



**PHYSICIAN  
PRESENTER AWARD**

**George A. Carty, MD  
RVT RPVI RPhS**, of Progressive Medical Imaging, Saginaw, MI, received the 2011 Physician Presenter Award for his paper on "*Standing Versus Supine Evaluation for Superficial Venous Reflux: Dispositional or Core Belief?*." This award was sponsored by Philips Healthcare.

## **Physician Presenter Award**

Established in 1996, this award is presented annually to a physician member who is the primary author and presenter of a scientific paper selected for presentation at the Society for Vascular Ultrasound (SVU) Annual Conference. Its purpose is to promote participation and recognize outstanding physician presenters. The Abstracts Committee judges all eligible abstracts and submits the five receiving the highest number of points to the Awards Committee. Members of the awards committee review the manuscripts and score the presentations at the annual conference. The award is given to the presenter receiving the highest number of points.

## **Standing vs. Supine Evaluation for Superficial Venous Reflux: Dispositional or Core Belief?**

George A. Carty, MD RVT RPVI RPhS

**Introduction:** The entrenched belief prescribing the absolute need to perform duplex ultrasound evaluations for venous insufficiency in the standing position constitutes, in our view, an unsettled epistemological problem. The appropriate circumstances of when a supine examination is both accurate and advantageous have not been, to our knowledge, prospectively evaluated nor definitively resolved.

**Methods:** In order to address the issue at hand, 645 lower limb venous segments were examined in 66 consecutive patients, first supine and subsequently in the standing position. Valsalva and manual compressions were the chosen provocative maneuvers. Measurements of reflux duration were recorded. Reflux was considered positive if the measurement was equal or greater than 500 msec. The length of the examination as well as the degree of patient and examiner ease and comfort were also noted.

**Results:** We observed that when reflux duration at the sapheno-femoral junction in the initial supine examination was equal or greater than 1138 msec then reflux equal or greater than 500 msec was always present during the standing examination ( $p < 0.01$ ). Reflux duration at all levels was consistently greater in the supine position with a tendency for such difference to increase distally.

**Conclusion:** We conclude that testing in the standing position need to be performed only for patients with an initial supine evaluation where the measured valve closure times are less than 1138 msec. We also conclude that patients with a negative supine evaluation by the proposed criterion will have 5% relative risk (risk-ratio) of significant reflux when standing.