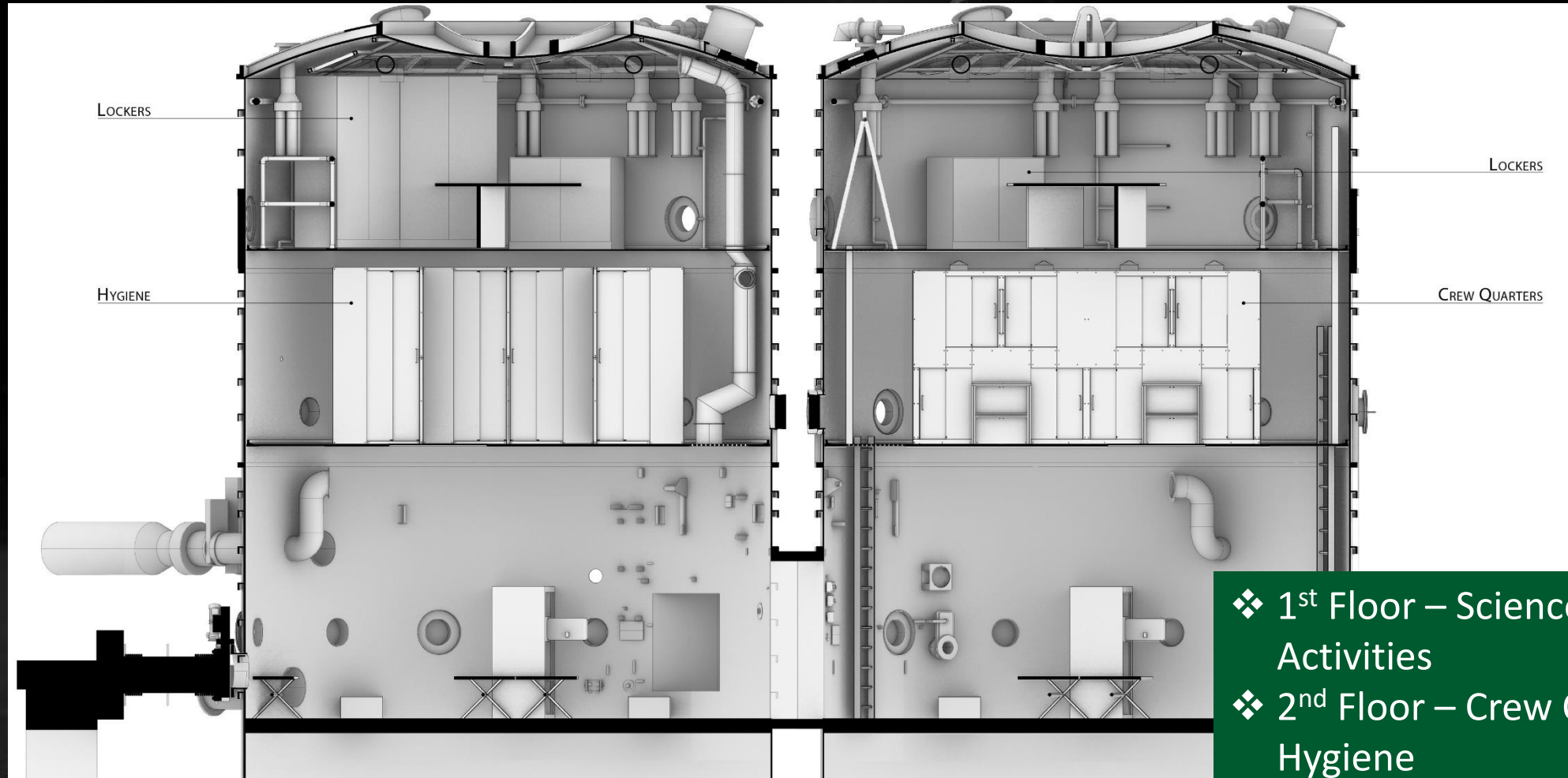


Prebreathe Validation Approach

- What prebreathe is sufficient to meet NASA-STD-3001 standards in a Lunar/Mars environment?
 - Equilibrate to Exploration Atmosphere: 8.2psi/34% O₂ for 48 hrs (after 3hr O₂ PB)
 - Minimum prebreathe duration: 20 min ≥ 6.2psi
 - Simulated EVA: 4.3psi/85% O₂
 - Simulate EVA workload: 6 tasks for 6hrs across workload ranges



20FT Chamber Overview

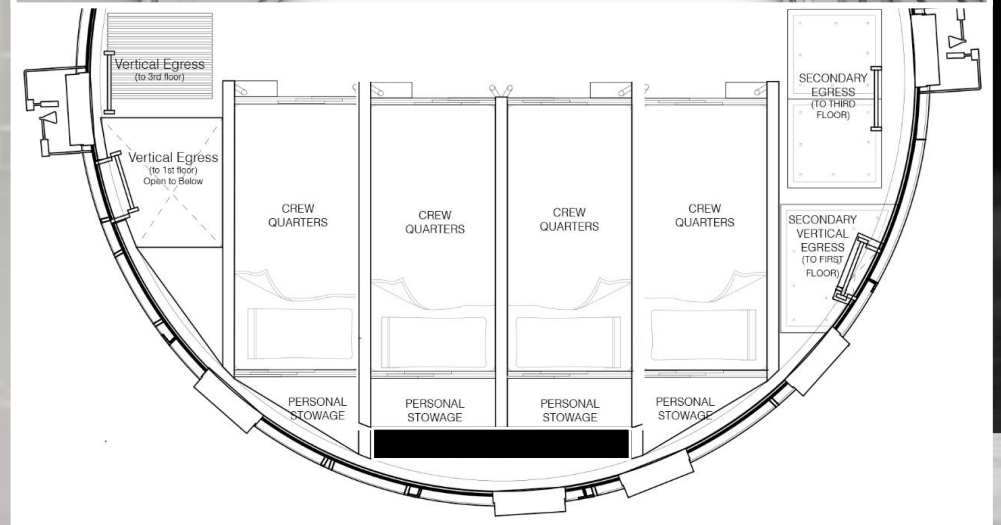
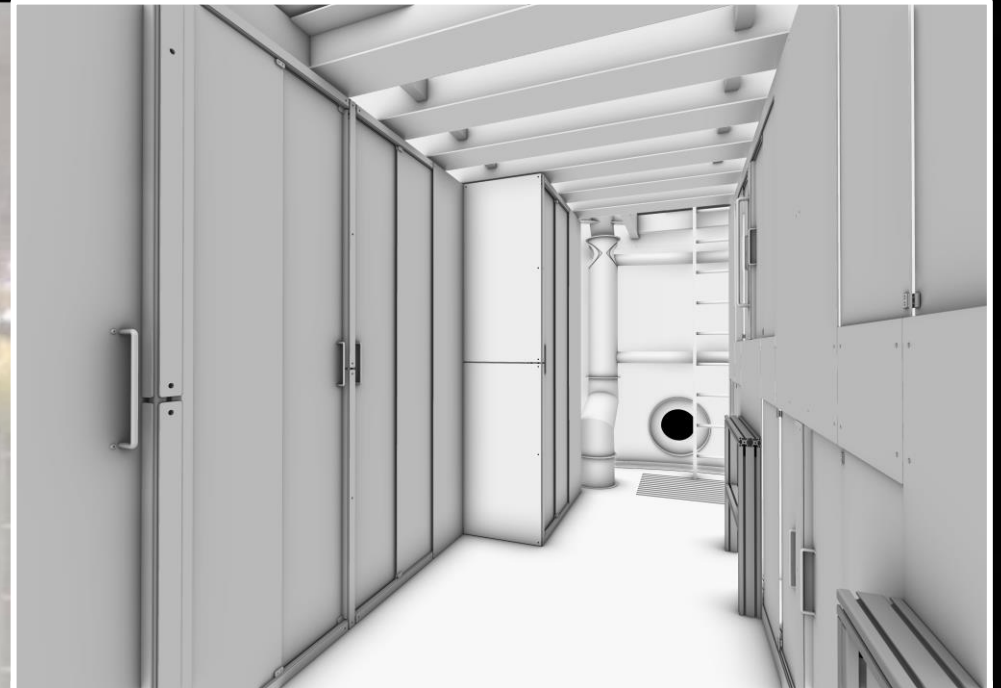
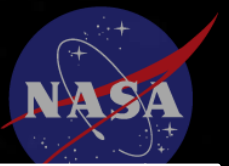


- ❖ 1st Floor – Science & EVA Activities
- ❖ 2nd Floor – Crew Quarters & Hygiene
- ❖ 3rd Floor – Stowage & Media Center

3rd Floor Configuration



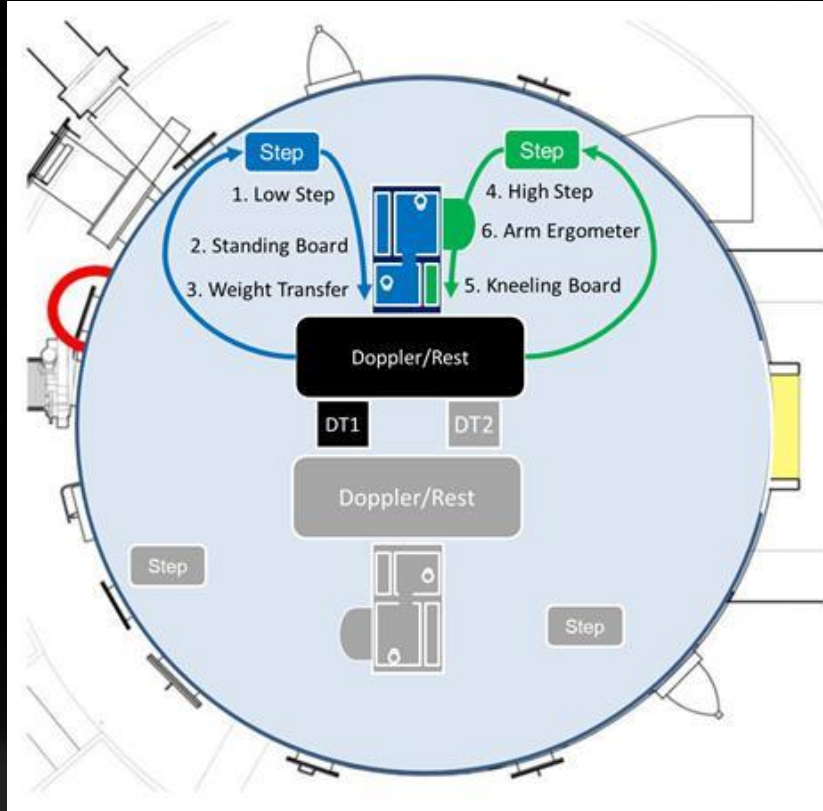
2nd Floor – Crew Quarter Layout



EVA Sim Stations



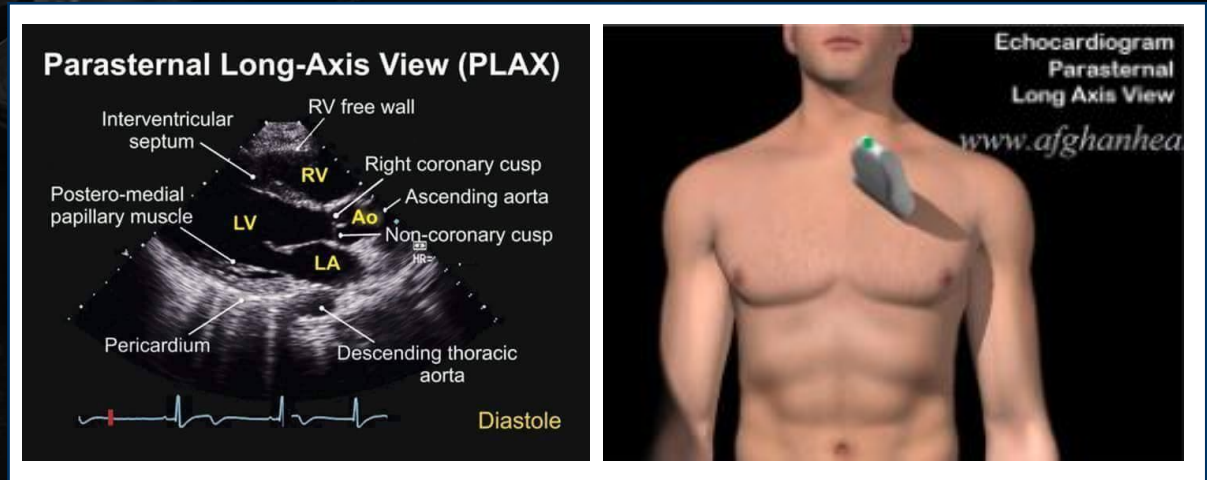
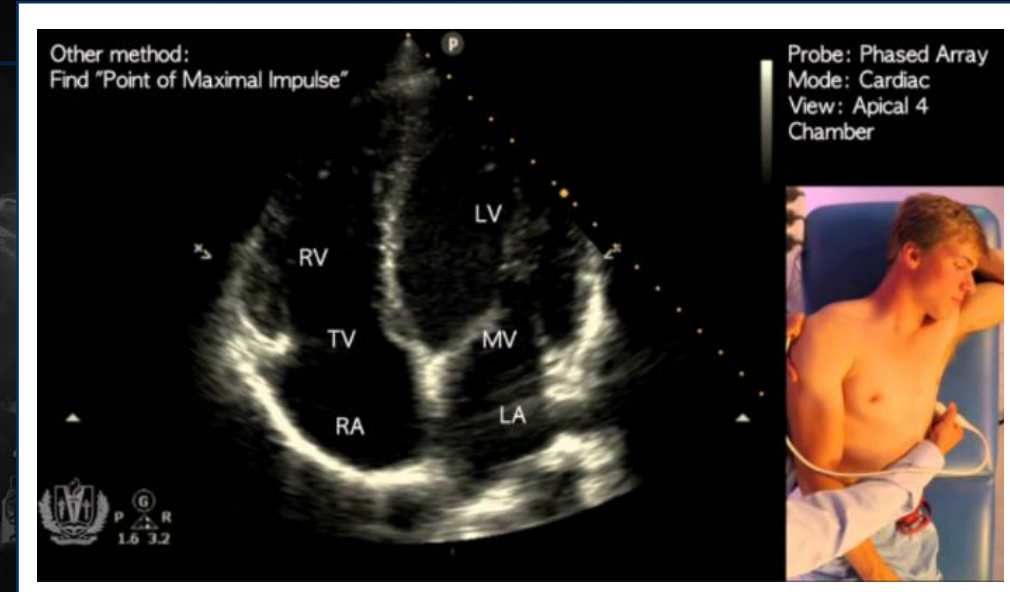
EVA Simulation



EVA Sim Presented at AsMA 2022
see *Estep et al.*

VGE Methods

- Every 15 min:
 - Subject lays on the cot in a left recumbent position
 - The operator gels the Vivid iQ ultrasound probe and acquires an apical cross-section view of the heart and heart chambers (top)
 - If the apical view is not easily visible, a parasternal long-axis view is imaged instead (bottom)
 - Alternates with Doppler auscultation of L parasternal border



Analysis and Scoring Methods



Ultrasound and Doppler Scoring

- Ultrasound videos were scored based on number of VGE / bubbles present during imaging over 10 cardiac cycles (Modified Eftedal Brubakk Score, right).
- Doppler audios were scored based on ‘bubble signals’, or audible peaks in doppler waveforms

Doppler Bubble Grading Spencer Scale

Grade	Description
0	A complete lack of bubble signals
I	An occasional bubble signal with the great majority of cardiac periods free of bubbles
II	Many, but less than half, of the cardiac periods contain bubble signals, singly or in groups
III	All the cardiac periods contain showers of single-bubble signals, but not dominating or overriding the cardiac motion signals
IV	The maximum detectable bubble signal sounding continuously throughout systole and diastole of every cardiac period, and overriding the amplitude of the normal cardiac signals

Score	Definition
0	No visible bubbles
1	Occasional bubbles
2	At least 1 bubble every 4 heart cycles
3	At least 1 bubble every heart cycle
4	Not more than one third of every image
5	Not more than two thirds of every image
6	Near whiteout; individual bubbles still discerned
7	Whiteout; individual bubbles can't be discerned

Data Analysis / Graphs

- Scores for rests and leg flexes – left and right – were acquired via Vivid iQ Ultrasound w/ doppler wave acquisition application.
- Scores between cross-graders (n=3 to 4 per crew member at each time point) were averaged for the resting and flexing periods.
- Max scores and average scores of resting and flexing periods were graphed.
- Data is represented by mean \pm standard deviation.



Results



Test Campaign Summary

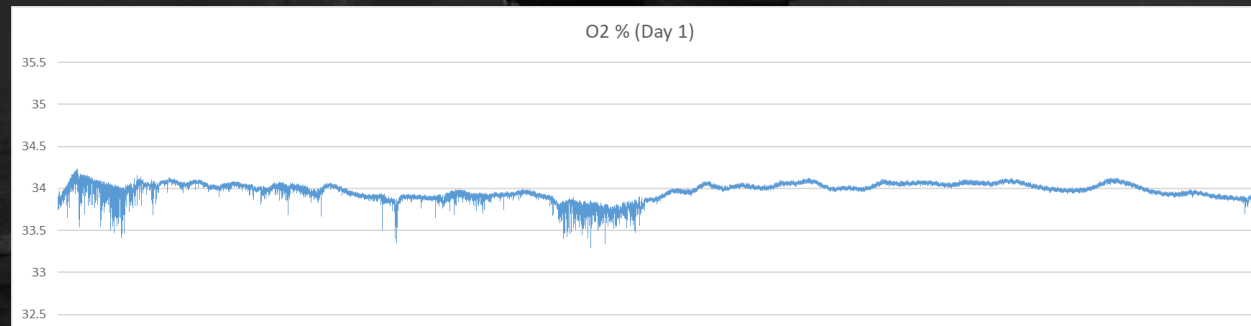
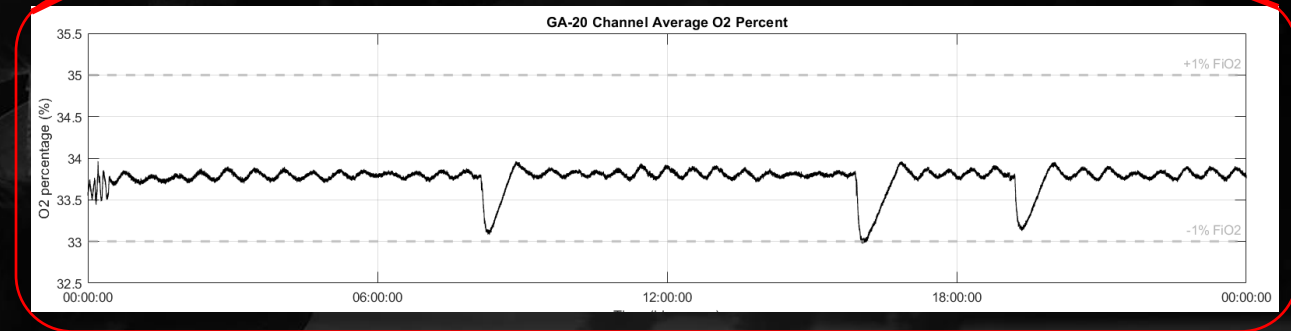
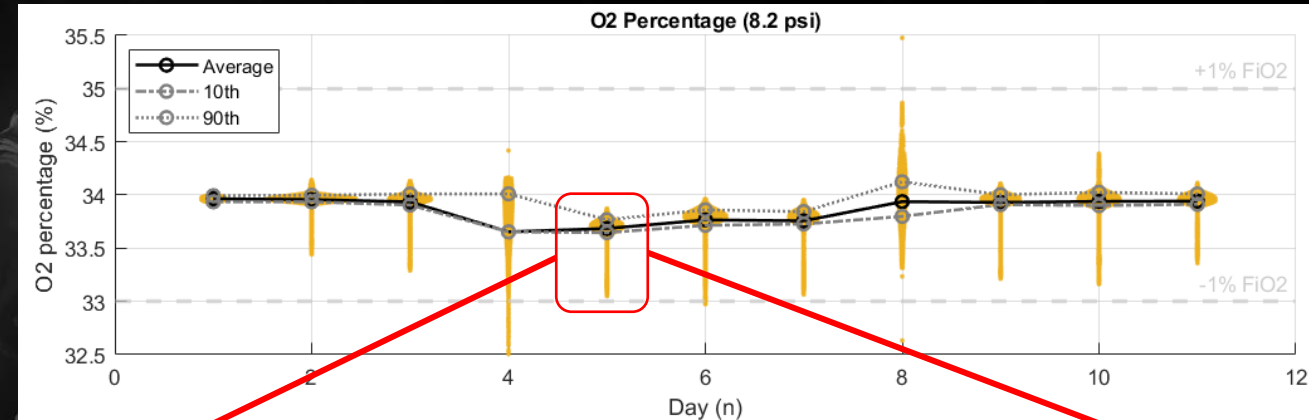
- 2005 – Initial proposal: 8.0psi/32% FiO₂
- 2012:
 - Updated to 8.2psi/34% FiO₂ (to decrease hypoxic stress)
 - Briefing to HEOMD – proceed with work on EA
- 2018 – Human validation studies in the building 7 20ft chamber green lit
- 2021 – Chamber readiness complete/initial HITL assessment
 - 2021-11: Overnight in Chamber (doors ‘closed’, no pressure change)
- 2022
 - Feb: 1-day equipment validation (n=2)
 - Mar: 3-day dress rehearsal (n=8)
 - DCS x1
 - Jun: 11-day test (n=8) “EA1”
 - No DCS Type II
 - Two DCS Type I cases; symptoms fully resolved with treatment
 - One DCS Type I in Doppler Tech
 - One VGE Grade IV
- 2023
 - Mar: 3-day dress rehearsal (n=8)
 - No DCS I/II
 - Jun: 11-day test (n=8) “EA2”
 - No DCS I/II
 - One Asymptomatic LVGE
 - One DCS Type I in external Doppler Tech





Chamber Environmental Controls

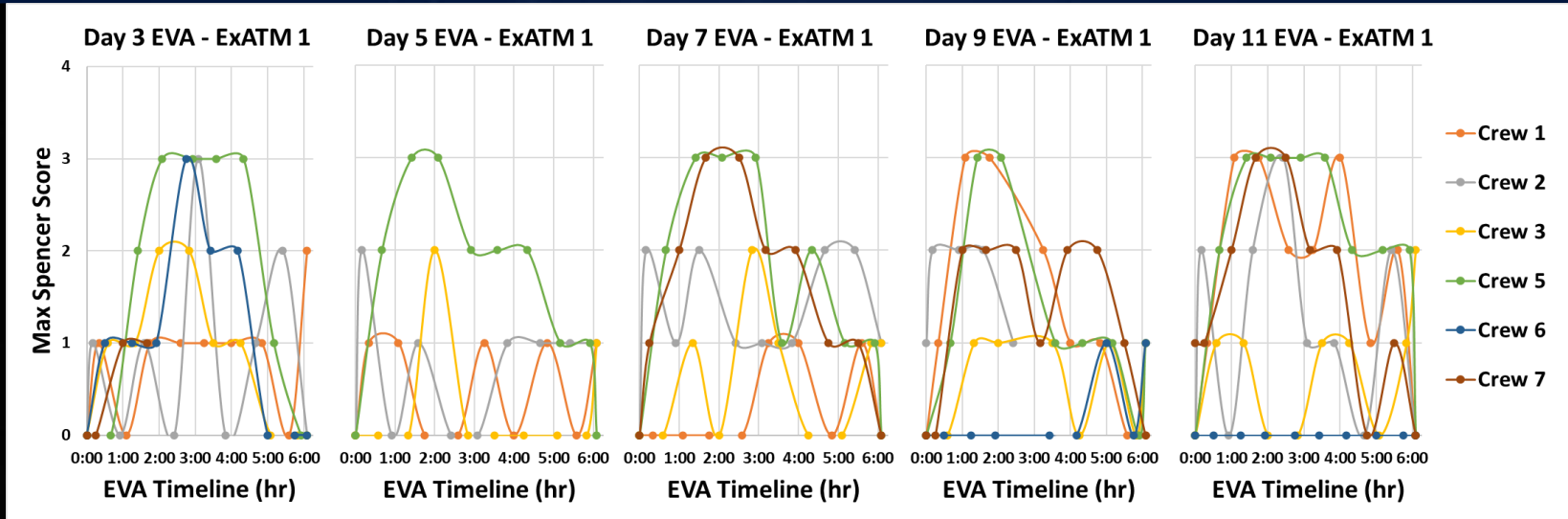
- “Did we test the atmosphere we said we would?”
 - Overall within parameters
 - Biggest effects:
 - Sensor Calibration:
 - Dec 2022 test showed <math><0.5\%</math> error
 - Airlock Gas Bolus:
 - Caused the largest swings ($\sim 0.7\% \text{ O}_2$)
 - Fixed for EA-2 w/Airlock O_2 Injection
 - Pressure Control offset:
 - Cause systematic error of -0.05psi
 - Adjusted set point to 8.25psi



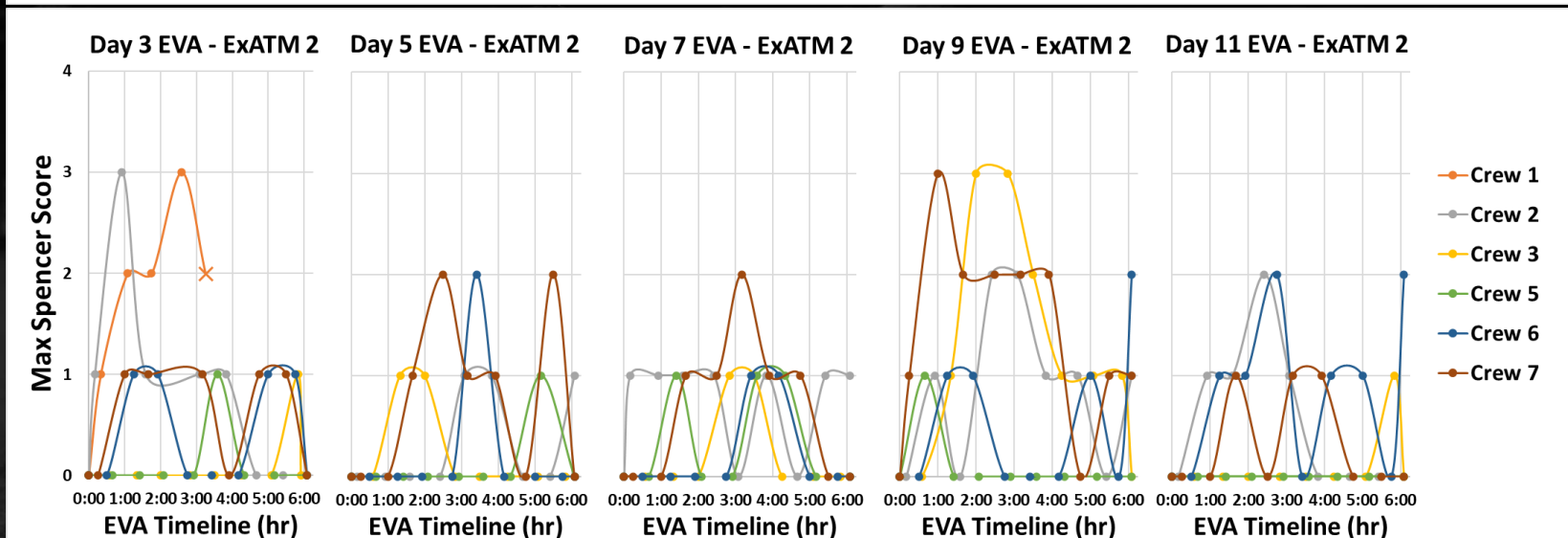
Doppler – Max Spencer Grade



EA1



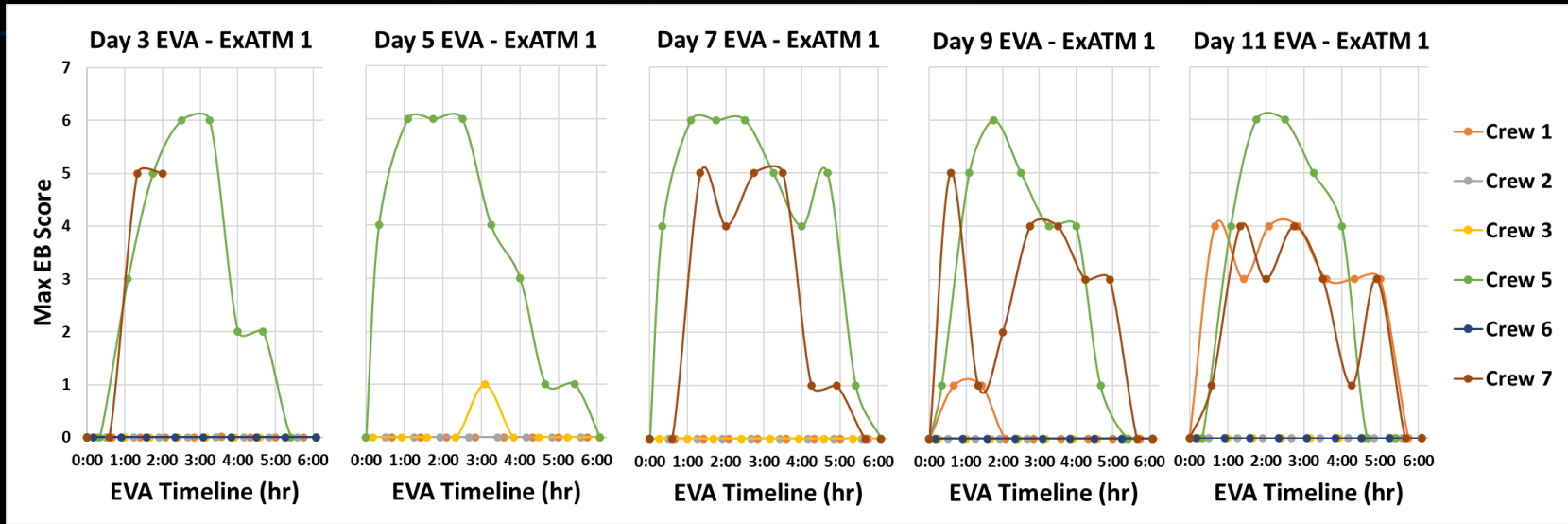
EA2



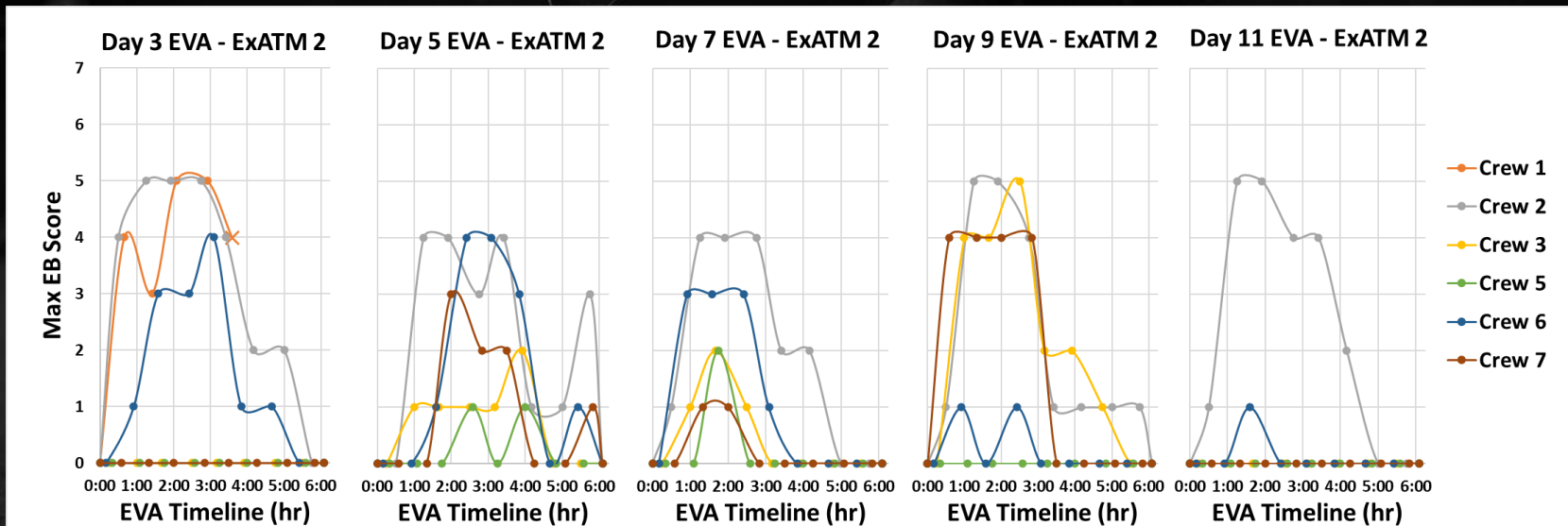
Ultrasound – Max EB Score



EA1



EA2



Mapping Doppler to Ultrasound

- U/S is a better tool to monitor VGE:
 - Decreased training time for grading
 - Can monitor for left-to-right shunts
 - Can be used for other medical/science goals
- Spence Grade IV correlates to E-B Score 6 & 7 in our data set

- NASA-STD-3001:
 - $\leq 15\%$ incidence of Type I DCS (@95% CL)
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 - No Type II DCS

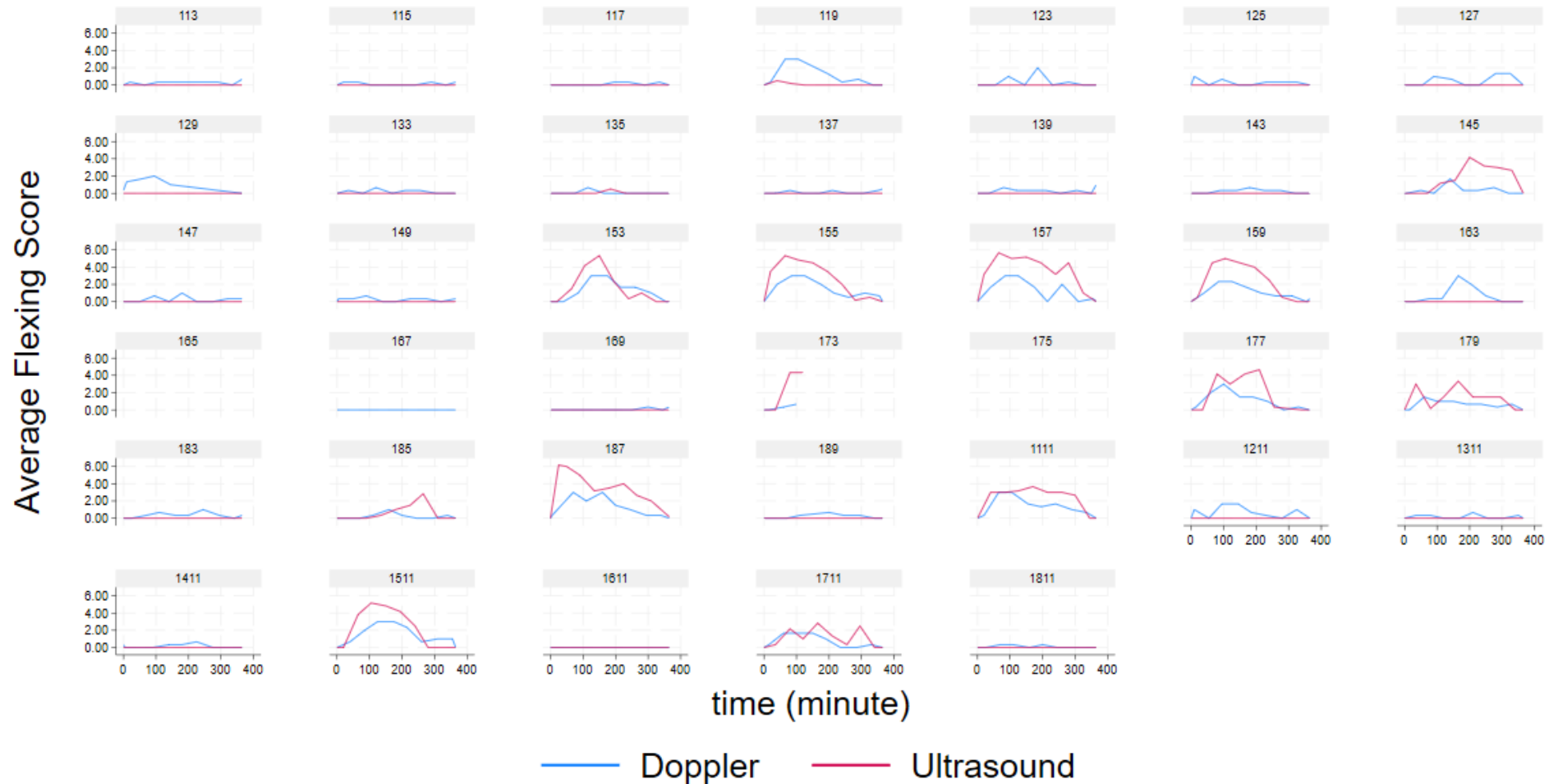
Doppler Bubble Grading Spencer Scale

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6	Near whiteout; individual bubbles still discerned
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Average Flexing Score

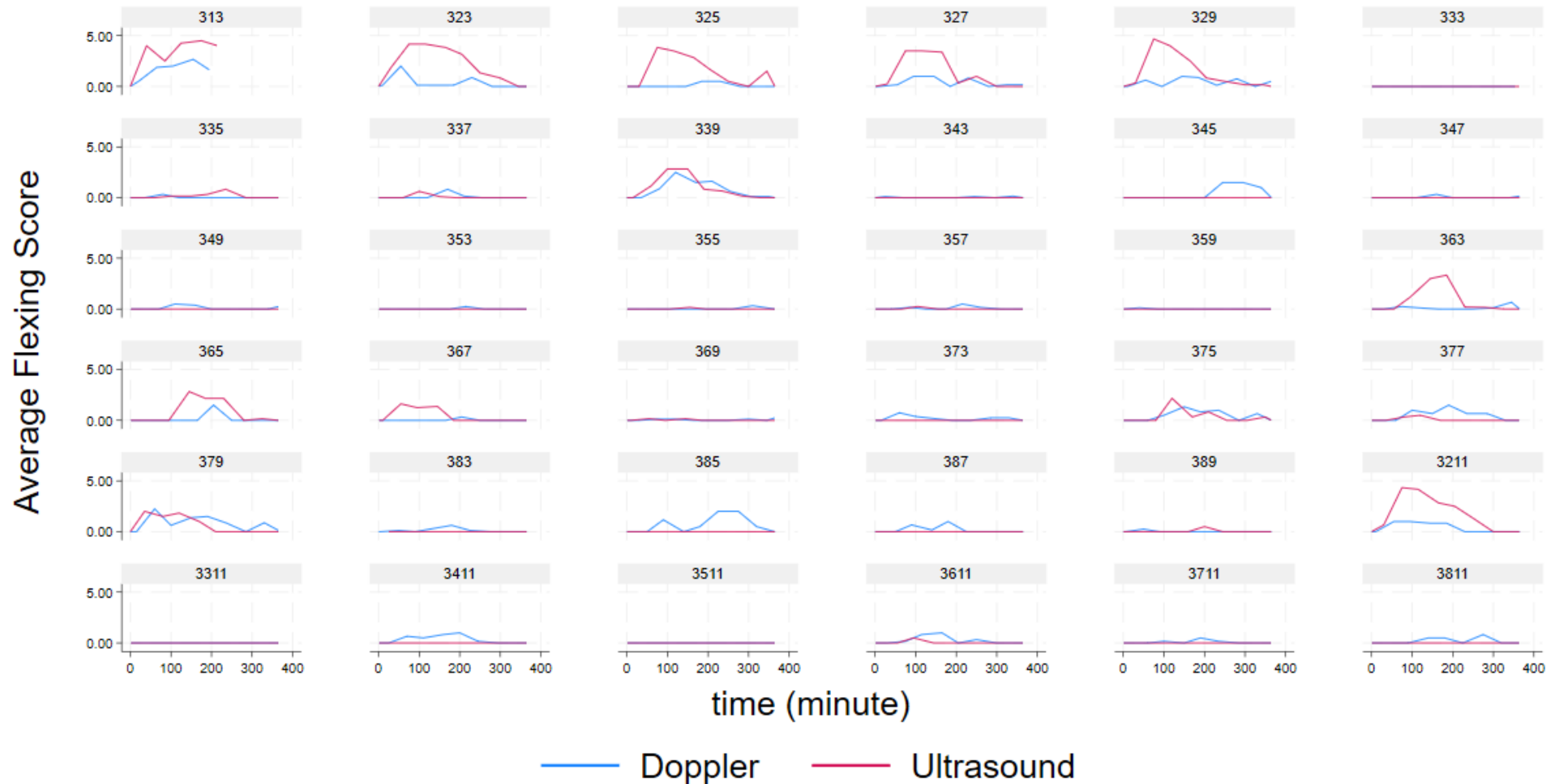
EA1 - 11days



Graphs by panel

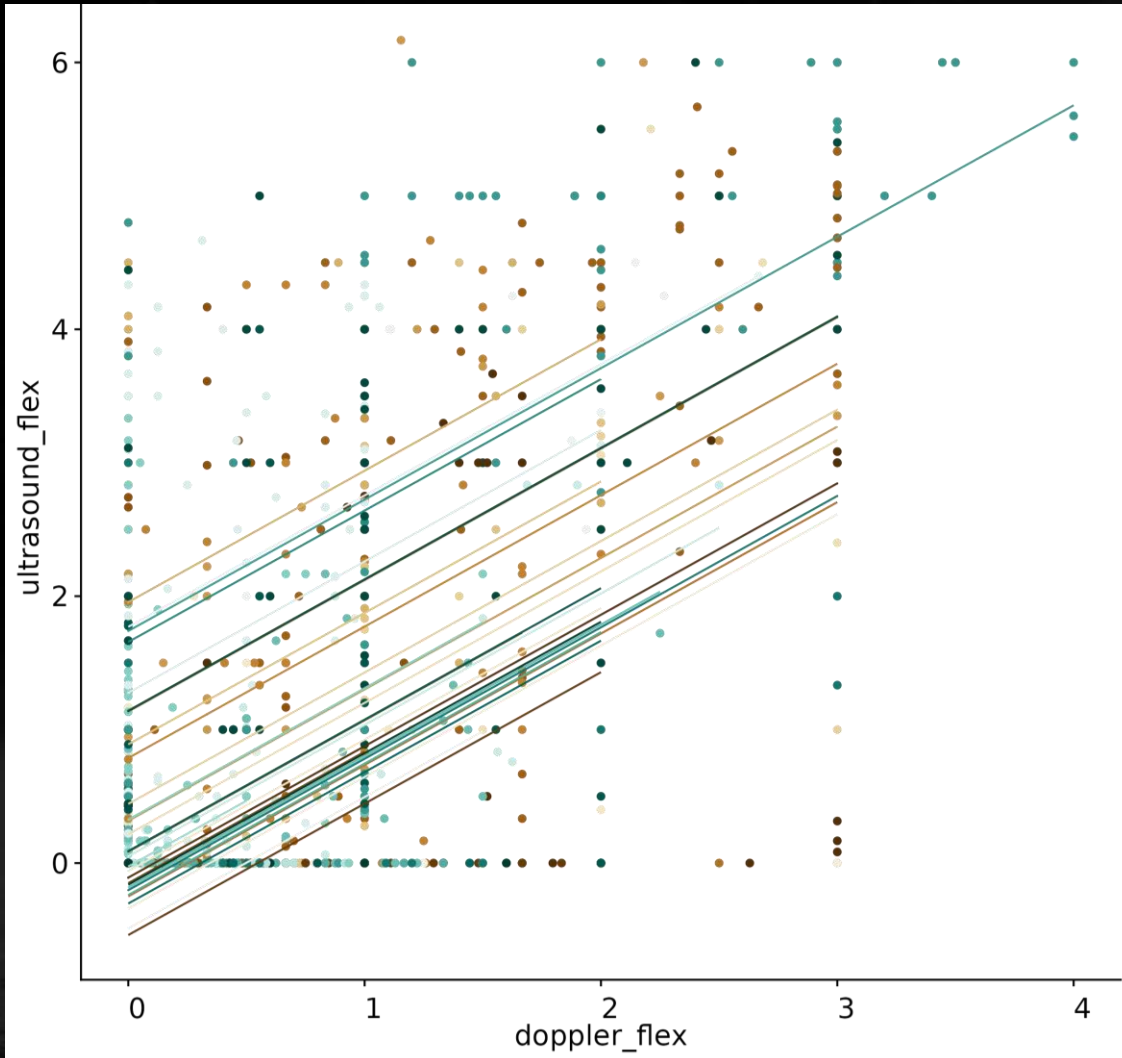
Average Flexing Score

EA2 - 11days



Graphs by panel

Average Flexing Score



- Repeated measures correlation:
 - 0.572 (0.543, 0.603)
- Concordance correlation coefficient:
 - 0.535 (SE = 0.012)
- Spearman rank-order correlation:
 - 0.5004
- Models may be biased due to not meeting some assumptions depending on the measures of correlation:
 - Not independent and identically distributed due to repeated measures
 - Errors normally distributed due to the categorical nature of the underlying variables

Total Exposures



EA1 (2022):

- EVA 1: 6 subjects participated, 1 DCS case
- EVA 2: 4 subjects participated, no DCS*
 - 1 subject sat out EVA per protocol on ground level oxygen due to DCS on EVA1
 - 1 subject sat out EVA due to mask fit issues
- EVA 3: 5 subjects participated, no DCS
 - 1 subject sat out EVA due to mask fit issues
- EVA 4: 5 subjects participated, no DCS
 - 1 subject sat out EVA due to musculoskeletal issues
- EVA 5: 6 subjects participated, 1 DCS case
 - 1 subject excluded due to musculoskeletal issues

EA2 (2023):

- EVA 1: 6 subjects participated
 - 1 LVGE case removed
- EVA 2: 5 subjects participated, no DCS
- EVA 3: 5 subjects participated, no DCS
- EVA 4: 5 subjects participated, no DCS
- EVA 5: 5 subjects participated, no DCS

Finally Tally: 2 DCS cases, 50 exposures



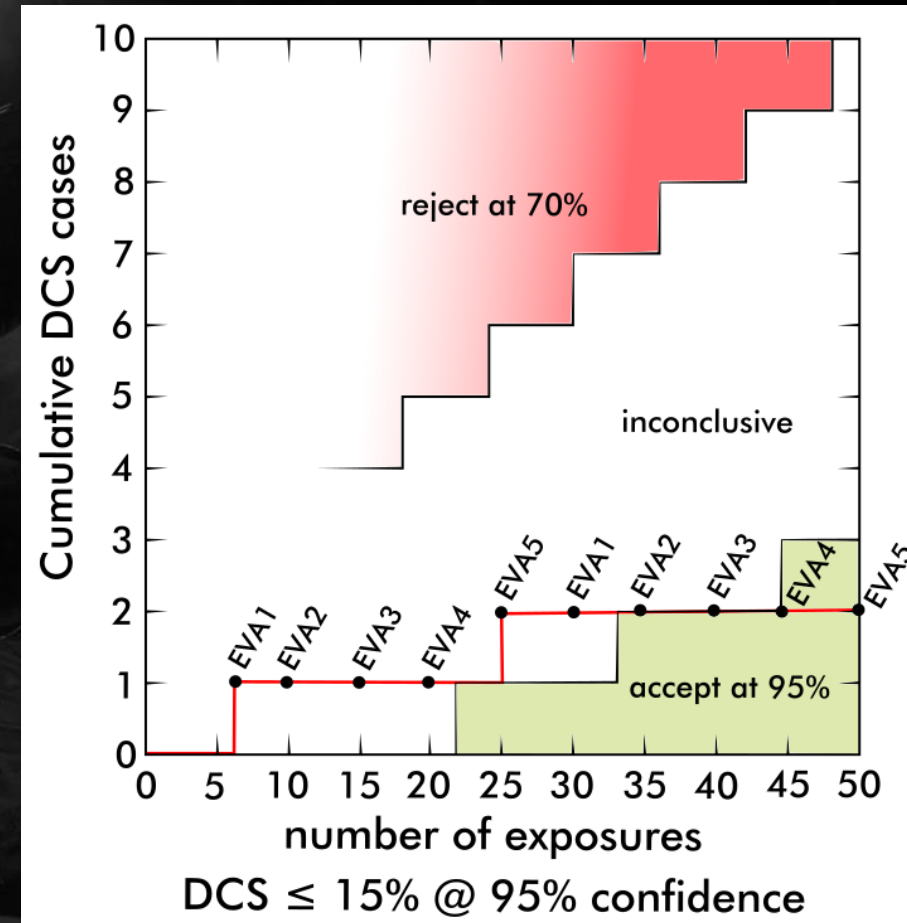
* DCS case in Doppler Technician – not a study subject

Summary – 8.2/34% Campaign



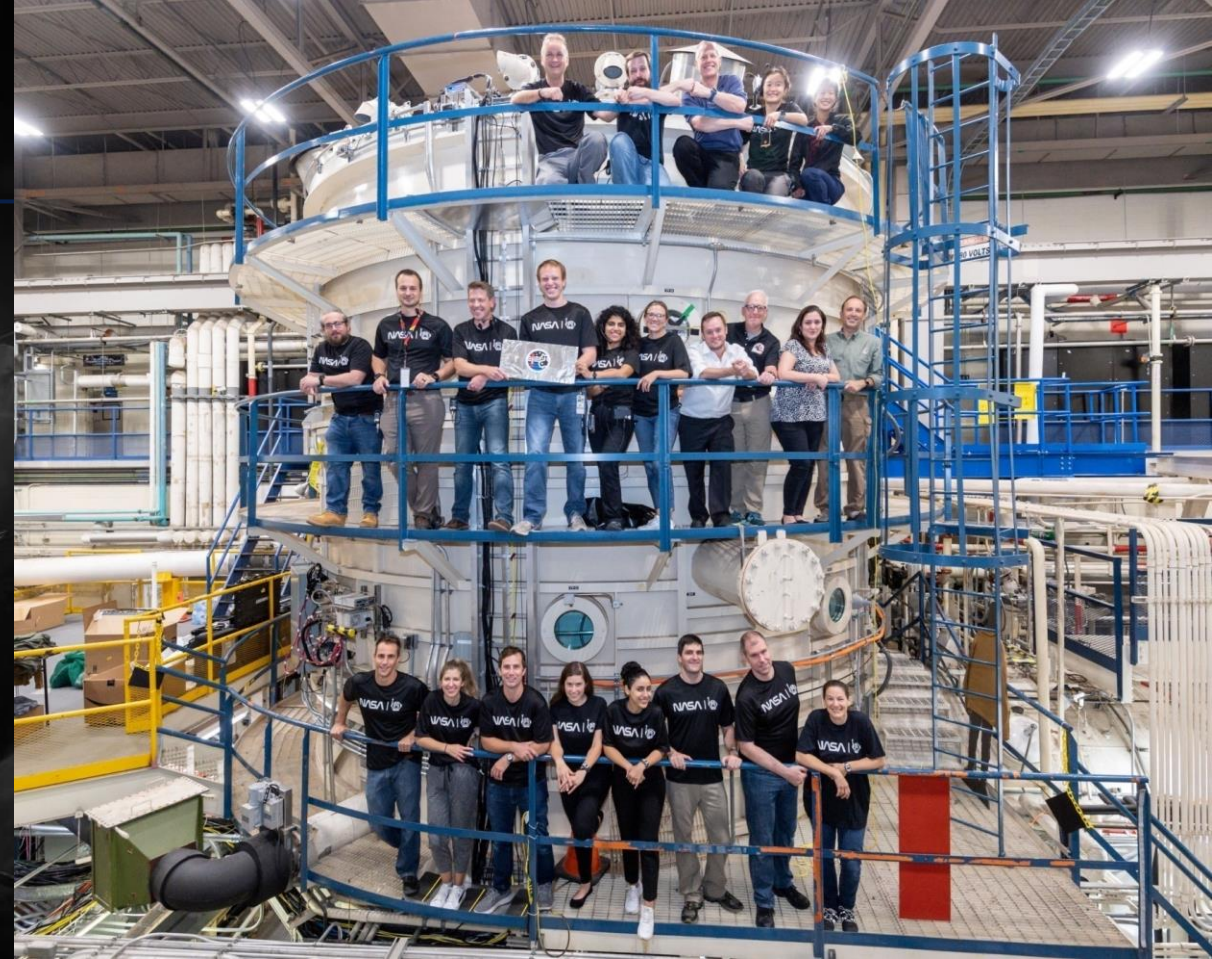
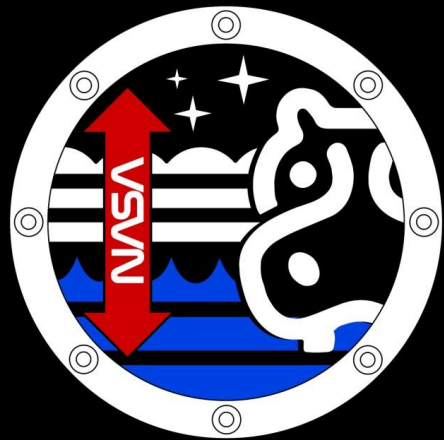
- Accept Criteria (per NASA-STD-3001):
 - $\leq 15\%$ incidence of Type I DCS (@95% CL)
 - $\leq 20\%$ incidence of Grade IV VGE (@95% CL)
 - No Type II DCS
- Observed:
 - DCS Type I: $2/50 = 4\%$ (1.1%-13.5%)
 - DCS Type II: 0
 - VGE IV: 0
 - (EB Grade 7: 1/50)

- No Type II Cases
- Two Type I Cases (out of 50 exposures)



Conclusion

- A 20 min prebreathe from a 56.5kPa (8.2 psi), 34% O₂ atmosphere meets NASA-STD-3001 for EVAs at 30kPa (4.3psia)
 - The observed DCS risk is 4% (1.1%-13.5%) per person per EVA
- Doppler and U/S both show significant VGE stress during EVA
- Will transition to allow E-B score as an alternative to Spencer Grade



Thank you!

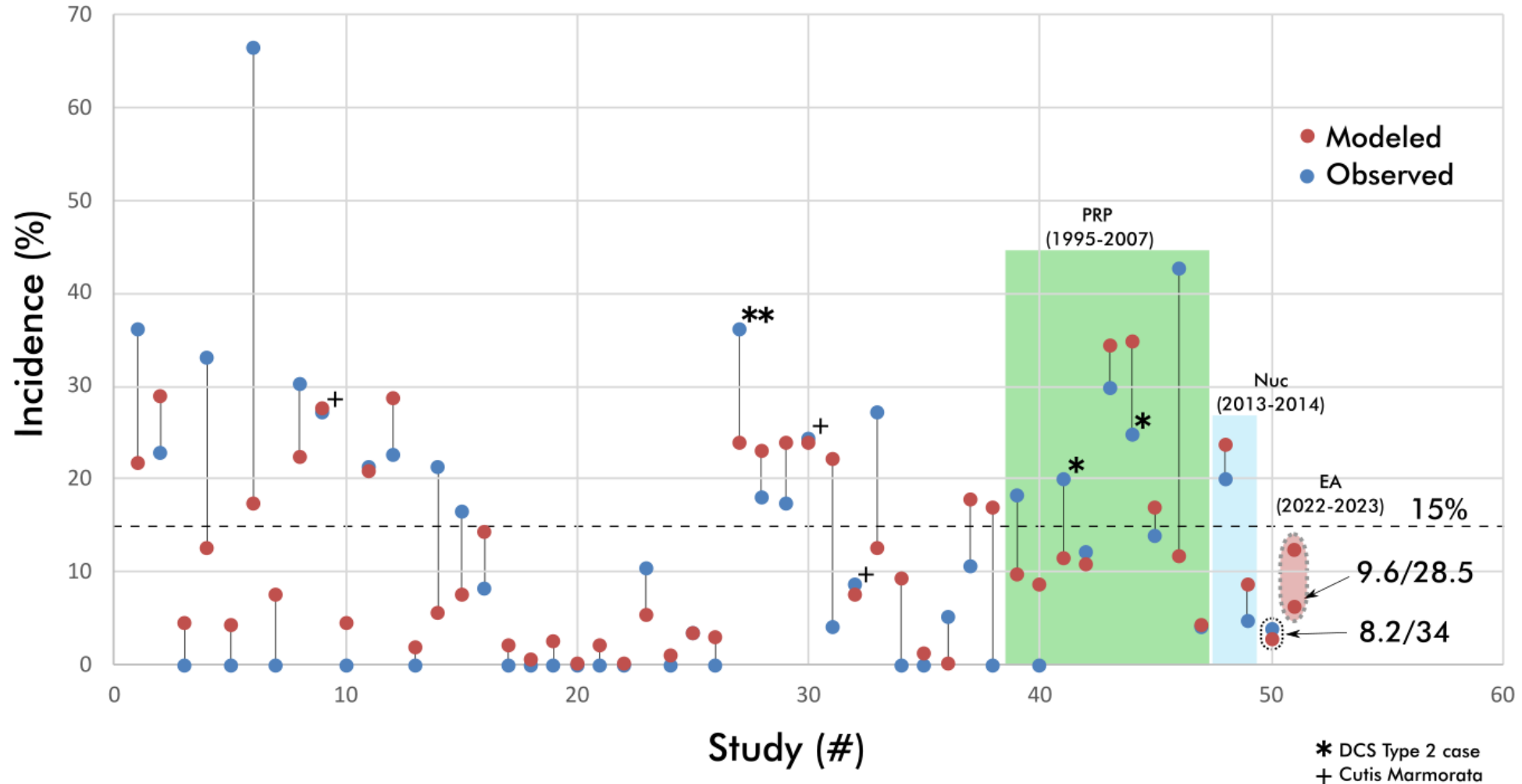


Backup/Reference

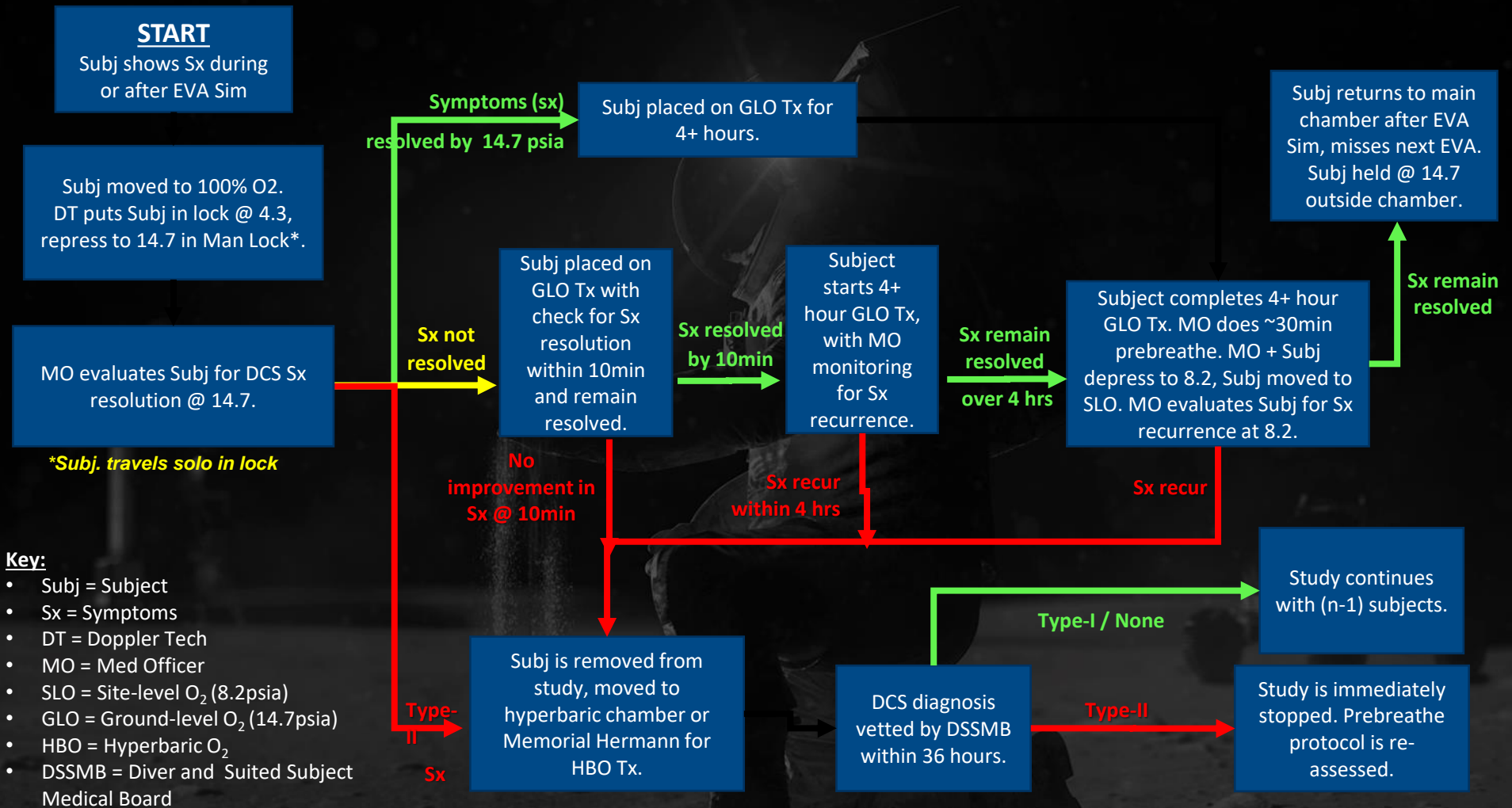


Historical NASA Testing

NASA Historical Decompression Studies (1982-2023)



Revised DCS Treatment Flow Diagram





PL

Average: O2: 33.97 %

Chamber Pressure: 8.20 psia

PXI

Average: Tem: 69.70 °F

100 - (O2+CO2): 65.63 %

Average: Humidit: 59.68 %

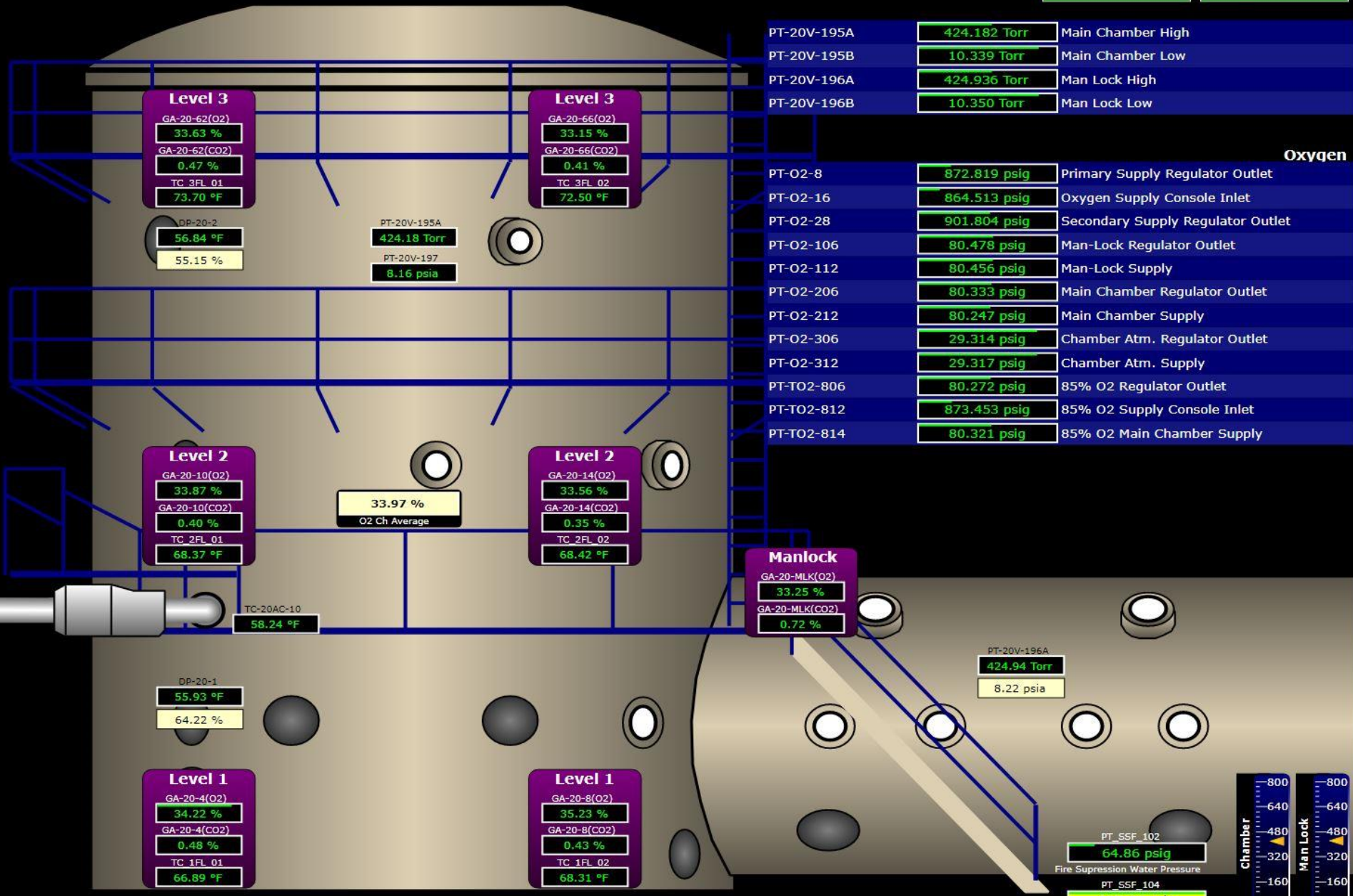
Average: CO2: 1.76 mmHg

0.42 %

Out of Spec

0.00 m

0.00 m



67.35 °F TC-20AC-9

2.01 Watts 20AC-OUT-1

75.37 °F HVAC_SCR_ENC_T

TP-20HT-17: 55.37 °F

TP-20HT-18: 55.76 °F

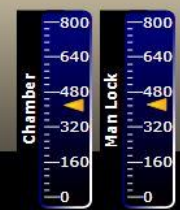
TP-20HT-19: 54.72 °F

TC-20AC-16: 121.51 °F

851 RPM RP-20BL-20

TC-20CW-105: 55.02 °F

TC-20CW-106: 54.04 °F



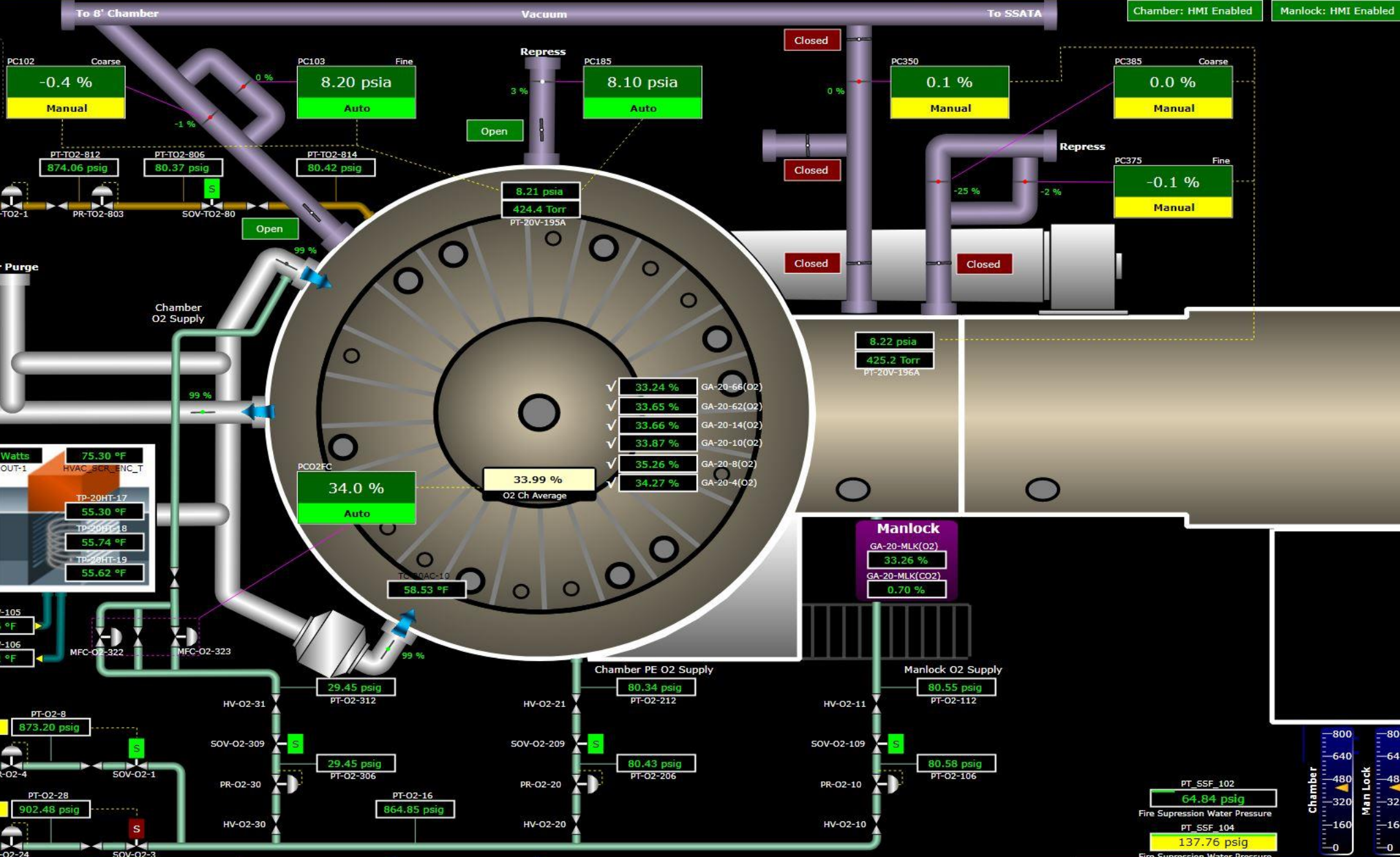


Chamber: HMI Enabled Manlock: HMI Enabled

PL

Average: O2 33.99 %

Chamber Pressure 8.21 psia



67.34 °F TC-20AC-9

2.09 Watts 20AC-OUT-1

75.30 °F HVAC_SCR_ENC_T

TP-20HT-17 55.30 °F

TP-20HT-18 55.74 °F

TP-20HT-19 55.62 °F

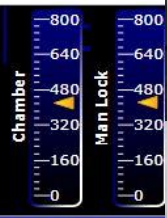
121.64 °F TC-20AC-16

851 RPM RP-20BL-20

- ✓ 33.24 % GA-20-66(O2)
- ✓ 33.65 % GA-20-62(O2)
- ✓ 33.66 % GA-20-14(O2)
- ✓ 33.87 % GA-20-10(O2)
- ✓ 35.26 % GA-20-8(O2)
- ✓ 34.27 % GA-20-4(O2)

DARS Pages Elevation Drain Tank Empty 4.3 Rules Disabled 8.2 Rules Enabled

Stop 0 - 11 : 22 : 39 Change Display



PT SSF 102 64.84 psig

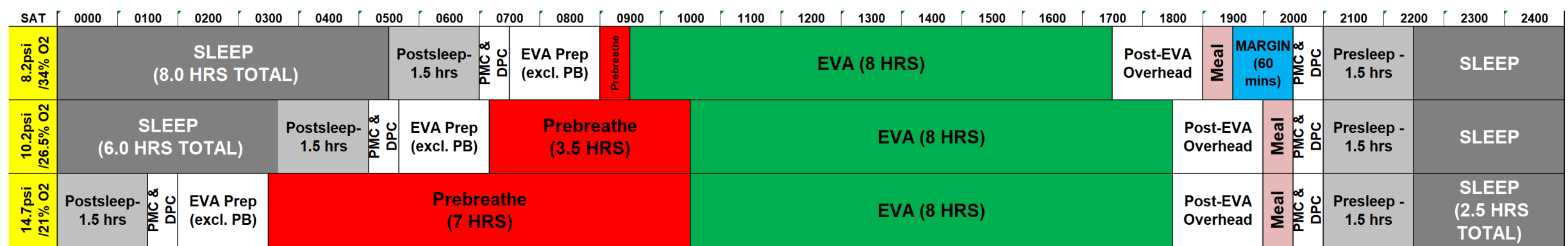
Fire Suppression Water Pressure

PT SSF 104 137.76 psig

Fire Suppression Water Pressure



Timeline Implications



- Timelines are notional and for purposes of comparison only
- All prebreathe durations are model-based estimates [2-4]
- Detailed depress profiles being worked with CX3

Exploration conops are incompatible with multi-hour prebreathe durations

² Abercromby et al. "Suited Ground Vacuum Chamber Testing Decompression Sickness Tiger Team Report", 2018 NASA Technical Report
³ Abercromby, et al. "Using the Shuttle Staged Prebreathe Atmosphere and Variable Pressure Spacesuits for Exploration Extravehicular Activity", 2018 AsMA.
⁴ Abercromby et al. "Modeling Oxygen Prebreathe Protocols for Exploration EVA Using Variable Pressure Suits", 2017 AsMA.

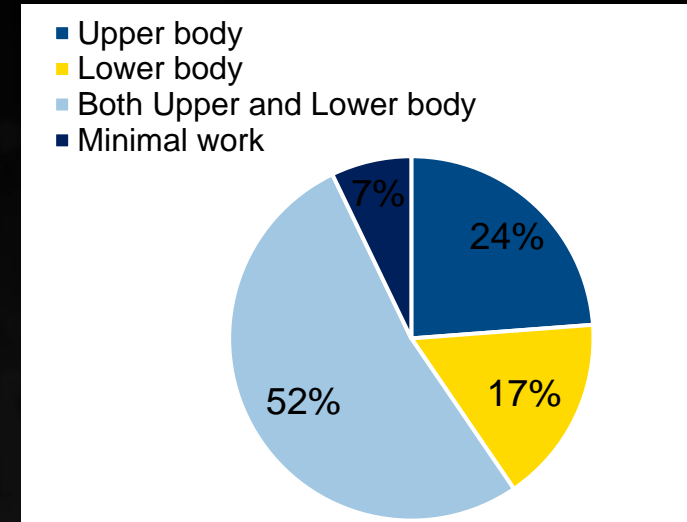


EVA Simulation – Rationale for Tasks

- 61 exploration EVA tasks^[2] were decomposed into 126 subtasks then characterized by functional requirements of each subtask

- Categories:**

- Body Positioning:** Seated, Kneeling, Standing, Mobile, etc.
- Muscle Groups:** Whole/Both, Upper, Lower
- Ambulation:** None, Walking, Walking (terrain), Walking (slopes), Crawling, Climbing
- Loading Bearing:** None, Carrying, Pushing/Pulling, Attached to Suit
- Loads:** None, Minimal (<5 lbs), Variable, Heavy (>30 lbs)
- Upper Body Reach (Workspace):** None, Standard, Extended
- Hand Usage:** None, Fine Motor Skills, Grip Strength, Vibration, Shock, Other/Combination
- Task Occurrence:** Rare (<10% of EVAs), Some (~30%), Many (~50%), Most (~75%), Nearly All (>90%)
- Task Duration (expected)**
- Task Frequency:** 1-2 times per EVA, Every 2 hours during EVA, Every hour during EVA, 1-30 minutes during EVA



Parent Task Title	Children of the Parent Task	Load Bearing Type	Upper Body Loads	Upper Body Reach	Fine Motor / Grip	Task Occurrence	Task Duration	Task Frequency
Offload Equipment from Landers	mobile, upper and lower body work	Carrying Load	Variable Load (minimal to heavy)	Extended Workspace	Grip Strength	Rarely Occurs in any EVA (<10%)	5-15 minutes	Every 1-30 minutes during EVA
Offload Equipment from Landers	mobile, upper and lower body work	Pushing / Pulling Load	Heavy Load (> 30 lbs.)	Extended Workspace	Grip Strength	Rarely Occurs in any EVA (<10%)	5-15 minutes	Every 1-30 minutes during EVA
Load Equipment onto Rovers	mobile, upper and lower body work	Carrying Load	Variable Load (minimal to heavy)	Extended Workspace	Grip Strength	Occurs in many EVAs (~50%)	5-15 minutes	Every ~1 hr during EVA
Clean Equipment	stationary, upper body work while kneeling	No Load	No Significant Loading	Extended Workspace	Fine Motor	Occurs in some EVAs (~30%)	15-60 minutes	Total of 1-2 times during EVA
Clean Equipment	stationary, upper body work while standing	No Load	No Significant Loading	Extended Workspace	Fine Motor	Occurs in most EVAs (~75%)	15-60 minutes	Total of 1-2 times during EVA
Conduct Visual Inspection / Examine Surroundings	mobile, ambulation	No Load	No Significant Loading	None	Fine Motor	Occurs in nearly all EVAs (90-100%)	1-5 minutes	Every 1-30 minutes during EVA
Conduct Visual Inspection / Examine Surroundings	seated	No Load	No Significant Loading	None	None	Occurs in nearly all EVAs (90-100%)	1-5 minutes	Every ~1 hr during EVA
Conduct Photo Documentation	stationary, upper body work while kneeling	Other / Unknown	Minimal Load (less than 5 lbs.)	Standard Workspace	Fine Motor	Occurs in nearly all EVAs (90-100%)	1-5 minutes	Every 1-30 minutes during EVA
Conduct Photo Documentation	stationary, upper body work while standing	Other / Unknown	Minimal Load (less than 5 lbs.)	Standard Workspace	Fine Motor	Occurs in nearly all EVAs (90-100%)	1-5 minutes	Every 1-30 minutes during EVA

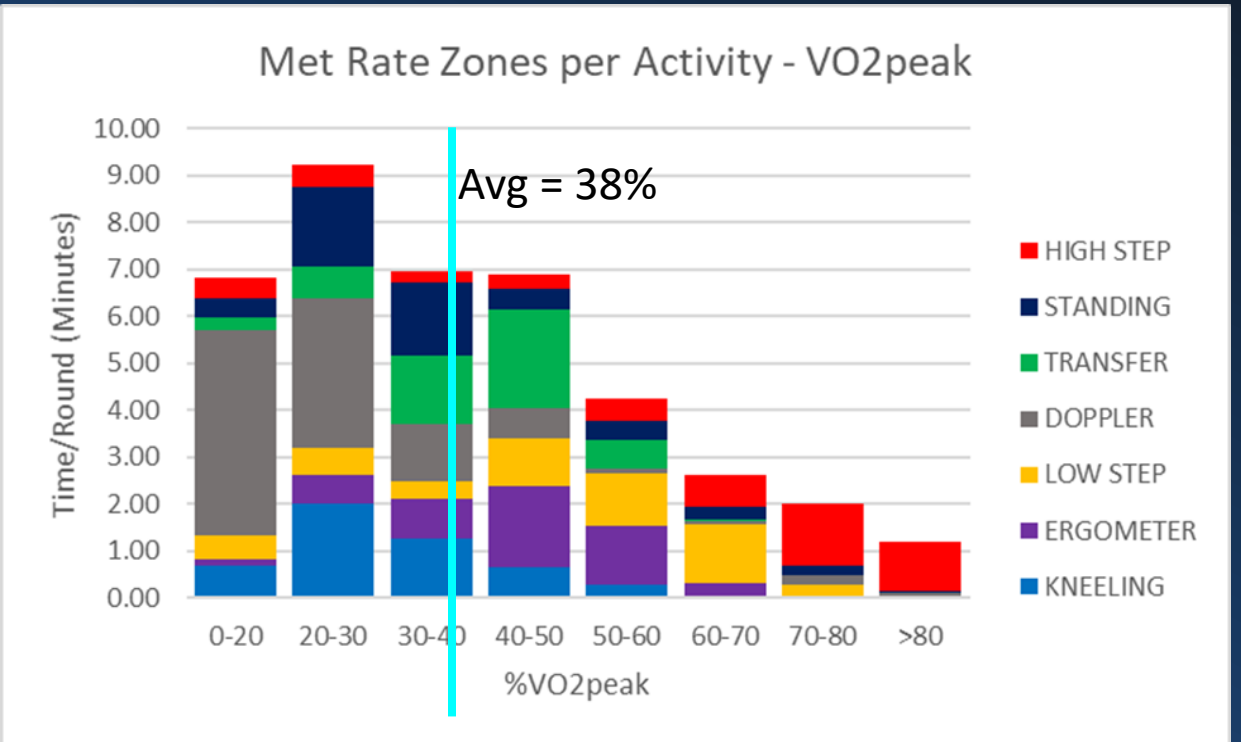
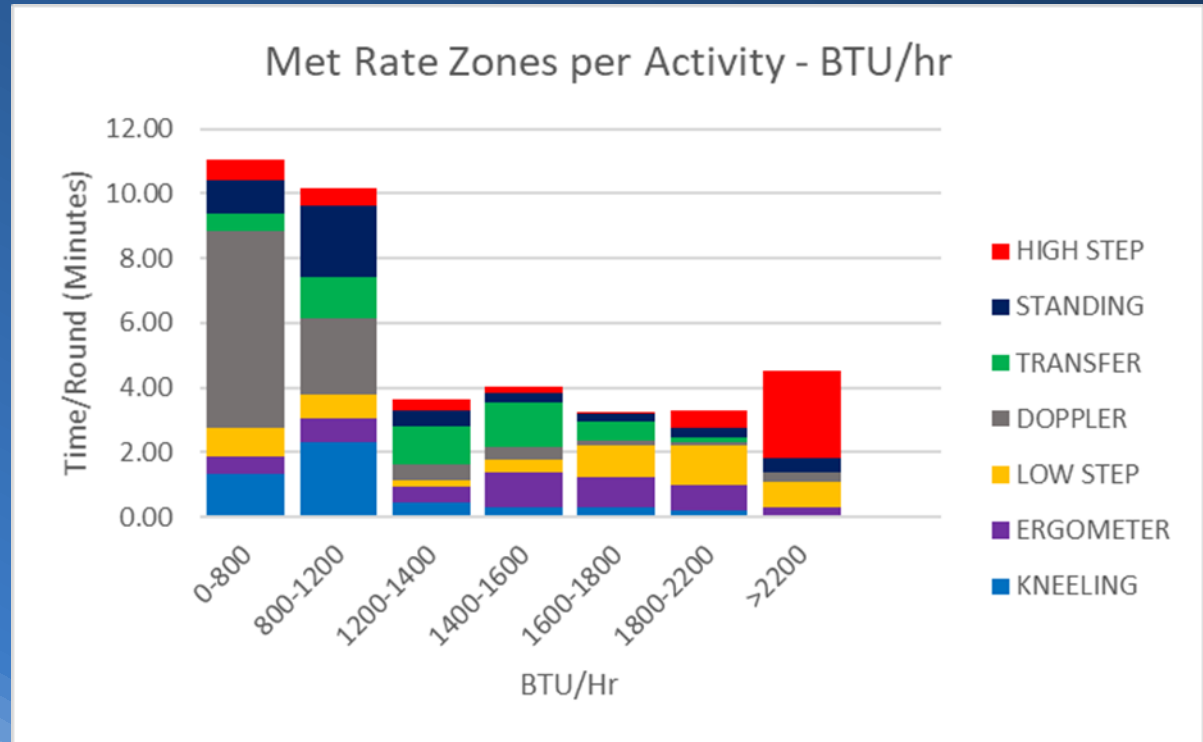
²Coan D. Exploration EVA System Concept of Operations. NASA TR, EVA-EXP-0042 RevB. 2020



Pilot Data - Results

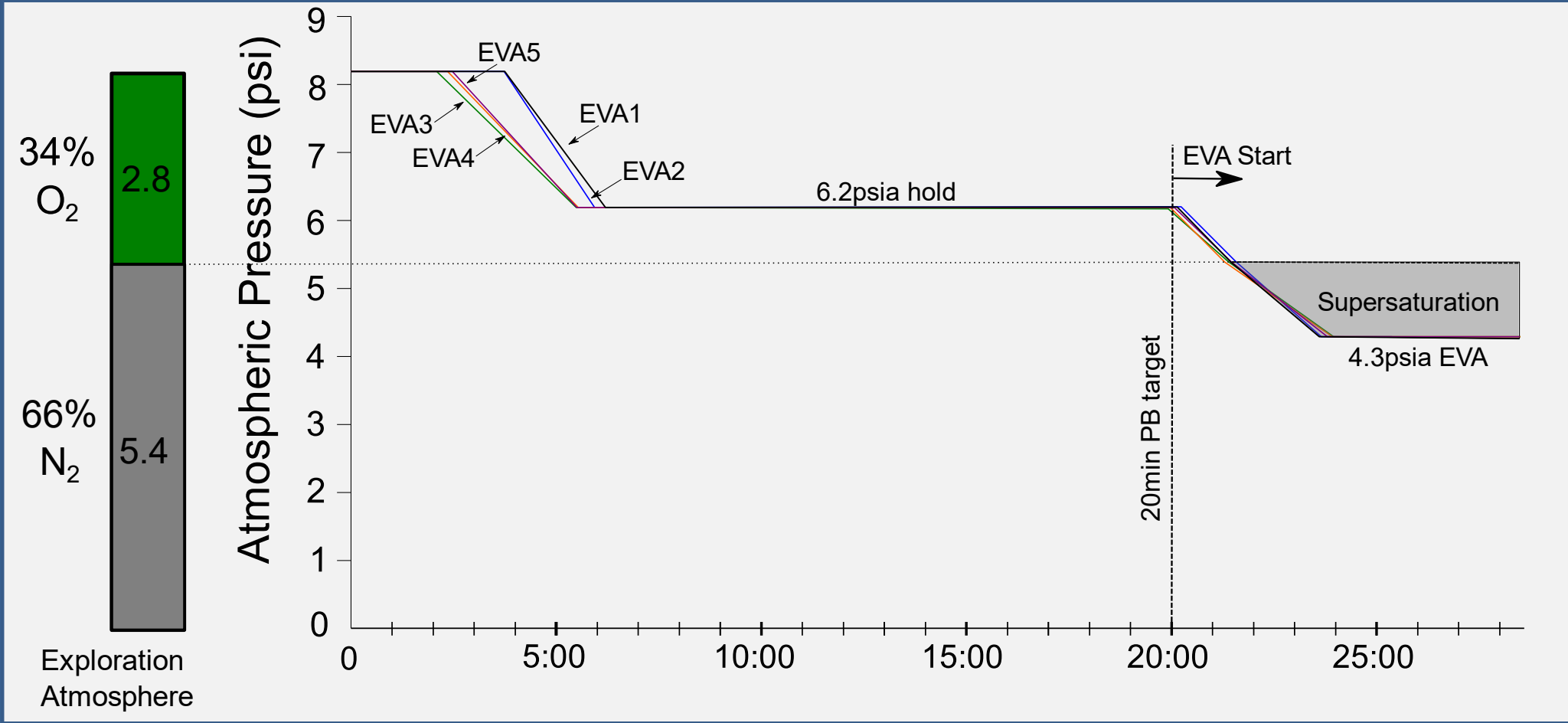


- The average %VO₂peak across all tasks was ~38% (1274 BTU/hr).





Was the prebreathe within parameters?



- Prebreathe Times:**
- EVA1: 20min 14 sec
 - EVA2: 20min 21 sec
 - EVA3: 20min 01 sec
 - EVA4: 20min 04 sec
 - EVA5: 20min 10 sec

*Transition from 6.2 psi to 5.4 psi (supersaturation point) added ~80-90 sec

Modified Eftedal Brubakk Score



- Exploration Atmosphere VGE Scoring uses the Modified Eftedal Brubakk Score. Scoring is done only considering right atrium & ventricle.*

Score	Definition
0	No Visible Bubble
1	Occasional bubbles
2	At least 1 bubble every 4-heart-cycle
3	At least 1 bubble every heart cycle
4	Not more than one thirds of every image
5	Not more than two thirds of every image
6	Near whiteout; individual bubbles still discerned
7	Whiteout; individual bubbles can't be discerned

* No LVGE detected.

Eftedal O, Brubakk AO. Agreement between trained and untrained observers in grading intravascular bubble signals in ultrasonic images. Undersea Hyperb Med. 1997 Winter;24(4):293-9. PMID: 9444060.



Research Goals



Primary Research Goal

1. **Prebreathe Validation (H3PO)**

Secondary Research Goals

2. Response/Recovery from Mild Exercise (H3PO)
3. Visual Acuity and Contrast (H3PO)
4. Acute Mountain Sickness Symptoms (H3PO)
5. Performance during EVA Simulations (H3PO)
6. Physiological Responses of Hypobaric Hyperoxic Environment (Cardiovascular and Vision Lab)
7. Hematology/Immunology/Inflammatory Response (Immunology Lab)
8. Oxidative Damage (Nutritional Biochemistry Lab)
9. Appetite and Food Intake Impacts (Space Food Systems Lab)
10. Sleep Quality and Duration Impacts (Behavioral Health and Performance Lab)
11. Neurocognitive and Functional Responses (Behavioral Health and Performance Lab)
12. Habitability Acceptability (HFEL/CDSA)



Doppler Tech DCS Case 1

- Subject Complained of toe/peripheral nerve
 - Removed from chamber
 - Sx resolved during return to 14.7 psi
 - Was given 4hrs GLO
 - Returned to chamber – wanted to continue test
 - Sat out EVA3 (on GLO during EVA3)
 - No further sx
 - Not included in study





Doppler Tech DCS Case 2

- Subject Complained of L knee pain at end of EVA
 - Was 'replacement' Doppler Tech
 - On 4.5hr PB per NASA protocol
 - Removed from chamber at end as planned
 - Sx resolved during return to 14.7 psi
 - Refused 4hrs GLO
 - No further sx
 - Not included in study
- Ongoing review of NASA Chamber PB guidelines may disallow 'replacement' Doppler Techs



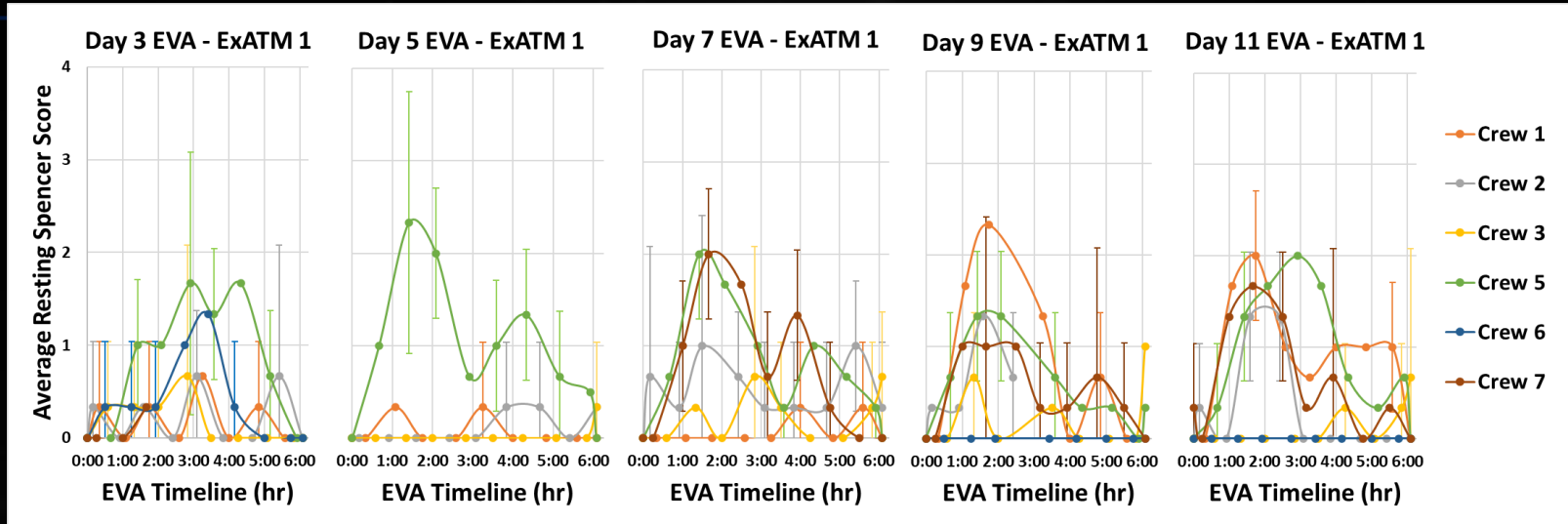
Doppler Summary



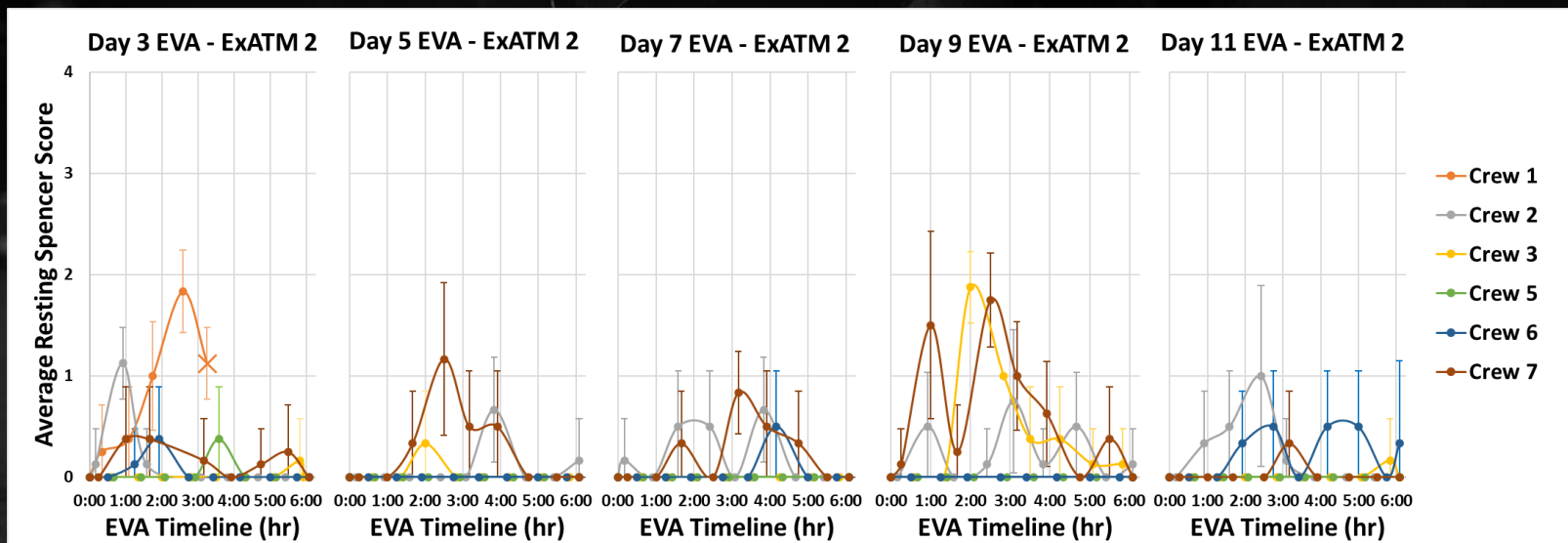
Doppler – Resting Spencer Grade



EA1



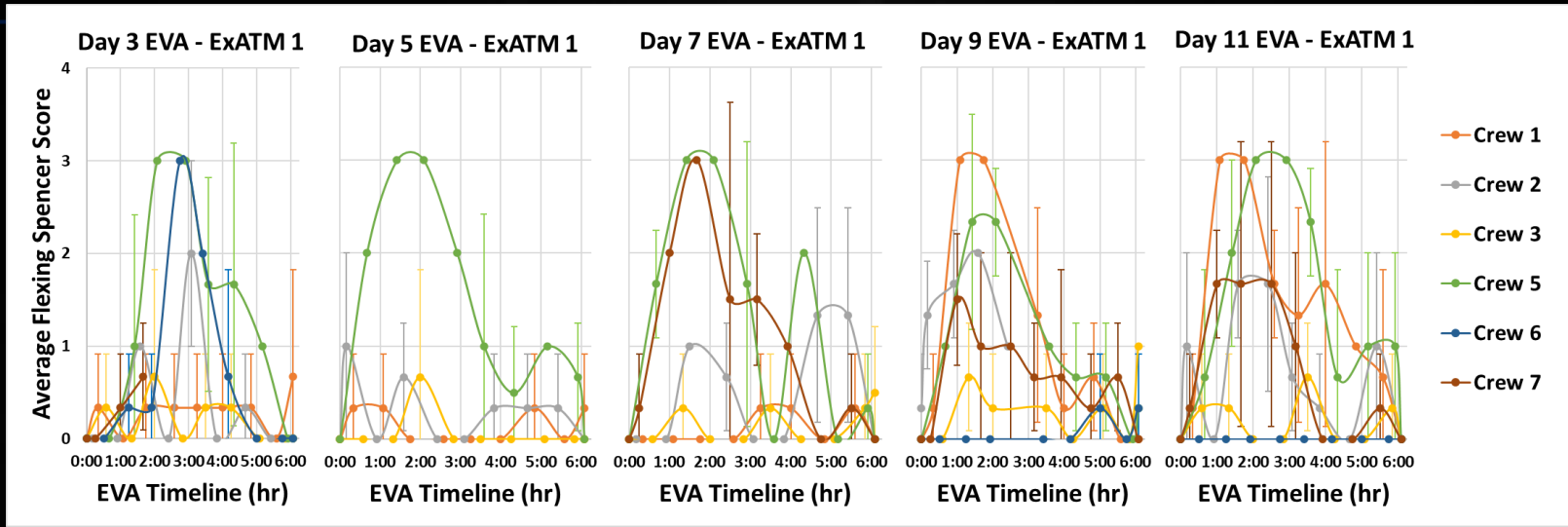
EA2



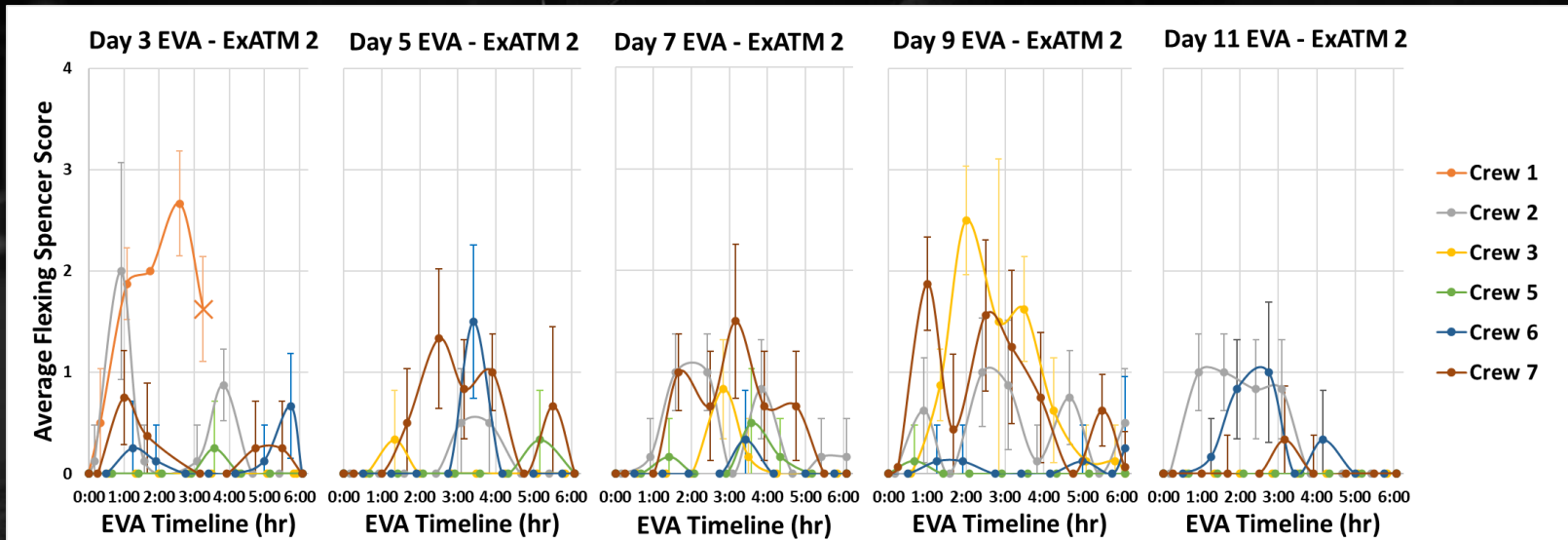
Doppler – Flexing Spencer Grade



EA1



EA2





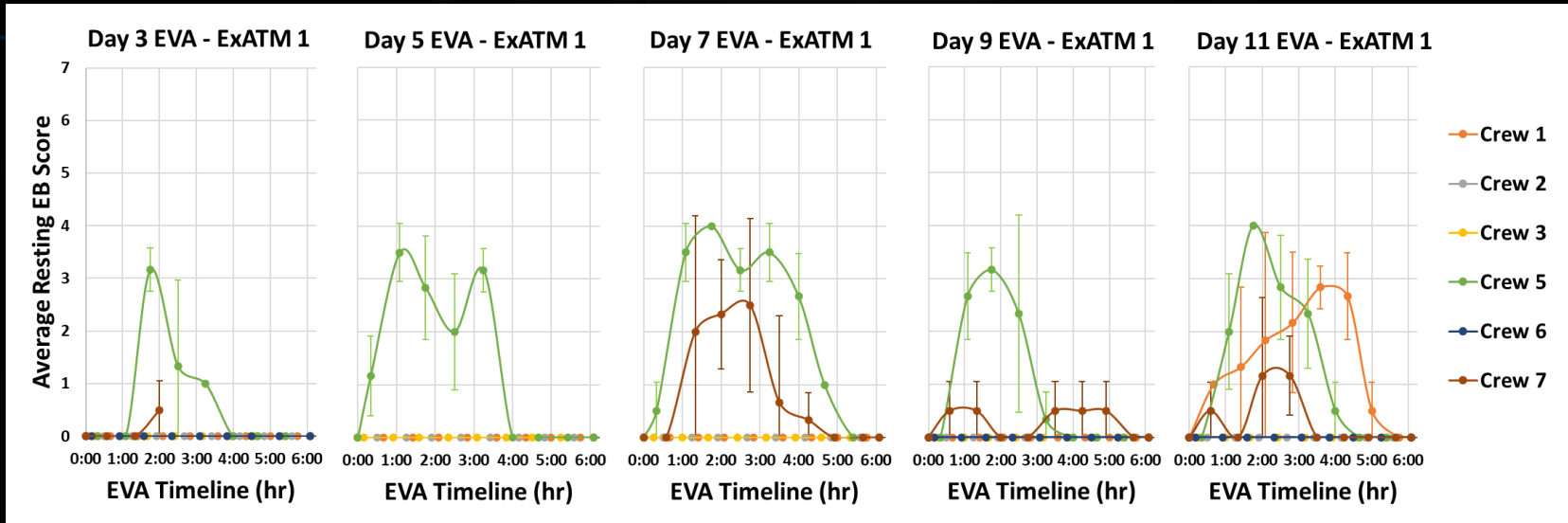
U/S Summary



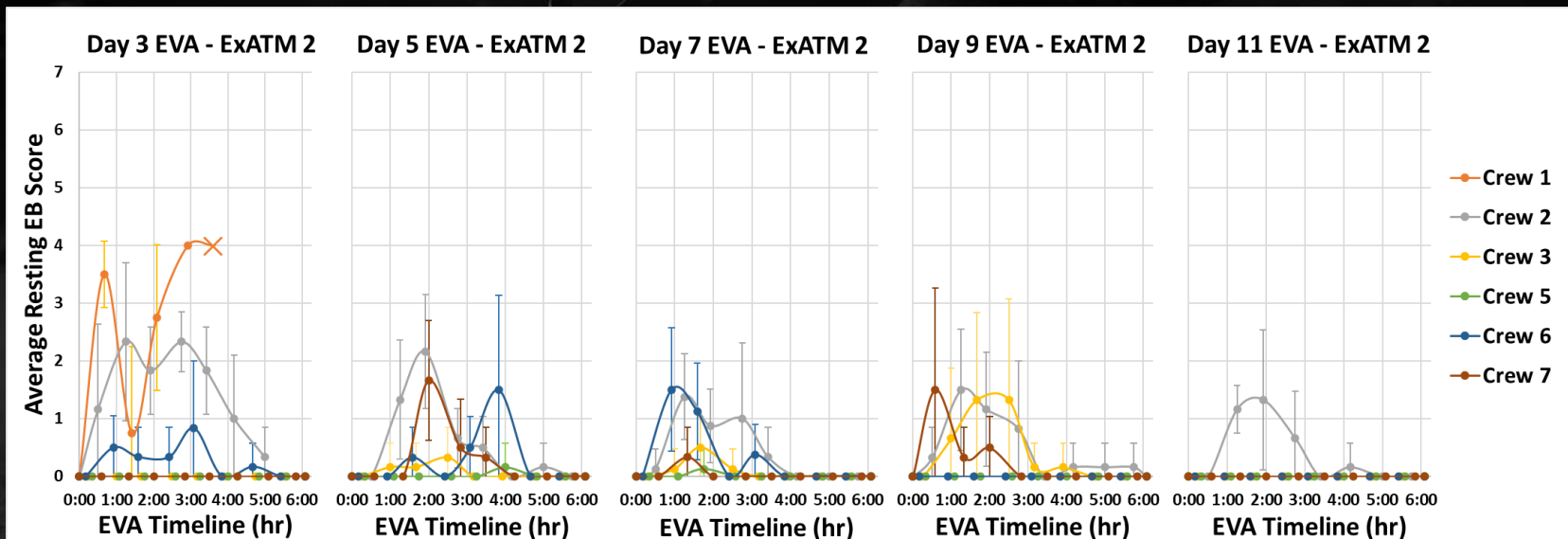
Ultrasound – Resting EB Score



EA1



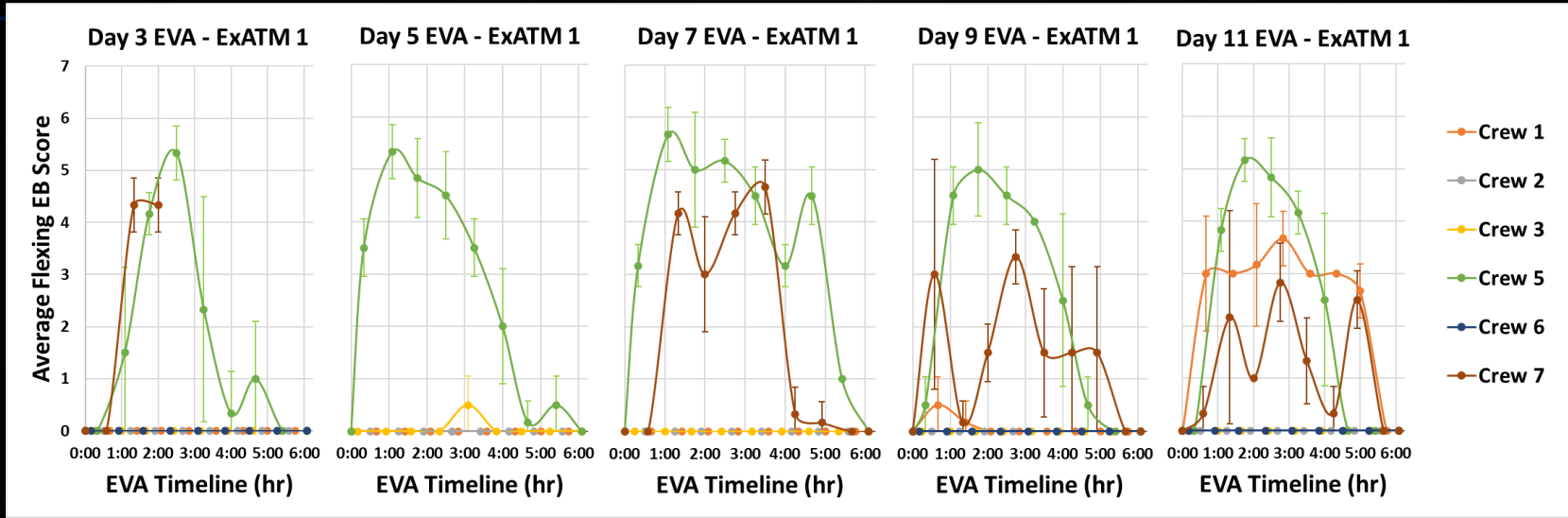
EA2



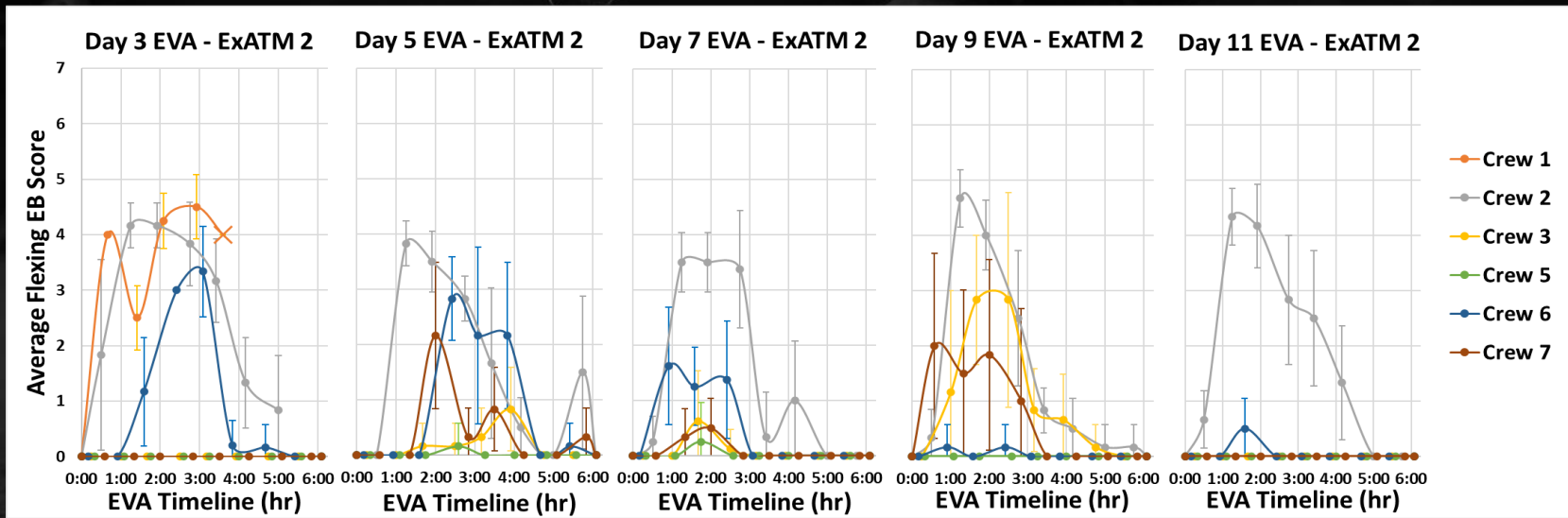
Ultrasound – Flexing EB Score



EA1



EA2





Day by Day Review

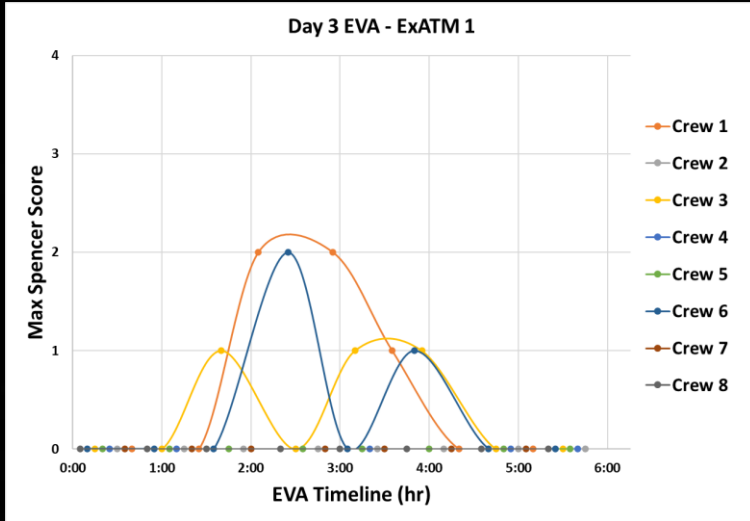
2022-03: 3-day Rehearsal
(3-day tests excluded for overall stats)



2022-03 (EA1): 3-Day EVA1



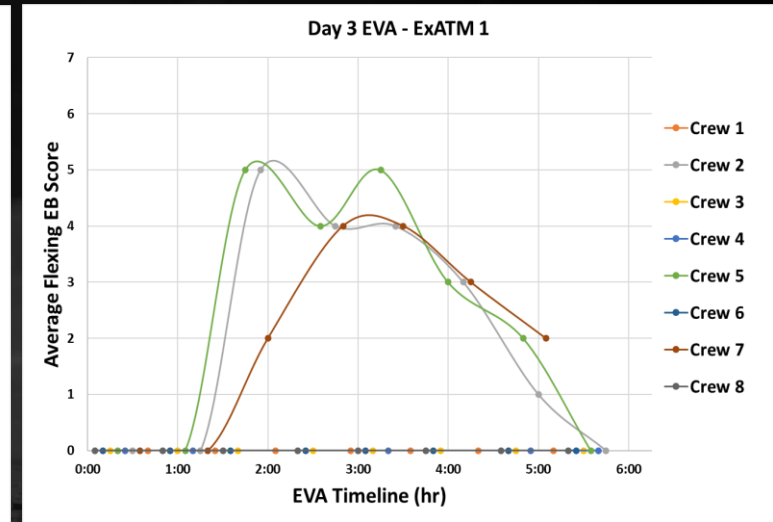
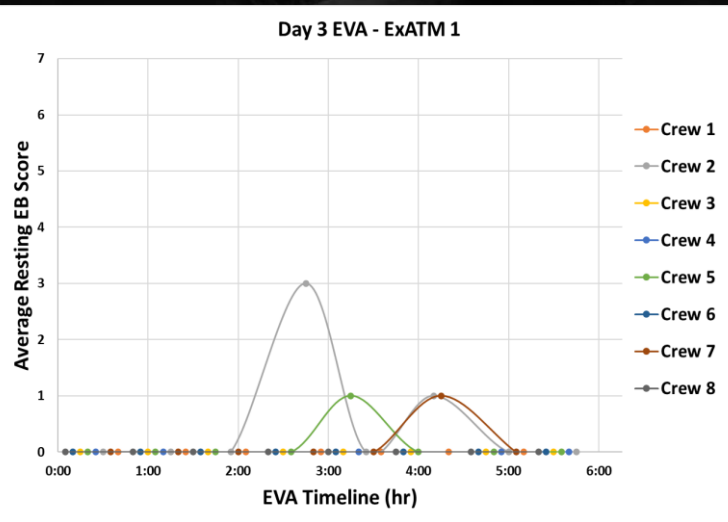
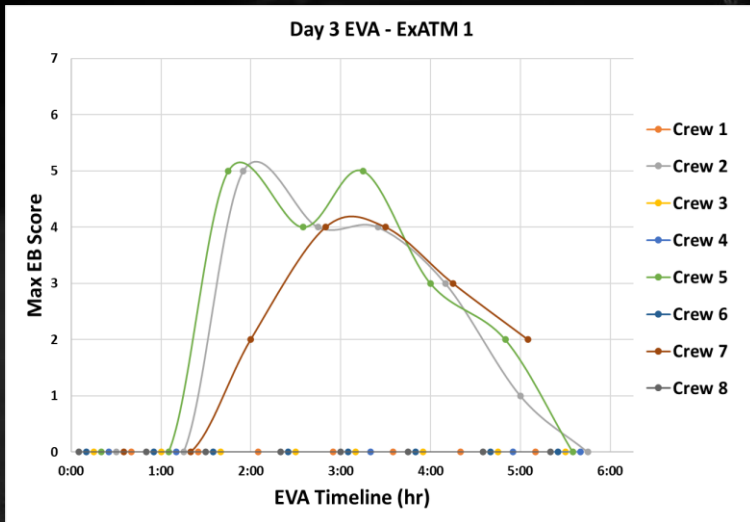
Doppler



*No Standard Deviations

**Max Spencer Score is graphed since only one measurement was taken for all rests and flexes

U/S





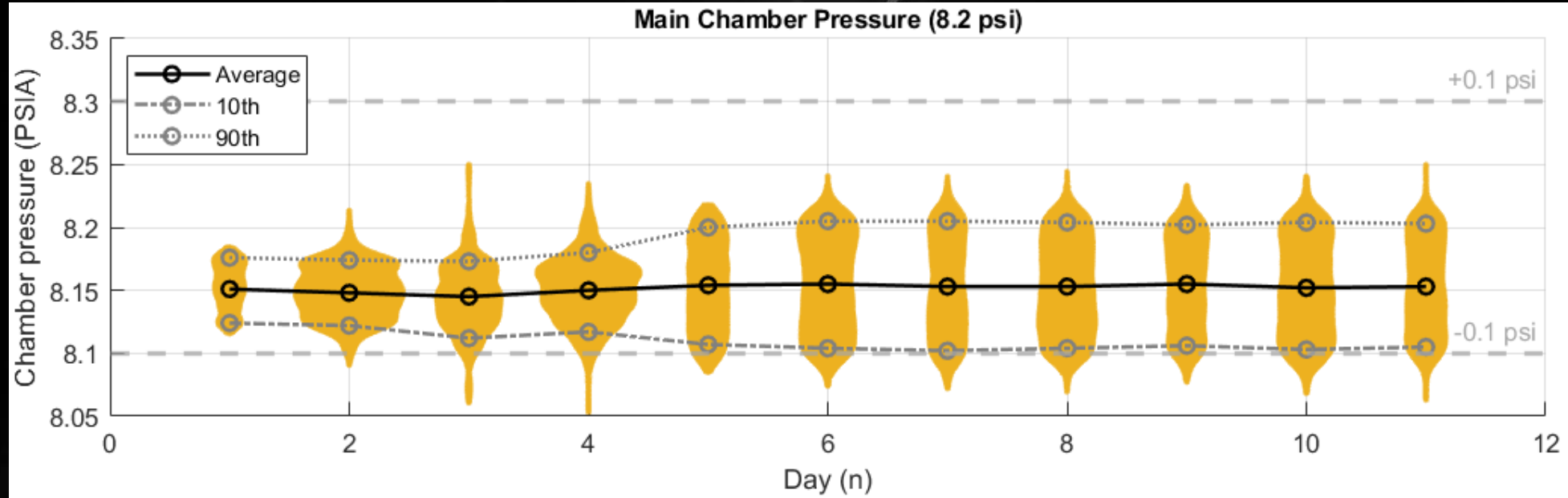
Day by Day Review

2022-06: 11-day Test

EA1

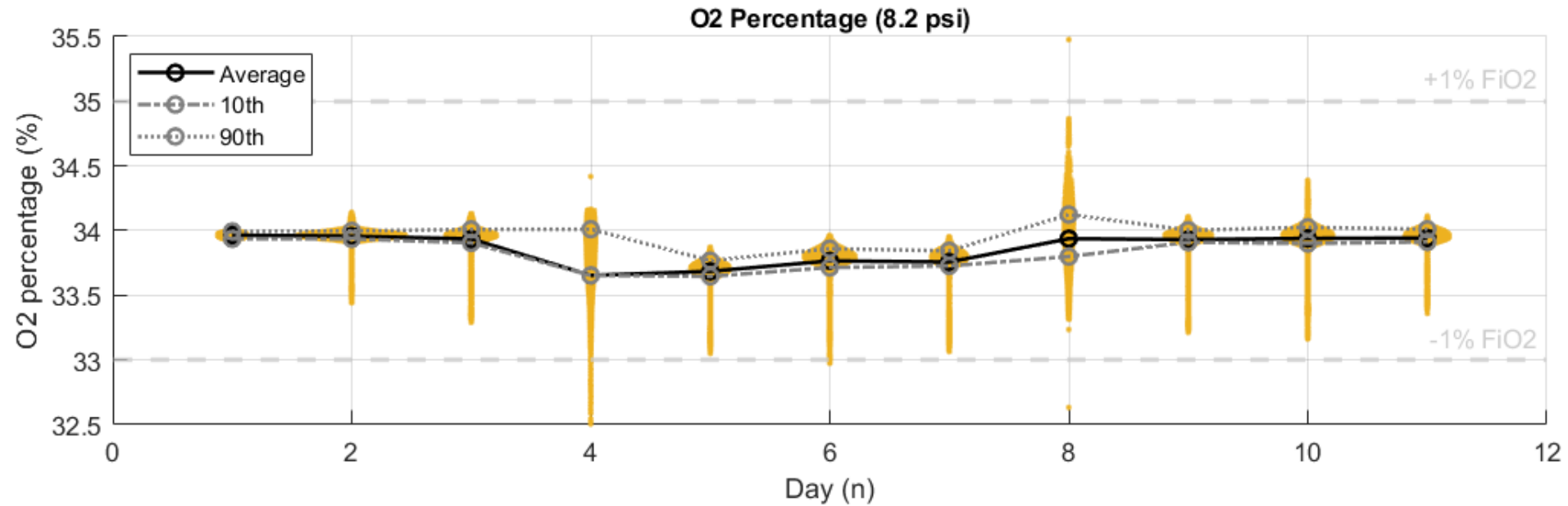


EA1 Chamber Pressure



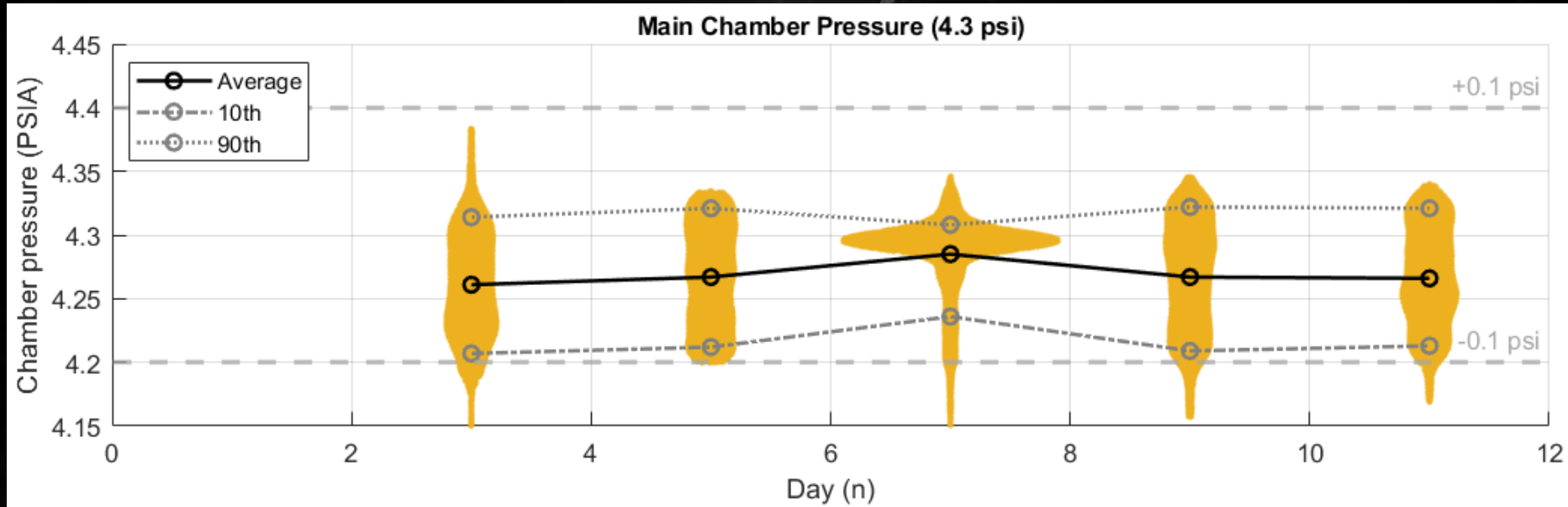
	1	2	3	4	5	6	7	8	9	10	11
Average (PSIA)	8.1510	8.1480	8.1450	8.1500	8.1540	8.1550	8.1530	8.1530	8.1550	8.1520	8.1530
10th (PSIA)	8.1240	8.1220	8.1120	8.1170	8.1070	8.1040	8.1020	8.1040	8.1060	8.1030	8.1050
90th (PSIA)	8.1760	8.1740	8.1730	8.1800	8.2000	8.2050	8.2050	8.2040	8.2020	8.2040	8.2030
Max (PSIA)	8.1900	8.2130	8.2500	8.2350	8.2180	8.2410	8.2400	8.2440	8.2330	8.2400	8.2500
Min (PSIA)	8.1090	8.0910	8.0610	8.0530	8.0850	8.0740	8.0720	8.0700	8.0770	8.0680	8.0630

EA1 Chamber Oxygen



	1	2	3	4	5	6	7	8	9	10	11
Average (%)	33.9649	33.9572	33.9360	33.6538	33.6855	33.7660	33.7575	33.9376	33.9307	33.9398	33.9432
10th (%)	33.9362	33.9361	33.9054	33.6542	33.6465	33.7150	33.7276	33.7993	33.9102	33.9007	33.9128
90th (%)	33.9939	33.9978	34.0093	34.0111	33.7680	33.8603	33.8438	34.1242	34.0031	34.0254	34.0108
Max (%)	34.0409	34.1430	34.1314	36.0516	33.8733	33.9640	33.9540	47.6383	34.1085	34.3898	34.1133
Min (%)	33.8884	33.4401	33.2897	24.1942	33.0508	32.9748	31.4106	22.0968	33.2129	33.1615	33.3588

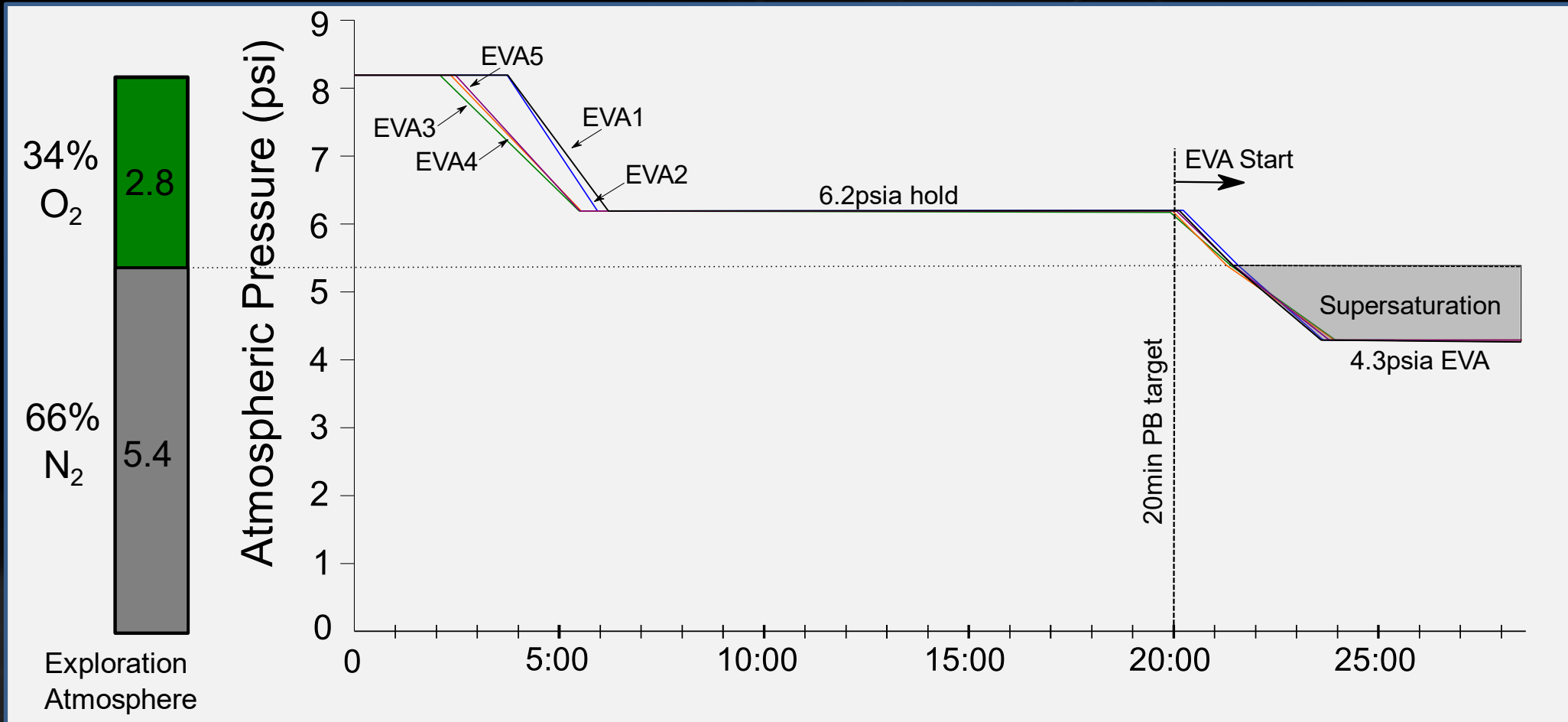
EA1 EVA Pressure



	3	5	7	9	11
Average (PSIA)	4.2610	4.2670	4.2850	4.2670	4.2660
10th (PSIA)	4.2070	4.2120	4.2360	4.2090	4.2130
90th (PSIA)	4.3140	4.3210	4.3080	4.3220	4.3210
Max (PSIA)	4.3830	4.3350	4.3460	4.3460	4.3400
Min (PSIA)	4.1470	4.1990	4.1280	4.1570	4.1690



EA1 Prebreathe Timelines



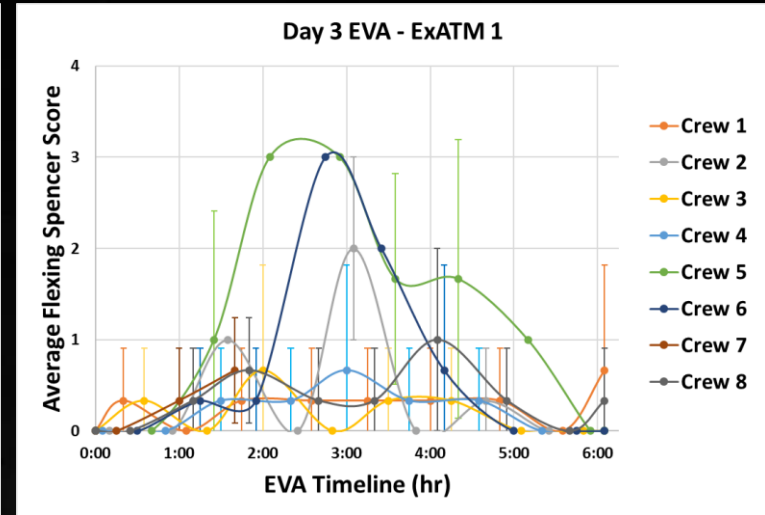
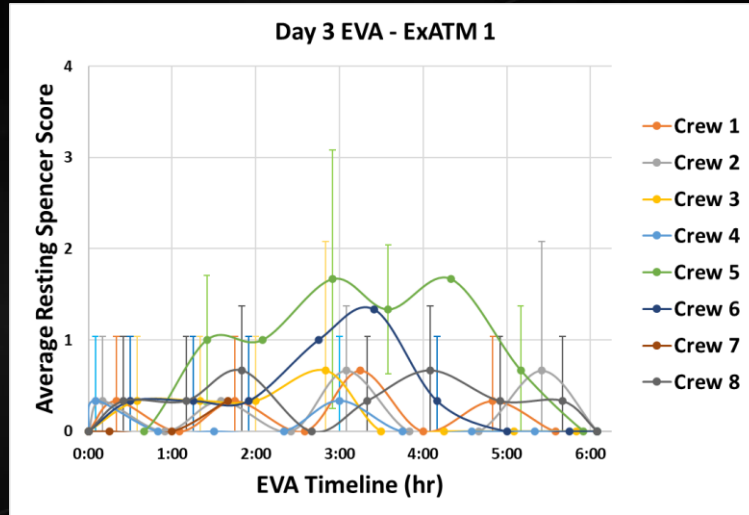
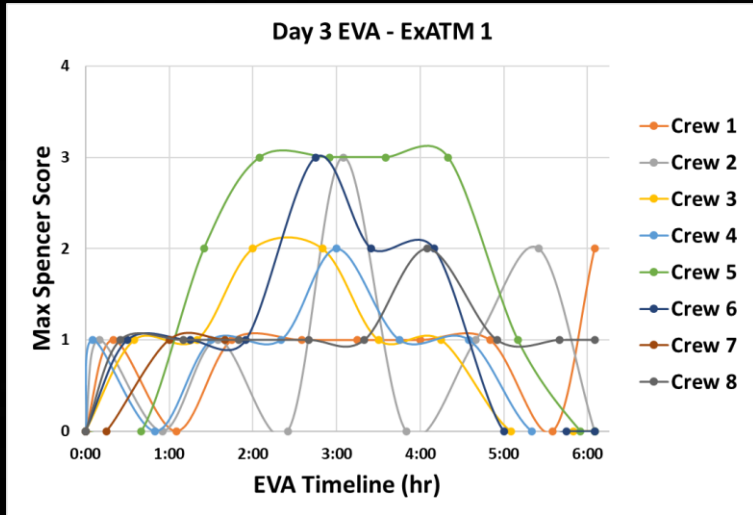
Prebreathe Times:
EVA1: 20min 14 sec
EVA2: 20min 21 sec
EVA3: 20min 01 sec
EVA4: 20min 04 sec
EVA5: 20min 10 sec

*Transition from 6.2 psi to 5.4 psi (supersaturation point) added ~80-90 sec

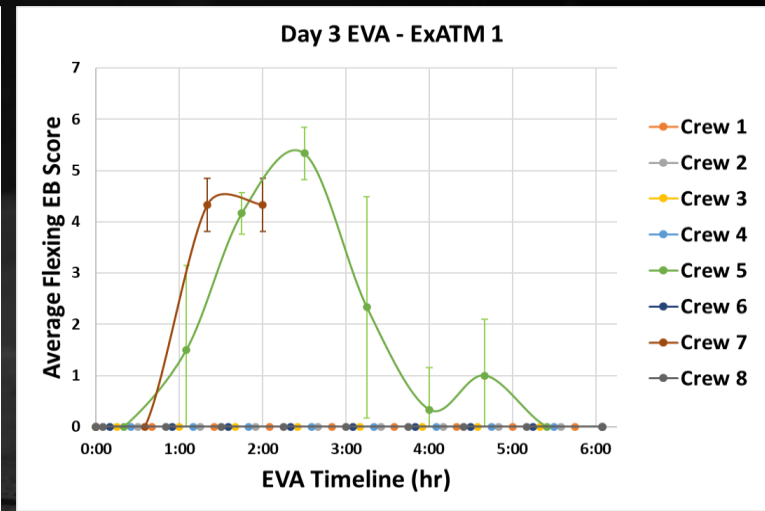
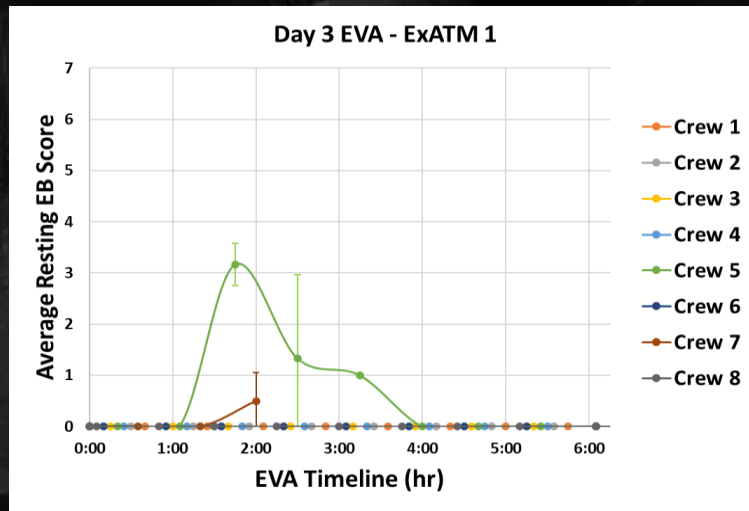
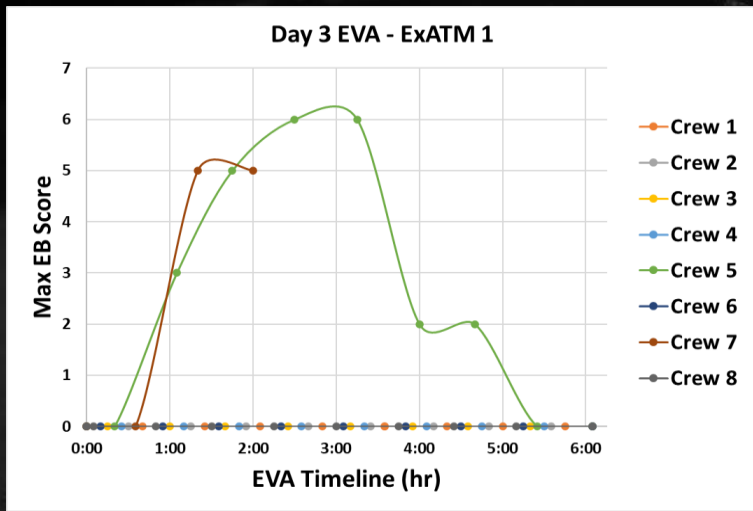
2022-06: EA1 EVA1



Doppler



U/S



DCS Case 1

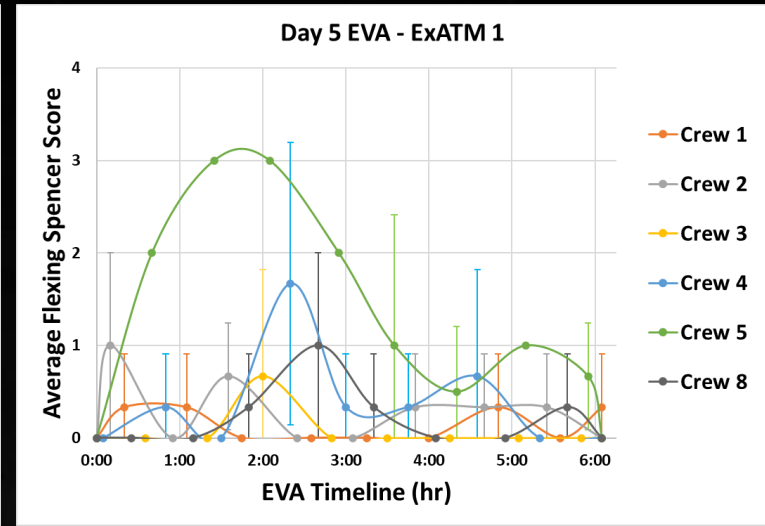
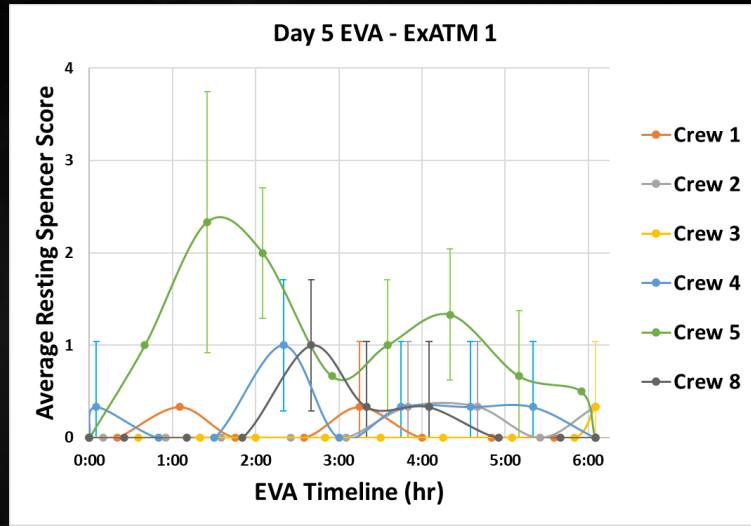
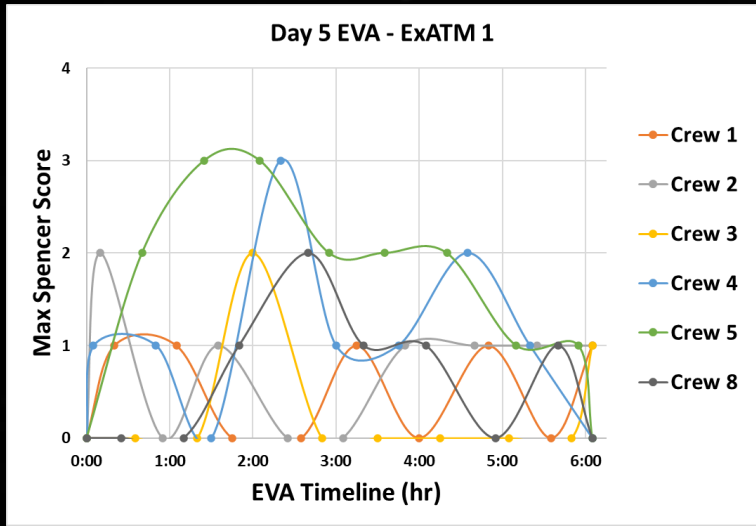
- Subject Complained of L ankle pain during EVA1
 - Removed from chamber
 - Sx resolved during return to 14.7 psi
 - Was given 4hrs GLO
 - Returned to chamber – wanted to continue test
 - Sat out EVA2 (on GLO during EVA2)
 - No further sx



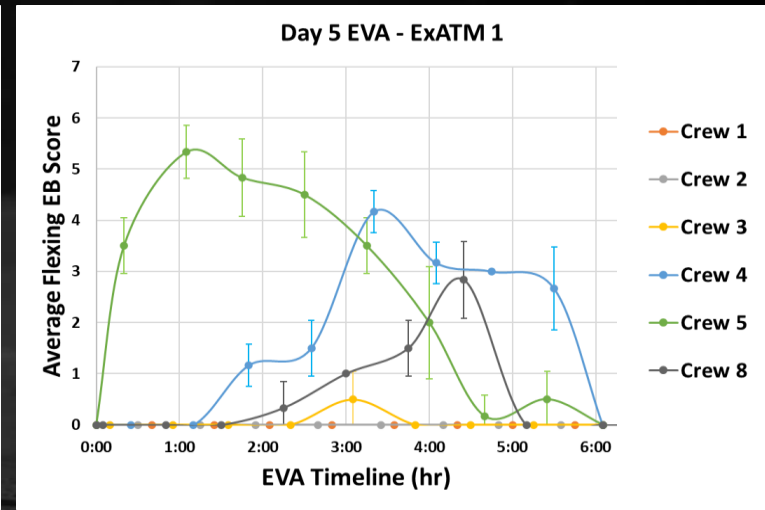
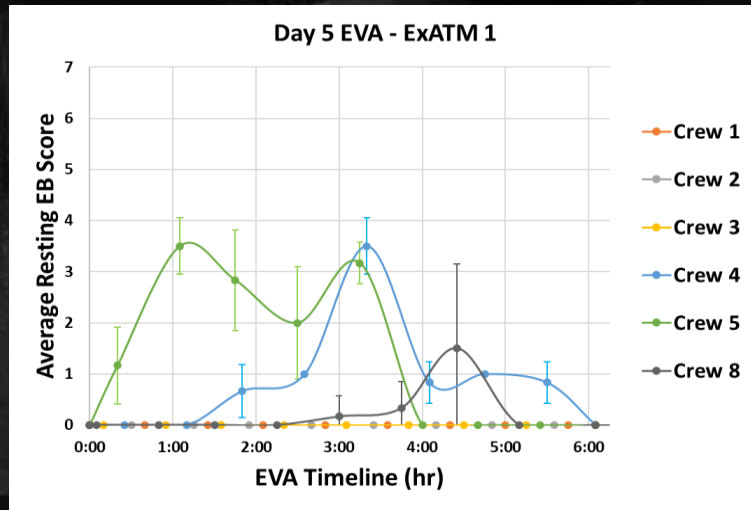
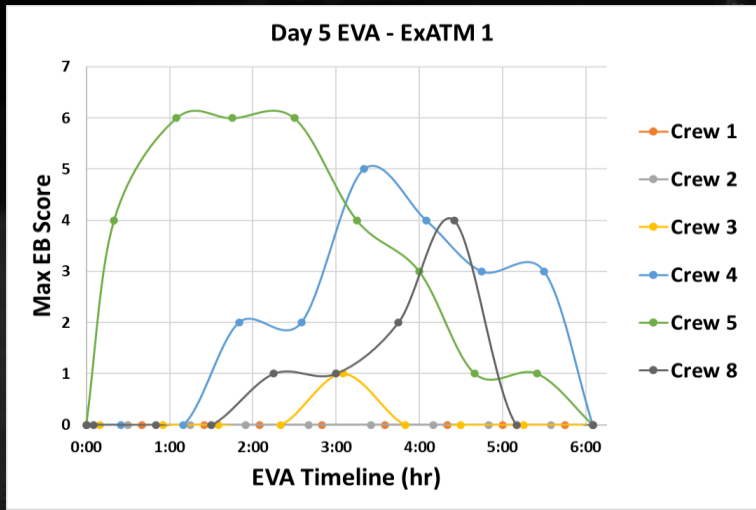
2022-06: EA1 EVA2



Doppler



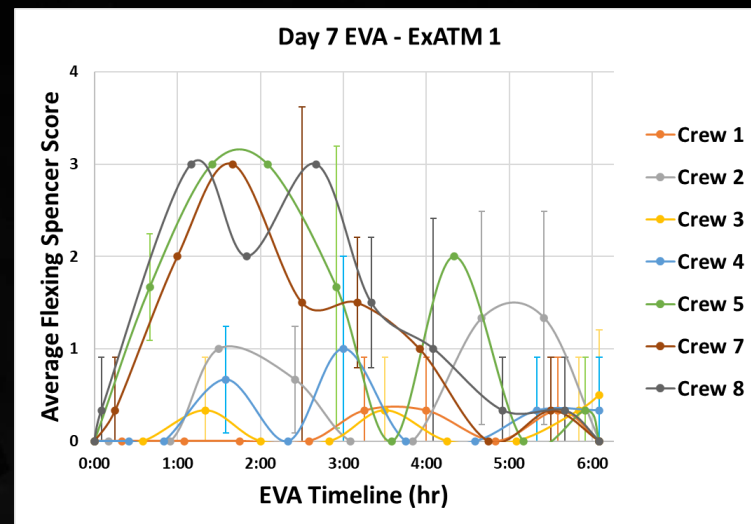
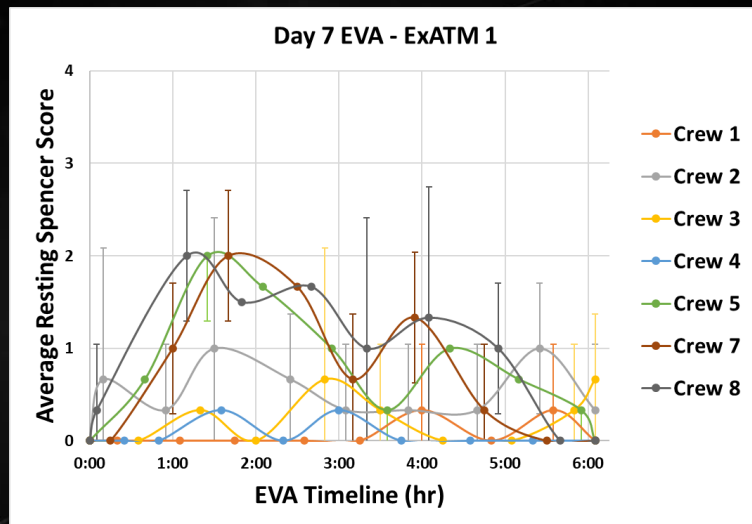
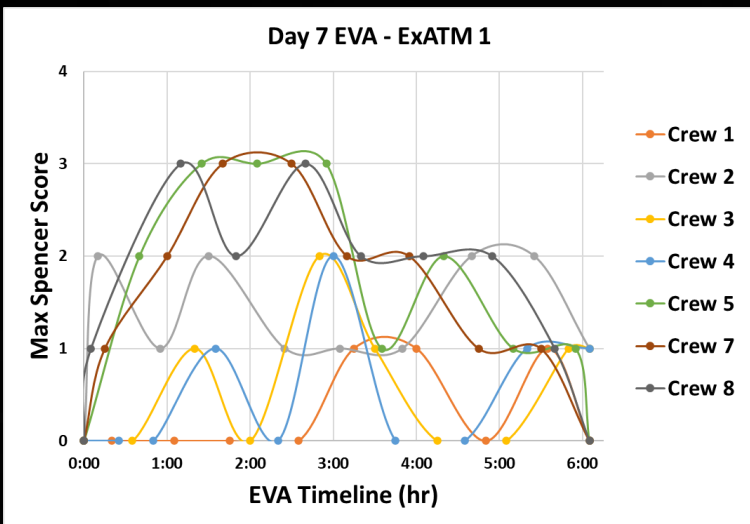
U/S



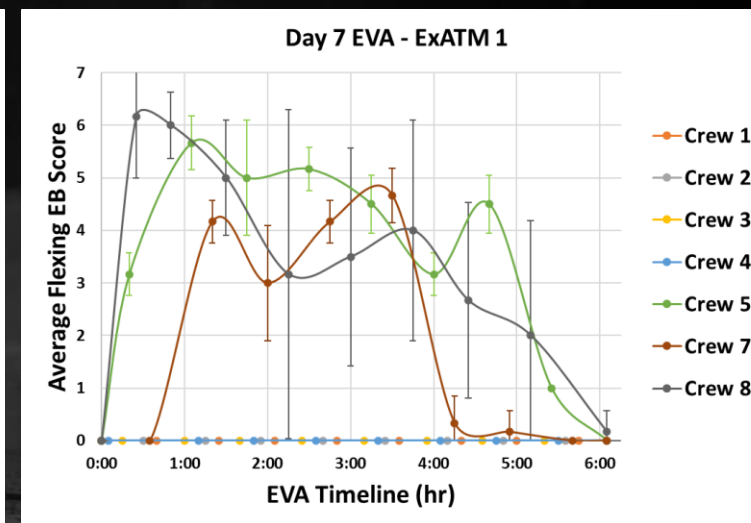
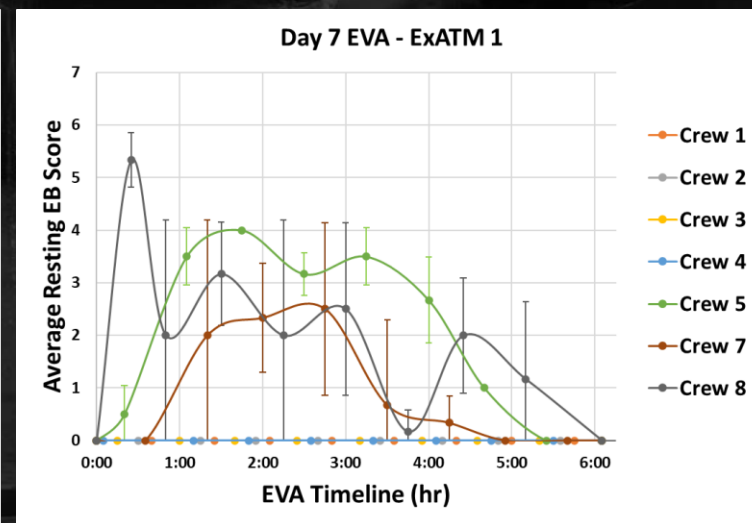
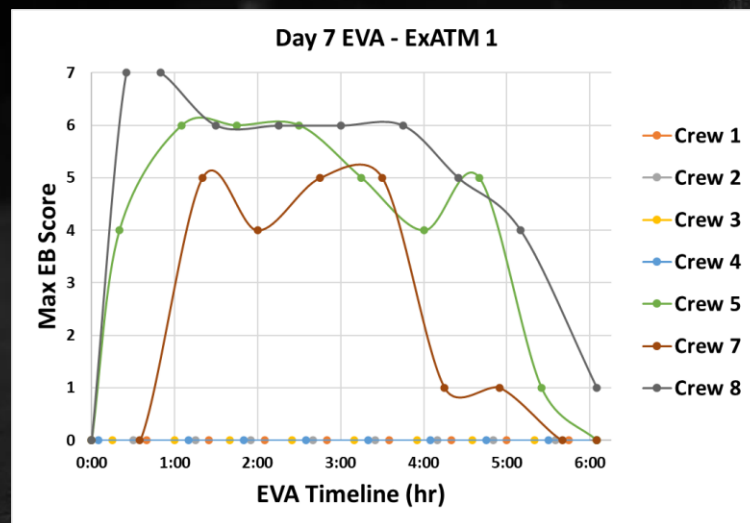
2022-06: EA1 EVA3



Doppler



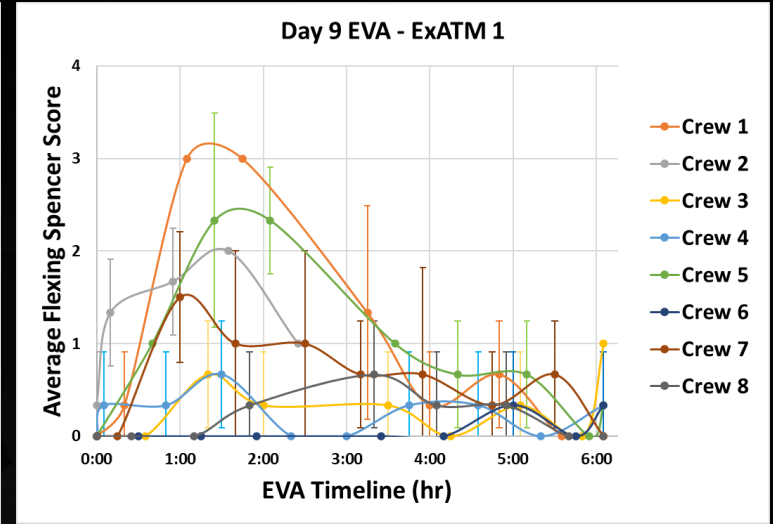
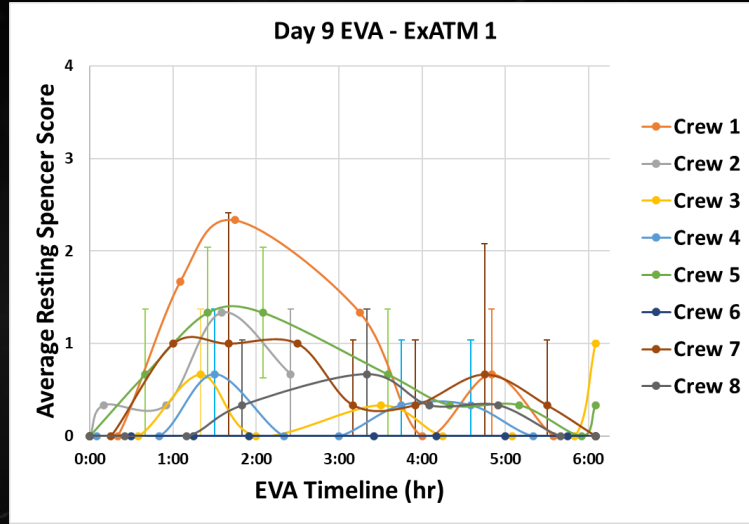
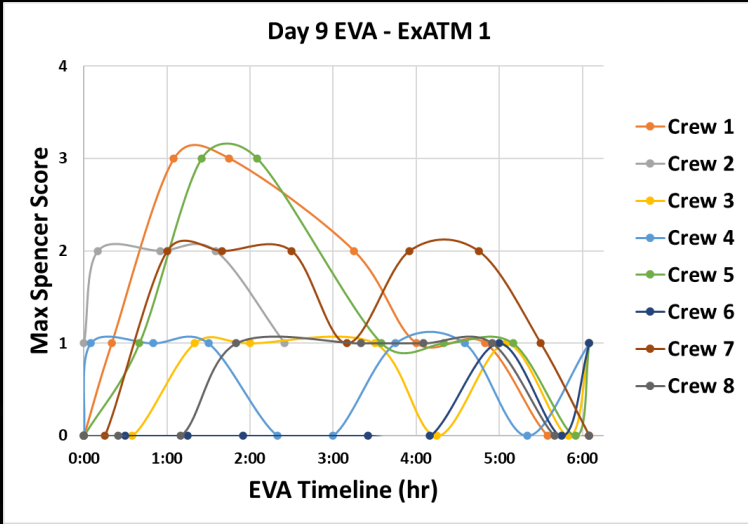
U/S



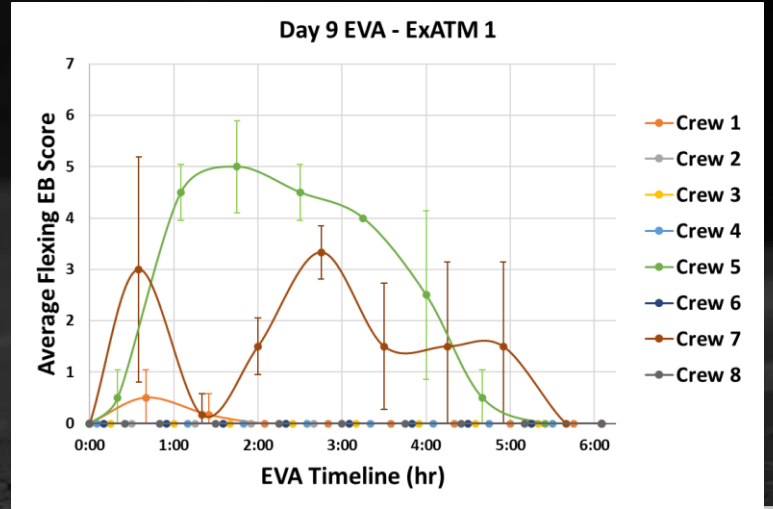
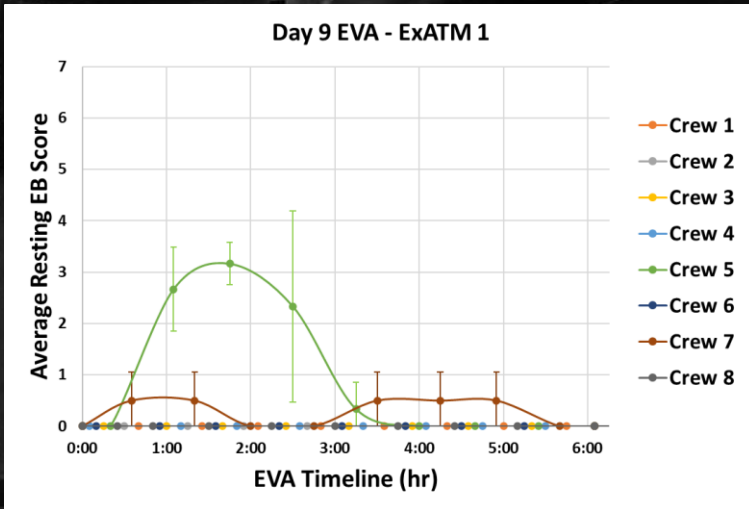
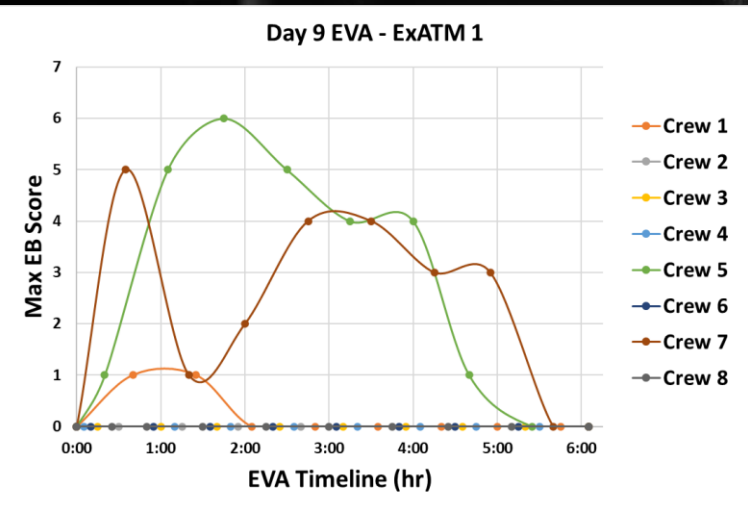
2022-06: EA1 EVA4



Doppler



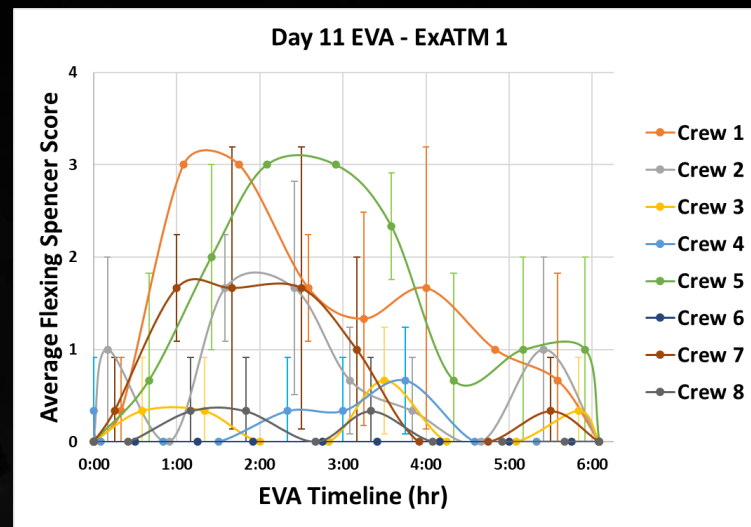
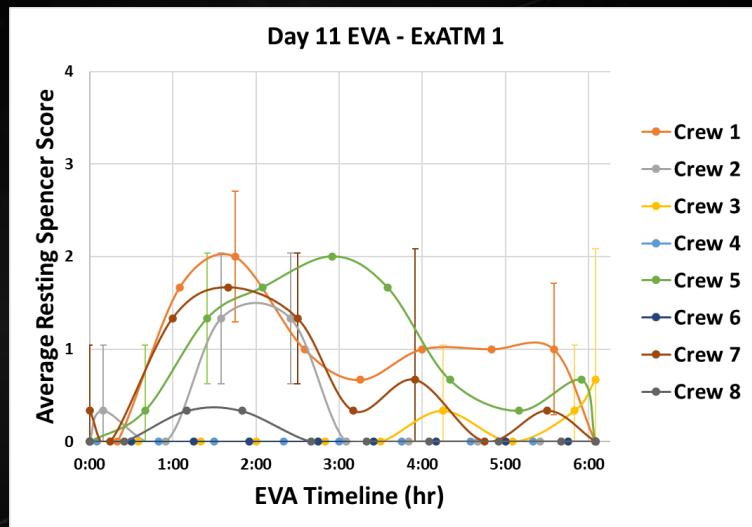
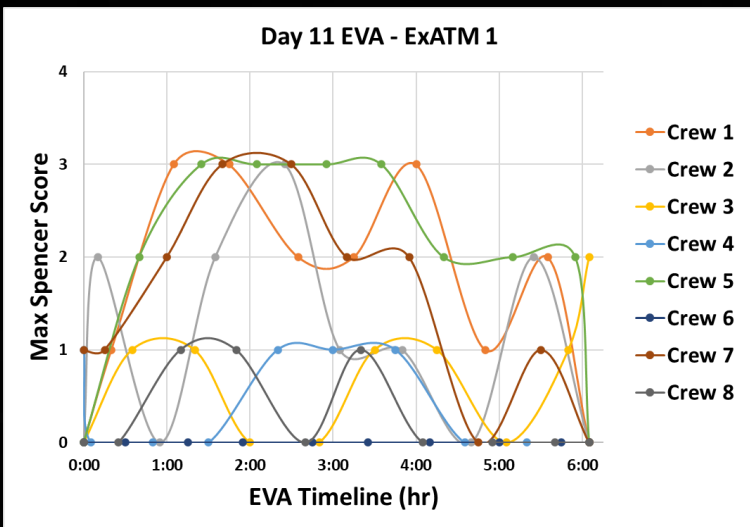
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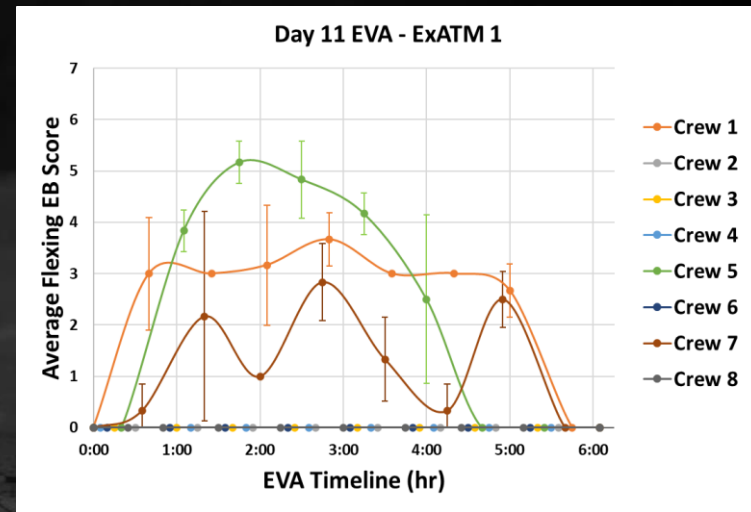
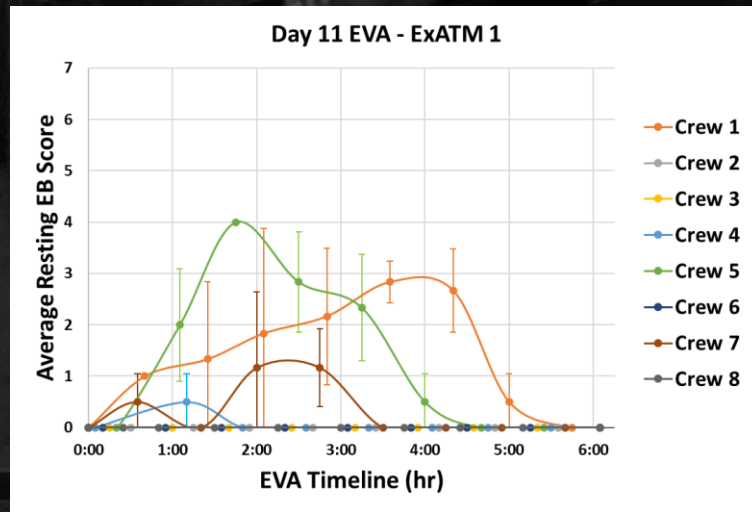
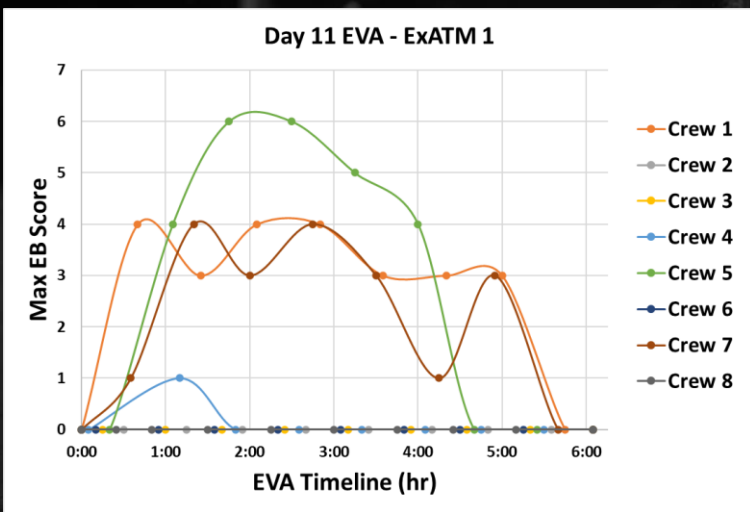
2022-06: EA1 EVA5



Doppler



U/S





DCS Case 2

- Subject Complained of bilateral hip/knee pain
 - Pt reported sx 36hrs post chamber test/last EVA
 - Presented to local ER (backup HBOT site, familiar with test)
 - Underwent TT5
 - Sx resolved
 - No further sx
 - Extended HBOT on duty times
 - Briefed future subjects about delayed presentation vs delayed reporting



Day by Day Review

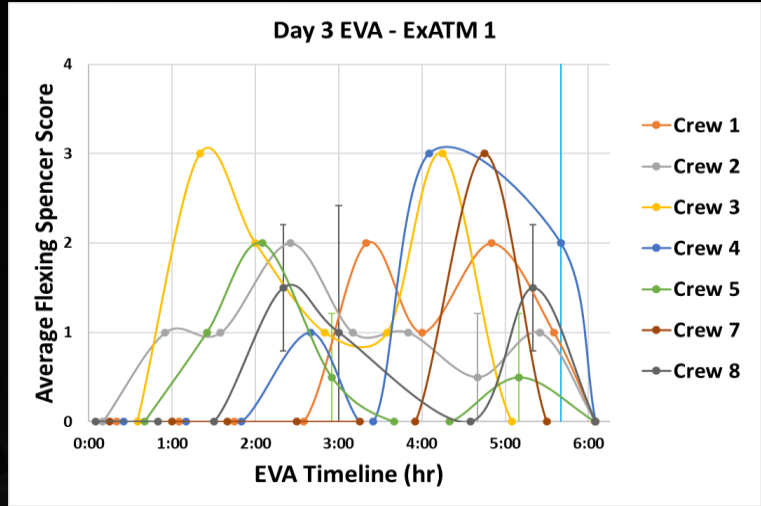
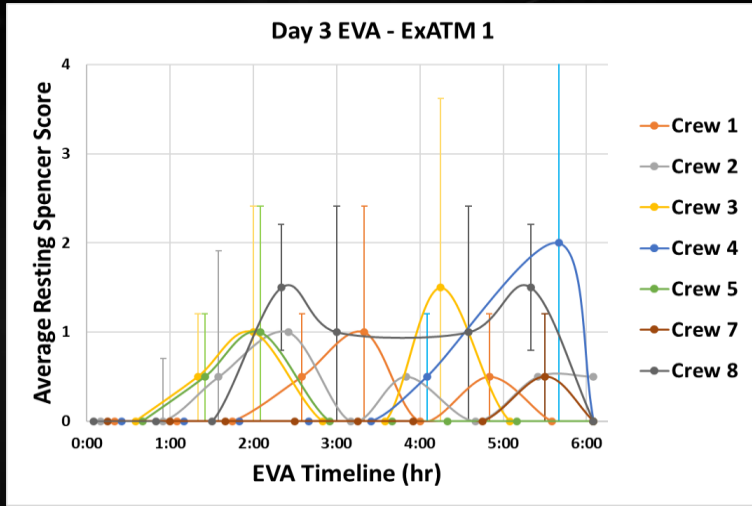
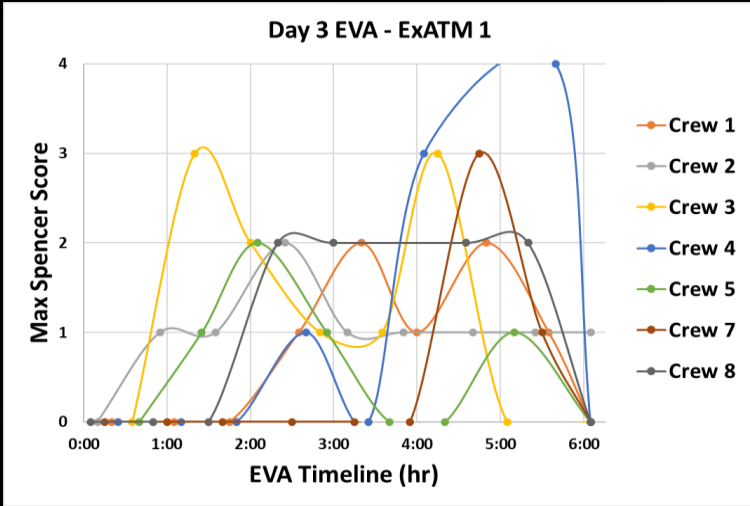
2023-03: 3-day Rehearsal
(3-day tests excluded for overall stats)



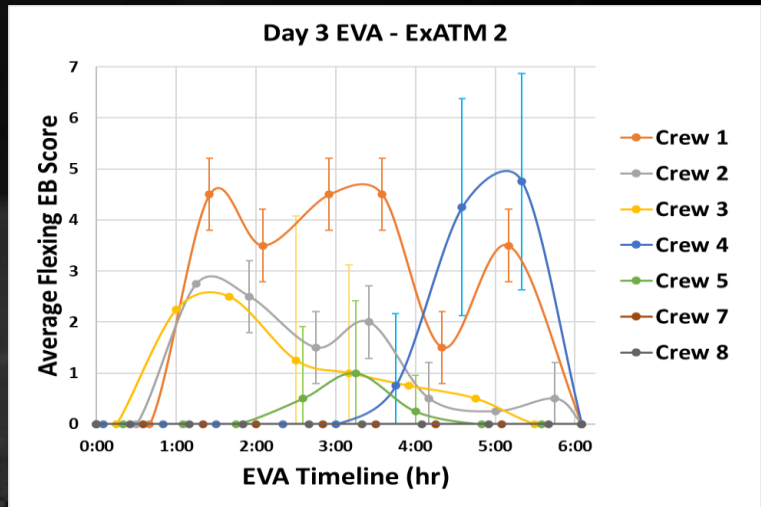
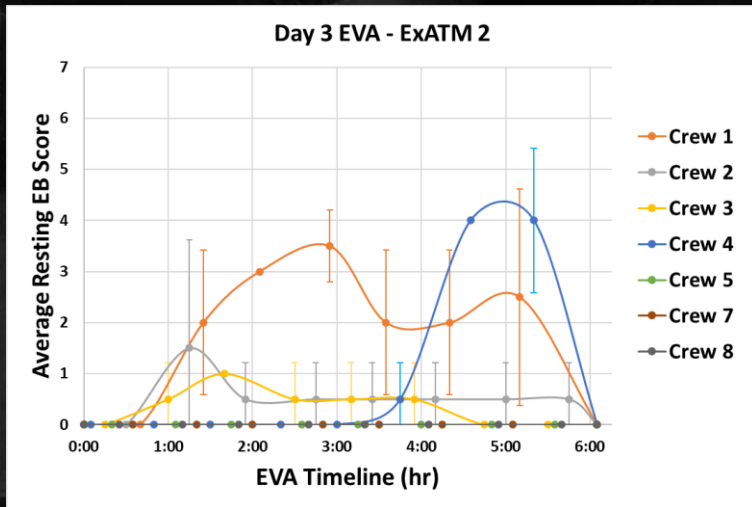
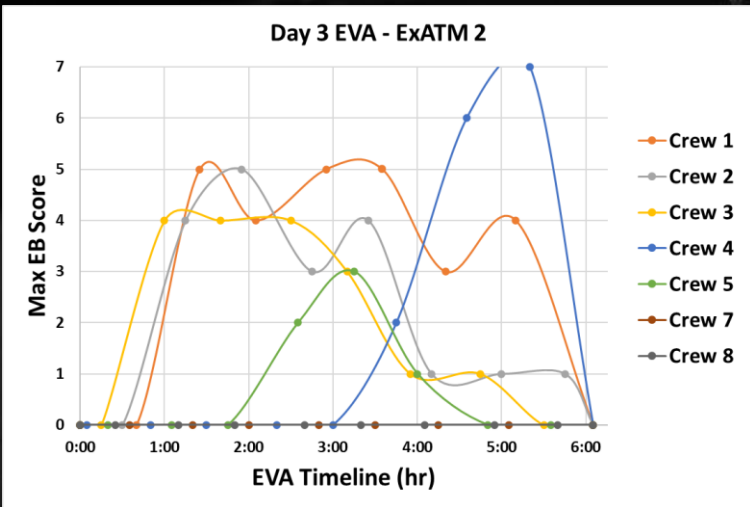
2023-03 (EA2): 3-Day EVA1



Doppler



U/S





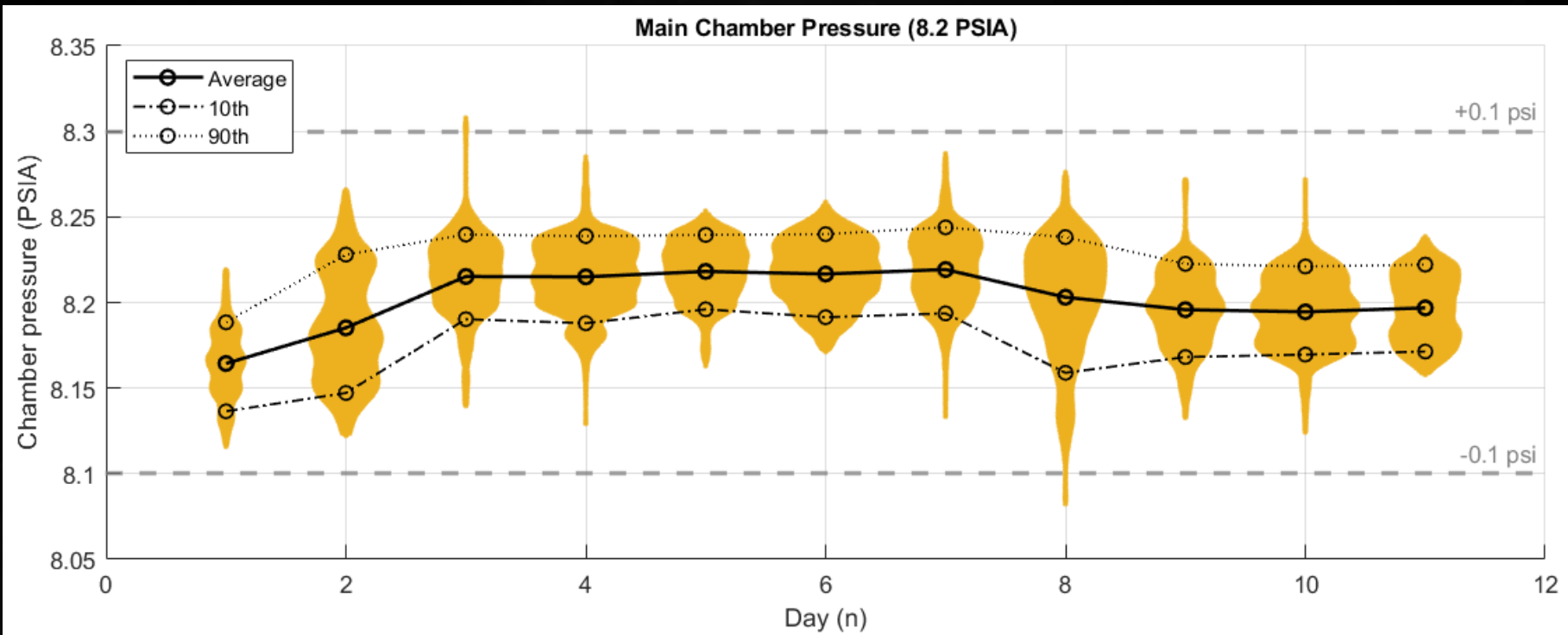
Day by Day Review

2023-06: 11-day Test

EA2



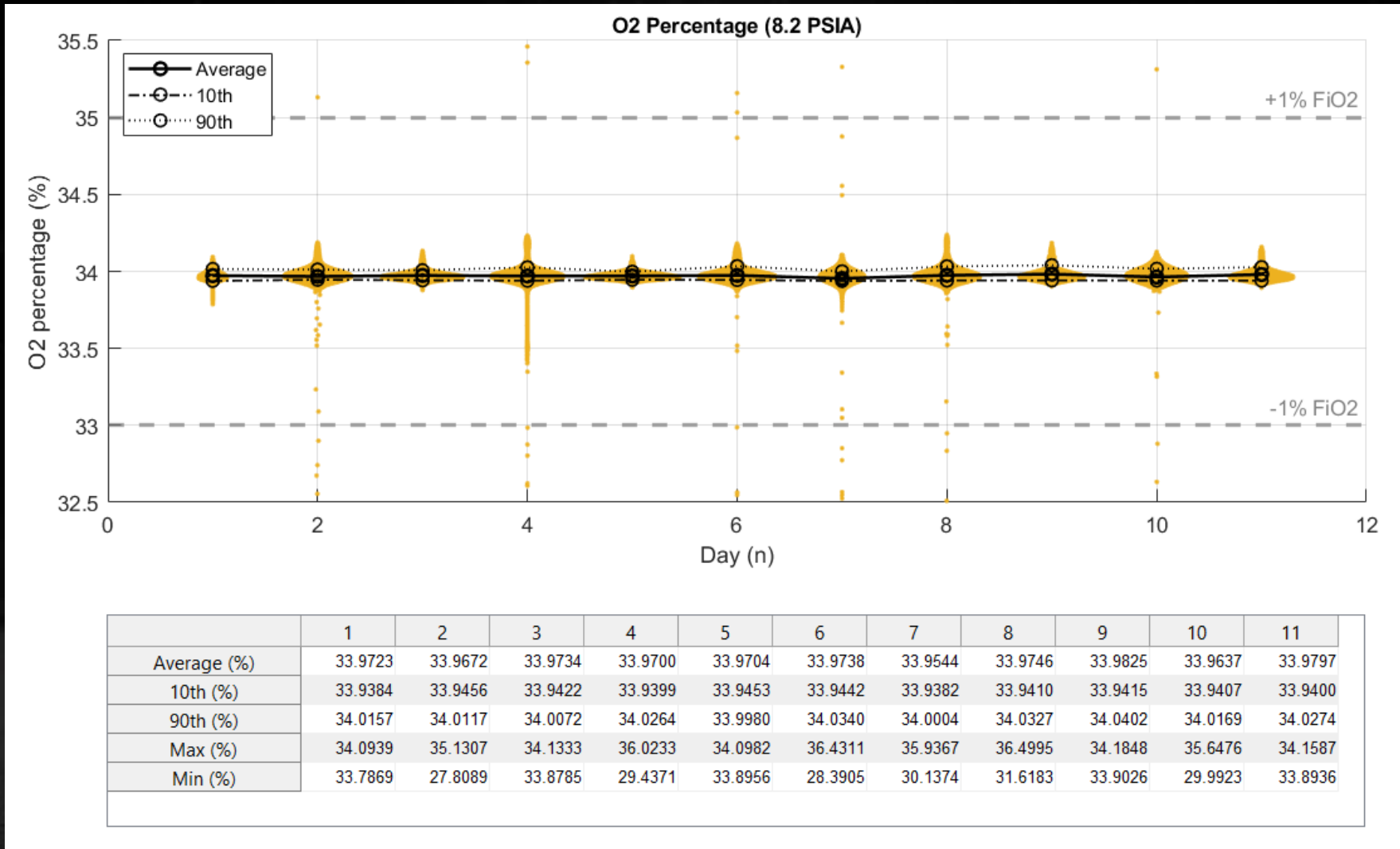
EA2 Chamber Pressure



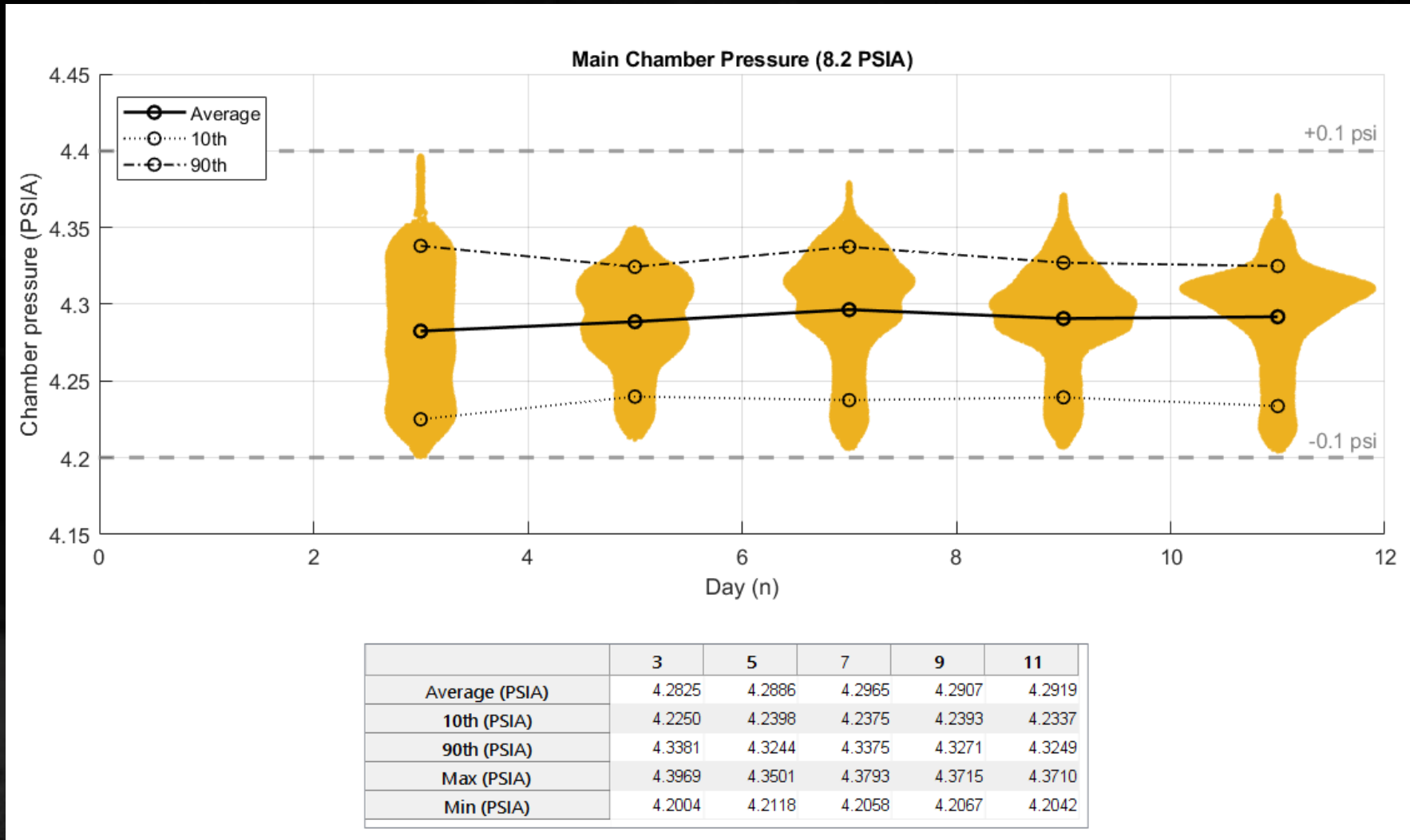
	1	2	3	4	5	6	7	8	9	10	11
Average (PSIA)	8.1644	8.1852	8.2152	8.2150	8.2182	8.2167	8.2193	8.2031	8.1958	8.1946	8.1969
10th (PSIA)	8.1365	8.1472	8.1903	8.1879	8.1960	8.1914	8.1937	8.1590	8.1682	8.1696	8.1714
90th (PSIA)	8.1884	8.2280	8.2397	8.2388	8.2395	8.2400	8.2439	8.2382	8.2226	8.2211	8.2221
Max (PSIA)	8.2192	8.2659	8.3079	8.2850	8.2535	8.2587	8.2870	8.2761	8.2718	8.2718	8.2385
Min (PSIA)	8.1159	8.1223	8.1397	8.1292	8.1629	8.1712	8.1334	8.0824	8.1328	8.1241	8.1577



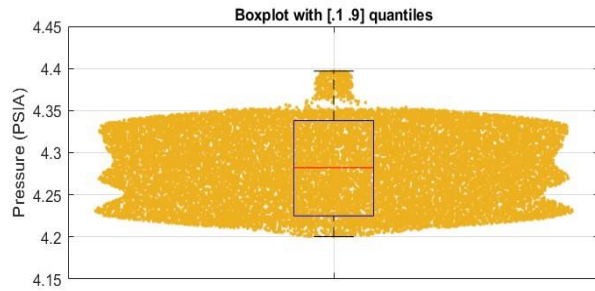
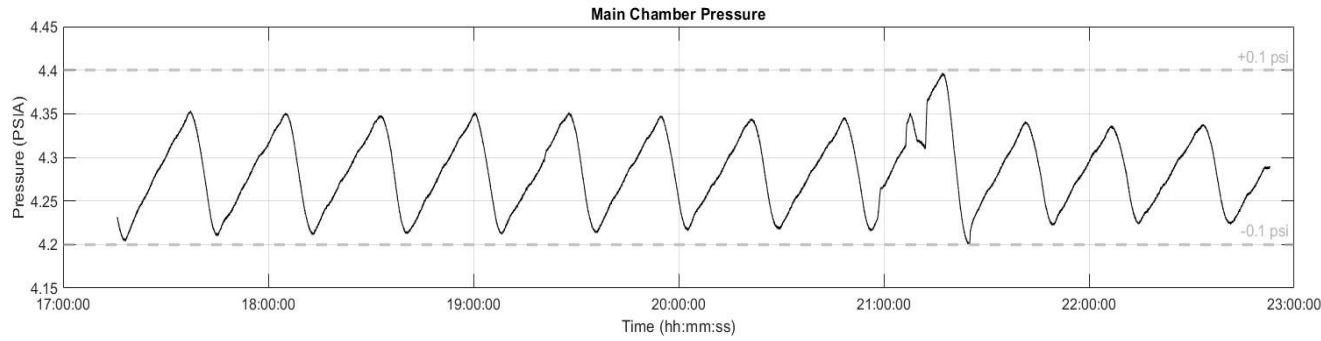
EA2 Chamber Oxygen



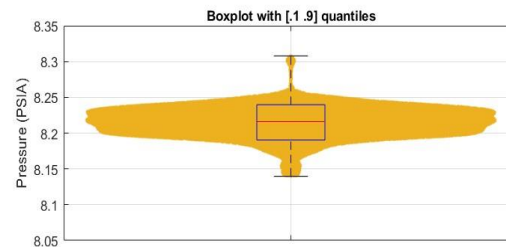
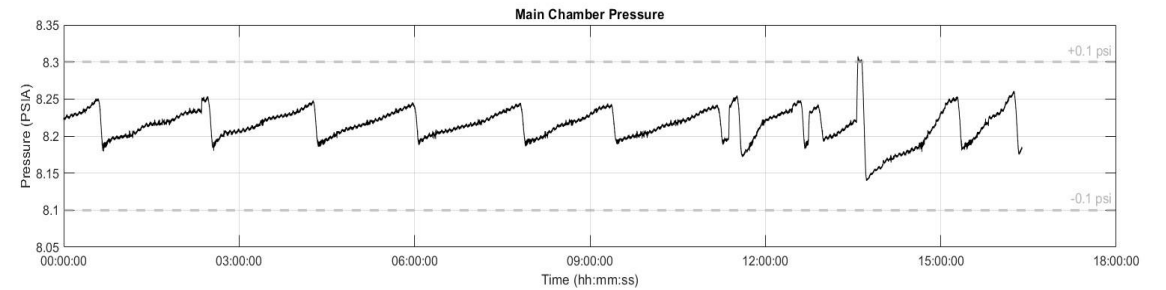
EA2 EVA Pressure



EA2 EVA1 – Chamber Pressure

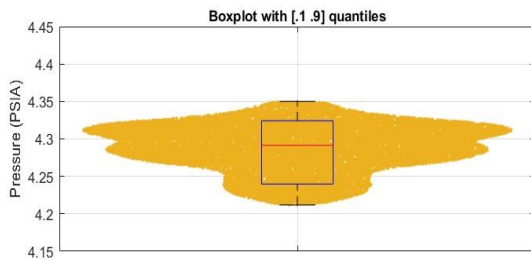
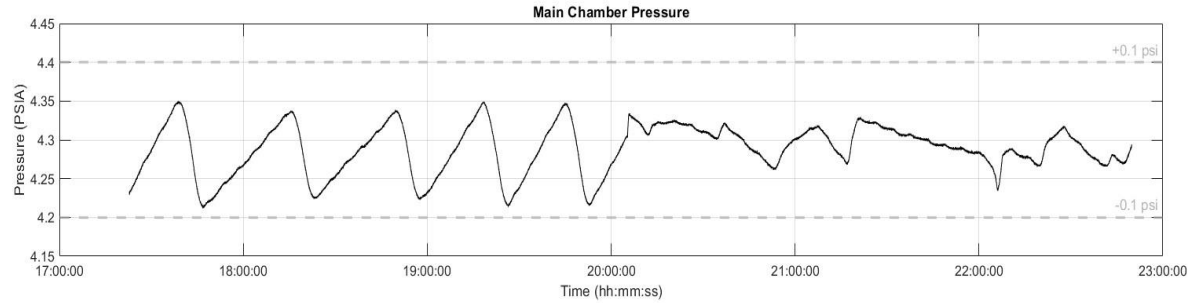


	output
Day	3
Pressure level (PSIA)	4.3000
Average (PSIA)	4.2825
10th (PSIA)	4.2250
90th (PSIA)	4.3381
Max (PSIA)	4.3989
Min (PSIA)	4.2004

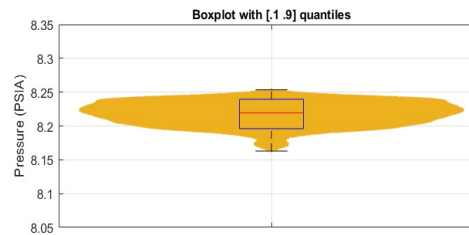
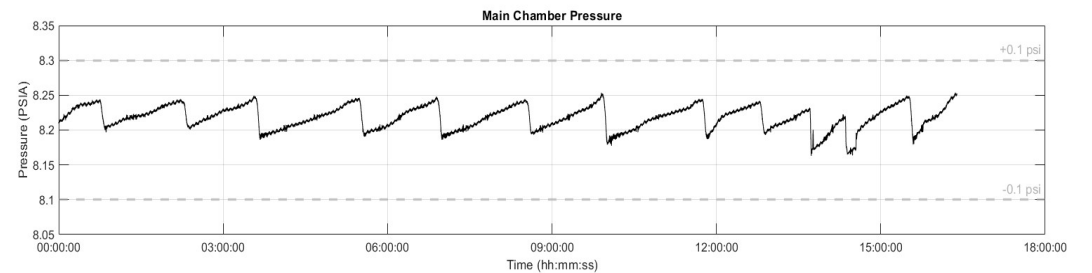


	output
Day	3
Pressure level (PSIA)	8.2000
Average (PSIA)	8.2152
10th (PSIA)	8.1903
90th (PSIA)	8.2397
Max (PSIA)	8.3079
Min (PSIA)	8.1397
Violation Events (n)	3
Total violation time (s)	231
Longest individual violation time (s)	101

EA2 EVA2 – Chamber Pressure

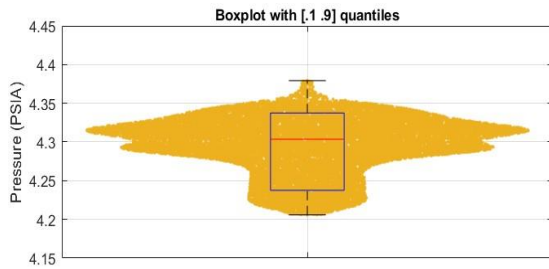
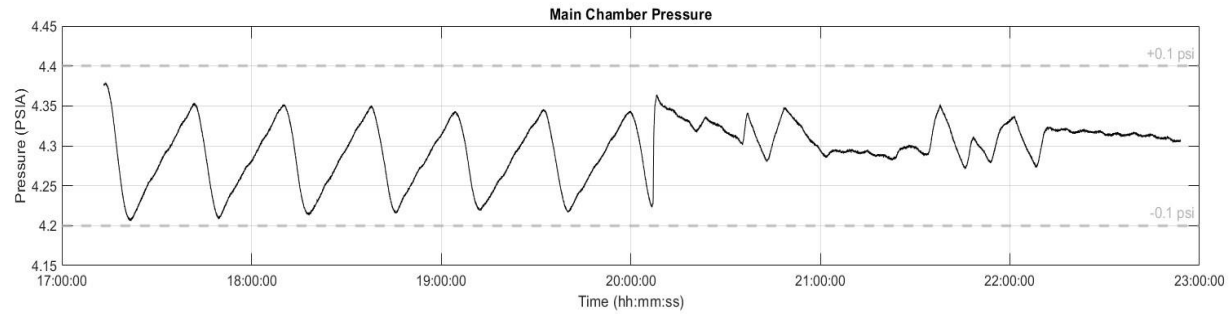


	output
Day	5
Pressure level (PSIA)	4.3000
Average (PSIA)	4.2886
10th (PSIA)	4.2398
90th (PSIA)	4.3244
Max (PSIA)	4.3501
Min (PSIA)	4.2118
Violation Events (n)	0
Total violation time (s)	
Longest individual violation time (s)	

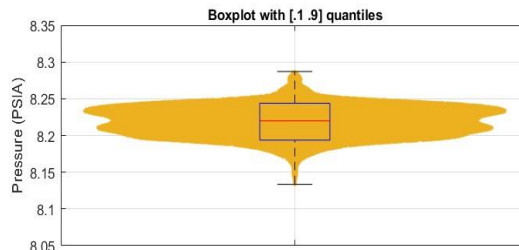
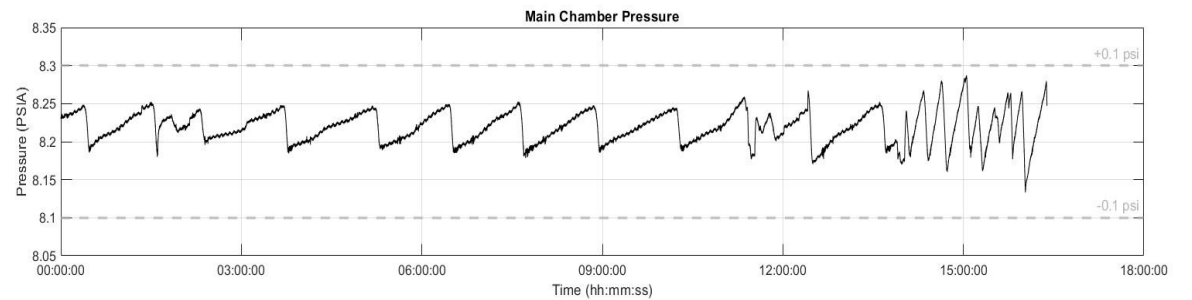


	output
Day	5
Pressure level (PSIA)	8.2000
Average (PSIA)	8.2182
10th (PSIA)	8.1960
90th (PSIA)	8.2395
Max (PSIA)	8.2535
Min (PSIA)	8.1629
Violation Events (n)	0
Total violation time (s)	0
Longest individual violation time (s)	0

EA2 EVA3– Chamber Pressure



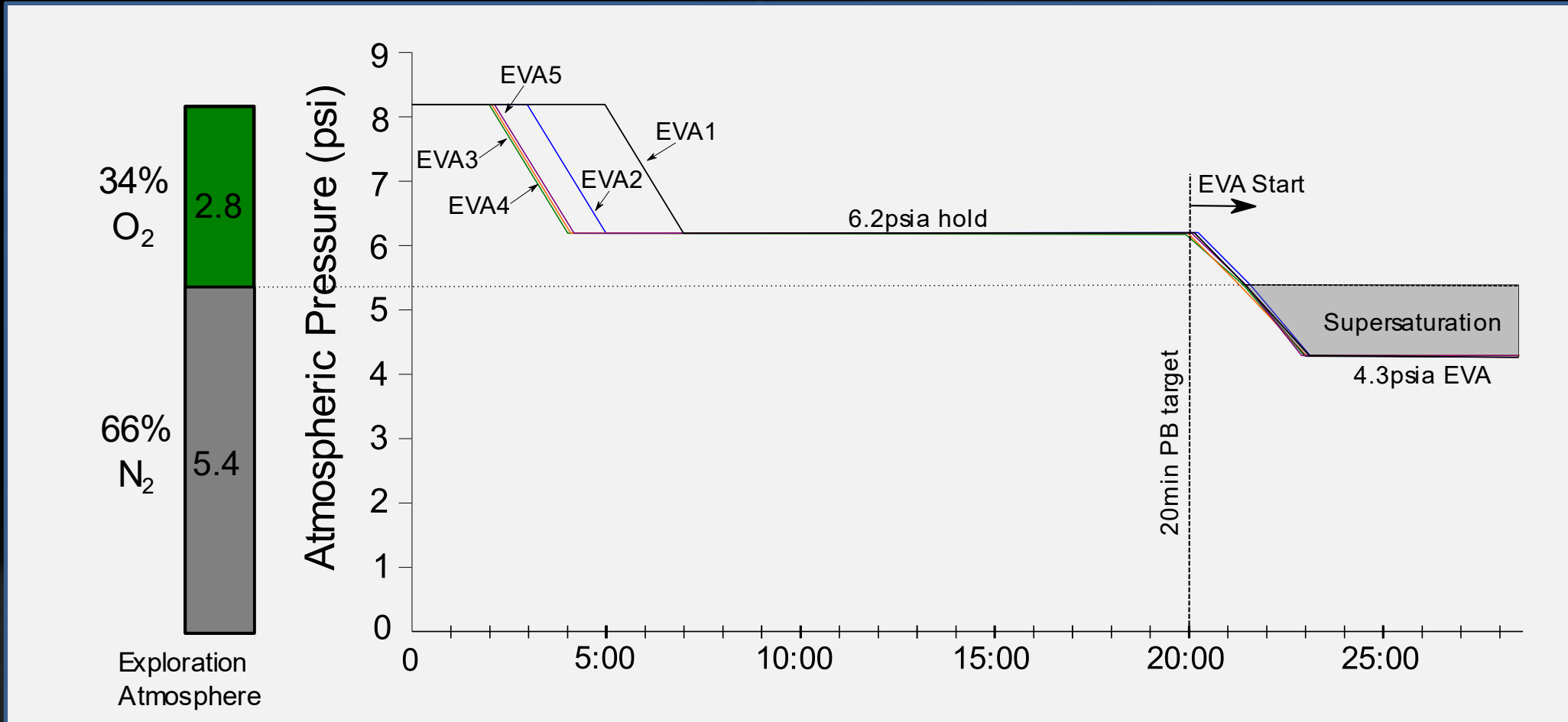
	output
Day	7
Pressure level (PSIA)	4.3000
Average (PSIA)	4.2965
10th (PSIA)	4.2375
90th (PSIA)	4.3375
Max (PSIA)	4.3793
Min (PSIA)	4.2058
Viol.	
Total	
Longest indi	



	output
Day	7
Pressure level (PSIA)	8.2000
Average (PSIA)	8.2193
10th (PSIA)	8.1937
90th (PSIA)	8.2439
Max (PSIA)	8.2870
Min (PSIA)	8.1334
Violation Events (n)	0
Total violation time (s)	0
Longest individual violation time (s)	0



EA2 Prebreathe Timelines



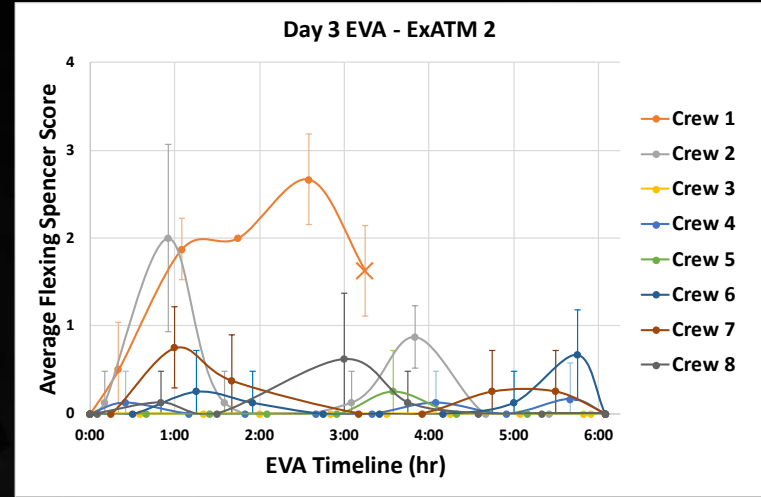
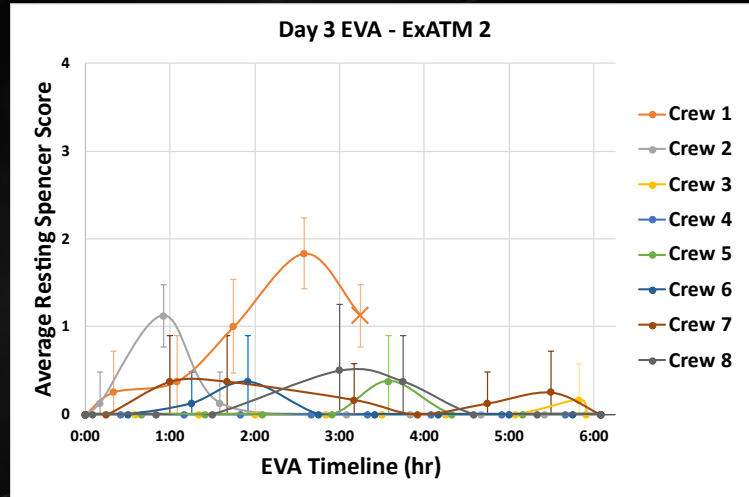
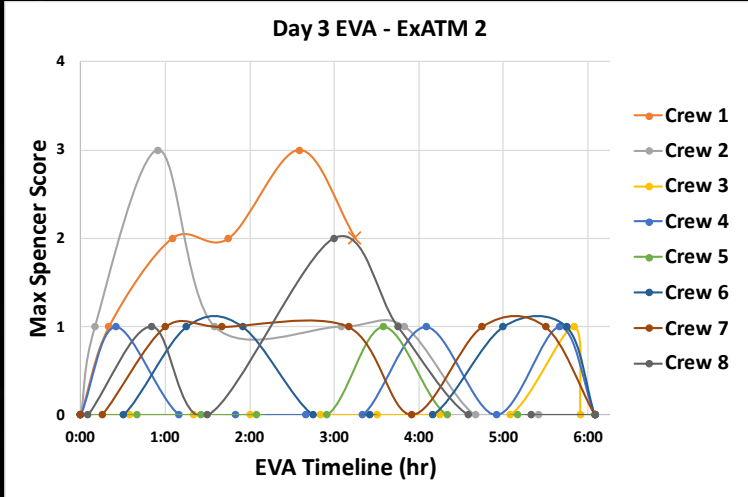
Prebreathe Times:
EVA1: 19min 56 sec
EVA2: 20min 01 sec
EVA3: 20min 00 sec
EVA4: 20min 01 sec
EVA5: 20min

*Transition from 6.2 psi to 5.4 psi (supersaturation point) added ~80-90 sec

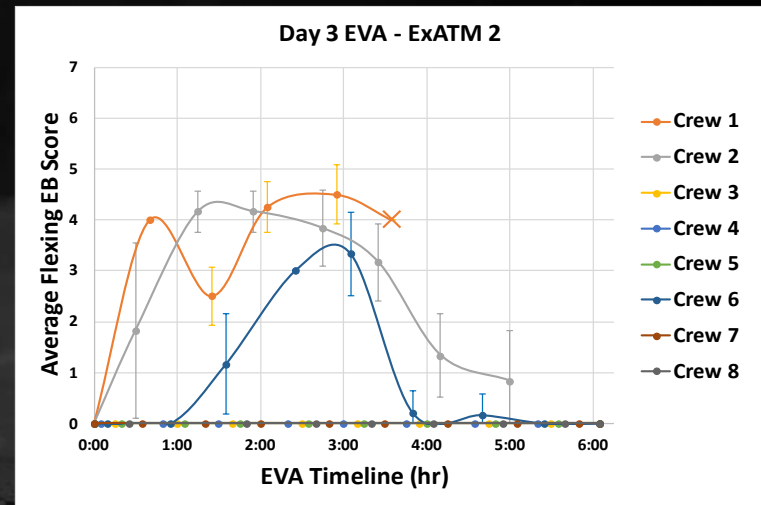
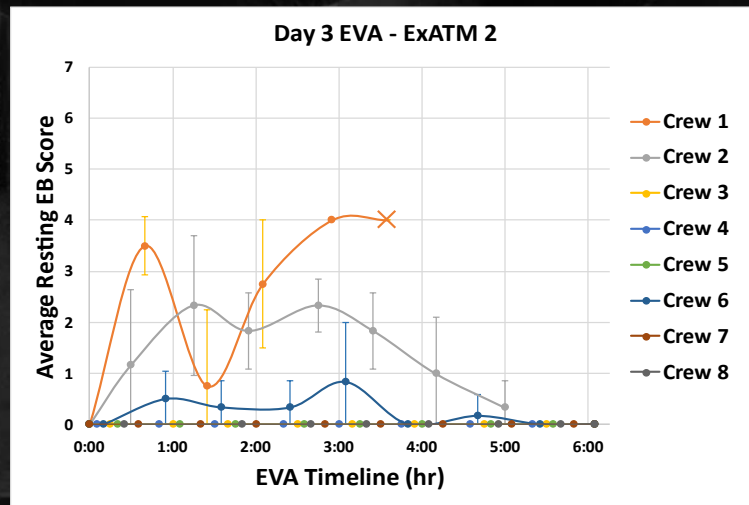
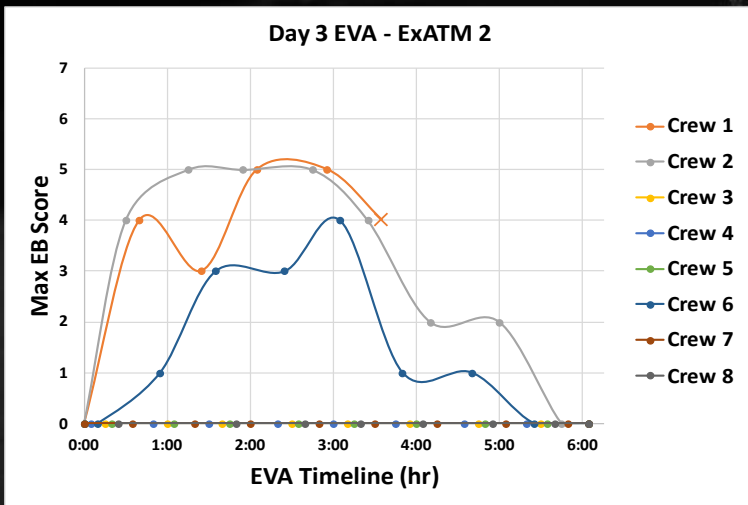
2023-06: EA2 EVA1



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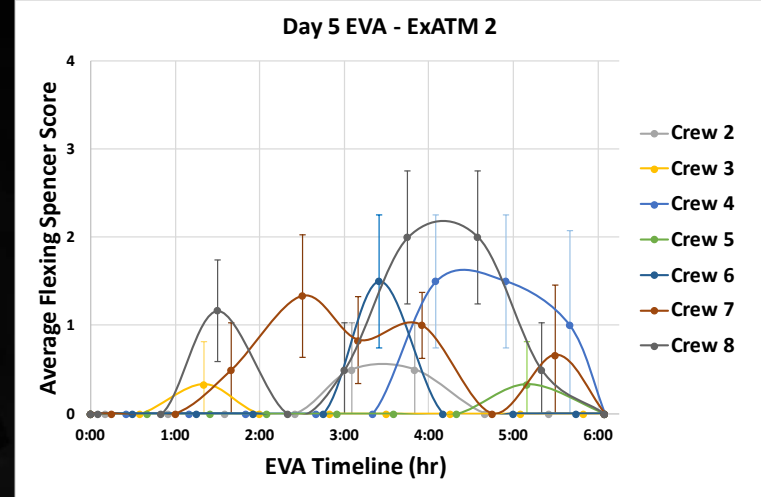
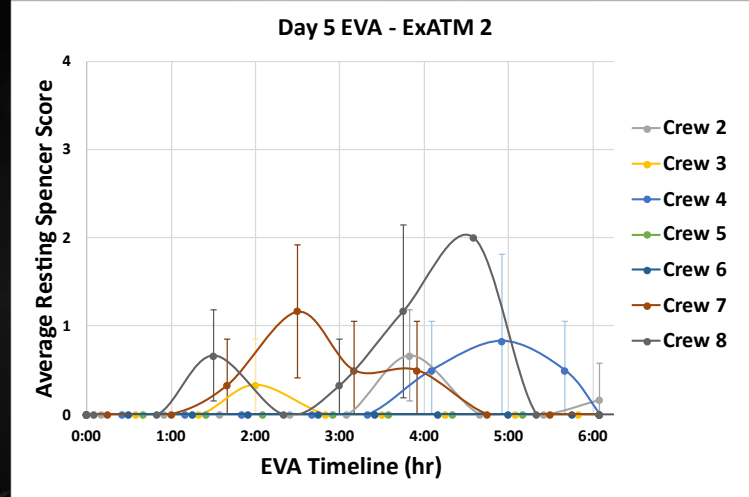
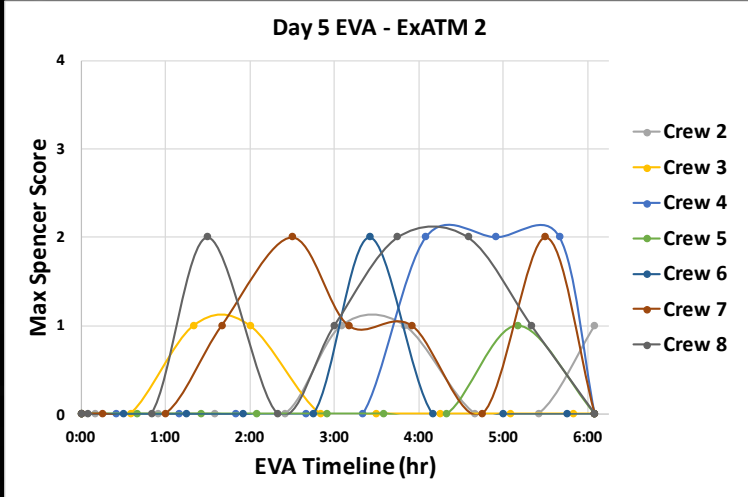
U/S



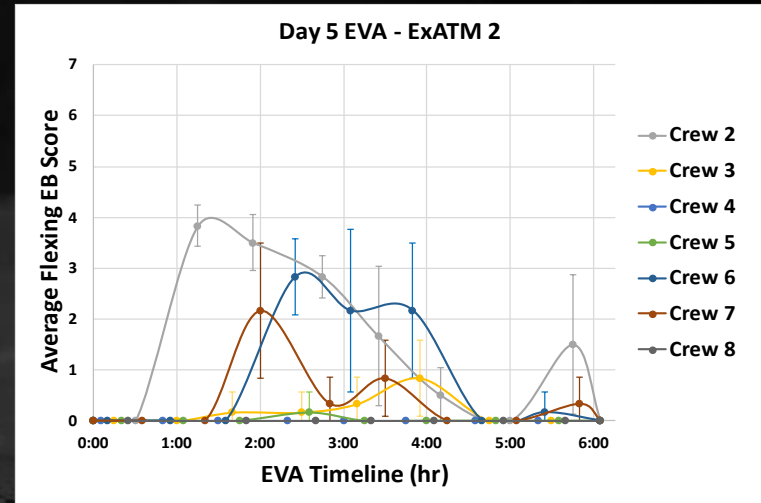
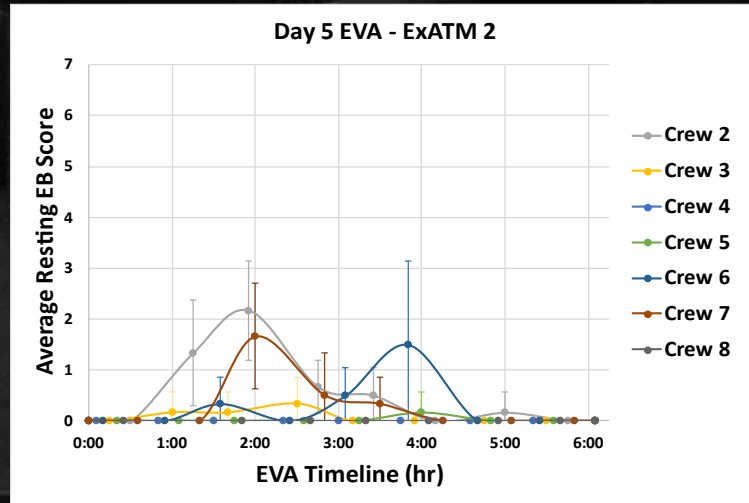
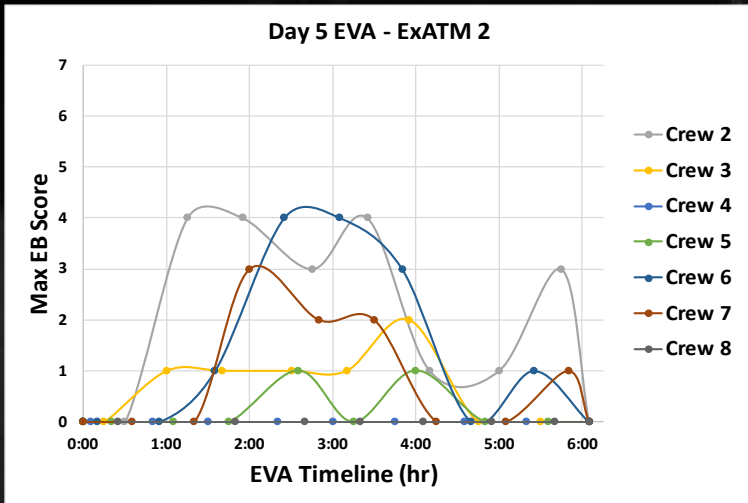
2023-06: EA2 EVA2



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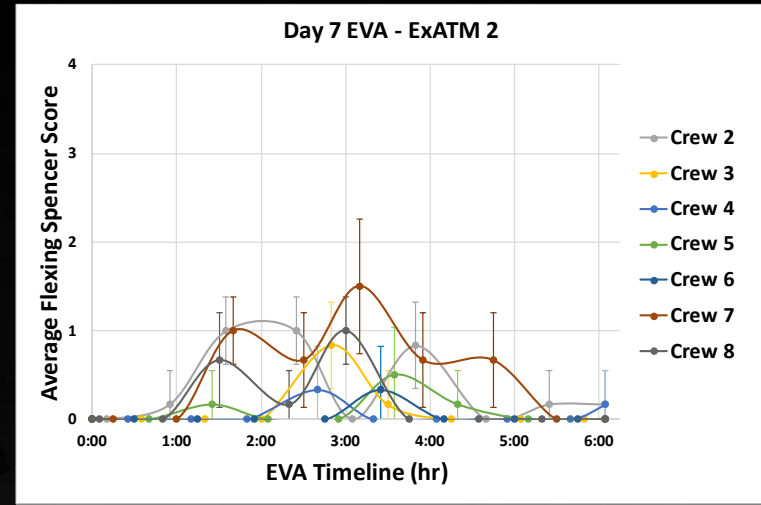
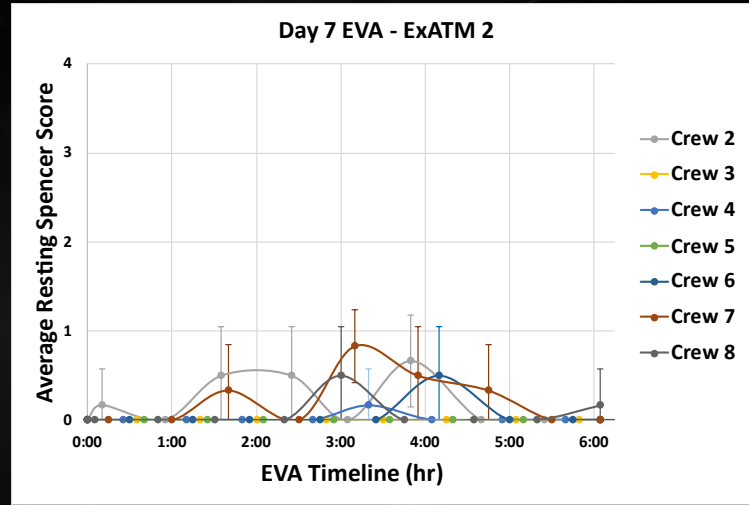
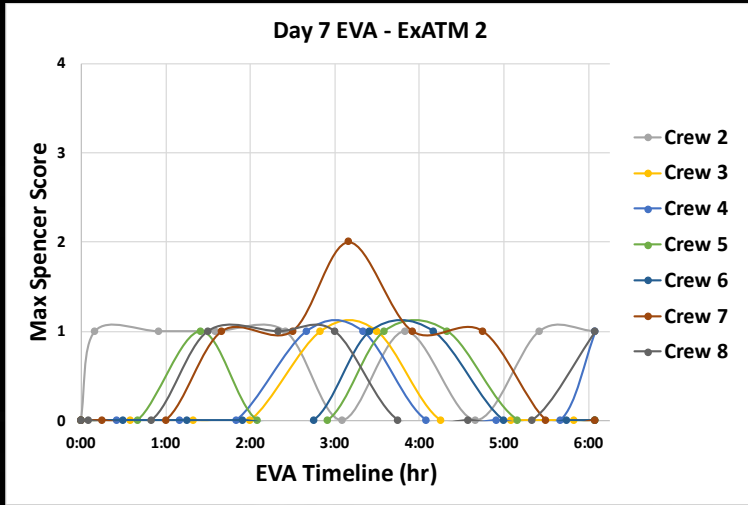
U/S



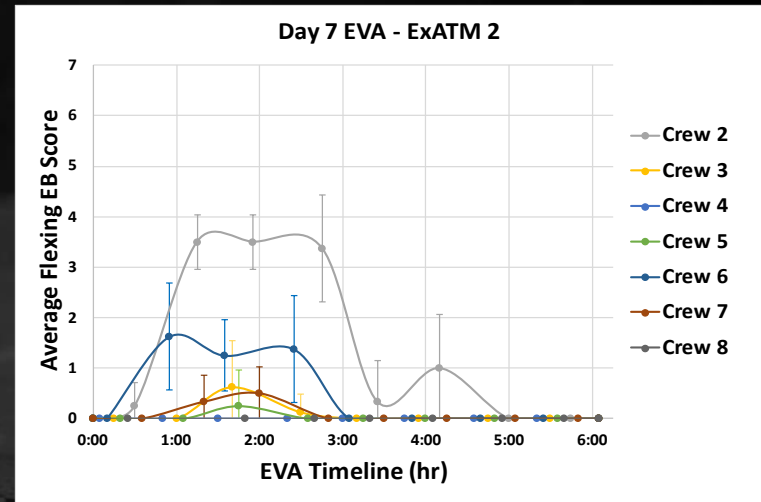
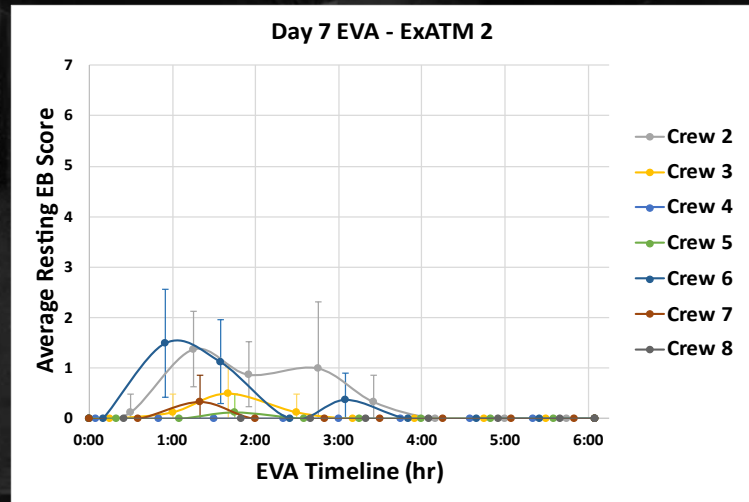
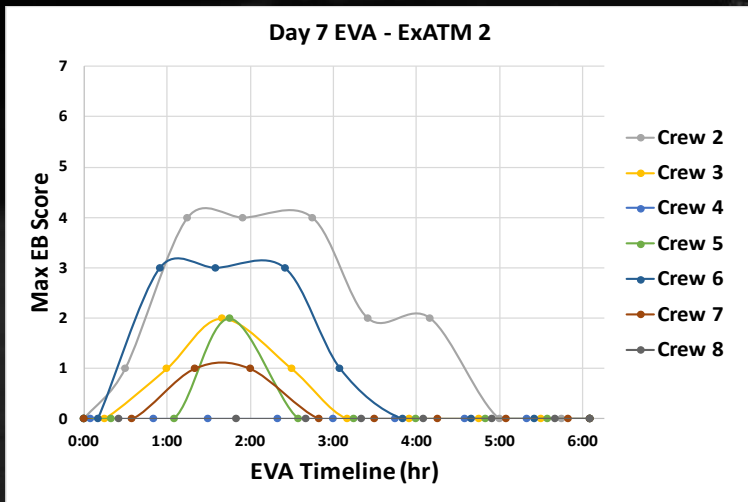
2023-06: EA2 EVA3



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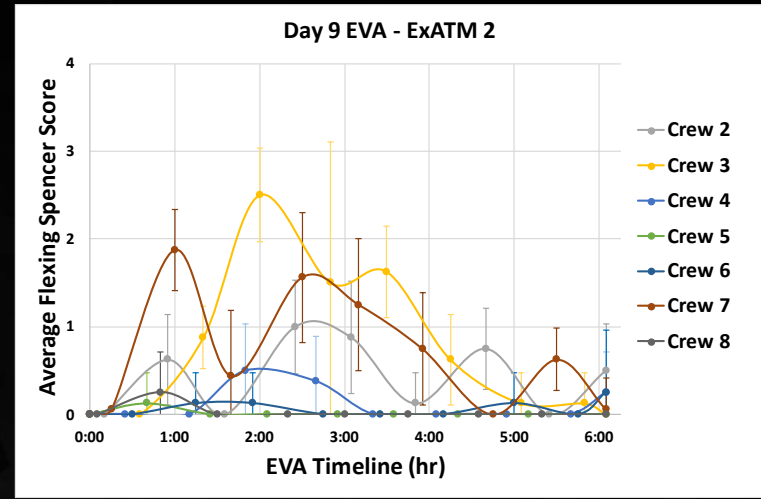
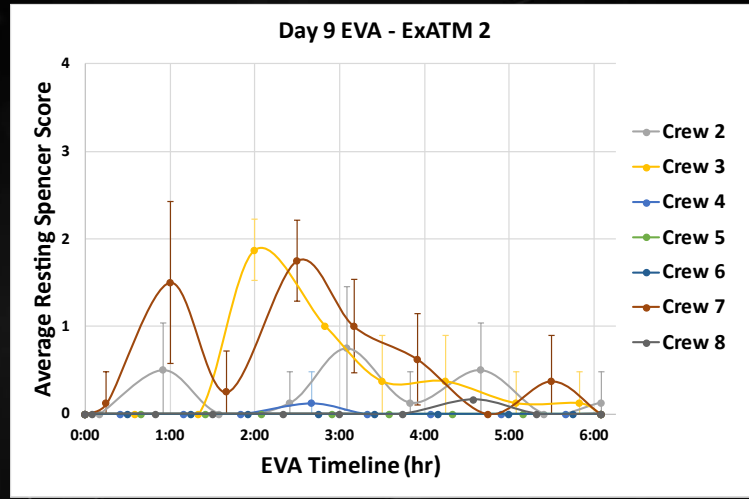
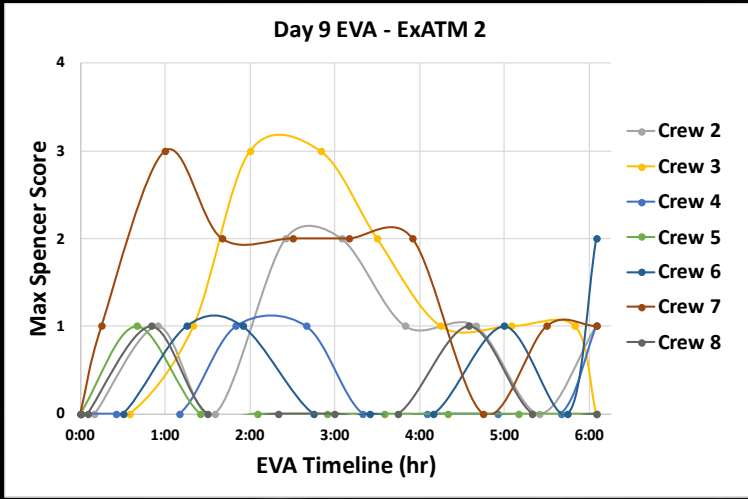
U/S



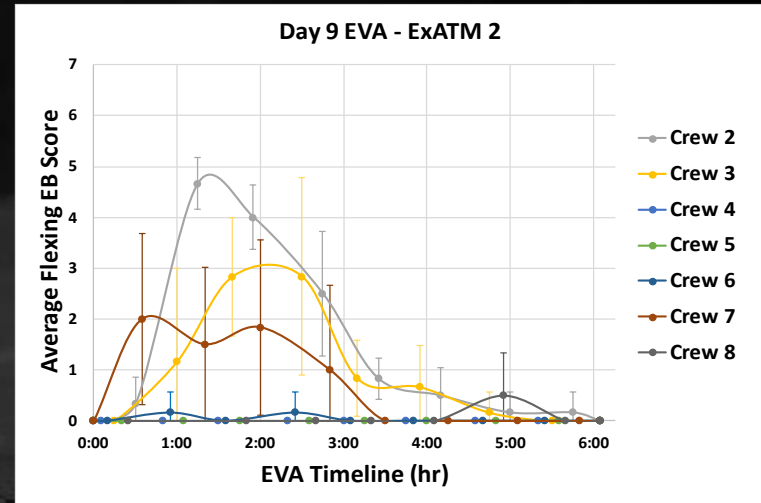
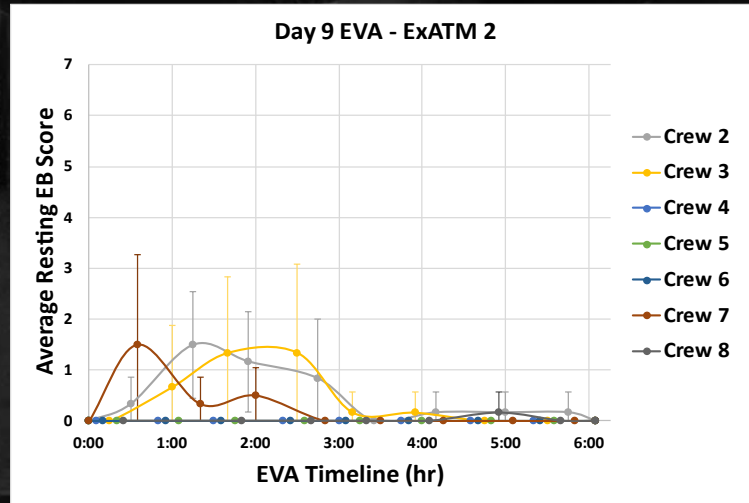
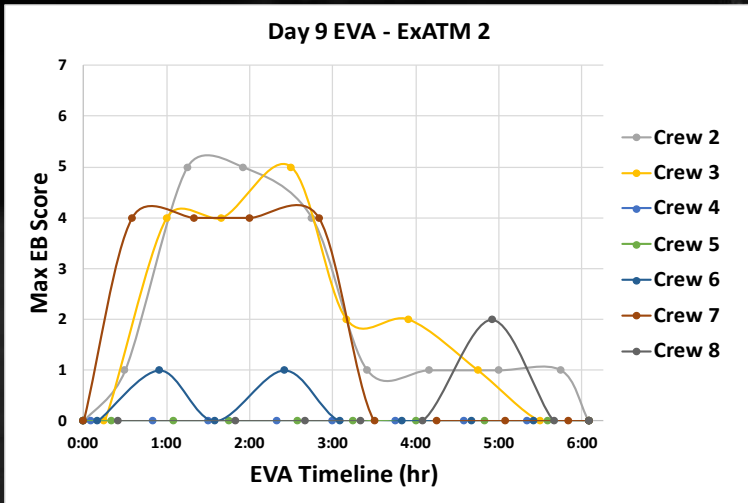
2023-06: EA2 EVA4



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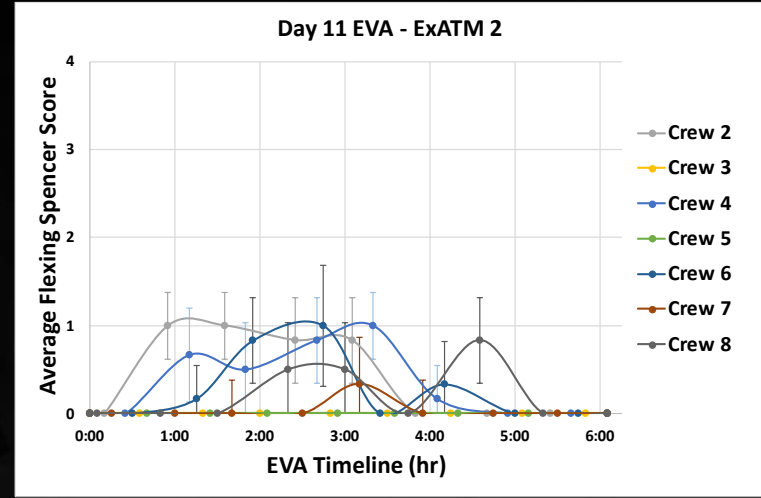
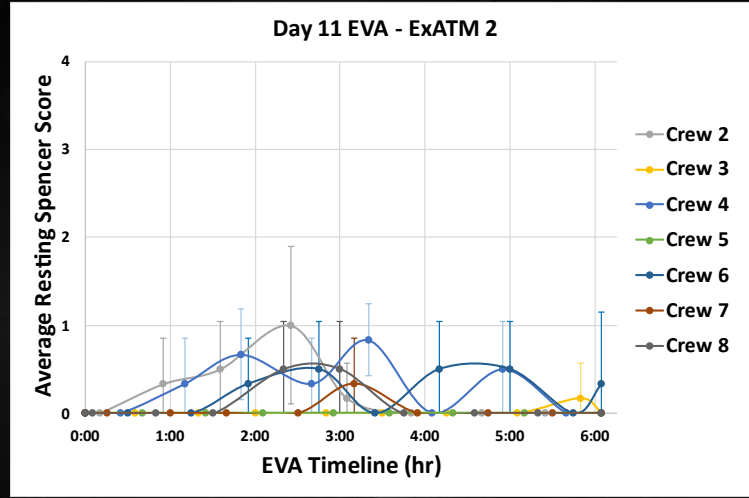
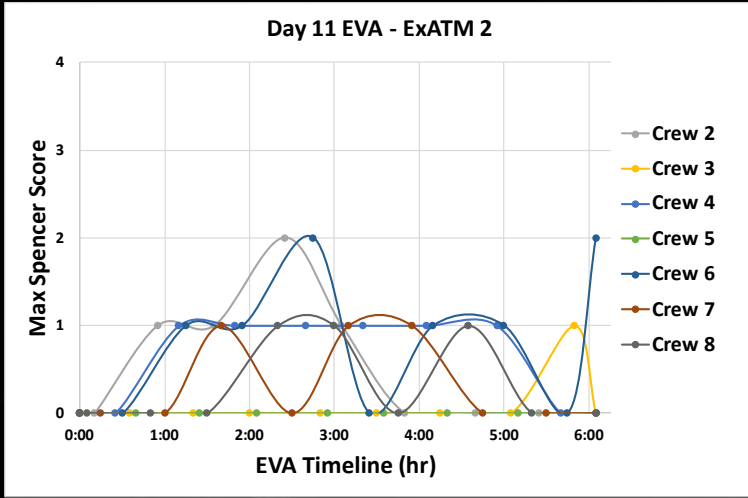
U/S



2023-06: EA2 EVA5



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U/S

