



# Active Cycle of Breathing Technique <u>A Patients Guide</u>

## What is it?

Active Cycle of Breathing Technique (ACBT) is a simple pattern of breathing exercises that can be useful to help clear your chest by loosening and moving sputum from your airways.

#### Why do we do it?

It is important to remove sputum /phlegm from your lungs to help you breathe more easily, prevent chest infections and reduce bouts of coughing. The exercises consist of breathing control, deep breathing and huffing performed in a cycle.

#### How do I begin?

Choose a comfortable position, or complete in the positions indicated by your Physiotherapist. Try to remain relaxed.

## The Active Cycle of Breathing Technique



#### **Breathing Control**

- Breathing gently using as little effort as possible.
- Rest a hand on your stomach and relax your shoulders.
- Breathe in and out quietly and gently, through your nose if possible.
- It is important to do this in between the more active exercises of ACBT as it allows your airways to relax.

#### **Deep Breathing**

- Breathe in through your nose slowly and deeply, keeping your shoulders and chest relaxed.
- Hold the breath for 2-3 seconds.
- Breathe out gently through your mouth.
- Repeat this up to 5 times; follow the advice of your physiotherapist.

#### Huffing

• Breathe out (exhaling) through an open mouth and throat and not coughing.

- Squeezing air out through your open throat and mouth as if steaming up a mirror.
- Always follow huffing by **breathing control.**

## Coughing

- If you can clear your sputum by huffing then you do not need to cough.
- Only cough if sputum can be cleared easily.
- After 1 or 2 coughs, return to the beginning of the cycle with **breathing control**.

ACBT video link: <a href="https://www.youtube.com/watch?v=XvorhwGZGm8">https://www.youtube.com/watch?v=XvorhwGZGm8</a>

# Repeat the cycle until you feel your huff or cough is not producing any sputum or for up to 20 minutes.

## Personalised treatment plan for\_\_\_\_\_

(How often, when, position, hydration)

Signed by: \_\_\_\_\_\_Print Name and Designation\_\_\_\_\_

Date(dd/mm/yyy):

If you have any concerns please call: Physiotherapy Department on 01603 286990 (Mon to Fri 8.30-4.30)