

**COPING WITH YOUR  
LUNG HEALTH**  
2021 Flu Edition

**SEVEN STEP  
ACTION PLAN**



**BREATHE  
STRONG  
LUNG  
HEALTH  
GUIDE**

**Managing Your Lung Health to Reduce Emergency Hospital Visits**

# COPD Breathe Strong - Our Team and Mission



**Dr. Keith Robinson, MD MS FCCP** *Breathe Strong Medical Advisor*

**Dr. Robinson** is board certified in Pulmonary/Critical Care Medicine. He is Associate Medical Director of Pulmonology, North America at IQVIA, a Human Data Science Company, and leader of technology-patient centered research for world class health outcomes. Dr. Robinson is also a member of the Baptist Health Quality Network and serves as an Associate Clinical Professor at Florida International University, Wertheim College of Medicine in Miami, Florida.

**Karen Deitemeyer** *Patient Advisor*

**Karen** was officially diagnosed with COPD in 2001. She is a Florida State Advocacy Captain for the COPD Foundation; a member of the Governing Board of the COPD PPRN; Secretary for the U.S. COPD Coalition Board; and a member of the ALA National COPD Patient Advisory Group. She was the patient "face" for the DRIVE4COPD Campaign. Karen was a speaker for the 2014, 2015 and 2017 ALA Lung Force Expos.



**Bob Sobkowiak, RRT, TTS** *Breathe Strong Coalition Coordinator*

**Bob** is a former US Air Force Medic, trained to become an RRT. For over 40 years Bob has served in areas of Clinical Acute Care, Management, Education, Pulmonary Rehabilitation, Home Care, and as a volunteer with the ALA and COPD Foundation. Bob has served as a Florida COPD Coalition Coordinator since 2010, and is currently a Florida COPD State Captain, and Coordinator for COPD Breathe Strong America.

## Mission Statement

**Breathe Strong** Paving the Way for Lung Health Self-Management Through Partnership With a Community of Patients, Providers and Industry. Mentoring Our Pulmonary Community Through Engagement and Empowerment.

# COPD BREATHE STRONG Patient Education Guide Acknowledgments

This guide is dedicated to the COPD Community of Patients and Provider Champions who have taught us through their lives. This guide is a result of 8 years of lessons from patients in community education days and by 3 years of gathering input, review, suggestions, and wise counsel from a number of the best people and practices anyone could hope to partner with the vision of COPD Self-Management.

**Patient Champions:** JoVon Tucker, Cape Cod, MA; Nick Jones, The Villages, FL; John W. Walsh, Coral Gables, FL

**Provider Champions:** Dr. Thomas Petty, Denver, CO - "Father" of Pulmonary Rehabilitation (PR) and Long-term Oxygen Therapy (LTOT)  
Dr. Claudia Cote, Tampa, FL - Champion Researcher of COPD and Exercise Guidelines (BODE Index)

**Mentor and Friend:** Dr. Brian Tiep - Brian's many gifts of innovation, problem-solving, wonderful perseverance, humility, humor, and compassion have guided me for the past 20 years.

**Medical Advisor:** Dr. Keith Robinson - Keith's vision and compassion for the COPD Patient Community was the key to our vision statement, "Connect, Engage, and Empower." This guide is a tribute to his service to many community workshops over the past 8 years.

**Patient Advocates:** Karen Deitemeyer, COPD Florida State Captain and Valerie Chang, JD Vice-Chair U.S. COPD Coalition

**COPD Foundation Team:** Dr. Byron Thomashaw, Medical Advisor; Jamie Lamson Sullivan, VP Public Policy & Outcomes; Jane Martin, Assistant Director of Education; Stephanie Williams, Community Programs Manager, "Harmonicas for Health" Program, PPRN

**Pulmonary Rehabilitation Programs:** Grace Anne Dorney Koppel, and the Dorney-Koppel Foundation for Pulmonary Rehabilitation, Programs for Underserved COPD Community Populations

**Medical Review and Guidance:** Dr. Robert Sandhaus, Clinical Director Alpha-1 Foundation, Professor National Jewish Medical Center, Denver, CO; Dr. Jerry Krishman, Director University of Illinois Health Pulmonary Research Team, Chicago, IL; Dr. Brian Carlin, Pittsburgh, PA, Past Vice-Chair American College of Chest Physicians, Past President AACVPR; Dr. Brian Tiep, Medical Director Pulmonary Rehabilitation, City of Hope, Duarte, CA; Dr. Joseph Seaman, Medical Director, Lung Health Clinic, Sarasota Memorial Health System, Sarasota, FL

**Guide Contributors:** David Thompson, RRT, COPD Educator; Noah Greenspan DPT Ultimate Pulmonary Wellness Center; Mark Mangus, BSRC, RRT, RPFT, FAARC; Mike Hess, BS, RRT, RPFT, Chronic Lung Disease Coordinator, WMU; Ed Fluker, RRT, Senior Director Respiratory Care, Florida Hospital, Orlando, FL; Denise Leazenby, CRT, Pulmonary Rehab Exercise Respiratory Therapist, Port Charlotte Rehabilitation Center; Rodica Vasilescu, PhDc, MSN, APN-C, GNP-BC, Lung Health Clinic Coordinator

**AARC American Association for Respiratory Care Team:** Tom Kallstrom, CEO

**Industry Supporters:** DR Burton, PN Medical, Encore Health, Philips, Breathe Technologies, and OxiMedical Respiratory

*-Bob Sobkowiak, RRT, TTS, Breathe Strong COPD Coalition Coordinator*



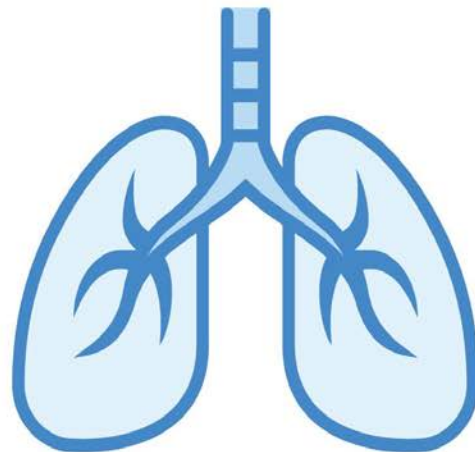
# If You Can Breathe, You Can Breathe Stronger!

Your lung health journey can be very challenging, and that is why we created...

## The Seven Step Lung Health Action Plan

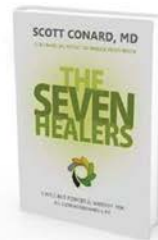
Our guide will help you with:

- 1 Breathing 🤔
- 2 Eating Right for your Lung Health 🍲
- 3 Sleeping Well 😴
- 4 Exercise Plan 🏋️ Five Week Walking Plan 🚶
- 5 How to Stay Out of the Hospital 🚫🏥
- 6 Finding the Right Healthcare Team 👨👩
- 7 Finding Your Purpose 🤔
- + Inhaled Medications 💊 Lowering the Cost 💰 Oxygen Therapy Options 😊



# The Breathe Strong Guide is based on THE SEVEN HEALERS

- 1 You can only live a few minutes without **Air/Oxygen** (Breathing Exercises)
- 2 You can only live a few weeks without **Water/Food** (Eating Right)
- 3 After about a week with no **Sleep**, you will go insane (Sleeping Well)
- 4 Without **Play/Exercise**, you will become sick, miserable, and depressed; within a few months to years, this too would result in death (Daily Walking)
- 5 Without a **Treatment Plan**, you will become sicker (Follow Your Action Plan)
- 6 Although you can live a lifetime without loving **Relationships**, your existence will be shortened and absent of fulfillment...(Finding the Right Healthcare Team)
- 7 Likewise, you can live a lifetime without **Purpose**, but it will be a life that is incomplete and void of meaning...(So Breathe Strong)



\* *The Seven Healers- Scott Conard, MD, [scottconard.com](http://scottconard.com)*

# COPD Breathe Strong Honors Nick Jones 1935-2015

- **1989** - At 50 years old Nick experienced shortness of breathing and had heart attack #1
- **1996** - Diagnosed with COPD and had Heart Attack #2  
Decided to stop SMOKING
- **1997** - Enrolled in Martial Arts and Tai Chi
- **2001** - Went on supplemental Oxygen
- **2002** - Founded the Villages Airheads Support Group

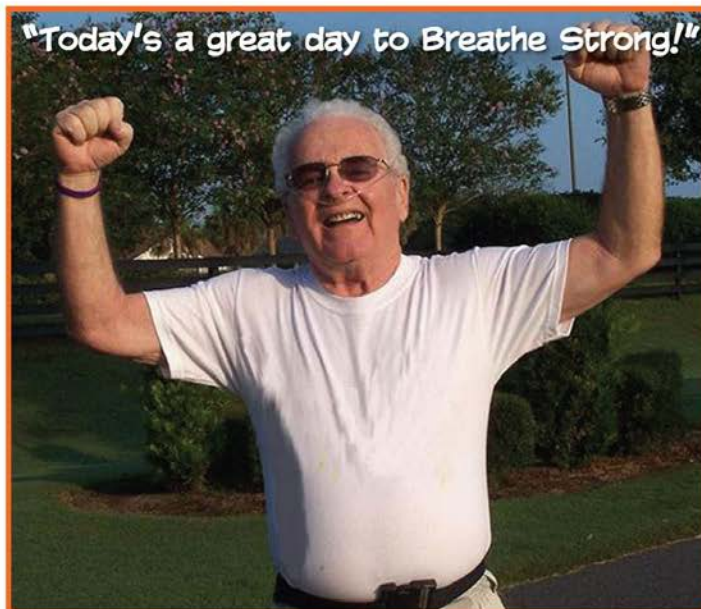
**Nick's support group is going strong to this day!**

For 19 years he lived with COPD

**We believe Nick won the battle!**

To learn more about Nick, visit

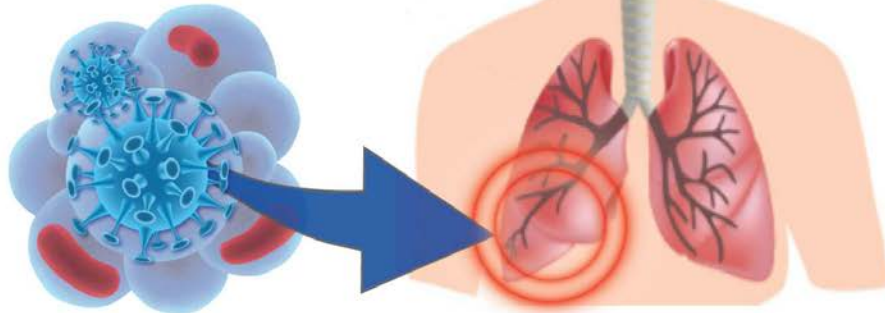
**[copdbreathestrong.org](http://copdbreathestrong.org)**



**The Father of Breathe Strong**

# Respiratory Infections Can Worsen COPD / Pulmonary Fibrosis

- Common Cold
- Coronavirus
- Pneumonia
- Influenza



Keep vaccinations up to date



Stay away from large groups of people



Practice social distancing and wear a mask when needed



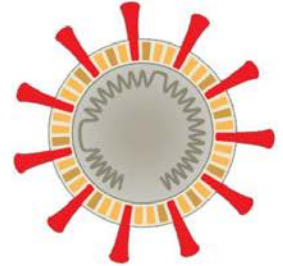
Respiratory infections do not cause COPD, but they can make people with COPD very sick.

# Stay Healthy This Flu Season - Coronavirus and Other Viruses

## Who is at risk?

People over 60 with underlying medical conditions such as...

- Heart disease
- Chronic lung disease COPD/pulmonary fibrosis
- Asthma
- Diabetes
- Undergoing cancer treatment
- People with weakened immune systems



## Preventative Measures



- Avoid close contact with people. Wear a mask in public.
- Stay active. Walk outside away from others, or exercise at home.
- Wash your hands frequently.
- Clean and disinfect common areas in your home frequently.
- **Follow The SEVEN STEP ACTION PLAN!**
- Learn more at: [cdc.gov/coronavirus/2019-ncov/prepare/prevention.html](https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html)



# Vaccination MYTHS vs FACTS

1. **MYTH:** Flu is like a common cold and not a big deal.

**FACT -** Severe respiratory disease that is easily spread, and can lead to severe complications and even death.

2. **MYTH:** The Flu shot can give me the Flu?

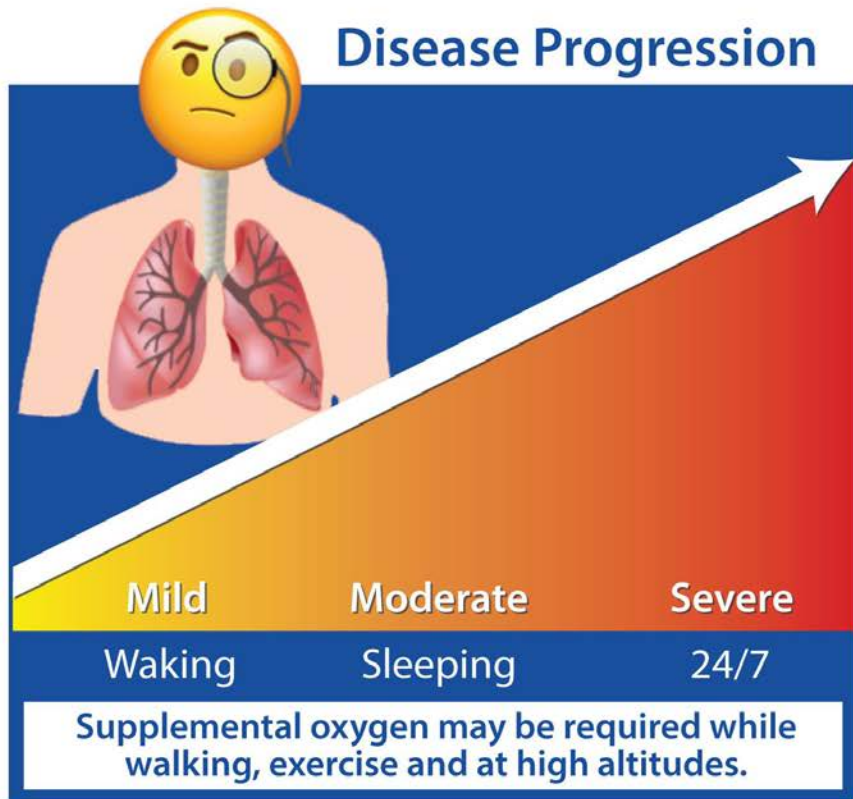
**FACT -** Not possible, does not contain the live virus

3. **FACT:** IN 2020 GET YOUR FLU VACCINE!!



# Signs and Symptoms of COPD / Pulmonary Fibrosis

- Shortness of breath
- Wheezing
- Chest tightness
- Ongoing (chronic) cough
- Difficulty with routine activities
- Blood oxygen level low
- Weight loss
- Muscle loss



# Understanding COPD - Chronic Obstructive Pulmonary Disease

COPD is a progressive disease of the lungs that includes chronic bronchitis and / or emphysema, which causes difficulty breathing due to long term damage in the lungs.

- Progressive because it can be slowed, but not stopped.

## Knowing the Causes and the Risks



**Cigarettes - 85% of all COPD deaths are caused by smoking**

**The absolute #1 cause of COPD is cigarette smoking**

**And the absolute #1 way to slow COPD down is to stop smoking**

**N.O.P.E. (Not One Puff Ever) [SMOKEFREE.ORG](http://SMOKEFREE.ORG) Hot line 800-784-8669**



**Indoor air pollution  
Secondhand Smoke**

**Frequent respiratory infections in childhood  
Genetic factors such as Alpha-1 antitrypsin deficiency**

Note: All COPD Patients should be tested for Alpha-1



**Outdoor air pollution**

**Occupational exposure to chemicals/dusts**



**58% of COPD patients are women -**

**COPD kills more American women than breast cancer and diabetes combined**

# COPD Traps Air In Your Lungs

When you inhale, air moves from your nose and mouth into lung structures called alveoli.

This is where **Oxygen** is exchanged for **Carbon Dioxide**.

COPD and Pulmonary Fibrosis lead to less effective exchange of **Oxygen** and **Carbon Dioxide**.

## Chronic Bronchitis

The airways that let air in and out of the lungs swell and become clogged.

Healthy  
Open Airway



Inflammation  
& Excess Mucus



## Emphysema

The walls between the air sacs break down.

Alveolar Membranes  
Break Down



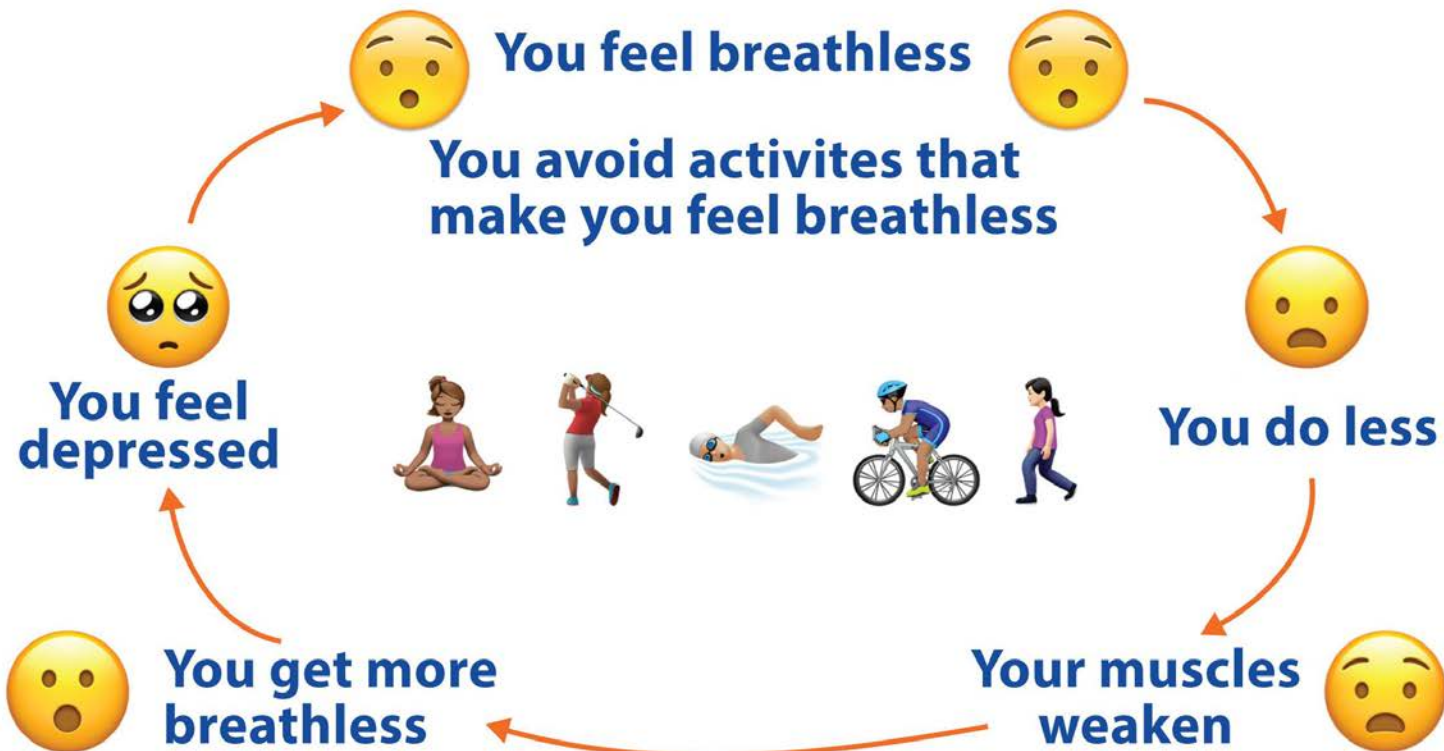
Healthy, Well-Defined  
Alveoli



## Mucus Traps Air in the Lungs


COPD makes it difficult to get the air out of the lungs. The problem is NOT getting the air into the lungs, IT'S GETTING THE AIR OUT OF THE LUNGS. This is why **Pursed Lip Breathing** helps to get the trapped air out of the lungs, and get the fresh oxygenated air into the lungs.

# You can stop SOB (*Shortness of Breath*) Cycle



# Coping With COPD

Coping with COPD does not mean you have **given up!**  
It means you understand you cannot control everything in your life.

It shows that you are ready to continue living your life and  
Laugh whenever you can! 

This can be a time of reflection and renewal and a new plan of action.

**The Breathe Strong Seven Step Action Plan  
in conjunction with your doctor treatment plan...  
Will Help You Cope!**

# Start Your Lung Health Seven Step Action Plan Today

## View Our Live Webinars or Join a Local Breathing Club



**Live Education Webinar**  
View at [copdbreathstrong.org](http://copdbreathstrong.org)



**Find a Breathing Club in Your Area at**  
[copdbreathstrong.org](http://copdbreathstrong.org)

**American Lung Association Better Breathers**  
[www.lung.org](http://www.lung.org)

**Alpha-1 Support Groups**  
[www.alpha1.org](http://www.alpha1.org)

**Pulmonary Fibrosis Support Groups**  
[www.pulmonaryfibrosis.org](http://www.pulmonaryfibrosis.org)

# STEP #1

You can only live a few minutes without...  
**Air/Oxygen: Learn Breathing Techniques**



## “Pursed Lip Breathing”

**Can Open up your Lungs and Help You Relax**



**A. Take a slow breath in through your nose.**

While you breathe in, count “1...2...3...” Fill your lungs.

**B. Don't hold your breath.**

As you breathe out, purse your lips as if you were blowing bubbles.

**C. Don't breathe out too fast.**

Blow out like you are blowing bubbles, not like you are blowing out a candle.

**Repeat this 4 or 5 times can slow down your breathing and make it easier to get the air you need.**



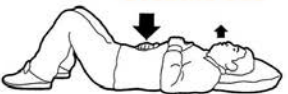
## STEP #1 - Air/Oxygen: Belly Breathing Exercise



Breathe in



Breathe out



“Belly Breathing” helps the dome-shaped muscle at the bottom of your lungs move.

This lets you take air into your lungs and makes breathing easier.

- A. Lie on your back with your knees bent, in bed or on the floor. Put a pillow under your head. You can also try it while sitting in a chair.
- B. Put the palm of one hand on your belly. Put the palm of your other hand on your chest.
- C. Breathe in slowly through your nose. Your belly should push out against your hand. Your chest should not move.
- D. Tighten your belly muscles. Breathe out slowly through your mouth. Keep your lips pursed. You should feel your belly go down.  
Note: If you feel dizzy as you do this, breathe more slowly.

# STEP #1

## Breathing Tips for Catching Your Breath



It's normal to hold your shoulders tense and high.

Take a minute to drop your shoulders down, close your eyes, and relax.

Three things you can do when you become short of breath...

**STOP . . . Your activity**



**REST . . . Do pursed lip breathing**



**CONTINUE ACTIVITY . . .**

Doing pursed lip breathing as you go and go slow when needed. Use an oximeter to check your heart rate.



## Step #1 - Air/Oxygen: The Breather



THE  
BREATHER.  
#1 Best Selling Respiratory Muscle Trainer

- Strengthens inspiratory and expiratory muscles
- Promotes diaphragmatic breathing
- Generates improved airflow through vocal folds
- Reduces shortness of breath

20% off when you use the Coupon Code  
**COPDBreatheStrong**  
at [pnmedical.com](http://pnmedical.com)

**The Breather** is an Inspirator / Expiratory Respiratory Muscle Training device (RMT) which improves health and quality of life by promoting regained activity and exercise tolerance.



P N M E D I C A L

Learn more at [pnmedical.com](http://pnmedical.com)

## Step #1 - Air/Oxygen: Music is Oxygen for the Soul



**COPD360**music  
HARMONICAS FOR HEALTH



- Learn how to have better control of your breathing
- Exercise the muscles that help move air in and out of the lungs
- Strengthen abdominal muscles for a more effective cough

**Reported benefits include:** decreased shortness of breath, increased sputum mobilization and increased quality of life.



**Learn more at:**  
[copdfoundation.org](http://copdfoundation.org)  
[copdbreathstrong.org](http://copdbreathstrong.org)

# STEP #1 - Good Cough Exercises to Move Mucus

## The Good Cough Exercises



Follow these steps to clear the mucus from your lungs:

- A.** Sit comfortably in a chair. Keep your back straight and lean forward. Spread your knees apart. Place your hands, elbows, or lower arms on your knees or over a table.
- B.** Let your belly push out as you take a slow, deep breath. Fill your lungs almost all the way.
- C.** Hold your breath while you count 1...2...3...4...
- D.** Tilt your chin up and open your lips.
- E.** Use your belly to push the air out of your lungs in short quick bursts. Make a sound like **“huh - huh - huh”** Take a breath, and repeat 2 to 4 times.

**Note:** If you feel dizzy as you do this, breathe more slowly.

## Lung Secretion Device

### PocketPEP®



### Obstructive Positive Expiratory Pressure

The palm-sized PocketPEP® is the smallest OPEP available. OPEP therapy is intended to reduce the risk of hospital acquired pneumonia. When patients continue use of the convenient OPEP therapy at home, it can reduce risk of pulmonary complications.

Learn more at [drburtonhpi.com](http://drburtonhpi.com)



Difficulty coughing out sputum?  
Perhaps a mucus cleaning device can help!  
The DR Burton Pocket PEP may help you shake the  
mucus and make it easier to cough with results!



## Lung Exercise Device

### PocketPEP®



### Obstructive Positive Expiratory Pressure

The palm-sized PocketPEP® is the smallest OPEP available. OPEP therapy is intended to reduce the risk of hospital acquired pneumonia. When patients continue use of the convenient OPEP therapy at home, it can reduce risk of pulmonary complications.

Learn more at [drburtonhpi.com](http://drburtonhpi.com)





# Treating your COPD and still struggling?

Chronic productive cough?

Repeated antibiotic use for chest infections?

These may be indicators of bronchiectasis—a common but frequently undiagnosed condition caused by chronic inflammation of the airways.

Half of people with serious COPD may have bronchiectasis.

50%

inCourage® Airway Clearance Therapy is a drug-free way to clear excess mucus from the lungs.

Ask your doctor if the inCourage System may be right for you.

For more information about bronchiectasis, call 1-800-793-1261 or visit

[www.respirtech.com/be](http://www.respirtech.com/be).

**We change lives. We help people breathe better.**

RespirTech®



## STEP #2

You can only live a few weeks without...

## Water / Food: Eating Right For Healthy Lungs

People usually use 36 to 72 calories per day on respiratory muscles.

People with COPD use up to 360 to 720 calories per day.



Keep your energy up and get needed nutrients by consuming enough calories while still eating healthy foods.

### Whole Milk

Concentrated source of carbohydrates, protein, and fat, whole milk provides calcium and vitamin D. Whole milk can be important in fighting osteoporosis. Milkshakes, fortified milk flavored milk, and cheese are additional good choices.



### Nut Butter

Just 2 tablespoons of nut butter contains about 8 grams of protein as well as about 8 grams of healthy monounsaturated fat; almond butter and tahini (from sesame seeds) are some good choices.



### Unsalted Nuts & Other Healthy Fats

If you eat an ounce, you've eaten about 170 calories; skip nuts that are roasted or otherwise flavored because they tend to be loaded with sodium. Olive oil and avocados are two other good sources of healthy fats for a COPD diet.



### Apples

Apples are powerhouses packed with vitamins and minerals as well as concentrated carbohydrates, especially if eaten dried; applesauce and apple juice are other good choices.





## STEP #2 - Water / Food - Eating Right For Healthy Lungs

### Soup & Other Beverages

Get enough fluids throughout the day (to help keep secretions loose and airways more supple) with soups, and most fruits; avoid soda and similar sweetened beverages with empty calories.



### Greek Yogurt

Use as an alternative to sour cream, as a snack, as a side dish, or as a dessert, with 16 grams of protein in a 6 ounce serving vs. 8 grams in an 8 ounce serving of regular yogurt.



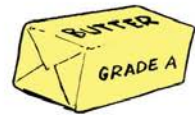
### Fish & Other Fats

Fish is a great source of protein as well as a nutritious way to provide necessary calories and variety in your diet. Lean meat, poultry, eggs, nuts & dried beans are other great protein options.



### Butter & Other Fats

Butter (not margarine), and other fats, can help provide additional calories in your diet. Cream cheese, regular salad dressings, dips and sour cream are other options available at the store. Olive oil and peanut oil can be used instead.



### Smoothie Ingredients

Smoothies can be a combination of all kinds of fruits, veggies, milks, yogurts, and proteins as a concentrated source of calories, fat, carbohydrates, and vitamins and minerals; add extra calories with nut butter or avocado, etc.



## Improve Your Lung Health, Fill Up On These Foods!

## STEP #2

## Watch Your Weight - In Both Directions

**The right diet and nutrition assessment is a vital part of YOUR Action Plan.**

### **People with Chronic Bronchitis**

have a tendency to have excess body weight, making your heart and lungs work harder and more difficult to breathe.

Your doctor or dietitian can advise you on how to achieve a healthier body weight by following a customized eating plan and the right exercise program.

### **People with Emphysema**

have a tendency to be underweight. If you're underweight, you may feel weak, tired and be more prone to infections.

You will need to include healthy, high-calorie snacks in your diet, including: Milk, eggs, oats, quinoa, and beans  
cheese, avocado, nuts and nut butter oils.

**Make mealtime easier • Choose a quick and easy food plan  
Eat your main meal early • Make enough for leftovers**

## STEP #2

# Clean Up Your Kitchen To Breathe Strong

### Make the most of every meal

- Make breakfast your main meal
- Eat a total of 6 small meals a day
- Make meals that you like
- Invite someone to eat with you
- Eat and chew slowly. Pause occasionally  
Put utensils down between bites.
- Plan the next meal
- Enjoy your meal as much as your dessert
- Try to drink plenty of fluids throughout the day.



### Remove foods if they give you gas



Caffeine can block your medications.  
Consult your doctor.



## STEP #3

### After about a week with no sleep, you will go insane... Sleeping Well: Important Tips

- Get daily exercise



- Eat well, especially foods with magnesium and B complex vitamins



- Establish a sleep routine - go to sleep and wake up at the same time every day.



- Talk to your doctor about using oxygen therapy, especially if your oxygen saturation levels are low.



- Open your airways with medications



- Get tested for sleep apnea.



- Consult with your doctor about the medications you are currently taking.



- Avoid smoking and limit your intake of caffeine and alcohol.



## STEP #3

## COPD and Sleeping Issues



### Low oxygen levels in the blood cause sleeping problems



COPD can cause a low level of oxygen in the blood at different times during the night. This would result in poor quality of sleep, and you may feel tired during the day.

Your doctor can carry out tests to find out if low levels of oxygen in the blood are causing the sleeping problems. If so, you may need to have oxygen therapy during the night.\*

**\*Note: Covered by Medicare / Insurance.  
An overnight pulse oximetry test is required.**



## STEP #4

Without Play/Exercise, you will become sick...  
**Play, Exercise and Start Walking Today!**

**Breathe Right  
Breathe Strong**



**Breathe in**



**Breathe out**

### Learn to Breathe Before You Walk

- A.** Keep your heart rate within prescribed limit
- B.** Learn proper breathing patterns
- C.** Use pursed-lip and belly breathing
- D.** Stop to check your breathing patterns
- E.** Ask what medications or inhalers you should use before exercise.



**This plan is only a suggestion and may not be appropriate for everyone. Please ask your physician for approval.**

### Week 1



- A.** Walk at a slow pace for **5 minutes**. Then stop and rest. Walk back. **(10 minutes total walking time)**
- B.** Check your breathing pattern to be sure it is correct. If it is not, slow down or stop and rest.



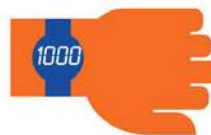
## Week 2



Increase walking time to **7 minutes**. Then stop and rest.  
Walk back. **(14 minutes total.)**

Use a pedometer to keep track of your step count.

Walk a minimum of 1000 steps in your home every day.



## Week 3



Increase walking time to **9 minutes**.  
**(18 minutes total.)**

Do not walk and talk at the same time.



## Week 4



Increase walking time to **12 minutes**.  
**(24 minutes total.)**

Use a pedometer to keep track of your step count.



## Week 5



Increase walking time to **15 minutes**.  
**(30 minutes total.)**

Use a fingertip pulse oximeter to monitor your heart rate.

Keep your heart rate within prescribed limit.



# STEP #4

## Exercise Examples For Your Lower Body

**Stay in Shape** Patients with respiratory issues often find it easier to sit back and not make the effort on their lungs, since it is easier and less painful.

### Knee Extension



Breathe in

#### NOTE:

1. Clear your lungs before exercising
2. If using oxygen, move the dial 1 liter higher (Consult with doctor)
3. Start with 5 to 8 repetitions without an ankle weight - unless otherwise specified by your therapist

**REMEMBER TO:** Whistle while you work



Breathe out

#### To strengthen upper leg muscles:

- A. Sit erect in a chair with weights strapped around your ankles.
- B. Raise one foot in front of you until your leg is as straight as possible. Slowly lower your leg to the starting position.
- C. Repeat with your other leg. Alternate legs with each lift.

When you can perform 8 lifts in good form, increase the weight.



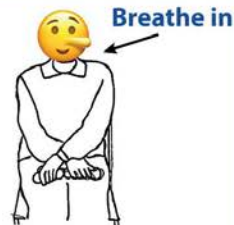


## STEP #4 - Exercise Examples For Your Upper Body

### Seated or Standing Cross-Overs



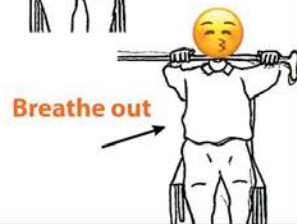
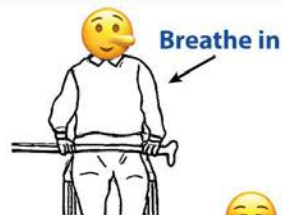
- A.** Sit on chair with feet flat on the floor.  
Lean forward slightly with your back straight.  
Avoid shrugging your shoulders up to your neck.  
With a weight in each hand, extend arms toward the floor with palms facing you. The right weight rests on your left thigh, the left weight rests on your right thigh.
- B.** While inhaling, lift your arms with slightly bent elbows in front of you until weights are out-stretched above either side of your head. You should feel your shoulder blades come closer together as you lift weights. While exhaling, slowly reverse the motion, lowering weights back to the starting position.



### Arm Raises



- A. Using a broom or cane:**  
Start by sitting in a chair and using relaxed breathing control.  
Grasp the stick with palms facing down, about shoulder-width apart.
- B.** Lift the stick to shoulder level with elbows just slightly bent.  
Inhale through the nose while lifting;  
exhale through pursed lips while lowering.  
Lift in sequence to your breathing rate. About 12-14 repetitions per minute. One sequence of up + down = 1 repetition.  
Do this for 2 minutes, then rest for 2 minutes.



# Join Our Weekly **BREATHE STRONG WITH TAI CHI** Webinar



## The Benefits of Tai Chi at Home

- > Breathing
- > Heart Function
- > Blood Pressure
- > Balance
- > Calming
- > Flexibility
- > Coordination
- > Energy

Experience for yourself the accumulated wisdom of centuries with the timeless exercise of Tai Chi. Improve your breathing, blood pressure and balance, feel more energy, and sleep better. Learn to use your Tai Chi to alleviate chronic stress, and everyday aches and pains.



# HEALTH

Exercises at

[copdbreathstrong.org](http://copdbreathstrong.org)

# PULMONARY WELLNESS FOUNDATION

*Our Mission is to serve as the world's most advanced and comprehensive pulmonary wellness hub where all people with respiratory disease can come together as a community and feel at home: safe, respected, understood and cared for, regardless of age, geographical location, and socioeconomic or medical status.*



**Start Your Pulmonary Wellness Boot Camp Today! Visit [pulmonarywellness.org](https://pulmonarywellness.org)**

## STEP #5

Without a plan, you will become sicker, know your...  
**Action Plan for Bad Breathing Days**

### How You Can Tell If You are Having a Bad Breathing Day



**A. Shortness of breath**



**B. Difficulty completing daily activities**



**C. More coughing / wheezing**



**D. Mucus is thicker and discolored**



**E. May have trouble sleeping**



**F. Low-grade fever**



**G. Feels like I am catching a cold**

## **STEP #5 - Bad Breathing Day - Plan of Action to Stay Out of the Hospital**



● I will limit my activity and use pursed-lip breathing



● I will take regular medications as prescribed



● I will check my temperature



● I will check my heart rate and oxygen level with an oximeter



● I will call my doctor to get special medications (rescue inhaler)



● I will call a friend and let them know my condition

## STEP #5 - How You Can Tell if You are Having a COPD Flare-Up

### Exacerbation Symptoms

A. More coughing than usual



B. More wheezing than usual

C. You may have increased shortness of breath



D. Mucus changes - thicker, color change (**yellow** or **green**)



**IMPORTANT TO NOTE if mucus contains BLOOD**

E. Tightness in your chest



F. Hands and feet are swollen from fluid



G. More forgetful, sleepy, and confused.



## STEP #5 - Exacerbation Action Plan

### I Feel I am in Danger - Signs to Watch For:

- A. Severe shortness of breath... *I can't breathe!*
- B. Rescue medicine is not working
- C. Trouble coughing up mucus, coughing frequently
- D. Fever and chills
- E. Blood in mucus
- F. **Your chest feels tight for more than 5 minutes**
- G. Confused, slurred speech, feel faint, **scared**



**CALL YOUR  
DOCTOR**



**CALL 911  
and  
GET HELP  
NOW!**

**CALL**



# STEP #6

## You can extend your lifetime with... An Effective Care Team

### TOTAL CARE TEAM

#### Primary Care Physician

Your primary doctor can diagnose and treat mild COPD. They can also refer you to a pulmonologist.



#### Nurse Practitioner/Physician Assistant

Provides a range of healthcare services, including prescribing medications, ordering tests, diagnosing conditions and education.



#### Pharmacist

Practices medicine assisted by the physician, including ordering tests, diagnosing conditions, prescribing medications and education.



#### Registered Dietician

Helps keep your energy up by planning healthy meals to manage your weight and strength.



### RESPIRATORY CARE TEAM

#### Pulmonologist

Treats and manages moderate to severe COPD, which includes diagnostic studies and tests.



#### Respiratory Therapist

Trained professionals that manage lung disorders. They perform lung function tests, rehabilitation, breathing techniques and counseling.



#### Lung Health Navigator

Trained specialists that work with lung diseases. They can provide inpatient and outpatient education and coordination.



#### Psychiatrist / Psychologist








Trained to help people with COPD cope with emotional effects of the disease.










## STEP #6 - Doctor Checkup Checklist

### Things to ask your doctor and other members of your healthcare team:

-  **Ask** if you are eligible for a pulmonary rehabilitation program or telerehab at home
-  **Ask** about what medications or inhalers you should take before exercise
-  **Ask** about the amount of steps a day you should walk (1000-5000 a day)
-  **Ask** about triggers/irritants (things that make your COPD worse) and how to deal with them
-  **Ask** about upcoming travel plans with your doctor (flying at high altitudes, oxygen needs)
-  **Ask** about a rescue inhaler for your exacerbation / COPD flare-up
-  **Ask** if there are any clinical trials available in your area that you could get involved with:  
**Learn more at:** [copdfoundation.org](http://copdfoundation.org) • [pulmonarytrials.org](http://pulmonarytrials.org) • [copdbreathestrong.org](http://copdbreathestrong.org)

### You should do the following at least once a year:

-  **Check** with your doctor about a spirometry test (% of lung capacity)
-  **Discuss** any educational needs regarding your health with members of your healthcare team
-  **Have** a complete physical exam
-  **Review** and update your Step #5 Action Plan
-  **Ask** your healthcare practitioner about the flu shot and pneumonia vaccine

## STEP #7

### Purpose - The Key

*Without purpose, life is an empty, short-lived existence.*

The “why” behind everything we do.

Having a reason for living.

Let go of being a “knower” of 1% that you know.

Embrace living as a “learner” of the 99% that you don’t know.



*“I’m not convinced that your date of death is the date carved on your tombstone. Most people die long before that. We start dying when we have nothing worth living for. And we don’t really start living until we find something worth dying for. Ironically, discovering something worth dying for is what makes it worth living.”*

*-Mark Batterson*

# Karen Deitemeyer's COPD Breathe Strong Journey

- **1991** - At 45 years old Karen experienced shortness of breath
- **1992** - Diagnosed with Emphysema and decided to **STOP SMOKING**
- **2003** - Diagnosed with COPD and started on Oxygen 24/7
- **2007** - Started Pulmonary Rehab and learned breathing techniques
- **2008** - Became a Patient Advocate
- **2015** - Joined a Breathing Club
- **2020** - For the past 29 years Karen has lived with COPD and still going strong!

**I believe Karen is winning the COPD BATTLE!**

**Start your battle plan...Today!**

Read more about Karen's journey at  
[copdbreathestrong.org](http://copdbreathestrong.org)



**"I'm loving life - and COPD can't stop me"**

# COPD MEDICATIONS FOR EMPHYSEMA AND CHRONIC BRONCHITIS

**Aerosol Treatment** can be delivered through:

**1. Pressurized Metered-Dose Inhaler (MDI), Dry-Powder Inhaler (DPI), and Soft-Mist Inhaler (SMI)** - these are portable, hand-held devices that you can carry in your purse or pocket.

**2. Small-Volume Nebulizer (SVN)** — a portable device that has a small plastic tube and cup (nebulizer) that connects to a small machine that pumps air (air compressor). Liquid medications are put into the cup and the machine makes the liquid into an aerosol.



**Being short of breath (SOB)** is not necessarily an indication of whether your body is getting sufficient oxygen. SOB is an indication that your lungs are struggling to provide your body with sufficient oxygen. Before being prescribed supplemental oxygen you may want to purchase a finger pulse oximeter, a device that will help you to monitor your blood oxygen saturation and heart rate to safely exercise.



# Know The ABCs Of Inhaled Medications

## (A) Clinical Assessment

Physician determines medication need  
(Types of medicine)

Beta2 Agonists (promotes opening of airways)

Anticholinergics (prevents narrowing of airways)

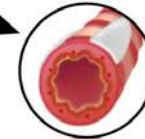
Corticosteroids (inflammation of airways)



Mucus



Constriction



Inflammation

## (B) Financial Assessment

Pharmacy / Insurance coverage for  
types of medicine (Rescue - 12hr - 24 hr)



Cost Per Dose

\$ - Less than \$1

\$\$ - \$1-\$2

\$\$\$ - \$2-\$3

\$\$\$\$ - \$3-\$4

\$\$\$\$\$ - \$5-\$10

\$\$\$\$\$\$ - \$11-\$15

## (C) Educational Assessment

Team up with a Respiratory Therapist to determine best device  
for patient (performance / preference based)



Special thanks to Mark Mangus, RRT, and Noah Greenspan, DPT - [www.PulmonaryWellness.com](http://www.PulmonaryWellness.com)

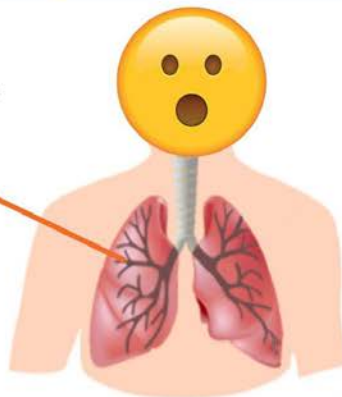
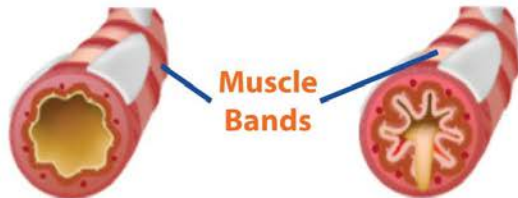
## 4-8 Hour Short Acting Inhaler Medications

Anticholinergic	Anticholinergic / Beta Agonist	Beta2 Agonist				
 * \$\$ Atrovent	 \$\$ Combivent	 * \$ Proventil	 * \$\$ Xopenex	 * \$ ProAir HFA	 \$ ProAir Respiclick	 * \$ Ventolin

The airways that let air in and out of the lungs swell and become clogged.

Healthy  
Open Airway

Inflammation  
& Excess Mucus



\* Use a spacer with these inhalers.



**These inhalers relax muscle bands**

- A. These are the ones you use when you're having a hard time breathing.
- B. How often you're using these helps determine how to adjust your controller medications.
- C. You should expect these to work within a few minutes. Most can be repeated within a minute or two. If a repeat dose still doesn't bring relief, you should contact your doctor.



For more information on cleaning instructions please visit [copdbreathstrong.org](http://copdbreathstrong.org)

# INHALED MEDICATION QUESTIONS FOR YOUR DOCTOR



## Is The Inhaled Medication Device Meeting My Needs?

- ✓ **Disease Severity**
- ✓ **My Age**
- ✓ **My Physical Ability**
  - > **Vision**
  - > **Hearing**
  - > **Dexterity**
  - > **Strength**
- ✓ **Cognitive Ability**
  - > **Do I Understand The Drug?**
- ✓ **My Preference**

## Did I Have Input On The Right Device for Me?

- ✓ **Availability**
- ✓ **Cost**
- ✓ **Reimbursement**
- ✓ **Convenience**
  - > **Ease of use**
  - > **Portability**
  - > **Size**
  - > **Shape**
  - > **Treatment Time**
  - > **Cleaning**
  - > **Maintenance**

## Did I Get Proper Inhaled Medication Device Training?

- ✓ **One-on-One Training**
- ✓ **Effective Instructions**
- ✓ **Hands-on Training**
- ✓ **Personalized Labeling**
- ✓ **Good Follow-Up**

# The ABCs of 12 Hour Long Acting Inhaler Medications

Anticholinergic		Beta Agonist		Anticholinergic / Beta Agonist							
	\$\$\$\$\$		\$\$\$\$\$		* \$\$\$		* \$\$\$		\$\$\$\$\$		\$\$\$\$\$
Tudorza		Seebri		Serevent		Bevespi		Utibron		Duaklir	
Corticosteroid											
	\$\$\$		\$\$	* 	\$\$\$		\$\$	* 	\$\$		\$\$\$\$\$
Flovent Diskus		Hiovent HFA		Alvesco		Pulmicort		QVAR		QVAR Redihaler	
Beta Agonist / Corticosteroid											
	\$\$\$\$\$	* 	\$\$\$\$		\$\$\$	* 	\$\$\$	* 	\$\$\$		
Advair		Advair		AirDuo RespiClick		Dulera		Symbicort			
<b>Cost Per Dose</b>		\$ - Less than \$1    \$\$ - \$1-\$2    \$\$\$ - \$2-\$3    \$\$\$\$ - \$3-\$4    \$\$\$\$\$ - \$5-\$10    \$\$\$\$\$\$ - \$11-\$15									



# The ABCs of 24 Hour Long Acting Inhaler Medications

Anticholinergic	Anticholinergic / Beta Agonist	Beta Agonist	Beta Agonist / Corticosteroid	Anticholinergic / Beta Agonist Corticosteroid
 <p>\$\$\$\$\$\$</p> <p>Incruse Ellipta</p>	 <p>\$\$\$\$\$\$</p> <p>Anoro Ellipta</p>	 <p>\$\$\$</p> <p>Striverdi Respimat</p>	 <p>\$\$\$\$\$</p> <p>Breo Ellipta</p>	 <p>\$\$\$\$\$\$</p> <p>Trelegy Ellipta</p>
 <p>\$\$\$\$\$\$</p> <p>Spiriva HandiHaler</p>	 <p>\$\$\$\$\$</p> <p>Stiolto Respimat</p>	 <p>\$\$\$\$\$</p> <p>Arcapta Neohaler</p>	<p>Corticosteroid</p>	
			 <p>\$\$\$\$\$</p> <p>Arnuity Ellipta</p>	 <p>\$\$\$\$\$</p> <p>Asmanex HFA</p>

- A.** These are ones you use every day regardless of how you're feeling.
- B.** We use these to help you avoid having to use your rescue medications.
- C.** You should not expect these to work right away.
- D.** These medications are usually well-tolerated but some people experience:
  - Dry mouth • Runny nose • Scratchy throat • Dizziness

**Cost Per Dose  
With No Insurance  
\$\$\$**

# Affordable Respiratory Nebulizer Medication Options



Are you  
out of  
**BREATH**  
**AND**  
out of  
**MONEY?**

## **PART B DRUGS WILL SAVE YOU MONEY!**

**Albuterol • Duoneb • Pulmicort • Brovana • Performist**

These medications are used in the devices below.  
Call your pharmacy or provider to learn more.

Some of your respiratory drugs like Albuterol, DuoNeb, Pulmicort are cheaper through your Medicare Part B benefit; other prescriptions that use a combination of long acting bronchodilator drugs (controller meds like Breo, Stiolto, Anoro, Spiriva) are cheaper through Medicare Part D benefit. Consult your insurance provider, and also ask if you qualify for a low income subsidy (LIS).



**Flyp Pocket**  
Mesh Nebulizer



**Pocket Neb**

**For People who suffer from**  
**Asthma, COPD, Emphysema or Bronchitis**

**Treatment in 7-8 minutes.**  
**Nebulizes all liquid respiratory medication.**  
**Pocket size easy to carry. Liquid will not leak out.**

**Take your treatment at work or before any activity**  
**Replaces your inhaler at a fraction of the cost \$**



**Pari Trek S**

## **General Nebulizer Cleaning Instructions**

**After each use** - Rinse nebulizer cup and mouthpiece with warm running water. Shake off excess water. Air dry.

**Daily** - Wash nebulizer parts in warm water with liquid soap. Rinse. Disinfect parts with 1 part white vinegar and 3 parts distilled water. Soak for 60 minutes. Rinse all parts with warm water. Shake off excess water. Air dry.

# Know the ABCs of Short and Long Acting Nebulizer Medications



## 4-8 Hour Duration (Short Acting)

**Anticholinergics**

**Beta Agonists**

**Anticholinergic / Beta Agonist**

**Ipratropium Bromide**

**Albuterol or Xopenex**

**Duoneb**

**“Drugs don’t work if patients don’t take them (properly)”**

Former US Surgeon General  
C. Everett Koop MD



## 12 Hour / Twice a Day (Long Acting)

**Anticholinergic**

**Beta Agonist**

**Inhaled Corticosteroid (ICS)**

**Lonhala Magnair**

**Brovana or Perforomist**

**Pulmicort**

## 24 Hour / Once a Day (Long Acting)

**Anticholinergic**

**Yupelri**

Always take your long acting medications at the same time every day, and carry a fast acting inhaler to reduce exacerbations and visits to the emergency room.

# **COPD OXYGEN NEEDS FOR EMPHYSEMA AND CHRONIC BRONCHITIS**

## **Mild Needs**

Discuss with your physician your supplemental oxygen needs for exercise, activity, travel, and high-altitude as possible needs. Finger pulse oximeter may help in your self-monitoring.

## **Moderate Needs**

Oxygen at 2 to 3 liters while sleeping delivered by a home oxygen concentrator and may require oxygen while walking on pulse flow settings from 2 to 4.

## **Advanced Needs**

Prescribed oxygen 24 hours a day at 3 to 5 liters, and requires continuous flow oxygen while walking, set to 4 to 5 liters continuous flow or pulse flow settings 4 to 7 on a transportable concentrator.

# PULMONARY FIBROSIS OXYGEN NEEDS

## Mild Needs

Initial needs for oxygen may vary with close monitoring of oxygen saturation levels with breathing, activity, and intermittent portable supplemental oxygen. Initial oxygen needs may correlate to severe shortness of breath with specific activity situations.

## Moderate Needs

Oxygen required while walking 2 to 4 liters continuous flow via a portable oxygen bottle or 5 to 6 pulse flow using a portable concentrator.

## Advanced Needs

Prescribed oxygen 24 hours a day at 3 to 5 liters. Will require continuous flow oxygen on settings 4 liters or more to maintain blood oxygen levels above 90%.

# Oxygen Therapy Can Help Maintain Your Heart and Lung Functions

## You May or May Not Need



OXYGEN

At some point you may be prescribed oxygen. Although you will feel breathless while you have an **EXACERBATION** and feel you need oxygen, it still may not be the appropriate time for oxygen therapy. Only a series of tests will confirm if you qualify.



## Benefits of Oxygen Therapy

### Oxygen Therapy

In addition to reducing breathlessness and fatigue, supplemental oxygen can help reduce stress on all your organs, and increase your ability to maintain an active lifestyle.

**Oxygen is not addictive.**

## How Do I Qualify For



OXYGEN

### Conditions for Which Oxygen Therapy May Be Covered by Medicare and Insurance

- A. When arterial oxygen saturation is at or below 88%, taken during sleep, while awake, or taken during exercise and there are signs reasonably attributable to hypoxemia.
- B. With one of the following conditions: severe lung disease such as COPD, interstitial lung disease, cystic fibrosis, bronchiectasis; widespread pulmonary neoplasm, pulmonary hypertension, pulmonary fibrosis, congestive heart failure due to chronic cor pulmonale, erythrocytosis, impairment of the cognitive process, nocturnal restlessness, and morning headache.



# Know the ABCs of Home Oxygen Concentrators

## 1

Oxygen  
Concentrator  
Purity

**A. Concentrator Purity Percentage:** 86% to 94% pure oxygen

**B. Alarms:** All concentrators will alarm at 85% purity

**C. Process:** Oxygen is separated from 21% room air

 **CONTINUOUS  
FLOW ONLY**

**LOW %  
OXYGEN** 

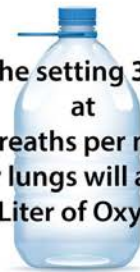
Doctor's order for oxygen must be a minimum of 2 Liters to meet the requirement for Medicare monthly reimbursement.

## Stationary Home Oxygen Concentrators Made in the U.S.A.

Models 20 to 30 Pounds (Delivers 1 to 5 Liters) or 40 to 50 Pounds (Delivers 1 to 10 Liters)



On the setting 3 Liters  
at  
20 breaths per minute  
Your lungs will absorb  
1 Liter of Oxygen



Breathe Strong Guide Special Pricing \$695... Call [OxiMedical.com](http://OxiMedical.com) 888-239-7196

## 2

### Your Cost -- Utility Company

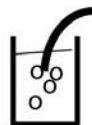
- A. **Power Cost:** Ranging from \$30 to \$40 a month.
- B. **Utility Company:** Check with your utility company for discounts and emergency response.



## 3

### Home Concentrator Maintenance

- A. **Oxygen Delivery:** On the setting 3 liters or lower you may not need a humidifier bottle.
- B. **Filter:** Replace internal filter every 18 to 22 months. Clean external intake filter monthly
- C. **Flow Test:** Place tip of cannula in glass of water or use a flow tube tester



## 4

### Cannula -- Tubing -- Safety

- A. **Cannula:** The nose piece needs to be replaced (minimum) every 30 days
- B. **Tubing:** Replace the 25 and / or 50 ft tubing once a year
- C. **Fire Safety:** **NO** Candles – **NO** Cigarettes – **NO** Open Flame





# Know the ABCs of Portable Oxygen Systems



**Daytime  
Oxygen**

There are 3 types of portable oxygen systems:

- A.** Bottled Oxygen Gas.....Available in all areas.....**Not Airline Approved**
- B.** Liquid Oxygen.....Not available in most areas.....**Not Airline Approved**
- C.** Battery System.....Limited availability due to low reimbursement from Medicare/insurance.....**Airline Approved**



**ALL Portable Oxygen Systems deliver Pulse Flow. They MAY or MAY NOT be equal to Continuous Flow.**

## Bottled Oxygen System

*Continuous  
Delivery of liters  
and  
Pulse Delivery  
of milliliters*



5-7 Pounds

## Liquid Oxygen System

*Pulse Delivery  
of milliliters  
only*



4-7 Pounds

## Portable Oxygen Concentrator



3-6 Pounds

## Transportable Oxygen Concentrator

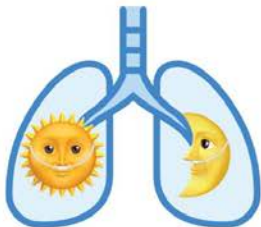
*Continuous  
Delivery of liters  
and  
Pulse Delivery  
of milliliters*



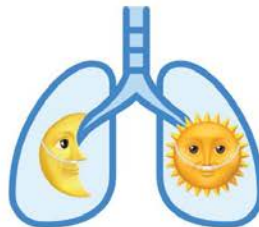
10-18 Pounds

# All Portable Oxygen Concentrators Are Not Equal!

## CARRY PORTABLES 3 to 5 lbs *Daytime Oxygen*



## CART PORTABLES 9 to 15 lbs *Night or Daytime Oxygen*



3 Pulse Settings  
*Not recommended for sleeping*

6 Pulse Settings  
*Get doctor's OK for sleeping*

6 Pulse Settings  
or  
2 Continuous Settings

9 Pulse Settings  
or  
3 Continuous Settings

**Mild**  
Oxygen Use  
2 Liters Or Less



**Moderate**  
Oxygen Use  
3 Liters Or Less



**Severe**  
Oxygen Use  
4 Liters Or Less



**Advanced**  
Oxygen Use  
5 Liters Or Less



**Which Portable is Right For You? The Answer is Always at the End of your Finger**

Use a finger tip oximeter to set your portable oxygen on the right setting to keep yourself active. Stay Above 90%.



Learn more about POCs at [copdbreathstrong.org](http://copdbreathstrong.org)



## Portable Oxygen Concentrator Requirements Weighing 3 TO 5 Pounds Would Be Appropriate When:

**1 Patient requires 2 to 3 liters continuous flow while sleeping and awake and was tested on a pulse/demand regulator oxygen bottle or portable oxygen concentrator.**

**Note:** *May need to use pulse flow settings from 3 to 5 to maintain SpO<sub>2</sub> (Blood Oxygen) above 90%.*

**2 Patient requires oxygen at 4 liters continuous flow while sleeping and awake.**

**Note:** *These patients must be tested to ensure proper SpO<sub>2</sub> levels on all pulse settings.*

**Note:** *Portables weighing 3 to 6 pounds do not deliver continuous flow and should not be used while sleeping by patients that need 4 liters continuous flow.*

# Information You Need To Know Before Flying

- 1** All airlines require a minimum of two batteries.  
NOTE: For a 4 hour flight, you need 6 hours of battery time.



- 2** Your Portable Oxygen Concentrator must have a label in red reading:  
**The manufacturer of this POC has determined that this device conforms to all applicable FAA requirements for POC carriage and use on board aircraft.**

- 3** Use a fingertip oximeter to set your portable oxygen on the right setting to keep your blood oxygen above 90%.



**Your doctor may request a high altitude test before flying or mountain travel.**

Learn more at: [copdbreathestrong.org](http://copdbreathestrong.org)





# Will Medicare Cover The Cost?

**Faced with the current low reimbursement amount that Medicare / insurance provides, under what conditions would an oxygen provider deem it necessary to provide a 3 to 5 pound portable oxygen concentrator?**

- 1** **If the patient meets the criteria of 2 liters continuous flow while sleeping and awake** and the patient's activity level requires more than **4 tanks per week** then the oxygen provider may, but are not obligated to provide the patient with a portable oxygen concentrator.
- 2** **Patient requires oxygen at 3 to 5 liters while sleeping and awake** will need to use a transportable/continuous hi-flow Portable Oxygen Concentrator.

**NOTE: Medicare providers are not obligated to provide a POC.**

## Under What Conditions Would You Purchase a Portable Concentrator?

**1 The patient requires oxygen while sleeping at 2 or 3 liters** continuous flow and does not require oxygen while awake, but may need oxygen when active or flying at high altitude.



**2 The patient requires oxygen while sleeping and awake at 2 to 3 liters** continuous flow, has been tested on a pulse/demand regulator oxygen bottle, and finds it difficult to carry bottles which run out in the middle of their activities.

**3 The patient's activity level includes** automobile travel which prohibits the extended use of oxygen tanks but is accessible with the use of a portable oxygen concentrator that can be plugged into the DC car outlet.

**4 The patient's home care dealer will not provide a portable** that meets patient's needs, due to low reimbursement from Medicare/insurance.

# Thinking of Buying a Portable Oxygen System? Choose Wisely!

**Medicare  
Oxygen  
Supplier?**

- A. If you are using 4 or more tanks/bottles a week**, your Medicare supplier may provide you with a Portable Oxygen Concentrator. **NOTE: They are not obliged to.**
- B. Oxygen Suppliers will not buy back** when higher amounts of oxygen are required.

**Medicare**

**Direct  
from the  
Manufacturer?**

- A. Limited choices** and will not buy back when higher amounts of oxygen are required.
- B. No warranty transfer** if you need to sell, or give to a friend.
- C. No Drop-It Protection Program** - Repairs could cost up to \$800.



**Neighbor?  
Friend?**

- A. Low Oxygen!** The system may not produce high levels of oxygen.
- B. No Warranty!** The manufacturer or the authorized dealer will not honor the warranty.
- C. Bad Battery!** Batteries will not charge to proper level.
- D. Repairs could cost** up to \$900.



**eBay?  
Amazon?  
Auction  
Sites?**

- A. No 30-Day** risk free trial period.
- B. Service** or Information not available.
- C. Manufacturers will not** deal with you directly for service or warranty issues.
- D. Not authorized** to sell portable oxygen



**Authorized  
Retail and  
Service  
Center**

- A. Offer a 30-day** risk-free trial period and no restocking fee
- B. Offers a variety** of portables that will fit your needs.
- C. Will transfer** the warranty when you wish to sell.
- D. Will buy back** and upgrade when more oxygen is required.

**OxiMedical.com**  
Oxygen Provider for 25 Years  
Call 888-239-7196

CHANGE YOUR OXYGEN



CHANGE YOUR LIFE



**Breathe Strong Guide  
Special Offer**

Call OxiMedical.com 888-239-7196

## Test Drive Your Portable Concentrator For 30-Days Risk Free

We understand that purchasing an portable oxygen concentrator is an investment, and you want to be sure to get the one that is best for you.

If you're not sure which portable concentrator is right for your needs, try our 30-Day Test Drive.

### System Includes:

- 5 Flow Settings
- Only 4 Lbs
- 8 Hour Battery
- Very Quiet
- 5 Year Warranty
- Free Shipping
- Free Oximeter





**COPD Breathe Strong Guide**  
**Sponsored by OxiMedical Respiratory**



# OxiMedical.com

## Portable Oxygen Provider

**Serving Oxygen Patients for over 25 Years**  
**Recommended by Doctors and Hospitals Nationwide**

- **Need information about your Medicare benefits?**
- **Need Service on a portable oxygen concentrator?**
- **Need to rent a portable for vacation?**
- **Would like to purchase or finance a portable concentrator?**

Use  
Discount  
Code  
GUIDE

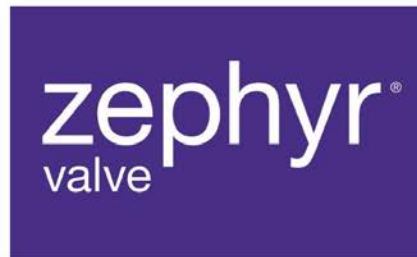
**Call us at 888-239-7196**



# There Is a New Treatment Option Available

## Treatment Options

After a formal diagnosis and better understanding of the severity of your illness by your care team, you can discuss a treatment plan. There are many possible treatment options based on the severity of your disease, the impact on your quality of life and other current health conditions.



Oxygen Therapy,  
Corticosteroids,  
Bronchodilator



Pulmonary  
Rehabilitation



**Zephyr Endobronchial  
Valves**



Lung Volume  
Reduction Surgery

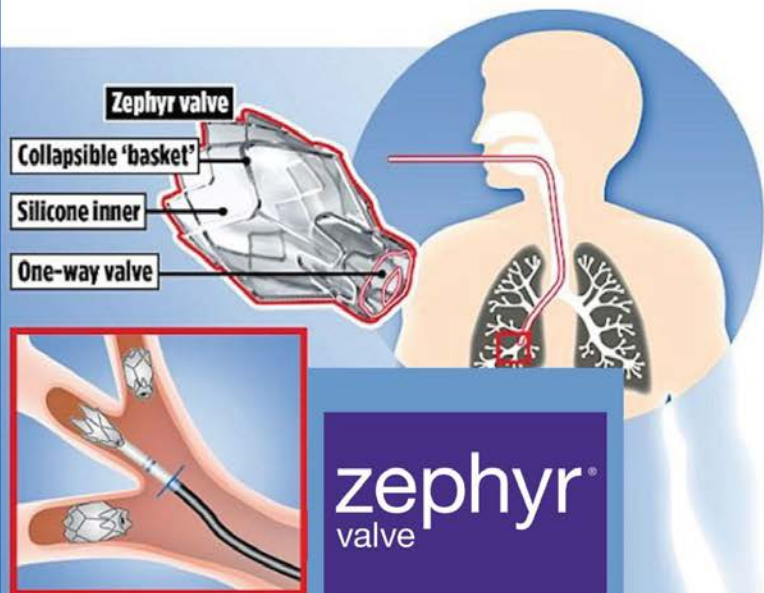


Lung  
Transplant

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