Lung Transplantation in Acute Rehabilitation:
A Descriptive study

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Introduction
• Patients who have undergone a lung transplant are at high risk for debility with a median survival less than 6 years. A subset of these patients cannot go home immediately after hospitalization.
• Of late, 30-day survival and one-year survival rates have increased due to pre/post transplant rehabilitation. 1,4
• Predictive measures such as 6-minute walking distance, pre-transplantation factors, and acute hospitalization are some of the many factors leading to acute rehabilitation admission.3,5
• The aim of this study was to evaluate the functional gain of a lung transplant patient during an inpatient rehabilitation stay.

Methods
• A retrospective chart review was performed on 21 subjects who received a lung transplantation from January 2003-July 2018 and were admitted to acute rehabilitation.
• Functional Independence Measure (FIM) demographic data, disease specific information and acute hospitalization data were also collected.

Results
• In the rehabilitation unit the median length of stay was 10 days and length of stay efficiency was 3.1. Median admission FIM scores were 72 with a total change of 34. The majority of the FIM score change was due to Motor FIM gains.
• From acute rehabilitation, 89% of patients were discharged to a community setting.

Discussion
• A subset of patients with lung transplantations could be good candidates for acute rehabilitation since this group showed good motor improvement in a reasonable amount of time and were discharged to the community setting.

References:

The Colorado Multiple Institutional Review Board provided exempt status, as all patient information was deidentified.

The authors of this study have nothing to disclose.

A group of patients recovering from lung transplantation improved their functional independence with acute inpatient rehabilitation and, most were discharged to the community.

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