

Breathe!

This one-word imperative statement is the entire command to almost any exercise subject regarding breathing. With the one exception to keep the teeth lightly occluded to somewhat immobilize the tongue in some neck exercises, nothing else is needed to be said and to know... or at least this is how it should be.

[By the way, breathe, both inhaling and exhaling, in as a relaxed, untensed way as possible—without facial expression, grimacing, hissing through the teeth, guttural sounds, blowing through or pursing the lips, etc.]

Novice exercise subjects arrive to their first sessions with overwhelming head trash regarding many concepts. A prevalent one is that a special scheme to breathing is required for exercise. These errant notions are instilled in them by fitness gurus, physical therapists, occupational therapists, respiratory therapists, yoga instructors, walking programs, life coaches, sports coaches and many other persons and entities promoting their trifling of exercise expertise.

Before SuperSlow[®] exercise, ostensibly authoritative rules were decreed throughout the fitness industry at large about proper breathing during dynamic exercise. These rules still prevail:

Exhale when lifting and inhale when lowering.

With the *coordinated breathing scheme*, the subject must move in what we of SuperSlow persuasion deem *fast* to achieve the lower end of the respiration rate range—12-20 cycles for a normal, healthy human at rest—and move very fast to achieve the upper end. And this is for someone NOT exercising.

And once his respiration rate elevates to an appropriate rate for exertion—40-60 cycles—the movement is damn fast... explosively fast... ! Of course, these speeds are stupidly dangerous and malpractice for any instructor to recommend.

Coordinated breathing became more idiotic as SuperSlow exercise emerged and allowed for only two or three cycles of excursion per minute. Foolish instructors discovered that elevated heart rates and pulse required more than the typical adult respiration rate of 12-20 cycles. Note that the lower end of this range is 12. Three cycles doesn't cut it unless hypoxia is the objective.

Then SuperSlow largely moved on to static exercise (SuperStaticsSM). With statics—as there is no longer any raising and lowering—the breathing nuts could

no longer espouse their silly coordinated breathing scheme, but they had another equally inane scheme in the wings already being used for activities such as walking since, in these activities, no obvious lifting and lowering was performed. This scheme dictates that the subject breathe in through the nose and exhale through the mouth.

When I, Ken Hutchins, was instructed to do this by my physical therapist as I walked with her in the hospital hallway, I stopped and asked, “Why breathe this way? I hear many therapists recommend this. What’s the reasoning?”

She then admitted that it was just the way she was taught and that she really did not know other than that it was to safeguard against Valsalva.

After returning to my hospital room, I asked her to explain Valsalva. She made an honorable but inadequate attempt. I then explained it to her, which made her realize that she was poorly informed.

Then I explained that if Valsalva was a safety concern—which it is not for the arterial side of the circulatory system—then whether I breathe through my nose or my mouth or through a tracheotomy, etc. is not a factor. Just don’t close off the airway and put abdominal backpressure behind it.

By the way, teeth gritting, gripping the hands, and face grimacing do raise arterial blood pressure and may serve cause for concern.

As I did have a central venous catheter (CVC) for hemodialysis installed and may have recently had it removed, Valsalva was, according to Doug McGuff, MD, a safety concern for me. Any fresh puncture on the venous side can raise this concern.

I begged my PT to hear my scathing reactions to the breathing scheme without taking them personally:

I can barely stand and walk. To walk alongside you, I must negotiate the hallway with a walker while employing your assistance to manage my IV pole. I must maintain heightened focus to balance and to not take too large steps. I must not talk, and I must look straight ahead and not make eye contact with you or anyone else. I must be resolute to not greet people who kindly acknowledge me in the hallway. I am distracted that my gown will barely cover me and remain tied and on me. My life depends on staying in control, and I greatly fear falling. I am greatly challenged to estimate and walk a distance that barely enables me to return to my room.

And on top of all this you want me to breathe in through my nose and out through my mouth?

Are you serious? Are you trying to defocus me? Are you trying to confuse and disorient me? Are you trying to make me fall? Are you trying to get me hurt?

What is the point? There has to be a point to this and you can't explain it to me because there isn't one.

Breathing schemes are just one of a seemingly infinite number of wildly incorrect notions disseminated by supposed exercise experts, including medical professionals.