



## Quick Notes

BioCapture™ : Acquiring  
Respiratory Effort data

**R**espiratory effort, or plethysmography, is the measurement of rhythmic fluctuation of the chest and/or abdomen. There are only a few primary methods of measuring these changes. This Quick Note will demonstrate a basic respiratory effort recording using respiratory inductance plethysmography (RIP) belts.

## What you will need



### Need to re-order supplies?

Contact your local Sales Representative, call 1-855-GLNeuro (855-456-3876) or e-mail [sales@glneurotech.com](mailto:sales@glneurotech.com).



### RIP Belt Warranty\*

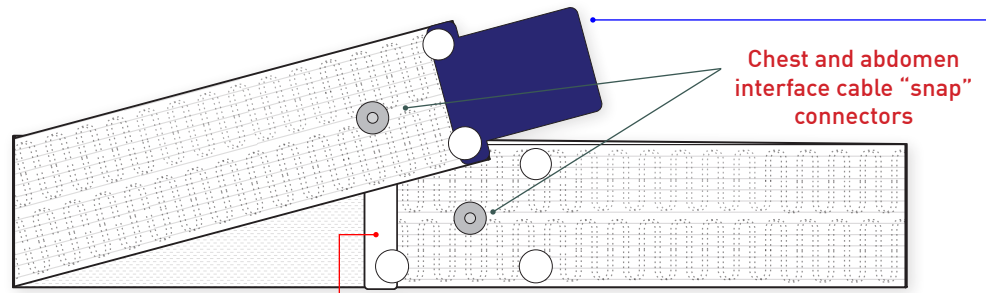
RIP belts are guaranteed to be free from defects for **60 days** from purchase date. Interface cables are guaranteed for **one year** from purchase date.



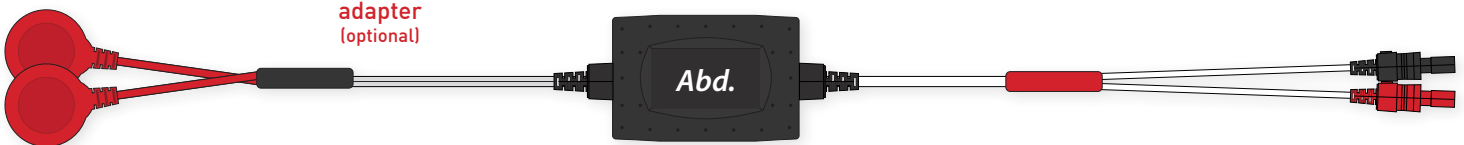
BioRadio User Unit



USB Bluetooth adapter (optional)



RIP belt P/N 501-0192 (pkg of 2, part number and colors will vary by size)



Interface cable  
P/N 501-0194 (Abdominal)  
P/N 501-0195 (Chest)

## Set up

While putting on the belt(s), it is important to insure that the correct interface cable is connected to the correct belt. Abdominal measurements require an abdominal interface cable and chest or thoracic measurements require a chest interface cable. **Using two interface cables of the same kind will interfere with one another.**

\*Great Lakes NeuroTechnologies will replace any nonworking belt or interface cable under warranty. Call 1-855-GLNeuro (855-456-3876) or e-mail [support@glneurotech.com](mailto:support@glneurotech.com) with any performance issues.



RIP belts come in a variety of sizes, from an adult 2XL to a newborn infant. Please contact your local Sales Representative to inquire about sizes.

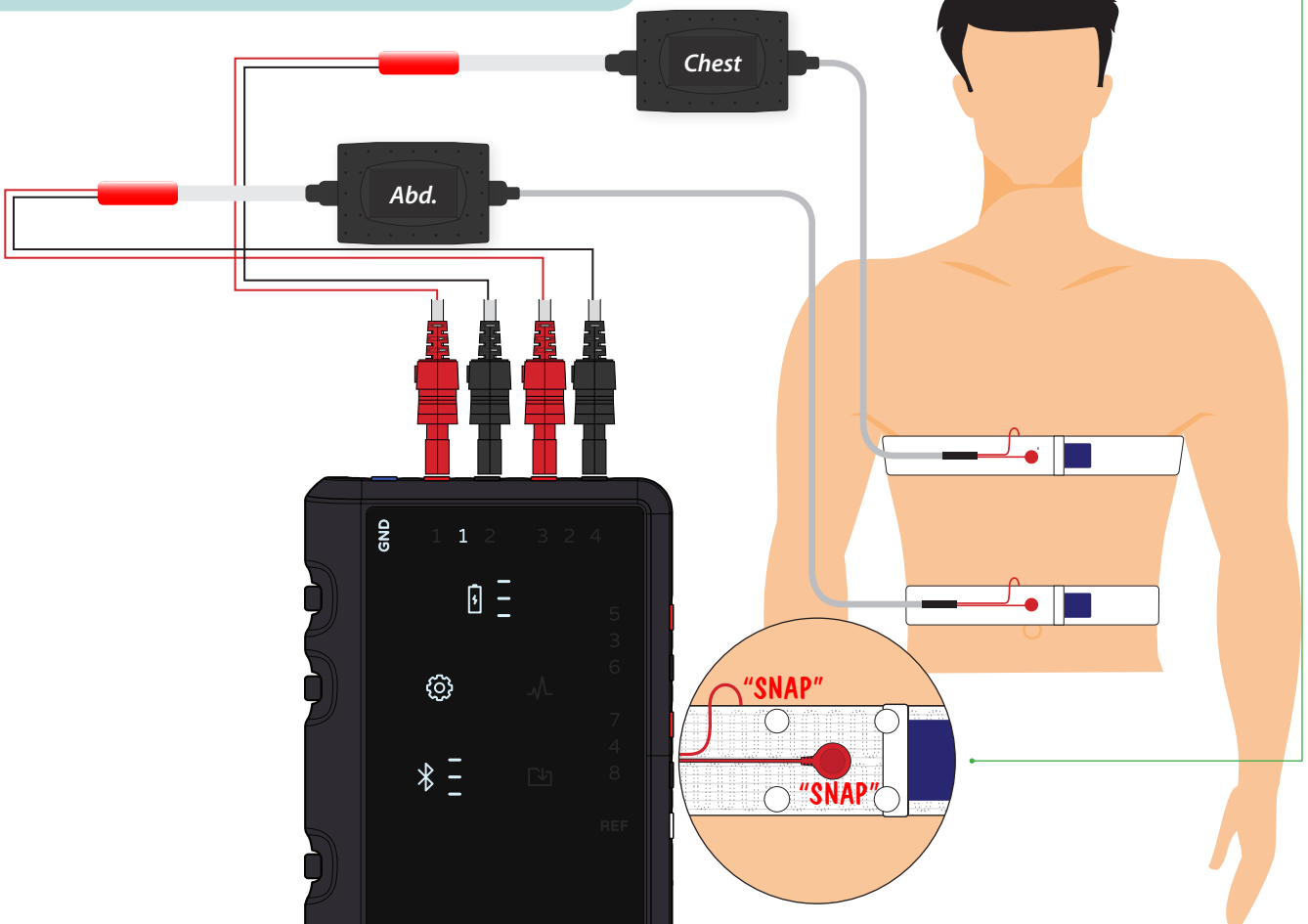
With you or a participant sitting, or preferably standing, and relaxed, connect the RIP belt(s) and interface cable(s) in the manner below:

- Put on the chest belt above the chest or nipple line. Secure the belt in place with the white square end of the belt. Cover the square end of the belt with the rounded colored Velcro'd end. Both interface cable snap connectors, near each end, should face outward.
- Place the abdominal belt above the belly button and secure in the same manner as the chest belt.
- Connect the abdominal and/or chest interface cables to the RIP belt(s) by snapping the button snap electrodes of the interface cable to the interface cable's silver snap connectors.

## 2-Channel Respiratory Effort hook up



RIP belts can be worn over clothing, and should fit snugly (but not too tight) around the chest and abdomen. For women, RIP belts positioned on the chest can be placed underneath breasts.



## Connecting interface cables to BioRadio User Unit

Connect the interface electrode cables to the BioRadio User Unit in the following manner:

Chest interface (I/F) cable:

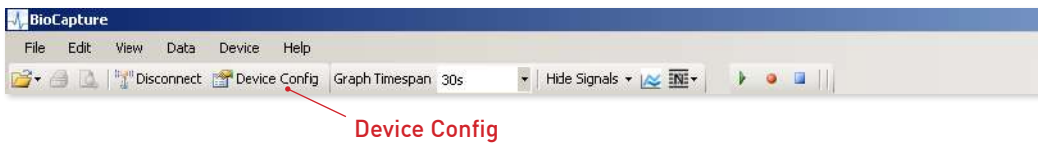
- I/F red connector → Ch1 red input
- I/F black connector → Ch1 black input

Abdominal interface (I/F) cable:

- I/F red connector → Ch2 red input
- I/F black connector → Ch2 black input

## Configuring your BioCapture system

With BioCapture launched and your BioRadio turned on, connected and ready for use, press Device Config, from the tool bar to configure the BioRadio for two channels of RIP.

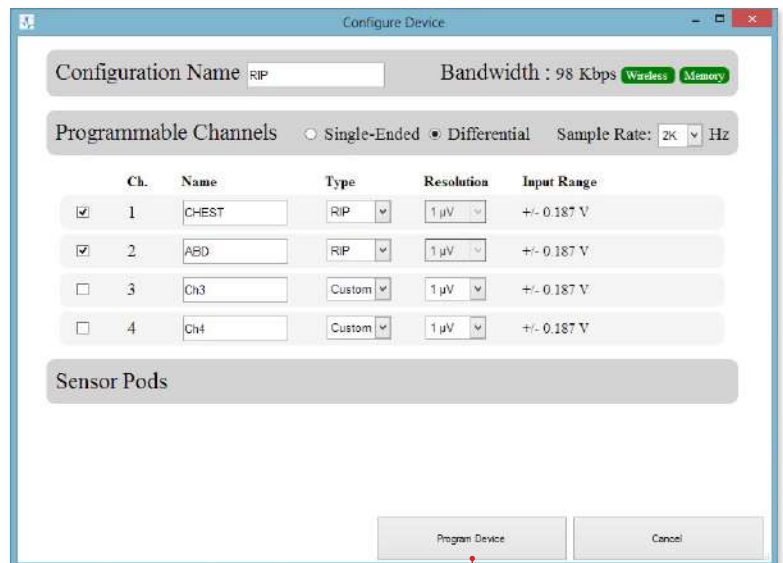


From the Configure Device window, select Differential, enable Channel 1 (Ch1) and Channel 2 (Ch2) and type in Chest and Abdominal, respectively. For the signal Type, select RIP.

For this demonstration, Sample Rate can remain unchanged.

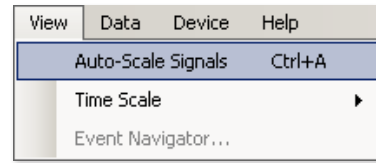
**i** For further reading on Sampling Rate, Resolution and Input Range please refer to the BioCapture Owner's Manual.

Click Program Device to program your BioRadio.



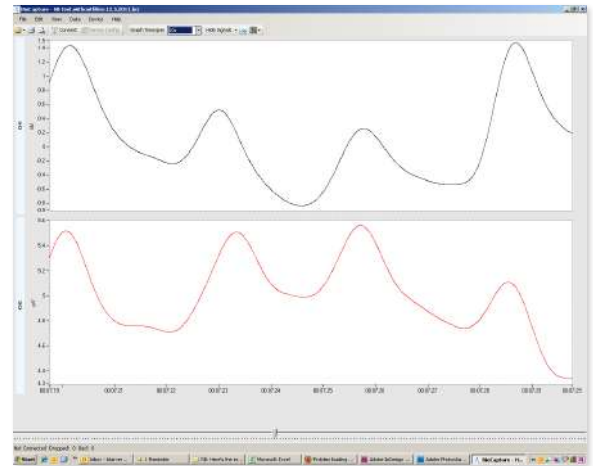
## Acquiring Respiratory Effort data

Your BioCapture system should now be ready to collect two channels of respiratory effort. With you or a participant relaxed and breathing normally, press Start Acquisition from the tool bar to begin acquiring data. Two small data traces will appear.



▲ Auto-Scale Signals

**i** You may need to access the Y-Axis Set Max/Min option for a more distinguished RIP signal display. The hardware configuration, as shown on the previous page, sets a display range of  $\pm 18$  mV (millivolts). You can also auto-scale all signals by pressing Ctrl + A or by selecting View > Auto-Scale Signals.



▲ RIP belt signal display of the chest and abdomen, with auto scaling turned on.

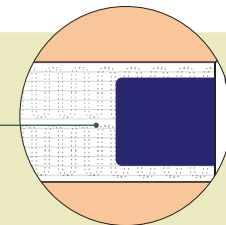
## HOW DOES IT WORK??

### RIP belts: An introduction to electricity and magnetism

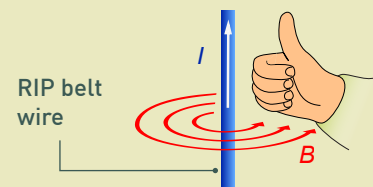


RIP belts rely on the principle of electricity and magnetism: an electrical current passing through a loop or coil of wire generates a magnetic field. The ability to store power within a magnetic field is called inductance, hence the term respiratory inductance plethysmography or RIP for short. As can be seen on the RIP belt, the zigzagging coiled wires, sewn into a RIP belt, function as electric silos or inductors. The interface cable sends current through the RIP belt, creating a magnetic field. During every breath, changes to the cross-sectional area of the patient's body changes the power—or presence—of the belt's magnetic field. Therefore, RIP belts indirectly measure the changes in the magnetic field over time. The power within a magnetic

Continued on the next page



Coils or inductors that produce a magnetic field from a electrical current; the same coils induce an opposing electrical current from a changing magnetic field as the belt expands and contracts



▲ In physics, the “right hand rule” describes a current traveling through wire I (think of the wires of the RIP belt) in a magnetic field B. This rule is the basis of the complex relationship between electricity and magnetism and explains how RIP belts essentially work.

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field is induced or released by the same belt coils, creating an electrical current in the opposite direction. This opposing electrical current is measured as voltage by BioCapture.

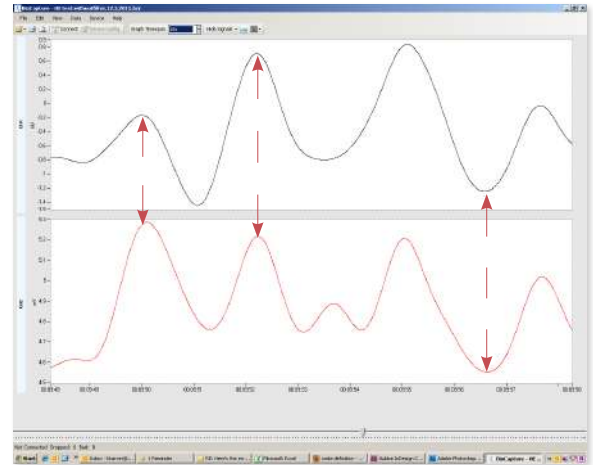
## Respiratory effort signal data and paradoxical movement

Normally during inhalation and exhalation, the chest wall and diaphragm are in phase and displace—expand and contract—at the same time. The chest and abdomen respiratory signal display is said to be in paradox when the two signal displays are out of phase and no longer synchronized. The chest and abdominal respiratory effort signals are typically analyzed to determine how close to paradox the chest and abdomen are.

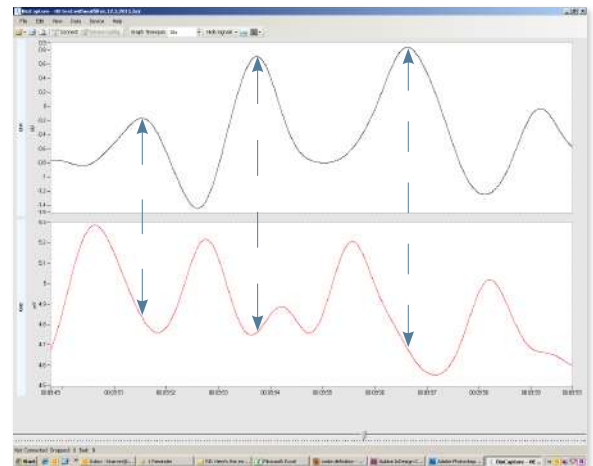
RIP signal data must be exported from BioCapture for further analysis to determine paradox. Afterwards, software analysis programs can add the two signal display data sets together to determine paradox. The sum of both chest and abdominal respiratory effort signal display data is particularly useful as a screen for paradoxical breathing, which can be seen in during normal sleep and most prevalent in serious, life-threatening chest injuries.



Most dreaming occurs during the fifth stage of sleep, known as rapid eye movement (REM) sleep. REM sleep is characterized by eye movement, increased respiration rate and increased brain activity. REM sleep is also referred to as paradoxical sleep because while the brain and other body systems become more active, muscles become more relaxed and some even are paralyzed. In this stage of sleep it is common for respiratory effort signal data, for most individuals, to become close to paradox.



▲ Normal respiration while awake; chest and abdominal respiratory effort signal displays are in phase



▲ Respiration with both chest and abdominal respiratory effort signal displays out of phase and close to paradox

## Ready. Set. Go!

You are now familiar with an essential respiratory effort recording. For further reading on respiratory effort, please refer to the BioCapture Owner's Manual and/or the following references:

- Guyton and Hall. Textbook of Medical Physiology, 9 Edition, Saunders, Philadelphia, 1996.
- Rhoades, R. and Pflanzner, R. Human Physiology, Third Edition. Saunders College Publishing, Fort Worth, 1996.
- [www.library.thinkquest.org/25553/English/basics/brain/index.shtml](http://www.library.thinkquest.org/25553/English/basics/brain/index.shtml).

## HAVE QUESTIONS? NEED TECHNICAL SUPPORT? WE'RE HERE TO HELP.

Telephone: (216) 361-5410 or Toll-free 1-855-GLNeuro (1-855-456-3876)

9:00 a.m. - 5:00 p.m. EST, Monday - Friday

E-mail: [support@GLNeuroTech.com](mailto:support@GLNeuroTech.com)

Web: <http://www.GLNeuroTech.com/support>

BioCapture is intended for scientific and research purposes only. IRB approval must be obtained before using this device in human testing. BioCapture is a trademark and BioRadio is a registered trademark of Great Lakes NeuroTechnologies Inc., Cleveland, OH. Acknowledgments: This work utilizes technologies supported by Small Business Innovation Research grants from the National Institutes of Health (NINDS, NHLBI, NIMH) and the Department of Defense.



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