The mean sputum volume for 3 days was relatively higher among patients on ACBT/FET (6.58 ± 2.94 ml) compared to the Lung Flute group (5.90 ± 2.99 ml) however there was no statistical difference (p=0.525). Sixty seven percent (6/12) of the subjects expectorated mucopurulent sputum in the lung flute group compared to 50% (5/10) in the ACBT/FET group. The mean visual analog score of the Lung Flute group was 6.83 ± 1.11 with a relief of difficulty to VAS 2.8 ± 0.63 post-treatment compared to the ACBT group with pre-treatment and post-treatment score of 6.6 ± 0.97 and 3.0 ± 0.74, respectively. There was significant relief in difficulty of sputum expectoration for both groups with a p-value of <0.0001.

**RESULTS**

Patients were mostly in the 5th and 6th decade of life and majority (86%) were males with an average of 40 pack year smoking history. The sputum volume recorded in 3 treatment days for both groups were presented as mean volumes in ml ± 2 standard deviation.

**CONCLUSION**

The use of flutter devices (Therapeutic Lung Flute) is as effective as the Active Cycle Breathing Technique (ACBT)/Forced Expiration Technique (FET) in facilitating sputum expectoration among stable COPD patients.