The Immediate Effect of Chest Mobilization Technique on Dyspnea in Patients of COPD with Restrictive Impairment

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Abstract

Objective of study: to relieve dyspnea in patients of COPD with restrictive impairment by chest mobilization technique. Background: COPD is a primary lung disease but as it advances, there is restriction in chest wall mobility which decreases pulmonary functions and vital capacity of lung. So purpose of this study is to assess the immediate effect of chest mobilization on relieving dyspnea by improving the oxygen saturation. Materials and Methods: an experimental study was conducted on 30 COPD patients having vital capacity <80%, to assess the pre and post differences in modified Borg scale by applying chest mobilization technique: rib rotation; lateral flexion, extension, rotation of chest wall and pectoralis major stretching. Results: for within group analysis, comparison of data for modified Borg score was done using Wilcoxon sign rank test, and for between groups analysis was done using Mann Whitney U test. Statistical analysis showed significant change in modified Borg score after application of chest mobilization technique. Conclusion: it can be concluded from this study that chest wall mobilization has significant effect on dyspnea in COPD patients who are having restrictive impairment of chest wall in later stage of disease.

Introduction

The term Chronic Obstructive Pulmonary Disease (COPD) refers to chronic disorder that disturbs airflow. COPD is a major cause of morbidity and mortality in INDIA (Singh et al, 2003). COPD is a preventable and treatable disease with some significant extrapulmonary effects that may contribute to the severity in individual patients. Its pulmonary component is characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (Goldcopd, 2014). The common task force