

Results of History Taking 1. Pulmonary Rehabilitation Program: Comprehensive, multidisciplinary approach to enhance quality of life. Airway Clearance Techniques: Active Cycle of Breathing Technique (ACBT): Combines breathing control, thoracic expansion, and forced expiration to clear sputum. Postural Drainage: Uses gravity to aid in mucus clearance from specific lung regions. Vibrations and Percussion: Manual techniques to loosen mucus for easier expectoration. Aerobic Exercises: Low-intensity activities like walking or cycling to improve exercise tolerance. Flexibility Exercises: Stretching to improve chest wall mobility and reduce stiffness. Stress and Anxiety Management: Relaxation Techniques: Guided breathing and mindfulness to reduce stress levels. Breathing Exercises: Pursed-Lip Breathing: Helps reduce respiratory rate and improve oxygen exchange by keeping airways open longer. Diaphragmatic Breathing: Strengthens the diaphragm and improves lung efficiency. Energy Conservation Techniques: Training the patient to optimize energy use during daily activities to reduce fatigue. Nutritional Support: High-protein and calorie-dense diet to combat muscle wasting and low energy levels. Medical History: Diagnosis of emphysema, a condition characterized by damage to the alveoli in the lungs, leading to reduced oxygen exchange. Strength Training: Focus on peripheral muscle strengthening (e.g., resistance bands) to enhance physical function. Education and Counseling: Address smoking cessation, anxiety triggers, and disease management strategies. Ensure supervised sessions, especially during the initial phases. --- Additional Recommendations Smoking Cessation: Essential to slow disease progression. Consistent follow-up with healthcare providers is crucial to monitor progress and adjust the therapy plan as needed. Anxiety and stress due to impaired physical abilities and breathing difficulty. Inspection: Barrel-shaped chest (hyperinflation of the lungs). Percussion: Hyperresonant sound indicating air trapping in the lungs. Possible wheezing or rhonchi due to sputum obstruction. Gradual progression in intensity under supervision. Smoking History: Long-term smoker, likely contributing to the development of emphysema. Symptoms: Persistent dyspnea (shortness of breath). Reduced exercise tolerance and energy levels. Comorbidities: Possible risk of chronic bronchitis or other smoking-related conditions. Palpation: Decreased chest expansion, especially in the lower zones. Chronic sputum production. 2. 3. 2. 3. 4. 2. 3. 4. 5. 6. 7. 8..