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Results: 2

1. **Pulmonary Disease, Chronic Obstructive**
   A disease of chronic diffuse irreversible airflow obstruction. Subcategories of COPD include CHRONIC BRONCHITIS and PULMONARY EMPHYSEMA.
   Year introduced: 2002

2. **COPD, Severe Early-Onset** [Supplementary Concept]
   Date introduced: November 5, 2012
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A disease of chronic diffuse irreversible airflow obstruction. Subcategories of COPD include CHRONIC BRONCHITIS and PULMONARY EMPHYSEMA.
Year introduced: 2002

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Breathing exercises for chronic obstructive pulmonary disease

Anna E Holland1,2,3.*, Catherine J Hill4, Alice Y Jones5, Christine F McDonald1,3,7

Editorial Group: Cochrane Airways Group
Published Online: 17 OCT 2012
Assessed as up-to-date: 8 APR 2012
DOI: 10.1002/14651858. CD008250.pub2

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Abstract

Background

Breathing exercises for people with chronic obstructive pulmonary disease (COPD) aim to alter respiratory muscle recruitment, improve respiratory muscle performance and reduce dyspnoea. Although some studies have reported positive short-term physiological effects of breathing exercises in people with COPD, their effects on dyspnoea, exercise capacity and well being are unclear.
Breathing exercises for chronic obstructive pulmonary disease (Review)

Holland AE, Hill CJ, Jones AY, McDonald CF
Using CINAHL/MeSH Headings

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COPD Use: Pulmonary Disease, Chronic Obstructive
breathing exercises

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17. How to effectively manage COPD in care home residents.

(includes abstract) Barnett, Margaret; Nursing & Residential Care, Dec 2011; 13(12): 578-581. 4p. (Journal Article - pictorial, review, tables/charts) ISSN: 1465-9301

Chronic obstructive pulmonary disease (COPD) is a common and serious condition. This article explains how the disease can be managed with the help of the multidisciplinary team.

Subjects: Multidisciplinary Care Team; Nursing Home Patients; Pulmonary Disease, Chronic Obstructive Prevention and Control; Pulmonary Disease, Chronic Obstructive Therapy

Cited References: (16)

PDF Full Text


(includes abstract) Martin, A Daniel; Davenport, Paul W; Cardiopulmonary Physical Therapy Journal (American Physical Therapy Association, Cardiopulmonary Section), Sep 2011; 22(3): 5-10. 6p. (Journal Article - clinical trial, research, tables/charts) ISSN: 1541-7891 PMID: 21886475 PMCID: PMC3163412

Purpose: Most patients with chronic obstructive pulmonary disease (COPD) complain of dyspnea during and following exercise, and the development of intrinsic positive end-expiratory pressure (PEEP...)

Subjects: Dyspnea Prevention and Control; Exercise; Positive End-Expiratory Pressure; Pulmonary Disease, Chronic Obstructive; Aged: 65+ years; Middle Aged: 45-64 years; Female; Male

Cited References: (30)

PDF Full Text
Extrinsic Threshold PEEP Reduces Post-exercise Dyspnea in COPD Patients: A Placebo-controlled, Double-blind Cross-over Study

A. Daniel Martin, PhD, PT; Paul W. Davenport, PhD

1Department of Physical Therapy, College of Public Health and Health Professions & 2Department of Physiological Science, College of Veterinary Medicine, University of Florida, Gainesville, FL

ABSTRACT
Purpose: Most patients with chronic obstructive pulmonary disease (COPD) complain of dyspnea during and following exercise, and the development of intrinsic positive end-expiratory pressure (PEEP) is thought to contribute to lung injury. Recent studies have demonstrated that extrinsic positive end-expiratory pressure (PEEP) reduces post-exercise dyspnea.

INTRODUCTION AND PURPOSE
Dyspnea during and following exertion is a common symptom reported by patients with chronic obstructive pulmonary disease (COPD), despite optimal medical management, the use of supplemental oxygen and pursed lip breathing (PLB) with or without concurrent into the nose.
Databases & Websites:

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breathing exercises

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- COPD (Disease)  Use OBSTRUCTIVE lung diseases

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Searching: "OBSTRUCTIVE lung diseases" AND "BREATHING exercises"

Search

Hill, Kylie; Cecins, Nola M.; Eastwood, Peter R.; Jenkins, Sue C., Archives of Physical Medicine & Rehabilitation Sep 2010, Vol. 91 Issue 9, D1465 (English Abstract Available)

Inspiratory muscle training for patients with chronic obstructive pulmonary disease: a practical guide for clinicians. Reduced inspiratory muscle strength is common in people with chronic obstructive pulmonary disease. The efficacy of inspiratory muscle training is well documented, but its implementation in clinical practice is limited. This guide provides practical recommendations for clinicians to improve inspiratory muscle strength and function in patients with COPD. Subjects: EXERCISE; HEALTH; CLINICAL medicine; MEDICAL rehabilitation; OBSTRUCTIVE lung diseases; BREATHING exercises; EQUIPMENT & supplies; MEDICAL care – Needs assessment; MUSCLE strength; PULMONARY function tests; RESPIRATORY muscles; EDITORIAILS; EVALUATION; RESEARCH; TREATMENT; PATIENT selection.

4. Evidence Underlying Breathing Retraining in People With Stable Chronic Obstructive Pulmonary Disease.

Dochman, Gall; Wilson, Christine R., Physical Therapy Dec 2004, Vol. 84 Issue 12, p1189 (English Abstract Available)

The efficacy of pursed-lip breathing (PLE) and diaphragmatic breathing (DB) in the rehabilitation of people with chronic obstructive pulmonary disease (COPD) remains unclear. This review examines the evidence underlying breathing retraining in people with stable COPD. Subjects: BREATHING exercises; OBSTRUCTIVE lung diseases; RESPIRATION; PHYSICAL therapy; PHYSICAL medicine.

5. Comparison of the Oxygen Cost of Breathing Exercises and Spontaneous Breathing in Patients With Stable Chronic Obstructive Pulmonary Disease.

Jones, Alice YM; Dean, Elizabeth; Chow, Cedric S., Physical Therapy May 2003, Vol. 83 Issue 5, p424 (English Abstract Available)

Background and Purpose. The oxygen demand of breathing exercises and the clinical implications have not been studied in detail. In this study, the oxygen cost of three common breathing exercises was evaluated. Subjects: BREATHING exercises; OBSTRUCTIVE lung diseases; PATIENTS; RESPIRATION.

Cited References: (37)

Notes: The Library subscribes to this journal.
Evidence Underlying Breathing Retraining in People With Stable Chronic Obstructive Pulmonary Disease

The efficacy of pursed-lip breathing (PLB) and diaphragmatic breathing (DB) in the rehabilitation of people with chronic obstructive pulmonary disease (COPD) remains unclear. This review examines the evidence regarding the usefulness of these techniques in improving respiratory outcomes in people with COPD. The results include...
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11. **SPORTDiscus with Full Text (EBSCO)**
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Physiological responses to Tai Chi in stable patients with COPD

Zhi-Hui Ciu, Hong-Xi Guo, Gan Lu, Ning Zhang, Bai-Ting He, Lian Zhou, Y.M. Luo, M.I. Polkey

doi: 10.1016/j.resp.2015.10.019

Highlights
- Respiratory muscle work was compared between Tai Chi and treadmill exercise.
- Tai Chi was an acceptable exercise modality for pulmonary rehabilitation.
- Dynamic hyperinflation after Tai Chi was less severe than after treadmill exercise.
- Tai Chi induced low frequency quadriceps fatigue.

Abstract
We compared the physiological work, judged by oxygen uptake, esophageal pressure swing and diaphragm electromyography, elicited by Tai Chi compared with that elicited by constant rate treadmill walking at 60% of maximal load in eleven patients with COPD (Mean FEV₁ 61% predicted, FEV₁/FVC 47%). Dynamic hyperinflation was assessed by...
Physiological responses to Tai Chi in stable patients with COPD

Zhi-Hui Qiu a, Hong-Xi Guo a, Gan Lu b, Ning Zhang a, Bai-Ting He a, Lian Zhou a, Y.M. Luo a,⁎, M.I. Polkey c

⁎State Key Laboratory of Respiratory Disease, Guangzhou Medical University, 151 Yanjiang Road, Guangzhou, China
bJiangsu Province Official Hospital, Nanjing 210024, China
cNIHR Respiratory Biomedical Research Unit at the Royal Brompton and Harefield NHS Foundation Trust and Imperial College, London, UK

ABSTRACT

We compared the physiological work, judged by oxygen uptake, esophageal pressure swing and diaphragm electromyography, elicited by Tai Chi compared with that elicited by constant rate treadmill walking at 60% of maximal load in eleven patients with COPD (Mean FEV1 61% predicted, FEV1/FVC 47%). Dynamic hyperinflation was assessed by inspiratory capacity and twitch quadriceps tension (TwQ) elicited by supramaximal magnetic stimulation of the femoral nerve was also measured before and after both exercises.

The EMGdi and esophageal pressure at the end of exercise were similar for both treadmill exercise and Tai Chi (0.109 ± 0.047 mV vs 0.118 ± 0.061 mV for EMGdi and 22.3 ± 7.1 cmH2O vs 21.9 ± 8.1 cmH2O for esophageal pressure). Moreover, the mean values of oxygen uptake during Tai Chi and treadmill exercise did not differ significantly: 11.3 ml/kg/min (51.1% of maximal oxygen uptake derived from incremental exercise) and 13.4 ml/kg/min (52.5%) respectively, p > 0.05. Respiratory rate during Tai Chi was significantly lower than that during treadmill exercise. Both Tai Chi and treadmill exercise elicited a fall in IC at end exercise, indicating dynamic hyperinflation, but this was statistically significant only after treadmill exercise. TwQ decreased significantly after Tai Chi but not after treadmill.

We conclude that Tai Chi constitutes a physiologically similar stimulus to treadmill exercise and may therefore be an acceptable modality for pulmonary rehabilitation which may be culturally more acceptable in some parts of the world.
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Cardiovascular and Pulmonary Physical Therapy: An Evidence-Based Approach, 2e

William E. DeTurk, Lawrence P. Cahalin

Part I. Introduction

Part II. Basic Medical Science

Part III. Cardiovascular and Pulmonary Assessment

Part IV. Cardiovascular and Pulmonary Disease as Comorbidity

Part V. Cardiovascular and Pulmonary
Cardiovascular and Pulmonary Physical Therapy: An Evidence-Based Approach, 2e
William E. DeTurk, Lawrence P. Cahalin

Part I. Introduction

Chapter 1. History of Cardiopulmonary Rehabilitation
Chapter 2. History and Use of the Guide

Part II. Basic Medical Science

Chapter 3. Essentials of Exercise Physiology
Chapter 4. Anatomy of the Cardiopulmonary System
Chapter 5. Physiology of the Cardiovascular and Pulmonary Systems
Chapter 6. Cardiovascular Pathophysiology
Chapter 7. Pulmonary Pathology
Chapter 8. Medications
Chapter 7. Pulmonary Pathology

Chris L. Wells

Pulmonary Pathology: Introduction

The goal of this chapter is to provide a review of pulmonary diseases and disorders that impact pulmonary function. The pulmonary system is responsible for the delivery of oxygen and the release of carbon dioxide, which is vital for normal cellular function. The lungs also assist the renal system in the regulation and maintenance of acid-base balance. When lung function becomes impaired, multiple systems may be affected. Consequently, it is important that physical therapists have an understanding of lung pathologies and their clinical presentation to perform a thorough evaluation, properly monitor the patient, and design an appropriate treatment plan.

This chapter is divided into sections that are based on common pathological impairments and clinical presentations. The first group of pathologies has been classified as chronic obstructive pulmonary diseases (COPD). The second section involves diseases that cause a pulmonary restrictive breathing pattern. Other smaller categories include infections, diseases that disrupt the pulmonary vascular system, and diseases that have pleural involvement. Separate chapters (Chapters 13 and 14) will address neuromuscular and musculoskeletal disorders that affect pulmonary functioning.

Chronic Obstructive Pulmonary Diseases
This chapter is divided into sections that are based on common pathological impairments and clinical presentations. The first group of pathologies has been classified as chronic obstructive pulmonary diseases (COPD). The second section involves diseases that cause a pulmonary restrictive breathing pattern. Other smaller categories include infections, diseases that disrupt the pulmonary vascular system, and diseases that have pleural involvement. Separate chapters (Chapters 13 and 14) will address neuromuscular and musculoskeletal disorders that affect pulmonary functioning.

Chronic Obstructive Pulmonary Diseases

Chronic obstructive pulmonary disease (COPD) is a generic term that refers to lung diseases that result in air trapping in the lungs, causing hyperinflation of the lungs, and a barrel-chest deformity. The American Thoracic Society and European Respiratory Society recently updated the definition of COPD, which commonly refers to emphysema and chronic bronchitis as “a preventable and treatable disease state characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lungs to noxious particles/gases, primarily caused by cigarette smoking. Although COPD affects the lungs it also produces systemic consequences” (The text in bold has been added to this new definition in 2004) 

1,2 This classification of pulmonary disease can be
Pulmonary disease AND Breathing exercise

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Chapter 7. Pulmonary Pathology > Restrictive Pulmonary Diseases (Pulmonary Fibrosis)
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... This next group of pathologies has more than 200 different diseases. Pulmonary fibrosis has been linked to immune disorders, occupational exposures, genetic and hormonal abnormalities, and a complication of lung injury. These diseases are classified together because they have similar clinical...

Cardiovascular and Pulmonary Cases > CASE 13: CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD): CASE 3
Geriatric Physical Therapy: A Case Study Approach

... Eric Shamus, PT, DPT, PhD Arie J. van Duijn, PT, EdD, OCS A 65-year-old female presents to your office with a referral diagnosis of functional decline. The patient complains of shortness of breath (SOB) with exertion. She has a cough that is not productive. She has...

Figure 9-3 Methods to measure breathing patterns and diaphragmatic descent. (Modified with permission from Chemiack LM, Chemiack L. Respiration in...
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD):

CASE 2

Geriatric Physical Therapy: A Case Study Approach

...tinged sputum. Extremity range of motion and strength are within normal limits. His past medical history includes hypertension, hypercholesterolemia, a 40 pack per year tobacco history, chronic obstructive pulmonary disease (COPD), type 2 diabetes mellitus (DM), and peripheral neuropathies in both feet...

Movement Dysfunction > Chronic Obstructive Pulmonary Disease

Introduction to Physical Therapy and Patient Skills

... Chronic obstructive pulmonary disease (COPD) is a generic term that refers to lung diseases that result in air trapping in the lungs (Table 6-13), causing hyperinflation of the lungs and a barrel chest deformity. 206 COPD is characterized by airway narrowing, parenchymal destruction...

Pulmonary Disease > Chronic Obstructive Pulmonary Disease (COPD)

Pathophysiology of Disease: An Introduction to Clinical Medicine. 7e

... without mucus hypersecretion and productive cough. Furthermore, the loss of alveolar surface area and the accompanying capillary bed for gas exchange contribute to the progressive hypoxia and dyspnea. Chronic obstructive pulmonary disease (COPD) is an intentionally imprecise term used to denote...

Chapter 10. Cardiovascular Evaluation > Distinction between Cardiac and Pulmonary Disease

Cardiovascular and Pulmonary Physical Therapy: An Evidence-Based Approach. 2e

... Table 10-21 Distinguishing Characteristics among Cardiac, Pulmonary, Cardiovascular, and Muscular Diseases Using Exercise Test Results a.b Cardiac Disease Pulmonary Disease
9: Pulmonary Disease

Mark S. Chesnutt, MD; Thomas J. Prendergast, MD

Introduction

Normal Structure & Function of the Lungs
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Author(s): Erin Jobst

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- Cerebrovascular Accident
- Child with Near-Drowning Episode
- Chronic Inflammatory Demyelinating Polynuropathy
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- Diabetes
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Chronic Obstructive Pulmonary Disease

Author(s): Lawrence P. Cahalin

Case 14

The patient is a 56-year-old male who was admitted in early December 2011 with a diagnosis of chronic obstructive pulmonary disease (COPD) exacerbation. The patient has a 76 pack-year smoking history (2 packs per day for 38 years). He has a marked barrel-shaped chest and mild paradoxical breathing pattern that worsens with physical activity. His chest radiograph demonstrates markedly enlarged lungs, increased lucency, and numerous bullae (greater in the upper lobes bilaterally), and marked flattening of the diaphragm. The patient has been admitted twice over the past 6 months for similar COPD exacerbations that produced marked dyspnea and fatigue, fever, decreased functional and exercise tolerance, excessive coughing (which made it even more difficult to breathe), and marked anxiety. The patient reports more frequent exacerbations in the winter (especially when family members are ill) and tries to remain indoors throughout most of the season. Six months prior to the current admission, the patient was intubated and received mechanical ventilation for 1 week. However, on the most recent admission 3 months ago, he underwent a trial of bilevel positive airway pressure (BiPAP) noninvasive mechanical ventilation, which prevented the need for him to be intubated and mechanically ventilated. The emergency department admission note for the current hospitalization indicated that the patient demonstrated less of a paradoxical breathing pattern than the last admission and that the patient was posturing himself to facilitate his breathing (sitting with trunk flexion and both forearms resting on his thighs). The patient's
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Airway hyperresponsiveness in chronic obstructive pulmonary disease: A marker of asthma-chronic obstructive pulmonary disease overlap syndrome?

Ruzena Tkacova MD, PhD, Darlene L. Y. Dai MSc, Judith M. Vonk PhD, Janice M. Leung MD, Pieter S. Hiemstra PhD, Maarten van den Berge MD, PhD, Lisette Kunz MD, Zsuzsanna Hollander PhD, Donald Tashkin MD, Robert Wae MD, John Connell PhD, Raymond Ng PhD, Bruce McManus MD, PhD, S. F. Paul Man MD, Dirkje S. Postma MD, PhD and Don D. Sin MD

Background

The impact of airway hyperreactivity (AHR) on respiratory mortality and systemic inflammation among patients with chronic obstructive pulmonary disease (COPD) is largely unknown. We used data from 2 large studies to determine the relationship between AHR and FEV\textsubscript{1} decline, respiratory mortality, and systemic inflammation.

Objectives

We sought to determine the relationship of AHR with FEV\textsubscript{1} decline, respiratory mortality, and systemic inflammatory burden in patients with COPD in the Lung Health Study (LHS) and the Groningen Leiden Universities Corticosteroids in Obstructive Lung Disease (GLUCOLD) study.

Methods

The LHS enrolled current smokers with mild-to-moderate COPD (n = 5887), and the GLUCOLD study enrolled
Guidelines for the Evaluation and Treatment of Muscle Dysfunction in Patients With Chronic Obstructive Pulmonary Disease

Airway hyperresponsiveness in chronic obstructive pulmonary disease: A marker of asthma-chronic obstructive pulmonary disease

Early chronic obstructive pulmonary disease: definition, assessment, and prevention
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Airway hyperresponsiveness and chronic obstructive pulmonary disease outcomes

Journal of Allergy and Clinical Immunology. The Cockcroft, Donald W., MD; Wenzel, Sally, MD. Published December 1, 2016. Volume 138, Issue 6, Pages 1580-1581. © 2016.

Do we really need asthma-chronic obstructive pulmonary disease overlap syndrome?

FULL TEXT ARTICLE

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Journal of Allergy and Clinical Immunology, The, 2016-12-01, Volume 138, Issue 6, Pages 1571-1579 e10. Copyright © 2016 American Academy of Allergy, Asthma & Immunology

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Background: The impact of airway hyperreactivity (AHR) on respiratory mortality and systemic inflammation among patients with chronic obstructive pulmonary disease (COPD) is largely unknown. We used data from 2 large studies to determine the relationship between AHR and FEV1 decline, respiratory mortality, and systemic inflammation.

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Methods: The LHS enrolled current smokers with mild-to-moderate COPD (n = 5878), and the GLUCOLD study enrolled former and current smokers with moderate-to-severe COPD (n = 51). For the primary analysis, we defined AHR by a methacholine provocation concentration of 4 mg/mL or less, which led to a 20% reduction in FEV1 (PC20).

Results: The primary outcomes were FEV1 decline, respiratory mortality, and biomarkers of systemic inflammation. Approximately 24% of LHS participants had AHR. Compared with participants without AHR, patients with AHR had a 2-fold increased risk of respiratory mortality (hazard ratio, 2.38; 95% CI, 1-38-4.11; P = .002) and experienced an accelerated FEV1 decline by 13.2 mL/s in the LHS (P = .007) and by 12.4 mL/s in the much smaller GLUCOLD study (P = .079). Patients with AHR had generally reduced burden of systemic inflammatory biomarkers than did those without AHR.

Conclusions: AHR is common in patients with mild-to-moderate COPD, affecting 1 in 4 patients and identifies a distinct subset of patients who have increased risks of disease progression and mortality. AHR may represent a spectrum of the asthma-COPD overlap phenotype that urgently requires disease modification. (J Allergy Clin Immunol 2016;138:1571-8.)

From a James Hogg Research Centre at the Institute for Heart and Lung Health, St Paul’s Hospital, Vancouver; the Faculty of Medicine, Department of Respiratory Medicine and Tuberculosis, P.J. Kalamka University, Krakow; the PROOF Centre of Excellence, St Paul’s Hospital, Vancouver; the Department of Epidemiology, University of Groningen, University Medical Center Groningen, the University of Groningen, University of Medicine and Dentistry, University of British Columbia, Vancouver; the Department of Pulmonology, Leiden University Medical Center, Leiden; the Department of Pulmonary and Critical Care Medicine, University of Groningen, University Medical Center Groningen, David Geffen School of Medicine at UCLA, Los Angeles; Johns Hopkins University School of Medicine, Baltimore; University of Minnesota School of Public Health, Minneapolis; the Department of Computer Sciences, University of British Columbia, Vancouver; and the Department of Pathology and Laboratory Medicine, University of British Columbia, Vancouver, The Lung Health Study (LHS) Exome Analyses Study was funded by the Canadian Institutes of Health Research.
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Airway Disease and Chronic Airway Obstruction

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**FIGURE 13-17** Cystic bronchiectasis and obliterative bronchiolitis. Cystic fibrosis in a young female patient chronically infected with P. aeruginosa, Mycobacterium abscessus and Aspergillus fumigatus—low-dose CT performed on inspiration and expiration with a CTDI of respectively, 0.68 and 0.33 mSv, resulting in a DLP of respectively, 24 and 11 mGy.cm. (A) Axial CT at the level of the upper lobes showing alveolar consolidation with cystic lesions predominating on the right side. (B) Coronal oblique mIP image (3-mm-thick slab) perfectly assesses the varicosity and cystic bronchiectatic nature of the cystic lesions. (C) Sagittal coronal oblique minimal intensity projection (mIP) image (3-mm-thick slab) targeted on the right lung on inspiration. (D) Sagittal mIP image (3-mm-thick slab) at the equivalent level on expiration. Note the multifocal air trapping on (D) perfectly matched with areas of low attenuation that reflect hypoperfusion due to hypoventilation secondary to obliterative bronchiolitis (mosaic perfusion) on (C) well assessed by adapting the window width and window level.
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Greiser, Philippe A., Grainger & Allison's Diagnostic Radiology, Chapter 13, 207-207.e2

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BOOK CHAPTER

Nutrition and Diet in Rehabilitation

Marlene M. Young MA, Mark A. Young MD, MBA and Steven A. Stiens MD, MS
Physical Medicine & Rehabilitation Secrets, Chapter 23, 187-190

1. Do rehabilitation professionals really need to know about nutrition?

Of course. A basic understanding of important key nutritional principles is critical to all rehabilitation practitioners. Physical medicine and rehabilitation (PM&R) interventions (including modalities for healing and exercise) require proper nutrition to maximize results at all biopsychosocial levels, thereby reducing impairment and optimizing outcomes. Specific nutritional substrates are essential for cellular, tissue, and organ-based function. Good nutrition is intrinsically linked to functional outcomes in all aspects of rehabilitation. People with disabilities, including those with pain, neurologic, musculoskeletal, and orthopedic diagnoses, are positively impacted by dietary optimization.

2. What is the definition of malnutrition?

Malnutrition is a medical condition resulting from an imbalanced diet with either too little or too much food or a dietary intake lacking in one or more essential nutrients. People who are malnourished are frequently lacking in one or more of the following important nutritional components: calories, vitamins, or trace minerals.
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