Practicing Pulmonary Rehabilitation

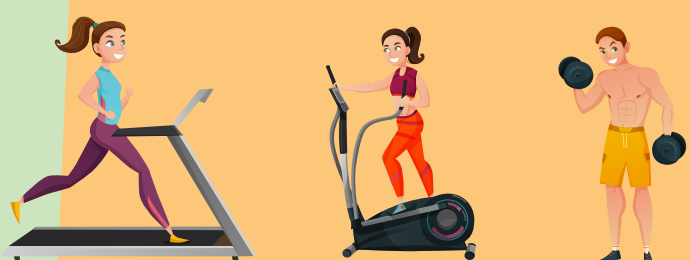
Pulmonary rehabilitation is a multidisciplinary approach for chronic lung disease such as bronchitis, emphysema, chronic obstructive pulmonary disease, asthma, cystic fibrosis, pulmonary hypertension and before and after lung cancer surgery. These exercises are patient-customised, aimed at improving the physical and psychological condition of people with chronic respiratory disease. Pulmonary rehabilitation allows patients to make the most of their limited lung function.

Goals

- To reduce the symptoms, disability, and handicap.
- To improve functional independence in people with lung disease
- It is assumed that optimum medical management has been achieved or continues alongside the rehabilitation process
- Rehabilitation is provided by a multiprofessional team with involvement of the patient's family and attention to individual needs
- The outcome of rehabilitation for individuals and programmes should be continually observed with the appropriate measures of impairment, disability, and handicap.

Programme content

- Outpatient programmes should contain a minimum of 6 weeks of physical exercise, disease education, psychological, and social intervention.
- Patients are assessed for co-morbidities that may affect the patient's ability to exercise such as cardiac, musculoskeletal or neurological conditions.
- Physical aerobic training, particularly of the lower extremities (brisk walking or cycling), is mandatory
- Upper limb and strength building exercise can be included.
- Exercise prescription should be precise and individually assessed.
- Individual training intensity should be recorded and can be increased through the programme where tolerated.



Education

The education of patients and their families should be a component of a pulmonary rehabilitation program.

Through the educational process, patients can become more adherent to their treatment plan which in turn may result in a reduction in hospital admissions

Each session will cover several topics including:

- Anatomy, physiology, pathology and pharmacology (including oxygen therapy)
- Dyspnoea/symptom management, chest clearance techniques
- Energy conservation/ pacing
- Nutritional advice
- Managing travel
- Anxiety management
- Goal setting and rewards
- Relaxation
- Identifying and changing beliefs about exercise and health related behaviours
- Exacerbation management (including coping with setbacks and relapses)
- The benefits of physical exercise

Feedback and Maintenance

Pulmonary rehabilitation programmes are evaluated based on the outcome of the patient's ability to exercise and their quality of life. This is also analysed alongside the patient's feedback and reception to the programme. In a large analysis of some programmes, nearly all people in pulmonary rehab had seen their symptoms get better. Almost all of them reported feeling less short of breath, more energetic and more in control of their chronic lung disease.

Once they have finished their exercises with us, we encourage patients to follow a home exercise programme. They will start home training during a supervised training programme and are encouraged to do three sessions per week.