

Acute effects of graduated and progressive compression stockings on leg vein cross-sectional area and viscoelasticity in patients with chronic venous disease

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ABSTRACT

Objective: To determine the effects of graduated and progressive elastic compression stockings (ECS) on postural diameter changes and viscoelasticity of leg veins in healthy controls and in limbs with chronic venous disease (CVD).

Methods: In 57 patients whose legs presented with C_{1s}, C₃, or C₅ CEAP classes of chronic venous disease and were treated primarily with compression, and 54 healthy controls matched for age and body mass index, we recorded interface pressures (IFP) at 9 reference leg levels. Cross-sectional areas of the small saphenous vein (SSV) and a deep calf vein (DCV) were measured with B-mode ultrasound with patients supine and standing, recording the force (PF) applied on the ultrasound probe to collapse each vein with progressive ECS, and with and without graduated 15 to 20 mm Hg and 20 to 36 mm Hg elastic stockings. We chose these veins because they were free of detectable lesion and could be investigated at the same level (mid-height of the calf), and their compression by the ultrasound probe was not hampered by bone structures.

Results: IFP decreased from ankle to knee with graduated 15 to 20 and 20 to 36 mm Hg, but increased with progressive ECS, and were 8.4 to 13.8 mm Hg lower for C_{1s} than for control or C₃ and C₅ limbs. Without ECS, the SSV median [lower-upper quartile] cross-sectional area was 4.9 mm² [3.6-7.1 mm²] and 7.1 mm² [3.0-9.9 mm²] in C₃ and C₅ limbs versus 2.9 mm² [1.8-5.2 mm²] and 3.8 mm² [2.1-5.4 mm²] in controls ($P < .01$), respectively, while supine and standing. It remained greater in C₃ and C₅ than in C_{1s} and control limbs wearing any ESC. Wearing compression, especially with progressive ECS, decreased the SSV and DCV cross-sectional area only with patients supine, thus decreasing postural changes, which remained highly diverse between individuals. The SSV cross-sectional area versus PF function traced a hysteresis loop of which the area, related to viscosity, was greater in C₃ and C₅ limbs than controls, even with graduated 15 to 20 or 20 to 36 mm Hg ECS. Progressive ECS decreased vein viscosity in the supine position, whereas 20 to 36 mm Hg and progressive ECS increased distensibility in the standing position.

Conclusions: ECS decrease the cross-sectional area of SSV and DCV with patients supine, but not upright. C_{1s} limbs show distinctive features, especially regarding IFP. Graduated 20 to 36 mm Hg and progressive stockings lower viscosity and increase distensibility of the SSV. (*J Vasc Surg Venous Lymphat Disord* 2022;10:186-195.)

Keywords: Chronic venous disease; lower limb veins; Compression therapy; Viscoelasticity; Ultrasound examination

Compression therapy remains the cornerstone of the medical treatment of chronic venous disease (CVD). Although it is a very ancient technique, unproven dogmas and misconceptions are common but challenged by recent data.¹⁻³ There is a growing consensus

that further studies are necessary to assess its mechanisms, indications, and optimal parameters.

Compression therapy may be beneficial by increasing interstitial pressure, thus decreasing venous wall stress and/or improving blood flow. According to Laplace's

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Clinical Trial Registration—URL: <https://clinicaltrials.gov/ct2/show/NCT01558024>

Additional material for this article may be found online at www.jvsvenous.org

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equation, decreasing the transmural pressure, decreasing the diameter, or increasing wall thickness, decreases venous wall stress. Standing motionless (orthostasis) results in high blood pressure in leg veins, which can be decreased by walking, activating the calf muscle pump.⁴ Elastic compression stockings (ECS) decrease the transmural venous pressure, even if they do not decrease the cross-sectional area.⁴ Moreover, postural changes in the vein cross-sectional area show great interindividual diversity among patients with CVD, as well as among healthy patients.⁵

Graduated compression stockings apply greater pressure at the ankle than at the calf. Conversely, progressive stockings, as used in sports, exert the higher pressure at the calf, with a greater impact on the calf venous muscle pumping function.⁶ Their benefit in patients with CVD whose valves are often incompetent and who suffer mostly when standing motionless remains to be investigated thoroughly.

The cross-sectional area changes of the small saphenous vein (SSV), measured with B-mode ultrasound examination and plotted as a function of applied force on the ultrasound probe to achieve vein collapse, trace a hysteresis loop,^{5,7} of which the slope is related to elasticity and the area to viscosity.^{8,9} We used this technique, together with postural changes and interface pressure (IFP) measurements, to compare the effects of graduated and progressive ECS on the SSV and on a deep calf vein (DCV) in limbs with CVD, where compression was the primary therapy, and in normal controls. We chose these veins because they were free of detectable lesion and could be examined at the same level (mid-height of the calf), whereas their compression by the ultrasound probe was not hindered by bone structures.

METHODS

Population sample. This study was conducted in the 57 patients with CVD (41 females) and 54 controls (36 females) recruited for the *Phlebosthene* study.⁵ The examined limb was in the C₁₅ (telangiectasia or reticular veins and symptoms) CEAP category¹⁰ in 21 patients (with superficial vein reflux in 3 and obstruction in 1), C₃ (edema) in 18 (with superficial venous reflux in 4), and C₅ (healed venous ulcer) in 18 patients (with lipodermatosclerosis in 11, superficial venous reflux in 5, deep venous reflux in 3, and obstruction in 1). None of the C₁₅ and C₃ limbs had varicose veins or skin changes. CVD was diagnosed after other possible causes of signs or symptoms had been excluded by detailed and independent clinical and ultrasound examinations performed by two physicians. Healthy biomedical research volunteers were recruited from the general population by the Montpellier Center for Clinical Investigation to form the control group. They were matched for age and body mass index with patients.⁵ Pregnant or breastfeeding women, patients less than 18 years old, and

ARTICLE HIGHLIGHTS

- **Type of Research:** Single-center case-control clinical research
- **Key Findings:** In 57 limbs with chronic venous disease and 54 controls, compression stockings failed to decrease the small saphenous and deep calf vein diameter in the standing position. Interface pressures were lower than expected in C₁₅ limbs. Graduated 20 to 36 mm Hg and progressive stockings lowered small saphenous vein viscosity but increased distensibility.
- **Take Home Message:** The noninvasive measurement of interface pressures and leg vein viscoelasticity should contribute to determining personalized parameters of compression stockings.

patients unable or unwilling to provide their consent form were not included. Intravenous and intramuscular pressure measurements were proposed at inclusion until 18 of the patients with CVD (6 in each CEAP category) and 18 of the controls agreed.⁵

The Ethics Committee (CCP-Sud-Méditerranée—RCB-2014-A00737-40) approved the study. Written informed consent was obtained from all patients.

We performed ultrasound examinations with a Logiq-e system (GE-Ultrasound, Chicago, Ill), of which the 12L-RS linear probe was equipped with a XFTC300 sensor connected to an ARD154 amplifier (Measurement Specialties, Hampton, Virgin Islands) to measure the force (PF) applied on the ultrasound probe by the operator when compressing the vein. The ultrasound video signal was captured by a Picolo frame-grabber (Euresys, Liege, Belgium).⁷

For intramuscular pressure measurement, a 1.2-mm external diameter IMP-Cath catheter (Alcis, Besançon, France), was inserted, after local anesthesia by 6 to 8 mL of 5 mg/mL lidocaine, into the medial gastrocnemius muscle just above the level of the calf maximum circumference, and introduced at a depth of approximately 4 cm. For intravenous blood pressure measurement, a 22G Cathlon catheter (Smiths-Medical, St-Paul, Minn) was inserted into the great saphenous vein at mid-calf.⁵ IFPs were measured with nine Kikuhime sensors (Medigroup, Melbourne, Australia) positioned between the garment and the skin at European norm AFNOR-NFG-G30-102B reference levels (Fig 1). Sensors were calibrated at atmospheric pressure and at 100 mm Hg with a mercury column before each session.

Catheters and sensors were connected to DPT-6000 transducers (Codan-Medical, Lensahn, Germany), and analogue signals were transmitted, through UIM100C interface modules, to a MPI50 system for processing and analysis with Acqknowledge-V4.2 (Biopac-Systems, Goleta, Calif).⁵

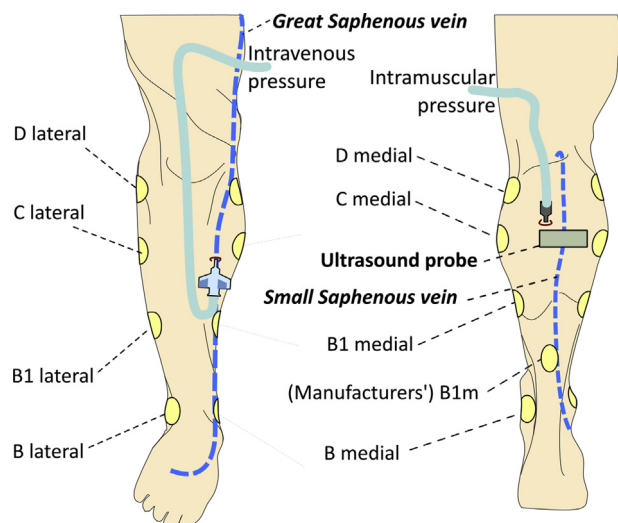


Fig 1. Location of catheters and interface pressure (IFP) sensors. Front and back views showing the intravenous catheter in the great saphenous vein, the intramuscular catheter in the triceps surae muscle, the IFP sensors at the nine reference levels on the leg, and the site of ultrasound examination.

Protocol. A thin knee-long nylon garment kept the catheters and sensors in place. The patient was resting on one side (lateral decubitus) while the contralateral (upper) leg was investigated, and a small wedge was placed under the heel to avoid any contact or pressure on calf muscles. On the SSV at mid-calf, then on a DCV (the soleus or one of the gastrocnemius veins, as available) at the same calf level, the observer compressed the vein by increasing progressively PF until the vein collapse was obtained, then decreased PF until the vein reopened completely, at a rate of 0.25 to 1 cycle/s for 6 to 8 cycles. Thereafter, the patient stood motionless for 1 minute before the compression test was repeated while the contralateral leg supported the body weight. Finally, the patient performed a tiptoe test at a rate of 0.25 to 1.00 cycle/s. This protocol was successively performed with the patient wearing no ESC, a 15 to 20 mm Hg graduated VeinoStim, a 20 to 36 mm Hg graduated VeinoStim, and a progressive Progressiv' ECS (Pierre-Fabre Laboratories, Castres, France). Graduated 15 to 20 mm Hg and 20 to 36 mm Hg ECSs were designed to apply a 15 to 20 mm Hg and 20 to 36 mm Hg pressure at the ankle, respectively (French norm AFNOR-NFG-G30-102B). Progressive ECSs were designed to apply a pressure of 7 mm Hg at the ankle and 25 mm Hg at the calf. The ECS size was chosen to fit the patients' ankle minimal circumference (B-level), calf maximal circumference (C-level) (Fig 1) and leg length according to the manufacturer's recommendations. Each test was performed only once during the session, which lasted from 90 minutes without to 150 minutes with invasive measurements. Ultrasound examinations were performed with a large amount of contact gel soaking the weaving.

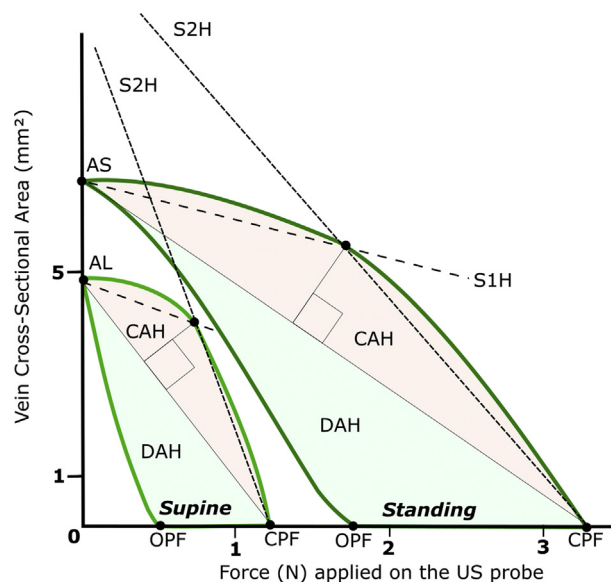


Fig 2. Typical hysteresis loops showing the small saphenous vein (SSV) cross-sectional area as a function of the force applied on the ultrasound probe during the compression test. Legend: Cross-sectional area (in mm^2) plotted as a function of the force (in N) exerted by the operator on the ultrasound probe. AL, Maximum cross-sectional area in the supine position; AS, maximum cross-sectional area in the standing position; CPF, vein-closing probe force; OPF, vein-opening probe force; CAH and DAH, area of the compression and decompression parts, respectively, of the loop; S1H and S2H, first and second slopes, respectively, of the compression part of the loop. In this example, the area of the loop is smaller, and the slope S2H steeper in the supine than in the standing position.

Variables. Signals were recorded after stabilization at each step. Independent observers blinded from the patient's status measured, on recorded signals and images, the maximum PF applied during the SSV and the DCV compression test, intravenous pressure (IVPm) and intramuscular pressure averaged over about 10 seconds at rest, and the lower IVPm value reached at the end of the tiptoe-test movements (IVPmin). Using the fit-ellipse function of Fiji image-processing software (<https://fiji.sc/>), the SSV and DCV cross-sectional area was measured in the supine and in the standing position. Postural change in cross-sectional area (PAC) was calculated as $100 \times (\text{standing} - \text{supine}) / \text{standing}$. For comparisons between leg levels, groups, and ECSs, IFP values provided by the lateral and medial sensors at the B, B1, C, and D levels were averaged. From the SSV hysteresis loop,⁸ were automatically extracted (Fig 2)⁷:

1. Pressure-related variables: PF at vein collapse and reopening;
2. Viscosity-related variables: total area of the loop, area of its compression and of its decompression phase; and
3. Elasticity-related variables: slope of the first (S1H) and second (S2H) part of the compression phase.

Table. Biometrics of the population sample

	Controls (n = 54)	C _{1s} (n = 21)	C ₃ (n = 18)	C ₅ (n = 18)
Age, years	63.5 [53.0-70.0]	61.0 [44.0-72.0]	61.0 [52.3-67.0]	66.0 [60.0-76.5]
Weight, kg	63.0 [60.0-74.5]	63.0 [58.5-80.0]	79.0 [64.0-88.5]	82.0 [68.5-111.5]
Height, cm	164.5 [160.0-169.8]	162.0 [157.0-170.0]	166.5 [161.0-170.0]	169.0 [164.0-180.5]
BMI, kg.m ⁻²	24.8 [21.5-27.3]	25.6 [21.5-28.5]	29.0 [23.0-33.1]	27.3 [22.6-36.4]
Leg length, cm	42.0 [39.0-43.5]	40.0 [39.0-42.0]	41.0 [39.6-42.0]	43.0 [41.5-44.0]
Calf circumference, cm	34.8 [32.9-37.0]	35.8 [34.0-37.0]	38.5 [36.3-42.7]	37.0 [32.5-40.5]
Ankle circumference, cm	21.0 [20.0-22.0]	21.8 [20.8-23.4]	23.8 [22.2-25.4]	23.1 [22.0-25.9]

Age, body weight, height, BMI, leg length, calf circumference, and ankle circumference of normal lower limbs (controls) and in limbs with C_{1s}, C₃, and C₅ CEAP category of chronic venous disease. Values are reported as median [lower-upper quartile]. BMI, Body mass index.

Statistical analysis. Continuous variables are reported as median [lower-upper quartile]. Differences between two groups and changes within one group were evaluated with Wilcoxon-Mann-Whitney (independent data) and with Wilcoxon signed-rank test (paired data), respectively. Differences between controls, C_{1s}, and pooled C₃ and C₅ limbs (C_{3&5}), and between ECSs, were evaluated with Kruskal-Wallis and Friedman tests, respectively, after which Dunn's multiple comparison test was used to control for alpha risk when comparing groups or compression stockings two by two. *P* values of less than .05 were considered significant. Intraobserver reproducibility was evaluated on two independent readings of the same recorded images or signals by Lin concordance correlation coefficient (*pc*).

Statistical analyses were performed using Prism-V.5 (GraphPad, San Diego, CA) and R-V3.5.1 (R-Foundation for Statistical Computing, Vienna, Austria).

RESULTS

Population sample. There was no difference in age or body mass index between patients with CVD and controls, but C₅ patients had greater weight and height than controls and C_{1s} patients. C₃ limbs showed greater calf circumference than controls, whereas C₃ and C₅ limbs had greater ankle circumference than controls (Table).

Intravenous and intramuscular pressure. Without ECS, there was no IVPm difference between groups in the supine position but C_{3&5} patients had greater (*P* = .003) IVPm (60.1 [55.8-71.8]) mm Hg than controls (46.7 [-6.6 to 57.9]) in the standing position. The IVPm difference between the supine and the standing position correlated positively with height (Spearman *r* = 0.49; *P* = .008) in the whole population sample. The IVPm was greater with progressive than without ECS in the supine position, and greater in the standing than in the supine position without or with any ECS (Supplementary Material, Supplementary Table I online only). The IVPmin was slightly lower without than with graduated 15 to 20 mm Hg or progressive, and with graduated 15 to 20 mm Hg than 20 to 36 mm Hg ECS (Supplementary Material, Supplementary Table II online only).

The mean intramuscular pressure was similar in controls and limbs with CVD in the supine position, with or without ECS, but higher in limbs with CVD without and with progressive ECS in the standing position. It increased gradually from without to graduated 15 to 20 mm Hg, graduated 20 to 36 mm Hg, and progressive ECS in all groups and both positions (Supplementary Fig 1; Supplementary Material, Supplementary Table III online only).

Interface pressures. Intraobserver reproducibility of IFP readings yielded a *pc* of 0.9489 to 0.9996 for the different stages of the procedure (Supplementary Material, Supplementary Table IV online only).

IFPs were about 4 mm Hg without ECS (under the nylon garment), and increased with ECSs, reaching a maximum at the B1m-level then decreasing toward the D-level with graduated 15 to 20 mm Hg and 20 to 36 mm Hg, but reaching a maximum at the C-level with progressive ECS (Fig 3, Supplementary Material, Supplementary Tables V and VI online only). The IFPs were 8.4 to 13.8 mm Hg lower in C_{1s} than in C_{3&5} limbs and controls at all levels. The IFPs were different between no ECS, graduated 15 to 20 mm Hg, graduated 20 to 36 mm Hg, and progressive ECSs (Supplementary Material, Supplementary Table VII online only).

The IFPs with ECSs were greater standing than supine except at the D-level (Supplementary Material, Supplementary Table VIII online only). There were greater differences between the lateral and the medial sensors in controls than in limbs with CVD, especially C_{1s} limbs when standing and at the ankle (Supplementary Material, Supplementary Table IX online only).

Vein cross-sectional area. The SSV and DCV cross-sectional area could be measured at every stage of the procedure in 111 and 107 patients, respectively. In both positions, controls had smaller SSV cross-sectional area than C_{3&5} limbs, without and with any ECS. In the supine position with progressive ECS, controls had smaller DCV cross-sectional area than C_{1s} and C_{3&5} limbs (Supplementary Fig 2, Supplementary Material,

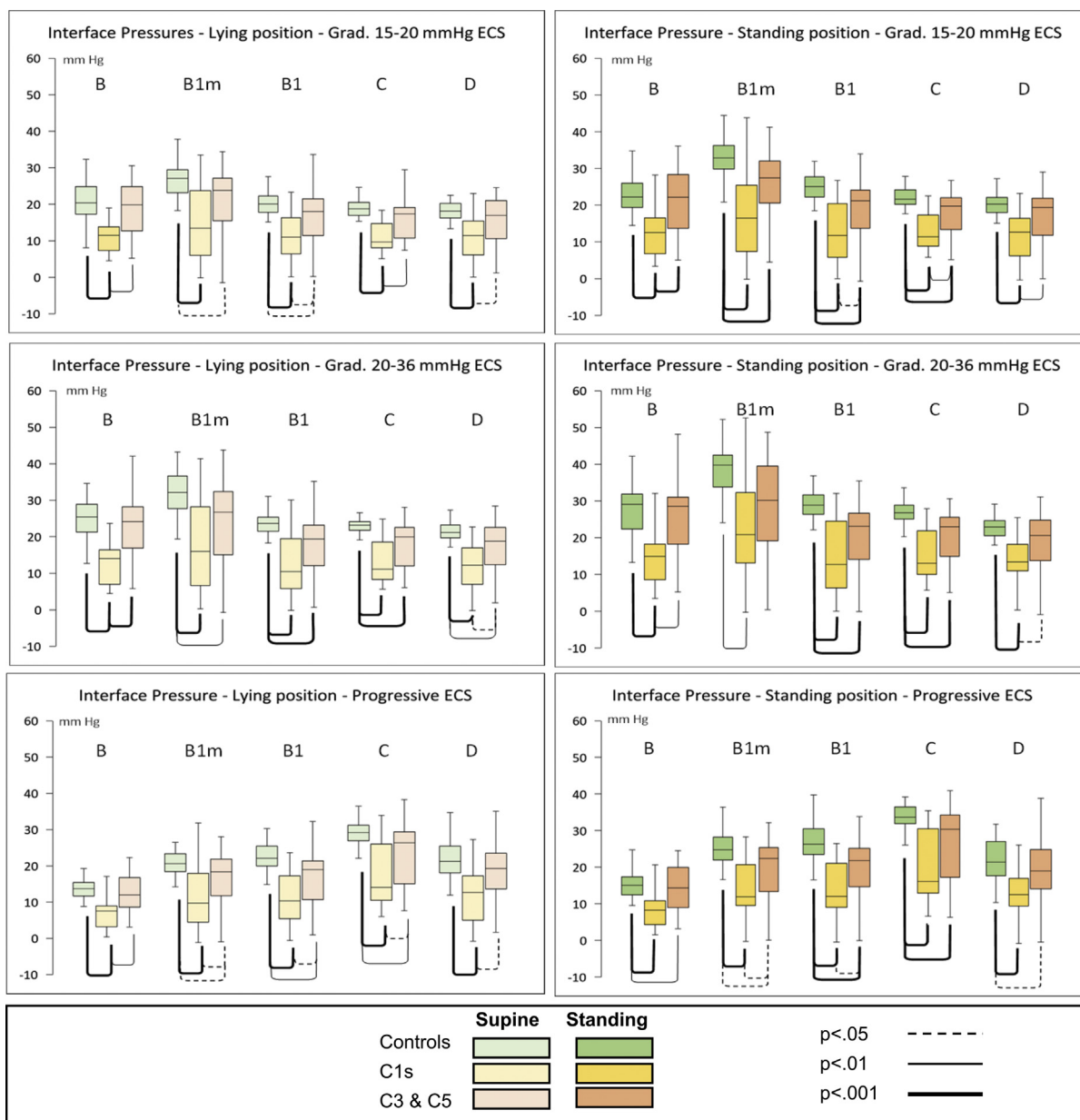


Fig 3. Interface pressures (IFP). Box-and-whiskers plots of IFPs (in mm Hg) in the lower limbs of normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease (CVD) with graduated 15 to 20 mm Hg and 20 to 36 mm Hg, and with progressive compression stockings at the B, B1m, B1, C, and D reference leg levels (values provided by the lateral and medial sensors were averaged at the B, B1, C, and D levels). Significance of differences between groups (Dunn’s multiple comparison test post Kruskal-Wallis analysis of variance) is shown as brackets.

Supplementary Table X online only). Body mass index was slightly higher in males but males and females had similar SSV or DCV cross-sectional area (Supplementary Material, Supplementary Table XI online only).

In the supine position, SSV and DCV cross-sectional area was smaller with progressive than with graduated 15 to 20 mm Hg or no ECS in controls and in C_{3&5} limbs, and DCV cross-sectional area was smaller with any ECS than without in controls. In the standing position, ECS produced no significant changes in SSV and DCV cross-

sectional area (Supplementary Material, Supplementary Table XII online only).

The vein cross-sectional area was greater in the standing than in the supine position without or with any ECS in all groups for SSV, and in controls for DCV. ECSs increased SSV PAC, but this increase was significant only in controls with progressive ECS. DCV-PAC increased with all ECSs in controls, and with progressive ECS in C_{3&5} limbs (Fig 4, Supplementary Material, Supplementary Tables XIII and XIV online only).

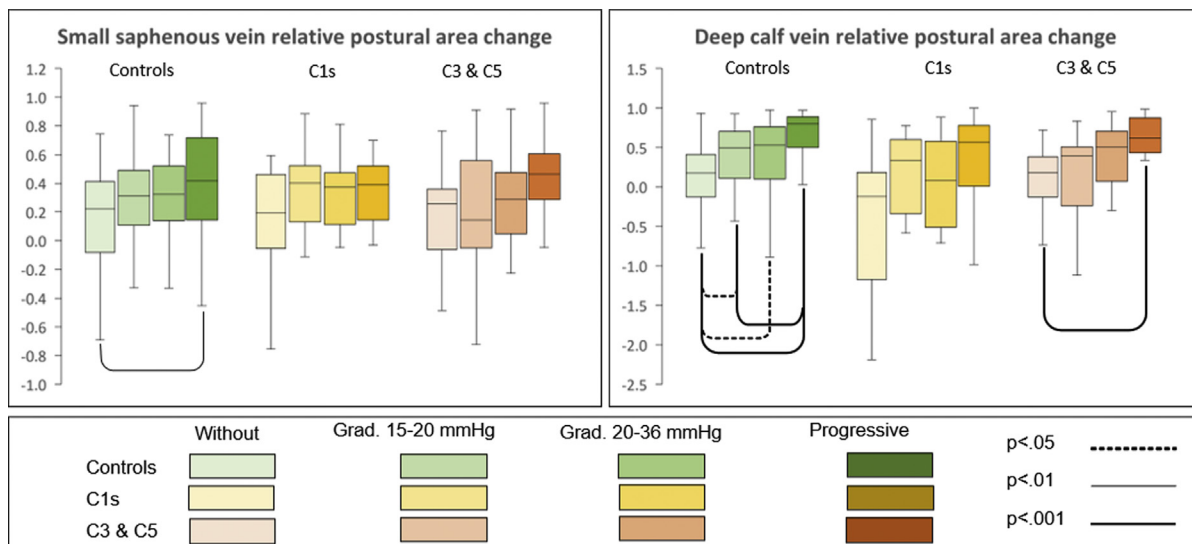


Fig 4. Relative postural change in cross-sectional area of the small saphenous vein (SSV) and the DCV. Box-and-whiskers plot of the relative change in cross-sectional area of the SSV and of the DCV when changing from the lying to the standing position, in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of CVD, without, with graduated 15 to 20 mm Hg and 20 to 36 mm Hg, and with progressive compression stockings. Differences between elastic compression stockings (ECS; Dunn's multiple comparison test post Friedman analysis of variance) are shown as horizontal brackets when significant.

Viscoelasticity. The force that collapsed the SSV and the DCV was greater in the standing than in the supine position, without or with any ECS (Supplementary Fig 3, Supplementary Material, Supplementary Tables XV and XVI online only). In the supine position, a greater force was required to collapse the DCV than the SSV in all groups without ECS and in C_{3&5} limbs with any ECS. In the standing position, a greater force was required to collapse the DCV than the SSV without or with any ECS in all groups except in C_{1s} with progressive ECS (Supplementary Material, Supplementary Table XVII online only).

All hysteresis loop variables were increased when changing from the standing to the supine position, without or with any ECS. All ECSs decreased S2H in the supine but not in the standing position. The vein-opening probe force increased with graduated 15 to 20 mm Hg stockings, but not with graduated 20 to 36 mm Hg, and decreased with progressive stockings. Progressive stockings decreased the total area of the loop and the area of its compression part in both positions. Wearing an ECS did not alter the differences in hysteresis variables between the groups. Graduated 20 to 36 mm Hg and progressive stockings reversed the postural change of S2H in controls, C_{1s}, and C_{3&5} limbs (Fig 5, Supplementary Material, Supplementary Tables XVIII and XIX online only).

DISCUSSION

The main findings of this study were that (1) IFP followed the expected pattern (decreasing with graduated

ECSs or increasing with progressive ECSs) from the ankle to the knee, but were lower in C_{1s} than in other limbs. They increased in the standing position in all patients without and with any ECS. (2) The SSV cross-sectional area was greater in C_{3&5} limbs than in controls in both positions without and with ECSs, whereas the DCV cross-sectional area was greater in C_{3&5} and C_{1s} limbs than in controls only in the supine position. All ECSs decreased the cross-sectional area of both veins in the supine, but not significantly in the standing position. Progressive ECS produced the greater changes. (3) A greater force had to be applied on the ultrasound probe to collapse the DCV than the SSV, especially in the standing position and in C_{3&5} patients. (4) SSV viscoelasticity variables were greater in C_{3&5} limbs than in controls in the standing position without ECS and greater in the standing than in the supine position in all patients. ECSs did not change the viscoelasticity differences between the groups. Progressive ECS decreased the viscosity variables in controls and C_{3&5} patients in the supine position. Graduated 20 to 36 mm Hg and progressive ECS reversed postural changes in elasticity variables, resulting in greater distensibility.

Although not different between groups in the supine position, intramuscular pressure decreased in the standing position, in agreement with previous reports¹¹ and became higher in limbs with CVD without ECS and with progressive ECS. Logically, it increased gradually, in both positions, with graduated 15 to 20 mm Hg, 20 to 36 mm Hg, and progressive ECS. As expected,^{12,13} the IVPm was higher in C_{3&5} limbs than in controls in the

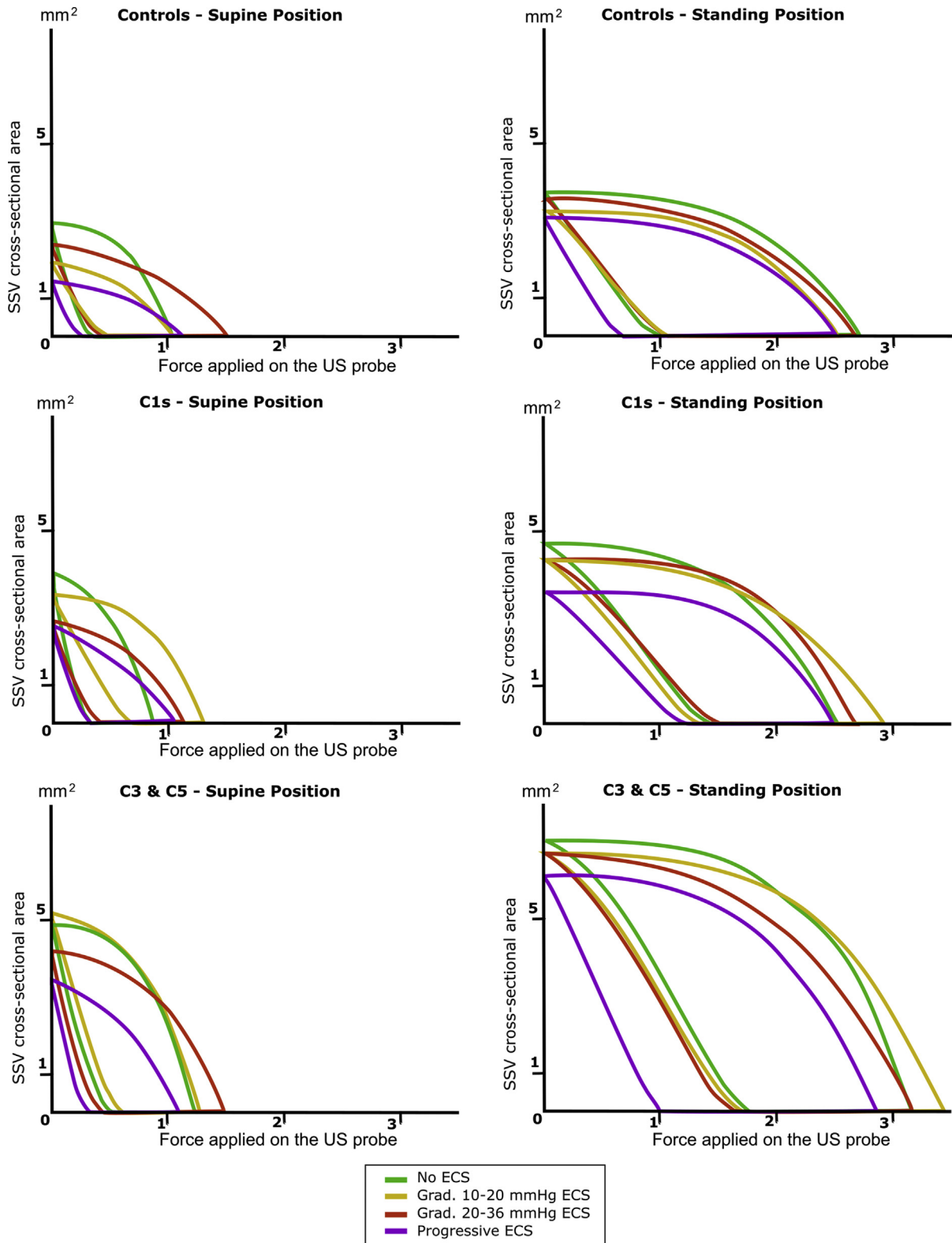


Fig 5. Hysteresis loops drawn from the median values obtained in controls and in limbs with chronic venous disease (CVD) in the supine and in the standing position without and with elastic compression stockings (ECS). Loops drawn using the median values in controls and in limbs with C_{1s} and with C₃ or C₅ CEAP category of CVD, without and with graduated 15 to 20 mm Hg, graduated 20 to 36 mm Hg, and progressive compression stockings.

standing position without ECS, but this difference was no longer significant with ECS. In contrast with limbs with CVD, venous pressure showed large interindividual differences in control limbs in orthostasis, where segmentation of the blood column by competent valves and/or venoconstriction may occur. Venous pressure at the ankle increases in proportion to hydrostatic pressure¹⁴⁻¹⁶ when changing from the supine to the standing position, even with stockings of any class, as long as the patient remains motionless (orthostasis). The benefit of compression garments seems to occur when the patient starts walking, decreasing the IVPm at the ankle if venous valves are competent.¹⁷

The IFP were within the prescribed range at the ankle in controls and C_{3&5} limbs with graduated 15 to 20 mm Hg and 20 to 36 mm Hg, and at the calf with progressive ECS. However, they were markedly below the required value in C₁₅ limbs, whatever the stocking. Because the stocking size was chosen according to the patients' biometrics, following the manufacturer's recommendations, this finding cannot be explained by leg dimensions. Skeletal muscle hypotony¹⁸ may have been involved in C₁₅ limbs, as suggested by the lower IFP difference we observed between the lateral and medial sensors. Edema in C₃, and dermatosclerosis in C₅ limbs may have contributed to the loss of the normal leg shape, also resulting in a lesser IFP difference between the lateral and medial sensors. Topographical heterogeneity of IFPs has been reported previously and has been shown to be affected by variations in limb circumference, emphasizing the need for detailed individual IFP measurements for the prescription and evaluation of ECS.¹⁷

The larger SSV and DCV cross-sectional area that we observed in C_{3&5} limbs than in controls in the supine position, although these veins were unaffected, support the hypothesis of a systemic disorder. Wearing ECS decreased the SSV and DCV cross-sectional area only in the supine position, thus increasing the postural change because there was no significant diameter decrease in the standing position. That does not mean that elastic compression does not decrease venous wall stress; it does,¹⁹ but the vein pressure-volume function reaches a plateau at a relatively low transmural pressure, beyond which even large changes in blood pressure no longer translate into obvious diameter changes.⁴ Because the intramuscular pressure decreased in the standing position, and because we instructed the patient to avoid leg muscle contraction, deep veins could not benefit from a strong support from surrounding tissues in controls and in C₁₅ limbs, whereas edema and/or lipodermatosclerosis could form an inextensible sleeve around the calf in C_{3&5} limbs, explaining their higher intramuscular pressure and limiting vein expansion.

A mathematical model showed that the contribution of compression stockings to a diameter decrease in the deep veins is small.²⁰ Our findings are in agreement

with previous studies reporting that 20 to 30 mm Hg graduated compression stockings decreased the SSV and deep leg vein diameter in the supine but not in the standing position.²¹ The IFP required to effectively compress leg veins in the standing position is greater than hydrostatic pressure,²² and would not be tolerated.²³ Graduated 15 to 20 mm Hg compression stockings do not significantly decrease the great saphenous and femoral vein diameter in patients with severe CVD, and a 40 to 60 mm Hg pressure on the thigh is necessary to obtain the required hemodynamic improvement.²⁴ A meta-analysis of randomized controlled studies comparing stockings concluded that a 10 to 15 mm Hg ankle compression pressure was effective, whereas lower pressures were ineffective and higher pressures of no additional benefit, for the treatment of edema and CVD symptoms.²⁵ Our findings support the conclusions of Partsch et al regarding the modest effect of ECS on vein diameter,^{22,26} and their suggestion that their main benefit lies in reducing edema.²⁷ Decreasing edema, alleviating venous wall stress, and improving calf pump function are thus different therapeutic goals requiring different compression modalities or parameters. Mathematical models fed with the ultrasound data of patients with varicose veins showed that elastic compression is less efficient than skeletal muscle contraction at decreasing vein diameter,²⁰ although it actually decreases venous transmural pressure.¹⁹ In the present study, progressive ECS produced the greatest decrease in DCV cross-sectional area.

The force to be applied on the ultrasound probe to collapse the vein was greater in both veins in the standing than in the supine position, which can be partly explained by the increase in hydrostatic pressure as suggested by the relation between IVPm and the patient's height. We expected this force to be lower with ECSs because they increase interstitial pressure, but it was not. We hypothesize that ECSs create a global compartment so that the force exerted on the ultrasound probe must increase the pressure in the whole calf before reaching the required value around the target vein. Under ECS, saphenous veins are submitted to the same external pressure as deeper veins and no longer act as superficial.²⁸

SSV viscoelasticity postural changes were more consistent and more marked than those of the cross-sectional area, and their assessment could yield a better contribution to the investigation of CVD. The viscosity component was decreased only by progressive stockings in the supine position. The elasticity component decreased from the supine to the standing position without stockings, meaning a lower distensibility, but increased with graduated 20 to 36 mm Hg and progressive ECS, which seemed to restore distensibility by shifting the pressure-volume curve away from its plateau. ECSs did not, however, overcome differences between CEAP groups.

We found no report regarding the noninvasive evaluation of leg vein viscoelasticity under compression stockings in the available literature, although hysteresis is a major characteristic of compression devices.²⁹ Ultrasound elastography is a recent technique that has been used to investigate the saphenous veins and demonstrated greater elastic modulus (meaning, paradoxically, lower distensibility) in veins with chronic insufficiency.³⁰ However, elastography would not have been suitable for the present study, especially in patients with edema and/or skin damage, and through the compression stocking fabric. Moreover, elastography does not assess viscosity.

Limitations. We restricted invasive measurements to patients who agreed to undergo invasive measurements until the recruitment goal of one-third of the examined limbs was reached. Although this number allowed characterizing the population sample in view of the abundant literature about intravenous and intramuscular pressures in CVD,^{31,32} it did not allow detailed correlations because of insufficient statistical power. We managed to keep the pressure sensors at the same level as the tip of the intravenous and intramuscular catheters, but going from supine to upright could have introduced small differences, as could have the depth of the intramuscular catheter, which was only approximately determined, and intramuscular pressure has been shown to vary with depth.³³ Regarding IFP, our results are valid only for the specific stockings we tested, and cannot be extrapolated to other classes and brands. The viscoelasticity variables we measured depended not only on the venous wall, but also on the biomechanical characteristics of blood and of surrounding tissues, and further studies are needed to determine the most relevant variables for the clinical usefulness. Preliminary tests showed no significant change in the shape and parameters of the hysteresis loop as long as the cycle period was more than 1 second, but viscosity is frequency dependent and we are considering automatic control of the ultrasound probe drive, which would improve standardization and help in identifying underlying mechanisms, including smooth muscle adaptation. We included limbs with C_{1s}, C₃, and C₅ CEAP category because compression therapy is their first and essential therapy, whereas sclerosis, surgery and interventional techniques are required for C₂ limbs. The C₅ category also represents a stabilized condition when a venous ulcer has been successfully treated and long-term compression therapy is mandatory. However, including C₂ and C₄ categories, which are diagnosed on objective signs, would be necessary for a comprehensive description of biomechanical changes in CVD, as would correlation with venous severity scores.^{34,35} Repeating measurements in the same patients to assess nyctemeral, seasonal, or hormonal variations would be

most interesting, but was not possible during the present study because longer sessions would have been impractical or intolerable for many patients.

CONCLUSIONS

The IFP generated by ECS could not be accurately predicted on the sole basis of the patient's ankle and calf circumference, especially in C_{1s} limbs that presented with distinct features. Actual IFP measurement and leg tissue evaluation should be mandatory for the personalization of compression stockings. Postural changes in venous diameter neither reflected the category of CVD nor demonstrated the efficiency of ECS, which decreased the diameter of superficial and deep leg veins only in the lying position. However, graduated 20 to 36 mm Hg and progressive compression stockings reduced the SSV viscosity component and restored its distensibility component, without overcoming CEAP-related differences. The noninvasive measurement of leg vein viscoelasticity appears to be a promising technique for the evaluation of limbs with CVD toward optimal personalization of compression therapy.

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AUTHOR CONTRIBUTIONS

Conception and design: SM, JT, CD, AP, MD, IQ

Analysis and interpretation: SM, JT, FV, MD

Data collection: SM, FV, MN, MD

Writing the article: SM, MD

Critical revision of the article: SM, JT, CD, FV, MN, AP, MD, IQ

Final approval of the article: SM, JT, CD, FV, MN, AP, MD, IQ

Statistical analysis: CD, MD

Obtained funding: AP, MD, IQ

Overall responsibility: MD

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APPENDIX (online only).**Supplementary Results and Discussion**

Sample size calculation. Based on studies involving 8 to 35 patients and reporting significant differences in venous distensibility^{1,2} or hysteresis³ between patients with CVD and controls, and between young and elderly patients,⁴ we estimated that we needed to include for the “Phlebosthene” project⁵ 54 patients with CVD (18 for each CEAP subgroup), and 54 controls (18 in each physical activity subgroup). We measured intravenous and intramuscular pressures in 18 of the patients with CVD and 18 of the controls with the same CEAP or activity repartition.

Reproducibility of ultrasound measurements. As reported in the first “Phlebosthene” article,⁵ reproducibility was evaluated on two independent readings of the same recorded image or signal by Lin concordance correlation coefficient (ρ_c). Intraobserver reading reproducibility of cross-sectional area measurements yielded $\rho_c = 0.988$ and 0.985 for the SSV, and 0.878 and 0.955 for the DCV, respectively, in the supine and in the standing position. Intraobserver reading reproducibility ρ_c ranged from 0.95 to 0.9996 for mean IVPm and 0.956 to 0.9999 for intramuscular pressure along the procedure. Interobserver reading reproducibility ρ_c was $= 0.981$ for CPF, 0.845 for OPF, 0.978 for TAH, 0.939 for CAH, 0.897 for DAH, 0.706 for SIH, and 0.897 for S2H.

Biometrics. In the whole population sample, the resting mean IVPm correlated positively with height in the standing position (Spearman $r = 0.4$; $P = .03$), with body weight in the standing position ($r = 0.62$; $P = .002$), and with body mass index in the supine ($r = 0.4$; $P = .027$) and in the standing position ($r = 0.43$; $P = .019$). The IVMm difference between the supine and the standing position correlated positively with height (Spearman $r = 0.49$; $P = .008$).

Intravenous and intramuscular pressure. There was no difference in mean IVPm between groups in the supine position. In the standing position, C₃ and C₅ limbs showed mean IVPm values significantly ($P = .003$) higher (median, 60.1 mm Hg) than controls (median, 46.7 mm Hg) and nonsignificantly higher than C_{1s} (median, 50.0 mm Hg) in the standing position.

Compression stockings induced a modest but significant increase in intramuscular pressure (in the expected order: without stockings < graduated class 2 stockings < graduated class 3 stockings < progressive stockings) in both positions. In contrast, IVPm, although significantly and markedly greater in the standing than in the supine position, was similar without and with any compression stockings in either position. Ambulatory venous pressure has long been acknowledged as a marker of venous insufficiency, whereas venous pressure at the ankle in orthostasis has been shown to depend on hydrostatic

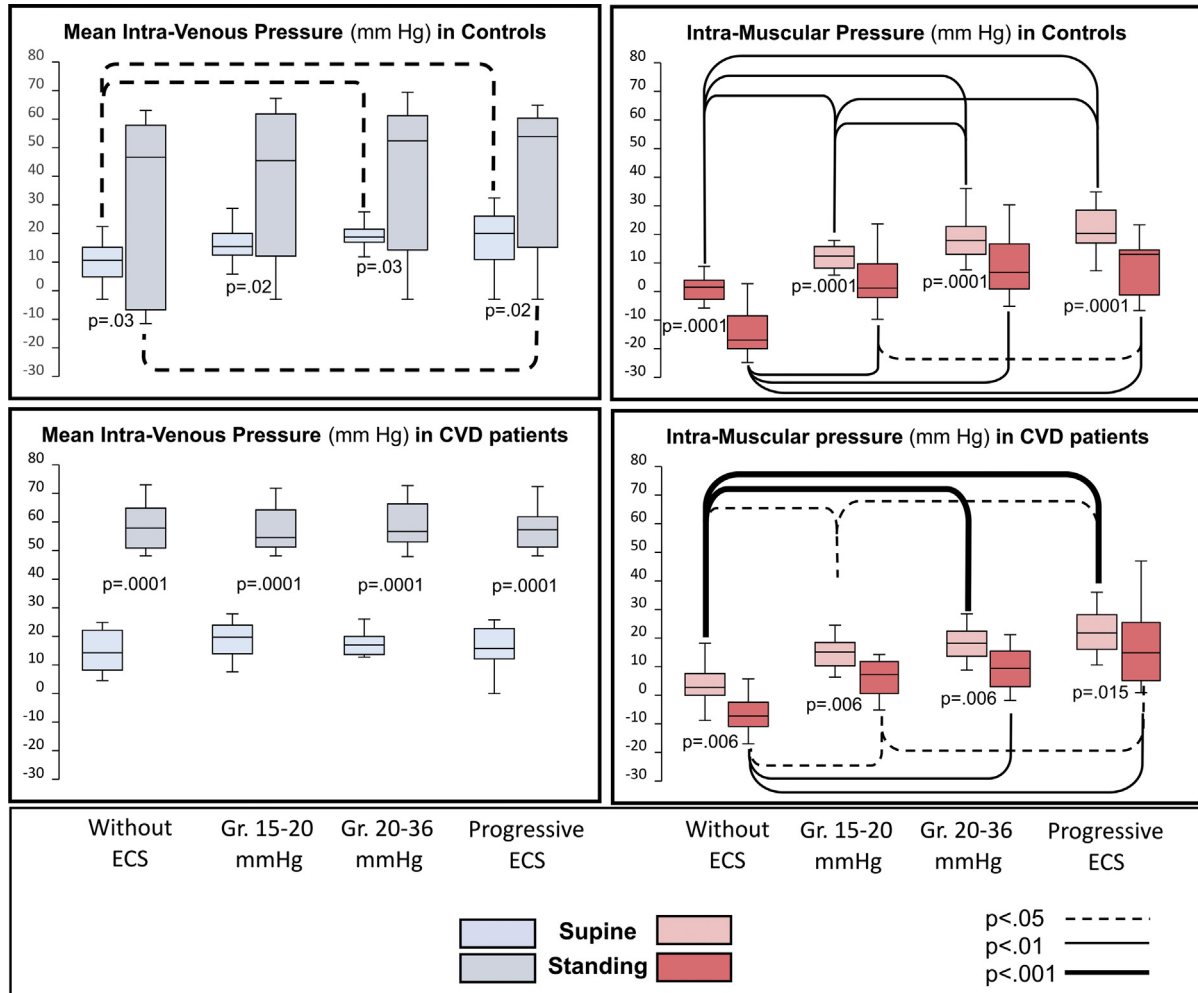
pressure.⁶⁻⁹ Thus, the increase in IVPm in the standing position reflects the change in hydrostatic pressure, which is the same with or without stockings of any class as long as the patient remains motionless. The benefit of compression garments appears when the patient starts walking, decreasing the IVPm at the ankle (ambulatory venous pressure) if venous valves are competent. IVPm at the ankle in the standing position is not influenced by the presence or absence of reflux as long as the patient remains immobile (orthostasis), but the ambulatory venous pressure⁶⁻⁸ is higher in limbs with venous reflux.¹⁰ However, the ambulatory dorsal foot venous pressure may not always reflect deep (tibial and popliteal) venous pressure.¹¹ ECS have been shown to have no significant effect in healthy patients, and a modest effect on ambulatory venous pressure in patients with deep venous insufficiency.¹² This supports the conclusion of Partsch¹³ suggesting that the main benefit of ECS lies in reducing edema rather than venous wall stress.

Viscoelasticity of the vessel wall. Several in vitro studies of arterial and venous wall specimens demonstrated hysteresis and its relation with histological features.^{14,15} The role of the viscosity component of the arterial wall on pulse wave damping has been well demonstrated.¹⁶⁻¹⁸ Arterial pressure-diameter loops have been obtained noninvasively, using tonometry and B-mode ultrasound examination, on common carotid arteries to provide a wall viscosity index which was found greater in hypertensive than in normotensive patients.^{19,20} On the radial artery of healthy volunteers, this approach allowed Roca et al to demonstrate the involvement of endothelial factors in the control of arterial wall viscosity.²¹ The role of viscosity has been also been studied in animals²² and in human saphenous vein bypass grafts.²³⁻²⁵ Using strain-gauge plethysmography during lower limb venous occlusion in patients with varicose veins and in normal patients, Pointel et al³ obtained typical hysteresis curves, showing greater distensibility in patients with CVD. The same technique has been used by Journo et al²⁶ to assess the forearm venous pressure-volume relationship in young patients with borderline hypertension and normal controls. They obtained typical hysteresis curve of which the area was smaller in hypertensive than in controls patients, suggesting that the viscous component of the venous wall was altered.²⁶

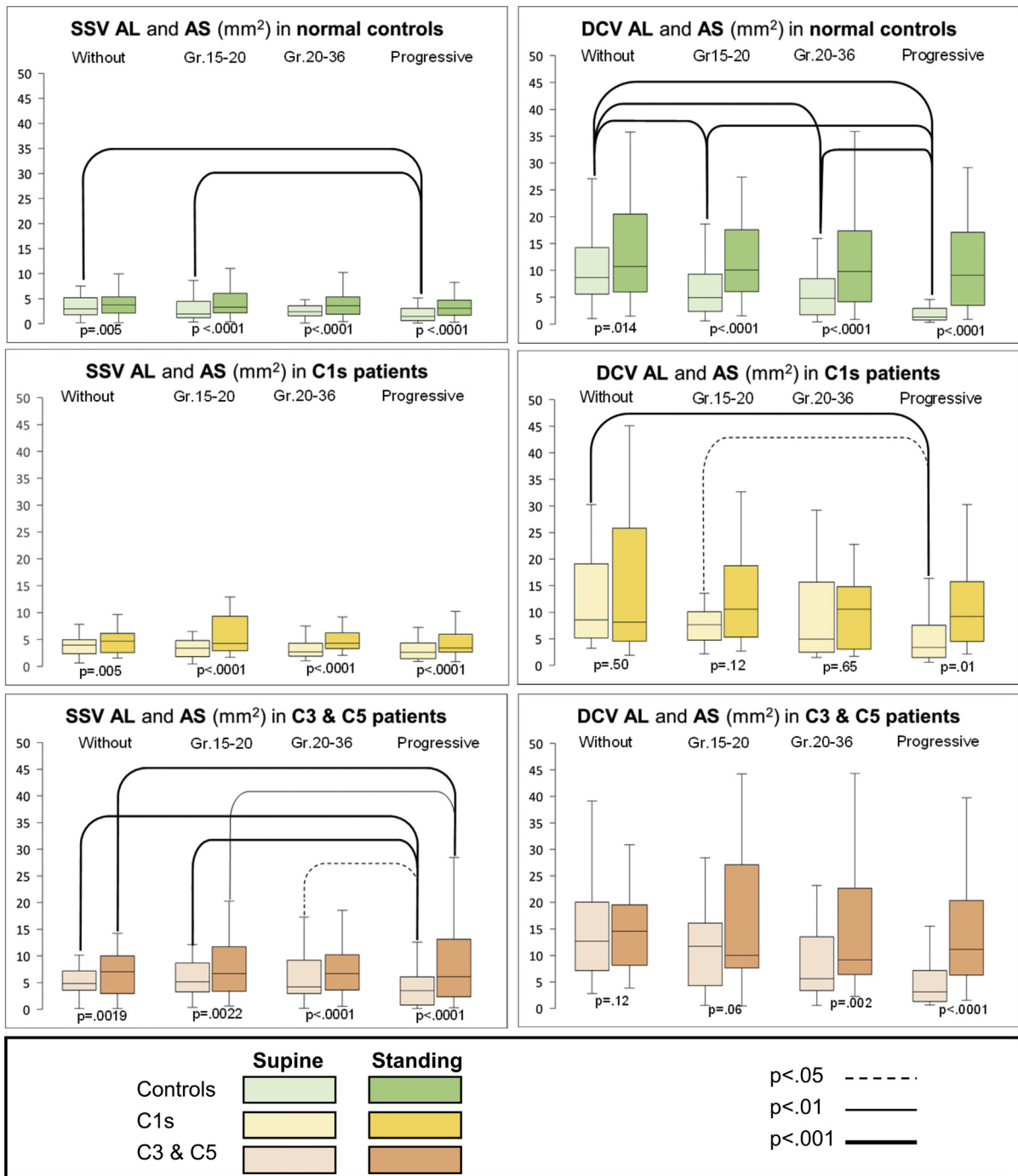
Lower IFP in C_{1s} limbs. Greater stiffness of skin and subcutaneous tissues in C₃ and C₅ limbs could result in higher IFP when measured by Kikuhime sensors (because of their small but not negligible thickness), but this would not explain the difference between C_{1s} limbs and controls. We hypothesized that greater subcutaneous tissue stiffness would be reflected by smaller relative changes in the depth of the vein (ultrasound probe to vein distance) during compression by the ultrasound probe, but there was no significant difference

between groups in this regard. Similarly, the loss of the normal curvaceous shape of the calf in C₃ (because of edema) and in C₅ limbs (because of skin and soft tissue changes) would result in a more cylindrical shape, thus reducing the differences in IFP between the medial and lateral sensors. We did find smaller medial versus lateral IFP differences in C₁₅ limbs than in controls at the B level in both positions. There were also smaller differences in controls than in C₃ and C₅ limbs at the B1 level in the standing position, but these differences were in a much narrower range. However, these differences were

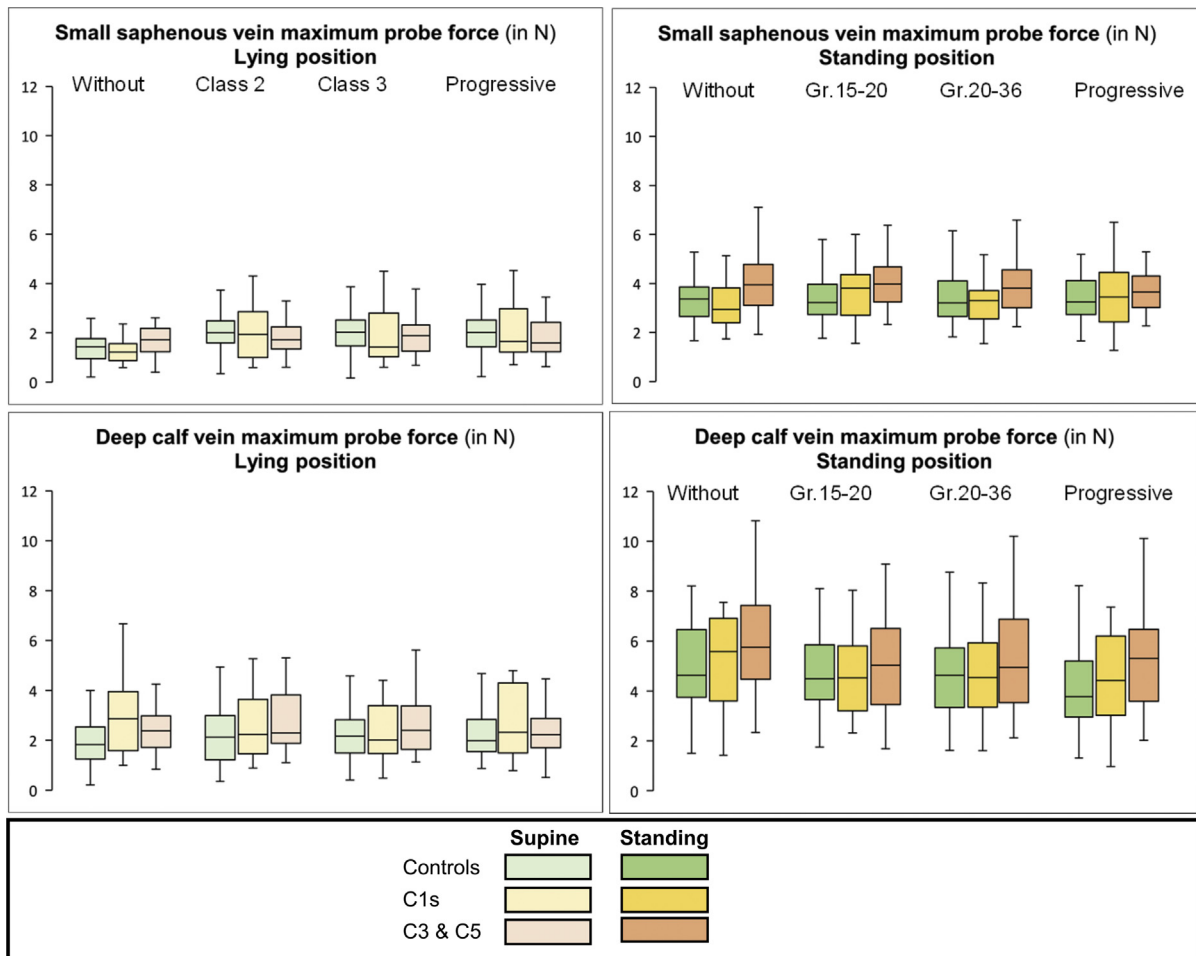
not significantly smaller in C₁₅ than in C₃ and C₅ limbs at any level and in either position. We speculate that a lower skeletal muscle tonus, at the calf, could have contributed to lower differences in medial/lateral IFP in C₁₅ than in control limbs, whereas the loss of the normal shape of the calf could explain the same finding in C₃ and C₅ limbs because of edema and soft tissue changes. Andreozzi et al. introduced the hypothesis of "hypotonic phlebopathy" in COs CEAP category limbs.²⁷ However, we cannot offer definitive data in this regard, and this will have to be further investigated.



Supplementary Fig 1 (online only). Mean intravenous and intramuscular pressure (mm Hg) in normal controls and in limbs with chronic venous disease (CVD) without, with graduated 15 to 20 mm Hg and 20 to 36 mm Hg, and with progressive elastic compression stockings (ECS). Differences between ECS (Dunn's multiple comparison test post Friedman analysis of variance) are shown as horizontal brackets when significant.



Supplementary Fig 2 (online only). Cross-sectional area of the small saphenous vein (SSV) and of the deep calf vein (DCV) at rest in the supine and in the standing position without and with elastic compression stockings (ECS). Box-and-whiskers plot of cross-sectional area, in square millimeters, of the SSV and of the DCV at rest in the supine (AL) and in the standing (AS) position without, with graduated 15 to 20 mm Hg and 20 to 36 mm Hg, and with progressive ECS. Difference between the supine and the standing position (Wilcoxon signed rank test) is reported as *P* value under the boxes. Differences between compression stockings (Dunn's multiple comparison test post Friedman analysis of variance) are shown as horizontal brackets when significant.



Supplementary Fig 3 (online only). Maximum probe force during the compression test of the small saphenous vein (SSV) and of the deep calf vein (DCV). Box-and-whiskers plots of the maximum force (in N) applied by the operator on the ultrasound probe to collapse the SSV and the DCV in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease (CVD), without, with graduated 15 to 20 mm Hg and 20 to 36 mm Hg, and with progressive compression stockings.

Supplementary Table I (online only). Lower limb mean intravenous pressure (IVPm)

IVPm	Without ECS	Graduated 15-20 ECS	Graduated 20-36 ECS	Progressive ECV	Friedman test <i>P</i>	Without vs graduated 15-20 ECS	Without vs graduated 20-36 ECS	Without vs progressive ECS	Graduated 15-20 vs graduated 20-36 ECS	Graduated 15-20 mm Hg vs progressive ECS	Graduated 25-36 mm Hg vs progressive ECS
All participants (n = 30)											
Supine	11.6 [6.3-16.7]	17.4 [12.7-22.3]	18.5 [14.3-21.1]	19.7 [12.9-25.3]	<i>Fp</i> = .0056		<i>Dp</i> < .05	<i>Dp</i> < .05			
Standing	54.2 [11.2-60.0]	54.2 [21.9-62.8]	55.7 [25.4-63.1]	56.1 [31.3-61.2]	<i>Fp</i> = .0027			<i>P</i> < .01			
Wilcoxon	<i>Wp</i> < .0001	<i>Wp</i> < .0001	<i>Wp</i> < .0001	<i>Wp</i> < .0001							
Controls (n = 15)											
Supine	10.6 [4.9-15.3]	15.4 [12.6-19.9]	18.7 [17.1-21.6]	20.0 [11.1-26.2]	<i>Fp</i> = .06						
Standing	48.6 [-3.0-59.2]	45.5 [12.1-61.9]	52.5 [14.3-61.3]	53.9 [15.3-60.5]	<i>Fp</i> = .042			<i>Dp</i> < .05			
Wilcoxon	<i>Wp</i> = .030	<i>Wp</i> = .017	<i>Wp</i> = .026	<i>Wp</i> = .022							
Patients with CVD (n = 15)											
Supine	14.3 [8.3-22.0]	19.7 [13.9-24.0]	16.9 [13.61-20.0]	19.4 [14.7-25.3]	<i>Fp</i> = .09						
Standing	58.0 [51.0-65.0]	54.6 [51.2-64.4]	56.6 [53.0-66.4]	57.3 [51.4-61.9]	<i>Fp</i> = .09						
Wilcoxon	<i>Wp</i> = .0001	<i>Wp</i> = .0001	<i>Wp</i> = .0001	<i>Wp</i> = .0001							
MW supine	<i>MWp</i> = .09	<i>MWp</i> = .20	<i>MWp</i> = .56	<i>MWp</i> = .90							
MW standing	<i>MWp</i> = .011	<i>MWp</i> = .11	<i>MWp</i> = .20	<i>MWp</i> = .19							
<p><i>Dp</i>, <i>P</i> value of Dunn's multiple comparison between ECS classes; <i>Fp</i>, <i>P</i> value of comparison between elastic compression stockings (ECS) in analysis of variance in Friedman test; <i>MWp</i>, <i>P</i> value of comparison between normal controls and limbs with chronic venous disease in Man-Whitney test; <i>Wp</i>, <i>P</i> value of comparison between the supine and the standing position in Wilcoxon signed rank test.</p> <p>Lower limb mean intravenous (IVPm) pressure (in mm Hg) in the supine and in the standing positions in the whole population sample (n = 30), in normal controls (n = 15), and in limbs with chronic venous disease (CVD) without or with graduated 15-20 mm Hg, graduated 20-36 mm Hg, and progressive elastic compression stockings (ECS). Values are provided as median [1st-3rd quartile]. Boldface entries indicate statistical significance.</p>											

Supplementary Table II (online only). Lower limb lower intravenous pressure (IVPm) in the standing position at the end of the tiptoe test movements

IVPmin	Without ECS	Graduated 15-20 ECS	Graduated 20-36 ECS	Progressive ECS	Friedman test <i>P</i>	Without vs graduated 15-20 ECS	Without vs graduated 20-36 ECS	Without vs progressive ECS	Graduated 15-20 vs graduated 20-36 ECS	Graduated 15-20 vs progressive ECS	Graduated 20-36 vs progressive ECS
All	27.7 [18.1-46.0]	32.7 [19.0-45.1]	37.1 [28.4-46.4]	33.5 [23.6-46.5]	<i>Fp</i> < .0001		<i>Dp</i> < .001	<i>Dp</i> < .01	<i>Dp</i> < .01		
Controls	21.3 [-6.0-34.2]	24.4 [11.3-40.1]	29.9 [16.8-43.4]	29.4 [12.1-35.7]	<i>Fp</i> = .0066		<i>Dp</i> < .05	<i>Dp</i> < .05			
CVD	36.7 [26.4-56.0]	41.2 [27.0-56.8]	44.1 [35.3-62.1]	44.5 [29.2-62.1]	<i>Fp</i> = .0071				<i>Dp</i> < .05		
Controls vs CVD	<i>MWp</i> = .011	<i>MWp</i> = .028	<i>P</i> = .011	<i>P</i> = .016							
<p>CVD, Chronic venous disease; <i>Dp</i>, <i>P</i> value comparison between ECSs if Friedman test yielded <i>P</i> < .05; ECS, elastic compression stockings; <i>Fp</i>, <i>P</i> value of comparison between ECSs in Friedman test; <i>MWp</i>, <i>P</i> value of comparison between normal controls and patients with CVD in Mann-Whitney test.</p> <p>Lower limb IVPm in the standing position at the end of the tiptoe test movements (IVPmin, in mm Hg), before venous refilling, in all patients (n = 28), in normal controls (n = 14), and in patients with CVD (n = 14) without, with graduated 15-20 mm Hg, graduated 20-36 mm Hg, and with progressive ECS. Values are provided as median [lower-upper quartile]. Boldface entries indicate statistical significance.</p>											

Supplementary Table III (online only). Lower limb mean intramuscular pressure (IMPm)

IMPm	Without ECS	Graduated 15-20 ECS	Graduated 20-36 ECS	Progressive ECS	Friedman test <i>P</i>	Without vs graduated 15-20 ECS	Without vs graduated 20-36 ECS	Without vs progressive ECS	Graduated 15-20 vs graduated 20-36 ECS	Graduated 15-20 vs progressive ECS	Graduated 20-36 vs progressive
All participants (n = 34)											
Supine	2.5 [-1.0 to 4.7]	13.1 [9.8 to 17.3]	18.2 [13.2 to 22.6]	20.7 [16.7 to 28.2]	<i>Fp</i> < .0001	<i>Dp</i> < .01	<i>Dp</i> < .001	<i>Dp</i> < .001	<i>Dp</i> < .01	<i>Dp</i> < .001	
Standing	-8.6 [-17.3 to -6.5]	3.2 [-0.5 to 11.0]	8.2 [1.8 to 15.5]	13.5 [0.9 to 20.8]	<i>Fp</i> < .0001	<i>Dp</i> < .001	<i>Dp</i> < .001	<i>Dp</i> < .001		<i>Dp</i> < .01	
Wilcoxon	<i>Wp</i> < .0001	<i>Wp</i> < .0001	<i>Wp</i> < .0001	<i>Wp</i> < .0001							
Normal controls (n = 17)											
Supine	1.5 [-2.7 to 4.1]	12.6 [8.4 to 15.9]	18.0 [12.9 to 22.6]	20.3 [16.9 to 28.4]	<i>Fp</i> < .0001		<i>Dp</i> < .001	<i>Dp</i> < .001	<i>Dp</i> < .05	<i>Dp</i> < .01	
Standing	-16.8 [-20.1 to -8.4]	1.4 [-2.0 to 9.6]	6.8 [0.8 to 16.7]	13.0 [-1.2 to 14.7]	<i>Fp</i> < .0001	<i>Dp</i> < .01	<i>Dp</i> < .001	<i>Dp</i> < .001			
Wilcoxon	<i>Wp</i> = .0003	<i>Wp</i> = .0011	<i>Wp</i> = .0044	<i>Wp</i> = .0004							
Patients with CVD (n = 17)											
Supine	2.7 [-0.1 to 7.7]	15.2 [10.4 to 18.4]	18.3 [13.7 to 22.4]	21.8 [15.9 to 28.2]	<i>Fp</i> < .0001	<i>Dp</i> < .05	<i>Dp</i> < .001	<i>Dp</i> < .001		<i>Dp</i> < .05	
Standing	-7.3 [-11.0 to -2.4]	7.2 [0.6 to 11.8]	9.5 [3.1 to 15.5]	14.7 [5.2 to 25.3]	<i>Fp</i> < .0001	<i>Dp</i> < .05	<i>Dp</i> < .001	<i>Dp</i> < .001		<i>Dp</i> < .05	
Wilcoxon	<i>Wp</i> = .006	<i>Wp</i> = .006	<i>Wp</i> = .006	<i>Wp</i> = .015							
MW supine	<i>MWp</i> = .52	<i>MWp</i> = .26	<i>MWp</i> = .84	<i>MWp</i> = .97							
MW standing	<i>MWp</i> = .007	<i>MWp</i> = .18	<i>MWp</i> = .86	<i>MWp</i> = .04							
<p><i>Dp</i>, <i>P</i> value of Dunn's multiple comparison between ECSs; <i>Fp</i>, <i>P</i> value of comparison between elastic compression stockings (ECS) in an analysis of variance in Friedman test; <i>MWp</i>, <i>P</i> value of comparison between normal controls and limbs with chronic venous disease in Mann-Whitney test; <i>Wp</i>, <i>P</i> value of comparison between the supine and the standing position in Wilcoxon signed rank test.</p> <p>Lower limb IMPm pressure (in mm Hg) in the supine and in the standing position in the whole population sample (n = 30), in normal controls (n = 15), and in limbs with chronic venous disease (CVD) without or with graduated 15-20 mm Hg, graduated 20-36 mm Hg, or progressive elastic compression stockings (ECS). Values are provided as median [1st-3rd quartile]. Boldface entries indicate statistical significance.</p>											

Supplementary Table IV (online only). Intraobserver reproducibility of interface pressure (IFP) readings

	Without ECS	With Graduated 15-20 mm Hg ECS	With Graduated 20-36 mm Hg ECS	With Progressive ECS
Lying position				
ρ_c	0.9999	0.9978	0.9996	0.9962
Lower 95% CL	0.9999	0.9973	0.9995	0.9951
Upper 95% CL	0.9999	0.9983	0.9997	0.997
Standing position				
ρ_c	0.9994	0.9987	0.9992	0.9996
Lower 95% CL	0.9993	0.9984	0.999	0.9996
Upper 95% CL	0.9995	0.9989	0.9994	0.9997
<p>Intraobserver reproducibility of IFP readings: Lin concordance correlation coefficient (ρ_c) calculated on a randomly selected sample of 30 patients, with lower and upper 95% 2-sided confidence limits (CL) without, with graduated 15-20 mm Hg, graduated 20-36 mm Hg, and progressive elastic compression stockings (ECS).</p>				

Supplementary Table V. Interface pressures (IFP) at the nine reference leg levels in limbs with chronic venous disease (CVD) and in controls

	Controls	C _{1s}	C ₃ and C ₅	Kruskal-Wallis	Controls vs C _{1s}	Controls vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
B							
Graduated 15-20 ECS	Wp = .0002	Wp = .031	Wp < .0001				
Supine	20.40 [17.24-24.83]	11.51 [7.34-13.82]	19.85 [12.77-24.58]	Kp < .0001	Dp < .001		Dp < .01
Standing	22.20 [19.33-26.04]	12.51 [6.77-16.54]	22.19 [13.84-28.29]	Kp < .0001	Dp < .001		Dp < .001
Graduated 20-36 ECS	Wp < .0001	Wp = .021	Wp = .0001				
Supine	25.42 [21.25-28.92]	14.04 [6.97-16.37]	24.15 [16.95-28.17]	Kp < .0001	Dp < .001		Dp < .001
Standing	29.08 [22.37-31.93]	14.96 [9.74-18.19]	28.51 [18.24-31.05]	Kp < .0001	Dp < .001		Dp < .01
Progressive ECS	Wp < .0001	Wp = .0002	Wp < .0001				
Supine	13.74 [11.68-15.48]	7.58 [3.18-8.99]	11.96 [8.75-16.70]	Kp < .0001	Dp < .001		Dp < .01
Standing	15.09 [12.44-17.40]	8.26 [5.05-10.70]	14.33 [9.06-19.49]	Kp < .0001	Dp < .001		Dp < .01
BIm							
Graduated 15-20 ECS	Wp < .0001	Wp = .002	Wp < .0001				
Supine	27.06 [23.18-29.47]	13.46 [5.98-23.75]	23.83 [16.10-27.11]	Kp < .0001	Dp < .001		Dp < .05
Standing	32.87 [29.88-36.26]	16.45 [7.39-25.46]	27.46 [20.77-31.83]	Kp < .0001	Dp < .001		Dp < .001
Graduated 20-36 ECS	Wp < .0001	Wp = .0004	Wp < .0001				
Supine	32.10 [27.70-36.63]	16.00 [6.62-28.17]	26.76 [15.22-32.30]	Kp < .0001	Dp < .001		Dp < .01
Standing	39.77 [33.78-42.50]	20.84 [13.23-31.78]	30.23 [19.18-39.51]	Kp < .0001	Dp < .01		
Progressive ECS	Wp < .0001	Wp = .034	Wp < .0001				
Supine	20.58 [18.40-23.32]	9.71 [4.47-17.91]	18.34 [12.29-21.90]	Kp < .0001	Dp < .001		Dp < .05
Standing	24.73 [21.96-28.23]	11.90 [9.59-20.65]	22.37 [13.51-25.32]	Kp < .0001	Dp < .001		Dp < .05
BI							
Graduated 15-20 ECS	Wp < .0001	Wp = .009	Wp < .0001				
Supine	20.08 [17.80-22.28]	11.05 [6.42-16.34]	18.02 [11.79-21.37]	Kp < .0001	Dp < .001		Dp < .05
Standing	25.08 [22.23-27.71]	11.75 [5.82-20.47]	21.21 [14.39-24.02]	Kp < .0001	Dp < .001		Dp < .05
Graduated 20-36 ECS	Wp < .0001	Wp = .0006	Wp < .0001				
Supine	23.65 [21.43-25.45]	10.46 [5.81-19.46]	19.38 [12.12-23.05]	Kp < .0001	Dp < .001		Dp < .001
Standing	28.86 [26.36-31.71]	12.70 [6.31-24.50]	23.12 [14.28-26.67]	Kp < .0001	Dp < .001		Dp < .001
Progressive ECS	Wp < .0001	Wp = .0026	Wp < .0001				
Supine	22.08 [19.85-25.44]	10.34 [5.43-17.26]	18.99 [11.16-21.25]	Kp < .0001	Dp < .001		Dp < .01
Standing	26.26 [23.50-30.57]	12.00 [9.16-20.40]	21.83 [14.86-25.13]	Kp < .0001	Dp < .001		Dp < .05
C							
Graduated 15-20 ECS	Wp < .0001	Wp = .0018	Wp = .0006				
Supine	18.78 [16.89-20.55]	9.73 [8.11-14.73]	17.41 [10.90-18.99]	Kp < .0001	Dp < .001		Dp < .01
Standing	21.59 [20.21-24.21]	11.42 [8.88-17.28]	19.72 [13.87-21.99]	Kp < .0001	Dp < .001		Dp < .01
Graduated 20-36 ECS	Wp < .0001	Wp = .0006	Wp < .0001				
Supine	23.18 [21.73-24.13]	11.09 [8.29-18.58]	19.99 [12.03-22.49]	Kp < .0001	Dp < .001		Dp < .001
Standing	26.78 [25.03-28.90]	13.09 [10.10-21.79]	22.99 [14.94-25.53]	Kp < .0001	Dp < .001		Dp < .001

(Continued on next page)

Supplementary Table V. Continued.

	Controls	C _{1s}	C ₃ and C ₅	Kruskal-Wallis	Controls vs C _{1s}	Controls vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
Progressive ECS	Wp < .0001	Wp = .0016	Wp < .0001				
Supine	29.15 [26.87-31.24]	14.11 [10.53-25.99]	26.35 [15.13-29.36]	Kp < .0001	Dp < .001	Dp < .01	Dp < .05
Standing	33.70 [31.84-36.52]	16.14 [13.12-29.82]	30.37 [17.89-34.23]	Kp < .0001	Dp < .001	Dp < .01	
D							
Graduated 15-20 ECS	Wp < .0001	Wp = .09	Wp = .0009				
Supine	18.11 [16.20-20.23]	11.44 [6.13-15.45]	16.97 [10.61-20.90]	Kp = .0001	Dp < .001		Dp < .05
Standing	20.29 [18.00-22.14]	12.65 [6.24-16.38]	19.41 [11.91-21.73]	Kp < .0001	Dp < .001		Dp < .01
Graduated 20-36 ECS	Wp < .0001	Wp = .075	Wp = .0001				
Supine	21.12 [19.60-23.27]	12.21 [6.94-16.97]	18.77 [12.54-22.52]	Kp < .0001	Dp < .001	Dp < .01	Dp < .05
Standing	22.92 [20.54-24.68]	13.44 [11.22-18.00]	20.59 [13.77-24.79]	Kp < .0001	Dp < .001		Dp < .05
Progressive ECS	Wp = .39	Wp = .69	Wp = .07				
Supine	21.27 [18.01-25.64]	12.69 [5.02-17.22]	19.28 [13.77-23.43]	Kp < .0001	Dp < .001		Dp < .05
Standing	21.42 [17.59-27.05]	12.55 [9.56-16.94]	19.00 [14.15-24.79]	Kp < .0001	Dp < .001		Dp < .05
Averaged value of All 9 Sensors				IFP difference of medians (mm Hg)			
Graduated 15-20 ECS				Controls - C_{1s}	C₃ and C₅ - C_{1s}		
Supine	20.55 [18.76-22.38]	11.28 [6.61-16.52]	19.72 [11.98-21.55]	-9.27	-8.44		
Standing	23.72 [22.55-25.76]	13.03 [6.64-19.26]	22.27 [13.78-24.59]	-10.69	-9.24		
Graduated 20-36 ECS							
Supine	24.49 [22.84-26.03]	12.71 [7.58-19.98]	21.63 [13.01-24.14]	-11.78	-8.92		
Standing	28.25 [27.07-29.84]	14.59 [10.83-23.98]	25.67 [15.78-27.34]	-13.66	-11.08		
Progressive ECS							
Supine	21.60 [20.61-23.10]	10.71 [5.54-18.72]	20.01 [12.13-22.01]	-10.89	-9.03		
Standing	28.25 [27.07-29.84]	14.59 [10.83-23.98]	25.67 [15.78-27.34]	-12.33	-10.64		

Dp, *P* value of differences between controls, C_{1s}, and C₃ and C₅ limbs in Dunn's multiple comparison; *Kp*, *P* value of analysis of variance between controls, C_{1s}, and C₃ and C₅ patients in Kruskal-Wallis test; *Wp*, *P* value of comparison between the supine and the standing positions in Wilcoxon signed rank test.

Interface pressures (IFP; in mm Hg) at the B, B1i, B1, C, and D reference leg levels in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease, without, with graduated 15 to 20 mm Hg, graduated 20-36 mm Hg, and progressive elastic compression stocking (ECS) in the supine and in the standing position. Values are provided as median [1st-3rd quartile]. IFP values from the lateral and medial sensors were averaged at the B, B1, C, and D levels. Boldface entries indicate statistical significance.

Supplementary Table VI (online only). Differences in the interface pressure (IFP) between the nine reference leg levels

	Lying			Standing		
	Graduated 15-20 ECS	Graduated 20-36 ECS	Progressive ECS	Graduated 15-20 ECS	Graduated 20-36 ECS	Progressive ECS
Controls						
Friedman test	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001
Dunn's						
B vs B1i	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .001
B vs B1			<i>P</i> < .001			<i>P</i> < .001
B vs C	<i>P</i> < .05		<i>P</i> < .001			<i>P</i> < .001
B vs D	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .01	<i>P</i> < .001	<i>P</i> < .001
B1i vs B1	<i>P</i> < .001	<i>P</i> < .001		<i>P</i> < .001	<i>P</i> < .001	
B1i vs C	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .001
B1i vs D	<i>P</i> < .001	<i>P</i> < .001		<i>P</i> < .001	<i>P</i> < .001	
B1 vs C			<i>P</i> < .001	<i>P</i> < .01		<i>P</i> < .001
B1 vs D	<i>P</i> < .01	<i>P</i> < .01		<i>P</i> < .001	<i>P</i> < .001	
C vs D			<i>P</i> < .001		<i>P</i> < .01	<i>P</i> < .001
C_{1s} patients						
Friedman	<i>P</i> = .004	<i>P</i> = .002	<i>P</i> < .0001	<i>P</i> = .001	<i>P</i> < .0001	<i>P</i> < .0001
Dunn's						
B vs B1i						
B vs B1						
B vs C			<i>P</i> < .001			<i>P</i> < .001
B vs D			<i>P</i> < .01		<i>P</i> < .05	
B1i vs B1	<i>P</i> < .05	<i>P</i> < .01			<i>P</i> < .01	
B1i vs C	<i>P</i> < .01		<i>P</i> < .001	<i>P</i> < .01	<i>P</i> < .05	<i>P</i> < .001
B1i vs D		<i>P</i> < .01		<i>P</i> < .01	<i>P</i> < .001	
B1 vs C			<i>P</i> < .001			<i>P</i> < .01
B1 vs D						
C vs D			<i>P</i> < .05			<i>P</i> < .001
C₃ and C₅ patients						
Friedman	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001
Dunn's						
B vs B1i			<i>P</i> < .05			<i>P</i> < .01
B vs B1	<i>P</i> < .05	<i>P</i> < .001	<i>P</i> < .05			<i>P</i> < .05
B vs C	<i>P</i> < .01	<i>P</i> < .05	<i>P</i> < .001	<i>P</i> < .05	<i>P</i> < .05	<i>P</i> < .001
B vs D	<i>P</i> < .01	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .01	<i>P</i> < .001	<i>P</i> < .01
B1i vs B1	<i>P</i> < .001	<i>P</i> < .001		<i>P</i> < .01	<i>P</i> < .001	
B1i vs C	<i>P</i> < .001	<i>P</i> < .01	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .001
B1i vs D	<i>P</i> < .001	<i>P</i> < .001		<i>P</i> < .001	<i>P</i> < .001	
B1 vs C			<i>P</i> < .001			<i>P</i> < .001
B1 vs D						
C vs D			<i>P</i> < .01			<i>P</i> < .001

P value of differences in Interface pressure (IFP) between the B, B1i, B1, C, and D reference levels in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease, with graduated 15-20 mm Hg, graduated 20-36 mm Hg, and progressive elastic compression stockings (ECS) in the supine and in the standing position. IFP values provided by the lateral and medial sensors were averaged at the B, B1, C, and D levels. Friedman: *P* value of differences between ECS classes, in Friedman test, followed, if *P* < .05, by Dunn's multiple comparison for all pairs of data. Boldface entries indicate statistical significance.

Supplementary Table VII (online only). Differences in Interface pressure (IFP) between elastic compression stockings (ECS)

	B	B1m	B1	C	D
Supine position					
Friedman test	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001
Dunn's multiple comparison					
Graduated 15-20 vs 20-36 mm Hg	<i>P</i> < .001	<i>P</i> < .01	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .001
Graduated 15-20 mm Hg vs progressive progressive	<i>P</i> < .001	<i>P</i> < .001	NS	<i>P</i> < .001	<i>P</i> < .001
Graduated 20-36 mm Hg vs progressive progressive	<i>P</i> < .001	<i>P</i> < .001	NS	<i>P</i> < .001	NS
Standing position					
Friedman test	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001	<i>P</i> < .0001
Dunn's multiple comparison					
Graduated 15-20 vs 20-36 mm Hg	<i>P</i> < .001	<i>P</i> < .01	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .01
Graduated 15-20 mm Hg vs progressive progressive	<i>P</i> < .001	<i>P</i> < .001	NS	<i>P</i> < .001	NS
Graduated 20-36 mm Hg vs progressive progressive	<i>P</i> < .001	<i>P</i> < .001	<i>P</i> < .01	<i>P</i> < .001	NS

NS, Not significant.

P value of differences in IFP between the B, B1m, B1, C, and D reference levels in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease, with graduated 15-20 mm Hg and 20-36 mm Hg, and with progressive ECS in the supine and in the standing position. Values provided by the lateral and medial sensors were averaged at the B, B1, C, and D levels. Friedman test: *P* value of differences between ECS categories, in Friedman test, followed, if *P* < .05, by Dunn's multiple comparison for all pairs of data. Boldface entries indicate statistical significance.

Supplementary Table VIII (online only). Relative change in interface pressure (IFP) from the supine to the standing position

Leg level	Controls	<i>P</i> value	C _{1s}	<i>P</i> value	C ₃ and C ₅	<i>P</i> value
With graduated 15-20 mm Hg ECS						
B	5 [-1 to 13]	<i>P</i> = .0002	7 [-7 to 16]	<i>P</i> = .03	9 [2 to 14]	<i>P</i> ≤ .0001
B1i	16 [11 to 26]	<i>P</i> < .0001	22 [4 to 28]	<i>P</i> = .002	12 [6 to 18]	<i>P</i> ≤ .0001
B1	20 [12 to 25]	<i>P</i> < .0001	17 [11 to 23]	<i>P</i> = .01	14 [7 to 21]	<i>P</i> ≤ .0001
C	15 [10 to 21]	<i>P</i> < .0001	12 [2 to 17]	<i>P</i> = .002	12 [1 to 19]	<i>P</i> = .0006
D	9 [3 to 13]	<i>P</i> < .0001	7 [2 to 16]	<i>P</i> = .09	9 [1 to 16]	<i>P</i> = .0009
With graduated 20-36 mm Hg ECS						
B	9 [3 to 17]	<i>P</i> < .0001	8 [-4 to 15]	<i>P</i> = .02	10 [-1 to 17]	<i>P</i> = .0001
B1i	16 [10 to 23]	<i>P</i> < .0001	18 [15 to 25]	<i>P</i> = .0004	13 [8 to 21]	<i>P</i> ≤ .0001
B1	18 [13 to 21]	<i>P</i> < .0001	16 [10 to 21]	<i>P</i> = .0006	14 [8 to 20]	<i>P</i> ≤ .0001
C	14 [9 to 18]	<i>P</i> < .0001	12 [3 to 18]	<i>P</i> = .0006	13 [3 to 18]	<i>P</i> ≤ .0001
D	5 [2 to 10]	<i>P</i> < .0001	8 [-1 to 15]	<i>P</i> = .07	8 [4 to 14]	<i>P</i> = .0001
With progressive ECS						
B	9 [1 to 17]	<i>P</i> < .0001	12 [7 to 21]	<i>P</i> = .0002	12 [1 to 21]	<i>P</i> ≤ .0001
B1i	14 [8 to 22]	<i>P</i> < .0001	20 [0 to 29]	<i>P</i> = .03	14 [6 to 28]	<i>P</i> ≤ .0001
B1	17 [12 to 22]	<i>P</i> < .0001	12 [1 to 17]	<i>P</i> = .003	14 [8 to 19]	<i>P</i> ≤ .0001
C	13 [8 to 19]	<i>P</i> < .0001	9 [2 to 17]	<i>P</i> = .002	9 [6 to 18]	<i>P</i> ≤ .0001
D	1 [-6 to 8]	<i>P</i> = .39	2 [-2 to 6]	<i>P</i> = .69	4 [-2 to 10]	<i>P</i> = .07

Relative change (%) in IFP from the supine to the standing position [100(IFP standing-IFP supine)/IFP standing], and differences in IFP values between the supine and the standing position, in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease at the B, B1i, B1, C, and D leg levels. Values are provided as median [1st-3rd quartile]. IFP values from the lateral and medial sensors were averaged at the B, B1, C, and D levels. Boldface entries indicate statistical significance. ECS, Elastic compression stockings; *P*, *P* value of differences in IFP values between the supine and the standing position in Wilcoxon-Mann-Whitney matched pairs test.

Supplementary Table IX (online only). Difference in interface pressure (IFP) between the medial and the lateral sensors

	Controls	C _{1s} limb	C ₃ and C ₅ limbs	Kruskal -Wallis	Controls vs C _{1s}	Controls vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
B level							
Graduated 15-20 mm Hg ECS							
Supine	16.99 [11.94 to 23.31]	8.08 [-4.82 to 11.13]	12 [5.545 to 18.29]	Kp < .0001	Dp < .001		Dp < .05
Standing	14.23 [6.515 to 20.18]	5.95 [-7.375 to 9.165]	9.44 [3.47 to 15.55]	Kp = .0004	Dp < .001		
Graduated 20-36 mm Hg ECS							
Supine	17.48 [12.05 to 23.59]	8.01 [-4.89 to 14.87]	16.97 [5.945 to 20.29]	Kp = .002			Dp < .01
Standing	11.79 [6.86 to 20.35]	6.5 [-4.77 to 12.38]	13.09 [3.35 to 19.76]	Kp = .03			Dp < .05
Progressive ECS							
Supine	11.19 [6.4 to 16.52]	5.08 [-2.74 to 6.75]	6.55 [1.79 to 11.03]	Kp < .0001	Dp < .001		Dp < .01
Standing	8.00 [3.16 to 12.29]	1.69 [-1.12 to 4.57]	5.65 [0.74 to 9.20]	Kp = .0002	Dp < .001		
B1 level							
Graduated 15-20 mm Hg ECS							
Supine	-0.47 [-2.39 to 1.225]	-0.30 [-1.17 to 0.9]	0.88 [-0.84 to 2.365]	Kp = .025			Dp < .05
Standing	-4.88 [-7.13 to -1.93]	0.66 [-1.73 to 0.33]	-0.68 [-3.15 to 2.08]	Kp < .0001	Dp < .001		Dp < .001
Graduated 20-36 mm Hg ECS							
Supine	-0.75 [-2.015 to 1.585]	-0.36 [-2.17 to 0.7]	0.01 [-1.53 to 2.195]	Kp = .35			
Standing	-4.33 [-6.98 to -1.81]	-1.17 [-3.74 to -0.22]	-1.67 [-3.32 to 0.63]	Kp = .0005	Dp < .05		Dp < .001
Progressive ECS							
Supine	-1.24 [-2.875 to 1.005]	-0.70 [-2.19 to 0.2]	1.12 [-1.1 to 2.60]	Kp = .017			Dp < .05
Standing	-4.11 [-7.85 to -2.09]	-0.84 [-3.52 to 0.05]	-1.27 [-3.28 to 1.07]	Kp < .0001	Dp < .05		Dp < .001
C level							
Graduated 15-20 mm Hg ECS							
Supine	1.92 [0.08 to 3.96]	0.62 [0.15 to 3.505]	1.78 [0.3 to 3.1]	P = .66			
Standing	-0.65 [-2.81 to 2.64]	0.85 [-0.7 to 3.56]	1.49 [-0.50 to 4.99]	P = .031			P < .05
Graduated 20-36 mm Hg ECS							
Supine	0.89 [-1.17 to 4.15]	0.99 [0.27 to 4.17]	1.51 [0.15 to 2.525]	P = .78			
Standing	-2.06 [-4.52 to 1.89]	0.65 [-0.89 to 4.03]	0.65 [-0.90 to 3.25]	P = .003	P < .05		P < .05
Progressive ECS							
Supine	3.41 [0.74 to 5.40]	2.06 [-0.08 to 4.39]	1.89 [0.05 to 3.49]	P = .12			
Standing	1.09 [-1.96 to 3.77]	0.82 [-0.85 to 4.60]	1.67 [-0.10 to 3.25]	P = .92			
D level							
Graduated 15-20 mm Hg ECS							
Supine	2.28 [-0.1 to 3.97]	1.00 [-1.19 to 3.22]	1.19 [-0.61 to 2.79]	P = .15			
Standing	3.59 [1.35 to 6.88]	1.90 [-0.73 to 3.50]	1.93 [0.56 to 3.67]	P = .006	P < .05		P < .05
Graduated 20-36 mm Hg ECS							
Supine	1.94 [-0.225 to 3.675]	0.56 [-1.655 to 2.73]	0.99 [-0.62 to 2.51]	P = .13			
Standing	3.58 [0.75 to 6.46]	0.00 [-1.19 to 2.19]	1.06 [-1.08 to 3.14]	P = .0014	P < .01		P < .05
Progressive ECS							
Supine	-0.09 [-2.64 to 3.01]	-0.3 [-1.37 to 1.87]	0.44 [-1.15 to 2.93]	P = .75			
Standing	1.86 [-1.28 to 5.25]	-0.32 [-1.59 to 1.90]	1.00 [-1.34 to 4.38]	P = .27			

ECS, Elastic compression stockings; P, P value of comparison between groups in Kruskal-Wallis test, followed, if P < .05, by Dunn's multiple comparison.
Difference in IFP between the medial and the lateral sensors at the B, B1, C, and D leg levels in the supine and in the standing position in normal controls, in C_{1s} limbs, and C₃ and C₅ limbs. Values are provided as median [lower-upper quartile]. Boldface entries indicate statistical significance.

Supplementary Table X (online only). Small saphenous and deep calf vein (DCV) cross-sectional area (mm²) in patients with CVD and controls without and with elastic compression stockings (ECS)

SSV	Controls	C _{1s}	C ₃ and C ₅	KWp	Controls vs C _{1s}	Controls vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
Supine (SSV AL)							
Without ECS	2.94 [1.76-5.18]	3.95 [2.33-4.97]	4.87 [3.57-7.06]	KWp = .0075		Dp < .01	
Graduated15-20 ECS	1.93 [1.18-4.54]	3.38 [1.82-4.79]	5.18 [3.32-8.34]	KWp = .001		Dp < .001	
Graduated 20-36 ECS	2.39 [1.53-3.63]	2.68 [1.91-4.33]	4.18 [3.02-8.85]	KWp < .0001		Dp < .001	
Progressive ECS	1.45 [0.61-3.08]	2.59 [1.41-4.34]	3.47 [0.84-5.99]	KWp = .0016		Dp < .01	
Standing (SSV AS)							
Without ECS	3.75 [2.12-5.41]	4.70 [2.56-6.16]	7.07 [2.96-9.90]	KWp = .0023		Dp < .01	
Graduated15-20 ECS	3.30 [2.14-6.07]	4.27 [2.93-9.28]	6.72 [3.39-11.60]	KWp < .0001	P < .05	Dp < .001	
Graduated 20-36 ECS	3.59 [1.89-5.38]	4.29 [3.29-6.22]	6.69 [3.68-9.99]	KWp < .0001		Dp < .001	
Progressive ECS	3.11 [1.69-4.71]	3.43 [2.65-5.95]	6.14 [2.48-11.93]	KWp = .0007		Dp < .001	
DCV							
	Controls	C _{1s}	C ₃ and C ₅	KWp	Controls vs C _{1s}	Controls vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
Supine (DV AL)							
Without ECS	8.69 [5.70-14.28]	8.56 [5.00-19.49]	12.92 [7.28-20.12]	<i>KWp = .14</i>			
Graduated15-20 ECS	5.10 [2.50-9.72]	7.64 [4.96-10.87]	12.39 [4.15-16.27]	KWp = .016		<i>Dp < .05</i>	
Graduated 20-36 ECS	4.82 [2.07-8.52]	6.40 [2.67-21.00]	5.58 [3.36-13.51]	<i>KWp = .056</i>			
Progressive ECS	1.33 [0.78-2.92]	3.37 [1.52-7.57]	3.05 [1.29-7.42]	KWp = .0006	Dp < .05	Dp < .001	
Standing (DV AS)							
Without ECS	10.67 [5.96-20.77]	8.16 [4.57-25.81]	14.61 [8.10-19.70]	<i>KWp = .21</i>			
Graduated15-20 ECS	9.97 [6.04-17.64]	10.57 [5.35-18.76]	10.01 [7.64-27.08]	<i>KWp = .21</i>			
Graduated 20-36 ECS	9.80 [4.19-17.33]	10.54 [3.04-14.79]	9.29 [6.38-23.01]	<i>KWp = .11</i>			
Progressive ECS	8.90 [3.50-17.69]	9.19 [4.53-15.77]	11.54 [6.24-21.13]	<i>KWp = .056</i>			
Small saphenous vein (SSV) and deep calf vein (DCV) cross-sectional area (mm ²) in normal controls, in limbs with C _{1s} , and in limbs with C ₃ or C ₅ CEAP category of chronic venous disease, in the supine (AL) and in the standing position (AS), without and with graduated 15 to 20 mm Hg, graduated 20 to 36 mm Hg, and progressive ECS. Values are provided as median [lower–upper quartile]. Boldface entries indicate statistical significance. <i>KWp</i> , <i>P</i> value of comparison between groups in Kruskal-Wallis test, followed, if <i>P</i> < .05, by Dunn's multiple comparison (<i>Dp</i>).							

Supplementary Table XI (online only). Comparison between male and female patients for body mass index (BMI) and vein cross-sectional area

	Females (n = 77)	Males (n = 34)	Wilcoxon signed rank test, <i>P</i> value
All participants (n = 111)			
BMI (kg.m ⁻²)	24.6 [21.5–28.4]	27.3 [24.5–31.4]	.021
SSV cross-sectional area (mm ²) Supine position	3.60 [2.12–5.13]	3.96 [2.30–8.68]	.074
Standing position	4.28 [2.17–6.41]	5.49 [3.23–11.17]	.025
DCV cross-sectional area (mm ²) supine position	9.04 [5.44–17.88]	10.62 [6.66–17.23]	.502
Standing position	12.18 [5.14–22.11]	10.56 [6.61–19.03]	.931
Controls (n = 54)			
	Females (n = 36)	Males (n = 18)	<i>P</i> value
BMI, kg.m ⁻²	23.2 [21.3–26.6]	26.6 [23.3–29.4]	.036
SSV cross-sectional area (mm ²) supine position	3.09 [1.76–4.53]	2.95 [1.44–5.86]	.673
Standing position	3.93 [2.07–5.24]	3.55 [2.21–6.47]	.627
DCV cross-sectional area (mm ²) Supine position	8.85 [5.28–14.97]	8.24 [5.71–14.28]	.985
Standing position	11.60 [5.64–20.77]	8.26 [6.08–20.09]	.680
DCV, Deep calf vein; SSV, small saphenous vein. Boldface entries indicate statistical significance.			

Supplementary Table XII (online only). Comparison of small saphenous and deep calf vein (DCV) cross-sectional area between elastic compression stockings (ECS) in patients and controls

SSV	Without ECS	Graduated 15-20 mm Hg ECS	Graduated 20-36 mm Hg ECS	Progressive ECS	Friedman P value	Without vs graduated 15-20	Without vs graduated 20-36	Without vs progressive	Graduated 15-20 vs graduated 20-36	Graduated 15-20 vs progressive	Graduated 20-36 vs progressive
Supine (SSV-AL)											
Controls	2.94 [1.76-5.18]	1.93 [1.18-4.54]	2.39 [1.53-3.63]	1.45 [0.61-3.08]	Fp < .0001			Dp < .001		Dp < .001	
C ₁₅	3.95 [2.33-4.97]	3.38 [1.82-4.79]	2.68 [1.91-4.33]	2.59 [1.41-4.34]	Fp = .045						
C ₃ and C ₅	4.87 [3.57-7.06]	5.18 [3.32-8.34]	4.18 [3.02-8.85]	3.47 [0.84-5.99]	Fp < .0001			Dp < .001		Dp < .001	Dp < .05
Standing (SSV-AS)											
Controls	3.75 [2.12-5.41]	3.30 [2.14-6.07]	3.59 [1.89-5.38]	3.11 [1.69-4.71]	Fp = .49						
C ₁₅	4.70 [2.56-6.16]	4.27 [2.93-9.28]	4.29 [3.29-6.22]	3.43 [2.65-5.95]	Fp = .018	Dp < .05					
C ₃ and C ₅	7.07 [2.96-9.90]	6.72 [3.39-11.60]	6.69 [3.68-9.99]	6.14 [2.48-11.93]	Fp = .15						
DCV											
	Without ECS	Graduated 15-20 mm Hg ECS	Graduated 20-36 mm Hg ECS	Progressive ECS	Friedman P value	Without vs graduated 15-20	Without vs graduated 20-36	Without vs progressive	Graduated 15-20 vs graduated 20-36	Graduated 15-20 vs progressive	Graduated 20-36 vs progressive
Supine (DCV-AL)											
Controls	8.69 [5.70-14.28]	5.10 [2.50-9.72]	4.82 [2.07-8.52]	1.33 [0.78-2.92]	Fp < .0001	Dp < .001	Dp < .001	Dp < .001		Dp < .001	Dp < .001
C ₁₅	8.56 [5.00-19.49]	7.64 [4.96-10.87]	6.40 [2.67-21.00]	3.37 [1.52-7.57]	Fp = .0014			Dp < .001		Dp < .05	
C ₃ and C ₅	12.92 [7.28-20.12]	12.39 [4.15-16.27]	5.58 [3.36-13.51]	3.05 [1.29-7.42]	Fp < .0001			Dp < .001		Dp < .01	
Standing (DCV-AS)											
Controls	10.67 [5.96-20.77]	9.97 [6.04-17.64]	9.80 [4.19-17.33]	8.90 [3.50-17.69]	Fp = .34						
C ₁₅	8.16 [4.57-25.81]	10.57 [5.35-18.76]	10.54 [3.04-14.79]	9.19 [4.53-15.77]	Fp = .60						
C ₃ and C ₅	14.61 [8.10-19.70]	10.01 [7.64-27.08]	9.29 [6.38-23.01]	11.54 [6.24-21.13]	Fp = .43						

Fp, P value of analysis of variance in Friedman test, followed, P < .05, by Dunn's multiple comparison (Dp). Comparisons between without, with graduated 15 to 20 mm Hg, graduated 20 to 36 mm Hg, and progressive ECS for the cross-sectional area (mm²) of the small saphenous (SV) and of the deep calf (DV) vein in normal controls, in limbs with C₁₅, and in limbs with C₃ or C₅ CEAP category of chronic venous disease, in the supine (AL) and in the standing (AS) position. Values are provided as median [1st-3rd quartile]. Boldface entries indicate statistical significance.

Supplementary Table XIII (online only). Cross-sectional area of the small saphenous vein (SSV) and of the deep calf vein (DCV) in the supine and the standing position

SSV	Without ECS	Graduated 15-20 mm Hg ECS	Graduated 20-36 mm Hg ECS	Progressive ECS
Controls				
Supine (SSV AL)	2.94 [1.76-5.18]	1.93 [1.18-4.54]	2.39 [1.53-3.63]	1.45 [0.61-3.08]
Standing (SSV AS)	3.75 [2.12-5.41]	3.30 [2.14-6.07]	3.59 [1.89-5.38]	3.11 [1.69-4.71]
Wilcoxon	Wp = .005	Wp < .0001	Wp < .0001	Wp < .0001
C_{1s}				
Supine (SSV AL)	3.95 [2.33-4.97]	3.38 [1.82-4.79]	2.68 [1.91-4.33]	2.59 [1.41-4.34]
Standing (SSV AS)	4.70 [2.56-6.16]	4.27 [2.93-9.28]	4.29 [3.29-6.22]	3.43 [2.65-5.95]
Wilcoxon	Wp = .005	Wp < .0001	Wp < .0001	Wp < .0001
C₃ and 5				
Supine (SSV AL)	4.87 [3.57-7.06]	5.18 [3.32-8.34]	4.18 [3.02-8.85]	3.47 [0.84-5.99]
Standing (SSV AS)	7.07 [2.96-9.90]	6.72 [3.39-11.60]	6.69 [3.68-9.99]	6.14 [2.48-11.93]
Wilcoxon	Wp = .002	Wp = .002	Wp < .0001	Wp < .0001
DCV				
Controls				
Supine (DCV AL)	8.69 [5.70-14.28]	5.10 [2.50-9.72]	4.82 [2.07-8.52]	1.33 [0.78-2.92]
Standing (DCV AS)	10.67 [5.96-20.77]	9.97 [6.04-17.64]	9.80 [4.19-17.33]	8.90 [3.50-17.69]
Wilcoxon <i>P</i>	Wp = .014	Wp < .0001	Wp < .0001	Wp < .0001
C_{1s}				
Supine (DCV AL)	8.56 [5.00-19.49]	7.64 [4.96-10.87]	6.40 [2.67-21.00]	3.37 [1.52-7.57]
Standing (DCV AS)	8.16 [4.57-25.81]	10.57 [5.35-18.76]	10.54 [3.04-14.79]	9.19 [4.53-15.77]
Wilcoxon <i>P</i>	Wp = .50	Wp = .12	Wp = .65	Wp = .010
C₃ and 5				
Supine (DCV AL)	12.92 [7.28-20.12]	12.39 [4.15-16.27]	5.58 [3.36-13.51]	3.05 [1.29-7.42]
Standing (DCV AS)	14.61 [8.10-19.70]	10.01 [7.64-27.08]	9.29 [6.38-23.01]	11.54 [6.24-21.13]
Wilcoxon <i>P</i>	Wp = .125	Wp = .058	Wp = .002	Wp < .0001

Wp, *P* value of comparison between the standing and the supine position in Wilcoxon signed rank test.

Cross-sectional area (in mm²) of the SSV and of the DCV in the supine (AL) and in the standing (AS) position in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease without, with graduated 15-20 mm Hg, with graduated 20-36 mm Hg, and with progressive compression stockings (ECS). Values are provided as median [1st-3rd quartile]. Boldface entries indicate statistical significance.

Supplementary Table XIV (online only). Small saphenous vein (SSV) and deep calf vein (DCV) relative postural cross-sectional area change

	Controls	C _{1s}	C ₃ and C ₅	Kruskal-Wallis p	Controls vs C _{1s}	Controls vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
SSV PAC							
Without ECS	22 [-09 to 42]	19 [-05 to 46]	26 [-05 to 36]	KWp = .99			
Graduated 15-20 mm Hg ECS	31 [11 to 50]	40 [13 to 52]	14 [-05 to 56]	KWp = .66			
Graduated 20-36 mm Hg ECS	32 [13 to 52]	38 [11 to 47]	29 [05 to 47]	KWp = .74			
Progressive ECS	42 [14 to 73]	39 [15 to 52]	46 [29 to 60]	KWp = .34			
Friedman <i>P</i> value	<i>P</i> = .007	<i>P</i> = .24	<i>P</i> = .09				
Without vs graduated 15-20 ECS							
Without vs graduated 20-36 ECS							
Without vs Progressive ECS	<i>P</i> < .01						
Graduated 15-20 vs 20-36 ECS							
Graduated 15-20 vs Progressive ECS							
Graduated 20-36 vs Progressive ECS							
DCV PAC							
Without ECS	17 [-13 to 41]	-12 [-1.17 to 18]	18 [-12 to 35]	KWp = .12			
Graduated 15-20 mm Hg ECS	50 [09 to 71]	34 [-34 to 60]	40 [-24 to 51]	KWp = .023		Dp < .05	
Graduated 20-36 mm Hg ECS	53 [10 to 76]	08 [-51 to 58]	51 [07 to 71]	KWp = .12			
Progressive ECS	80 [50 to 89]	57 [08 to 78]	62 [44 to 87]	KWp = .09			
Friedman <i>P</i> value	Fp < .0001	Fp = .13	Fp < .0001				
Without vs graduated 15-20 ECS	Dp < .05						
Without vs graduated 20-36 ECS	Dp < .05						
Without vs progressive ECS	Dp < .001					P < .001	
Graduated 15-20 vs 20-36 ECS							
Graduated 15-20 vs progressive ECS	Dp < .001					Dp < .01	
Graduated 20-36 vs progressive ECS							

Fp, *P* value of differences between ECS categories inf Friedman test, followed, if *P* < .05, by Dunn's multiple comparison test (Dp); *KWp*, *P* values of differences between groups in *Kruskal*-Wallis test, followed, if *P* < .05, by Dunn's multiple comparison between compression classes (Dp). The SSV and DCV relative postural cross-sectional area change (PAC, in %) from the lying to the standing position in normal controls, in patients with C_{1s}, and in patients with C₃ or C₅ class of chronic venous disease (CVD) without and with graduated 15 to 20 mm Hg, graduated 20 to 36 mm Hg, and progressive elastic compression stockings (ECS). Values are provided as median [1st-3rd quartile]. Boldface entries indicate statistical significance.

Supplementary Table XV (online only). Maximum force applied on the ultrasound probe during the small saphenous vein (SSV) compression

SSV										
	Without ECS	Graduated 15-20 mm Hg ECS	Graduated 20-36 mm Hg ECS	Progressive ECS	Friedman	Without vs Gr 15-20	Without vs Gr 20-36	Without vs progressive	Gr 15-20 vs Gr 20-36	Gr 15-20 vs Gr 20-36 vs progressive
Supine position										
Controls	1.44 [0.95-1.77]	2.00 [1.60-2.49]	2.03 [1.46-2.52]	2.02 [1.43-2.54]	Fp < .0001	Dp < .001	Dp < .001	Dp < .001	Dp < .001	
C _{1s}	1.22 [0.87-1.57]	1.93 [1.00-2.86]	1.43 [1.04-2.80]	1.65 [1.22-2.98]	Fp = .06					
C ₃ and C ₅	1.72 [1.23-2.18]	1.72 [1.35-2.21]	1.89 [1.26-2.32]	1.60 [1.26-2.40]	Fp = .49					
Kruskal-Wallis	KWp = .15	KWp = .34	KWp = .14	KWp = .47						
Controls vs C _{1s}										
Controls vs C ₃ and 5										
C _{1s} vs C ₃ and 5										
Standing position										
Controls	3.37 [2.63-3.85]	3.22 [2.71-3.99]	3.20 [2.64-4.11]	3.24 [2.73-4.12]	Fp = .996					
C _{1s}	2.88 [2.39-3.82]	3.50 [2.69-4.28]	3.13 [2.55-3.71]	3.44 [2.45-4.39]	Fp = .08					
C ₃ and C ₅	3.94 [3.12-4.77]	3.98 [3.28-4.64]	3.80 [3.00-4.50]	3.64 [3.03-4.26]	Fp = .30					
Kruskal-Wallis	KWp = .003	KWp = .021	KWp = .026	KWp = .15						
Controls vs C _{1s}										
Controls vs C ₃ and 5	Dp < .05	Dp < .05								
C _{1s} vs C ₃ and 5	Dp < .01		Dp < .05							
Supine vs standing Wilcoxon signed rank test										
Controls	Wp < .0001	Wp < .0001	Wp < .0001	Wp < .0001						
C _{1s}	Wp = .0009	Wp = .0002	Wp = .0025	Wp = .0048						
C ₃ and C ₅	Wp < .0001	Wp < .0001	Wp < .0001	Wp < .0001						

Fp, *P* value of comparison between compression classes in Friedman test, followed, if *P* < .05, by Dunn's multiple comparisons (*Dp*); *KWp*, *P* value of differences between groups in Kruskal-Wallis test, followed, if *P* < .05, by Dunn's multiple comparisons (*Dp*); *Wp*, *P* value of comparison between the supine and the standing position in Wilcoxon signed rank test.

Maximum force (in Newton) applied on the ultrasound probe during the SSV compression test without and with graduated 15 to 20 mm Hg, graduated 20 to 36 mm Hg, and progressive elastic compression stockings (ECS) in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease. Values are provided as median [1st-3rd quartile]. Boldface entries indicate statistical significance.

Supplementary Table XVI (online only). Maximum force applied on the ultrasound probe during the deep calf vein (DCV) compression test

	DCV									
	Without ECS	Graduated 15-20 mm Hg ECS	Graduated 20-36 mm Hg ECS	Progressive ECS	Friedman	Without vs Gr 15-20	Without vs Gr 20-36	Without vs Gr 15-20 vs Gr 20-36	Without vs Gr 15-20 vs Gr 20-36 vs Gr 20-36	Without vs Gr 15-20 vs Gr 20-36 vs Gr 20-36
Supine position										
Controls	1.83 [1.26-2.54]	2.13 [1.21-2.99]	2.22 [1.50-2.83]	2.04 [1.57-2.84]	Fp = .023					<i>Dp</i> < .05
C _{1s}	2.87 [1.59-4.59]	2.86 [1.62-3.76]	2.40 [1.56-3.61]	2.33 [1.41-4.42]	<i>Fp</i> = .30					
C ₃ and C ₅	2.36 [1.72-3.01]	2.30 [1.93-3.97]	2.40 [1.64-3.38]	2.22 [1.70-2.88]	<i>Fp</i> = .96					
Kruskal-Wallis	KWp = .009	<i>KWp</i> = .11	<i>KWp</i> = .38	<i>KWp</i> = .74						
Controls vs C _{1s}	Dp < .05									
Controls vs C ₃ and C ₅										
C _{1s} vs C ₃ and C ₅										
Standing position										
Controls	4.64 [3.75-6.50]	4.50 [3.65-5.87]	4.63 [3.33-5.73]	3.77 [2.93-5.23]	Fp < .0001					<i>Dp</i> < .001
C _{1s}	5.64 [3.61-6.91]	4.64 [3.21-5.81]	4.61 [3.36-5.93]	4.43 [3.04-6.16]	<i>Fp</i> = .31					<i>Dp</i> < .001
C ₃ and C ₅	5.75 [4.47-7.42]	5.04 [3.54-6.48]	4.95 [3.57-6.62]	5.31 [3.61-6.45]	Fp = .003	<i>Dp</i> < .01				<i>Dp</i> < .05
Kruskal-Wallis	<i>KWp</i> = .06	<i>KWp</i> = .59	<i>KWp</i> = .60	<i>KWp</i> = .08						
Controls vs C _{1s}										
Controls vs C ₃ and C ₅										
C _{1s} vs C ₃ and C ₅										
Supine vs Standing Wilcoxon signed rank test										
Controls	Wp < .0001	Wp < .0001	Wp < .0001	Wp < .0001						
C _{1s}	Wp = .0012	Wp = .0001	Wp = .0012	Wp = .0059						
C ₃ and C ₅	Wp < .0001	Wp < .0001	Wp < .0001	Wp < .0001						

Fp, *P* value of comparison between compression classes in Friedman test, followed, if *P* < .05, by Dunn's multiple comparisons (*Dp*); *KWp*, *P* value of differences between groups in Kruskal-Wallis test, followed, if *P* < .05, by Dunn's multiple comparisons (*Dp*); *Wp*, *P* value of comparison between the supine and the standing position in Wilcoxon signed rank test.

Maximum force (in Newton) applied on the ultrasound probe during the DCV compression test without and with graduated 15 to 20 mm Hg, graduated 20 to 36 mm Hg, and progressive elastic compression stockings (ECS) in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease. Values are provided as median [1st-3rd quartile]. Boldface entries indicate statistical significance.

Supplementary Table XVII (online only). Comparison of the maximum force applied on the ultrasound probe to collapse the vein between the small saphenous vein (SSV) and the deep calf vein (DCV)

SPFmx vs DPFmx	Without ECS	Graduated 15-20 mm Hg ECS	Graduated 20-36 mm Hg ECS	Progressive ECS
Lying position				
Controls	P = .0004	<i>P</i> = .61	<i>P</i> = .28	<i>P</i> = .20
C _{1s}	P = .006	<i>P</i> = .08	<i>P</i> = .20	<i>P</i> = .33
C ₃ and C ₅	P = .0002	P = .0007	P = .0025	P = .02
Standing position				
Controls	P < .0001	P < .0001	P < .0001	P = .002
C _{1s}	P = .0004	P = .0095	P = .0003	<i>P</i> = .06
C ₃ and C ₅	P < .0001	P = .003	P = .002	P = .0003

P value of comparison of the maximum force applied on the ultrasound probe to collapse the vein between the SSV (SPFmx) and the DCV (DPFmx) in Wilcoxon signed rank test in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease, without and with graduated 15-20 mm Hg, graduated 20-36 mm Hg, and progressive elastic compression stockings (ECS). Boldface entries indicate statistical significance

Supplementary Table XVIII (online only). Small saphenous vein (SSV) viscoelasticity variables and group comparisons

CPF (N)	Controls	C _{1s}	C ₃ and C ₅	KWp	N vs C _{1s}	N vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
Without ECS							
Supine	1.03 [0.75-1.35]	0.87 [0.60-1.23]	1.22 [0.89-1.64]	KWp = .096			
Standing	2.71 [2.20-3.13]	2.51 [2.03-3.07]	3.15 [2.54-4.03]	KWp = .018		Dp < .05	
Wilcoxon	Wp < .0001	Wp < .0001	Wp < .0001				
Graduated 15-20 mm Hg ECS							
Supine	1.40 [1.12-1.79]	1.31 [0.75-1.78]	1.27 [1.05-1.80]	KWp = .666			
Standing	2.52 [2.14-3.11]	2.92 [2.32-3.81]	3.43 [2.62-4.11]	KWp = .0009		Dp < .001	
Wilcoxon	Wp < .0001	Wp = .0004	Wp < .0001				
Graduated 20-36 mm Hg ECS							
Supine	1.51 [0.97-1.90]	1.15 [0.77-1.78]	1.48 [0.93-1.92]	KWp = .558			
Standing	2.69 [2.27-3.75]	2.67 [2.21-3.28]	3.16 [2.51-3.81]	KWp = .075			
Wilcoxon	Wp < .0001	Wp = .0009	Wp < .0001				
Progressive ECS							
Supine	1.13 [0.40-1.60]	1.07 [0.53-1.35]	1.09 [0.60-1.80]	KWp = .628			
Standing	2.54 [1.91-2.95]	2.48 [2.08-3.01]	2.85 [2.20-3.43]	KWp = .142			
Wilcoxon	Wp < .0001	Wp = .0004	Wp < .0001				

CPF, probe force measured at vein collapse. Values are provided as median [1st-3rd quartile]; KWp, P value of comparison between groups in Kruskal-Wallis test, followed, if $P < .05$, by Dunn's multiple comparison (Dp); Wp, P value of comparison between the supine and the standing position in Wilcoxon signed rank test.

SSV viscoelasticity variables in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ category of chronic venous disease, in the supine and in the standing position, without and with graduated 15-20 mm Hg, graduated 20-36 mm Hg, and progressive elastic compression stockings (ECS). Boldface entries indicate statistical significance.

OPF (N)	Controls	C _{1s}	C ₃ and C ₅	KWp	N vs C _{1s}	N vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
Without ECS							
Supine	0.36 [0.21-0.56]	0.35 [0.14-0.58]	0.52 [0.19-0.76]	KWp = .109			
Standing	0.98 [0.63-1.56]	1.42 [1.19-1.77]	1.76 [1.12-2.07]	KWp < .0001	Dp < .05	Dp < .001	
Wilcoxon	Wp < .0001	Wp < .0001	Wp < .0001				
Graduated 15-20 mm Hg ECS							
Supine	0.51 [0.35-0.75]	0.72 [0.12-1.01]	0.61 [0.32-0.92]	KWp = .807			
Standing	1.08 [0.71-1.55]	1.34 [1.04-1.96]	1.69 [1.35-2.35]	KWp = .0001		Dp < .001	
Wilcoxon	Wp < .0001	Wp = .0012	Wp < .0001				
Graduated 20-36 mm Hg ECS							
Supine	0.45 [0.32-0.64]	0.45 [0.19-0.59]	0.44 [0.20-0.79]	KWp = .678			
Standing	1.06 [0.68-1.42]	1.51 [0.99-1.82]	1.63 [1.09-2.18]	KWp = .0002		Dp < .001	
Wilcoxon	Wp < .0001	Wp = .0004	Wp < .0001				
Progressive ECS							
Supine	0.29 [0.00-0.49]	0.37 [0.04-0.59]	0.33 [0.08-0.48]	KWp = .922			
Standing	0.70 [0.46-1.24]	1.23 [0.91-1.58]	1.03 [0.77-1.81]	KWp = .0012	Dp < .01	Dp < .05	
Wilcoxon	Wp < .0001	Wp = .0003	Wp < .0001				

KWp, P value of comparison between groups in Kruskal-Wallis test, followed, if $P < .05$, by Dunn's multiple comparison (Dp); Wp, P value of comparison between the supine and the standing position in Wilcoxon signed rank test.

SSV viscoelasticity variables in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ category of chronic venous disease, in the supine and in the standing position, without and with graduated 15-20 mm Hg, graduated 20-36 mm Hg, and progressive elastic compression stockings (ECS). OPF, probe force measured at vein re-opening. Values are provided as median [1st-3rd quartile]. Boldface entries indicate statistical significance.

DPF (N)	Controls	C _{1s}	C ₃ and C ₅	KWp	N vs C _{1s}	N vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
Without ECS							
Supine	0.36 [0.21-0.56]	0.50 [0.32-0.90]	0.65 [0.42-1.02]	KWp = .601			
Standing	1.65 [1.25-2.09]	0.86 [0.59-1.32]	1.35 [0.84-2.21]	KWp = .0021	Dp < .01		
Wilcoxon	Wp < .0001	Wp = .010	Wp < .0001				
Graduated 15-20 mm Hg ECS							
Supine	0.80 [0.64-1.13]	0.74 [0.33-0.10]	0.67 [0.44-0.86]	KWp = .194			
Standing	1.40 [0.95-1.98]	1.42 [1.03-2.26]	1.46 [1.04-2.26]	KWp = .871			
Wilcoxon	Wp < .0001	Wp < .001	Wp < .0001				
Graduated 20-36 mm Hg ECS							
Supine	0.90 [0.54-1.35]	0.78 [0.44-1.39]	0.90 [0.50-1.22]	KWp = .762			
Standing	1.61 [1.32-2.17]	1.21 [0.65-1.64]	1.39 [0.99-2.23]	KWp = .008	Dp < .01		
Wilcoxon	Wp < .0001	Wp = .119	Wp < .0001				
Progressive ECS							
Supine	0.75 [0.37-1.10]	0.64 [0.38-0.83]	0.64 [0.42-1.40]	KWp = .695			
Standing	1.64 [1.12-2.07]	1.24 [0.67-1.86]	1.48 [1.11-2.02]	KWp = .156			
Wilcoxon	Wp < .0001	Wp = .002	Wp < .0001				

KWp, *P* value of comparison between groups in Kruskal-Wallis test, followed, if *P* < .05, by Dunn's multiple comparison (*Dp*); *Wp*, *P* value of comparison between the supine and the standing position in Wilcoxon signed rank test.
SSV viscoelasticity variables in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ category of chronic venous disease, in the supine and in the standing position, without and with graduated 15-20 mm Hg, graduated 20-36 mm Hg, and progressive elastic compression stockings (ECS). DPF: difference between probe force measured at vein collapse et at vein re-opening. Values are provided as median [1st-3rd quartile].

TAH (N.mm ²)	Controls	C _{1s}	C ₃ and C ₅	KWp	N vs C _{1s}	N vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
Without ECS							
Supine	1.24 [0.64-2.14]	1.15 [0.71-2.97]	2.40 [1.65-3.88]	KWp = .0013		Dp < .01	
Standing	4.16 [2.73-8.43]	4.25 [2.71-5.21]	8.95 [3.87-15.96]	KWp = .0047		Dp < .05	P < .05
Wilcoxon	Wp < .0001	Wp = .0004	Wp < .0001				
Graduated 15-20 mm Hg ECS							
Supine	0.90 [0.51-1.90]	1.41 [0.97-2.09]	2.61 [1.00-4.41]	KWp = .0052		Dp < .01	
Standing	3.70 [2.15-7.35]	4.53 [2.42-8.75]	8.45 [3.86-15.95]	KWp = .0035		Dp < .01	
Wilcoxon	Wp < .0001	Wp = .0003	Wp < .0001				
Graduated 20-36 mm Hg ECS							
Supine	1.08 [0.43-1.47]	1.03 [0.63-2.58]	1.99 [1.04-3.98]	KWp = .0013		Dp < .001	
Standing	4.17 [1.57-7.23]	3.16 [2.31-6.06]	6.46 [3.22-11.25]	KWp = .069			
Wilcoxon	Wp < .0001	Wp = .0014	Wp < .0001				
Progressive ECS							
Supine	0.51 [0.13-1.19]	0.92 [0.30-1.79]	0.97 [0.25-3.85]	KWp = .086			
Standing	2.69 [1.32-5.93]	3.32 [2.12-6.07]	6.53 [1.87-11.36]	KWp = .044		Dp < .05	
Wilcoxon	Wp < .0001	Wp = .0015	Wp < .0001				

KWp, *P* value of comparison between groups in Kruskal-Wallis test, followed, if *P* < .05, by Dunn's multiple comparison (*Dp*); *TAH*, total area of the hysteresis loop; *Wp*, *P* value of comparison between the supine and the standing position in Wilcoxon signed rank test.
SSV viscoelasticity variables in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ class of chronic venous disease, in the supine and in the standing position, without and graduated 15-20 mm Hg, graduated 20-36 mm Hg, and progressive elastic compression stockings (ECS). Values are provided as median [1st-3rd quartile]. Boldface entries indicate statistical significance.

CAH (N.mm ²)	Controls	C _{1s}	C ₃ and C ₅	KWp	N vs C _{1s}	N vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
Without ECS							
Supine	0.38 [0.13-0.70]	0.31 [0.08-1.02]	0.65 [0.32-1.68]	KWp = .125			
Standing	1.36 [1.02-3.52]	1.70 [0.84-2.42]	3.70 [1.16-7.13]	KWp = .011		Dp < .05	Dp < .05
Wilcoxon	Wp < .0001	Wp = .0001	Wp < .0001				
Graduated 15-20 mm Hg ECS							
Supine	0.23 [0.07-0.42]	0.42 [0.16-0.58]	0.89 [0.23-1.45]	KWp = .0014		Dp < .001	
Standing	1.42 [0.69-3.15]	1.16 [0.63-2.38]	3.60 [1.42-6.90]	KWp = .0009		Dp < .01	Dp < .01
Wilcoxon	Wp < .0001	Wp = .0018	Wp < .0001				
Graduated 20-36 mm Hg ECS							
Supine	0.17 [0.00-0.36]	0.24 [0.12-0.78]	0.69 [0.35-1.82]	KWp < .0001		Dp < .001	
Standing	1.05 [0.38-2.73]	1.16 [0.65-2.73]	2.49 [1.14-4.69]	KWp = .0068		Dp < .01	
Wilcoxon	Wp < .0001	Wp = .0012	Wp = .0001				
Progressive ECS							
Supine	0.00 [-0.02-0.30]	0.12 [0.00-0.57]	0.10 [-0.04-0.46]	KWp = .385			
Standing	0.79 [0.27-2.16]	1.31 [0.29-2.16]	2.37 [0.49-3.98]	KWp = .064			
Wilcoxon	Wp < .0001	Wp = .0119	Wp < .0001				

CAH, Area of the compression phase of the *hysteresis* loop; KWp, P value of comparison between groups in Kruskal-Wallis test, followed, if $P < .05$, by Dunn's multiple comparison (Dp); Wp, P value of comparison between the supine and the standing position in Wilcoxon signed rank test. SSV viscoelasticity variables in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ category of chronic venous disease, in the supine and in the standing position, without and with graduated 15-20 mm Hg, graduated 20-36 mm Hg, and progressive elastic compression stockings (ECS). Values are provided as median [1st-3rd quartile]. Boldface entries indicate statistical significance.

DAH (N.mm ²)	Controls	C _{1s}	C ₃ and C ₅	KWp	N vs C _{1s}	N vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
Without ECS							
Supine	0.79 [0.42-1.46]	0.75 [0.58-1.84]	1.86 [1.07-2.54]	KWp = .0003		Dp < .001	
Standing	2.72 [1.49-5.05]	2.28 [1.37-3.85]	4.24 [2.02-9.32]	KWp = .0185		Dp < .05	P < .05
Wilcoxon	Wp < .0001	Wp = .0022	Wp < .0001				
Graduated 15-20 mm Hg ECS							
Supine	0.65 [0.39-1.44]	1.08 [0.63-1.79]	1.74 [0.37-2.41]	KWp = .089			
Standing	2.15 [1.18-4.19]	2.73 [1.67-7.25]	5.16 [1.77-9.08]	KWp = .006		Dp < .01	
Wilcoxon	Wp < .0001	Wp = .0005	Wp < .0001				
Graduated 20-36 mm Hg ECS							
Supine	0.80 [0.33-1.38]	0.76 [0.52-1.65]	1.15 [0.62-1.84]	KWp = .102			
Standing	2.39 [1.31-5.30]	2.19 [1.42-3.89]	3.27 [1.40-7.39]	KWp = .453			
Wilcoxon	Wp < .0001	Wp = .0016	Wp < .0001				
Progressive ECS							
Supine	0.50 [0.13-0.94]	0.74 [0.27-1.75]	1.03 [0.38-3.01]	KWp = .045		Dp < .05	
Standing	1.91 [1.04-3.80]	2.03 [1.28-3.42]	3.78 [1.00-7.02]	KWp = .100			
Wilcoxon	Wp < .0001	Wp = .0068	Wp < .0001				

DAH, Area of the decompression phase of the *hysteresis* loop. Values are provided as median [1st-3rd quartile]; KWp, P value of comparison between groups in Kruskal-Wallis test, followed, if $P < .05$, by Dunn's multiple comparison (Dp); Wp, P value of comparison between the supine and the standing position in Wilcoxon signed rank test. SSV viscoelasticity variables in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ category of chronic venous disease, in the supine and in the standing position, without and with graduated 15-20 mm Hg, graduated 20-36 mm Hg, and progressive elastic compression stockings (ECS).

SIH (mm ² .N ⁻¹)	Controls	C _{1s}	C ₃ and C ₅	KWp	N vs C _{1s}	N vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
Without ECS							
Supine	-1.06 [-1.86 to -0.47]	-1.98 [-3.42 to -0.53]	-2.04 [-3.28 to -1.10]	KWp = .0074		Dp < .05	
Standing	-0.37 [-0.68 to -0.24]	-0.55 [-1.37 to -0.28]	-0.52 [-0.91 to -0.23]	KWp = .297			
Wilcoxon	Wp < .0001	Wp = .004	Wp < .0001				
Graduated 15-20 mm Hg ECS							
Supine	-0.68 [-1.38 to -0.35]	-1.54 [-2.70 to -0.72]	-1.44 [-2.45 to -0.75]	KWp = .0025	Dp < .05	Dp < .01	
Standing	-0.42 [-0.76 to -0.20]	-0.76 [-1.32 to -0.39]	-0.45 [-1.86 to -0.31]	KWp = .030	Dp < .05		
Wilcoxon	Wp = .034	Wp = .004	Wp = .0003				
Graduated 20-36 mm Hg ECS							
Supine	-0.68 [-1.64 to -0.26]	-0.95 [-1.46 to -0.17]	-0.81 [-2.15 to -0.27]	KWp = .637			
Standing	-0.53 [-0.88 to -0.23]	-0.54 [-1.03 to -0.33]	-0.83 [-1.43 to -0.33]	KWp = .078			
Wilcoxon	Wp = .012	Wp = .13	Wp = .25				
Progressive ECS							
Supine	-0.55 [-1.19 to -0.02]	-1.69 [-2.33 to -0.57]	-1.65 [-3.08 to -0.53]	KWp = .024		Dp < .05	
Standing	-0.52 [-1.03 to -0.20]	-0.49 [-1.54 to -0.23]	-0.78 [-1.68 to -0.27]	KWp = .301			
Wilcoxon	Wp = .505	Wp = .214	Wp = .0004				

KWp, P value of comparison between groups in Kruskal-Wallis test, followed, if P < .05, by Dunn's multiple comparison (Dp); SIH, first slope of the compression phase of the hysteresis loop. Values are provided as median [1st-3rd quartile]; Wp, P value of comparison between the supine and the standing position in Wilcoxon signed rank test.

SSV vein viscoelasticity variables in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ category of chronic venous disease, in the supine and in the standing position, without and with graduated 15-20 mm Hg, graduated 20-36 mm Hg, and progressive elastic compression stockings (ECS). Boldface entries indicate statistical significance.

S2H (mm ² .N ⁻¹)	Controls	C _{1s}	C ₃ and C ₅	KWp	N vs C _{1s}	N vs C ₃ and C ₅	C _{1s} vs C ₃ and C ₅
Without ECS							
Supine	-5.49 [-8.37 to -3.41]	-6.52 [-10.31 to -3.15]	-9.21 [-15.45 to -3.54]	KWp = .082			
Standing	-2.71 [-4.07 to -1.86]	-3.46 [-7.68 to -1.83]	-4.29 [-6.68 to -2.96]	KWp = .0099		Dp < .01	
Wilcoxon	Wp < .0001	Wp = .01	Wp < .0001				
Graduated 15-20 mm Hg ECS							
Supine	-2.31 [-4.07 to -1.28]	-6.07 [-8.08 to -1.64]	-6.33 [-14.48 to -2.83]	KWp = .003		Dp < .01	
Standing	-2.73 [-4.74 to -1.63]	-3.30 [-4.79 to -1.49]	-3.81 [-7.80 to -2.21]	KWp = .094			
Wilcoxon	Wp < .0001	Wp = .001	Wp < .0001				
Graduated 20-36 mm Hg ECS							
Supine	-2.04 [-4.04 to -0.92]	-3.17 [-5.54 to -2.29]	-3.87 [-10.70 to -1.93]	KWp = .0025		Dp < .01	
Standing	-2.53 [-3.30 to -1.37]	-3.88 [-5.62 to -2.33]	-4.02 [-7.14 to -2.35]	KWp = .0008		Dp < .01	
Wilcoxon	Wp < .0001	Wp = .119	Wp < .0001				
Progressive ECS							
Supine	-1.64 [-3.02 to -0.24]	-2.29 [-7.32 to -1.26]	-2.76 [-9.08 to -0.60]	0.139			
Standing	-2.50 [-4.51 to -0.89]	-3.51 [-5.66 to -1.50]	-4.52 [-6.53 to -1.58]	0.062			
Wilcoxon	Wp < .0001	Wp = .002	Wp = .0001				

KWp, P value of comparison between groups in Kruskal-Wallis test, followed, if P < .05, by Dunn's multiple comparison (Dp); S2H, second slope of the compression phase of the hysteresis loop. Values are provided as median [1st-3rd quartile]; Wp, P value of comparison between the supine and the standing position in Wilcoxon signed rank test.

SSV vein viscoelasticity variables in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ category of chronic venous disease, in the supine and in the standing position, without and with graduated 15-20 mm Hg, graduated 20-36 mm Hg, and progressive elastic compression stockings (EC-S). Boldface entries indicate statistical significance.

Supplementary Table XIX (online only). Small saphenous vein (SSV) viscoelasticity variables without and with elastic compression stockings (ECS)

CPF (N)	Without ECS	Graduated 15-20 mm Hg ECS	Graduated 20-36 mm Hg ECS	Progressive ECS	P value	Without vs graduated 15-20	Without vs graduated 20-36	Without vs progressive	Graduated 15-20 vs 20-36	Graduated 15-20 vs progressive	Graduated 20-36 vs progressive
Supine											
Controls	1.03 [0.75-1.35]	1.40 [1.12-1.79]	1.51 [0.97-1.90]	1.13 [0.40-1.60]	P = .029						
C _{1s}	0.87 [0.60-1.23]	1.31 [0.75-1.78]	1.15 [0.77-1.78]	1.07 [0.53-1.35]	P = .257						
C ₃ and C ₅	1.22 [0.89-1.64]	1.27 [1.05-1.80]	1.48 [0.93-1.92]	1.09 [0.60-1.80]	P = .102						
Standing											
Controls	2.71 [2.20-3.13]	2.52 [2.14-3.11]	2.69 [2.27-3.75]	2.54 [1.91-2.95]	P = .061						
C _{1s}	2.51 [2.03-3.07]	2.92 [2.32-3.81]	2.67 [2.21-3.28]	2.48 [2.08-3.01]	P = .046						
C ₃ and C ₅	3.15 [2.54-4.03]	3.43 [2.62-4.11]	3.16 [2.51-3.81]	2.85 [2.20-3.43]	P = .342						
OPF (N)											
Supine											
Controls	0.36 [0.21-0.56]	0.51 [0.35-0.75]	0.45 [0.32-0.64]	0.29 [0.00-0.49]	P < .0001	P < .05			P < .05	P < .001	
C _{1s}	0.35 [0.14-0.58]	0.72 [0.12-1.01]	0.45 [0.19-0.59]	0.37 [0.04-0.59]	P = .204						
C ₃ and C ₅	0.52 [0.19-0.76]	0.61 [0.32-0.92]	0.44 [0.20-0.79]	0.33 [0.08-0.48]	P = .001			P < .05		P < .001	P < .05
Standing											
Controls	0.35 [0.14-0.58]	0.72 [0.12-1.01]	0.45 [0.19-0.59]	0.37 [0.04-0.59]	P = .204						
C _{1s}	0.52 [0.19-0.76]	0.61 [0.32-0.92]	0.44 [0.20-0.79]	0.33 [0.08-0.48]	P = .001			P < .05		P < .001	P < .05
C ₃ and C ₅	0.36 [0.21-0.56]	0.51 [0.35-0.75]	0.45 [0.32-0.64]	0.29 [0.00-0.49]	P < .0001	P < .05			P < .05	P < .001	

CPF, Probe force measured at vein collapse; OPF, probe force measured at vein reopening. SSV viscoelasticity variables in the supine and the standing position in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease, and differences between without, with graduated 15-20 mm Hg, with graduated 20-36 mm Hg, and with progressive compression stockings (ECS). Values are provided as median [1st-3rd quartile]. Ft: P values of comparison between without, with class 2, with class 3, and with progressive elastic compression stockings (ECS) in Friedman test, followed, is P < .05, by P value of differences between pairs of ECS categories in Dunn's multiple comparison. Boldface entries indicate statistical significance.

DPF (N)	Without ECS	Graduated 15-20 mm Hg ECS	Graduated 20-36 mm Hg ECS	Progressive ECS	P value	Without vs graduated 15-20	Without vs graduated 20-36	Without vs progressive	Graduated 15-20 vs 20-36	Graduated 15-20 vs progressive	Graduated 20-36 vs progressive
Supine											
Controls	0.36 [0.21-0.56]	0.80 [0.64-1.13]	0.90 [0.54-1.35]	0.75 [0.37-1.10]	P = .068						
C _{1s}	0.50 [0.32-0.90]	0.74 [0.33-0.10]	0.78 [0.44-1.39]	0.64 [0.38-0.83]	P = .172						
C ₃ and C ₅	0.65 [0.42-1.02]	0.67 [0.44-0.86]	0.90 [0.50-1.22]	0.64 [0.42-1.40]	P = .205						
Standing											
Controls	1.65 [1.25-2.09]	1.40 [0.95-1.98]	1.61 [1.32-2.17]	1.64 [1.12-2.07]	P = .040				P < .05		
C _{1s}	0.86 [0.59-1.32]	1.42 [1.03-2.26]	1.21 [0.65-1.64]	1.24 [0.67-1.86]	P = .046						
C ₃ and C ₅	1.35 [0.84-2.21]	1.46 [1.04-2.26]	1.39 [0.99-2.23]	1.48 [1.11-2.02]	P = .230						
TAH (N.mm²)											
Supine											
Controls	1.24 [0.64-2.14]	0.90 [0.51-1.90]	1.08 [0.43-1.47]	0.51 [0.13-1.19]	P = .005			P < .01			
C _{1s}	1.15 [0.71-2.97]	1.41 [0.97-2.09]	1.03 [0.63-2.58]	0.92 [0.30-1.79]	P = .782						
C ₃ and C ₅	2.40 [1.65-3.88]	2.61 [1.00-4.41]	1.99 [1.04-3.98]	0.97 [0.25-3.85]	P = .012			P < .01			
Standing											
Controls	4.16 [2.73-8.43]	3.70 [2.15-7.35]	4.17 [1.57-7.23]	2.69 [1.32-5.93]	P = .101						
C _{1s}	4.25 [2.71-5.21]	4.53 [2.42-8.75]	3.16 [2.31-6.06]	3.32 [2.12-6.07]	P = .024					P < .05	
C ₃ and C ₅	8.95 [3.87-15.96]	8.45 [3.86-15.95]	6.46 [3.22-11.25]	6.5 [1.87-11.36]	P = .138						

DPF, Difference between probe force measured at vein collapse and at vein reopening; TAH, total area of the hysteresis loop. SSV viscoelasticity variables in the supine and the standing position in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease, and differences between without, with graduated 15-20 mm Hg, with graduated 20-36 mm Hg, and with progressive compression stockings (ECS). Values are provided as median [1st-3rd quartile]. Ft: P values of comparison between without, with class 2, with class 3, and with progressive elastic compression stockings (ECS) in Friedman test, followed, is P < .05, by P value of differences between pairs of ECS categories in Dunn's multiple comparison. Boldface entries indicate statistical significance.

CAH (N.mm ²)	Without ECS	Graduated 15-20 mm Hg ECS	Graduated 20-36 mm Hg ECS	Progressive ECS	P value	Without vs graduated 15-20	Without vs graduated 20-36	Without vs progressive	Graduated 15-20 vs 20-36	Graduated 15-20 vs progressive	Graduated 20-36 vs progressive
Supine											
Controls	0.38 [0.13-0.70]	0.23 [0.07-0.42]	0.17 [0.00-0.36]	0.00 [-0.02-0.30]	P < .0001		P < .01	P < .001		P < .01	
C _{1s}	0.31 [0.08-1.02]	0.42 [0.16-0.58]	0.24 [0.12-0.78]	0.12 [0.00-0.57]	P = .334						
C ₃ and C ₅	0.65 [0.32-1.68]	0.89 [0.23-1.45]	0.69 [0.35-1.82]	0.10 [-0.04-0.46]	P = .0006			P < .01		P < .01	P < .05
Standing											
Controls	1.36 [1.02-3.52]	1.42 [0.69-3.15]	1.05 [0.38-2.73]	0.79 [0.27-2.16]	P = .10						
C _{1s}	1.70 [0.84-2.42]	1.16 [0.63-2.38]	1.16 [0.65-2.73]	1.31 [0.29-2.16]	P = .60						
C ₃ and C ₅	3.70 [1.16-7.13]	3.60 [1.42-6.90]	2.49 [1.14-4.69]	2.37 [0.49-3.98]	P = .46						
DAH (N.mm²)											
Supine											
Controls	0.79 [0.42-1.46]	0.65 [0.39-1.44]	0.80 [0.33-1.38]	0.50 [0.13-0.94]	P = .066						
C _{1s}	0.75 [0.58-1.84]	1.08 [0.63-1.79]	0.76 [0.52-1.65]	0.74 [0.27-1.75]	P = .859						
C ₃ and C ₅	1.86 [1.07-2.54]	1.74 [0.37-2.41]	1.15 [0.62-1.84]	1.03 [0.38-3.01]	P = .022			P < .05			
Standing											
Controls	2.72 [1.49-5.05]	2.15 [1.18-4.19]	2.39 [1.31-5.30]	1.91 [1.04-3.80]	P = .123						
C _{1s}	2.28 [1.37-3.85]	2.73 [1.67-7.25]	2.19 [1.42-3.89]	2.03 [1.28-3.42]	P = .0004	< .01			< .001	< .01	
C ₃ and C ₅	4.24 [2.02-9.32]	5.16 [1.77-9.08]	3.27 [1.40-7.39]	3.78 [1.00-7.02]	P = .173						

CAH, Area of the compression phase of the hysteresis loop; DAH, area of the decompression phase of the hysteresis loop; DPF, difference between probe force measured at vein collapse and at vein re-opening; Ft, P values of comparison between without, with class 2, with class 3, and with progressive elastic compression stockings (ECS) in Friedman test, followed, is P < .05, by P value of differences between pairs of compression categories in Dunn's multiple comparison.

SSV viscoelasticity variables in the supine and the standing position in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease, and differences between without, with graduated 15-20 mm Hg, with graduated 20-36 mm Hg, and with progressive compression stockings (ECS). Values are provided as median [1st-3rd quartile]. Boldface entries indicate statistical significance.

SIH (mm ² .N ⁻¹)	Without ECS	Graduated 15-20 mm Hg ECS	Graduated 20-36 mm Hg ECS	Progressive ECS	P value	With out vs gradu ated 15-20	With out vs gradu ated 20-36	With out vs progres sive	Gradu ated 15-20 vs progres sive	Gradu ated 20-36 vs progres sive
Supine										
Controls	-1.06 [-1.86 to -0.47]	-0.68 [-1.38 to -0.35]	-0.68 [-1.64 to -0.26]	-0.55 [-1.19 to -0.02]	P = .069					
C _{1s}	-1.98 [-3.42 to -0.53]	-1.54 [-2.70 to -0.72]	-0.95 [-1.46 to -0.17]	-1.69 [-2.33 to -0.57]	P = .257					
C ₃ and C ₅	-2.04 [-3.28 to -1.10]	-1.44 [-2.45 to -0.75]	-0.81 [-2.15 to -0.27]	-1.65 [-3.08 to -0.53]	P = .201					
Standing										
Controls	-0.37 [-0.68 to -0.24]	-0.42 [-0.76 to -0.20]	-0.53 [-0.88 to -0.23]	-0.52 [-1.03 to -0.20]	P = .438					
C _{1s}	-0.55 [-1.37 to -0.28]	-0.76 [-1.32 to -0.39]	-0.54 [-1.03 to -0.33]	-0.49 [-1.54 to -0.23]	P = .577					
C ₃ and C ₅	-0.52 [-0.91 to -0.23]	-0.45 [-1.86 to -0.31]	-0.83 [-1.43 to -0.33]	-0.78 [-1.68 to -0.27]	P = .136					
S2H (mm².N⁻¹)										
Supine										
Controls	-5.49 [-8.37 to -3.41]	-2.31 [-4.07 to -1.28]	-2.04 [-4.04 to -0.92]	-1.64 [-3.02 to -0.24]	P < .0001	P < .01	P < .001	P < .001		
C _{1s}	-6.52 [-10.31 to -3.15]	-6.07 [-8.08 to -1.64]	-3.17 [-5.54 to -2.29]	-2.29 [-7.32 to -1.26]	P = .211					
C ₃ and C ₅	-9.21 [-15.45 to -3.54]	-6.33 [-14.48 to -2.83]	-3.87 [-10.7 to -1.93]	-2.76 [-9.08 to -0.60]	P = .0004			P < .001	P < .05	
Standing										
Controls	-2.71 [-4.07 to -1.86]	-2.73 [-4.74 to -1.63]	-2.53 [-3.30 to -1.37]	-2.50 [-4.51 to -0.89]	P = .305					
C _{1s}	-3.46 [-7.68 to -1.83]	-3.30 [-4.79 to -1.49]	-3.88 [-5.62 to -2.33]	-3.51 [-5.66 to -1.50]	P = .669					
C ₃ and C ₅	-4.29 [-6.68 to -2.96]	-3.81 [-7.80 to -2.21]	-4.02 [-7.14 to -2.35]	-4.52 [-6.53 to -1.58]	P = .303					

DPF, Difference between probe force measured at vein collapse and at vein re-opening. CPF, probe force measured at vein collapse; OPF, probe force measured at vein re-opening; DPF, difference between probe force measured at vein collapse et at vein re-opening; TAH, total area of the hysteresis loop; CAH, Area of the compression phase of the hysteresis loop; DAH, Area of the decompression phase of the hysteresis loop; SIH, first slope of the compression phase of the hysteresis loop; S2H, Second slope of the compression phase of the hysteresis loop. Ft, P values of comparison between without, with class 2, with class 3, and with progressive elastic compression stockings (ECS) in Friedman test, followed, is P < .05, by P value of differences between pairs of ECS categories in Dunn's multiple comparison; SIH, first slope of the compression phase of the hysteresis loop; S2H, second slope of the decompression phase of the hysteresis loop.

SSV viscoelasticity variables in the supine and the standing position in normal controls, in limbs with C_{1s}, and in limbs with C₃ or C₅ CEAP category of chronic venous disease, and differences between without, with graduated 15-20 mm Hg, with graduated 20-36 mm Hg, and with progressive compression stockings (ECS). Values are provided as median [1st-3rd quartile]. Boldface entries indicate statistical significance.

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