

Breathing Conditions and Rehab

Exercising Safely with Asthma, COPD, and Related Conditions

1 How Breathing Conditions Affect Rehab

Conditions like asthma, COPD, and other respiratory conditions limit exercise tolerance — but this does not mean exercise should be avoided. Reduced lung capacity limits oxygen delivery to working muscles, and breathlessness during exercise can feel alarming. In most cases, however, it is manageable and expected, and rehabilitation is built around working safely within these limits.

Condition	How It Affects Exercise	Key Consideration
Asthma	Airways narrow during or after exercise (exercise-induced bronchoconstriction), causing wheeze, cough, and breathlessness.	Use reliever inhaler 15–20 min before exercise if prescribed; warm up slowly to reduce bronchoconstriction risk.
COPD	Reduced airflow and air trapping cause breathlessness at lower exercise intensities than in healthy individuals.	Lower-intensity, consistent exercise is highly beneficial; pace carefully and use the Borg scale to guide effort.
Bronchiectasis	Excess mucus in the airways reduces airflow; exercise helps mobilise and clear mucus.	Perform prescribed airway clearance techniques before exercise sessions to optimise breathing capacity.

2 Exercise Is Still Essential

Regular exercise is one of the best evidence-based interventions for respiratory conditions. It strengthens the respiratory muscles, improves the efficiency of oxygen delivery, reduces symptom burden, and lowers the rate of hospital admissions. A key principle is the Borg Breathlessness Scale: during aerobic exercise, aim for a breathlessness rating of 3–4 out of 10 (moderate — noticeable but manageable). This level of effort produces adaptation without overloading the system.

Breathlessness during exercise does not mean you are causing harm. In respiratory conditions, learning to tolerate manageable breathlessness during activity is part of rehabilitation — it is how the body adapts and becomes more efficient over time.

3 Safe Exercise Principles

Principle	Guidance
Warm up slowly	Give the airways time to adjust to increased airflow — this reduces the risk of exercise-induced bronchoconstriction in asthma.

Start low, go slow	Begin at an intensity that still allows conversation. Increase duration and intensity gradually over weeks, not days.
Choose low-pollution environments	Cold, dry air and air pollution can trigger symptoms. Exercise indoors or outdoors on calm, mild days.
Have your inhaler available	Always carry your reliever inhaler during exercise sessions — even if you rarely need it.
Nasal breathing where possible	Warms and humidifies air before it reaches the lower airways, reducing irritation — especially useful in cold weather.
Monitor breathlessness	Use the Borg scale; stop if breathlessness becomes severe (7+/10), unusual, or accompanied by chest tightness, wheeze, or dizziness.

4 Pacing and Recovery

Strategy	Why	How
Interval training	Short bursts of activity with rest periods allow breathless people to accumulate more total exercise than continuous effort.	Try 1 min active, 2 min rest; build the active phase gradually over weeks.
Pursed lip breathing	Slows the breathing rate and reduces air trapping — particularly helpful in COPD.	Breathe in gently through the nose; exhale slowly through pursed lips (twice as long as the inhale).
Active recovery	Light movement after exercise helps the body clear carbon dioxide and lactate more efficiently than sitting still.	5 minutes of slow walking after exercise; avoid sitting or stopping immediately after effort.

5 Key Takeaways

KEY TAKEAWAY 1

Exercise does not harm your lungs — it helps them. Regular, appropriately dosed exercise strengthens respiratory muscles, improves oxygen efficiency, and reduces the day-to-day impact of your condition. Avoiding activity makes breathlessness worse over time, not better.

KEY TAKEAWAY 2

Manageable breathlessness is part of the process. Aim for 3–4 out of 10 on the Borg scale during aerobic work. This level of breathlessness signals productive effort. Stop if breathlessness becomes severe, unusual, or is accompanied by chest tightness, wheeze, or dizziness.

KEY TAKEAWAY 3

Pace, prepare, and recover well. Warm up before every session, use interval formats if continuous exercise is too demanding, and always cool down with gentle movement. Have your reliever inhaler available and follow any airway clearance routine prescribed by your clinician before exercise.