# Breathing Strategies

## Edited Video Transcript

All right, so breathing strategies. Our breathing strategies fit between the two: they're kind of compensatory, kind of remedial. I don't think it matters. It depends entirely on what your clinical reasoning is, okay? So two strategies we're going to work on today: pursed-lip breathing and diaphragmatic breathing. Pursed-lip breathing is very helpful to recover from shortness of breath. So when somebody is huffing and puffing from chronic obstructive pulmonary disease (COPD), from pneumonia, from asthma, even from on the cardiac side, that cardiac system overwhelming, teaching pursed-lip breathing can be very helpful. Because, what's very helpful about it? What it does is it makes it easier to empty your lungs of the carbon dioxide. It turns out that's where the person with the shortest breath seems to be coming from; it's just you can't get the old air out to bring the new air in. So what you do is you teach them.

So they're going to breathe in through their nose and then out through their mouth, like they're blowing out birthday candles, trying to get the exhale twice as long as the inhale, okay? So when that client is doing their ADLs, they're getting tired; they're getting short of breath. “Pause, I want you to go back to that short pursed-lip breathing recovery.” They're going to recover faster and get back into control. Yes? [inadable.] Yeah interesting. I have not heard that one. I like it; it is all about like I said. What it does is you push out with your lungs harder with the pursed lips, which gives you that empty lung. So I can see it working now.

Our second strategy is diaphragmatic breathing. With diaphragmatic breathing, we teach our client to use their diaphragm. This act, this part, it's very good about lowering heart rate, lowering exertion levels, but it also goes back and affects mood. This tends to decrease heart rate, bringing us into a calmer state. This is all through our autonomic nervous system, which tends to address some of the issues around anxiety—which also is really important for people with COPD, people with oxygen shortages, because they can't breathe. Because they're short of oxygen, yeah, they're going to be anxious. The problem is many people with breathing difficulties, many people in our society breathe through our chest, not our diaphragm.

So, we're going to pay attention: one hand on your belly, one hand on your chest and just breathe for a second. Don't think about it. Breathe normal. I see some of you—your top hand is moving way more than your bottom hand. That's a sign you're breathing in your chest not your diaphragm. So we teach them to breathe into their diaphragm. This can be challenging, so you do it seated or lying down first. Once they get that, you move on to standing; you move on to walking; you go into activities. The way you teach this—that's one hand on the belly, one hand on the chest. Think about breathing in through your nose, make your belly expand. Breathe out, make your belly collapse very much. [When you sing,] you have to sing through your diaphragm because your diaphragm is much more powerful. You can get much more oxygen, sing louder, sing clearer. But the other piece of it is you can start this reciprocal breathing. So you can sing at the same time as breathing, but that's only possible with your diaphragm, right, because you can't actually do it with your chest muscles. So what you want to see the client doing is increasing that proportion of moving their belly hand versus their top hand. Over time, they'll be able to do activities; they'll be able to talk and still breathe through their diaphragm. Once they start working, and they get short of breath, then we go back to the pursed-lip breathing to recover. Makes sense? Okay, practice both of those with your partner.