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Ultrasonics – Non-focusing short pressure pulse sources including ballistic pressure pulse sources – Characteristics of fields (Standards.iten.al)

Ultrasons – Sources d'impulsions de pression courtes non focalisées y compris les sources d'impulsions de pression balistiques – Caractéristiques des champs 7181f2a54311/iec-63045-2020





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INTERNATIONAL ELECTROTECHNICAL COMMISSION

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CONTENTS

FC	FOREWORD					
IN	INTRODUCTION					
1	Scop	e	8			
2	Norm	ative references	8			
3	Term	s and definitions	9			
4	List c	f symbols	20			
5		itions of measurement				
-	5.1	General				
	5.2	Measurements in the water test chamber				
	5.3	Measurements in the dry test bench	22			
6	Test	equipment				
	6.1	Water test chamber	22			
	6.1.1	Coordinate system	23			
	6.1.2	Hydrophone for water test chamber measurements	23			
	6.1.3	Hydrophone for pressure pulse measurements	23			
	6.2	Dry test bench	24			
	6.3	Voltage measurement				
	6.3.1	Oscilloscope or transient recorder	24			
_	6.3.2		25			
7		urement procedure (standards.iteh.ai)				
	7.1	Measurement procedure in the water test chamber	26			
	7.1.1	General <u>IEC 63045:200</u> https://standards.itch.av/catalog/standards/sist/6b7392c6-94d7-47aFbfa6-	26			
	7.1.2	Spanar measurementp8+f2a54311/jec-63045-2020				
	7.1.3 7.1.4	Non-focusing source				
	7.1.4	Beam plots of peak-positive acoustic pressure				
	7.1.6	Beam plots of peak-negative acoustic pressure				
	7.1.7	Measurement centre point and beam axis				
	7.1.8	Beam width measurements				
	7.1.9	Beam pressure maximum extent measurements				
	7.1.1					
		sectional area	. 31			
	7.1.1	•				
	7.1.1					
	7.2	Temporal measurements				
	7.3	Acoustic energy measurements				
	7.3.1 7.3.2	General				
	7.3.2	Pulse-pressure-squared integral Derived pulse-intensity integral				
	7.3.4					
	7.3.5	Derived acoustic pulse energy				
	7.4	Dry test bench measurements				
Ar		informative) Acoustic pressure pulse therapy				
-	A.1	Background				
	A.1.1	General				
	A.1.2					

A.1.3 C	Current knowledge on biomedical effects	34				
A.1.4 A	Availability of clinical and technical data	34				
A.2 Other	treatment devices and methods not subject to this document	35				
A.2.1 F	Percutaneous continuous and modulated wave systems	35				
A.2.2 E	Extracorporeal shock wave lithotripsy	35				
A.2.3 F	Further exclusions	35				
Annex B (inform	ative) Types of pressure pulse transducers	36				
B.1 Overv	/iew	36				
B.1.1 C	General	36				
B.1.2 F	Principle of ballistic pressure pulse sources	36				
B.1.3 F	Rail gun principle	36				
B.1.4 F	Further generation principles	37				
B.2 Non-f	ocusing and focusing transducers	37				
	ples of pressure pulse sources and their parameter sets					
	oning and targeting methods					
	native) Field measurement					
	urement probes and hydrophones					
	r test chamber					
	General					
-						
C.3 Dry te	Degassing procedures est bench en STANDARD PREVIEW	46				
C.3.2 S	General	48				
	Attachment of the hand piece					
	Proof of the similarity of measurements in water and the dry test bench					
	Special measurements with the dry test bench					
	stic pulse energy					
	General					
	Extrapolation of the applicator surface pressure value					
	native) Lists of parameters					
	Bibliography					
Dibilography						
	al pressure pulse waveform at 2 mm distance from a ballistic pressure	25				
•		25				
Figure 2 – Typical pressure distribution along the beam axis of an non-focusing pressure pulse source						
		21				
	al pressure distribution along the beam axis of a weakly focusing source	28				
•		20				
rigure 4 – Typic	al lateral pressure distributions of p_{C} at the beam pressure maximum					

patient39Figure B.3 – Pressure pulse source, symmetric, distant from the patient40Figure B.4 – Applicator coupled to patient40Figure B.5 – Non-focused pressure pulse field40Figure B.6 – Non-focused pressure pulse field -n dB parameters (example: n = 6)41Figure B.7 – Non-focused pressure pulse field isobars41

Figure B.2 – Pressure pulse source, non-symmetric (linear), directly coupled to the

Figure B.8 – Weakly-focused pressure pulse field –6 dB contour and parameters	42
Figure B.9 – Weakly-focused pressure pulse field volume and isobar parameters	42
Figure B.10 – Weakly-focused pressure pulse field parameters	43
Figure C.1 – Design example of a dry test bench in two views	47
Figure C.2 – Detail of the measurement chamber item of the dry test bench	48
Table C.1 – Hydrophone types for pressure pulse measurements	45
Table C.2 – Measurement techniques and probes for quality assurance purposes	46
Table D.1 – List of device parameters	52
Table D.2 – Pressure pulse parameters	53
Table D.3 – Additional parameters useful for the correlation with biological effects	55
Table D.4 – Graphical representations of pressure pulse data	56
Table D.5 – Data of hydrophones and measurement conditions	57

- 4 -

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INTERNATIONAL ELECTROTECHNICAL COMMISSION

ULTRASONICS – NON-FOCUSING SHORT PRESSURE PULSE SOURCES INCLUDING BALLISTIC PRESSURE PULSE SOURCES – CHARACTERISTICS OF FIELDS

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FDIS	Report on voting
87/741/FDIS	87/743/RVD

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INTRODUCTION

In this document, **pressure pulses** are single pulses of ultrasonic energy of up to 25 μ s duration which have only one significant positive and one negative peak carrying more than 95 % of the energy (see definitions). Focused **pressure pulses** (sometimes called "strongly focused") are characterized by a peak acoustic pressure in a point in the sound field distant from the **source aperture**. Parameters and measurement methods for focusing **pressure pulse** sources are described in IEC 61846. The parameters and measurement methods of any other types of **pressure pulses**, i.e. weakly focused and non-focused **pressure pulses**, are described in this document.

Devices with non-focusing/weakly focusing **pressure pulse** sources are used for the extracorporeal treatment of soft tissue pain situations in, for example, the shoulder, the heel spur or the tennis elbow and for trigger point therapy. Further, still under research are applications in orthopaedics, pain therapy, treatment of angina pectoris, stem cell therapy of infarcted cardiac areas, treatment of erectile dysfunction, of cellulitis, and wound repair.

The patients receive between 3 to 5 treatments of 10 min to 20 min duration with approximately or on average 1 000 pulses. Each **pressure pulse** consists of one significant compressional part and a trailing negative part and has an overall duration of less than 25 μ s. In present devices, 1 to 35 pulses per second are released to the target tissue. The pulses are usually applied to the patient by a manually guided hand piece. Targeting is commonly done by asking the patient to direct the pulses to the point of maximum pain.

The first use of non-focused/weakly focused **pressure pulses** to treat soft tissue pain situations was described in 1999. The first devices used the ballistic principle for the generation of the **pressure pulses**, which is based on an "air-gun" like acceleration of a projectile by pressurized air. The projectile impinges on the rear side of a larger metal **applicator**, the front side of which instantly releases one fast **pressure pulse** to the patient. Today, most of the devices on the market use this design and often are called "radial shock wave devices" or "ballistic sources" although a true shock wave is not created. Also, other pulse generating principles are being applied including variations of common lithotripter sources (electromagnetic, piezoelectric, electrohydraulic).

Before this first occurrence, focused **pressure pulses** were used clinically beginning in 1993 for the treatment of shoulder calcifications, tennis elbow pain and heel spur pain, initially using lithotripter-like electrohydraulic, electromagnetic or piezoelectric sources. These focused **pressure pulses** can be characterized by IEC 61846, but the parameters described therein are not sufficiently applicable to characterize the parameters and fields of weakly focused and non-focused **pressure pulses** and their propagation characteristics.

This document specifies methods of measuring and characterizing the acoustic **pressure pulses** generated by non-focusing/weakly focusing **pressure pulse equipment** and their propagation characteristics.

ULTRASONICS – NON-FOCUSING SHORT PRESSURE PULSE SOURCES INCLUDING BALLISTIC PRESSURE PULSE SOURCES – CHARACTERISTICS OF FIELDS

1 Scope

This document is applicable to

- therapy equipment using extracorporeally induced non-focused or weakly focused pressure pulses;
- therapy equipment producing extracorporeally induced non-focused or weakly focused mechanical energy,

where the **pressure pulses** are released as single events of duration up to 25 μ s.

This document does not apply to

- therapy equipment using focusing pressure pulse sources such as extracorporeal lithotripsy equipment;
- therapy equipment using other acoustic waveforms like physiotherapy equipment, low intensity ultrasound equipment and HIFU/HITU equipment.

This document specifies

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- measurable parameters which are used in the declaration of the acoustic output of extracorporeal equipment producing a non-focused or weakly focused pressure pulse field, 7181f2a54311/jec-63045-2020
- methods of measurement and characterization of non-focused or weakly focused pressure pulse fields.

NOTE 1 The parameters defined in this document do not – at the time of publication – allow quantitative statements to be made about clinical efficacy and possible hazard. In particular, it is not possible to make a statement about the limits for these effects.

NOTE 2 Figure B.1 to Figure B.10 and Figure 2 to Figure 4 are useful to understand the geometry of the field applied in this document.

This document has been developed for equipment intended for use in **pressure pulse** therapy, for example therapy of orthopaedic pain like shoulder pain, tennis elbow pain, heel spur pain, muscular trigger point therapy, lower back pain, etc. It is not intended to be used for extracorporeal lithotripsy equipment (as described in IEC 61846), physiotherapy equipment using other waveforms (as described in IEC 61689) and HIFU/HITU equipment (see IEC 60601-2-62 and IEC TR 62649).

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

IEC 60565-1, Underwater acoustics – Hydrophones – Calibration of hydrophones – Part 1: Procedures for free-field calibration of hydrophones

IEC 60565-2, Underwater acoustics – Hydrophones – Calibration of hydrophones – Part 2: Procedures for low frequency pressure calibration

IEC 62127-1:2007, Ultrasonics – Hydrophones – Part 1: Measurement and characterization of medical ultrasonic fields up to 40 MHz IEC 62127-1:2007/AMD1:2013

IEC 62127-2:2007, Ultrasonics – Hydrophones – Part 2: Calibration for ultrasonic fields up to 40 MHz

IEC 62127-3, Ultrasonics – Hydrophones – Part 3: Properties of hydrophones for ultrasonic fields up to 40 MHz

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- IEC Electropedia: available at http://www.electropedia.org/
- ISO Online browsing platform: available at http://www.iso.org/obp

3.1

applicator

part of the ballistic pressure pulse source which emits the pressure pulses to the patient

Note 1 to entry: In the case of a ballistic **pressure pulse** source, the front side of the **applicator** is often coupled to the skin of the patient using an ultrasound coupling gel or other agent and releasing the **pressure pulses** to the patient. In this case, the front of the **applicator** is equal to the **source aperture**.

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Note 2 to entry: Depending on the design of the source, there may be a space between the source emitting the **pressure pulses** (e.g. membrane, surface of piezoelectric crystals, spark gap etc.) and the **source aperture**. Usually, this space is composed of an acoustically conducting pad coupling material or a fluid, which transmits the **pressure pulses** from the source to the **source aperture** (see 3.48) rds/sist/6b7392c6-94d7-47af-bfa6-

3.2

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beam -n dB cross-sectional area

 $A_{z,n}$ dB

area enclosed by the **peak-positive acoustic pressure** contour in any plane perpendicular to the **beam axis**, where all points on the contour have a pressure of -n dB relative to the value at the **beam axis** in this plane

Note 1 to entry: The value of n and the axial distance z from the measurement centre point shall be stated as subscript.

Note 2 to entry: Typical values of -n dB are: -3 dB, -6 dB, -10 dB, -12 dB, -20 dB. Reasonable values of n for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST – International Society for Medical Shockwave Treatment) or through literature.

Note 3 to entry: The **beam** -n **dB cross-sectional area** is expressed in units of metre squared (m²).

3.3

beam -n dB extent

^Zb,ndB

distance along the **beam axis** from the **source aperture** to the point where the **peak-positive acoustic pressure** has dropped farthest by -n dB relative to the acoustic pressure at the **source aperture**

Note 1 to entry: The value of *n* shall be stated as subscript.

Note 2 to entry: Typical values of -n dB are: -3 dB, -6 dB, -10 dB, -12 dB, -20 dB. Reasonable values of n for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST – International Society for Medical Shockwave Treatment) or through literature.

Note 3 to entry: The **beam** -*n* **dB** extent is expressed in metres (m).

3.4 beam −*n* dB volume

 $V_{b,ndB}$

volume in space defined by the -n dB (relative to the **beam pressure maximum** value) **peakpositive acoustic pressure** contours measured around the **beam axis**

Note 1 to entry: It may be difficult to measure -n dB points throughout the volume around the **beam**. It is reasonable in practice to approximate the **beam** -*n* dB volume from measurements taken in three orthogonal directions: the **beam axis** (*z* axis); and the two orthogonal axes (*x*,*y*) which are also orthogonal to the **beam axis**.

Note 2 to entry: Typical values of -n dB are: -3 dB, -6 dB, -10 dB, -12 dB, -20 dB. Reasonable values of n for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST – International Society for Medical Shockwave Treatment) or through literature.

Note 3 to entry: The **beam** -n **dB volume** is expressed in units of metre cubed (m³).

Note 4 to entry: The value of *n* shall be stated as a subscript.

Note 5 to entry: See IEC 61828.

3.5

beam -n dB width, maximum

 $w_{\max,x,z,ndB}$

maximum width of the -n dB contour of the **peak-positive acoustic pressure** p_c around the *z* axis in the *x*-*y* plane at any distance *z*

Note 1 to entry: Typical values of n dB are: -3 dB, -6 dB, 10 dB, 12' dB, -20' dB. Reasonable values of n for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST – International Society for Medical Shockwave Treatment) or through literature.

Note 2 to entry: The beam -n dB width, maximum is expressed in metres (m).

Note 3 to entry: The values of z and n shall be stated as subscripts 2020

3.6

beam -n dB width, orthogonal

^Wmax,y,z,ndB

width of the -n dB contour of the **peak-positive acoustic pressure** p_c around the **beam pressure maximum**, in the *x-y* plane at any distance *z*, in the direction perpendicular to the direction of the beam width maximum

Note 1 to entry: Typical values of -n dB are: -3 dB, -6 dB, -10 dB, -12 dB, -20 dB. Reasonable values of n for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST – International Society for Medical Shockwave Treatment) or through literature.

Note 2 to entry: The **beam** –*n* **dB** width, orthogonal is expressed in metres (m).

Note 3 to entry: The values of z and n are stated as subscripts.

3.7

beam axis

line passing through the centre of mass of the **source aperture** of the **pressure pulse** generator and perpendicular to the **source aperture** surface

Note 1 to entry: This line is taken as the *z* axis. See 6.1.1 and Clause 7.

Note 2 to entry: For a definition of centre of mass, see IEC 60050-113:2011, 113-03-12.

38

beam isobar cross-sectional area

 $A_{nMPa,z}$

area enclosed by the peak-positive acoustic pressure contour which is delimited by a peakpositive pressure value n, at any point on the **beam axis**, and is in the plane, perpendicular to the beam axis at that point on the beam axis

Note 1 to entry: Typical values of *n* MPa are: 5 MPa, 3 MPa, 1 MPa. Reasonable values of *n* for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST - International Society for Medical Shockwave Treatment) or through literature.

Note 2 to entry: This definition helps manufacturers and researchers to define the size of an area, where a certain peak pressure value is exceeded. This definition is based on the assumption that an observed or estimated therapeutic effect or side effect can be found inside a region where a certain threshold pressure value (or energy flux density value) is exceeded. See for example, in Table D.3, the $E_{nMPa,z,T}$ parameter where n = 5 mm and z = 10 mm will be written as $E_{5\text{MPa},10,\text{T}}$.

Note 3 to entry: The beam isobar cross-sectional area is expressed in units of metre squared (m²).

Note 4 to entry: The values of *z* and *n* are stated as subscripts.

39

beam isobar extent

^zbe.nMPa

distance along the beam axis from the source aperture to the point where the peak-positive acoustic pressure has dropped farthest to a value of n MPa

Note 1 to entry: Typical values of *n* MPa are: 5 MPa, 3 MPa, 1 MPa. Reasonable values of *n* for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST - International Society for Medical Shockwave Treatment) or through literature.

Note 2 to entry: The beam isobar extent is expressed in metres (m).

https://standards.iteh.ai/catalog/standards/sist/6b7392c6-94d7-47af-bfa6-Note 3 to entry: The value of *n* is stated as a subscript $\frac{1}{16c-63045-2020}$

3.10

beam isobar volume

V_{b n}MPa

volume in space defined by the **peak-positive acoustic pressure** n MPa isobar contours measured around the beam axis

Note 1 to entry: The beam isobar volume is expressed in units of metre cubed (m³).

Note 2 to entry: It may be difficult to measure *n* MPa points throughout the volume around the **beam**. It is reasonable in practice to approximate the beam isobar volume from measurements taken in three orthogonal directions: the beam axis (z axis); and the two orthogonal axes (x, y) which are also orthogonal to the beam axis.

Note 3 to entry: Reasonable values of *n* MPa for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST – International Society for Medical Shockwave Treatment) or through literature.

3.11 beam isobar width, maximum

 $w_{\max,x,z,n}$ MPa

maximum width of the contour of the **peak-positive acoustic pressure** p_{c} around the z axis in the x-y plane at any distance z with an acoustic pressure value of n MPa

Note 1 to entry: Typical values of *n* MPa are: 5 MPa, 3 MPa, 1 MPa. Reasonable values of *n* for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST - International Society for Medical Shockwave Treatment) or through literature.

Note 2 to entry: The beam isobar width, maximum is expressed in metres (m).

Note 3 to entry: The value of *n* is stated as a subscript.

3.12 beam isobar width, orthogonal

^Wmax,y,z,nMPa

width of the contour of the **peak-positive acoustic pressure** p_c around the *z* axis in the *x-y* plane at any distance *z*, in the direction perpendicular to the direction of the **beam isobar width**, **maximum** with an acoustic pressure value of *n* MPa

Note 1 to entry: Typical values of *n* MPa are: 5 MPa, 3 MPa, 1 MPa. Reasonable values of *n* for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST – International Society for Medical Shockwave Treatment) or through literature.

Note 2 to entry: Beam isobar width, orthogonal is expressed in metres (m).

Note 3 to entry: The values of z and n are stated as subscripts.

3.13

beam pressure maximum

p_{c.bpm}

peak-positive acoustic pressure amplitude at the beam pressure maximum distance

Note 1 to entry: The beam pressure maximum is expressed in pascals (Pa).

3.14

beam pressure maximum -n dB cross-sectional area

Abpm.ndB

area enclosed by the **peak-positive acoustic pressure** contour which is -n dB relative to the value at the **beam pressure maximum distance** and is in the plane perpendicular to the **beam axis**, which contains the **beam pressure maximum**

Note 1 to entry: The value of *n* shall be stated as a subscript 0.20

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Note 2 to entry: Typical values of $-n \, dB$ ane: $13. dB_{3.7} + 6. dB_{6.7} + 12. dB_{6.7} + 20 \, dB$. Reasonable values of n for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST – International Society for Medical Shockwave Treatment) or through literature.

Note 3 to entry: The beam pressure maximum -n dB cross-sectional area is expressed in units of metre squared (m²).

3.15

beam pressure maximum -n dB extent

L_{bpm,ndB}

distance along the z axis between the -n dB points of the **peak-positive acoustic pressure** on either side of the **beam pressure maximum**

Note 1 to entry: The value of *n* shall be stated as a subscript.

Note 2 to entry: A **beam pressure maximum** only exists if the acoustic pressure on the **beam axis** drops by at least -*n* dB in $\pm z$ direction as compared to the **beam pressure maximum**. Otherwise, no **beam pressure maximum** -*n* dB extent exists.

Note 3 to entry: Typical values of -n dB are: -3 dB, -6 dB, -10 dB, -12 dB, -20 dB. Reasonable values of n for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST – International Society for Medical Shockwave Treatment) or through literature.

Note 4 to entry: The **beam pressure maximum** -n dB extent is expressed in metres (m).

3.16

beam pressure maximum -n dB volume

V_{bpm,ndB}

volume in space defined by the *n* dB (relative to the value at the **beam pressure maximum**) **peak-positive acoustic pressure** contours measured around the **beam pressure maximum**

Note 1 to entry: The value of *n* shall be stated as a subscript.

Note 2 to entry: It may be difficult to measure -n dB points throughout the volume around the **beam pressure maximum** (IEC 61828).

Note 3 to entry: Typical values of -n dB are: -3 dB, -6 dB, -10 dB, -12 dB, -20 dB. Reasonable values of n for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST – International Society for Medical Shockwave Treatment) or through literature.

Note 4 to entry: The beam pressure maximum -n dB volume is expressed in units of metre cubed (m³).

3.17

beam pressure maximum -n dB width, maximum

^Wbpm,x,ndB

maximum width of the -n dB contour of the **peak-positive acoustic pressure** p_c around the **beam pressure maximum** in the *x*- *y* plane which contains the **beam pressure maximum**

Note 1 to entry: The value of *n* shall be stated as subscript.

Note 2 to entry: Typical values of -n dB are: -3 dB, -6 dB, -10 dB, -12 dB, -20 dB. Reasonable values of n for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST – International Society for Medical Shockwave Treatment) or through literature.

Note 3 to entry: The beam pressure maximum -n dB width, maximum is expressed in metres (m).

3.18

beam pressure maximum - n dB width, orthogonal **PREVIEW**

^Wbpm,y,ndB

width of the -n dB contour of the **peak-positive acoustic** pressure p_c around the beam

pressure maximum, in the *x*-*y* plane which contains the **beam pressure maximum**, in the direction perpendicular to the direction of the **beam pressure maximum** width

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Note 1 to entry: The value of -n shall be stated as 43 subscript 045-2020

Note 2 to entry: Typical values of -n dB are: -3 dB, -6 dB, -10 dB, -12 dB, -20 dB. Reasonable values of n for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST – International Society for Medical Shockwave Treatment) or through literature.

Note 3 to entry: The beam pressure maximum -n dB width, orthogonal is expressed in metres (m).

3.19

beam pressure maximum isobar cross-sectional area

^Abpm,*n*MPa

area enclosed by the **peak-positive acoustic pressure** contour which is delimited by an isobar of *n* MPa, where this isobar is in that plane perpendicular to the **beam axis**, which contains the **beam pressure maximum**

Note 1 to entry: Typical values of n MPa are: 5 MPa, 3 MPa, 1 MPa. Reasonable values of n for clinical approval and communication to the users can be identified by a risk analysis process, by applicable safety standards, by consulting notified bodies, expert communities (e.g. ISMST – International Society for Medical Shockwave Treatment) or through literature.

Note 2 to entry: The **beam pressure maximum isobar cross-sectional area** is expressed in units of metre squared (m²).

Note 3 to entry: The value of *n* is given as a subscript.

3.20

beam pressure maximum isobar extent

L_{bpm,n}MPa

distance along the z axis between the points on either side of the **beam pressure maximum** of n MPa