A similar problem of administering CPR to a victim not in a supine position is the concern of commercial diving companies. Divers sometimes lose consciousness while operating out of a diving bell. The small size and configuration of most diving bells make it impossible to place a diver in the supine position used for conventional CPR.

A commercial diving company has been working on an operational schema for resuscitating a diver in an upright position once he has been ~~who has been~~ retrieved into the diving bell. Using both mannequins and cadavers, Roy A.M. Myers, M.D., of MIEMSS, and Mark F. Bradley, M.D., of the Naval Medical Research Institute in Bethesda have evaluated the diving company method together with other CPR measures that might be used in the bell. They found that in all upright positions, adequate ventilation was very difficult to achieve because the victim's head could not be adequately hyperextended. Although the diving company developed a rigid collar to hyperextend the neck, Myers and Bradley found it to be deficient, and therefore redesigned the collar to provide sufficient hyperextension. They also found that compression administered by pulling the subject's chest against the head or knee of the resuscitator as advocated by the diving company was not effective. However, they have shown that if the rescuer compresses ~~one uses a modified Heimlich maneuver or pushes against~~ the VICTIM'S ~~subject's~~ chest with his knee, ~~a marginally~~ satisfactory CPR can be performed for short periods, ~~with the subject in the sitting position.~~ use with the victim sitting against a firm surface,

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