

Intermediate: Low resistance

- Set the resistance level to 2 or 3.
- Breathe in and out through the unit (long deep breaths).
- Take 20x breaths out through the device. Then:
- If you have access to a peak flow meter, test yourself and note the results on page 2 of this training program.
- Take a deep breath and hold it for as long as is comfortable. Take note of how long you held it for.
- Use the space provided to note any difficulties or observations about your breathing and overall health.
- Repeat this exercise twice daily for 2 weeks.

Please read the User Manual for full safety instructions.
Stop use immediately if you feel dizzy.


It is important to keep in regular contact with your GP or a healthcare professional. Contact them immediately if you feel your symptoms worsen.



Progress and improvement

If after a period of time you feel comfortable to make the exercise harder, progress to using a harder difficulty setting (3-5).

It is important to maintain regular daily usage and use the device for a number of weeks. Performance gains rely on continued use.

| Morning | | | | | | | Afternoon | | | | | |  <small>Benchmark in aerobic resistance and rehabilitation</small> |
|----------------|------------------|--------------|--------------|--------------|------------|-------------------|------------------|--------------|--------------|--------------|------------|-------------------|--|
| Day | Difficulty (1-5) | Inhale (Y/N) | Exhale (Y/N) | Breath Count | Peak Flow | Hold Breath (sec) | Difficulty (1-5) | Inhale (Y/N) | Exhale (Y/N) | Breath Count | Peak Flow | Hold Breath (sec) | |
| <i>example</i> | <i>1</i> | <i>N</i> | <i>Y</i> | <i>20</i> | <i>250</i> | <i>20</i> | <i>1</i> | <i>N</i> | <i>Y</i> | <i>20</i> | <i>230</i> | <i>30</i> | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | |

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|--------------------------------|--|
| Patient Name: | |
| Patient Contact Number: | |
| Patient Email Address: | |
| Patient Address: | |

| | |
|-----------------------------------|--|
| Doctor or Healthcare: | |
| Healthcare Contact Number: | |
| Healthcare Email Address: | |
| Healthcare Address: | |

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| Other Notes: |
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| Description of exercise: <i>(example: Walking laps of the room, example: Sit to stand from a chair, example: Raising arms up and down).</i> |
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