

1 **Laboratory evaluation of four different devices for secretion mobilisation: Acapella®**
2 **Choice, green and blue versus water bottle**

3

4 Gabi Mueller¹ PhD; Ines Bersch-Porada² PT, MSc; Sabrina Koch-Borner² PT; Anja M. Raab²
5 PT, MSc; Marga Jonker² PT; Michael Baumberger³ MD; Franz Michel⁴ MD;

6

7 ¹Clinical Trial Unit, Swiss Paraplegic Centre, Nottwil, Switzerland

8 ²Physiotherapy, Swiss Paraplegic Centre, Nottwil, Switzerland

9 ³Clinic, Swiss Paraplegic Centre, Nottwil, Switzerland

10 ⁴Pneumology, Swiss Paraplegic Centre, Nottwil, Switzerland

11

12 Contributions of authors to this paper: All authors contributed to the analysis of data and the
13 review of the manuscript. Gabi Mueller performed the literature search, data collection and
14 manuscript preparation. Gabi Mueller, Ines Bersch and Franz Michel developed the study
15 design

16

17 Correspondence to:

18 Dr. Gabi Mueller

19 Clinical Trial Unit; Swiss Paraplegic Centre

20 CH-6207 Nottwil, Switzerland

21 Phone: +41 41 939 55 63

22 Fax: +41 41 939 55 70

23 Mail: gabi.mueller@paraplegie.ch

24

25 No financial or other potential conflicts of interest exist for any of the authors of this
26 manuscript.

27

Abstract

28 **Background:** Secretion removal is a key issue in patients with respiratory diseases and
29 known to be most effective at vibration frequencies around 13 Hz and with the greatest
30 amplitudes possible. The Acapella[®] devices and the water bottle are used for secretion
31 removal in daily clinical practice but without detailed knowledge on optimal settings. The aim
32 of this study was to evaluate the three different Acapella[®] devices and the water bottle at
33 various settings and flows to determine the optimal device(s) and setting(s) for effective
34 secretion removal.

35 **Methods:** Three different Acapella[®] devices were tested at flows of 6, 12, 20, 30, 40 and 50
36 L/min and at all five settings. The water bottle was filled with 5, 10 or 15 cm of water and
37 tested at flows of 3, 6, 10, 12 and 20 L/min. For all devices and combinations of settings, we
38 measured the frequency and amplitude of the vibrations as well as the required pressure to
39 generate vibrations.

40 **Results:** Setting 4 was the best for all three Acapella devices, and the filling height of the
41 water bottle should be 5 cm. At these settings all devices elicited vibration frequencies
42 between 12 and 15 Hz which is theoretically optimal for secretion mobilization. The
43 resistance pressures of the devices to elicit these vibrations were between 5 and 11 cmH₂O.
44 However, the Acapella devices elicit higher vibration amplitudes (5 to 8 cmH₂O) than the
45 water bottle (1.8 cmH₂O)

46 **Conclusion:** Setting 4 was optimal for all three Acapella[®] devices. The Acapella[®] devices
47 may be more efficient for secretion mobilization than the water bottle, because they elicit
48 greater amplitude of vibrations.

49

50 **Key words:** airway clearance therapy, bronchial clearance, chest physiotherapy, evaluation of
51 devices, mucus, oscillating positive expiratory pressure, respiratory secretions

52 **Word count:** 267

53

Introduction

54 Secretion clearance is of utmost importance in conditions with excessive production of
55 sputum (e.g. cystic fibrosis) or secretion retention as a result of weak or paralyzed respiratory
56 muscles (e.g. multiple sclerosis, amyotrophic lateral sclerosis, spinal cord injury). There are
57 different devices for secretion mobilization (e.g. Flutter[®], Acapella[®], water bottle or chest
58 vibration vests) with various requirements for their successful use. In order to use the devices
59 effectively, it is very important to know specific requirements e.g. the required expiratory
60 pressures and flows and also the device's or setting's specific vibration frequencies and
61 amplitudes. The applied vibration frequency is most effective for secretion mobilization when
62 it matches the frequency of the ciliary movement, which is approximately 13 Hz.¹
63 Furthermore, the greater the amplitude of the vibrating air, the better is the effectiveness of
64 the therapy.² Although these parameters are critical for the effective use of a device for
65 secretion mobilization, it is uncommon to find this information in the user manuals of the
66 devices.

67

68 In some studies the vibration frequency and amplitude of the Flutter[®]^{2,3} and the Acapella[®]³⁻⁵
69 devices have been evaluated at different settings. However, only two of the three different
70 Acapella[®] devices (blue, green and Choice) have been evaluated in the above mentioned
71 studies. There is no literature on the characteristics of the Acapella Choice[®] device, and not
72 all of the five settings of the 'green' and the 'blue' Acapella[®] devices have been investigated.³

73

74 The water bottle is a very cheap and readily available tool for secretion mobilization and is
75 often used in clinical practice. The only things needed are a 1.5 L plastic bottle filled with
76 some water and a flexible tube. If it was effective, the water bottle would also be an
77 interesting tool in developing countries with limited financial resources and limited access to
78 devices such as the Flutter[®] or the Acapella[®]. However, the settings for effective secretion

79 mobilization, i.e. water quantity, flow rates and tube positioning for producing frequencies
80 around 13 Hz with great amplitude oscillations, are not known.

81

82 There is a general agreement in the literature, that it is necessary to perform new studies
83 evaluating oscillatory devices for secretion mobilization.^{2-4, 6, 7} Therefore, the aim of this
84 laboratory evaluation was to determine the optimal settings for the three Acapella[®] devices as
85 well as for the water bottle, for reaching oscillating frequencies around 13 Hz with the
86 greatest possible amplitudes.

87

88 **Methods**

89 **Acapella[®]**

90 The Acapella[®] devices (DHD Healthcare, Wampsville, New York) combine high-frequency
91 oscillation and positive expiratory pressure by employing a counterweighted lever and
92 magnet.³ Exhaled air passes through a cone, which is intermittently occluded by a plug
93 attached to the lever, producing air flow oscillations. All three devices have five different
94 settings, which can be selected by turning a wheel at the distal end of the device. This changes
95 the proximity of the magnet and counterweighted plug, thereby adjusting the vibration
96 frequency and amplitude as well as the required mean pressure.³ The three different models
97 are described as follows on the manufacturer's homepage: Acapella Choice[®]: autoclave-able,
98 for all patients, Acapella blue[®] for expiratory flows of <15 L/min (for three seconds) and
99 Acapella green[®] for expiratory flows of >15 L/min (for three seconds).

100

101

102

103

104

105 Water bottle

106 The water bottle as used in this study, was a 1.5 L plastic bottle (conventional beverage
107 bottle) with a medical grade PVC tube of 50-60 cm length and an inner diameter of 8 mm.

108 The bottle can be filled with different water volumes depending on the expiratory muscle
109 strength of a patient. The required expiratory pressure increases with increasing water
110 volumes.

111

112 Measurement set-up and data acquisition

113 All devices were connected to a gas flow and pressure analyzer (VT plus, BIO-TEK, Fluke
114 Biomedical, USA) and an adjustable constant air flow (Figure 1). All three Acapella[®] devices
115 were tested in a horizontal position at flows of 6, 12, 20, 30, 40 and 50 l/min and at all five
116 settings. The flow rates for testing the Acapella[®] devices were chosen according to values
117 used in clinical practice or published in the literature.⁴ Even though the Acapella[®] devices are
118 specified for different flow rates (model green > 15 L/min, model blue < 15 L/min), we tested
119 all devices at all flow rates, in order to have a direct comparison between the devices. The
120 water bottle (1.5 L plastic bottle) was filled to a water height of 5, 10 or 15 cm and tested at
121 flow rates of 3, 6, 10, 12 and 20 L/min because this device is usually used for patients with
122 highly impaired expiratory function.

123 First, we determined the resistance of every measurement set-up, i.e. the gas flow analyzer
124 and the tube with the connected device. The resistance of the measurement set-up was
125 detracted from the measured resistance of each tested setting. The sampling frequency was 50
126 Hz, and for each test setting, 30 s of data was recorded and stored locally. We measured the
127 frequency [Hz] and amplitude [cmH₂O] of the oscillating air as well as the resulting pressure
128 [cmH₂O] to generate the oscillation for all tested settings.

129

130

131 **Analysis**

132 The data stored locally in the gas flow analyzer were exported to a personal computer and
133 stored as ASCII files. Further data processing of the ASCII files was performed with MatLab7
134 (MathWorks, Natick, Massachusetts, U.S.A.). In order to have stable values, the data recorded
135 between the 15th and the 20th second were used for further analysis. The means of the data
136 recorded between the 15th and 20th second were calculated and used for creating the figures.
137 The frequencies of the oscillating air were calculated with a Fourier transformation using
138 MatLab7. Flow, pressure and amplitude data for each device and for all tested settings were
139 also exported from the gas flow analyzer to MatLab. We generated figures of amplitudes,
140 frequencies and pressures vs. flow for each device at all tested settings using Systat 10.2
141 (Systat Software Inc., Chicago, IL , USA). For determining the optimal settings (Acapella[®])
142 or filling height (water bottle), we first selected oscillating air frequencies which were
143 between 11 and 15 Hz (13 ± 2 Hz). Secondly, settings and flows corresponding to these
144 frequencies were identified. Finally, the corresponding amplitudes of these settings and flows
145 were analyzed. The optimal setting or filling height was determined by the flow generating
146 the vibration frequency with the greatest amplitude within the target frequency range.
147 Furthermore, the required pressure for generating this flow was identified.

148

149 **Results**

150 **Acapella[®]**

151 The required expiratory pressure to generate vibrations increased more with higher flow rates
152 than with increasing settings of the Acapella[®] devices (Table 1).

153 The frequency-flow relationship of the Acapella blue[®] device (Figure 2a) showed an inverse
154 pattern compared to the Acapella Choice[®] (Figure 2b) and the Acapella green[®] device (Figure
155 2c). Even though the amplitudes of the vibrating air did not show a clear pattern, the Acapella

156 blue[®] (Figure 3a) produced lower amplitudes compared to the Acapella Choice[®] (Figure 3b)
157 and the Acapella green[®] (Figure 3c).

158

159 **Water bottle**

160 Increasing the filling height of the water bottle increased the required pressure to generate a
161 vibrating effect (filling height = required pressure in cmH₂O), under the condition that the end
162 of the tube was at the bottom of the bottle. Clear vibration signals resulted only if the end of
163 the rubber tube was in the proximity of the bottle wall and not if it was in the middle of the
164 bottle. We recorded vibration frequencies in the target range (13 ± 2 Hz) with a filling height
165 of 5 cm and at a flow of > 6 L/min (Figure 4a). Unfortunately, all vibration amplitudes were
166 much lower compared to the Acapella[®] devices (Figure 4b).

167

168 The optimal settings for the four tested devices are presented in Table 2.

169

170

Discussion

171 This study shows, that the Acapella green[®] device generates the greatest amplitudes in the
172 optimal frequency range. To our knowledge, there are only two other studies in which the
173 Acapella[®] devices have been evaluated concerning the optimal settings for generating
174 vibrations effective for secretion mobilization.^{3,4} Volosko et al.³ have only tested the
175 Acapella blue[®] device at low flow rates of 5-15 L/min and the Acapella green[®] device at high
176 flow rates of 20-30 L/min. Furthermore, they have only evaluated settings 1, 3 and 5.
177 Nevertheless, the mean pressures, amplitudes and frequencies, which they have reported, are
178 comparable to our results. In another study⁴, the Acapella green[®] device has been evaluated at
179 all five settings for flow rates (12-48 L/min) comparable to the present study. However, only
180 the physical performance has been investigated.⁴ The reported frequencies, pressures and
181 amplitudes were in a similar range as our results, but the differences in pressure and

182 amplitude between the five settings were smaller.⁴ Alves Silva et al.⁴ have used three
183 different Acapella green[®] devices and calculated the means of the measured values which
184 may have smoothed the curves and resulted in the discrepancies with the present results.
185 Two further studies have compared the Acapella[®] device (model not specified) with normal
186 airway clearance in clinical crossover trials.^{1,5} These papers have a high clinical relevance,
187 because they have assessed the expectorated sputum volumes. However, the Acapella[®] device
188 settings have not been reported, and it is therefore difficult to compare these results with ours.
189 We are the first to evaluate the Acapella Choice[®] device, which has the advantage that it can
190 be sterilized. However, in the light of our results, the usefulness of the Acapella Choice[®] is
191 questionable, because it produces vibrations with higher frequencies and smaller amplitudes
192 than the Acapella green device which are less optimal for secretion mobilization (Table 2) and
193 it has the same pressure and flow requirements as the Acapella green[®] device.

194

195 Another important factor for determining optimal settings for secretion mobilization devices
196 is the natural frequency of the chest, pulmonary tissue and the respiratory tract.⁸ Cegla and
197 Retzow have reported that natural lung-chest frequencies vary between 12 and 15 Hz.⁹
198 According to de Lima et al.⁸ the natural frequency also depends on the postural position (i.e.
199 sitting or standing) and is lower in patients with respiratory illness like e.g. cystic fibrosis.
200 The literature on this topic is very sparse and mainly supports frequencies in the target range
201 chosen in our study (i.e. 11-15 Hz).^{1,8,9}

202 We have also evaluated the vibration properties of the water bottle, because this is a tool often
203 used in clinical practice, by patients at home, and it is cheap and easily obtainable. However,
204 an increased infection risk may develop if the water is not changed daily, and if the bottle as
205 well as the tube are not exchanged regularly. To our knowledge, no literature exists
206 concerning the optimal settings of the water bottle. Like the Acapella[®] devices, the water
207 bottle can be used at different settings (e.g. filling height, flow rates, placement of the tube)

208 and the evaluation of the optimal settings is therefore justified. Our results clearly
209 demonstrate, that the water bottle may not be effective in all patients, because it generates
210 only very small amplitudes at which optimal secretion mobilization is questionable. However,
211 the water bottle has the advantage, that it can be used with a water height of only 5 cm which
212 requires a very low expiratory muscle strength and is therefore suitable for patients who are
213 not yet able to use the Acapella blue[®] device. The water bottle may also be an interesting,
214 cheap option in developing countries, if basic hygienic principles are followed and access to
215 clean water is ensured.

216 We suggest the following approach for the clinical application of these devices: Acapella
217 green[®] seems to be the best device when patients are able to sustain a minimal expiratory
218 pressure of 11 cmH₂O with a flow of 30 L/min for at least three seconds. The Acapella blue[®]
219 device may be optimal for weaker patients who are able to generate expiratory pressures of 8-
220 10 cmH₂O at flow rates of only 12 L/min. Interestingly, all Acapella[®] devices show their best
221 vibration characteristics at setting 4. Even though the vibration amplitude of the water bottle
222 is rather small, it may be used in very weak patients with expiratory pressures of only 5-7
223 cmH₂O, in order to start a therapy for secretion mobilization as early as possible.

224

225 **Limitations**

226 The limitations of this study are that the present measurements have been made in a
227 laboratory setting, and the results are therefore theoretical optimal settings, which have to be
228 confirmed in patients in a clinical setting. However, this was the first step in the evaluation of
229 the optimal device settings. Furthermore, the optimal frequency and intensity of the therapy
230 are still unknown, and the response of individual patients may vary at different flows and
231 amplitudes depending on the degree of airflow obstruction and/or disease specification and
232 severity. Concerning the water bottle, we did not investigate and determine the optimal size of
233 the bottle and the length and placement of the tube. Nevertheless, the required pressure is only

234 determined by the water filling height and thus the size of the bottle does not seem to play an
235 important role.

236

237

Conclusion

238 The Acapella[®] devices seem to be more efficient for secretion mobilization than the water
239 bottle, because they generate greater vibration amplitudes. We suggest the use of the
240 Acapella green[®] device as soon as patients are able to sustain a minimal pressure of 11
241 cmH₂O with a flow of 30 L/min for at least three seconds. Generally, all three Acapella[®]
242 devices should be used at setting 4, because frequencies and vibration amplitudes are only
243 optimal at this setting.

244

245

Acknowledgement

246 We thank Jörg Krebs, Clinical Trial Unit, Swiss Paraplegic Centre, Nottwil, Switzerland, for
247 critical reading of this manuscript.

248

249

Literature

- 250 1. Patterson JE, Hewitt O, Kent L, Bradbury I, Elborn JS, Bradley JM. Acapella versus
251 'usual airway clearance' during acute exacerbation in bronchiectasis: a randomized
252 crossover trial. *Chron Respir Dis* 2007;4(2):67-74.
- 253 2. Alves LA, Pitta F, Brunetto AF. Performance analysis of the Flutter VRP1 under
254 different flows and angles. *Respir Care* 2008;53(3):316-323.
- 255 3. Volsko TA, DiFiore J, Chatburn RL. Performance comparison of two oscillating
256 positive expiratory pressure devices: Acapella versus Flutter. *Respir Care*
257 2003;48(2):124-130.

- 258 4. Alves Silva CE, Santos JG, Jansen JM, de Melo PL. Laboratory evaluation of the
259 Acapella device: pressure characteristics under different conditions, and a software
260 tool to optimize its practical use. *Respir Care* 2009;54(11):1480-1487.
- 261 5. Patterson JE, Bradley JM, Hewitt O, Bradbury I, Elborn JS. Airway clearance in
262 bronchiectasis: a randomized crossover trial of active cycle of breathing techniques
263 versus Acapella. *Respiration* 2005;72(3):239-242.
- 264 6. Volsko TA. The value of conducting laboratory investigations on airway clearance
265 devices. *Respir Care* 2008;53(3):311-313.
- 266 7. Brooks D, Newbold E, Kozar LF, Rivera M. The flutter device and expiratory
267 pressures. *J Cardiopulm Rehabil* 2002;22(1):53-57.
- 268 8. de Lima LC, Duarte JB, Lepore Neto FP, Abe PT, Gastaldi AC. Mechanical
269 evaluation of a respiratory device. *Med Eng Phys* 2005;27(2):181-187.
- 270 9. Cegla UH, Retzow A. [Physical therapy with VRP1 in chronic obstructive respiratory
271 tract diseases--results of a multicenter comparative study]. *Pneumologie*
272 1993;47(11):636-639.
- 273

274

275 **Figure legends:**

276 Figure 1:

277 Measurement set-up: Gas flow analyzer connected to an Acapella[®] device

278 1 = gas cock

279 2 = connecting tube (8 mm inner diameter) from gas cock to analyzer (gas with known flow
280 rate)

281 3 = gas flow and pressure analyzer

282 4 = connecting tube (8 mm inner diameter) from analyzer to Acapella[®] device (gas with
283 known flow rate)

284 5 = Acapella[®] device

285 6 = connecting tube (4 mm inner diameter) from the Acapella[®] device to analyzer, to measure
286 vibration frequencies, pressures and amplitudes of the vibrating air in the Acapella[®] device.

287

288 Figure 2a-2c:

289 Frequency-flow relationship at the five different settings and for all three Acapella[®] devices

290 (2a: Acapella[®] blue; 2b: Acapella[®] Choice; 2c: Acapella[®] green); please note that in Figure 2a

291 and Figure 2b parts of setting 2, 3 and 4 overlay with other settings and in Figure 2c setting 2

292 and 3 are completely overlaying with setting 1 (Reported values are means over the analyzed

293 time period at each setting and flow rate.)

294

295 Figure 3a-3c:

296 Amplitude-flow relationship at the five different settings and for all three Acapella[®] devices

297 (3a: Acapella[®] blue; 3b: Acapella[®] Choice; 3c: Acapella[®] green). Note that reported values

298 are means over the analyzed time period at each setting and flow rate.

299

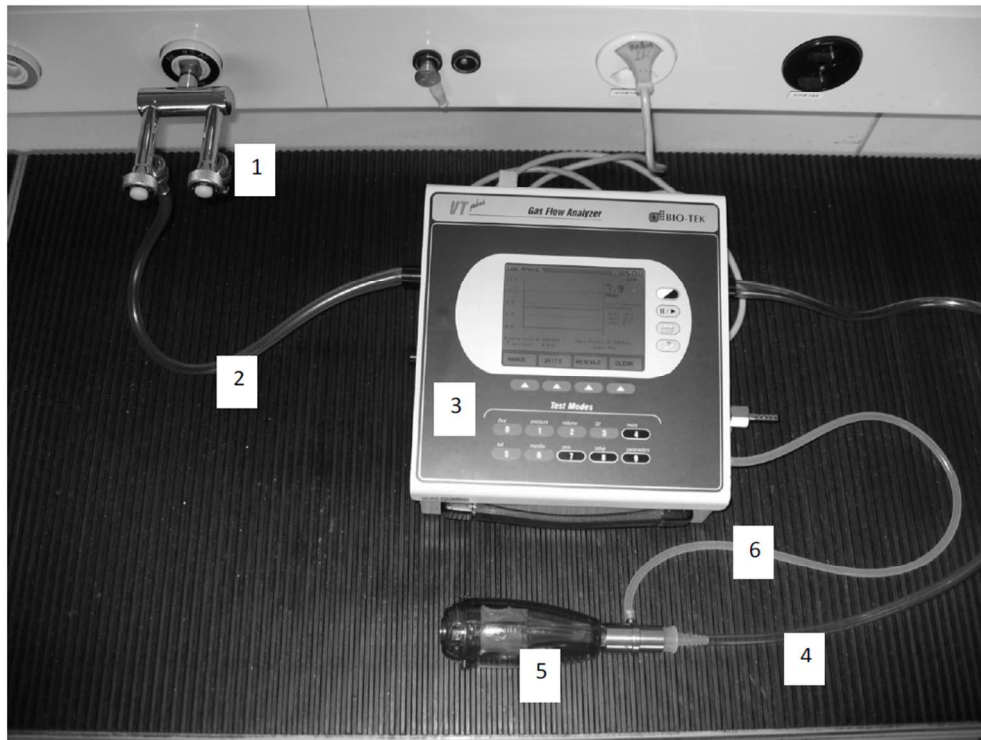
300 Figure 4a/4b:
301 Frequency-flow relationship (4a) and amplitude-flow relationship (4b) of the water bottle at
302 all three filling heights [cm]. Note that reported values are means over the analyzed time
303 period at each filling height and flow rate
304
305
306

Table 1: Required pressures (range of means over the measured time period of the five different settings) of the three Acapella[®] devices to generate different flows.

	Acapella Choice[®]	Acapella green[®]	Acapella blue[®]
Flow [l/min]	pressure [cmH ₂ O]		
6	2-7	2-7	1-8
12	2-7	4-7	8-10
20	5-8	5-8	10-15
30	10-12	7-12	22-30
40	16-20	15-20	42-58
50	27-30	21-27	100-120

Table 2: Optimal settings for the Acapella[®] devices and optimal water filling height for the water bottle (pressures, frequencies and amplitudes are means over the measured time period).

Device	Setting/Filling Height [cm]	Flow [l/min]	Pressure [cmH ₂ O]	Frequency [Hz]	Amplitude [cmH ₂ O]
Acapella Choice [®]	4	30	11	15	8
Acapella blue [®]	4	12	8	13	5
Acapella green [®]	4	30	11	13	6
Water bottle	5	12	5	12	1.8



Measurement set-up: Gas flow analyzer connected to an Acapella® device

1 = gas cock

2 = connecting tube from gas cock to analyzer (gas with known flow rate)

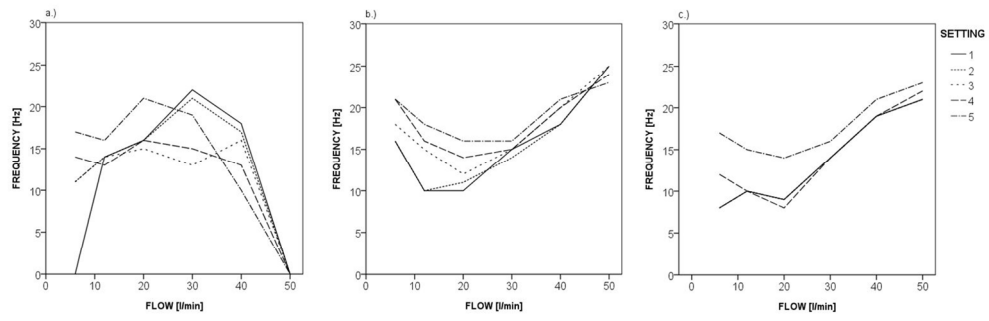
3 = gas flow and pressure analyzer

4 = connecting tube from analyzer to Acapella® device (gas with known flow rate)

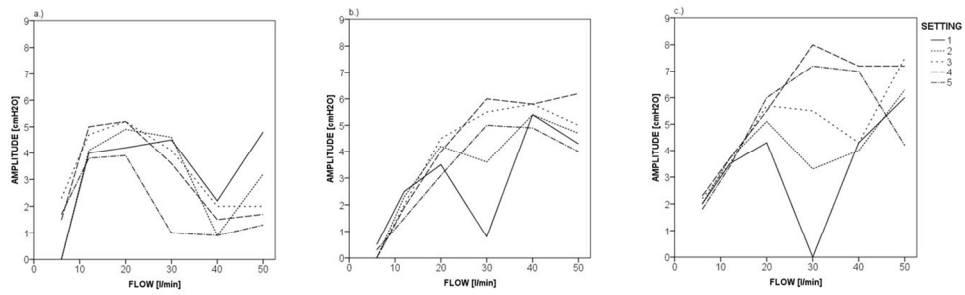
5 = Acapella® device

6 = connecting tube from the Acapella® device to analyzer, to measure vibration frequencies, pressures and amplitudes of the vibrating air in the Acapella® device.

374x282mm (72 x 72 DPI)

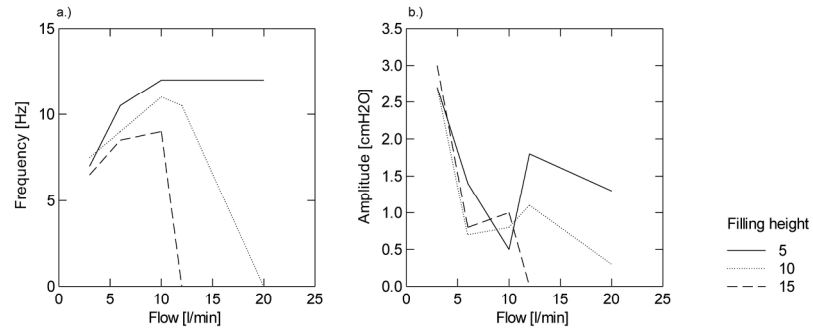


416x144mm (96 x 96 DPI)



370x119mm (96 x 96 DPI)

Figure 4



Frequency-flow relationship (4a) and amplitude-flow relationship (4b) of the water bottle at all three filling heights [cm].
209x148mm (300 x 300 DPI)