

SKYLAB RECOVERY
June 22, 1973

TICO SURGEON: O.K. Houston Surgeon, here is a quick look report. The CM, of course, landed successfully and we brought the crew up on the elevator No. 3 after which the CM hatch was opened.

HOUSTON SURGEON: Tico Surgeon, Houston Surgeon. Talk Medical.

TICO SURGEON: What I am trying to get at is the crew did come out of the CM earlier than expected because of a feeling of dizziness or a feeling with motion of the head, definite vestibular effects felt by the crew. Over.

HOUSTON SURGEON: Copy.

TICO SURGEON: O.k. I'm going to report here on blood pressure and pulse rate.

The CDR at 7:42 a.m. had a blood pressure of 110/80 and a pulse of 110 standing. The SPT had a sitting blood pressure of 105/65 and a pulse of 84. The PLT had sitting blood pressure of 95/65 and a pulse of 75. The two pulse rate parameters that Dr. Kerwin gave us were in the prime condition, the CDR 84, the SPT 84, the PLT 76.

HOUSTON SURGEON: Copy.

TICO SURGEON: That pulse was on the water. The second one in a sitting position, on all three, was approximately 96. At 7:45 on the SPT we had a blood pressure of 120/72, had a pulse of 92. PLT at 7:47 - BP 105/80, pulse 54, same condition. CDR recumbent in the same time frame, 7:47, was 108/68 and a pulse of 70. SPT in a recumbent position at around 7:48 1/2 had a pulse of 68. SPT again recumbent just about a minute later had a BP 118/80 and a pulse of 72. The PLT at 7:51 1/2 recumbent was 134/94 and pulse was 80. At 7:54 the CDR recumbent was 108/74, pulse of 80. SPT at 7:55 recumbent was 110/60 and a pulse of 68. And I might add that the SPT during this time frame was inflated in the

counter measure garment but that it did tend to bleed off. The first time we noticed it it was around 40 mm but in this time frame we got it up a little bit higher on its way back toward 170.

HOUSTON SURGEON: Copy the suit was inflated, when was inflation.

TICO SURGEON: The suit was inflated about 25 minutes after splash, over.

HOUSTON SURGEON: Copy, thank you.

TICO SURGEON: The PLT, did I give you SPT at 7:55 was around 110/68.

HOUSTON SURGEON: Did you have something from the SPT prior to inflation.

TICO SURGEON: Roger. And it seems like may be vestibular origin although there was no possible weakness here.

HOUSTON SURGEON: Can you describe the symptoms please.

TICO SURGEON: The SPT states that after splash for about 25 minutes while he was in the lower equipment bay he did notice dizziness and malaise and it tended to be of progressive nature so that after 25 minutes he did inflate. Over.

HOUSTON SURGEON: And got improvement upon inflation?

TICO SURGEON: Yes, sir.

HOUSTON SURGEON: Thank you.

TICO SURGEON: PLT recumbent at 7:57 had a BP of 130/96, pulse rate 72. SPT at 7:58 recumbent inflated definitely to 170 mm was 140/80, pulse 56. SPT recumbent at 7:59 inflated to 170 mm mercury was BP 130/80, pulse 66 and then the PLT recumbent at around 0800 was 72 pulse. The SPT at 8:03 sitting had a pulse of 68. Temperatures recorded at approximately 8:03 were CDR ^{98.6} 98.6; SPT 97.6 and the PLT 99.4. Over

HOUSTON SURGEON: Copy.

TICO SURGEON: At the current time we are doing microbiology and we are going to have to go a modified route. The physicals,

because of the SPT having the counter measure garment inflated and we will start him in a cardiovascular protocol and it will be different than what is in the requirement document. I can give you a brief rundown if you want to hear it, if you are taping it, over.

HOUSTON SURGEON: Would like to copy but first what is your clinical impression, Doctor?

TICO SURGEON: O.k. I think that probably the biggest clinical factor seems to be the vestibular mechanism and readaptation syndrome if you want to put it that way and probably some definite fatigue from being up for quite a long period already. I think that as far as the actual (Voice recorded from CAPCOM) would probably be some adaptive phenomon at that time and I think that everything is continuing to be much more effective (Voice recorded on top of surgeon's report)

BERRY: Tico Surgeon, this is Dr. Berry can you read?
(Cannot hear Tico surgeon at all)

BERRY: Alright, Bob, I would like to get some description
(Voice recorded on top of Berry)

Is he having difficulty if he moves, does he actually feel as if he is rotating or anything, why is he attributing these to vestibular rather than cardiovascular.

Over

TICO SURGEON:

Break- Tico Surgeon we are not reading you very clearly, can you speak louder. Over.

TICO SURGEON: OK Hold on.

Berry: That sounds great. Over.

TICO SURGEON: Hello over.

BERRY: This is Dr. Berry. We still read you rather weak. Could you still try and speak up, over.

TICO SURGEON: It's this mask. Could you hear that over.

BERRY: Roger, we read you much better now. Over.

TICO SURGEON: He says its like coming in at 2 g's and trying to move his head. He doesn't feel dizziness per se. Over.

BERRY: Roger, we read you, coming in at 2 g's and doesn't really feel dizziness. Affirm. Over.

TICO SURGEON: That is correct. The SPT and PLT do notice some dizziness on movement. They did not notice it while in the S/C until they started to move around over.

BERRY: Roger, we copy that, Bob. Can you give us your assessment about what you have seen from a cardiovascular point of view so far. We have heard all these pressures and pulse rates as far as Chuck has read them to us. Could you give us a cardiovascular assessment. Over.

TICO SURGEON: O. K. I think that the SPT is going to need the garment for a time just to drop blood pressure when it is deflated. CDR and PLT have some slight hypotension on standing but probably not very much. That is really just a general description, very sporadically, but that is what it looks like now.

BERRY: Bob, it sounds like you are going up and down with this pressure on this garment. Are you going to be able to decipher what you really are going to do there, can you outline for us how you plan to do that testing with the garment as you have it done now.

TICO SURGEON: The only time we deflated the garment is while he is supine. We tried one sitting without the garment inflated and then we inflated it again and he will keep it inflated unless supine until we do the tests in the cardiovascular lab which is a standing test. Over.

BERRY: Roger. What happened when you had him sit one time without the garment deflated. What sort of readings and symptoms did you get. Over.

TICO SURGEON: The blood pressure as I remember it was around 95 systolic and 75 diastolic. When we reinflated the garment it went up to about 130. Over.

BERRY: That sounds like the garment is working very well. O.k. and you plan to do LBNP on him after you finish with the stand test with the garment. Is that affirm? Over.

TICO SURGEON: Roger. We will do a stand test first with the garment and then without the garment inflated and if everything looks o.k. at that time we will go ahead with that LBNP.

BERRY: Roger, we copy. Bob, we think everybody is just doing a great job out there and you might just pass on to the crew for us and I know for Chris, who just walked out of here, too, certainly tell them for me and the whole team back here that we think they looked superb coming out of there and we are anxiously waiting to see what we get with all that data.

TICO SURGEON: Thank you. I will relay the message. WE are very happy about it all. Over.

BERRY: O.k. we are going to sign off here and wait for your next report 6:15 our time.

TICO SURGEON. Roger. 6:15 your time. Over.

BERRY: Roger, over and out.