

Everyday Exercise: *Even small changes in your routine can help bring big fitness rewards*

by David Holzman



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Exercise can help boost the quality of life for people who have lung disease. Social life can improve when you can get out more easily. Family life may run more smoothly when you depend less on others. Exercise can also help boost your mood and help to reduce feelings of stress, anxiety, and even panic.

Exercise doesn't have to mean long hours in a gym. You can include many fitness boosters in your daily life. You can easily do most of them in your home. Be sure to talk with your doctor before beginning any exercise routine.

Types of Exercise

The three major types of exercise are strength training, aerobics, and stretching. Aerobic training includes walking, riding a stationary bike, and climbing stairs. The key is to work

Peter J. Rising, MS, is supervisor of Pulmonary Function and Respiratory Care and Pulmonary Rehabilitation Coordinator at Temple University Hospital in Philadelphia.

out hard enough to cause you to breathe harder. This helps boost endurance, says Peter J. Rising, MS.

Aerobic training can help breathing by helping the lungs, heart, and muscles work better. These exercises involve fast, repeated movements.

Strength training of the upper body can also help ease breathing. Strength training can make it easier to get around, carry things, and climb stairs. It may also help to improve balance. An example of strength training is lifting light weights.

Stretching keeps the muscles limber. This is a key part of any fitness program, says Mr. Rising. He says it's best to stretch after doing a short warm-up to get the blood moving.

Fitting Exercise Into Your Life

Mr. Rising's first tip is "don't quit doing things because of your breathing problems." Walking is one of the first things people with COPD stop doing. Big mistake. "It's your ticket to being independent."

Get Your Doctor's Okay Before You Start

Before you begin an exercise program, you need to have your fitness checked by a healthcare professional, says Len Horovitz, MD, a pulmonologist at Lenox Hill Hospital in New York City. Here's what to expect at that visit:

- “Your doctor will need to make sure your blood oxygen levels don't drop during normal exercise,” says Dr. Horovitz. One way to test oxygen levels is the “six-minute walk.” Your doctor will check your blood oxygen levels before, during, and after the walk.

If your oxygen level dips too low, you can exercise with a portable oxygen unit, or in the home, with a stationary home unit.

- Another important test is a cardiac stress test. This is important for people who smoke or who have other heart disease risks. In this test, the patient walks a treadmill, or rides an exercise bike while the heart is monitored, says Sanjay Kalra, MD, a consultant in the division of Pulmonology and Critical Care Medicine at the Mayo Clinic in Rochester, Minnesota. Blood oxygen levels are measured at the same time.

A pulmonary rehab program is a good bet in almost every doctor's book. It's a safer way to exercise, says Mr. Rising, because there are experts there to monitor you. They can ensure that your oxygen levels stay safe as your exercise levels increase.



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“Patients should walk for a set amount of time, even if they have to stop and start,” says Mr. Rising. “Do laps in your house or at the mall if walking outside is hard. Be creative.”

Simple ways to exercise more include making simple changes to your daily routine. Take the stairs instead of the elevator. Park a bit farther away from the store or office. But there's more. “In grocery stores, you may not always have to take a motorized cart,” says Mr. Rising. “Put your tank in the fold-out area of the shopping cart instead [where parents often seat children] if you use oxygen. Lean on the grocery

cart. If you have to stop, fine, you have to stop.”

Doing things with others can make exercise more fun. Push a grandchild on a swing. Enjoy an easy game of catch with others. These things can help you be active and do the things you enjoy. Take walks with someone so you can talk to him or her while you exercise. Other people can cheer you on and motivate you. Join a club if you don't have someone to do things with. For example, some malls sponsor mall-walking clubs.

“When you come to the hospital, pretend the wheelchair doesn't exist,” says Mr. Rising.

At-Home Exercise Tips

These exercises can all be done at home, with or without weights.

Upper Body Strength Training

- Bicep curls: Stand with light weights in your hands (see picture). Extend your arms. Slowly curl the weights toward your shoulders. Repeat.
- Overhead press. Lift the weights from shoulder height above the head. Then repeat. “These may be difficult early on because these exercises use a lot of respiratory muscles,” notes Mr. Rising.
- Start with your arms hanging down by your side. Hold them straight out, then raise them to shoulder height on your side. Then, raise them to shoulder height stretching them out in front.



Lower Body Strength Training

- Leg curls. While standing, bend one leg from the knee while keeping the upper portion of the leg straight.
- Leg extensions. From a seated position, lift one leg at a time, flexing at the knee.
- From a standing position, and holding the leg straight, lift it out to the side.
- From a standing position, holding the leg straight, lift it out toward the front.

Upper Body Aerobic Training

- Hold your arms straight out to the sides at shoulder height. Keeping them straight, clap your hands above your head, and repeat many times.
- Pumping the tire. This exercise involves moving your hands as if you were operating a tire pump. Pump your arms up and down with many repetitions.

“There are arm rails to lean on. We had one man who walked halfway through the hospital looking for a wheelchair. He would have walked less had he gone straight to his appointment.”

Training Tips for Couch Potatoes

Mr. Rising urges patients to get moving while they watch TV. “You can do strength training, such as leg and arm exercises,” he says. Many of these can even be done from a sitting position. “You can also walk in place during the ads,” he says. “Brace your arms on the

back of a couch. This way, your weight will be supported.”

Using fitness equipment while watching TV is another approach, says Mr. Rising. Exercise bikes and treadmills are a good choice. Steppers may be too intense for most people with COPD, he notes.

Don’t get too hung up on your personal limits, Mr. Rising stresses. “Many people will try to bring all the things they need for the day downstairs. Then they won’t have to climb the stairs again until bedtime. Instead, try not to see the stairs as an obstacle.”

Plot your daily routine to see what might lead to improved fitness. “If church is just a few blocks away, consider walking there instead of driving,” suggests Mr. Rising.

Stay Motivated!

Staying motivated is one of the hardest things for patients with COPD. This is mainly true at the start of a home exercise program, says Mr. Rising. “A lot of people will try walking at their old pace, have to stop, and decide they can’t walk anymore.” Having to stop shouldn’t be the end of the exercise. “If you have to stop and start ten times, that’s OK. The next time, you may only have to stop and start six times.”

One way to stay motivated is to purchase exercise equipment. Mr. Rising urges his patients to buy items they will be most likely to use. “If you’re more likely to use a treadmill than an exercise bike, buy the treadmill even if it costs more.” He advises against manual treadmills. “These are cheaper,” he admits, “but the intensity level is often more than most people with COPD can handle.”

Realize that the first few weeks will be the toughest. After that first big hump, it’s not exactly downhill, but it’s much closer to level. 🏃

TIP

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Glossary of COPD Terms

Airways:

Tubes that carry air into and out of the lungs.

Airway obstruction:

A narrowing or blocking of the passages that carry air out of the lungs.

Alveoli:

Tiny air sacs in the lungs.

Asthma:

Respiratory condition caused by narrowing of the airways; symptoms include wheezing, coughing, shortness of breath, and labored breathing. Asthma is not COPD.

Bronchi:

Larger air passages of the lungs.

Bronchiole:

The smaller airways of the lungs.

Bronchodilator:

A drug that relieves constriction of the bronchi.

Chronic bronchitis*:

Long-lasting, frequently recurring inflammation of the airways.

Corticosteroids:

Anti-inflammatory medications.

Dyspnea:

Shortness of breath, difficult or labored breathing.

Emphysema*:

Chronic lung disease in which there is permanent destruction of alveoli.

Inflammation:

Response of the body tissues to injury; typical signs are swelling, redness, and pain.

Mucus:

A thick fluid produced by the lining of some organs of the body.

Pulmonary:

Pertaining to the lungs.

*Both chronic bronchitis and emphysema are also known as COPD.