

# THE BREATHER™

# TRAINING JOURNAL

STARTING DATE: \_\_/\_\_/\_\_

**BEFORE YOU BEGIN, WATCH THIS:**

[Lesson 02: Using & Cleaning The Breather](#)

[www.pnmedical.com/lessons/lesson-2](http://www.pnmedical.com/lessons/lesson-2)

**PROTOCOL:**

\_\_\_ Reps per set, \_\_\_ Sets per Session, \_\_\_ Sessions per Day, \_\_\_ Times per Week, at an Effort Setting of \_\_\_

WEEK	TIME OF DAY	SETTINGS		MARK EACH COMPLETED SESSION (AT LEAST 8/10 REPS)							DID YOU TRAIN AT YOUR SET EFFORT?*		
		INHALE	EXHALE	S	M	T	W	T	F	S	NO, IT FELT TOO EASY	YES	NO, IT FELT TOO HARD
1	MORNING												
	EVENING												
2	MORNING												
	EVENING												
3	MORNING												
	EVENING												
4	MORNING												
	EVENING												

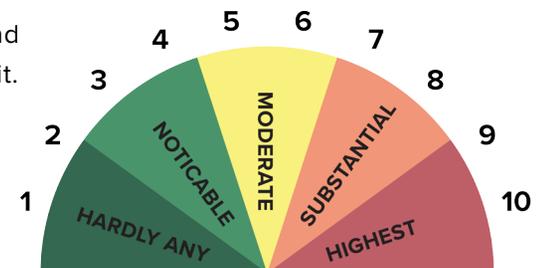
**REWARD YOURSELF NOW FOR COMPLETING A MONTH OF TRAINING**

## \* HOW TO DETERMINE YOUR EFFORT SETTING:

Your therapist will work out with you how hard you should train your respiratory muscles and decide on an 'effort setting', or how hard the training should feel to you every time you do it. If it starts to feel easy, speak to your therapist to increase the settings on the Breather. If it starts to feel too hard, the settings may need to be lowered.

The dial below gives you an idea of what the number chosen by your therapist and you means:

## EFFORT SETTING GAUGE:



# HOW TO FILL OUT JOURNAL

1. Enter the starting date of your journal
2. Record your morning and evening sessions
3. Record the inhalation (INH.) and exhalation (EXH.) settings in the 2nd column.
4. Record the number of reps you completed each session.
5. Record the level of effort you believe you exerted between 0% and 100%.
  - **NOTE:** at 100% of effort, you would never finish a session.

Speak to your clinician for the level of effort you need to exert or watch:

[Lesson 03: Foundational Protocol for Your Breather \(How To Use\)](#)

[www.pnmedical.com/lessons/lesson-3](http://www.pnmedical.com/lessons/lesson-3)

**STARTING DATE:** 09/28/17

**PROTOCOL:**

10 Reps per set, 2 Sets per Session, 2 Sessions per Day, 6 Times per Week, at an Effort Setting of 6

WEEK	TIME OF DAY	SETTINGS		MARK EACH COMPLETED SESSION (AT LEAST 8/10 REPS)							DID YOU TRAIN AT YOUR SET EFFORT?		
		INHALE	EXHALE	S	M	T	W	T	F	S	NO, IT FELT TOO EASY	YES	NO, IT FELT TOO HARD
1	MORNING	1	1	X	X	X	X					X	
	EVENING	1	1	X	X		X	X				X	
2	MORNING	2	2	X	X	X	X	X	X			X	
	EVENING	2	2	X		X	X	X	X			X	
3	MORNING	3	3	X	X	X	X			X			X
	EVENING	3	3		X		X			X			X
4	MORNING	3	3	X	X	X	X	X	X			X	
	EVENING	3	3	X	X	X	X		X			X	

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# THE BREATHER PATIENT ASSESSMENT CHART

(for therapist use)

Use this document in conjunction with the Patient Training Journal.

	RECOMMENDED ASSESSMENTS		ADDITIONAL ASSESSMENTS*	
	PEF	MPT (seconds)		
BASELINE (0 WEEKS)				
AFTER ____ WEEKS				

\* Additional assessments may include 1 minute sit-to-stand test, 6MWT, oxygen saturation, etc.

## EFFORT SCALE

(for therapist use)

This effort scale should help to estimate the effort expended in the RMT session.

Patient Effort Scale	% of MIP or MEP Effort	Perceived Effort	Sustainability Throughout Session
1 - 2	10 - 20	Hardly any	May consistently finish the set with ease
3 - 4	30 - 40	Some noticeable	May finish the set without much difficulty
5 - 6	50 - 60	Moderate	Usually able to finish set, with significant difficulty
7 - 8	70 - 80	Substantial	Usually unable to finish set, with great difficulty
9 - 10	90 - 100	Highest	Unable to complete one set at all