AULTCARE
www.aultcare.com

AULTRA
www.aultragroup.com

Leading Our Community to Improved Health...

Take an Active Part in Your Health Care!

1211

Dear Member:
AultCare and Aultra offers a Care Coordination program to advocate for you to get the care, information and community services you need. We have combined the traditional services of Utilization Management, Case Management and Disease Management into one service, provided by one Care Coordinator, who will be your advocate and help you navigate through the health care system. Our team of registered nurses, licensed practical nurses and licensed social workers are available by phone to help you take control of your health and well-being!

Our services are free and we provide:

- Assistance with the referral process to out-of-network specialists
- Help with transitioning your care to panel providers, if appropriate
- Care coordination to help you get the most from your plan benefits while maintaining quality, cost-effective treatment
- Community resource information to provide assistance with prescriptions, utilities and transportation if you are having financial difficulties
- Phone calls with a nurse who specializes in managing care for health conditions
- Educational materials to supplement information your physician has provided
- Informative mailings and handouts about your condition
- Equipment such as the Cardiocom Telescale® and GlucoCom Telemonitoring System to help you manage your condition from the convenience of your home
- Staff to guide you in the right direction and help you work with your doctors to improve your health
- Reliable referrals to service agencies in the community

You may benefit from our Care Coordination services if you:

- Have questions about your health status or health care
- Are in need of a transplant
- Have been newly diagnosed with cancer
- Are experiencing complex medical issues
- Are receiving specialty care outside of the network

Best Regards,
Your Chronic Care Management Team

Getting a Flu Vaccination

The flu (influenza) is caused by a virus that is easily spread. And it can be more dangerous than you think. A flu vaccine is your best chance to avoid the flu. The vaccine is given in the form of a shot (injection) or a nasal spray. It's best to get vaccinated each October or November, before flu season starts. This can be done at your doctor's office or a health clinic. Drugstores, senior centers, and workplaces often offer flu vaccinations, too. If you have questions about getting vaccinated, ask your health care provider.

Flu Facts

- The flu vaccine will not give you the flu.
- The flu is caused by a virus. It can't be treated with antibiotics.
- The flu can be life-threatening, especially for people in high-risk groups. About 36,000 people die of complications from the flu each year.
- Influenza is not the same as "stomach flu," the 24-hour bug that causes vomiting and diarrhea. This is most likely due to a GI (gastrointestinal) infection—not the flu.

Flu Symptoms

Flu symptoms tend to come on quickly. Fever, headache, fatigue, cough, sore throat, runny nose, and muscle aches are symptoms of the flu. Children may have an upset stomach or vomiting, but adults usually don't. Some symptoms, such as fatigue and cough, can last a few weeks.

How a Flu Vaccine Protects You

There are many strains (types) of flu viruses. Medical experts predict which 3 strains are most likely to make people sick each year. Flu vaccines are made from these strains. With the shot, inactivated ("killed") flu viruses are injected into your body. With the nasal spray, live and weakened viruses are sprayed into your nose. The viruses in both vaccines cannot make you sick. But they do prompt the body to make antibodies to fight these flu strains. If you're exposed to the same strains later in the flu season, the antibodies will fight off the virus. Your health care provider can tell you which type of flu vaccine is right for you.

Who Should Get the Flu Vaccination?

Almost anyone can (and should) get vaccinated, especially people in the following high-risk groups:

- Persons 50 and older
- Babies and children 6 months and older (ask your health care provider if your child should receive the vaccine)
- Children on long-term aspirin therapy
- People with chronic health problems (such as diabetes, chronic lung disease, asthma, or heart failure)
- People receiving certain medical treatments
- People who live in nursing homes or other long-term care facilities
- Pregnant women
- Caregivers and household contacts of babies younger than 6 months
- Health care workers

Who Can't Get a Flu Vaccination?

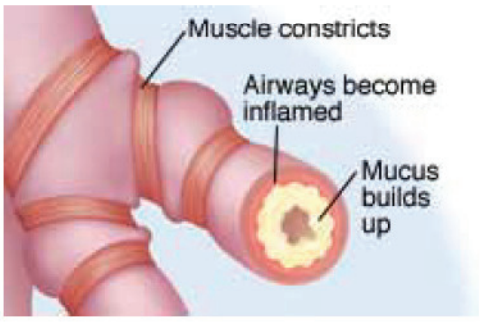
- Babies younger than 6 months
- People severely allergic to eggs
- People who have had bad reactions to flu vaccination (including Guillain-Barré syndrome)
- A person who has a high fever (the vaccine can be given after the fever goes away)

What is COPD?

COPD stands for **chronic obstructive pulmonary disease**. The airways in your lungs are blocked (obstructed). Because of this, breathing takes more effort. You may have started limiting your activities to avoid shortness of breath. Without treatment, you may not be able to do as much for yourself and need to rely more on others. This can make life less enjoyable.

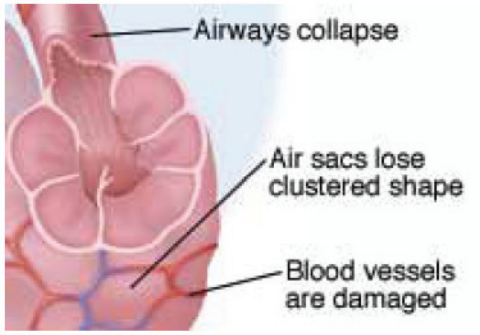
When Airways Are Blocked (Chronic Bronchitis or Chronic Asthma)

When cells in the airways make more mucus than normal, blockages sometimes result. The mucus builds up, narrowing the airways. This means less air travels into and out of the lungs. The lining of the airways may also become inflamed (swollen), and the muscle surrounding the airways may constrict (tighten). These problems cause the airways to narrow even more.



When Airways Collapse (Emphysema)

When airways are damaged, they lose their stretchiness and become baggy and floppy. Damaged airways may collapse when you exhale, causing air to get trapped in the sacs. This trapped air makes breathing harder. Over time, the air sacs lose their clustered shape. This may mean that less oxygen enters the blood vessels.

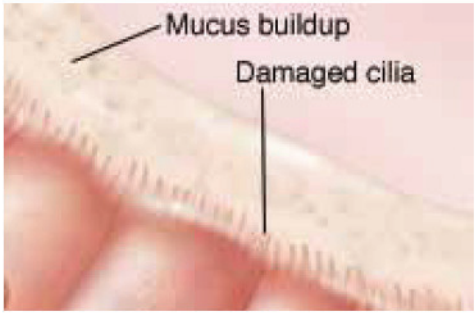


When Cilia Are Damaged

Smoking harms the cilia that line the airways. Damaged cilia can't sweep mucus and particles away. Some of the cilia are destroyed. This damage makes the problems described here even worse.

How Did I Get COPD?

Most people get COPD from smoking. Cigarette smoke causes lung damage, which can develop into COPD over many years. You may be diagnosed with COPD if one or more of these problems is preventing air from flowing normally through your lungs:



- **Chronic bronchitis** occurs when damaged lungs produce more mucus than they should.
- **Emphysema** occurs when damaged lung passages collapse as you breathe out.
- **Chronic asthma** occurs when substances in the air cause the lung passages to become inflamed. Asthma can sometimes be reversed with medication. But with chronic asthma, the passages stay inflamed all the time.

How COPD Affects Breathing

COPD makes you work harder to breathe. Air may get trapped in the lungs, which prevents your lungs from filling completely the next time you inhale (breathe in). So, it's harder to take a deep breath. Over time, your lungs may become enlarged. This makes it more difficult for the lungs to expand fully in the chest. These problems can lead to shortness of breath (also called dyspnea). You may also experience wheezing (hoarse, whistling breathing) and fatigue (feeling tired and worn out).

Diagnosing COPD

Shortness of breath may have prompted you to see the doctor. In many cases, though, COPD progresses for years without obvious symptoms. To diagnose COPD, a medical evaluation and tests must be done. Once your doctor suspects COPD, breathing tests are done to learn the extent of the problem.

Your Evaluation

Your evaluation starts with the following steps. These help your doctor make a diagnosis.

- **A health history** will be taken. You'll be asked about your lifestyle and smoking habits. You'll also be asked about your symptoms, medical history, and any family history of lung disease.
- **An exam** will be done. This involves a complete physical evaluation. Your doctor will listen to your heart and lungs. Your nose and throat will be examined. The size of your chest will also be evaluated. This helps show if the lungs are enlarged.
- **Tests** may be ordered to find out more about your lungs.

Pulmonary Function Test

Tests You May Have

- **Pulmonary function tests** measure the flow of air into and out of your lungs, and the volume of air your lungs can hold. The most common pulmonary function test is **spirometry**. This measures how fast you can exhale (flow), and how much air you can blow out (volume). First, you breathe in as deeply as you can. Then, you exhale hard into a special instrument called a spirometer. This is connected to a computer that measures the air you breathed out.
- **Pulse oximetry** shows how much oxygen is in your blood (oxygen saturation). This may be done at rest, as well as during and after exercise.
- **Arterial blood gas tests** measure levels of oxygen and carbon dioxide in your blood.
- **Chest x-rays** show the size and shape of your lungs. They can also show certain problems in the lungs.

Chest X-Ray

- **CT (computed tomography) scans** produce images of the lungs that are more detailed than x-rays.

Treatments for COPD

Your COPD treatment plan will likely include several forms of treatment. These are based on your symptoms and the underlying cause of your COPD. Your health care provider will prescribe the best treatments for your needs. Parts of a typical treatment plan are described below.

Treating Your Lungs

- **Medications** will be prescribed to treat the lung problems contributing to your COPD. Some medications help relieve symptoms when you have them. Others are taken daily to control inflammation in the lungs. Always take your medications as prescribed. Learn the names of your medications, and know how and when to use them.
- **Oxygen therapy** may be prescribed if tests show that your blood contains too little oxygen. In this situation, prescribed oxygen may make you feel better and even prolong your life. Oxygen may be used all the time. Or, it may be used only during certain activities.

Preventing COPD From Progressing

- **Quitting smoking** is the best way to keep COPD from getting worse. No matter what shape your lungs are in, quitting now will make a difference!
- **Learning how to avoid infection** can help keep COPD infections from getting worse.

Coping With Shortness of Breath

- **Exercising** will improve energy levels and strengthen your muscles, so you can do more.
- **Learning the best ways to breathe** helps you gain control over your breathing. You'll learn techniques for breathing more efficiently. And, you'll learn how to keep anxiety from making shortness of breath worse.
- **Conserving your energy and pacing yourself** will help you do more and have less shortness of breath in your daily life.
- **A pulmonary rehabilitation program** may be prescribed to teach you about all aspects of your treatment plan. You'll get hands-on help with breathing techniques, exercise, and more.

Suggestions from the Chronic Care Management Team

Let your doctor know if you are having problems with any medicines (including affording them) or tell your doctor when your medicine does not seem to be working for you. Never make changes in the dose unless your doctor tells you to.

Do not stop taking any medicine without checking with your doctor first—feeling better is the first indication that the medicine is working. It does NOT mean that you do not need the medicine anymore.

Getting Started With Pulmonary Rehabilitation

Pulmonary rehabilitation (rehab) is a program designed by a team of medical professionals who are committed to helping people with chronic lung disease. They will teach you the skills you need to live and breathe better. To put these skills to good use, you may need to make some changes to your lifestyle. The team will help you set realistic goals so you can make these changes gradually and effectively.

The Pulmonary Rehabilitation Team

The pulmonary rehab team usually includes doctors, nurses, and respiratory therapists. The team may also include exercise specialists, physical and occupational therapists, dietitians, pharmacists, and counselors. Although most programs take place in a group setting, these team members will help you one-on-one when you need it. If you're not in a formal pulmonary rehabilitation program, your doctor can guide you.

Making Changes That Work for You

To reach your goals, you'll probably need to make a few changes to your lifestyle. These tips can help make changes go more smoothly:

- Expect new emotions. It's common to resist or feel angry or scared about having to make changes. You're not alone. Share your feelings with the pulmonary rehab team and people close to you.
- Prepare yourself for slow, steady progress. Change doesn't happen overnight. To feel your best, you need to commit yourself to practicing your new skills. Over time, you'll be stronger, have more control of shortness of breath, and be able to do more. But only if you keep at it.
- Get support. You don't have to go it alone. Get support from family and friends as you try new things. Tell the people in your life how they can help you reach your goals. Share your ideas and tips for success with other members of your pulmonary rehab group. And don't be embarrassed to ask for help.

My Goals

Are there things you can't do now that you'd like to be able to do when your pulmonary rehab program is finished? Check off the statements below that may apply to you. Keep these goals in mind when you hit rough spots.

I want to:

- ❑ Breathe better.
- ❑ Understand my lung disease and what I can do to feel better.
- ❑ Have energy to enjoy my children and grandchildren.
- ❑ Rely less on others.
- ❑ Do everyday activities such as walking upstairs with less shortness of breath.
- ❑ Be stronger.
- ❑ Return to my hobbies and leisure activities.
- ❑ Be healthier and more active so I can enjoy my retirement.
- ❑ Quit smoking.
- ❑ Feel less anxious about my condition.
- ❑ Travel and enjoy myself.
- ❑ Make fewer visits to the hospital or emergency room.

Other goals: _____

Pulmonary Hypertension

Pulmonary hypertension is high pressure in the blood vessels that carry blood into the lungs. This strains the lungs and heart and can lead to serious problems.

Systemic hypertension means the pressure is too high in blood vessels throughout the body. A person with pulmonary hypertension may also have systemic hypertension.

Causes of Pulmonary Hypertension

Pulmonary hypertension is often caused by another health problem. In many cases, controlling this health problem can help prevent or control pulmonary hypertension. Some of the most common causes of pulmonary hypertension are:

In Children
Severe lung problems in a newborn

- Lung conditions, such as cystic fibrosis or interstitial lung disease
- Heart disease
- Congenital heart defects
- HIV infection
- Other conditions, such as scleroderma, lupus, or sickle cell disease

In Adults
Lung conditions, such as chronic obstructive pulmonary disease (COPD), advanced bronchitis, cystic fibrosis, or pulmonary fibrosis

- Blood clots in the lungs
- Left-sided heart failure
- HIV infection
- Sleep apnea
- Other conditions, such as scleroderma, lupus, or sickle cell disease

Symptoms of Pulmonary Hypertension

Symptoms may come on suddenly. Or, they may come on slowly over time. Symptoms can include:

- Shortness of breath
- Blue lips or fingernails (signs that the body is having trouble getting oxygen)
- Tiring quickly, especially when active
- Fast heartbeat
- Bloating
- Swelling in the legs or ankles
- Chest pain or pressure
- Fainting or dizzy spells

Did You Know...

It is a good idea to post the phone numbers for your doctors by your telephone along with a list of current medications, other medical conditions, and allergies. That way, you or a family member will have information handy should a problem arise. Write your address on the list also. If a friend needs to call for help, they might not know your street address.

8 Fall 2011

Pulmonary Hypertension (continued)

Diagnosing Pulmonary Hypertension

The doctor will examine you and listen to your heart and lungs. Your blood pressure will also be measured. Tests may be done as well. These may include:

- **Blood tests.** These measure certain body functions. They also check for problems such as infection.
- **A chest x-ray.** This takes a picture of the inside of the chest. It can show certain heart and lung problems.
- **An electrocardiogram** (ECG or EKG). This test records the heart's electrical activity.
- **An echocardiogram.** This test uses sound waves to create a moving picture of the heart.
- **Pulmonary function tests.** These tests measure breathing and lung capacity.
- **Cardiac catheterization.** This procedure gives detailed information about the heart's structures. A thin tube (catheter) is put into a blood vessel and guided into the heart. Certain blood pressure tests are then done.

Treating Pulmonary Hypertension

Treatment depends on your age, health, and the severity of your symptoms. Any underlying health problems you have will be treated. Treatment may also include:

- Oxygen
- Medication to lower the pressure in the lung blood vessels
- Medication to help the body lose excess water
- Medication to prevent blood clots

Long-Term Concerns

Most people do well after treatment. In rare cases, a lung transplant may be needed. Your doctor can tell you more about this if needed.

Call the doctor right away if you have any of the following:

- Persistent blueness of lips or fingernails
- Shortness of breath
- Fever of 100.4°F or higher
- Fainting spells

Oxygen is Prescribed Just for You

Your doctor will prescribe oxygen based on your needs. Here are a few things you should know:

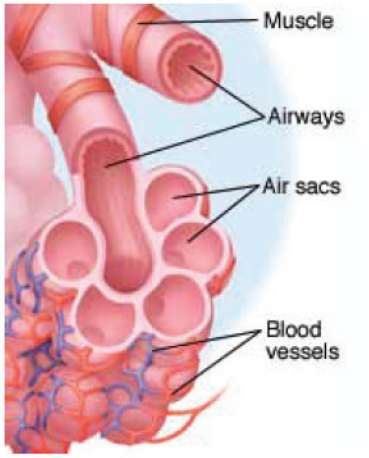
- ***A therapist from the medical equipment company will explain when to use oxygen and what type to use. You'll be taught how to use and maintain your oxygen equipment.***
- ***You must use the exact rate of oxygen prescribed for each activity. Don't increase or decrease the amount without asking your doctor first.***
- ***Supplemental oxygen is a medication. It's not addictive and causes no side effects when used as directed.***

What Is Emphysema?

Emphysema is a lung disease that limits the movement of air into and out of your lungs, making breathing harder. Emphysema is most often caused by heavy, long-time cigarette smoking. Emphysema is one of a group of conditions called **chronic obstructive pulmonary disease** (COPD).

Healthy Lungs

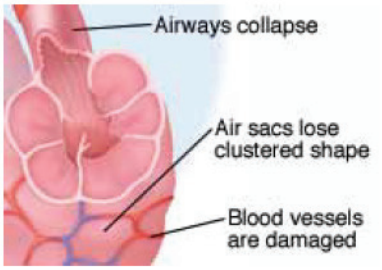
- Inside the lungs are branching **airways** made of stretchy tissue. Each airway is wrapped with bands of muscle that help keep it open. Air travels in and out of the lungs through these airways.
- The tubes branch into smaller passages called **bronchioles**. These end in clusters of balloon-like sacs called **alveoli**.
- Blood vessels surrounding the alveoli absorb oxygen into the bloodstream. At the same time, the alveoli remove carbon dioxide from the blood. The carbon dioxide is then exhaled.
- A dome-shaped muscle called the **diaphragm** lies below the lungs. The diaphragm flattens to draw air in as you inhale, and rises as you exhale.



Cross-section of healthy airways

When You Have Emphysema

- Airways become damaged. They lose their stretchiness and become baggy and floppy.
- Damaged airways may collapse when you exhale, causing air to get trapped in the alveoli. This trapped air makes breathing harder.
- Over time, the air sacs lose their clustered shape. This may mean that less oxygen enters the blood vessels.
- The alveoli enlarge and the diaphragm flattens. This makes it harder for the lungs to move air in and out.



According to the American Lung Association at www.lungusa.org:

- *COPD, which includes emphysema and chronic bronchitis, is the 4th leading cause of death in the U.S. The number of people diagnosed is on the rise.*
- *In 2005, those diagnosed with emphysema were 54.4% male and 45.6% female. From 1997 to 2005 the number of women with emphysema has increased by 17% but the number of men has decreased by 3%.*
- *Symptoms of emphysema include cough, shortness of breath, and a limited exercise tolerance.*
- *Although the biggest risk factor for COPD is smoking, other risk factors include air pollution, second-hand smoke, history of childhood respiratory infections, and heredity. Occupational exposure to certain industrial pollutants also increases the odds for COPD.*

Chronic Lung Disease: Notes for Family and Friends

Being close to someone with chronic lung disease will likely mean some changes in your life. As your loved one copes with chronic lung disease, you may be asked to be a helper, caregiver, or source of support.

Doing the following may help:

- Learn as much as you can about chronic lung disease. This will help you know what to expect. It will also show you ways that you can help.
- Talk to your loved one's health care team. Ask any questions you have. Make sure you understand your role in treatment.
- Spend time with your loved one. Take time to talk and to do things you both enjoy.
- Join a local support group. Or, contact the Well Spouse Foundation at 800-838-0879 or www.wellspouse.org.

Tips for caregivers:

- Keep in mind that you can't take good care of someone else if you don't take care of yourself, too. Take breaks when you need them. Considering your own needs is not selfish, it's vital.
- You may want to do things for your loved one to help save time. But let your loved one do some things for him- or herself. This can help your loved one feel involved and independent. Encourage your loved one to stick with old hobbies or try new ones. And ask friends to visit if your loved one agrees.
- Be on the look out for signs of depression in your loved one. These include trouble sleeping; loss of interest in activities, food, or people; and talk about feeling hopeless or very sad. If you notice these signs, tell your loved one's doctor.
- Watch for depression in yourself. If you feel sad, guilty, tired, hopeless, or helpless most of the time, talk to your doctor. Depression can and should be treated.

What You Can Do When a Loved One is Depressed

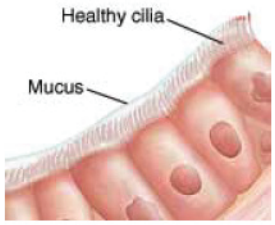
If you know someone you think is depressed, there are ways you can help. Keep in mind that even though depression is a frustrating illness, with help, a depressed person can feel better. Depression is a very treatable illness. Medications, counseling, and self-help measures can help a depressed person feel better and get back to a normal life. The first step is to visit a doctor or other mental health professional for a thorough evaluation. If you can, be present at the evaluation to offer support and help answer the doctor's questions. If the depressed person is reluctant to seek help, call the doctor yourself and ask for advice.

What is Bronchitis?

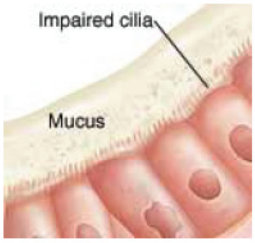
Bronchitis occurs when the bronchial tubes (airways in the lungs) are irritated by a virus, bacteria, or allergen. This causes a cough that produces yellow or greenish mucus. The cough can be acute (short-term) or chronic (long-lasting or recurring).

Inside Healthy Lungs

Air travels in and out of the lungs through the airways. The linings of these airways produce mucus. This mucus traps particles that enter the lungs. Tiny structures called cilia then sweep the particles out of the airways.



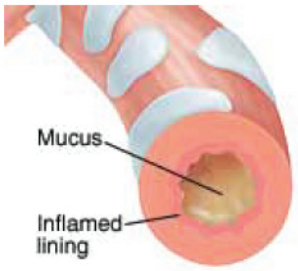
Healthy Airway: Airways are normally open. Air moves in and out easily.



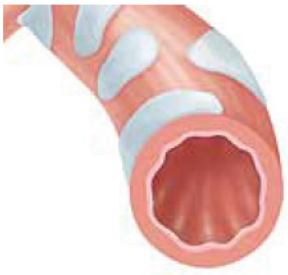
Impaired Cilia: Excess mucus impairs cilia, causing congestion and wheezing. Smoking can paralyze cilia, worsening the problem.

A Nasty Cough

Bronchitis often occurs when a cold or flu virus infects the airways. Once infected, airways become inflamed (red and swollen). Excess mucus forms, triggering a deep "hacking" cough. A second infection, this time due to bacteria, may then occur. Airways irritated by allergens or smoke are more prone to infection.



Inflamed Airway: Inflammation and excess mucus narrow the airway, causing shortness of breath.



Healthy Cilia: Tiny, hairlike cilia sweep mucus and particles up and out of the airways.

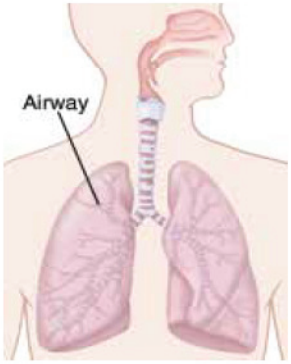
Making a Diagnosis

A physical exam, medical history, and certain tests help your health care provider learn what may be causing the cough. This information is used to plan treatment.

Health History

Your health care provider may ask about:

- How long the cough has lasted, and how long it's been producing mucus.
- Other symptoms, such as a runny nose, sore throat, or fever.
- Medications you've used to treat symptoms.
- Whether the problem has occurred before, when, and how often.
- Smoking or exposure to secondhand smoke.
- Lung conditions such as asthma or COPD (chronic obstructive pulmonary disease).
- Factors that increase the risk of complications, such as age and certain health problems.



The Exam

During the exam, your health care provider listens to the chest for signs of congestion. He or she may also check the ears, nose, and throat.

Possible Tests

- A sputum test for bacteria. This requires a sample of mucus from the lungs.
- A nasal or throat swab for influenza (flu).
- A chest x-ray if your health care provider suspects pneumonia.
- Tests to check for an underlying condition, such as allergies, asthma, or COPD. You may be referred to a specialist for these tests.

Treating a Cough

The main treatment for bronchitis is easing symptoms. Avoiding smoke, allergens, and other things that trigger coughing can often help. If the infection is bacterial, antibiotics may be used. During the illness, limit activity and get plenty of sleep. To ease symptoms:

- Don't smoke, and avoid secondhand smoke.
- Use a humidifier, or breathe in steam from a hot shower. This may help loosen mucus.
- Drink fluids. They can soothe the throat and may help thin mucus.
- Sit up or lie with your head and shoulders propped on pillows to relieve congestion.
- Ask your health care provider whether to use cough medicine, pain and fever medication, or a decongestant.

If Antibiotics Are Prescribed

Is the problem a bacterial infection? If so, antibiotics may speed healing and prevent complications. But most cases of bronchitis are caused by cold or flu viruses. Antibiotics don't treat viral illness. And using them when they're not needed may help produce bacteria that are harder to kill. Your health care provider will prescribe antibiotics if he or she thinks they are likely to help. If antibiotics are prescribed:

- Take the medication until it is used up, even if symptoms have improved. If you don't, the bronchitis may come back.
- Take them as directed. For instance, some medications should be taken with food.
- Ask your health care provider or pharmacist what side effects are common, and what to do about them.

Follow-Up

A follow-up exam is advised in 2–3 weeks. By this time, symptoms should have improved. An infection that lasts longer may signal a more serious problem.

To Prevent Future Infections

Avoid tobacco smoke. If you smoke, quit. Stay away from smoky places. Ask friends and family not to smoke around you, or in your home or car.

- Make sure that any allergies are treated.
- Ask your health care provider about getting a yearly flu shot.
- Wash hands often. This helps reduce the chance of picking up viruses that cause colds and flu.

Call Your Health Care Provider If:

- Symptoms worsen, or new symptoms develop.
- Breathing problems become severe.
- A skin rash, hives, or wheezing develops. Any of these could signal an allergic reaction to antibiotics.
- Symptoms don't improve within a week, or within 3 days of taking antibiotics.

Exercising with Chronic Lung Disease: Increasing Endurance

Endurance exercises help to condition your muscles. This helps increase what you are able to do. These are **aerobic exercises**, meaning they help your body use oxygen better. Over time, they'll help you have more energy and less shortness of breath.

Wand Work

1. Hold a wand or rolled towel on your lap. Keep your back straight and your shoulders relaxed. Inhale.
2. While gently exhaling through pursed lips, lift both arms up to shoulder level. When you're finished exhaling, inhale and return to starting position.
3. As you master this exercise, try to lift your arms a little higher each time. The goal is to lift them as high as you can toward the ceiling. Remember to exhale as you lift.

Note: You can also try using a stretchy elastic band instead of a wand. This helps build strength.

Start by lifting both arms to shoulder height. As a challenge, lift your arms above your head.

Special instructions: _____

_____

Roller Coaster Wave

1. Inhale. Then while exhaling, lift both arms over your head.
2. Wave your arms from one side to the other until you're done exhaling. Don't twist.
3. Inhale while returning to starting position. Exhale as you repeat the wave.

Note: If lifting your arms above your head is too hard, try holding them in front of you at shoulder level instead.

Special instructions: _____

_____

It is always a good idea to ask your doctor about starting any new exercise program. Take this to your next doctor's appointment to help complete the special instructions.

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Exercising with Chronic Lung Disease: Increasing Endurance - CONTINUED from page 14

Riding a Stationary Bicycle

1. Adjust the seat so your knees are only slightly bent when the pedals are at their lowest points.
2. Begin to pedal at a comfortable pace. Do pursed-lip breathing as you pedal.
3. In time, your health care provider or pulmonary rehabilitation team may suggest adding resistance to make your muscles work harder.

Use the bike for _____ minutes

Special instructions: _____

Using a Treadmill

1. Make sure you know how the treadmill works before you use it.
2. Start walking at a comfortable pace. Do pursed-lip breathing as you walk.
3. As you get stronger, your health care provider or pulmonary rehabilitation team may suggest increasing speed or adding elevation.

Note: Regular walking is just as good as using a treadmill. Walk on a level surface. You may want to use a walker with wheels. If you use oxygen, you can put the oxygen unit in the basket of the walker.

Walk for _____ minutes.

Special instructions: _____

Pursed-Lip Breathing

Inhaling through the nose and exhaling through pursed lips makes breathing easier during exercise. To do pursed-lip breathing:

1. Relax your neck and shoulder muscles. Inhale slowly through your nose for at least 2 counts.
2. Pucker your lips as if to blow out a candle. Exhale slowly and gently through your pursed lips for at least twice as long as you inhaled.

To practice pursed-lip breathing, try blowing bubbles! Get a bottle of kids' bubbles that comes with a wand. Then follow the steps on this sheet. What do your bubbles look like? If you have lots of little ones, you're breathing too fast. No bubble? You're not breathing hard enough. Aim for one slow, big bubble that hangs on the wand.

Exercising with Chronic Lung Disease: Increasing Flexibility

Increasing your flexibility helps prevent joint stiffness, improves balance and posture, and makes moving easier. When doing these stretches, move slowly and smoothly. Exhale gently through pursed lips during the effort phase of each stretch.

Head Tilt

1. Sit or stand with your shoulders relaxed. Breathe in.
2. Slowly lower your chin as you blow out. You'll feel a stretch in the back of your neck.
3. While inhaling, return to starting position. Then exhale, slowly moving your head right and left as if you are saying "no."

Special instructions: _____

Head Tilt

Shoulder Rolls

1. Stand with your shoulders relaxed. Put your hands on your hips or keep your arms at your sides *(whichever is more comfortable)*.
2. Breathe in. Slowly breathe out while rolling your shoulders forward. Continue until you're done exhaling, then relax your shoulders.
3. Repeat step 2 while rolling your shoulders backward.

Special instructions: _____

Shoulder Rolls

Calf Stretch

1. Stand facing a wall with your feet side by side. Put your arms out at shoulder level. Rest your hands against the wall with your elbows slightly bent. *(Don't push against the wall.)* Do pursed-lip breathing throughout this stretch.
2. Step back with your left foot. Gently lower your heel to the floor. Keep your toes pointing forward and your right knee slightly bent. You'll feel the stretch in the back of your left calf *(lower leg)*.
3. Hold the stretch for 15–30 seconds while doing pursed-lip breathing.
4. Return to starting position. Repeat the stretch using your right leg.

Note: This stretch can also be done while holding on to the back of a sturdy chair.

Special instructions: _____

Calf Stretch

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Excercising with Chronic Lung Disease: Increasing Flexibility- CONTINUED from page 16

Quadriceps Stretch

1. Stand, holding on to a sturdy chair or countertop for balance. Inhale.
2. While exhaling, reach back and grasp the ankle *(or pant leg)* that's farthest from the chair. Pull your leg back until your knees line up. Keep your hips facing forward and your bent knee pointed toward the floor. You'll feel the stretch in your thigh.
3. Hold until you finish exhaling. Then inhale while slowly lowering your leg.
4. Repeat the stretch as many times as instructed. Then turn and grasp the chair with your other hand. Repeat the stretch with your other leg.

Special instructions: _____

Quadriceps Stretch

Take this booklet with you!

You can take this booklet to your next doctor's appointment and discuss any special instructions that your doctor might have for you before beginning an exercise program.

Many of us have questions about our health. Would you like to hear about simple changes that can make your meals healthier? Do you want to become more active? How do you decide if you should call your doctor? Call your Service Center and ask to speak to the Chronic Care Management Team for answers to these and other important questions.

Meeting the 3rd Friday of each Month • 11am until Noon

AultCare Customer Service Center: 330-363-6360 or 1-800-344-8858
TTY: 330-363-2393 or 1-866-633-4752

Exercising with Chronic Lung Disease: Increasing Strength

Building muscle strength will allow you to do certain activities with less effort. Some of these exercises involve using hand weights. If you don't have weights at home, you can use water bottles, bags of dried beans, or soup cans instead.

Shoulder Press

1. Stand or sit, holding a weight in each hand at shoulder level. Your palms should face forward. Inhale.
2. Exhale as you slowly press the weights upward. Reach as high as you comfortably can. Avoid locking your elbows.
3. Inhale while you slowly lower the weights to your shoulders. Repeat as directed.

Special instructions: _____

Biceps Curl

1. Stand or sit with a weight in each hand. Keep your arms straight, very close to your sides, with your palms facing forward. Inhale.
2. Exhale as you slowly bend your arms and lift the weights to shoulder level.
3. Inhale while you slowly return to the starting position. Repeat as directed.

Special instructions: _____

Side Lift

1. Stand straight and hold on to a sturdy chair with one hand. Inhale.
2. Exhale as you lift your foot to the side. You only need to lift it a few inches. Keep your toes pointing forward. Hold the lift until you're finished exhaling.
3. Inhale while bringing your leg back to your side. Repeat as directed. Then switch sides.

Special instructions: _____

Do you want to exercise but don't know how to start?
Do you have questions about your health? Do you have questions about how to eat more healthy foods? Call the health coaches at AultCare and Aultra Chronic Care Management for more information.

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Excercising with Chronic Lung Disease: Increasing Strength - CONTINUED from page 18

Leg Raise

1. Lie on your back. Your health care provider or pulmonary rehabilitation team can teach you how to get up and lie down safely. A mat and pillow may keep you more comfortable.
2. Bend one knee. Keep the other leg straight.
3. Inhale. Then while exhaling, lift your straight leg until your knees are lined up.
4. Inhale while you lower your leg. Repeat as directed. Then switch legs.

Note: If you're not comfortable lying on the floor, this exercise can also be done sitting in a chair.

Special instructions: _____

_____

Meet with a Dietitian

Even if your health plan doesn't cover the cost of meeting with a dietitian, the Chronic Care Management Team Dietitian is available to talk with you for free. She can help you with questions about your meals, food choices to help you better control your blood sugar, or nutrition label reading concerns. You can reach her directly at 330-363-3282.

AultCare and Aultra Members...

If you have questions regarding provider information, coverage, benefits, services, business hours or any other health plan topics we are here to help!

Please contact our friendly customer service staff for fast answers to your questions!

AultCare Service Center:
330-363-6360 or 1-800-344-8858
TTY: 330-363-2393 or 1-866-633-4752
Call Center & Walk-In Hours:
Monday - Friday 7:30 am - 5:00 pm EST

Aultra Group Service Center:
330-363-2050 or toll free: 1-855-270-8497
Call Center Hours:
Monday - Friday 7:30 am - 5:00 pm EST

24 Hour Health Line

By calling the Aultman Health Line at **330-363-7620**, or toll-free at **1-866-422-9603** you will be directed to an experienced nurse to answer your health-related questions. This service is available 24 hours a day. All calls are **FREE** and entirely confidential!

- Provide first aid instructions and general health information
- Determine what level of care is most appropriate for you
- Answer your medication questions
- Other suggestions for self care