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DEPARTMENT OF THE NAVY
NAVY EXPERIMENTAL DIVING UNIT
Panama City, Florida 32407



NAVY EXPERIMENTAL DIVING UNIT REPORT NO. 11-80

TESTING OF DECOMPRESSION ALGORITHMS
FOR USE IN THE U. S. NAVY UNDERWATER
DECOMPRESSION COMPUTER

PHASE I

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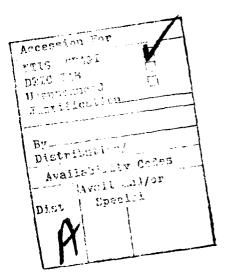
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selected as being the most suitable for programming the UDC. The method chosen would not decompress divers safely from all profiles so it's use was restricted to a maximum time of 30 min at 150 FSW. This restriction was integrated into the program so the UDC could warn the diver if he were exceeding permissible limits at any depth. A total of 178 man-dives were done within the restriction placed on the UDC with only 2 cases of decompression sickness observed. A series of non-repetitive diving tables using the selected method was also produced to permit safely diving the MK 15 UBA without a UDC.

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This report was initially distributed to a limited number of people and was entitled, "Preliminary Report, Testing of Decompression Algorithms

For Use in The U.S. Navy Underwater Decompression Computer". Since its distribution, the report has been referenced several times so it was decided to officially promulgate it in the present form. Further testing of algorithms for use in the decompression computer will constitute separate reports.



ABSTRACT

Methods for programming a wrist worn Underwater Decompression Computer (UDC) were investigated and tested. All testing was done on the MK-15 UBA which supplies a constant P_{0_2} of 0.7 ATA in N_2 . Testing was done submerged in water temperatures of 73 - 78°F and with dive subjects performing moderate exercise. A total of 445 man-dives were conducted to depths of 175 FSW, and a total of 22 cases of decompression sickness occurred. A total of 5 methods for computing decompression profiles were investigated and of these one was selected as being the most suitable for programming the UDC. The method chosen would not decompress divers safely from all profiles so it's use was restricted to a maximum time of 30 min at 150 FSW. This restriction was integrated into the program so the UDC could warn the diver if he were exceeding permissible limits at any depth. A total of 178 man-dives were done within the restriction placed on the UDC with only 2 cases of decompression sickness observed. A series of non-repetitive diving tables using the selected method was also produced to permit safely diving the MK 15 UBA without a UDC.

Introduction:

The U.S. Navy Underwater Decompression Computer (UDC) is a small wrist-worn microprocessor capable of monitoring both depth and time and using this information to compute decompression profiles. The UDC was developed specifically for the Special Warfare Community by the Naval Ocean Systems Center (NOSC) in Hawaii to be used as part of the Swimmer Life Support System (SLSS) package. The SLSS package consists of the Underwater Decompression Computer (UDC), the MK-15 Mod-0 Underwater Breathing Apparatus (MK-15 UBA), and a Full Face Mask (FFM).

The mission of Special Warfare divers requires that they perform long duration, multiple depth dives, making the use of conventional diving tables impractical.

Recent advances in microprocessor and depth transducer technology had made it possible to build a small, easily carried decompression computer and NOSC Hawaii was contracted to build a prototype for evaluation. The Navy Experimental Diving Unit was tasked with evaluating various algorithms for computing decompression profiles and to perform man-testing to decide which profiles were safe. The initial requirements for developing the UDC were that it compute safe decompression profiles to depths of 175 FSW using a breathing gas with a constant 0.7 ATA of 0, in N,.

Furthermore, the UDC had to perform satisfactorily over a mission profile of 6 hours which was the operational limit of the MK-15 UBA component of the SLSS package.

The UDC gives the free swimming diver ultimate flexibility by constantly updating his decompression requirements thus providing the diver with a decompression schedule ideally suited to his particular depth/time profile. It performs this function by monitoring diver depth every 2 seconds and using a algorithm to compute a safe ascent depth (SAD). The SAD is displayed concurrently with the diver's actual depth so that at any instant in time the diver knows exactly what his actual depth is and to what depth he could safely ascend. Upon reaching the SAD, the diver waits until the SAD decreases thus allowing him to safely ascend to the next shallower stop. Thus, by continuously matching his depth to the SAD, the diver will eventually decompress to the surface. Once on the surface, as long as the UDC remains turned on, it will continue to update his decompression status so that when he enters the water for a repetitive dive, the UDC will take into account all previous dives in computing the new decompression schedule.

Thus, assuming the proper algorithm is used, the UDC can safely guide the free swimming diver through the most intricate depth/time profile no matter how many excursions or surface intervals are included.

This report describes the results of some 445 man dives performed at the Navy Experimental Diving Unit in evaluating various methods of computing decompression schedules for use in the UDC. Recommendations as to which method should be used and any restrictions placed upon its use are also included.

Methods:

Navy and Army divers as subjects. All divers were given a complete diving physical before participating in the study, and were examined before and after each dive by a Diving Medical Officer. Each diver was thoroughly trained on the dive protocol. Divers were grouped into 2 teams of 12 to 15 for each study, 10 divers being selected from a given team for each dive. The dive schedule was arranged so that every diver had a minimum of 36 hours between dives. After surfacing from a dive, divers were required to remain at the chamber facility for 2 hours and then to be within 30 minutes of the chamber facility for the next 4 hours. The chamber facility was kept in standby for treatment for a full 24 hours after any dive.

Two dive series were successfully conducted, the first consisting of 197 man-dives, the second consisting of 208 man-dives. All dives were done in the wet chamber of the Ocean Simulation Facility of the Navy Experimental Diving Unit, with all divers kept in the water for the entire dive.

Water temperature was kept between 73-80°F and all divers wore standard 3/8" neoprene wetsuits consisting of "farmer john" trousers, jacket, hood, gloves and boots. The water temperature was selected to chill the divers to just the point of being uncomfortable without causing dive aborts. All the divers

breathed from a MK-15 Mod 0 closed-circuit UBA
set to deliver a constant partial pressure of 0.7 ATA

0₂ in nitrogen. With the MK 15 set to deliver .7 ATA

0₂, the actual P₀₂ of the breathing gas varies
between 0.6-0.8 ATA 0₂. The divers were usually breathing
from the MK-15 UBA for the entire dive but occasionally
the divers would have to exit the wet pot and come off
their UBA's and breathe chamber atmosphere for short
periods due to a UBA malfunction. Chamber atmosphere
was always air; therefore any occasion where the diver breathed
chamber atmosphere was kept as short as possible so his
decompression obligation did not significantly differ from
that of his fellow divers.

The first series of 197 man-dives were performed using pre-printed profiles generated by a Hewlett Packard HP-21 MX Computer. The HP-21 MX was programmed to generate decompression profiles using exactly the same algorithm as used by the UDC. Several problems were encountered in accurately following pre-printed profiles since there was typically several holds of up to 10 minutes duration during descent because of ear squeezes which could not be anticipated during profile generation. During the second series of dives,

the HP-21MX Computer continuously monitored chamber depth from an Ascroft Digigauge and updated the divers decompression status every 2 seconds. Thus, any holds or deviations from the planned dive profile were taken into account in computing the decompression profile. The diver's depth and SAD were continuously displayed on a CRT computer display at the chamber control console and diver depth was matched to the displayed SAD during decompression. Dive profiles were recorded by the computer such that after a dive both the diver depth and SAD could be plotted by a digital incremental plotter.

All divers were always decompressed on exactly the same schedule and when in the wetpot were approximately 10 FSW deeper than the chamber depth. The divers entered the wetpot one at a time at the start of the dive, approximately 5 minutes elapsing from the time the first diver entered the water until the last diver entered the water. When all divers were in the water, they swam down to the 10 FSW depth and after a 5 minute equipment checkout the chamber and wetpot were compressed. Since the HP-21MX Computer was programmed to add 10 FSW to the chamber depth to calculate diver depth, as soon as the computer program was started it assumed the diver depth was 10 FSW. The computer program was started when the first diver entered the water and during the initial 5 minute period which it took all divers to enter the water, the computer was calculating the diver's decompression schedule as if they were at 10 FSW.

Independent calculation indicated that this 10 foot discrepancy in depth at the beginning of the dive could last up to 10 minutes without significantly affecting the decompression profiles for the dives used in this study.

The algorithm for computing decompression profiles is essentially that of Braithwaite (1) which was based on Workman's method (7). Nine halftime compartments with halftimes ranging from 5 to 240 minutes are used. Gas uptake and elimination from these compartments is described by the formula:

(1)
$$P_{\text{new}} = P_{\text{IN}} + (P_{\text{old}} - P_{\text{IN}}) \times 0.5$$
 (T/T_{1/2})

P = Compartment inert gas partial pressure at the end of time interval T.

Pold = Compartment inert gas partial pressure at the start of time interval T

P_{IN} = Ambient inert gas partial pressure at the beginning of time interval T

T_t = Compartment halftime

T = Time Interval

The ambient inert gas partial pressure $(P_{\overline{1N}})$ is calculated from the formula:

$$(2) \quad P_{IN} = P_{A} - P_{0_{2}}$$

P = Absolute ambient hydrostatic pressure

P₀₂ = Partial pressure of oxygen in the breathing gas

All pressures used in the calculation were in feet of seawater (FSW) with 33 FSW being equal to 1 ATA. Thus, for the MK-15 UBA with a constant PO_2 of 0.7 ATA, the PO_2 used in the calculation would be:

0.7 ATA X 33
$$\frac{\text{FSW}}{\text{ATA}}$$
 = 23.1 FSW of 0₂

The decompression computer updates the compartment gas tensions every 2 seconds therefore the time interval in equation (1) is:

$$T = \frac{1}{30} Min$$

If depth is changing, then P_A in equation (2) will not be constant over the time interval T. In the evaluation of equation 1, the UDC uses the P_A which exists at the beginning of time interval T. With ascent and descent rates of up to 75 FPM, making the time interval T shorter than 2 seconds does not significantly increase the accuracy of equation 1, thus the 2 second time interval is felt to produce a very small error in calculations made during ascent and descent.

When a diver is using the UDC, there will be occasions where he may be at the surface breathing air for various periods of time. The P_{N_2} of air is 26 FSW of N_2 which is quite different from the 10 FSW of N_2 present in the breathing gas of the MK-15 UBA when the P_{0_2} is 0.7 ATA. In order to provide for surface intervals breathing air, the UDC is programmed so that whenever the diver depth is less than 3 FSW, the P_{0_2} in equation 2 will be assumed to be .21 ATA (7 FSW of 0_2) which will make the P_{N_2} 26 FSW of N_2 . If the diver should breathe from his MK-15 UBA while at the surface, he will not get into any problems since the P_{0_2} in the breathing gas of the UBA is higher than that being assumed by the UDC. Once the diver descends below 3 FSW, the P_{0_2} in equation 2 is again 0.7 ATA.

Decompression was regulated by table of "M-values". An M-value is the maximum permissible compartment inert gas tension at any depth. In computing the SAD, the UDC compares the inert gas tensions in each of the 9 compartments to their M-values and picks the shallowest depth at which all compartment gas tensions are less than or equal to their respective M-values.

The M-values were computed in 10 FSW increments, thus the SAD is always in 10 FSW increments, which means that the stops during decompression are in 10 FSW increments.

It was anticipated that during the course of the study, the method of computing decompression profiles might have to be changed should it become evident that a particular set of profiles were unsafe. This was done in all cases but one by changing the M-value table. Four sets of M-values were used in the course of this evaluation, these are listed in Appendix 1. Decompression calculation modifications designated as Mod-1, Mod-2, Mod-3, and Mod-5 used the respective M-values as shown in Table 1 and used a P_{0_2} of 23.1 FSW of θ_2 (0.7 ATA) in equation 2. The decompression calculation modification designated as Mod 4, used MVAL 3 as the M-value table but used a value of 19.8 FSW of θ_2 (0.6 ATA) in equation 2. In all of the decompression calculation modifications, the same algorithm was used to compute the decompression profiles.

There were eventually 12 different dive profiles tested using the UDC program. These are shown in Table 2. These profiles were chosen because they represented cross sections of worst-case profiles for the particular depth used. In addition, since the SLSS would be used for multiple repetitive dives, several multiple repetitive dives were included in the series. These profiles were 5 to 6 hours long, which is the practical

TABLE 1 $\begin{tabular}{lllll} M-VALUES & AND & P_0_2 & USED & IN & THE & VARIOUS & DECOMPRESSION \\ & & CALCULATION & MODIFICATIONS & \end{tabular}$

Decompression Calculation Modification	M-Value Table Used	P ₀₂ In Equation 2 (ATA)	
Mod-1	MVAL 1	0.7	
Mod-2	MVAL 2	0.7	
Mod-3	MVAL 3	0.7	
Mod-4	MVAL 3	0.6	
Mod-5	MVAL 5	0.7	

TABLE 2
TEST DIVE PROFILES

Profile	Depth/Time Combinations
1*	$175/30 \rightarrow 10/60 \rightarrow 175/30$
2	175/60
3*	$150/30 \rightarrow 30/120 \rightarrow 150/30$
4*	$125/30 \rightarrow 10/30 \rightarrow 125/30 \rightarrow 10/30 \rightarrow 125/30$
5*	$75/30 \rightarrow 10/15 \rightarrow 75/30 \rightarrow 10/15 \rightarrow 75/30 \rightarrow 10/15 \rightarrow 75/30 \rightarrow 10/15 \rightarrow 75/30$
6	150/60
7	150/45
8	100/60
9	150/30
A	100/45
В*	
_	$150/30 \rightarrow 10/90 \rightarrow 150/30$
С	75/120

All number pairs are Depth (FSW)/Time (Min)

Times indicate actual time at the indicated depth and do not include descent time, or decompression time.

The last decompression was always to the surface.

On multiple depth dives in going from a deeper depth to a shallower depth, any required decompression stops were taken. Thus, the total ascent time depended on the Decompression Calculation Modification being used (see Appendix 2).

duration of the gas supply in the MK-15 Mod 0 UBA component of the SLSS. During the testing of the dive profiles, 2 subjects at a time exercised on underwater bicycle ergometers for periods of 10 - 20 minutes at work rates of 25-50 watts, after which two new subjects took their turn on the ergometers. This rotation continued throughout the entire dive profile so that all subjects were exercised approximately the same amount. The 25-50 watt work load was estimated from previous exercise studies to produce oxygen consumptions of 0.8 - 1.25 1/min.

Ascent and descent rates used in this study were dictated by the limitations of the chamber complex. Descent was 20 FPM and ascent 30 FPM to a diver depth of 30 FSW, 15 FPM from 30 - 20 FSW, and 5 FPM from 20 - 10 FSW. Divers surfaced by swimming from their 10 FSW depth in the wetpot to the surface of the wetpot at approximately 75 FPM.

Results:

The results of the 445 man-dives eventually completed are shown in Table 3. The broken line separates the dives of the first series where pre-printed profiles were followed from the second series where on-line computer generated profiles were followed. All cases of DCS are noted in the table. The letters key the cases of DCS with the descriptions in Appendix 3. All cases of DCS were successfully treated with no discernable residual effects. Decompression calculation Mod-1 was abandoned after 3 pain only decompression sickness (DCS) occurred on profile 2. Profile 1 had two cases of pain only DCS but this dive was felt not to be a true test of decompression calculation Mod-l since the two divers who acquired DCS had to breathe air during the latter stages of decompression because of a UBA malfunction. Mod-2 proved safe on profiles 3 - 6 but on the deep profiles 1 and 2, two central nervous system (CNS) DCS occurred forcing abandonment of MVAL 2. Mod-3 proved very safe in its initial testing phase indicating the MVAL 3 would generate safe profiles. Unfortunately, after 97 dives without a single case of DCS, the next 30 dives produced 4 cases of pain only DCS. In 3 cases, the divers who got DCS had been diving repeatedly during the previous several weeks of the study and it was felt that this sudden increase in incidence of DCS might have been due to diver fatigue. For

TABLE 3

1

TEST DIVE RESULTS

PROFILE	**1 PROFILE (175/30)*2 10/60	175/60	2 3 4 *3 5 175/60 (150/30)*2 (125/30)*(75/30)*5 30/120 10/30*2 (10/15)*4	4 *3 (125/30) 10/30*2	5 (75/30)*5 (10/15)*4	150/60	150/45	8 100/60	9	A 100/45	100/45 (150/30)*2 75/120	C 75/120
Mod 1	8/2(1) ^a	10/2(1) /1(2)									06/01	
Mod 2	$\frac{10}{9/1(2)^{\text{c}}} 9\left\{ \frac{1}{1} \left\{ \frac{1}{2} \right\}^{\text{d}} \right\}$	$9\left\{ \left\{ \left\{ \left\{ \left\{ \right\} \right\} \right\} \right\} \right\}$	∞	10	7	6						
Mod 3	6 9 10		9 10 10/1(1) ^{£*}	9 8 10/1(1)8	66	9 9 10/2(1) ^h			II ZI	ive Ser ay - Ju	Dive Series 1	
-15-			10	10/1(1) ^j		10/2(1) ^k				Dive Series 2	les 2	
Mod 4						10/1(1)			1	Feb - Mar 1978	r 1978	
Mod 5			9 10 9	10 10 10	10 10 10	10 (1) d (1) d (1) d (1) T	10/3(1) ^m 10/1(2) ⁿ	10/1(2) _n	# 10 10	10	# 10/1(2) ^P	10
-	* A11 40						7					

* All 10 subjects treated

Dives used in computing DCS incidence for Mod-5 restricted (see text).

For profile abbreviation convention, see Appendix 2.

Number pairs represent NUMBER OF SUBJECTS/DCS (Type of DCS). Single numbers represent the number of subjects on

DCS Types:

1 - Pain Only2 - CNS3 - Cardiovascular

Letters key DCS with descriptions in Appendix 3.

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this reason Dive Series I was concluded and a new crew of dive subjects recruited for Dive Series 2. During this second dive series, one team of divers dove only on Mondays and Thursdays and the second team only on Tuesdays and Fridays. This gave a minimum of 60 hours between dives which was adequate to prevent diver fatigue and preclude any possibility of inadequate decompression between dives. Of the initial 30 man-dives of Dive Series 2 using MVAL 3, three cases of pain only DCS occurred and it was felt that this incidence of DCS was unacceptable. Ten man-dives were done using decompression calculation Mod-4 and dive profile 6 with one case of pain only DCS. Since profile 6 was so much longer using Mod-4 than Mod-3 (Appendix 2) it was felt that just dropping the PO $_2$ used in calculating P $_{TN}$ from 0.7 ATA to 0.6 ATA was not going to produce safe tables so MVAL 5 was calculated. The basis for calculating MVAL 5 were:

- (1) All M-values the same for any compartment at a given depth
- (2) Total decompression time equal to but not less than Mod 3 for profiles 3, 4, 5, 6
- (3) Decompression stops deeper than in Mod-3 profiles.

As can be seen in Appendix 2, these goals were met in all cases except for profile 6 where Mod-5 produced a decompression profile about 3.5 min shorter than Mod-3. This small difference was felt to be insignificant and it was thought that the deeper stops would compensate.

Profiles 1 and 2 were not to be included in the testing of Mod-5 unless all other profiles proved safe. Therefore, the fact that profile 2 had a shorter decompression time using Mod-5 than Mod-3 did not dissuade from testing Mod-5. Should profile 2 have eventually been tested and proven unsafe, it could have been lengthened in its deeper stops without affecting the shallower profiles.

The results of the testing of Mod-5 using MVAL 5 are shown in Table 3. Profiles 3, 4, and 5 produced no DCS in 98 man-dives. Profile 6 however produced 3 cases of DCS in 20 man-dives, one case being serious with cardiovascular symptoms which responded to treatment with no residual effects. Failure to get safe dives on profile 6 with any of the decompression calculation modifications led to the abandonment of the 60 minute bottom interval at 150 FSW and search for the maximum safe bottom time at this depth. Three pain only bends on the 150/45 schedule (Profile 7) led to a 150/30 schedule (Profile 9) which produced 20 DCS free man-dives. Having determined that 30 min was a safe bottom interval at 150 FSW, it was decided not to test profiles any deeper than 150 FSW but to try a variety of new profiles shallower than 150 FSW to gain as much data as possible in the depth range of 75-150 FSW during the remaining time allocated for the study. goal was to determine the maximum safe bottom intervals at 100 and 75 FSW. Profile 8 (100/60) gave 1 case of pain only DCS

in 10 man-dives but the 100/45 profile (Profile A) gave 20 DCS free man-dives. The last dive of the series (Profile B) was similar to profile 3 except that the surface interval was 90 minutes at 10 FSW rather than 120 minutes at 30 FSW. Ten man-dives were done using Profile B with one case of DCS.

regarding the expected incidence of DCS assuming that the occurrence of DCS follows a binomial distribution at a 90% confidence limit. The entire study consisted of 445 man-dives with 22 cases of DCS giving an expected DCS incidence of 6.5%. The numbers of dives done using decompression calculation Mod-1 and Mod-4 are too few to get meaningful statistics. Using Mod-2, three cases of DCS occurred in 62 man-dives giving an expected incidence of 8.5%. When schedules were computed using Mod-3, seven cases of DCS occurred in 157 dives giving an expected incidence of 6.3%. The 208 man-dives done using Mod-5 gave rise to 8 cases of DCS giving an expected DCS incidence of 6.2%.

Discussion:

The Workman method of computing decompression schedules

(7) is basically a refinement of the techniques proposed

by Dwyer (4, 5) and used by DesGranges (2) in computing the

U.S. Navy Standard Air Tables. Braithwaite (1) put the Workman

method into a form more suitable for creating computer algorithms.

The M-values used to compute the standard air tables were computed from the formula:

(3)
$$M = .79 \times .33 \times \left[\left(\frac{S_T}{R} \right)^{10} + R-1 \right]$$

M = Maximum permissible inert gas tension at a given depth for a given halftime compartment.

 $R = M/P_A$

PA = Absolute ambient pressure

S_T = Empirically derived surfacing ratio for compartment with halftime T

It should be noted that this formula is totally empirical and is not derived from any physiological considerations. To find the M-values for a given halftime compartment, the value for the surfacing ratio $S_{\rm T}$ and ambient pressure $P_{\rm A}$ are put in equation 3 and the equation solved for M by standard iterative techniques. The M-values used by DesGrange to compute the Standard Air Tables appear in Table D of Appendix E of NEDU Report 6-65 (7). Unfortunately, if one uses these M-values to compute the Standard Air Tables, not all of the resultant tables

agree with those published in the U.S. Navy Diving Manual. The reason for this is that non-systematic modifications were made to certain tables after initial computation. MVAL 1 was computed using equation 3 by adjusting the 9 surfacing ratios so that when a set of air tables were computed using these M-values they were a very close approximation to the Standard Air Tables. Where differences between the computed tables and the Standard Air Tables occurred, the computed tables always had longer total decompression times and deeper stops. Having a method which would accurately compute the Standard Air Tables, it was felt that safe constant 0_2 partial pressure tables for N_2 - 0_2 could be computed by merely using equation 2 to compute the inert gas tension instead of the equation used in computing air tables which is:

(4) $P_{IN} = P_A * F_{N_2}$ $P_{IN} = inert gas tension$ $P_A = absolute ambient pressure$ $F_{N_2} = fraction of nitrogen in breathing gas$

When Mod-1 was used to compute repetitive dive profiles, the resultant repetitive decompression schedules were much shorter than found using the procedures outlined in the U.S. Navy Diving Manual. The reason for this is that the residual nitrogen times used in determining which

table to use for a repetitive dive assumes that the 120 minute compartment will control decompression (3, 5). Since there was no way of knowing in advance if the repetitive dive procedures in the diving manual were over-conservative, MVAL 3 was computed such that repetitive dive decompression schedules on air were more in line with those obtained from the diving manual. The basis for computing MVAL 3 was a 190 FSW dive for 30 min with a 30 min surface interval followed by another 190/30 dive. MVAL 3 was computed such that the repetitive 190/30 decompression profile computed using Mod-3 was similar to the decompression schedule obtained using the standard repetitive dive procedures (for a 30 min surface interval, the residual nitrogen time would be 26 min, therefore the decompression schedule for the repetitive dive would be the same as a 190/60 table). In doing this, Mod-3 gives a longer decompression profile for the first 190/30 dive than the Standard Air Tables and thus the total decompression time for the two dives is 34 minutes longer than the schedules obtained from the diving manual. MVAL 2 was computed such that the total decompression time for two 190/30 profiles separated by a 30 min surface interval computed using Mod-2 was about the same as that obtained from the diving manual. Equation 3 was used to compute all three sets of M-values by empirically adjusting the 9 surfacing ratios (S_m) until the desired results were obtained.

The results of the Dive Study 1 indicated that both Mod-1 and Mod-2 produced decompression profiles with an unacceptably high incidence of DCS (Table 3). The surprising finding was that the highest DCS incidence for the two sets of M-values were on the single dive profile 2 (175/60), while the repetitive 175/30 profile 1 proved relatively safe.

Based on experience gained from the testing of decompression calculation Mod-1 and Mod-2, it was decided not to test the 175/60 profile until all others proved safe. Mod-3 produced safe decompression schedules for all tested profiles initially, then a rash of DCS occurred on previously safe profiles. One case of DCS was in a diver who was diving in the study for the first time. The other three cases were in divers who had already been subjects on several dives in the study. Although the random nature of DCS occurrence does not preclude cases of DCS occurring together with long periods of DCS-free diving interspersed, Dive Series 1 was concluded at this point so that the data could be analyzed and a further course of action plotted. A total of 12 cases of DCS occurred during Dive Series 1, all cases being of the pain only type except for 2 CNS

symptoms which were both manifested by blurred vision.

Both CNS cases occurred after the deep 175 FSW profiles
using MVAL 2. Since all cases of DCS using Mod-3 were
of the pain only type and since they occurred on consecutive dives, it was felt that Mod-3 should be retested with
a fresh crew of divers to rule out some unknown cumulative
effect of diving causing increased susceptibility to DCS
during Dive Series 1.

The idea that long term cumulative effects caused the DCS which occurred during previous testing of Mod-3 was quickly dispelled when 3 cases of pain only DCS occurred during the first 30 man-dives of Dive Series 2. This discouraging note led us to try increasing the length of the decompression schedules by decreasing the P₀ in equation 2 from .7 ATA to .6 ATA. This would have the effect of lengthening the shallower stops proportionately more than the deep stops. Getting a case of pain only DCS on the first Mod-4 dive caused us again to reconsider the approach we were using to calculate tables. The result of this reconsideration was MVAL 5. MVAL 5 was computed from the following formulas:

for D ≤ 80 FSW

 $M = 67.46 + D \times (1.157) - (17.46 + 0.157D) \times 0.5$ (D/50)

for D > 80 FSW

 $M = 29.59 + 1.035 \times (D+33)$

where:

D = Depth in FSW

M-values for all halftime compartments were the same at a given depth. The above equations are empirically derived from a graphical analysis of helium-oxygen unlimited duration excursion limits for saturation diving (6) "adjusted" for use with nitrogen. The adjustment consisted of redrawing the graph such that tables computed from the resulting M-values had total decompression time greater than or equal to table computed using MVAL 3 for profiles 3, 4, 5, 6 but with deeper stops. As mentioned in the Results section, the fact that profiles 1 and 2 were shorter than using MVAL 3 was not felt to be important for initial testing since these profiles could be lengthened at a later date without affecting shallower profiles. The testing of Mod-5 using MVAL 5 produced 8 cases of DCS, one of which was a rather serious case involving cardiovascular symptoms. This particular case occurred immediately after the subject exited the chamber after completing a 150/60 dive. The subject appeared pale and complained of lightheadedness. On physical examination he was shivering and had postural hypotension. About 5 minutes after the

initial symptoms the subject complained of severe shoulder pain and at this point was compressed to 60 FSW on 02. responded well to compression and after receiving 2-3 liters of Lactated Ringers Solution I.V. his postural hypotension disappeared. Since the time at 60 FSW was 4 hours, the subject and tender were decompressed on a standard Navy saturation decompression schedule. During decompression, the chamber atmosphere was air. After treatment, the subject had no physical signs or symptoms of DCS but did complain of slight malaise which disappeared in a week. The subject had suffered a case of pain only DCS 21 days previously after diving on Profile 6 using Mod-4. He was the only case of DCS on that dive. Two other subjects on this 150/60 dive eventually displayed symptoms of pain only DCS several hours after surfacing. They were successfully treated on Treatment Table 5.

The one severe case of DCS was unnerving since all previous experience with the 150/60 profile gave rise to easily treatable pain only DCS. This dichotomy between DCS symptomatology in subjects on the same dive highlights the large variation in tolerance to decompression which individuals can exhibit. Thus, one must be prepared of the eventuality that previously DCS-free profiles or those which result in only mild DCS symptoms will occasionally produce severe symptoms in certain individuals.

As previously discussed under Results, the 60 minute bottom interval at 150 FSW was abandoned and a safe bottom

interval was sought. Then a safe bottom interval at 100 FSW was found and finally a variety of profiles between 150 and 75 FSW were tried. No profiles shallower than 75 FSW were tried because of time limitations and because the 0% observed incidence of DCS on the 75 FSW profiles (Profile 5, Profile C) using any set of M-values was taken to indicate that these shallow profiles would be fairly safe.

Statistically, there was no differnce in the expected incidence of DCS between Mod-5 and Mod-3 (6.3% vs. 6.2%).

This indicates that Mod-3 may be as safe as Mod-5 but restrictions of time prevented the testing of Profiles 8, 9, A, B, and C using Mod-3. Since the object of this testing was to find an operationally useful set of tables and since there appeared to be no distinct advantage of Mod-3 over Mod-5, no further testing of Mod-3 was considered and Mod-5 was chosen as the algorithm for use in the UDC.

Since it was felt that Mod-5 could not be used to decompress divers with an acceptable incidence of DCS from all the profiles tested, and since depths below 150 FSW were not tested, it was necessary to place restrictions on the depth/time durations for dives using Mod-5.

The restrictions were set by monitoring the gas tension in

the 40 minute compartment (P_{40}) and warning the diver when the gas tension exceeds some critical value. This warning is implemented by having the SAD display flash when P40 \geq 77 FSW of N₂. This flashing will continue until the diver decompresses to 30 FSW. Once at 30 FSW, if the diver tries to descend before $P_{40} \leq 48$ FSW of N_2 , the warning begins flashing advising him to remain at 30 FSW. It is not until $P_{40} \leq 48$ FSW of N_2 that the diver is allowed to descend again. The limits that this restriction places on initial bottom time and selected repetitive dives for various depths is qiven in Table 4. The "Max. Initial Bottom Time" in Table 4 is the time at which the warning would turn on after reaching the "Depth of Dive" from the surface. The "Allowable Repetitive Dive Time After Surface Interval" is the time at which the warning would turn on after reaching the "Depth of Dive" after the indicated "surface interval" had been taken. repetitive dive times in this table are only representative times for all profiles because the actual repetitive time will differ slightly depending on what the previous dive profile The times listed in the table are within 2 minutes of the actual times computed for each individual profile.

The underlined depths in Table 4 are the depths used in this study. As can be seen from the "Max. Initial Bottom

TABLE 4

Restricted Mod-5 Profiles

		120 Min	24	27	31	33	35	41	20	79	88	111	162	•		
		90 Min	23	26	30	32	34	40	84	62	98	109	160	88	<u> </u>	
	0 FSW	for 60 Min	22	24	27	29	32	37	45	59	82	105	155	tom times		
		30 Min	19	22	25	56	29	34	41	54	79	66	149	sated bot	- A	ime.
(Min) After "Surface Interval"		for 30 Min 60 Min 90 Min 120 Min	26	29	33	35	37	77	53	29	92	115	[167	warning. The indicated bottom times (hottom time alonamestion time)		at depth and do not include descent time
Surface	3	90 Min	24	27	31	33	35	41	20	99	88	111	162	arning.		includ
After "	10 FSW	for 60 Min	22	24	27	29	32	37	45	59	82	105	155	e the w		do not
1		30 Min	17	19	23	22	25	30	37	65	17	92	141	rever actuate the	; ;	pth and
Allowable Repetitive Dive Times		120 Min	22	24	27	29	32	37	45	59	82	105	155	ill never	3	
itive Di	20 FSW	for 90 Min	19	22	25	26	53	34	41	54	79	66	149	67 FSW w		actual times
le Repet		60 Min	17	20	22	24	26	31	38	20	72	93	142	rer than		resenta
Allowab	1	120 Min	17	20	22	24	26	31	38	20	72	93	142	*Dives shallower than 67 FSW will never actuate the warning.	of 360 Min.	#All times represent
	30 FSW	for 90 Min 120 Min	15	18	20	22	24	29	35	84	69	06	137	*Dive	of 3	#A11
Max Initial	Bottom Time#	(Min)	27	30	33	36	38	77	53	69	06	115	166	300	330	360
Depth of	Dive (FSW)		150	140	130	125	120	110	100	6	08	75	70	*09	\$0 *	*0*

Times", only single dive profiles 8, 9, A and C (Table 2) would be allowed with Mod-5 restricted. No single dive profile was tested at 125 FSW but it was felt that the safety of the 125/30 repetitive profile (Profile 4) established the safety of a single 36 min bottom time at To see how the restrictions placed on Mod-5 act during repetitive dives, one need only select the desired "surface interval" to be taken and read the allowable repetitive dive time at a given depth from the appropriate column. Note that the table assumes that all previous dives stayed for the maximum bottom time at a given depth. The restrictions would allow repetitive dive profiles 3, 4, 5, and B to be performed with slight modification. Profile 3 had the diver at 150 FSW for 30 min, decompressed him to 30 FSW where he remained 120 min then had the diver descend to 150 FSW for another 30 min. Table 4 shows that the first bottom interval would be limited to 27 min and that after spending 120 min at 30 FSW, the second bottom interval would be limited to 17 min. Profile 4 had the diver make three 125/30 dives with 10/30 surface intervals interspersed. Table 4 shows that the first 120 FSW dive could have a bottom time of 36 min but that the two repetitive dives made after a 10 FSW "surface interval" for 30 min would be restricted to 22 min. The first 150 FSW excursion in Profile B would be restricted to 27 min while the second

excursion to 150 FSW after a 10/90 "surface interval" would be restricted to 24 min. The restrictions impose no changes in diving Profile 5. Thus, the restrictions insure that all profiles will be well within the bounds of those profiles which were tested.

Several different methods of restricting the dive profiles were tried and the one adopted here gave the best overall fit to the profiles tested which were felt to be safe. Unfortunately, the initial depth requirement of 175 FSW could not be met because there was no time to test profiles deeper than 150 FSW using Mod-5. In order to modify or lift the restrictions further testing would have to be done. Ideally, one would like to do sufficient testing so that only a maximum depth restriction would be necessary for the UDC and that as long as that maximum depth was not exceeded, safe decompression profiles would be computed.

If one now considers only the profiles which fall within the restriction limits placed on the UDC (Table 3) one finds a total of 178 man-dives and 2 cases of DCS giving an expected DCS incidence of 3%. The one case of DCS on the 100/60 profile was initially felt to have CNS involvement in the form of very mild leg parathesia. However, upon reviewing the case, it was felt that at least part of the

symptoms were due to the diver being unusually cold and tired. The restriction placed on the DCS would limit the bottom interval at 100 FSW to 53 min and it was felt that allowing this time at 100 FSW was an acceptable risk. The one case of DCS which occurred on Profile B was attributed to the fact that this diver's MK-15 UBA malfunctioned during the dive letting the diver's inspired P_{0_2} to fall below .6 ATA. By manually adding 0_2 , the diver was able to just keep his P_{0_2} up to 0.6 ATA. When a decompression profile was generated assuming a P_{0_2} of 0.6 using MVAL 5, it was estimated that this diver had missed about 30 minutes of decompression. After careful analysis, it was concluded that using Mod-5 with the above described restrictions would allow divers to decompress with an acceptably low incidence of DCS.

At a depth of 67 FSW, the P_{N_2} of the inspired gas wifl be 77 FSW of N_2 and the warning limits will never be exceeded. Thus, at depths of 67 FSW or shallower, dive duration will be limited not by decompression requirements but by the UBA duration as indicated in Table 4. Also, and noted in Appendix 1, the surfacing M-value for all the tissues is 50 FSW of N_2 . This means that dives 40 FSW or shallower (the P_{N_2} at 40 FSW is 50 FSW of N_2 if the P_{0_2} is 0.7 ATA) no decompression is required no matter what the bottom time.

In testing any method of decompression profile calculation, limitations of time and money put an absolute limit on the numbers of experimental dives which can be performed before allowing the calculation to be used for operational diving. Statistically, one would have to do 30 man-dives on every conceivable profile with no DCS to establish an expected DCS incidence of 7.4% at the 90% confidence level. Doing more dives would drop the expected incidence but to decrease the expected incidence of DCS on each profile to less than 2% would require 120 bends-free man-dives. The impracticality of testing this exhaustively Therefore, some assumptions must be made and some degree of risk assumed. The assumption that must be made is that once a set of maximum safe depth/time limitations are found for a given method of decompression schedule calculation, than all profiles within those limits are safe. That is to say that when one tests dive profiles he is testing the validity of the method of computing the profiles and that all profiles test the validity of the computational method equally. This of course is not exactly the case since experience has shown that the deeper, longer profiles have a higher DCS incidence than shallower profiles. This is where the risk comes in. One must test his computational method under what he feels are a representative

worse-case condition knowing that by not testing all possible depth/time profile combinations, he may be missing a DCS provoking profile. With proper experimental design, however, this risk can be kept acceptably low.

It is felt that the testing of the UDC Decompression Program has met these criteria and that tables generated by decompression calculation Mod-5 restricted can be used in operational diving situations. Once used operationally, the large number of dives which will be accumulated on the UDC will provide further validation of Mod-5. Since there will initially be only a small number of UDC's, a very intensive follow-up could be made on all dives to insure all cases of DCS are reported and the causes fully understood. As experience is gained, areas requiring improvement in decompression calculation might become evident and appropriate corrections made.

When one is evaluating a new method of computing decompression profiles, it is natural to compare the incidence of DCS with that of the incidence on U.S. Navy tables. The large numbers of dives done on these tables has established them as the standard to which all others are compared. A review of data supplied by the Navy Safety Center on air dives requiring decompression covering the period January 1971 through December 1977 indicates that 15,311 decompression dives were done with a total of 73 accidents. Mod-5 with

restrictions was tested over a depth range of 75 to 150 FSW which is equivalent to a depth range of 80-170 FSW on air. In this depth range, the Navy Safety Center statistics show 312 dives done with bottom times comparable to the ones used in this study with a total of 2 cases of DCS giving an expected incidence of 1.2% assuming a binomial distribution and a 90% confidence level.

The validity of the above comparisons is highly questionable, however, since the methods of reporting DCS to the Navy Safety Center and the way it was reported in this study are totally different. Dives in this study were all done under worst-case conditions in cold water with the divers performing mild exercise. Depth was accurately monitored and decompression profiles were computed in exactly the same way each time. All cases of DCS were reported so that the actual incidence and the reported incidence of DCS were the same. In contrast to this, dives reported to the Navy Safety Center are done under a variety of conditions from warm to cold water and both at rest and performing exercise. Also, just because a particular table was used does not imply that the diver spent the entire time at that depth. When doing multi-depth dives, standard procedure requires the diver to assume that his total bottom time was spent at his deepest depth for purposes of selecting a decompression schedule. Also, divers are required to select a longer or deeper table

under conditions of cold water or when performing hard work, thus putting him on a longer decompression schedule that would be warranted if time and depth were the only considerations. Finally, there is probably a large gap between the reported incidence of DCS and the actual incidence of DCS. In our study, 7 of 22 cases of DCS occurred more than 5 hours after the dive and many were considered by the divers to be only normal aches and pains. It was only because of intensive coaching by the medical officer to report any ache or pain that these cases were recovered for treatment. Had these cases occurred in a typical operational setting, most would never have been reported and the symptoms would have resolved spontaneously. Thus, direct comparisons probably cannot be made between our study and Navy Safety Center statistics.

The decompression computation modifications in this study do not take into account individual susceptibility to DCS.

Our selection of divers was quite random and we had divers who had extensive deep diving experience and others whose diving was confined to shallow depths. There were divers who dove on profiles where DCS was common and never had symptoms of DCS while their fellow diver had only mild pain. We had no way of testing each diver in this study for individual DCS susceptibility but we feel that we had a representative cross section of individuals of varying susceptibility. However, we did not eliminate divers who got pain only DCS from the study. A diver suffering from pain only DCS was given a week off and then

returned to his dive team from which 10 subjects were randomly selected. Thus, we continued to dive the "more susceptible" individuals which means that the resulting decompression calculation method was not biased by removing the "more susceptible" individuals from the study. Notwithstanding, the incidence of DCS using schedules generated by Mod-5 restricted will undoubtedly vary slightly depending on the diver population. To develop a set of decompression schedules which would safely decompress all individuals would be possible but the resulting schedules might be impractically long. It is felt that Mod-5 restricted strikes a good compromise between incidence of DCS and total decompression time.

A comment should be made regarding environmental effects. The low water temperature used in this study was selected to chill the divers but warm enough so that the long duration dives would not have to be aborted because of thermal problems. If diving is done in water colder than used in this study, thermal protection would have to be increased so that divers would not get any more chilled than they were in this study. Should the divers thermal state deteriorate during a dive, it is expected that the DCS incidence will increase. The levels of exercise used in this study were felt representative of the levels of exertion which will be attained by divers using the SLSS package. However, prolonged periods of heavy exertion may increase the incidence of DCS somewhat. Heavy exertion sufficient to cause an increase, however, will probably rarely be encountered.

The level of 0, in the breathing gas used in this study varied between 0.6 and 0.8 ATA and was assumed to have an average value of 0.7 ATA. By changing the P_{0} in equation 2, decompression schedules for various inspired Po2's could be computed. The algorithm used in Mod-5 for computing decompression schedules assumes that oxygen plays no role in producing DCS. This is an area of some controversy and debate. If one wanted to breathe a higher P_{0_2} and reprogram the UDC to take advantage of the higher P_{0_2} , the algorithm used in this study might not produce decompressions with the same DCS incidence found in this study. Similarly, if it were necessary to lower the P_{0} significantly (i.e., .3-.4 ATA), simply reprogramming the UDC by changing the Po, in equation 2 may not lengthen decompression adequately. Thus, the algorithm used in this study should not be used for computing schedules where the P_{0_2} in equation 2 was significantly different from 0.7 ATA without further study. It should be noted, however, that a UDC programmed with Mod-5 restricted assuming a P_{0} of 0.7 ATA could be used to safely decompress divers breathing a higher P_{0} than 0.7 ATA although there is no advantage in doing this.

DECOMPRESSION TABLES

A set of tables computed using Mod-5 restricted is presented in Appendix 4. These tables are for use when

diving N₂-0 with a constant P₀₂ of 0.7 ATA when the UDC is unavailable, such as on training dives. Repetitive diving is not allowed using these tables; the UDC must be used for all repetitive diving. Furthermore, it is recommended that only the UDC or the tables in Appendix 4 be used when diving a UBA which supplies a .7 ATA constant P₀₂ in N₂ and that equivalent air tables not be used.

Conclusions and Recommendations:

- (1) Dive Series 1 and 2 adequately tested the various decompression calculation modifications being considered for use in the UDC.
- (2) Decompression calculation Mod-5 restricted will decompress divers with an acceptibly low incidence of DCS.
- (3) The UDC be programmed with decompression calculation Mod-5 restricted using MVAL 5.
- (4) The UDC be used only with UBA supplying a constant partial pressure of at least 0.7 ATA 0_2 in N_2 .
- (5) Only the tables listed in Appendix 4 be authorized for use when diving UBA's providing a constant P_0 of at least 0.7 ATA in N_2 and their use be limited to non-repetitive dives only when a UDC is not available.
- (6) Special procedures be developed for monitoring fleet use of the UDC until a sufficient operational experience is gained.
- (7) Lifting or relaxing the restrictions imposed on Mod-5 be done only after additional testing.
 - (8) Divers be kept as warm as possible when using the UDC.
- (9) The feasibility of lock-in to a submarine when decompression is required using a .7 ATM 0_2 UBA be demonstrated.

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APPENDIX 1

M-value Tables

The M-values are the maximum inert gas tension which are permissible at the indicated depth.

In computing the Safe Ascent Depth (SAD) the UDC compares the 9 compartment gas tensions with the respective M-values beginning at the current diver depth. It then moves up the rows of the table to find the shallowest depth at which all of the compartment gas tensions are less than or equal to the indicated M-values. Once this row is found, the corresponding depth is then displayed as the SAD. The SAD is updated every 2 seconds.

All M-value units are given in FSW of N . (33 FSW = 1 ATA) Compartment Half-Times are in minutes.

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8	87.	543	8.7	£4₩	00 1/-	0 4 W	00 1/-	04W	œ	04W	00	ស 4 ស	84	54 W	() (0)	00 04 0	φ	543 ₩
9	100.		100				100	105	100		100.	105	100	105	100.	105	100	105
8	112.		112				112	652	112.		112	655	112	6 55	112	មិន ស្វា	112	655
9	125.		125				125	180	125		125	180	125	180	125	180	125	180
8	137.		137.				137	699	137		137	699	137	669	137	699	137	699
80	150		150				150	117	150		150	117	150	117	150	117	00 1	117
8 6	156.		156				156.	89 00 01	156		156	10 00 01	156	(A)	156.	10 00 00 00	156	895
100	167.		167.				167	245	167		167	245	167	245	167.	245	167	245
110	177.		177				177	595	177		177	មា មា ពិសិល្	177.	10 00 01	177.	(i) (i) (ii)	177	595
120	187.		187				187	945	187		187	945	187	945	187	945	187	945
130	198.		198.				198.	295	198		198	295	198.	295	198	295	198	295
140	208.		208.				208	645	208		208	645	200	645	288	6 40	288	645
150	218.		218				218	9	218		218	10 0 0 0	218	999	218.	9990	218	995
160	229.		229.				229.	W45	229.		229.	345	229.	345	229.	345	229	345
178	239.		239.				239.	695	239.		239	695	239.	695	239.	695	239.	969

APPENDIX 2

DIVE PROFILE COMPARISON FOR THE VARIOUS DECOMPRESSION CALCULATION MODIFICATIONS

All descents made at 20 FPM All ascents at:

30 FPM up to 30 FSW

15 FPM from 30 - 20 FSW

5 FPM from 20 - 0 FSW

Indicated times are all min:sec

Not all profiles were tested for each Mod. (See Table 3).

Depth (FSW) and Times (Min) of the profiles are indicated in abbreviated format next to the profile designator. For multiple depth dives, where a particular depth/time combination occurs more than once, the depth and time are in parenthesis and the number of times it occurred indicated by the multiplier outside of the parenthesis. The "surface intervals" between excursions to the deeper depth are indicated by the second depth/time combination. (Also, see Table 2).

Only stops are shown in the profiles; bottom times and bottom depths are not shown. The solid lines on multiple depth profiles indicate the beginning of a repetitive dive.

Profile 1 (175/30) x2 10/60

MOD Stops (FSW)	1	2,	3	4	5
110					1:06
100					1:40
90					1:30
80				~~~	3:02
70					3:14
60			1:00	1:34	5:38
50	1:34	3:34	4:54	5:44	7:32
40	5:58	5: 10	6:22	6:44	8:00
30	11:28	10:02	15:00	16:16	14:32
20	16:26	16:26	14:52	18:34	18:12
10	60:00	60:00	60:00	60:00	60:00
110					1:06
100					1:34
90					1:32
80					3:02
70					3:12
60			:56	1:32	5:26
50	1:28	3:28	4:48	5:50	7:32
40	7:00	6:10	8:44	11:40	8:10
30	15:24	14:46	16:04	20:24	17:22
20	27:52	33:38	35:28	46:32	29:50
10	51:44	55:44	79:20	93:12	52:26
TOTAL TI	DIVE ME: 292:26	303:30	332:20	381:34	349:10

Profile 2 175/60

Mod Stops (FSW)	1	2	3	4	5
120					0:42
110					2:32
100					2:34
90					3:20
80			:24	1:36	6:22
70	0:56	3:04	5:04	5:18	6:44
60	8:42	6:54	11:10	13:28	8:54
50	13:66	13:16	13:58	15:00	15:24
40	14:14	14:16	14:58	16:04	16:18
30	22:28	28:38	31:48	38:26	24:44
20	35:42	38:10	44:12	53:22	36:58
10	56:30	61:14	76:16	98:50	56:54
TOTAL D	229:35	243:19	275:37	319:51	259:13

Profile 3 (150/30)x2 30/120

Mod Stops (FSW)	1	2	3	4	5
90				-	0:16
80					2:14
70					3:14
60				~	3:24
50			1:04	2:22	6:44
40	3:16	5:12	6:22	6:44	8:00
30	120:00	120:00	120:00	120:00	120:00
90					:16
80					2:24
70				*** *** ***	3:14
60					3:50
50		0:18	2:38	4:06	7:34
40	5:40	6:10	9:04	12:20	8:00
30	15 :24	14:44	16:04	23:02	16:44
20	29:20	34:44	8:56ء	49:30	29:02
10	53:48	60:44	75:15	100:54	51:50
TOTAL 1	DIVE				
TIME	323:10	337:34	365:38	414:40	362:28

Profile 4 (125/30) x 3 (10/30) x2

Mod Stops (FSW)	1	2	3	4	5
70					0:22
60		*** ***	-		2:10
50					3:36
40			WED ago Map	0:06	3:52
30	0:18	1:50	3:50	5:14	8:14
20	6:44	7:10	7:38	9:50	8:48
10	30:00	30:00	30:00	30:00	30:00
70			over expe	40 Fp 40	0:22
60			and other		2:06
50					3:36
40				0:06	4:40
30	2:54	3:32	7:10	10:54	8:32
20	16:26	16:36	17:04	20:26	16:06
10	30:00	30:00	30:00	30:00	30:00
70					0:22
60				***	2:04
50					3:38
40				0:04	4:20
30	3:10	3:10	7:10	0:40	8:32
20	21:16	26:42	27:36	34:10	16:30
10	47:28	51:14	55:14	74:16	43:36
TOTAL TIME	DIVE 285:03	296:01	312:29	352:23	328:13

Profile 5 (75/30)x 5 (10/15) x 4

Mod Stops (FSW)	1	2	3	4	5
30					0:58
20					3:54
10	15:00	15:00	15:00	15:00	15:00
30		~~-			0:58
20					4:32
10	15:00	15:00	15:00	15:00	15:00
30	~ ~ ~ ~				0:58
20				4:14	4:54
10	15:00	15:00	15:00	15:00	15:00
30					0:58
20			6:44	3:34	4:54
10	15:00	15:00	15:00	15:00	15:00
30				***	0:58
20	esti dan end		0:12	5:26	4:54
10	26:30	34:18	45:52	55:14	22:34
TOTAL DIVE	275:37	283:25	286:55	314:35	299:39

Profile 6 150/60

Mod Stops (FSW)	1	2	3	4	5
90					1:12
80					3:04
70					6:06
60		0:44	2:58	4:22	7:06
50	5:58	5:38	9:24	11:40	7:32
40	14:14	14:02	14:56	16:04	15:54
30	15:24	15:24	16:04	20:00	17:22
20	27:52	33:24	36:08	41:08	28:44
10	45:16	49:06	54:10	64:14	43:12
TOTAL DIVE	184:26	194:00	209:22	233:10	205:54

Profile 7 150/45

Mod	1	2	3	4	5
Stops (FSW)					
90					0:30
80					3:02
70					3:12
60				0:18	6:12
50	0:50	2:50	5:02	6:12	7:32
40	6:12	6:10	8:22	10:36	8:00
30	15:24	14:06	16:04	17:22	16:46
20	16:26	16:46	19:22	25:06	18:10
10	32:54	73:52	40:44	49:20	34:48
TOTAL DI	VE				
1 1146	132:56	138:54	150:44	170:04	159:22

Profile 8 100/60

MOD	1	2	3	4	5
Stops (FSW)					
50	em 400 %				2:02
40					5:56
30		1:42	3:40	6:20	8:32
20	14:28	13:06	16:18	18:34	14:28
10	18:28	23:32	25:20	31:32	18:14
TOTAL DIVE TIME	104:56	110:20	117:18	128:26	121:12

Profile 9 150/30

MOD	1	2	3	4	5
Stops (FSW)					
90					0:10
80			=		1:26
70					3:14
60				****	3:24
50			0:18	0:54	4:30
40	0:46	2:42	4:32	5:24	8:00
30	6:34	6:46	6:56	7:24	8:32
20	13:42	12:20	15:42	18:30	15:48
10	16:36	20:18	22:26	28:08	18:28
TOTAL DIVE	83:48	88:16	96:04	106:30	109:42
					

Profile A 100/45

MOD	1	2	3	4	5
Stops (FSW)					
50					1:26
40					3:52
30			0:26	2:04	7:28
20	4:26	5:52	8:52	11:20	8:48
10	16:38	15:30	17:14	19:00	17:10
TOTAL	78:04	78:22	83:32	89:24	95:44

Profile B (150/30) x 2 10/90

MOD	1	2	3	4	5
Stops (FSW)					
90					0:10
80					1:26
70					3:14
60					3:24
50			0:18	0:54	4:30
40	0:46	2:42	4:32	5:24	8:00
30	6:34	6:46	6:56	7:24	8:32
20	13:42	12:20	15:42	18:30	15:48
10	90:00	90:00	90:00	90:00	90:00
90 '					0:10
80					1:22
70					3:12
60			e		3:24
50			0:14	0:52	4:02
40	0:36	2:16	4:08	5:20	8:00
30	6:22	6:46	7:34	10:58	8:32
20	15:54	14:30	17:04	23:26	17:00
10	31:36	40:06	44:56	56:34	31:56
TOTAL DIVE T	'IME 255:20	265:16	281:14	309:12	302:32

Profile C 75/120

MOD	1	2	3	4	5
Stops (FSW)					
30				1:46	5:54
20	10:08	10:08	14:54	19:46	16:30
10	29:52	34:46	36:20	47:10	27:06
TOTAL DIVE TIME	169:55	174:49	181:09	198:37	179:25

APPENDIX 3

DECOMPRESSION SICKNESS CASE DESCRIPTIONS

The letters in the first column key the description to Table 3.

DCS Types are:

- (1) Pain Only
- (2) CNS
- (3) Cardiovascular

All cases of DCS were successfully treated on first treatment table unless otherwise noted.

DECOMPRESSION SICKNESS - DIVE SERIES 1 MAY - JUNE 1977

	IVERS AUSE	O DIVE SE	, E OF		9 HRS	TED OUSLY			93
Сомментѕ	TREATMENT TABLE 5. BOTH DIVERS ON AIR FOR ABOUT I HR BECAUSE OF UBA MALFUNCTION.	TREATMENT TABLE 5. ALL 10 DIVE SUBJECTS TREATED EVEN THOSE WITHOUT SYMPTOMS.	SYMPTOMS OCCURRED IN SPITE OF BEING TREATED WITH OTHER DIVERS. TREATMENT TABLE 5.	TREATMENT TABLE 6.	REQUIRED REPEAT TABLE 5, 9 HRS AFTER INITIAL TREATMENT ON TABLE 6.	SYMPTOMS CLEARED SPONTANEOUSLY 10 min after onset. Treated on Table 6 anymay.	TREATMENT TABLE 6.	TREATMENT TABLE 6. TREATMENT TABLE 5.	DIVER GOT DCS AT 30' STOP DURING DELCHPRESSION, ALL 10 DIVE SUBJECTS TREATED ON TREATMENT TABLE 5.
TIME OF ONSET POST-DIVE	1 HR 1 HR	30 MIN 30 MIN		1 E	75 HRS	15 HRS	5 HRS	12 HRS	At 30'
DCS TYPE AND LOCATION	(1) R.WRIST (1) R.WRIST.ELBOW, KNEE	(1)R.SHOULDER.KNEE (1)L&R SHOULDER	(2) Numbress R. WRIST. DECREASED GRIP STRENGTH	(2) BLUMRED VISION. TURNEL VISION	(1); . smulber	(2)BLUMMED VISION. L. TEMPORAL FIELD	(1)L.shoulder	(1)L. SHOULDER, ARH (1)R. SHOULDER, ELBOM	(1)R, SHOULDER, ELBON
DATE LAST DIVE	-			17 May	i	24 May	13 Jun	15 Jun 15 Jun	16 Jun
WATER TEMP OF START FINISH						79	81		
MATER	78	78		11		"	88	82	78
DATE	6 MA V	17 May		20 Pay		26 May	NUL ZI	17 Jun	MAT CE
MVAL/ Dive	171	1/2		u		1/2	11/5	3/6	<i>91</i> 8
AGE	24	₹ S2	72	23	ĸ	28	36	\$\$ \$\$	32
DIVER	1 2	W 4F	2	s	٠	7	60	9 10	п
TABLE 3 Key	<	•			<u> </u>	U	9	z	•

DECOMPRESSION SICKNESS - DIVE SERIES 2 FEB - MAR 1978

Time of COMMENTS ONSET POST-DIVE	6 MRS TREATMENT TABLE 5.	15 MRS TREATMENT TABLE 5.	7 MRS TREATHENT TABLE 5.	46 MIN TREATMENT TABLE 5. 8 MPS TREATMENT TABLE 6. 20 MIN BEGAN AT 60' STOP DURING DECOMPRESSION IN TEST DIVE, FELT VERY COLD. STARTED TAKING PROSTAPHLIN 24 MRS BEFORE DIVE FOR PARGNYCHIA. TREATED AT 60 FSM FOR 4 MRS WHILE RECEIVING 3000CC FLUIDS. DECOMPRESSED ON SAT SCHEDULE. BREATHED AIR DURING DECOMPRESSION. O'MLY SYMPTOM ATTER SUBFACING MAS MALLISE MHICH DISAPPEARED IN ONE WEEK.	I HR TREATHENT TABLE 5. ALL DIVERS 7 HRS COMPLAINED OF BEING VERY COLD 15 HRS DURING THE DIVE.	14 HRS TREATHENT TABLE 6. DIVER VERY COLD AND TIRED.	2 HRS TREATMENT TABLE 6. DIVEN REPORTED PO. S ETWEEN .5 AND .6 ATA MOST OF
DCS TYPE AND LOCATION	(1)L.SHOULDER ELBOM.BOTH KNEES	(1)L.SMOUDER ELBOM.MRIST (1)L.SMOULDER. SCAPULA	(1)R.SMOULDER. HIP	(1)R. KNEE (1)R. FOREARM (3)SHORTHESS OF BREATH, POSTURAL HYPOTENSION, SHIVERING, PAIN BOTH SHOULDERS, SEVERE SKIN MOTTLING	(1)L.weist (1)R.shoulder (1)L.shoulder	(2)MLD PARESTHESIA L.LEG	(2)R. RETRO-OCCULAR HEADACHE,
F 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	÷	6 FEB 6 FEB	7 Fea	28 Feb 28 Feb 10 Feb	2 Mar	28 FEB	10 Mar
TEMP FINISH *F	8/	76	"	82	72	73	8/
Maten Teme Stant Fin	6/	κ	92	97	76	73	83
Date	7 FEB	9 FEB	10 Fes	3 Par	6 MAR	7 MAR	14 PAR
MAL	3/4	3/6	9/4	5/6	5/7	8/9	\$/\\$
¥	æ	23 23	83	282	* 2 2	ıı	Ω
Diver Noveen	7.7	13 14	Sī	36 17 15	22 18 19	20	17
TABLE 3 KEY	,	x	_	g &	E	2	•

APPENDIX 4

DECOMPRESSION PROFILES FOR A CONSTANT 0.7 ATA P_{0} in N_{2}

All ascent and descent rates are 60 FPM.

Bottom time includes descent time.

Time between stops 10 seconds.

DECOMPRESSION TABLES

0.7 ATA Constant P_{0_2} in M_2

Bottom Time	Time to First Stop	Decompression Stops (FSW)	Total Ascent
	(Min:Sec) 0:40	10 No Decompression	(Min:Sec)
	0.40	c	c c
	0 0	7 L	0 : 0 :
	O	O I	06:6
	0:40	-	7:50
	0:40	10	10:50
	0:40	12	12:50
	0:40	14	14:50
	0:40	16	16:50
	0:40	20	20:50
	0:40	23	23:50
	0:40	25	25:50
	0:40	27	27:50

DECOMPRESSION TABLES

* 一日の大田の田田の

0.7 ATA Constant P_{0_2} in N_2

Depth (FSW)	Bottom Time (Min)	Time to First Stop (Min:Sec)	Decompression Stops (FSW)	Stops (FSW) 10	Total Ascent (Min:Sec)
09	30	0:40	П	വ	7
	09	0:40	, m	6	13
	06	0:40	4	14	19
	120	0:40	ហ	19	25
	150	0:40	7	21	29
	180	0:40	6	28	38
	210	0:40	10	33	44
	240	0:40	11	37	48
	270	0:40	11	44	55
	300	0:40	14	48	63

DECOMPRESSION TABLES

0.7 ATA Constant $\mathrm{P_{0}}_2$ in $\mathrm{N_2}$

		Time to				Total
Depth (FSW)	Bottcm Time (Min)	First Stop (Min:Sec)	Decomp 30	Decompression Stops (FSW)	(FSW) 10	Ascent (Min:Sec)
70	20	0:50		2	4	7:10
	40	0:40	٦	4	o.	15:10
	09	0:40	7	7	12	21:10
	08	0:40	7	თ	17	29:10
	100	0:40	7	11	20	34:10
	120	0:40	m	14	24	42:10
	140	0:40	m	16	30	50:10
	160	0:40	т	18	35	57:10
	170	0:40	4	19	37	61:10

DECOMPRESSION TABLES

0.7 ATA Constant $^{\rm P_0}_2$ in $^{\rm N}_2$

		E: # + + + + + + + + + + + + + + + + + +					To+01
Depth	Bottom Time	First Stop	Deco	mpressi	Decompression Stops (FSW)	(FSW)	Ascent
(FSW)	(Min)	(Min:Sec)	40	30	20	10	(Min:Sec)
80	10	1:00			2	m	6:20
	20	0:50		7	ო	ហ	11:20
	30	0:50		7	S	80	16:20
	40	0:50		4	9	10	21:20
	50	0:50		4	ω	12	25:20
	09	0:50		S	თ	16	31:20
	70	0:40	Н	9	ത	20	37:20
	80	0:40		7	12	20	41:40
	06	0:40	Н	ω	14	20	44:40
06	10	1:00		ч	7	၉	7:30
	20	0:50	1	7	4	9	14:30

DECOMPRESSION TABLES

0.7 ATA Constant P_{0_2} in N_2

Decompression Stops (FSW) Ascent 10 30 20 10 (Min:Sec)	5 10 22:30	8 12 28:30	9 17 36:30	9 20 42:30
Decompressio	2 4	2 5	3 6	4
Time to First Stop (Min:Sec)	0:50	0:50	0:50	0:50
Bottom Time (Min)	30	40	50	09
Depth (FSW)	06			

DECOMPRESSION TABLES

0.7 ATA Constant P_{0_2} in N_2

Depth	Bottom Time	Time to First Stop		Десоп	Decompression Stops (FSW)	ion St	DDS (F	SW)	Total Ascent
(Few)	(Min)	(Min:Sec)	909	20	40	30	20	10	(Min:Sec)
100	10	1:10				7	7	m	8:40
	20	1:00			8	7	5	7	17:40
	30	0:50		н	ო	4	7	10	26:40
	40	0:50		н	4	Ŋ	6	15	35:40
	50	0:50		7	4	œ	0	20	44:40
	55	0:50		7	4	6	11	20	47:40
110	10	1:10			н	7	7	4	11:50
	20	1:00		7	7	4	ស	თ	23:50
	30	0:50	7	7	4	4	α	12	32:50
	40	0:50	-	т	4	7	10	18	44:50
	45	0:50	н	4	4	Q	10	20	49:50

DECOMPRESSION TABLES

0.7 ATA Constant P_{0_2} in N_2

Depth (FSW)	Bottom Time (Min)	Time to First Stop (Min:Sec)	08 06	1	ompr 60	essi 50	on S 40	Decompression Stops 70 60 50 40 30	(FSW)	۷) 10	Total Ascent (Min:Sec)
120	10	1:20					7	7	7	ιΩ	13:00
	20	1:00			m	7	7	4	Ŋ	10	26:00
	30	1:00			7	m	4	9	6	15	40:00
	40	1:00			m	4	Ŋ	0	10	20	53:00
130	10	1:20				ᆏ	7	7	m	ហ	17:10
- 8	20	1:00		Н	7	~	4	4	7	10	31:10
	30	1:00		7	7	4	4	ω	Q	17	47:10
	35	1:00		7	m	4	S.	9	10	20	55:10
140	10	1:30				7	7	7	4	S	17:20
	20	1:10		7	7	7	4	4	ω	11	35:20
	30	1:00	1	7	ო	4	ហ	6	σ	20	55:20

DECOMPRESSION TABLES

0.7 ATA Constant P_{0_2} in N_2

Total Ascent	(Min:Sec)	18:30	39:30	61:30
	10	Ŋ	12	20
	30 20 10	4	σ	11
	30	7	4	6
(FSW	04	7	4	9
90.	•	7	ю	4
sion	70 60 50	7	7	4
mpres	9		7	7
Deco	080		٦	7
	06			т
Time to First Stop	(Min:Sec)	1:30	1:10	1:00
Bottom Time	(Min)	10	20	30
Depth	(FSW)	150		

