

Precautions and Contraindications

EMST150 - Respiratory muscle training (RMT) is drug free; suitable for almost anyone and should cause no harmful side effects when used properly. If you have any doubts about the EMST150's suitability, please consult your doctor or therapist.

Please read the following Precautions and Contraindications information to ensure that you use the EMST150 device safely and appropriately:

Precautions

- To prevent the potential transmission of infections, we recommend that you do not share your EMST150 device with other users, including family members. We recommend that you clean the device once a month.

The EMST150 is designed for exercising your expiratory muscles.. No other use is intended or implied.

- While training with the EMST150 you should feel resistance, but it should not be painful. If you should feel pain while using any inspiratory or expiratory device, stop immediately and consult your doctor or therapist..

Additionally, the following conditions have been highlighted to advise you to seek guidance from your medical professional before use of an RMST device:

- A history of spontaneous pneumothorax Following a traumatic pneumothorax and/or broken rib, the EMST150 should not be used prior to full recovery.
- In a patient with any CSF drain in place (or need to monitor inter cranial pressure) obtain physician approval/order for EMST/IMST
- Recent facial, oral, neck, skull or chest surgery (including cardiac surgery) or trauma
- Epistaxis
- Esophageal surgery
- Active hemoptysis
- Lung transplant, Lung resection
- For use with tracheostomy patients, the trach cuff must be fully deflated with adequate secretion management; obtain physician order and approval For patients status post recent decanulation, the previous trach site should be completely closed/healed and physician order obtained

Contraindications:

- Asthma patients who have low symptom perception and suffer from frequent severe exacerbations or with an abnormally low perception of dyspnoea.
- Patients suffering from a ruptured eardrum or any other condition of the ear.
- Patients who are or might be pregnant
- Patients with untreated and uncontrollable reflux
- Patients with untreated and uncontrollable hypertension
- Patients with abdominal hernia or recent abdominal surgery

**** For Healthcare professionals: Candidacy for expiratory training is best determined on a case by case basis. A good way to discuss this with the medical team is by using the Valsalva maneuver as an analogy for expiratory training. If Valsalva and generation of intrathoracic and/or intracranial pressures are contraindicated then expiratory training is as well. As always, clinical experience and acumen is of the highest value when using the EMST150 with patients. Always remember: If in doubt, always consult your doctor or therapist.**