

Abstract

Objective: Our objective was to describe functional outcomes, discharge trends, and common comorbidities in subjects who have had lung transplantation, and were subsequently admitted to an acute inpatient rehabilitation facility (IRF)

Methods: A retrospective chart review was performed on 21 subjects who received a lung transplantation from January 2003 - July 2018 and were admitted to IRF. Change in Functional Independence Measure (FIM), discharge dispositions, demographics, comorbidities, and acute hospitalization factors were assessed.

Results: Subjects had a median age of 56 years old. 52% received their transplant due to interstitial lung disease. Median acute hospitalization was 26 days with a median of 6 days of ventilator support post transplantation. In the IRF, median length of stay was 10 days and length of stay efficiency was 3.1. Median admission FIM scores were 72 with change in total of 34 ($p<0.0001$). Motor FIM scores showed a median improvement of 45 ($p<0.0001$), while cognitive FIM scores improved a median of 3 ($p<0.0001$). 95% of subjects were discharged to a community setting ($n=20$).

Conclusions: Our study suggests that a subset of patients who have had lung transplants could be good candidates for acute IRF demonstrating good motor improvement in a reasonable amount of time with frequent discharge to the community setting.

Key Words: Lung Transplantation/rehabilitation, Recovery of Function, Treatment Outcome, Length of Stay