

Lifestyle Change and Self-Management Workbook



Pulmonary Rehabilitation Program

Dr. Michael Nicholson, Medical Director
Tajana Jokic, Program Coordinator

Authors

Megan Graat, R. Kin, MPH
Karen Unsworth, MSc
Lia Kutzscher, RN (EC) MScN CRE
Andraena Tilgner, RRT CRE
Alia El Kubbe, RD

Contributors

Cathy Biro, R. Kin
Lea Ratsep, R. Kin
Kalina Adams, CAT(c)
Michael Callihoo, RRT CRE
Heather Vanderstelt, M.Div
Peter Hodsman, MSW
Michael Nicholson, MD FRCPC
Marianne Allaert

Graphic Design

Megan Graat, R. Kin, MPH

Patients and Families

We would like to thank all our patients and families who contributed their time and effort towards the development of this workbook.



Table of Contents

Introduction to Pulmonary Rehabilitation.....	5
Preventing and managing an exacerbation	7
Breathing Techniques and Inhaler Use	10
COPD Symptom and Activity Tracker	13
COPD Emergency Action Plan	21
Pursed-lip breathing.....	23
Body positions to reduce shortness of breath.....	24
Coughing techniques.....	25
Inhaler Device Checklist (adapted from COPD Canada)	26
Inhaler Device Instructions (adapted from the Canadian Lung Association)	27
Exercise and physical activity.....	41
Learn to recognize your limits.....	42
Example home walking program (adapted from The Lung Association, Breathe Better)	44
Example muscle strengthening program (adapted from Diabetes Canada, Introductory Resistance Program)	44
Initial Exercise Prescription	45
Muscle strengthening circuit using resistance bands (adapted from Diabetes Canada, Introductory Resistance Program).....	47
Muscle strengthening circuit using dumbbells (adapted from Diabetes Canada, Resistance Exercise)	49
Healthy Eating.....	53
Food Diary	58
Habit Tracker	62
What matters to you and taking action.....	63
My SMART Goal.....	65
Community Resources	70



Introduction to Pulmonary Rehabilitation

Adapted from *Better Living with COPD*

What is pulmonary rehabilitation?

Pulmonary rehabilitation (rehab) is a program that involves medical assessment and management, exercise training, and 1 to 1 coaching to help you become a confident self-manager of your COPD. You will work closely with your respirologist, nurse practitioner, registered nurse, respiratory therapists, rehabilitation trainers, and other allied health team members to work towards your healthcare goals.

How will pulmonary rehab help you?

The good news is that research shows that **people who participate in pulmonary rehab:**



Breathe easier



Have a better quality of life



Stay out of hospital

During pulmonary rehab you will work with your healthcare team to:



Get active and exercise safely



Make healthy food choices



Take care of your emotional wellbeing and mental health



Know what to do when you experience symptoms



Do activities with less shortness of breath

What does pulmonary rehab involve?

The pulmonary rehab program is **six months long**. It will include:



Medical assessment: At the start of the program, your healthcare team will meet with you to review your medical history, goals and values, and assess your fitness level (usually by doing a six - minute walk test). From this assessment, we will work together to build a care plan with you. Another assessment will be done halfway through the program, and at the end of the program.



1 to 1 coaching: You will receive phone calls from your healthcare team to discuss your care plan and goals, depending on your needs.

In the first 12 weeks of the program, you will partner with your healthcare team to learn and practice important self-management behaviours:



How to use an Emergency Action Plan



A breathing awareness practice (slow, mindful breathing exercises), breathing strategies (pursed lip breathing), and airway clearance techniques (controlled coughing)

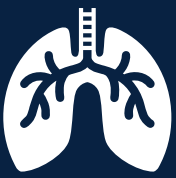


A daily exercise routine

In the last 12 weeks of the program, you will partner with your healthcare team to set goals and create action plans to maintain your self-management skills.

What happens after you finish the pulmonary rehab program?

To maintain what you learned and practiced during pulmonary rehab, it is very important that you continue these habits in your daily life. You can access ongoing exercise and support programs in your community through the community resource page.



Preventing and managing an exacerbation

Adapted from *Better Living with COPD*

What is an exacerbation?

People with COPD are at risk of having an exacerbation. An exacerbation is what happens when your COPD gets worse. Exacerbations can become serious and you may even need to go to hospital.

It is important for you to understand:



How to avoid having an exacerbation



What are the signs and symptoms of an exacerbation



How you can minimize their impact

Some of the typical signs and symptoms of an exacerbation are one or more of the following:



More wheezing or breathless than usual



More coughing



More sputum than usual



A change in the colour of your sputum



Less energy for your usual activities



Loss of sleep



Loss of appetite



Using your rescue inhaler more than normal

A COPD Action Plan aims to help you recognize an exacerbation earlier and provide you with instructions on what to do to reduce the severity and length of your exacerbation.

How can you monitor your symptoms and avoid having an exacerbation?

There are many different triggers that can cause an exacerbation. It is important to learn what your triggers are, so that you can learn how to avoid them. These triggers include:



Lung infections, like a cold or the flu



Smoke

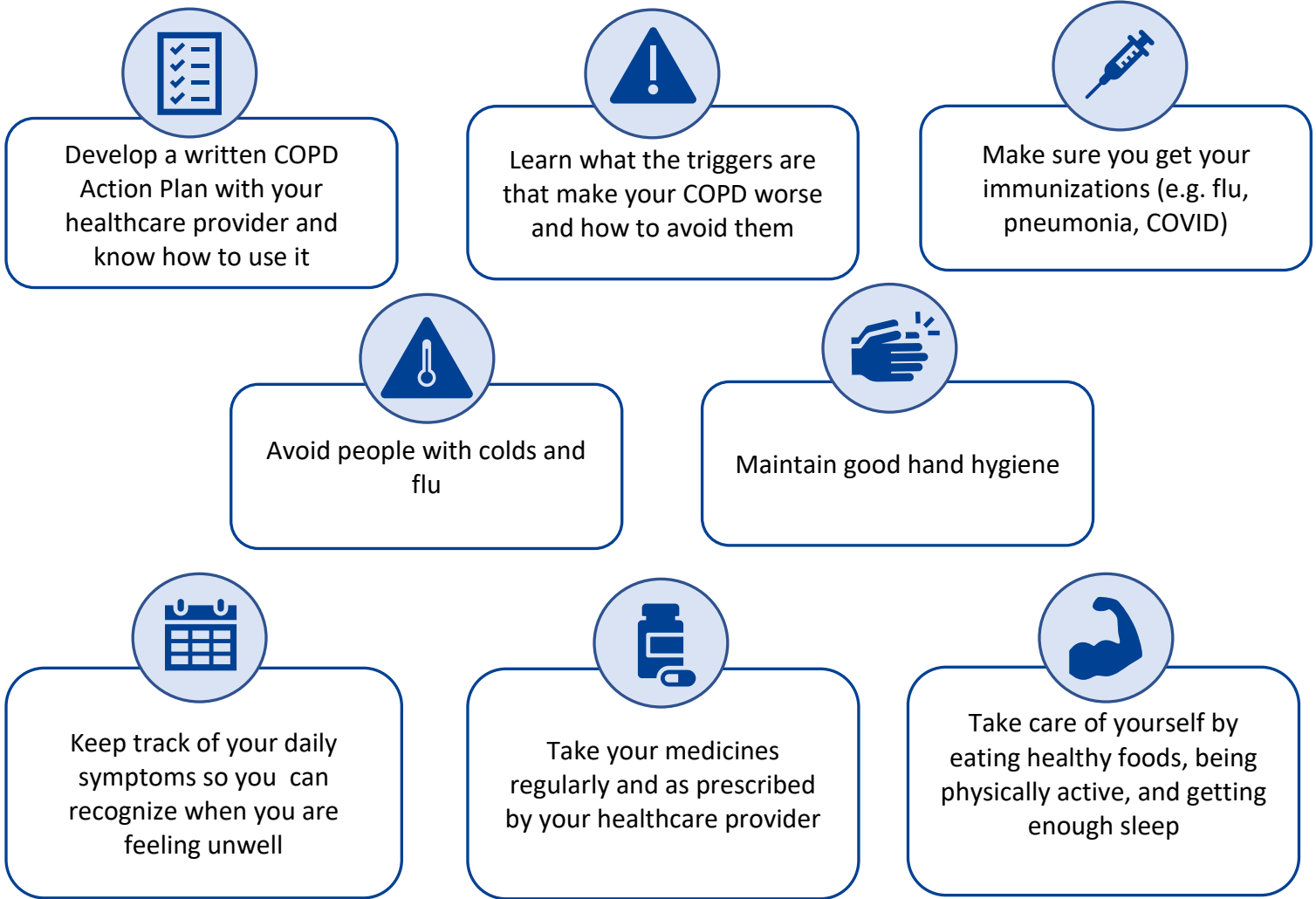


Pollutants like dust, wood smoke, or smog



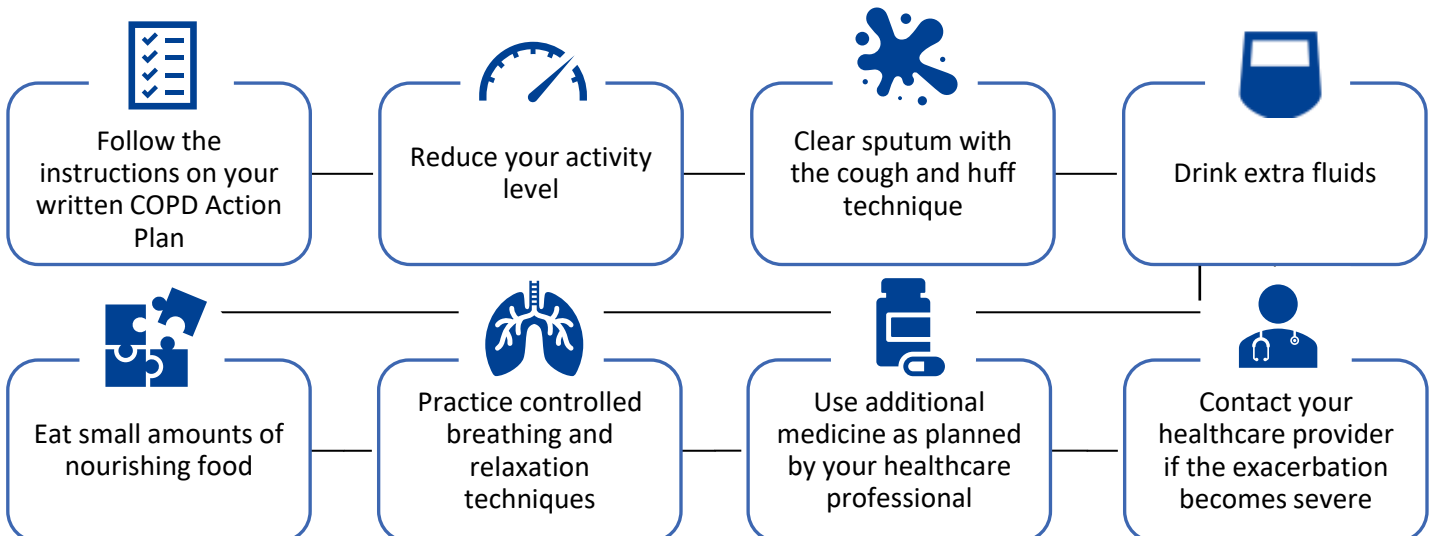
Other unknown causes (about 1/3rd of all exacerbations)

There are things you can do to avoid having an exacerbation:



What can you do when you become sick?

When you start to become sick, it is important that you act quickly. The quicker you act, the less likely it is that you will end up in the hospital.



How can you develop and use a COPD Action Plan?

To be successful it is essential that you plan it together with your healthcare provider.

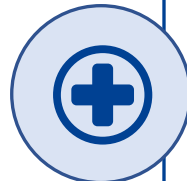
COPD Action Plans work best when they are checked, updated, and reinforced regularly. This should occur every six months or after each exacerbation.



Talk to your healthcare provider about making a COPD Action Plan. You will discuss what happened with exacerbations you have had in the past, the signs and symptoms you had leading up to it, and the treatment and outcomes. Check your symptom tracker.



You and your healthcare provider will then agree on what actions you should take to manage your COPD when you are feeling well, and during a moderate or severe exacerbation. It will include your medicines and other information about your care, i.e. contact details for your healthcare provider, oxygen use and lung function readings.



You and your healthcare provider agree on what to do when you are unwell/ having a moderate exacerbation. This will include details about increasing your reliever dose, the frequency, and the delivery method. You may also get directions on starting a course of steroids and/or an antibiotic if signs of an infection are present.

You and your healthcare provider will then agree on when you will need to seek urgent medical care if your exacerbation becomes severe. It will be extremely important to recognize when to seek urgent treatment and what you can do while waiting for help to arrive.



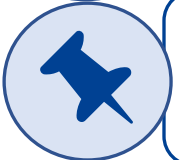
Your healthcare provider will need to provide or arrange for prescriptions for extra medicines to use with the COPD Action Plan (for example, steroids or antibiotics to keep at home).



Don't forget to **get your healthcare provider to sign and date the plan to ensure it is up to date.**



Ask your healthcare provider to explain the COPD Action Plan to you and to your care giver regularly including all the signs to watch for and actions to take.



Keep your plan somewhere you can easily see at home (for example, on the fridge). Remember to always bring your COPD Action Plan to your clinic, healthcare appointments, and admissions to the hospital.



Breathing Techniques and Inhaler Use

Adapted from *Better Living with COPD and Living Well with COPD*

When you have COPD, breathing can take a lot of effort. Being short of breath can make you feel tired, and anxious. Learning how to control your breathing, take your inhalers, and clear your airways will help you breathe better and reduce your symptoms.

Pursed-lip breathing

The goal of pursed-lip breathing is to slowly breath out more air, so less is trapped inside your lungs. This technique:



Slows down your breathing and reduces shortness of breath



Helps you get back to your normal breathing pattern after exercise



Makes it easier to do different activities



Increases your sense of control over your breathing

Important things to remember:

- Focus on breathing out (expirations)
- Your breath out should be longer than your breath in (inspiration)
- Do not force your lungs to empty
- First practice this breathing technique while at rest. Then you will be able to use it with activities

Body positions to reduce shortness of breath

Poor posture can make you feel short of breath, because your chest can't expand fully. Changing your body position while sitting or standing can help you breathe better.

The goal of these positions is to help your accessory muscles (neck and abdomen) relax and improve diaphragm function. This technique:



Helps your diaphragm to move easier



Helps reduce shortness of breath

Important things to remember:

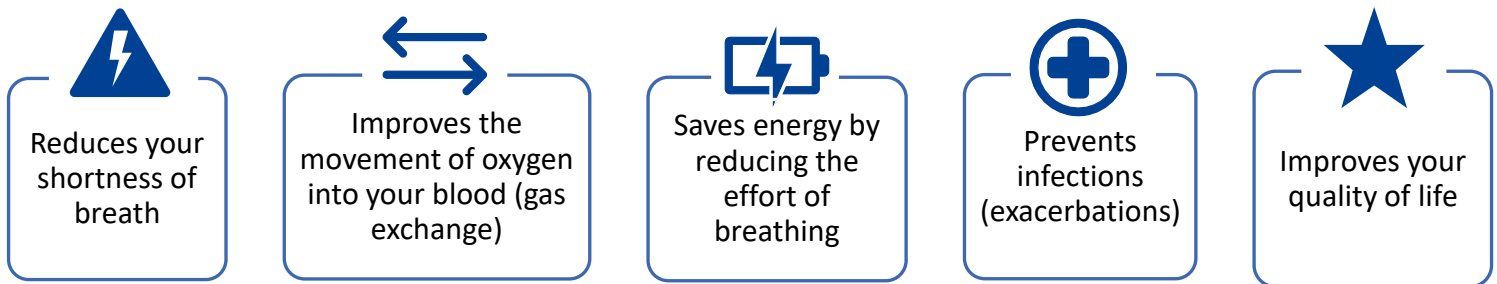
- Use pursed-lip breathing with the different body positions

- Lean your chest forward. This will allow your diaphragm to relax more

Regularly practicing breathing techniques will help you be able to use them when you need them most. You can access breathing exercise videos links on the community resource page.

Airway Clearance Techniques

When you have COPD, your airways can get blocked with thick sticky mucous or sputum. This makes it harder for you to breathe and increases your risk for infections. The goal of these techniques is to help you move sputum from your lungs more easily. These techniques:



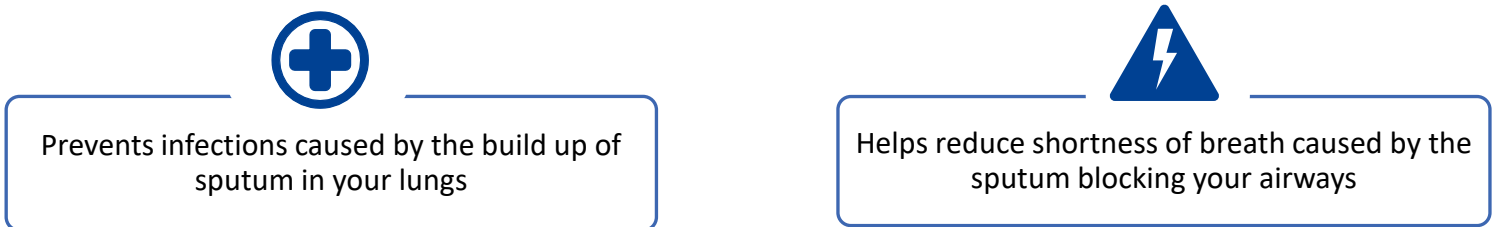
If your secretions change colour, follow your Emergency Action Plan. If there is blood in your secretions, contact your healthcare provider immediately.

Important things to remember:

- Avoid coughing in small fits
- It is important to save your energy

Controlled coughing

The goal of controlled coughing is to remove sputum from your lungs using less effort. This technique:



Huffing technique

The goal of the huffing technique is to remove sputum from your lungs using less effort and to save energy. This technique:



Using inhaler devices

COPD is treated with medications that you breathe into your lungs, called inhalers. Inhalers work to improve your shortness of breath. Practicing the best ways to use your inhalers will help you make sure you are getting the full benefits of your medicines.

General tips for using inhaler devices



Inhaled medicines need to be breathed deeply into the lungs to work



Sitting upright or standing is the best position to be in when using your inhaler



Take your puffer with you when you see your healthcare provider and ask them to check your technique



Store your inhalers in a dry place below 30 degrees Celsius, away from direct heat or sunlight

Important things to know and do



Puffers store medicine under pressure in the canister. When pressed and activated, a mist sprays out very quickly. You must press and activate it just after you start to breathe in for it to work well



Even with perfect timing, only some of the medicine gets breathed into the lungs. Most (up to 80%) stays in your mouth and throat. The medicine has a better chance of getting into your lungs if a spacer is used



To prime a new puffer, shake it well and spray into the air. Repeat again



Some puffers show the number of doses left. For others, you may need to count the number of times you have used it or weight it using a small scale.



Clean your rescue inhaler (blue puffer/Ventolin) weekly by removing the canister (do not wash the metal canister) and rinsing the case under warm running water. Shake off excess water and dry well. With other puffers, just wipe them clean with a dry tissue



When putting the puffer back together, ensure that the metal canister fits securely into the plastic case



Check the expiry date before use

Watch the following videos to learn how to use your inhalers. To view the link, head to the Inhaler Device Instructions section.

CPD Symptom and Activity Tracker

Week : _____

Please circle the option that describes how you have been feeling over the past 24 hours.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
How often did you experience:	1 =None of the time		2= Occasionally		3 = Frequently		4 = Very Frequently		5 = Always	
Breathlessness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Cough	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Sputum	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Wheeze	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Chest tightness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Fatigue	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Other	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Please describe your 'other' symptoms										
Are your symptoms limiting your normal activities?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
What strategies did you use to help your symptoms?	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest			
Did you perform your routine breathing exercises?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
Did you perform your airway clearance exercises?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
How many puffs of your rescue inhaler did you take?										
Have you experienced any changes from your normal symptoms? (e.g. sore throat, nasal congestion, temperature of 38° C or higher, green sputum, increase in the amount or thickness of sputum, ability to sleep)										

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
Please rate the following:	1 = Excellent		2= Very Good		3 = Good		4 = Fair		5 = Poor	
Your overall wellbeing	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Your ease of breathing	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Your energy level	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Did you perform aerobic exercise?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
Type of exercise										
Location	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor			
Resting oxygen saturation /heart rate										
Exercise Time										
BORG rating										
Post oxygen saturation / heartrate										
How many steps did you take?										
Did you perform muscle strengthening exercise?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
Exercises										
Band colour/weight										
Resting oxygen saturation /heart rate										
Number of repetitions										
Number of sets										
BORG rating										
Post oxygen saturation / heart rate										

CPD Symptom and Activity Tracker

Week : _____

Please circle the option that describes how you have been feeling over the past 24 hours.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
How often did you experience:	1 =None of the time		2= Occasionally		3 = Frequently		4 = Very Frequently		5 = Always	
Breathlessness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Cough	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Sputum	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Wheeze	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Chest tightness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Fatigue	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Other	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Please describe your 'other' symptoms										
Are your symptoms limiting your normal activities?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
What strategies did you use to help your symptoms?	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest			
Did you perform your routine breathing exercises?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
Did you perform your airway clearance exercises?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
How many puffs of your rescue inhaler did you take?										
Have you experienced any changes from your normal symptoms? (e.g. sore throat, nasal congestion, temperature of 38° C or higher, green sputum, increase in the amount or thickness of sputum, ability to sleep)										

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
Please rate the following:	1 = Excellent		2= Very Good		3 = Good		4 = Fair		5 = Poor	
Your overall wellbeing	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Your ease of breathing	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Your energy level	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Did you perform aerobic exercise?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
Type of exercise										
Location	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor			
Resting oxygen saturation /heart rate										
Exercise Time										
BORG rating										
Post oxygen saturation / heartrate										
How many steps did you take?										
Did you perform muscle strengthening exercise?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
Exercises										
Band colour/weight										
Resting oxygen saturation /heart rate										
Number of repetitions										
Number of sets										
BORG rating										
Post oxygen saturation / heart rate										

CPD Symptom and Activity Tracker

Week : _____

Please circle the option that describes how you have been feeling over the past 24 hours.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
How often did you experience:	1 =None of the time		2= Occasionally		3 = Frequently		4 = Very Frequently		5 = Always	
Breathlessness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Cough	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Sputum	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Wheeze	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Chest tightness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Fatigue	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Other	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Please describe your 'other' symptoms										
Are your symptoms limiting your normal activities?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
What strategies did you use to help your symptoms?	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest			
Did you perform your routine breathing exercises?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
Did you perform your airway clearance exercises?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
How many puffs of your rescue inhaler did you take?										
Have you experienced any changes from your normal symptoms? (e.g. sore throat, nasal congestion, temperature of 38° C or higher, green sputum, increase in the amount or thickness of sputum, ability to sleep)										

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
Please rate the following:	1 = Excellent		2= Very Good		3 = Good		4 = Fair		5 = Poor	
Your overall wellbeing	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Your ease of breathing	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Your energy level	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Did you perform aerobic exercise?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
Type of exercise										
Location	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor			
Resting oxygen saturation /heart rate										
Exercise Time										
BORG rating										
Post oxygen saturation / heartrate										
How many steps did you take?										
Did you perform muscle strengthening exercise?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
Exercises										
Band colour/weight										
Resting oxygen saturation /heart rate										
Number of repetitions										
Number of sets										
BORG rating										
Post oxygen saturation / heart rate										

CPD Symptom and Activity Tracker

Week : _____

Please circle the option that describes how you have been feeling over the past 24 hours.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
How often did you experience:	1 =None of the time		2= Occasionally		3 = Frequently		4 = Very Frequently		5 = Always	
Breathlessness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Cough	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Sputum	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Wheeze	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Chest tightness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Fatigue	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Other	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
Please describe your 'other' symptoms										
Are your symptoms limiting your normal activities?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
What strategies did you use to help your symptoms?	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest	Pursed lip Breathing Coughing Huffing Rest			
Did you perform your routine breathing exercises?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
Did you perform your airway clearance exercises?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No			
How many puffs of your rescue inhaler did you take?										
Have you experienced any changes from your normal symptoms? (e.g. sore throat, nasal congestion, temperature of 38° C or higher, green sputum, increase in the amount or thickness of sputum, ability to sleep)										

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
Please rate the following:	1 = Excellent		2= Very Good		3 = Good		4 = Fair		5 = Poor	
Your overall wellbeing	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		
Your ease of breathing	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		
Your energy level	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		
Did you perform aerobic exercise?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No		
Type of exercise										
Location	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor	Indoor outdoor		
Resting oxygen saturation /heart rate										
Exercise Time										
BORG rating										
Post oxygen saturation / heartrate										
How many steps did you take?										
Did you perform muscle strengthening exercise?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No		
Exercises										
Band colour/weight										
Resting oxygen saturation /heart rate										
Number of repetitions										
Number of sets										
BORG rating										
Post oxygen saturation / heart rate										

I Feel Much Worse

My Symptoms	My Actions
<ul style="list-style-type: none"> • My symptoms get worse. • After 48 hours of treatment my symptoms are not better. 	<ul style="list-style-type: none"> • I call my contact person. • After 5 pm or on the weekend, I go to the hospital emergency department.

I Feel I am in Danger

My Symptoms	My Actions
In any situation if: <ul style="list-style-type: none"> • I am extremely short of breath. • I am confused and/or drowsy. • I have chest pain. 	<ul style="list-style-type: none"> • I dial 911 for an ambulance to take me to the hospital emergency department.

Other recommendations from my doctor about my Plan of Action:

My name is : _____

Contact List

Service	Name	Phone Number
Resource Person		
Family Physician		
Respirologist		
Pharmacist		

I Feel Well

My Usual Symptoms

- I feel short of breath: _____
- I cough up sputum daily. No Yes, colour: _____
- I cough regularly. No Yes

My Actions

- I sleep and eat well, I do my usual activities and exercises

My Regular Treatment is:

Medication	Dose	Puffs/pills	Frequency

I Feel Worse

My Symptoms

- **Changes in my sputum (colour, volume, consistency)**
- **More shortness of breath than usual**

Note that these changes may happen after a cold or flu-like illness and/or sore throat.

My Actions

- I take the **additional treatment** prescribed by my doctor
- I avoid things that make my symptoms worse
- I use my breathing, relaxation, body position and energy conservation techniques
- I notify my resource person _____



CHANGES IN MY SPUTUM

MORE SHORTNESS OF BREATH THAN USUAL

My additional treatment is:

- I start my **ANTIBIOTIC** if my **SPUTUM** becomes _____

I check my sputum **colour**, volume and consistency (not only in the morning).

I do not wait more than 48 hours to start my antibiotic.

Antibiotic	Dose	Number of Pills	Frequency/days

Comments:

- I increase my reliever (**BRONCHODILATOR**) if I am **MORE SHORT OF BREATH** than usual.

Bronchodilator	Dose	Number of Puffs	Frequency/days

Comments:

- I start my **PREDNISONE** if after increasing my Bronchodilator my **SHORTNESS OF BREATH DOES NOT IMPROVE** and I have difficulty performing my usual activities.

I do not wait more than 48 hours to start my prednisone.

Prednisone	Dose	Number of Pills	Frequency/days

Comments:



Breathing technique to reduce shortness of breath

Pursed-lip breathing

Steps to follow

Step 1



Inhale slowly through your nose until you feel that your lungs are filled with air.

Step 2



Purse your lips as you would if you were whistling or about to kiss someone.

Step 3



Exhale slowly while keeping your lips pursed. Make sure to take longer to breathe out than you would to breathe in. Remember to keep your lips pursed.

Do not force your lungs to empty.

Body positions to reduce shortness of breath

Sitting Positions



- A**
- Place both feet on the ground
 - Lean your chest forward slightly
 - Rest your elbows on your knees
 - Rest your chin on your hands



- B**
- Place both feet on the ground
 - Lean your chest forward slightly
 - Rest your arms on a table
 - Rest your head on a pillow

Standing Positions



- A**
- Lean your chest forward slightly
 - Rest your hands on your thighs



- B**
- Rest your elbows on a piece of furniture
 - Rest your head on your forearms
 - Relax your neck and shoulders



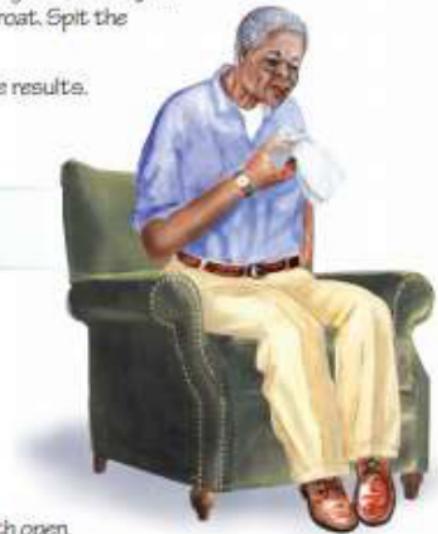
- C**
- Rest your hands on a piece of furniture
 - Avoid "grabbing the table" while using this position. This can overwork some of your accessory breathing muscles and cause breathlessness if you hold the position too long.

Coughing Techniques

Controlled Coughing Technique

Steps:

1. Sit yourself in a comfortable position.
2. Lean your head slightly forward.
3. Place both feet firmly on the ground.
4. **Inhale** deeply through your nose.
5. **Cough twice** while keeping your mouth slightly open. The first cough will loosen your sputum. The second cough will move the sputum up into your throat. Spit the sputum out into a tissue.
6. Take a break and repeat once or twice if there are no immediate results.



“Huffing” Technique

Steps:

1. Sit yourself in a comfortable position.
2. Lean your head slightly forward.
3. Place both feet firmly on the ground.
4. **Inhale** deeply through your nose.
5. **Exhale in short, non-forceful bursts** while keeping your mouth open, as if you were trying to make mist on a window.
6. Repeat once or twice.

Note: Avoid forceful expiration.

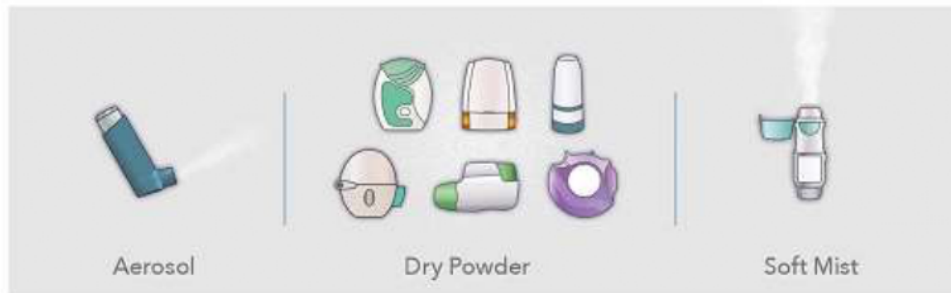
Remember: If there are changes in your sputum colour, follow your Plan of Action recommendations.

Talking to your doctor about what inhaler works best for you is important



BEFORE TALKING TO YOUR DOCTOR ABOUT MAKING THE MOST OF YOUR MEDICATION, THINK ABOUT HOW YOU'D ANSWER THESE QUESTIONS:

- Is your current inhaler an aerosol, dry powder, or soft mist?



- Do you easily understand the instructions for use?
- Do you find the device easy to handle?
- Are you able to easily breathe in your medication?
- Are you confident in your ability to perform the correct inhalation technique?
- Are you concerned with taste or throat-related side effects?

TELL YOUR DOCTOR ANYTHING YOU LIKE - AND DON'T LIKE - ABOUT YOUR CURRENT INHALER

Brought to you by one of Canada's leading research-based pharmaceutical companies.

Breezhaler®



Pull cap off



Open. Place capsule in chamber. Close (click).



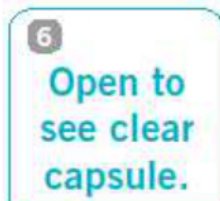
Press buttons once and release



Breathe out



Breathe in rapidly and steadily. Hold. Breathe out.



Open to see clear capsule.

If not all clear repeat steps 4-5



Discard capsule and close. Wash hands.

How do I use my Breezhaler®?

1. Pull cap off.
2. Hold base of inhaler and tilt mouthpiece to open inhaler. Place capsule in centre chamber. Close inhaler until you hear a "click".
3. Hold Breezhaler® upright and press both buttons ONCE and release.
4. Breathe out fully away from the mouthpiece
5. Place mouthpiece between lips and breathe in **rapidly** but **steadily** (whirring sound should be heard). Remove Breezhaler from mouth. Hold breath for 5-10 seconds. Breathe out.
6. Open to see clear capsule. If not all clear, repeat steps 4-5.
7. Discard empty capsule. Close Breezhaler®. Wash hands.

Care of my Breezhaler®

1. Wipe the mouthpiece with a dry cloth or tissue.
2. Never wash the Breezhaler®.



For video instruction:
lungsask.ca/inhaler-resources



Diskus®



Closed



Push thumb grip to open



Slide until a click is heard



Breathe out



Breathe in quickly and deeply. Hold. Breathe out.



Push thumb grip to close

How do I use my Diskus®?

1. Closed.
2. To open: hold the outer case in one hand and put the thumb of the other hand on the thumb grip. Push the thumb as far as it will go until a click is heard.
3. Slide the lever as far as it will go until a click is heard.
4. Hold the Diskus® inhaler away from the mouth in a horizontal position and breathe out.
5. With the mouthpiece to the lips, breathe in **quickly** and **deeply**. Remove the Diskus® inhaler. Hold your breath for up to 10 seconds, then breathe out slowly.
6. Close: push the thumb grip as far as it will go until it snaps shut.

Care of a Diskus®

1. Wipe mouth piece with a dry tissue or cloth.
2. Store the device in a dry place, not in a damp environment i.e. bathroom.
3. Diskus® is to be closed when not in use; only slide open when ready to take dose.
4. Diskus® is to be kept away from direct frost, heat or sunlight and from high temperatures (above 30°C).
5. Check the number in the dose window counter to see how many doses are left. The indicator in the window will turn red when there are 5 doses left in the inhaler.



For video instruction:
lung Sask.ca/inhaler-resources



RESPTREC®

Ellipta™



Closed



Open the cover



Breathe out away from the mouthpiece



Breathe in long, steady, and deep



Hold breath.
Breathe out.



Close the inhaler

How do I use my Ellipta™?

1. Closed.
2. Open the cover of the inhaler. Slide the cover down to expose the mouthpiece. You should hear a “click”.
3. Breathe out away from the mouthpiece.
4. Put the mouthpiece between lips, and close lips firmly around it. Breathe in a **long, steady, and deep** breath (do not block air vent on inhaler with hands).
5. Remove Ellipta from mouth and hold breath 5-10 seconds or as long as comfortable. Breathe out.
6. Close the inhaler (slide cover up and over the mouthpiece). Rinse mouth.

Care of an Ellipta™

1. The Ellipta™ comes in a foil tray. When ready to use, peel back the lid to open the tray.
2. The tray contains a desiccant to reduce moisture. Throw it away.
3. WRITE the “Tray Opened” and “Discard” dates ON the inhaler. The “Discard” date is 6 WEEKS from the date the tray is opened.
4. The mouthpiece may be cleaned after use, if needed, using a dry tissue before the cover is closed. Routine cleaning is not required.
5. When there are less than 10 doses remaining in the inhaler, the left half of the counter shows RED. This is a reminder to get a refill. After the last dose has been inhaled, the counter will show “0” and be empty. Discard the empty inhaler.

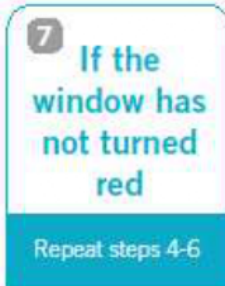


For video instruction:
lungsask.ca/inhaler-resources



RESPTREC™

Genuair®



For video instruction:
lungsask.ca/inhaler-resources

How do I use my Genuair®?

1. Remove the cap (lightly squeeze the arrows).
2. Press the green button all the way down ONCE and release.
3. Check that the color control window is green. Green means ready.
4. Breathe out away from the mouthpiece.
5. Place your lips around the mouthpiece. Breathe in **strongly** and **deeply** through the mouthpiece. Keep breathing in even after you hear the inhaler "click". Remove Genuair from mouth and hold breath for 5-10 seconds. Breathe out.
6. Check that the color control window has turned to red.
7. If the window has not turned red repeat steps 4-6.
8. Replace cap.

Note: When a red band begins to appear in the dose counter this means you are nearing your last dose. The Genuair® locks after the last dose.

Care of a Genuair®

1. Wipe the mouthpiece with a dry tissue or cloth.



RESPTREC®

Handihaler®



Open lid



Open mouth piece



Place capsule in centre chamber



Close mouthpiece (click)



Press button ONCE and release



Breathe out



Breathe in slowly and deeply. Hold. Breathe out.



Repeat steps 6-7

For second breath in



Open mouthpiece. Discard capsule. Close Handihaler®



Wash Hands



For video instruction:
lungsask.ca/inhaler-resources

How do I use my HandiHaler®?

Fold and separate the two blister strips. Tear down the middle. Peel back foil on flat side, exposing only one capsule. Flip the blister strip over and let the capsule drop out. Remember: the capsules are sensitive to light and moisture.

1. Open lid by pulling upwards.
2. Open mouthpiece by pulling upwards.
3. Place one capsule in the capsule chamber right before use.
4. Close the mouthpiece firmly until you hear a click, leaving the lid open.
5. Hold the HandiHaler® with the mouthpiece upright and press the piercing button ONCE and release.
6. Breathe out away from the mouthpiece.
7. Close lips around mouthpiece. Breathe in **slowly** and **deeply** until lungs are full. Remove the HandiHaler® from your mouth while still holding your breath for a count of up to 10.
8. Repeat steps 6-7 for a second breath in.
9. Open the mouthpiece and tip the used capsule into the garbage. Close the mouthpiece and lid.
10. Wash Hands.

Care of a HandiHaler®

The HandiHaler needs to be cleaned once a month or as needed.

1. Open the lid and lift up the mouthpiece. Then lift up the piercing button to open the base.
2. Rinse the HandiHaler® with warm water to remove any powder. Do not use soap.
3. Dry the HandiHaler® completely by leaving the lid, mouthpiece & base open to air-dry.



RESPTREC

Inhub™



1. Closed



2. Open the cover.



3. Push down the yellow lever.



4. Breathe out away from the inhaler.



5. Breathe in quickly and deeply.



6. Hold breath. Breathe out fully.



7. Close the inhaler.



For video instruction:
lungsask.ca/inhaler-resources

How do I use my Inhub™?

For video instruction: sk.lung.ca/devices

1. The inhaler will arrive in the closed position.
2. Hold the inhaler vertically to open it. Lower the mouthpiece cover from top to bottom using the thumb grip. The inhaler is now ready to use.
3. Push the yellow lever down to the end of the purple arrows. You may hear a "click". The lever stays in this position until the dose has been taken and the inhaler has been closed.
4. Breathe out fully away from the inhaler.
5. Hold the inhaler vertically and seal your lips around the mouthpiece. Breathe in quickly and deeply ensuring you do not cover the air vents with your fingers. Do not breathe in through your nose.
6. Remove the inhaler from your mouth and hold your breath for 5-10 seconds or as long as you feel comfortable. Breathe out fully.
7. Push the mouthpiece cover up to the closed position. The inhaler is now closed. Rinse your mouth with water. Repeat the same steps when you are ready for your next dose.

Care of an Inhub™

1. The Inhub® will arrive in a foil pouch. Remove the inhaler from the foil pouch discarding the packaging.
2. Write the "POUCH OPENED" and "USE BY" dates on the label of the inhaler. The "USE BY" date is 30 days from date the foil pouch is opened.
3. The mouthpiece may be cleaned after use, if needed, using a dry tissue before the cover is closed.
4. The Inhub® has a dose counter. A red indicator will be present when there are 9 doses or less remaining. This is a reminder to get a refill. When the dose counter reaches 0, the lever will not go down. This means it is empty.
5. Keep the inhaler dry and do not shake the inhaler.

This educational material was developed with sponsorship from Viatris Canada.



Metered-Dose Inhaler with Spacer and Mask



Remove cap



Shake inhaler



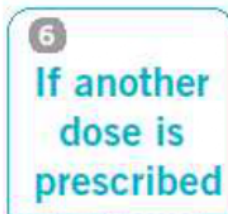
Insert into spacer



Press inhaler down ONCE



Breathe in. Hold breath or breathe in and out 5 times.



6
If another dose is prescribed

Wait 30 seconds repeat steps 2-5



Close caps and Drink/brush teeth

How do I use my Metered-Dose Inhaler (MDI) with a spacer and mask?

1. Remove the cap from the inhaler.
2. Shake the inhaler.
3. Insert the mouthpiece of the inhaler into the opening at the end of the spacer.
4. Apply the mask to face so there are no leaks between face and mask. The valve should open with breathing. Depress the canister ONCE to allow medication to enter the spacer.
5. Encourage a slow deep breath and hold for up to 10 seconds. If not possible (infants and young children) have them breathe normally into the device 5-6 times.
6. If you need more than one dose, repeat steps 2-5, waiting 30 seconds between inhalations.
7. Close caps and rinse your mouth/drink/or brush your teeth.

Note: using an inhaler without a spacer is not recommended.

Note: Always check the instructions included with your inhaler for directions on priming and proper use.

Care of a Spacer

1. Clean the spacer about once a week. Immerse the spacer in warm, mildly soapy water and agitate.
2. Shake off excess water and leave to dry in the air overnight.



For video instruction:
lungsask.ca/inhaler-resources



RESPTREC[®]

Metered-Dose Inhaler with a Spacer Device



Remove cap



Shake inhaler



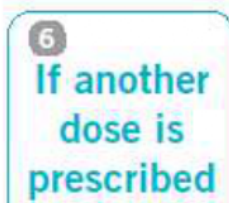
Remove spacer cap. Insert inhaler into spacer



Breathe out, press down ONCE and complete slow deep breath in.



Hold breath. Breathe out.



6
If another dose is prescribed

Wait 30 seconds repeat steps 2-5



Close cap and rinse mouth

How do I use my Metered-Dose Inhaler (MDI) with a spacer device?

1. Remove the cap from the inhaler.
2. Shake the inhaler.
3. Remove the cap on the spacer and insert the mouthpiece of the inhaler into the opening at the end of the spacer.
4. Place the spacer mouthpiece in mouth between your teeth and close your lips around the mouthpiece, making sure there are no air leaks. Breathe out. Press down on the MDI canister **ONCE** to allow the medication to enter the spacer. Breathe in **slowly** and **deeply** for about 3-5 seconds.
5. After the inhalation, hold your breath for as long as possible, up to a count of ten and breathe out. Note: If you hear a whistle, you are breathing in too fast. Note: If you have trouble breathing deeply and holding your breath, breathe in and out more normally into the spacer 3 or 4 times.
6. If you need more than one dose, repeat steps 2-5 each time, waiting 30 seconds between inhalations.
7. Close the cap on the spacer and on the inhaler. Rinse your mouth.

Note: using an inhaler without a spacer is not recommended.

Note: Always check the instructions included with your inhaler for directions on priming and proper use.

Care of a Spacer

1. Clean the spacer about once a week. Immerse the spacer in warm, mildly soapy water and agitate.
2. Shake off excess water and leave to dry overnight.

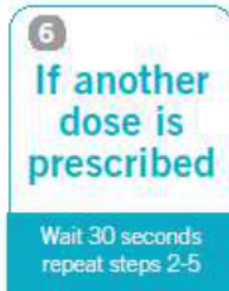


For video instruction:
lungsask.ca/inhaler-resources



RESPREC

Metered-Dose Inhaler



For video instruction:
lungask.ca/inhaler-resources

How do I use my Metered-Dose Inhaler (MDI)?

1. Remove the cap from the inhaler.
2. Shake the inhaler.
3. Breathe out away from the inhaler.
4. Place the mouthpiece in your mouth between your teeth and close your mouth around it. Begin to breathe in slowly and press the top of the inhaler ONCE. Continue to breathe in slowly and deeply through the mouth until the breath is complete.
5. Hold your breath for 5-10 seconds and breathe out slowly.
6. If an additional inhalation is prescribed, wait 30 seconds before taking it, then repeat steps 2-5 for the prescribed number of inhalations.
7. Close the cap and rinse your mouth.

Note: using an inhaler without a spacer is not recommended.

Note: Always check the instructions included with your MDI for directions on priming and proper use

Care of an MDI

1. Once a week, remove the medication canister from the plastic casing and wash the casing in warm, soapy water. Let the parts dry in the air. When the casing is dry, replace the medication canister in the casing and put the cap on the mouthpiece.
2. Ensure the hole is clear.



RESPTREC[®]

Nebulizer®

How do I use my Nebulizer®?

1. Ensure nebulizer is plugged in & functioning.
2. Attach tubing to compressor air outlet.
3. Unscrew the top of the medicine cup.
4. Add the medication dose to the cup.
5. Screw on the top.
6. Turn on the compressor; ensure medication is misting.
7. Place either a mask on face or mouthpiece in mouth.
8. Complete the treatment.
9. Turn off the compressor.

Care of a Nebulizer®

1. Wash mask and nebulizer medication chamber in warm, soapy water.
2. Rinse well and allow them to air-dry before reuse.

For video instruction:
lungsask.ca/inhaler-resources



RESPTREC®

Respimat®



How do I use my Respimat®?

Assembly:

1. The Respimat® comes in two pieces. An inhaler, and a medication cartridge.
2. With cap closed, press safety catch to remove clear base of the inhaler.
3. Push the narrow end of the cartridge into the inhaler as far as it will go.
4. Place inhaler upright on a firm surface and push firmly down on inhaler to ensure cartridge has gone all the way in.
5. Put the clear base back into place.

Note: Once assembled, the inhaler must NOT be taken apart.

Priming:

1. Hold the inhaler upright with cap closed. **TURN** the base in the direction of the arrows on label until it "clicks" (half turn).
2. Flip the cap **OPEN** until it snaps fully open.
3. Point the inhaler towards the ground. **PRESS** the dose release button. A soft mist will appear. Close the cap.
4. Repeat steps 1-3, 3 more times to ensure inhaler is prepared for use.



RESPTREC®

Respimat®



Hold inhaler upright



TURN base until it "clicks"



OPEN cap until it snaps fully open



Breathe out slowly and fully



While breathing slow and deep PRESS dose release button



Hold breath. Breathe out.



Close cap

How do I use my Respimat®?

1. Hold the inhaler upright with cap closed.
2. **TURN** the clear base in the direction of arrows on the label until it "clicks" (half turn).
3. Flip the cap **OPEN** until it snaps fully open.
4. Breathe out slowly and fully.
5. Put the mouthpiece between lips. Close lips around the mouthpiece without covering the air vents. Point the inhaler towards the back of throat. While taking a **slow, deep** breath, **PRESS** the dose release button and continue to breathe in slowly.
6. Remove inhaler from mouth and hold breath for 10 seconds or as long as you can. Breathe out.
7. Close the cap.

Note: The acronym **TOP** – Turn Open Press is a quick reference for device instruction.

Care of a Respimat®

1. All that is required to keep the inhaler clean is to wipe the mouthpiece inside and out once a week with a damp cloth. Any slight discoloration of the mouthpiece will not affect the performance of the inhaler.
2. Once assembled, the inhaler must NOT be taken apart.
3. Check the dose indicator to see approximately how many doses are left. When the pointer enters the red area of the scale a new prescription is needed. When the arrow reaches the end of the scale the inhaler locks automatically.

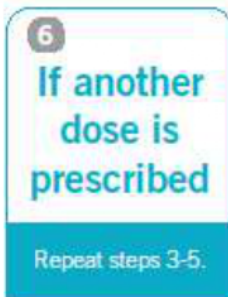


For video instruction:
lungsask.ca/inhaler-resources



RESPREC®

Turbuhaler®



For video instruction:
lung Sask.ca/inhaler-resources

Before a turbuhaler is used for the FIRST time, it must be prepared for use. Hold upright, unscrew and lift off cap. Turn colored base in one direction and back. A 'click' is heard. Repeat one more time. The device is now ready for use.

How do I use my Turbuhaler®?

1. Hold upright.
2. Hold the colored base and twist the cap counter-clockwise to remove cap.
3. Hold the colored base and turn all the way in one direction, then all the way back in the opposite direction. Note: Do not shake or blow into the device.
4. Breathe out away from the mouthpiece.
5. Bring the inhaler up to your mouth in a horizontal position. Place the mouthpiece between your teeth and close your lips around it. Breathe in **quickly** and **deeply** through the mouthpiece. Remove Turbuhaler® from mouth and hold breath for 5-10 seconds. Breathe out.
6. Repeat steps 3-5 for the prescribed number of inhalations.
7. Twist cap to close and rinse mouth.

Care of a Turbuhaler®

1. Clean mouthpiece using a dry tissue or cloth, gently wiping away any particles which have collected inside the mouthpiece.
Never wash the Turbuhaler®.
2. Check the number in the dose window to see how many doses are left.
3. Some Turbuhalers® may not have a window counter. When a red mark appears in the window underneath the mouthpiece, the Turbuhaler® has approximately 20 doses left. When the red mark reaches the bottom edge of the window the Turbuhaler® is empty.



RESPTREC®

Twisthaler®



1
Closed.
Hold upright



2
Twist cap off
and remove



3
Breathe out



4
Breathe in fast
and deep. Hold.
Breathe out.



5
Twist cap on
to close



6
Rinse
Mouth

How do I use my Twisthaler®?

1. Hold the inhaler upright with the colored portion (or base) down.
2. Hold the colored base and twist the cap counter clockwise to remove it. As you lift off the cap, the dose counter on the base will count down by one.
3. Breathe out fully away from the mouthpiece.
4. Bring the inhaler up to your mouth in a horizontal position, close your lips around the mouthpiece and take in a fast, deep breath. Remove the Twisthaler from your mouth and hold your breath for up to 10 seconds, or for as long as is comfortable. Breathe out.
5. Replace the cap by twisting it clockwise while gently pressing the cap down until a click sound is heard. Firmly closing the inhaler right away after use loads the dose for your next inhalation.
6. Rinse your mouth.

Care of a Twisthaler®

1. Wipe the mouthpiece with a dry cloth or tissue.
2. Never wash the Twisthaler®.
3. When the dose counter reads "01", this indicates the last remaining dose. After "01", the counter will read "00" and the cap will lock. Discard the unit.



For video instruction:
lungsask.ca/inhaler-resources



RESPTREC®



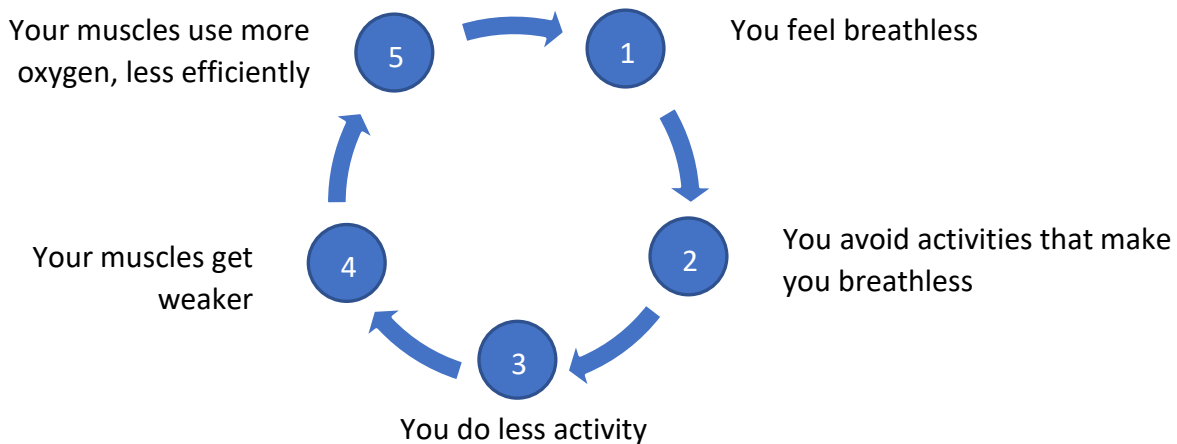
Exercise and physical activity

Adapted from Lung Health Foundation, *Better Living with COPD*, and *Living Well with COPD*

Why is it important to maintain or improve your fitness?

When living with a chronic lung condition, it is normal to want to avoid activities that make you breathless. But, would it surprise you to know that avoiding activity does more harm than good?

The less you do, the weaker your muscles become, this leads to more shortness of breath and even less activity over time:



Being more active can help you break the cycle of inactivity. Exercising helps your muscles get fitter and use oxygen more efficiently. This will help you to do more without feeling as breathless.

What is a balanced exercise program?



Aerobic exercise

Frequency: Try to do daily.

Intensity: Your rating of perceived exertion should be between 2 and 4.

Time: Try working towards 30 minutes, 5 times per week. You can break the time up across your day.

Type: walking, cycling, swimming



Resistance exercise

Frequency: 2 to 3 days per week

Intensity: Your rating of perceived exertion should be between 2 and 4.

Time: Try working towards 1-3 sets of 10-15 repetitions.

Type: Upper and lower body exercises



Stretching and balance exercise

Frequency: Can be done daily

Intensity: Pain-free range of motion

Time: Try to hold each position for 15-60 seconds.

Type: Upper and lower body exercises

Planned exercise is not the whole story when it comes to improving your health. Increased sitting (sedentary time) can increase your risk of chronic diseases, like diabetes and heart disease. **Try to move more and sit less.**

Using technology like a pedometer or online app can help you track your activity level/steps. **It is recommended to try to work toward walking at least 7,000 steps per day.**

Learn to recognize your limits

When you exercise, **it is normal to feel short of breath and tired.**

You may want to use the “Scale of Perceived Exertion” to find the right level of exercise for you.

It is generally recommended to exercise at a level of breathlessness between a 2 and 4 on a scale of 0 to 10.

0	NOTHING AT ALL
0.5	VERY, VERY SLIGHT (just noticeable)
1	VERY SLIGHT
2	SLIGHT
3	MODERATE
4	SOMEWHAT SEVERE
5	SEVERE
6	
7	VERY SEVERE
8	
9	VERY, VERY SEVERE (almost maximal)
10	MAXIMAL



Level 2 is where you are breathing and can complete the exercise easily.

Level 3-4 is where you feel your exercise is a challenge but you can complete it.

Safety Tip – If your breathlessness is over **Level 4**, your exercise intensity is too high. Take a break and practice breathing techniques.

Tips for success

- Wear comfortable clothing and footwear
- Take your bronchodilators (inhaled reliever medicine that open the breathing tubes or airways) 15 minutes before exercising
- If you use oxygen, follow your prescription for increasing the oxygen flow rate with exertion or exercise
- If you have a pulse oximeter, check your oxygen saturation and maintain an oxygen saturation above 88%.
- Take breaks and practice breathing techniques as needed
- Exercise indoors when outdoor conditions cause symptoms (e.g., humidity, cold weather, air pollution)
- When exercising in cold weather, it may help to cover your nose and mouth with a scarf or mask
- Restart your program at a lower intensity if your exercise routine is interrupted

If you have any of these symptoms, stop exercising:



Extreme wheezing



Severe or long-lasting shortness of breath



Dizziness/lightheadedness



Excessive fatigue



Upset stomach



Chest pain



Headaches



Coughing up blood

What if you are unwell?

If you find it hard to do your usual exercise program, this can be an early warning sign of an exacerbation. When you are unwell, your body is working harder to fight off the infection, and your breathing may become more difficult. If this is the case, you should not be exercising as hard as you would normally.

After an exacerbation, it can take several months to regain your fitness level and muscle strength. It is important to restart your exercise program at a lower intensity and duration, as soon as you can after an exacerbation.

How can you maintain your fitness?

Maintaining your physical fitness has been shown to improve your health.

By completing a pulmonary rehabilitation program, you should have established an exercise routine that is suitable for you.

Once you have completed your pulmonary rehabilitation, it is important to continue with your exercise routine. There are a variety of options available that can assist you in maintaining your fitness, including:

- 1. Enrolling in a lung support group after the completion of your pulmonary rehabilitation program.**
- 2. Joining a community-based walking group.** These walking groups are based at your local parks or shopping mall. For further information regarding the walking groups available in your area, contact your local shopping mall
- 3. Joining a local gym or community group.** This can provide you with some support while you continue to exercise regularly
- 4. Exercising regularly with someone else.** This is another simple way to commit to maintaining your fitness. This option can work quite well, as long as the individuals have similar exercise goals
- 5. Participating in a home exercise program.** Some people may prefer to exercise on their own. A home exercise program can be effective if you make this part of your daily routine. Using an activity tracker can help to make this a regular commitment

Example home walking program (adapted from The Lung Association, Breathe Better)

If your stamina is low, start slow and gradually increase how long you walk, cycle, or swim.

Week #	Time
1	5 minutes, 5 times per day
2	10 minutes, 3 times per day
3	10 minutes, 3 times per day
4	15 minutes, 2 times per day
5	15 minutes, 2 times per day
6	20 minutes, 1 time per day
7	25 minutes, 1 time per day
8	30 minutes, 1 time per day

Example muscle strengthening program (adapted from Diabetes Canada, Introductory Resistance Program)

Start slow and gradually increase how many repetition and sets you do.

Week #	Frequency (days per week)	Effort level	Number of sets and repetitions
1	2	Light	1 x 8
2	2	Light	1 x 10
3	2	Moderate	1 x 12
4	2	Moderate	2 x 8
5-7	2	Moderate	2 x 10
8-10	2	Moderate	2 x 12
11-13	3	Moderate	2 x 8
14-16	3	Somewhat strong	2 x 10
17-20	3	Somewhat strong	2 x 12
21-24	3	Somewhat strong	2 x 15
25+	2-3	Moderate - Somewhat strong	2 x 15 or 3 x 8

Initial Exercise Prescription

Date	
Warm Up	
Exercise	
Cool Down	
Frequency	
Perceived Exertion	
Oxygen Saturation Rate	
Oxygen Flow Rate	
Training Heart Rate (beats per minute)	
Notes	
Steps per day:	

Exit Exercise Prescription

Date	
Warm Up	
Exercise	
Cool Down	
Frequency	
Perceived Exertion	
Oxygen Saturation Rate	
Oxygen Flow Rate	
Training Heart Rate (beats per minute)	
Notes	
Steps per day:	

Muscle strengthening circuit using resistance bands (adapted from Diabetes Canada, Introductory Resistance Program)

Guidelines for Progression in Resistance Training

Follow the plan identified to gradually increase repetitions, sets, and resistance to meet Diabetes Canada's recommendation of resistance activity 2-3 times a week.

Initial Resistance Plan Progression

Program Stage	Week	Frequency (days/week)	Intensity Exertion Level	# of sets x repetitions
Initial stage	1	2	Light	1 x 8
	2	2	Light	1 x 10
	3	2	Moderate	1 x 12
	4	2	Moderate	2 x 8
Improvement*	5 - 7	2	Moderate	2 x 10
	8 - 10	2	Moderate	2 x 12
	11 - 13	3	Moderate	2 x 8
	14 - 16	3	Somewhat Strong	2 x 10
	17 - 20	3	Somewhat Strong	2 x 12
	21 - 24	3	Somewhat Strong	2 x 15
Maintenance	25 +	2 - 3	Moderate - Strong	2 x 15 or 3 x 8

*Start at the improvement stage if you are somewhat active and have no medical limitations.

Beginning Program: Resistance Band Training

- Involves mostly seated exercises for those with mobility difficulties.
- Requires a resistance band (available at most stores).
- A good starting program for those who have not done resistance exercise.
- A good option for indoor exercise when it is raining or snowing!

Guidelines for Resistance Training

Important Safety Considerations and Tips:

It is recommended you see a diabetes care provider or a qualified exercise professional, or refer to the resistance training video, to learn how to do the exercises provided in this handout.

Only Do the Exercises You Are Able To Do

- Make sure that you do not do any exercises that hurt (for example, sore shoulder or sore knee – see a physician or physiotherapist if you have any questions). Remember to check your feet daily.
- If you have confirmed eye or kidney disease, discuss resistance exercises first with your physician or diabetes care provider.

Maintain Stable and Proper Posture for each Exercise

- Keep your chest out.
- Avoid rounding the shoulders or twisting your back.

Keep Each Movement Slow and Controlled

- 3 seconds up; 3 seconds down

Do Not Hold Your Breath

- Exhale with effort.
- Release your breath with each repetition.

Keep to a Comfortable Range of Motion

- Use a complete range that is comfortable for you.

Use an Appropriate Resistance

- Pick a band that makes it moderately hard to do the exercise.

Increasing the Resistance Used

- Change the length of the resistance band
 - Shorter band = harder
 - Longer band = easier

Where to start

- Begin at the initial stage if you are inactive and want to start easy with resistance exercise.
- Begin at the improvement stage if you are somewhat active and have no medical limitations.

Resistance Training and Diabetes

Keeping your muscles active and healthy through regular resistance training will greatly improve your management of diabetes. Diabetes Canada recommends resistance activities 2-3 times a week.

Benefits of Resistance Training

Resistance exercise uses more muscles than just walking. It uses upper body muscles that are rarely used in modern society today.

Resistance training also maintains or increases lean muscle. This helps to burn calories at rest throughout the day. This is important for weight control and diabetes management, especially as we age.

REMEMBER: You don't have to go to a gym to get the benefits of resistance training. All you need are simple forms of resistance such as:

- Exercise bands.
- Your own body weight.
- Light dumbbells or hand weights.
- Other items you may find around the house such as milk jugs filled with water.

The resistance program shown in this handout works all muscles in the body, using a resistance band, to better manage your diabetes and improve your health.

If you are unsure about how to do the exercises in this handout, seek the help of an exercise resource, diabetes care provider or qualified exercise professional to help you get started and keep you going.

Introductory Resistance Program

3



DIABETES CANADA

diabetes.ca | 1-800 BANTING (226-8464) | info@diabetes.ca

DIABETES CANADA

Begin with 6-8 exercises. As you feel comfortable, add 1-2 exercises a week (up to 12 exercises).

Hips & Thighs

1



Start: Sit at the front of the chair, chest up, and feet hip width apart. Slowly lift out of the chair with your knees directly over your toes. Keep your back straight and arms out.
Finish: Hold the top position with knees bent. Slowly bend knees to lower yourself to the chair. Don't drop to the chair.

Chest

2



Start: Place the band around your upper back. Grab the ends of the band with elbows bent and palms facing down or inward.
Finish: Press out, extending your elbows forward to shoulder level. Slowly return to starting position.

Upper Back

3



Start: Grasp the band with both hands in front of your chest with the elbows slightly bent and shoulders down.
Finish: Keep elbows slightly bent and pull band outward until the band reaches across your middle chest. Hold the end position briefly, squeezing the shoulder blades together. Slowly return to starting position.

Middle Back

4



Start: Wrap the middle of the band around an extended foot. Grasp both ends of the band at the outside of your knee with your outside hand.
Finish: Pull band backwards and slightly up until your outside hand is beside your ribcage. Pause. Slowly lower to starting position.

Shoulders

5



Start: One foot and hand anchor one end of the band. The other hand is beside the shoulder grasping the band, hand level with the chin, and arm straight up from the floor.
Finish: Extend the arm overhead until directly over the shoulder. Try not to lean to one side. Pause. Slowly lower to starting position.

Shoulders

6



Start: Anchor as per #5 with slightly shorter band. Grasp the band at position just outside the knee. Can have palm down or palm forward (easier on the shoulders).
Finish: Lift arm to side with elbow slightly bent. Lift to shoulder height or slightly below shoulder height if you have shoulder problems. Pause. Slowly lower to starting position.

Upper Arm - Front

7



Start: Keep same anchor position as #6, except slightly shorter band length. Grasp band with palm facing up.
Finish: Curl hand to shoulder keeping your elbow at your side at the lower ribs. Pause. Slowly lower to starting position.

Upper Arm - Back

8



Start: Seated at the front edge of the chair and chest up. Place the band around your knee, anchoring the band with one hand on the opposite thigh and holding the other end of the band down at your side with your elbow bent.
Finish: Extend your elbow until your arm is straight down by your side. Pause. Slowly return to starting position.

Legs - Front

9



Start: Tie the band in a knot and wrap around your feet, or tie the band around one leg of the chair with your foot through the loop.
Finish: Extend one leg out, keeping your knee in the same position. Keep your posture. Pause. Slowly return to starting position.

Legs - Back

10



Start: Stand behind the chair holding the back for support. Wrap the tied band around your ankles, or tie the band around a leg of the chair with your foot through the loop.
Finish: Curl one ankle up. Keep the knee in the same position and your back stable. Pause. Slowly return to starting position.

Lower Back

11



Start: Stand behind the chair holding the back for support, with knees slightly bent, and leaning forward with back straight. You can wrap a band around your ankles, or do the exercise without a band.
Finish: Extend one leg out so that it is in line with your body. Don't over-extend the leg or arch in the low back. Pause. Slowly return to starting position.

Abdominals

12



Start: Seated comfortably in the chair, chest up, and both knees bent with the feet on the ground in front of you.
Finish: Lift one knee so that it is higher than the opposite knee, or slightly rock back with both feet on the ground. Tighten your abdominals. Keep your chest up. Pause. Slowly return to starting position.

Muscle strengthening circuit using dumbbells (adapted from Diabetes Canada, Resistance Exercise)

RPE = Rating of Perceived Exertion

Pick the number matching the word or phrase that best reflects your total amount of physical stress, effort, and fatigue while exercising. This number identifies your exercise **intensity**. Record on your exercise log after each session.

RPE

0	Rest
1	Very light
2	Light
3	Moderate
4	Somewhat hard
5	Hard (breathing deeply)
6	
7	Very hard (out of breath)
8	
9	
10	Maximal

Intensity is Important

Your resistance training should be in the **moderate (RPE 3 - 6) range**. Use a weight or resistance band that feels somewhat strong to heavy for you.

Remember the Following Guidelines:

- Only do the exercises you can.
- Maintain proper posture.
- Keep movements slow and controlled.
- Breathe with each repetition.
- Keep to a comfortable range of motion.

Resistance Exercise Guidelines

Start with 2 sets of 8 repetitions for 6-8 exercises, and do this 2 times a week. **Work up to** 3 sets of 8-12 repetitions for up to 12 exercises, and do this 3 times a week. Take 1-2 minutes of rest between sets.

It is recommended you see a diabetes care provider or a qualified exercise professional, or refer to the resistance training video, to learn how to do the exercises provided in this handout.

Additional Exercises

Below are three additional exercises that can help strengthen your lower back, abdominals, and hips. These are important to help you be more active in your activities of daily living. You can do these exercises on the same or different days from the rest of your program.

Hips

A Start: Stand beside a chair; hold the back of the chair for support if needed.

Finish: Extend leg straight out to the side, about 30 degrees, or as comfortable as possible, without bending body. Pause. Return slowly. Repeat on other side.



Lower Back

B Start: Lie on side with legs bent behind body. Support your body on a bent elbow directly under your shoulder.

Finish: Lift your hips straight up so that the spine is in a straight line to the knees. Keep hips forward. Hold for 10-15 seconds and repeat on other side.



Lower Abdominals

C Start: Start lying on back with one leg bent to 90 degrees, hands at your sides. Contract your lower abdomen by pulling your belly button toward your back.

Finish: Raise extended leg to just above opposite knee. Hold briefly; lower slowly. Perform all repetitions on one side, then repeat on other side.



Resistance Training and Diabetes

Keeping your muscles active and healthy through regular resistance training will greatly improve your management of diabetes. Diabetes Canada recommends resistance exercise 2-3 times a week.

Benefits of Resistance Training

Resistance exercise uses more muscles than just walking. It uses upper body muscles that are rarely used in modern society today.

Resistance training also maintains or increases lean muscle. This helps to burn calories at rest throughout the day. This is important for weight control and diabetes management, especially as we age.

REMEMBER: You don't have to go to a gym to get the benefits of resistance training. All you need are simple forms of resistance such as:

- Exercise bands (available at most stores).
- Light dumbbells or hand weights.
- Other types of resistance you may find around the house such as milk jugs filled with water.
- Simply use your own body weight.

The resistance program shown in this handout works all muscles in the body, using light dumbbells, to better manage your diabetes and improve your health.

If you are unsure about how to do the exercises in this handout, seek the help of an exercise resource, diabetes care provider or qualified exercise professional to help you get started and keep you going.

Resistance Exercise

5



DIABETES CANADA

diabetes.ca | 1-800 BANTING (226-8464) | info@diabetes.ca

DIABETES CANADA

Perform 2-3 sets of 8-12 repetitions for 6-12 exercises, 2-3 days per week.

Hips & Thighs Modification

1



Start: Stand with weight at your sides, chest up, feet hip-width apart, and knees bent. Slowly lower yourself with knees over your toes. Keep your back straight and chest up.

Finish: Hold the bottom position with knees bent. Don't drop down into a squat. Slowly raise yourself back up. Breathe.

Chest Modification

2



Start: Lie on the ground (or stand slightly away from a wall) with hands just below your armpits. Tighten your abdominals and hips to keep your body straight. Press up from your toes or knees (or away from the wall) keeping elbows at your sides.

Finish: Press out, extending your elbows. Pause at the top. Breathe. Slowly return to starting position.

Upper Back

3



Start: Stagger feet for balance. Keep back flat to maintain neutral spine. Place a hand on the seat of the chair for support.

Finish: Weight is lifted up to the side even with the shoulder, so the palm is facing down. Slowly return to starting position.

Middle Back

4



Start: Stagger feet for balance. Keep back flat to maintain neutral spine. Place a hand on the seat of the chair for support.

Finish: Pull weight upwards until your outside hand is beside your ribcage. Pause. Slowly lower to starting position. Alternate sides.

Shoulders

5



Start: Sit at the edge of the chair. Tighten abdominals and keep chest up. Weight is held at shoulder level with palms forward or facing your ears.

Finish: Extend one arm overhead until directly over the shoulder. Try not to lean to one side. Pause. Slowly lower to starting position. Alternate arms.

Shoulders Modification

6



Start: Stand in a balanced, comfortable position with arms down to the side. Shoulders back and relaxed, chest up, and knees slightly bent.

Finish: Lift arms to side, trying to not shrug shoulders. Lift to shoulder height with palms down or facing forward (modification). Pause. Slowly lower to starting position.

Upper Arm - Front

7



Start: Stand with weight to the side. Relax shoulders. Palms facing forwards.

Finish: Curl hand to shoulder, keeping your elbow at your side at the lower ribs. Pause. Slowly lower to starting position.

Upper Arm - Back

8



Start: Seated at the front edge of the chair, chest up. Place one hand holding weight behind your head with your elbow up beside your ear.

Finish: Extend only from the elbow until your arm is straight over your head. Pause. Lower weight to starting position. Alternate sides.

Legs - Front

9



Start: Stand with legs staggered. Hold weight in outside hand. Hold the back of the chair with your free hand.

Finish: Bend down so your back knee moves towards the floor. Only go down as far as you feel comfortable. Keep chest up.

Legs - Back

10



Start: Lie on the floor with your knees at 90°. You can also do this with your feet up on a chair.

Finish: Push heels into the floor while lifting your bottom off the floor. Tighten abdominals and buttocks without over-arching your back. Return to starting position.

Lower Back

11



Start: Start on all fours. Tighten abdominals and maintain neutral spine (natural back curve).

Finish: Extend leg straight back, without arching in the back, while contracting your abdominals. Pause. Return to starting position. Alternate legs.

Abdominals

12



Start: Lie on your back with both knees bent. Hands down by your side.

Finish: Tighten abdominals as you curl upward. Slide hands towards your heels, moving them about one-hand distance. Slowly return to starting position.

Stretching and balance exercises (adapted from Living Well with COPD)

Neck

11a



Position: Holding your back straight and looking straight ahead. **Movement:** Tilt your head to one side as though to touch your shoulder with your ear. Straighten your head and repeat towards the other side.

11b



Position: Holding your back straight and looking straight ahead. **Movement:** Slowly lower your chin towards your chest, keeping your shoulders relaxed. Straighten your head (without tilting backwards). Repeat.

Trunk

12a



Position: Standing with your feet apart, slightly wider than your shoulders, and your arms crossed on your chest. **Movement:** Slowly tilt your upper body to one side. Return to the starting position and repeat.

12b



Position: Standing straight with your arms crossed on your chest. **Movement:** Turn your shoulders and your head in the same direction as if to look behind you. Repeat.

Hamstrings

13



Position: Sitting on a chair with one leg stretched out on the floor or resting on a stool. **Movement:** Slowly bend forward until you feel a slight discomfort behind your leg. Hold this position and repeat.

Quadriceps

14



Position: Standing with one knee resting on a chair. **Movement:** Tilt your pelvis forward until you feel a stretch in your front thigh.

Balance exercises

16



Position: Standing. **Movement:** Place one foot in front of the other so that your heel touches your toes. Hold for 30 seconds.

17



Position: Standing. **Movement:** Place your feet apart at shoulder width. Move one foot as though you were drawing a triangle on the floor, touching each angle with the tip of your toes. Repeat 5 times on each side. **Progression:** Repeat the same exercise but without touching the floor.



Healthy Eating

Adapted from *Better Living with COPD* and *Living Well with COPD*

Why healthy eating is important for people living with COPD?

If you are living with COPD, a lung-healthy diet is important because you(r):



Body uses more energy to work and fight chest infections



May have a poor appetite, or for some people on steroids a bigger appetite



Body needs more of certain vitamins, minerals, and antioxidants (materials that help protect the cells in your body from damage)



Don't have the energy to shop, cook, and eat meals. When your body doesn't receive enough nutrients (malnutrition), it damages your lungs, and breathing muscle strength and stamina

What is healthy eating?

A great way to build healthy eating habits is by using Canada's food guide plate, where half (1/2) your plate are vegetables and fruits; a quarter (1/4) is protein, and a quarter (1/4) are whole grain foods.

Have plenty of
vegetables and fruits

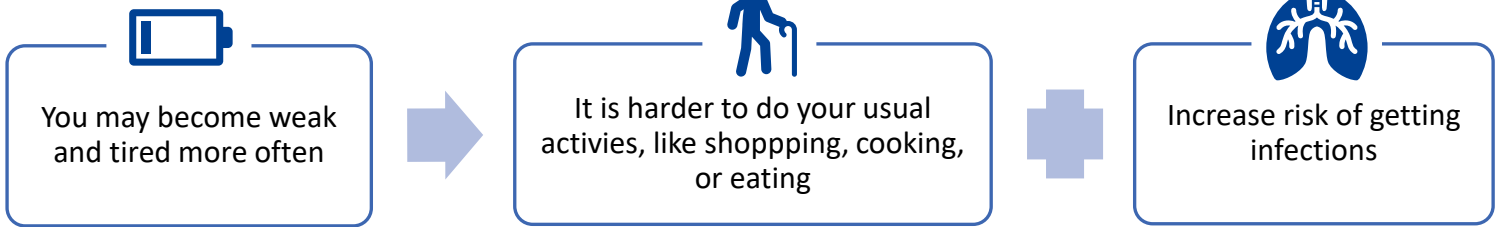
Eat protein foods

Make water
your drink
of choice

Choose
whole grain
foods

What effect does your body weight have on your COPD?

If you are underweight:



If you are overweight:



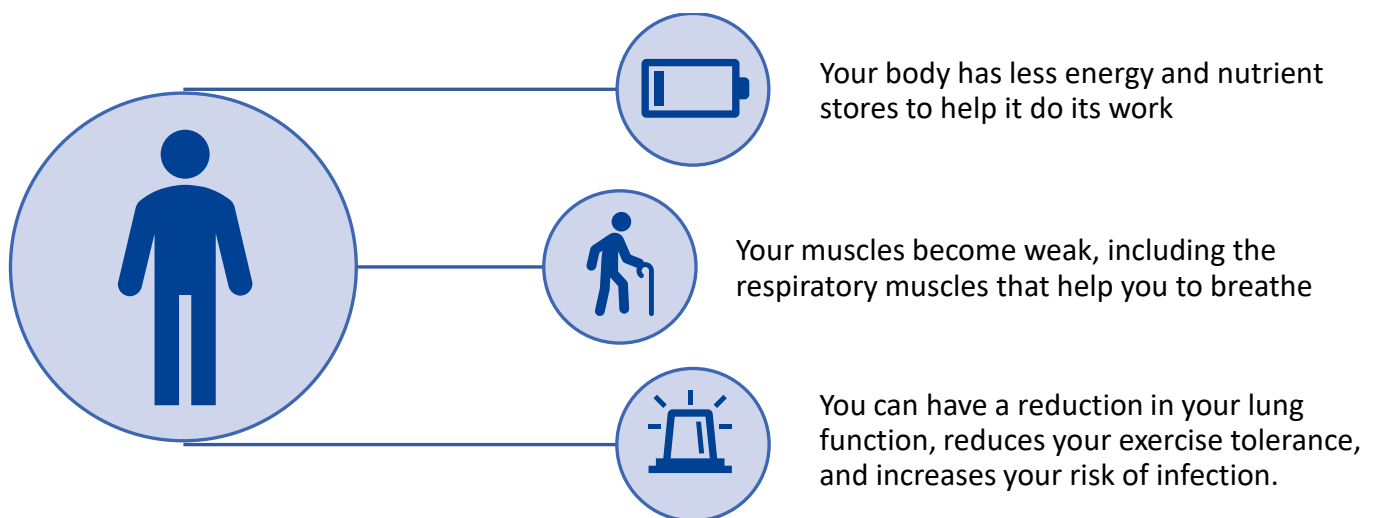
What is a healthy body weight?

The body mass index (BMI) is a simple tool for use to help you and your pulmonary rehab team show whether you are underweight, overweight, or in a healthy weight range.

$$BMI \text{ (body mass index)} = \frac{\text{weight (kg)}}{\text{height}^2 \text{ (m)}}$$

What if you are underweight?

A BMI **less than 20** shows that you may be underweight.



Eating foods that are high in protein and calories will help you to improve your nutrition and regain lost weight and muscle. The following are some tips to improve your nutritional status:



Eat a healthy, balanced diet. Try to eat protein rich foods like eggs, dairy products, beans, meat, fish, and poultry



Eat more often. Try to eat 6 smaller meals rather than 3 big meals a day, which might be too filling



Eat more nutritious snacks with more protein and calories. Ideas include dried fruit and nuts; cheese and crackers; hard boiled eggs



Add calorie dense extras, such as margarine, cheese, yogurt, nuts, or olive oil to your meals



Keep ready-to-eat meals and snacks handy for times when you don't feel like preparing food (e.g. canned soups, frozen meals, yogurt, cheese and crackers, nut butters, Ensure, Boost)



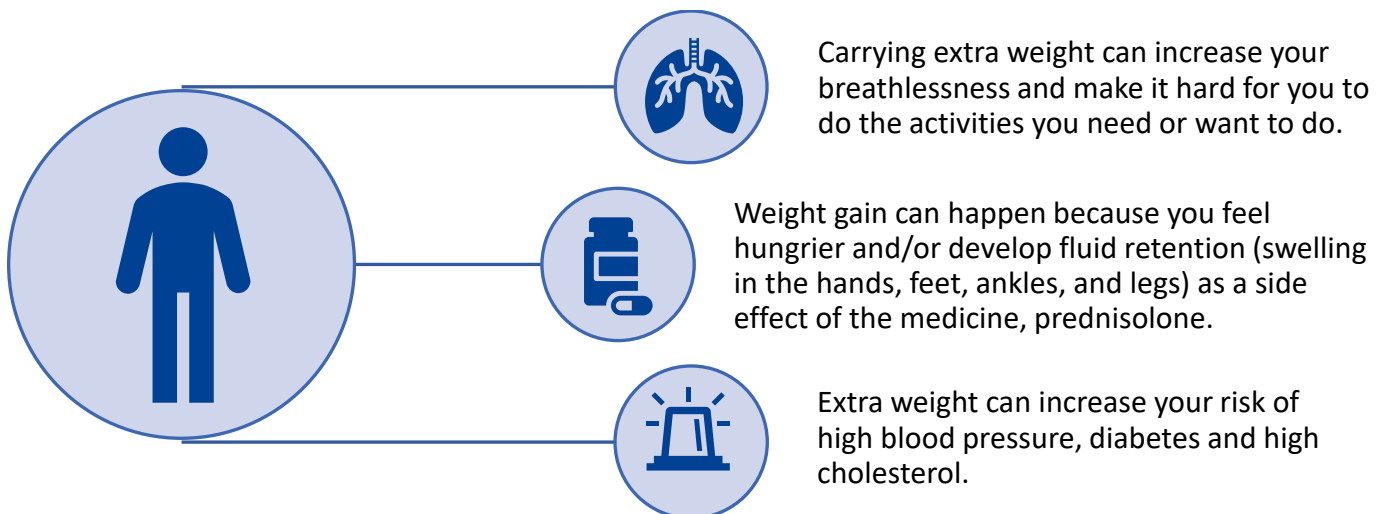
Cook meat, fish, chicken, and vegetables in vegetable oils, like olive oil



Drink fluids that provide your body with energy, like nutritional drinks and shakes

What if you are overweight?

A BMI **greater than 30** shows that you may be overweight.



If you need to lose weight try the following tips:



Eat a healthy, balanced diet where at each meal half of your plate is vegetables and fruits, a quarter is whole grains, and a quarter is protein



Use small amounts of added fat (for example, margarine or oil) and salt in your cooking. Use herbs and spices to add flavour, instead of salt



Make sure you include protein-rich foods every day such as lean meats, fish, chicken, eggs, dairy products and legumes



Trim visible fat from meat and remove the skin from chicken



Eat less fried and deep-fried foods



Use low-fat cooking methods, like grilling, steaming, microwaving, boiling, baking, and stir frying



Choose low-fat or reduced fat dairy products



Make water your drink of choice. Try to limit drinking those fluids with added sugars, such as soft drinks, fruit juice, vitamin waters, energy and sports drink



Increase your physical activity and exercise to help you lose extra weight

Track your food intake

Record what you eat for two days during the week and one day on the weekend (see page 63). You can also count your calories using an application or website.

What if you are too tired to shop, cook, or eat?

When you are tired or unwell, it can be difficult to make sure you are eating enough. But this is the time when adequate nutrition and balanced meals are most important.

To help, try some of these tips:



Remember to rest before meals



Eat slowly and chew foods well



Breathe evenly while chewing and sit quietly for 30 minutes after eating



Stop eating if you need to. Relax and practice pursed-lip breathing before you continue to eat



Eat meals when your symptoms are best controlled



Try having five or six smaller meals or snacks



Make all meals and snacks as nourishing as you can – make every mouthful count



Consider using a home delivered meal service



If nauseated, try cold meals instead of hot



Softer foods are often easier to eat (e.g. stews, mashed vegetables, mince or scrambled eggs)



Never miss a meal. Try a smaller snack or nutritional supplement if you can't face a big meal. Try to eat first then drink the nutritional supplement



Prepare extra meals when you are feeling good and freeze for later use.



Bottled, frozen and canned foods can be nutritious (remember to read the labels to see if it is a healthy food option)



If you have been prescribed oxygen, you could use this while eating your meal



Stock up the kitchen with healthy convenience meals for the times you are not feeling great

Food Diary

Instructions

- Keep track of what you eat for two (2) weekdays and one (1) weekend day.
- Use a separate diary page for each day.
- Use the sample food diary and the handout "Serving Size" guidelines to help you fill in your food diary.
- Check off the boxes at the bottom based on the number of servings of each type of food you ate each day.

Example: My Daily Food Diary

Circle the day of the week: M/Tu/W/Thu/F

Time of Day	What I Ate (Please provide details)	How Much?
8:00 a.m.	-Whole grain bread with margarine -Banana, medium -1% milk -Coffee	2 slices, 2 tsps. 1 8 oz or 1 cup (250 ml) 1 tbsp cream, 1 tsp sugar
10:00 a.m.	Apple, medium	1
1:00 p.m.	- Sardines, canned, packed in lemon juice - Rye bread - Cherry tomatoes - Clementines	1 can (has 4 sardines) 2 slices of rye bread ½ cup or 6 2
4:30 p.m.	- Plain 1% M.F. yogurt with added cinnamon - Unsalted almonds	- ¾ cup - ¼ cup
7:00 p.m.	Salmon, grilled with dressing Dressing: olive oil, lemon juice, spices Wild rice Spinach, steamed with mushrooms Broccoli, steamed, plain	6 oz 1 tbsp oil 1 cup, cooked 1 cup + 1 tsp oil 1 cup, no oil

Summary

Vegetables and Fruit:

Milk & Alternatives:

Fats & Oils:

Grains, Cereals and Starches:

Meat & Alternatives:

Other Foods (Include: cookies, candy, chocolate, etc.):

Current Supplements and Dosage: Vitamin D, 1000 IU

My Daily Food Diary

Circle the day of the week: M/Tu/W/Thu/F

Time of Day	What I Ate	How Much?

Summary

Vegetables and Fruit:

Milk & Alternatives:

Fats & Oils:

Grains, Cereals and Starches:

Meat & Alternatives:

Other Foods (Include: cookies, candy, chocolate, etc.):

Current Supplements and Dosage: _____

My Daily Food Diary

Circle the day of the week: M/Tu/W/Thu/F

Time of Day	What I Ate	How Much?

Summary

Vegetables and Fruit:

Milk & Alternatives:

Fats & Oils:

Grains, Cereals and Starches:

Meat & Alternatives:

Other Foods (Include: cookies, candy, chocolate, etc.):

Current Supplements and Dosage: _____

My Daily Food Diary

Circle the day of the week: Sat/Sun

Time of Day	What I Ate	How Much?

Summary

Vegetables and Fruit:

Milk & Alternatives:

Fats & Oils:

Grains, Cereals and Starches:

Meat & Alternatives:

Other Foods (Include: cookies, candy, chocolate, etc.):

Current Supplements and Dosage: _____



What matters to you and taking action

Pulmonary rehabilitation is about a healthy lifestyle and habits – including exercise, quitting smoking, taking medications, nutrition, and stress management. We all know that change is hard. Here are some questions that can help you explore what matters to you to help you move toward change. **We invite you to reach out to your pulmonary rehab team to discuss these tools and how you can work together to complete them.**

What really matters to you?

Reflecting on your values and priorities can help you to build motivation to change. We invite you to reflect on these 4 questions:

What do you see yourself doing in the future?

- Examples:**
- I will do all the things I need to each day
 - I will be able to play with my grandchildren
 - I will have enough independence to live in my own home

Your answer:

How will you be feeling in the future?

- Examples:**
- I will have more energy
 - I will feel healthy
 - I will feel closer to my friends and family

Your answer:

Who will you be surrounded by in the future?

- Examples:**
- Family
 - Friends
 - Colleagues

Your answer:

Are you healthier in the future? And how do you know?

- Examples:**
- I am healthier because I have enough energy to do what matters to me
 - I am healthier because I can breathe easier
 - I am healthier because I feel happy and motivated

Your answer:

What area do you want to try to work on?

Once you have an idea of what matters to you, you may need to make changes in your life to reach your vision. Is there one area you might try to improve or work on, even if you're not quite ready to start? Can you check off one possible area in the chart below? You can also write in your own choice at the bottom.

	Exercise
	Eat in lung-healthy ways
	Quit /reduce smoking
	Take a prescribed medicine
	Try a stress management skill
	Increase social/family contact
	Trying an activity "pacing" strategy
	Work on a better sleep schedule

What do you think about starting your change?

If you want to try out a change, you might be ready to set yourself a SMART goal. The letters stand for:

Specific: What, when and where?

Measurable: How much, and how often?

Achievable: All things considered, you can actually do it.

Relevant: How the change matters to you personally?

Timeline or timely: Over what period? Is this a good time for me to make this change?

You can use the tool on the next page to plan out a SMART goal.

Once you've tried out your SMART goal, it's important to learn from your experiment to see what works and what doesn't. We invite you to ask yourself these two questions to reflect on your goal:

1. What went well with your action plan? What felt good?
2. What did not go as planned with your action plan? What challenges or problems got in your way?

My SMART Goal

Date:

Specific	What:										
	When:										
	Where:										
Measurable	How much:										
	How often:										
Achievable	How confident am I that I can reach this goal (circle one): If you feel less than 7 out of 10, then make your SMART goal smaller, or break it down into smaller steps and just take one at a time										
	Not at all		A little		Somewhat confident			Very sure		Totally confident	
	0	1	2	3	4	5	6	7	8	9	10
Relevant	How does this fit your values: what matters, who you are?										
Timeline or timely	What is the time-line?										
	Is it a good time to make this change?										

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Date:

Specific	What:											
	When:											
	Where:											
Measurable	How much:											
	How often:											
Achievable	How confident am I that I can reach this goal (circle one): If you feel less than 7 out of 10, then make your SMART goal smaller, or break it down into smaller steps and just take one at a time											
	Not at all		A little		Somewhat confident			Very sure		Totally confident		
	0	1	2	3	4	5	6	7	8	9	10	
Relevant	How does this fit your values: what matters, who you are?											
Timeline or timely	What is the time-line?											
	Is it a good time to make this change?											

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Date:

Specific	What:										
	When:										
	Where:										
Measurable	How much:										
	How often:										
Achievable	How confident am I that I can reach this goal (circle one): If you feel less than 7 out of 10, then make your SMART goal smaller, or break it down into smaller steps and just take one at a time										
	Not at all		A little		Somewhat confident			Very sure		Totally confident	
	0	1	2	3	4	5	6	7	8	9	10
Relevant	How does this fit your values: what matters, who you are?										
Timeline or timely	What is the time-line?										
	Is it a good time to make this change?										

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Date:

Specific	What:										
	When:										
	Where:										
Measurable	How much:										
	How often:										
Achievable	How confident am I that I can reach this goal (circle one): If you feel less than 7 out of 10, then make your SMART goal smaller, or break it down into smaller steps and just take one at a time										
	Not at all		A little		Somewhat confident			Very sure		Totally confident	
	0	1	2	3	4	5	6	7	8	9	10
Relevant	How does this fit your values: what matters, who you are?										
Timeline or timely	What is the time-line?										

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Community Resources






A QR code gives you quick access to a website without having to type or remember the web address. You can use your device's camera to scan a QR code by:

1. Opening the camera app on your device.
2. Holding your device so that the QR code appears in the viewfinder in the camera app. Your device recognizes the QR code and shows a notification.
3. Taping the notification to open the link associated with the QR code.







COPD Information		
What is COPD (Living Well with COPD)	https://www.livingwellwithcopd.com/en/what-is-copd.html	
Alpha-1 Antitrypsin Deficiency		
Living Well with COPD learning tool	199_en~v~alpha-1-antitrypsin-deficiency-aatd-.pdf (livingwellwithcopd.com)	
Alpha-1 Antitrypsin Deficiency Genetic Testing	https://www.healthlinkbc.ca/health-topics/alpha-1-antitrypsin-deficiency-genetic-testing	
Alpha1 Canadian Registry You can register yourself through the website for support, clinical trials etc. You may wish to talk to Dr Nicholson first.	https://alpha1canadianregistry.com/	







Augmentation Therapy	https://alpha1.org/glassia-takeda-augmentation-therapy-added-to-the-canadian-blood-services-formulary/	
Online Pulmonary Rehabilitation and Education		
St. Joseph's Health Care London Lung Disease Patient and Caregiver Resources	https://www.sjhc.london.on.ca/areas-of-care/lung-diseases-program/patient-resources	
Breathe - The Lung Association	https://www.lung.ca/breathebetter	
Living Well with COPD	https://www.livingwellwithcopd.com/	
Lung Support Groups		
Lung Health Foundation	1 888-344-5864, or https://lunghealth.ca/support-resources/	
Lung Health Support Group for London	Karen Urbshott 519-694-3172 or kurby56@gmail.com	Not applicable

Community Oxygen Providers		
ProResp	https://www.proresp.com/	
Vital Aire	519-668-1588 or https://www.vitalaire.ca/london-clinic	
Medigas	1-866-446-6302 or https://www.medigas.com/en	
St. Thomas Elgin-General Hospital Oxygen Therapy	https://www.stegh.on.ca/hospital-services/respiratory-home-services/oxygen-therapy/	
London and Middlesex Oxygen and Respiratory Services	https://www.southwesthealthline.ca/listServicesDetailed.aspx?id=10634&region=London	
Smoking cessation resources		
<p>Canadian Mental Health Association (CMHA) in <u>London Ontario</u>:</p> <p>They offer counselling and free nicotine replacement therapy (patches, gum, lozenges, inhaler) on an ongoing basis.</p>	1-855-668-0624 or https://cmhatv.ca/programs-services/stop/	








<p>Ottawa Model for Smoking Cessation</p> <p>They offer consultation, follow-up support, and nicotine replacement therapy vouchers.</p>	<p>Call 1-888-645-5405 and leave your contact information on the voicemail. A Nicotine Addiction Specialist will get back to you within two business days.</p>	<p>Not applicable</p>
<p>STOP program</p> <p>This is an online program, no phone counselling. A mail order of four boxes of nicotine patches and two boxes of nicotine gum or lozenge (your choice), within approximately two weeks of enrollment.</p>	<p>https://www.nicotinedependenceclinic.com/en/stop/stop-on-the-net</p>	
<p>Ontario Support to quit smoking</p>	<p>https://www.ontario.ca/page/support-quit-smoking</p>	
<p>Comparing the costs of smoking vs quitting</p>	<p>https://www.helpthemquit.ca/treatment/costs-coverage</p>	
<p>Additional support locations:</p>		
<p>https://csl.cancer.ca/smokershelpline/en (Search field to find local support groups in Ontario)</p>		
<p>https://lunghealth.ca/support-resources/community-support/ (Additional local support groups through the lung health foundation)</p>		
<p>Telephone helplines</p>		

Smokers Help Line (1-866-366-3667)		
The Lung Health Line (1-888-344-5864)		Not applicable
Additional supportive links		
https://www.helpthemquit.ca/treatment/costs-coverage (compares cost of smoking vs quitting)		
https://www.ontario.ca/page/support-quit-smoking (ON government resource)		
Mental health services in your community		
9-8-8 Crisis Helpline They offer confidential, 24/7 information, support, and crisis service within your local community.	988 or https://988.ca/	
REACH OUT mental health, addictions and crisis services They offer confidential, 24/7 information, support, and crisis service for people living in Elgin, Oxford, Middlesex and London.	1-866-933-2023 or https://reachout247.ca/	
Mental Health and Addictions Resources	https://www.sjhc.london.on.ca/media/10323/download	
Online Breathing Exercise Videos		

Controlled breathing on stairs (1 min)	westpark.org/-/media/RespRehab/Videos/Skills-Videos-1080p/controlled_breathing_on_stairs_1080p.ashx?la=en	
Recovery positions (1 min)	westpark.org/-/media/RespRehab/Videos/Skills-Videos-1080p/recovery_positions_1080p.ashx?la=en	
SOS for shortness of breath (SOB) (1 min)	westpark.org/-/media/RespRehab/Videos/Skills-Videos-1080p/sos_for_sob_1080p.ashx?la=en	
Controlled cough (1 min)	westpark.org/-/media/RespRehab/Videos/Skills-Videos-1080p/controlled_cough_1080p.ashx?la=en	
Huff coughing (1 min)	westpark.org/-/media/RespRehab/Videos/Skills-Videos-1080p/huff_cough_1080p.ashx?la=en	
Breathing Techniques/Positions	In LWWCOPD Being Health with COPD booklet	Not applicable
Breathing Exercises - West Park Healthcare Centre (30 min)	https://www.youtube.com/watch?v=T9FsXOxwqsl	

Pursed Lip Breathing – American Lung Foundation (2 min)	https://www.youtube.com/watch?v=7kpJ0QIRss4&t=100s	
Belly Breathing (Diaphragmatic breathing) – American Lung Foundation (2 min)	https://www.youtube.com/watch?v=wai-GIYGMeo	
Inhaler Instruction Videos		
How to use your inhalers (Breathe – Lung Association)	https://www.lung.ca/lung-health/how-use-your-inhaler	
OPEP Instruction Videos		
Oscillating Positive Expiratory Pressure Devices (OPEP)	tmi-nacf2022-aerobika-handout.pdf (master-7rgtwi-jpiqi6krbom34.ca-1.platformsh.site)	
OPEP – AerobiKa (5 min)	https://youtu.be/iy2oYadhF9Q	
Aerobic and Resistance Exercise Videos		
Get Fit – Horton 50+ Centre (37 video playlist)	https://www.youtube.com/playlist?list=PLs8XDFMpWv_tfbw8sP1QcEjDPdTF4uaqi	

Seated Fitness – Horton 50+ Centre (5 video playlist)	https://www.youtube.com/playlist?list=PLs8XDFMpWv_uzkeFkIPV1GM8l_RF5sg73	
COPD Upper lower strength training circuit – St. Joseph’s Health Care London (40 minutes)	https://youtu.be/t1Af8zBrL6Y	
Resistance Exercise Videos		
Resistance Exercise with Cathy – St. Joseph’s Health Care London (30 minutes)	https://youtu.be/ESpZgvTpf6k	
Resistance Exercise with Lea – St. Joseph’s Health Care London (30 minutes)	https://youtu.be/LA4al42eY5s	
Strength Training for COPD – Lung Health Foundation (30 minutes)	https://www.youtube.com/watch?v=iO8FVOSTlRs	
In-person Exercise Programs		
Horton Street 50+ Centre	https://www.bgclondon.ca/daily-programs or Tel: 519-434-9114 or Email: info@bgclondon.ca Transit service from your home to the centre is available: https://www.bgclondon.ca/transit	

VON SMART	https://von.ca/en/von-care/seniors-group-exercise-programs-smart or Tel: 1-888-866-2273 or Email: national@von.ca	
ONECARE Exercise, Wellness & Falls Prevention (Huron and Perth Counties)	1-877-502-8277 or https://www.onecaresupport.ca/services/maintaining-your-health/wellness/	
St. Thomas Seniors Centre	http://stthomasseniorscentre.com/ or Tel: 519-633-2850	
YMCA of Southwestern Ontario	https://www.ymcaswo.ca/ or Tel: 519-907-5500	
Centre for Activity and Aging	519-661-1603 or https://www.uwo.ca/ccaa/	
Third Age Outreach Program	519-661-1620 or https://thirdageoutreach.ca/	
Virtual Exercise Programs		
Fitness for Breath	https://lunghealth.ca/lung-disease/a-to-z/copd/fitness-for-breath/ or Tel: (416) 864-9911 or Email: info@lunghealth.ca	

VON SMART	https://von.ca/en/von-care/seniors-group-exercise-programs-smart or Tel: 1-888-866-2273 or Email: national@von.ca	
ONECARE Exercise, Wellness & Falls Prevention (Huron and Perth Counties)	1-877-502-8277 or https://www.onecaresupport.ca/services/maintainin-g-your-health/wellness/	
If you live outside of Middlesex, Elgin, or Oxford counties, please visit the following directory to find fitness, recreational and social programs in your area:		
SouthWesthealthline.ca	https://www.southwesthealthline.ca/listservices.aspx?id=10175	
Grey Bruce Community Support Services Network	https://www.southwesthealthline.ca/displayService.aspx?id=190600	