Debbie and Julie’s Breathing Buddies

AARC member Debbie Koehl, MS, RRT-NPS, AE-C, and her colleague Julie Nelson, RRT, help patients breathe better every day in their pulmonary rehabilitation program at Methodist Hospital/Clarian Health in Indianapolis, IN.

Richard Petrecca

As a COPD patient I have been taught how to breathe to aid in my breathing by the respiratory therapists conducting our program. They have taught me the importance of exercising to increase my strength and breathing. One of the best things they have done is to not let me backslide from the program here at Methodist.

Gloria Costello

After developing a regular cough and consulting a pulmonary doctor, I was told to try pulmonary rehabilitation. I came to Methodist Hospital Pulmonary Rehabilitation for help.

After two months of therapy, I was able to walk on the treadmill and ride a bicycle for 30 minutes each, plus do other exercises. The coughing has calmed down, and my breathing has improved greatly.

I am very grateful to the three people who helped me — Julie, Debbie, and Jane Rogers (my physical therapist). They are very patient, concerned, helpful, and pleasant. Also, I have had the opportunity to meet many other patients who have a variety of lung conditions, and I observe how Julie, Debbie, and Jane work with them and help and encourage them.

I am so grateful to be able to come to this therapy group and the delightful staff.

Jean Canter

I have been in the medical profession for 31 years as an RN and a registered vascular technologist, but I had only minimal exposure to pulmonary diseases and the role of the respiratory therapist giving breathing treatments and working with respirators.

My world changed, however, in 2005 when I was diagnosed with idiopathic pulmonary fibrosis (IPF). Luckily, I held my own for two years and did not start oxygen therapy until 2007. At that time they started my lung transplant workup, which is where I first met Debbie Koehl and Julie Nelson. They were both very helpful during pulmonary rehab, and I learned so much about IPF and pulmonary diseases and treatments. I have never been one to exercise, but they truly motivate me! As my disease has progressed, they continue to teach me how to cope and not get discouraged.

Julie and Debbie have helped me to connect with the pulmonologists when I have problems during rehab. It means so much to have the confidence that they will determine what I need and take care of it immediately. It helps decrease my “panic factor”!
Doris Alvarez

I came to see Julie for a six-minute walk test. I had lived with IPF for about 15 years and had been on oxygen off and on. At that time I was not using oxygen. Of course, I struggled with my walk; and when I was done, Julie asked, “Have you ever thought of coming to pulmonary rehabilitation?” That started it all. She had me screened for the program. I qualified, but the testing showed I needed to go back on oxygen. I did so, and started the rehab program.

Throughout the next few months I was approved for a lung transplant, and my RTs, Julie and Debbie, guided me through my exercise program. When I had my lung transplant, I was in the best shape I could be in due to the pulmonary rehab program. Julie and Debbie kept me exercising and watched over me.

I truly believe if Julie had not asked me that simple question on the day I met her, I would not have done so well throughout my experience with transplant.

I still come to pulmonary rehabilitation almost three years after transplant, and Julie and Debbie are still very important to my recovery and continued health and happiness.

Malcolm Sargent

After I was diagnosed with pulmonary fibrosis, I became concerned about my loss of energy, loss of muscle mass, and general feeling of malaise — not to mention my loss of motivation. The doctor mentioned pulmonary rehabilitation in response to these complaints, and it seemed that, at worst, it could not hurt to try it.

After starting the program, I was astounded at the level of exercise being achieved by the patients — whom I discerned later were much sicker than I was. I told the RT there was no way I could work at that level. Was I wrong! Within a few weeks I was at an activity level I would never have believed a month earlier.

After graduation, I foolishly did not keep up with the maintenance program; but a few years later, much sicker than before, I went through the program again and am in the maintenance program and feeling much better.

I am presently being evaluated for a lung transplant, and this program will keep me in good shape and help my recovery after this major surgery.

I am 67 years old, and I would recommend pulmonary rehab to any lung patient. It is hard work but worth it. And the staff is the best!

Carla Zilbersmith

The definition of inspire is literally “to breathe life into.” Therefore, there’s not a lot of difference between inspiration and inhalation. Both are essential to life: inhale/exhale or inspire/expire.

I have amyotrophic lateral sclerosis (ALS), and Lee Guion is my respiratory therapist. She knows what she’s doing and provides inspiration as well as help with inhalation. She is both funny and compassionate.

Lee answers my calls late at night, on weekends, and even in her car (don’t worry, cops, I’m sure she is on Bluetooth). It took me a long time to adjust to my bi-level PAP machine. On my list of questions to ask the doctors at the clinic, I had simply written “bleeping biPAP.” My nurse went to tell Lee that I needed to see her; and when she walked into the room, she greeted me warmly and asked, “So what’s the problem with the bleeping biPAP?” I’m confident that she refers to it as a “gosh darn biPAP” with some of her more demure patients.

One doesn’t consider how important a respiratory therapist is until it becomes more challenging to breathe. Having somebody in your corner like Lee makes this bitter pill go down much smoother.