


# 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.<sup>1</sup>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. <sup>1-4</sup>
- 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. <sup>3,5</sup>
- It is unclear what the functional gain of a lung transplant patient is 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.

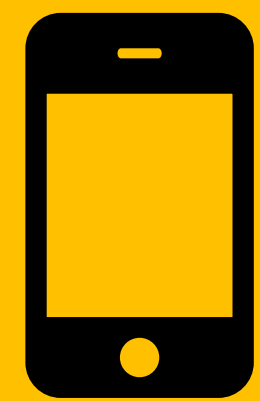
- In the rehabilitation unit the median length of stay was 10 days and length of stay efficiency was 3.1. Median admission FIM scores were 72 with a total change of 34. The majority of the FIM score change was due to Motor FIM gains
- From acute rehabilitation, 80% of patients were discharged to a community 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.



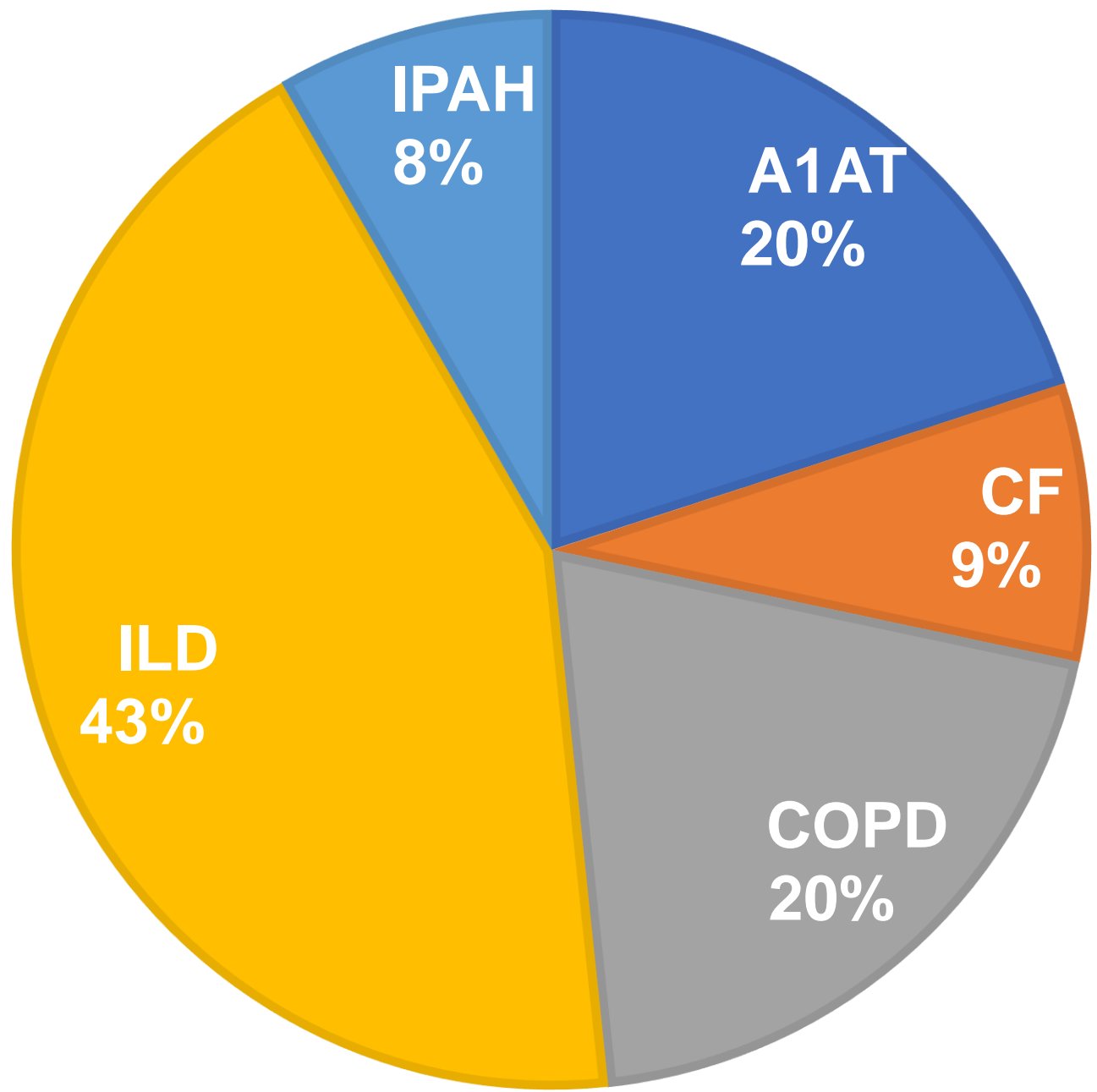
A group of patients recovering from **lung transplantation** improved their **functional independence** with **acute inpatient rehabilitation** and, most were **discharged to the community.**



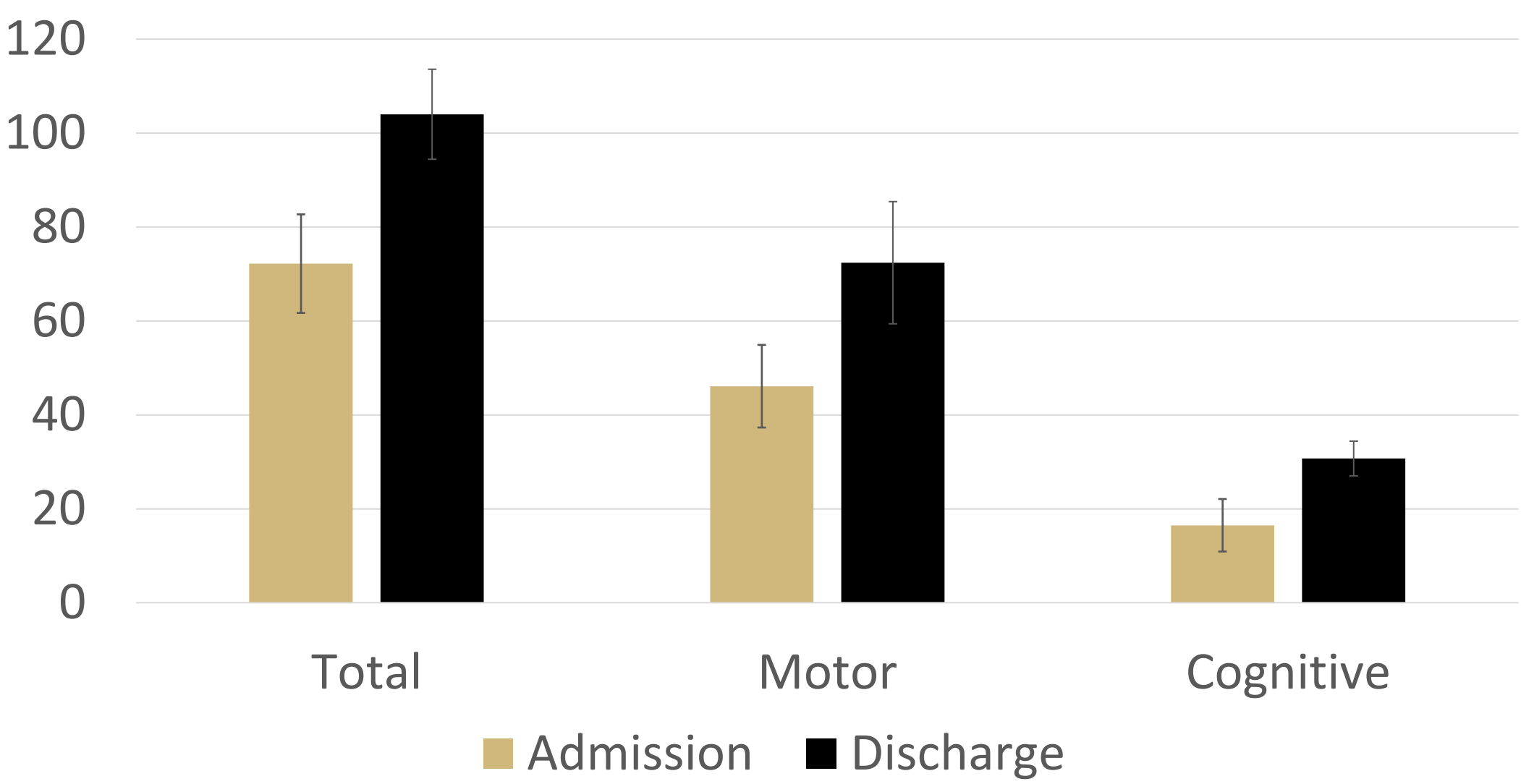
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DIAGNOSIS FOR TRANSPLANT



FIM CHANGE



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The authors of this study have nothing to disclose.