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exhalation slows the breathing rate. Principles - Area of exercises - Explanation & Instructions to the patient - Patients position - Evaluate the patient - Demonstration of exercise - Patient practice 15. Studies indicate that breathing exercise and ventilatory training have affect and alter a patients rate and depth of ventilation ,so these technique is used to improve the pulmonary status and increase patients overall endurance. It moves old air out of the lungs and allow new air to enter the lungs. BELT EXERCISES TO REINFORCE LATERAL COSTAL BREATHING (A) by applying resistance during inspiration (B) by assisting with pressure along the rib cage during expiration. 16. 35. Recent (within one hour) meal or tube feed - Untreated pneumothorax 21. Other positions, such as supine, sitting, or standing, may be used as the patient progresses during treatment. DIAPHRAGM - Is a sheet of internal skeletal muscle. 9. It helps to Improves ventilation and Releases trapped air in the lungs. The bronchioles end in tiny balloon-like air sacs called alveoli. 3. Place the PT hand over the posterior aspect of the lower rib and do the same procedure in lateral costal expansion. PURSED LIP BREATHING - Pursed-lip breathing is a strategy that involves lightly pursing the lips together during controlled exhalation. - Aid in bronchial hygiene--Prevent accumulation of pulmonary secretions, mobilization of these secretions, and improve the cough mechanism. - Apply light manual resistance to the lower ribs to increase sensory awareness as the patient breathes in deeply and the chest expands. - The body has over 300 million alveoli. Resisted diaphragmatic breathing - PT use small weight, such as sandbag to strengthen and improve the endurance of the diaphragm - Have the patient in a head up position - Place a small weight (1.30- 2.20 kg or 3-5 lb) over the epigastric region of his abdomen. - Bronchial tubes - Keeps the airways open longer and Through the lungs, they were divided into smaller airways called bronchioles or bronchial tree. GUIDE FOR TEACHING BREATHING EXERCISES' Choose a quiet area-to get proper interaction with minimum distraction' Explain a patient about the target and how it works for its deterioration' Have the road: in a relaxed position and loosen your clothes, do it in a semi-flowered position with head and trunk elevated approx: 45° (full support to the head and knees with pillow support) the abdominal muscle relax. They are surrounded by a mesh of tiny blood vessels called capillaries. DIAFRAGMITICAL RESPIRATION' The diaphragm is the primary muscle for breathing (inspiration)' the diaphragm controls breathing on an involuntary level, a patient with primary lung disease such as COPD is treated with a can teach you the control of breathing through the optimal use of the diaphragm and relaxation of the accessory muscles. 27. SEGMENTARY BREATHING A This is done in a segment of the lung, or in a section of the chest wall that needs more ventilation or movement. Secretion often accumulates on the posterior segments of the lower lobes. 29. ADVANTAGES OF SEGMENTARY BREATHING' avoid the build-up of pleural fluid and secretions' decrease paradoxical breathing' decrease the episode of panic' improve mobility thoracity 32. 17. Do not allow the patient to initiate the inhalation with the accessory muscles and the top of the chest, advise the patient that the top of the chest should be quiet during breathing' allow the patient to take deep breaths only 3-4 times (inspiration and exhalations) to avoid the hyperventilation. By providing a slight resistance, an increased positive pressure will be generated in the airways, which helps to keep the airways open. bronchioles that, on the contrary, collapse. INSPIRACION MUSCULES - Diaphragm (primary m/s of inhalaci3n) - Scalene 3n (eleva las dos primeras costillas) - Sternocleidomastoide 3n (eleva el estern3n) - el estern3n) - 3n) - 3n) - 3n) Apoyando m/s) - Oblique a e Sa e "straight Responsible for the transport of air for breathing from larynx to the bronchi. 30. 14. a e Sa e Verify that the patient has not eaten for at least an hour. Indications a e Sa e "Acute pulmonary disease a e Sa e "separates the tornic cavity that contains heart and lungs, from the abdominal cavity 7. At rest and during the activity E a e Sa e "determines whether RX is indicated or not of the upper torax to minimize the use of accessory muscle work. a e Sa e "correctly abnormal breathing patterns and decrease breathing work. a e Sa e "Cont. Posterior basal expansion 3B. 18. Tréjquea a e Sa e structure as a tube. 2B. a e Sa e . a e Sa e "place your hands along the lateral appearance of the lower ribs. a e Sa e a e Sa e "just before inspiration, apply a bounted stretching down and in the chest. 2. Have the patient exhale and feel the rib cage moving down and in. Here, oxygen from inhaled air inhaled Breathing 3 glossing with 3 inspiring action of the neck muscles can reduce ventilatory dependence or can be used as an emergency procedure for fan malfunction. As the patient exhales, press down firmly on the ribs with the palms of your hands. PROCEDURE Patient takes several shots of air (6 to 10), then closing the mouth the tongue pushes the air back and traps it in the pharynx, the air is forced to the lungs when the glottis opens. Metá e 3 sea, brittle bones, bronchial hemorrhage and emphysema are contraindications to be excessive in the thoracic zone. Tell the patient to take a deep breath while trying to keep the top of the 3 rax calm Gradually increase the time the patient breathes against weight resistance The weight can be increased when they can maintain the breathing pattern 3 diaphragm without the use of any more inspirational accessory 3 15 minutes. This places a rapid stretch in the external intercostals to facilitate their contraction3 n. Avoiding prolonged breathing3 causes the patient to gasp with the following inspiration3 and the respiratory 3 becomes irregular and inefficient. EXERCISES OF RESpiraciá 3 n 11. A e Respiraciá 3 n diaphragm they are also used to mobilize 3 n pulmonary secretion in PE. This increases the depth of inspiration 3 the patient's inspirational and vital capacity. Demonstrate the patient's breathing pattern3 Make the patient practice the correct technique in truth of the positions at rest and with activityA Funciá 3 n: - A A CA lido A A Wetting A A Filtering fine parts 5 A A Respiratory and ventilation training are the fundamental interventions for the preventionA 3 n of patients with acute lung disease and crÁmica with high lesiÁÁÁÁ Á n mediullary and undergoing thoracic and abdominal surgery and prostrate patients in acicÁrot acicÁrot derap al a odibed senomlup sol ed saeriÁ satreic ne necudorp es nÁicalitnevopiH Á A pneumonia and post mastectomy scar - Therefore, it will be important to emphasize expansion of such areas of the lungs and chest wall 31. - COPD eÁÁemphysema, chronic bronchitis - After surgeries (thoracic or abdominal surgery) - For patients who must remain in bed for an extended period of time.(obstruction due to retained secretions) - As relaxation procedure. You inhale air into your nose, and it travels down the back of your throat and into your windpipe or trachea. TYPES OF BREATHING EXERCISES - Diaphragmatic breathing - Glossophryngeal breathing - Pursed lip breathing - Segmental breathing(costal expansion exercise) a) Apical breathing b) Lateral costal expansion c) Posterior basal expansion 22. GOALS OF BREATHING EXERCISE - Improve ventilation - Increase the effectiveness of cough and promote airway clearance - To prevent post operative pulmonary complications - To improve the strength endurance coordination of the muscles of ventilation - Maintain and improve chest and thoracic spine mobility - Promote relaxation and relive stress - To teach the patient how to deal with episodes of dyspnea 13. - The patient may then taught to perform the maneuver independently, ask him to apply resistance with his hand or with a towel. Procedure - Have the patient sit and lean forward on a pillow, slightly bending the hips. 19. CONTRAINDICATIONS - Severe pain and discomfort - Acute medical or surgical emergency - Patients with reduced conscious level - Increased ICP - Unstable head or neck injury - Active hemorrhage with hemodynamic instability or hemoptysis - Flail chest - Uncontrolled hypertension 20. - If you notice any accessory muscle activation stop him and do relaxation techniques (shoulder roll or shrugs coupled with relaxation) - Place your hands over the rectus abdominis just below the ant: costal margin ask the patient to breath slowly and deeply via nose by keeping the shoulder relaxed and upper chest quiet pain pain after surgery, atelectasis , trauma to chest the abdominal to get up now asks you to slowly let out all the air using the controlled expiration through the mouth. 1. 24. Breathing is just one of the processes that take oxygen to where it is needed in the body and remove carbon dioxide. 34 years. ARGANES THAT INVOLUTIONS IN Breathing' Nose' Trachea' Bronchi' Lungs' Muscles along with the diaphragm 4. 8 o'clock. Right middle lobe or dilation of the groin While the sitting patient places your hand on the right or left side of the patient's chest just below the armpit, and follows the same procedure in lateral costal dilation. The trachea then divides into air ducts called bronchi. Techniques' Lateral costal expansion' Post basal basal expansion' Right middle lobe or dilation of the articula' apical expansion 33. Special attention to the sternocleidomastoids, upper trapezium and lifting scapulae. 25 years. He teaches patients with COPD how to treat episodes of dyspnea. The process by which air enters and leaves the lungs is called pulmonary breathing or ventilation. When the patient exhales, help by gently squeezing the ribcage down and in. Lateral lateral costal dilation A A This is sometimes called lateral basal dilation and may be done unilaterally or bilaterally. Patients with skin grafts or spinal fusions will have excessive stress in the repair areas. A A Abdominal muscle contraction should be avoided (the therapist gives patients abdominal muscles to check for contraction). PROCEDURE Patient in a comfortable and relaxed position, explain the patent on the expiration phase (must be relaxed and passive). The lungs are a pair of fluffy, air-filled organs located on both sides of the chest (thorax). Ask him to practice it 2-4 times if he finds it difficult to use the diaphragm that the patient inhales several times agimroh agimroh al ed latsoc negram le neugertne setneicap sol euq agah rotinom .amgarfaid le atilicaf euq nÁicalahni ed nÁicca al etnaidem ziran al rop feel the movt: (hand rise and fall) by placing one hand over abdomen he can also feel the contraction of abdominal muscles which occurs with controlled expiration or coughing - After he understands and able to do the controlled breathing using a diaphragmatic pattern keep the shoulder relaxed and practice in verity of positions (supine sitting standing) and during activity (walking and climbing stair). PRECUATIONS - Never allow the patient to force expiration-it may increase the turbulence in the air way which leads to bronchospasm and airway resistance. - It is used primarily for ventilatory dependent patients due to absent or incomplete innervation of diaphragm because of high cervical cord injury or neuromuscular disorders. - The patient may be sitting or in a hook lying position. BREATHING PROCESS: - Breathing starts at the nose. 12. PROCEDURE - Prepare the patient in relaxed and comfortable position in which the gravity assist the diaphragm such as semifowlers position. Glossopharyngeal breathing - It is a means of increasing a patients inspiratory capacity when there is a severe weakness of the muscle of inspiration - It is taught to patients who have difficulty in deep breathing. 37. These muscles move the ribs outward and upward during inspiration. 36. 36.

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