AUTOGENIC DRAINAGE
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AIMS
• Achieve highest airflow in all generations bronchi
• Without causing dynamic airway collapse
• Starting at a low level ERV
• Small tidal breaths with inspiratory pauses
• Intermittent resting breaths
• Gradually breathing respiratory range IRV
• Expectorate large volume of sputum with huff & gentle cough
  Chevaillier 1984
• Enhance expiratory airflow linear velocity over the largest possible area of the bronchial tree
• In an even and synchronous way
• To obtain optimal expiratory flows
• To utilize ‘shearing forces’ to loosen and pull mucus from the airway wall

Breathing in Phase 1 “Unstick phase”
• “Sigh out down towards the basement” (into ERV – as comfortable) through the open mouth
• Small slow tidal breaths through nose (humidify, warm & air turbulence & prevent premature coughing)
• Inspiratory pause 2-3 seconds with an open glottis to achieve homogenous ventilation
• Peak expiratory flow (PEF) rate should be as high as possible while avoiding airway collapse, wheeze or bronchospasm
• With air hunger – resting breaths – resume Phase 1 breathing for several repeated breaths
• Feedback – “crackles at end of expirations” move to Phase 2

Breathing in Phase 2 “Collect phase”
• Breathing in the range of FRC begins Phase 2 (collection of peripheral secretions)
• Inspiration continues to be punctuated by breath-holds, minimizing compression during expiration
• Coughing and/or expectoration strongly discouraged in Phase 2
• Feedback of prolonged “crackles” heralds Phase 3

Breathing in Phase 3 “Evacuation phase”
• Phase 3 starts from low-to-mid-IRV
• Progress with breath-hold inspirations
• Sighing through open glottis (“throat”) from low to mid lung volume level
• Huffing through open glottis from mid to high lung volume level
• Coughing from high lung volume level
- Unproductive coughing with forced expiration is undesirable at any stage

References
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