

Preventing Hospital Readmissions: Research on the Value of Physical Therapy



Excessive hospital readmissions are under scrutiny for their cost and negative impact on patient outcomes. Providers are undertaking widespread and intense efforts to reduce them. Research validates that access to physical therapy can prevent or reduce the risk of readmissions.

RESEARCH ON THE VALUE OF PHYSICAL THERAPY IN REDUCING HOSPITAL READMISSIONS

Is Referral to Home Health Rehabilitation After Inpatient Rehabilitation Facility Associated With 90-day Hospital Readmission for Adult Patients With Stroke? [Am J Phys Med Rehabil. 2020; 99(9): 837-841]

Conclusion: Findings suggest the importance of continuation of care (home health) after hospitalization and intense inpatient rehabilitation for stroke.

Community Use of Physical and Occupational Therapy After Stroke and Risk of Hospital Readmission [Arch Phys Med Rehabil. 2018;99(1):26-34]

Conclusion: Individuals who received outpatient therapy in the first 30 days after discharge home from the hospital following stroke were less likely to be readmitted in the subsequent 30 days than were individuals who received no therapy.

Inverse Dose-Response Relationship Between Home Health Care Services and Rehospitalization in Older Adults [J Am Med Dir Assoc. 2019;20(6):736-742]

Conclusion: At a threshold of either one physical therapy visit or two skilled nursing visits per week, home health care lowered the risk of rehospitalization in older patients by up to 82% and 48%, respectively.

Association of Rehabilitation Intensity for Stroke and Risk of Hospital Readmission [Phys Ther. 2015;95(12):1660-7]

Conclusion: Receipt of and intensity of rehabilitation therapy in the acute care of stroke is associated with a decreased risk of hospital readmission.

Effects of Hospital-Based Physical Therapy on Hospital Discharge Outcomes Among Hospitalized Older Adults With Community Acquired Pneumonia and Declining Physical Function [Aging Dis. 2015;6(3):174-9] Conclusion: Hospital-based physical therapy helps to reduce the 30-day hospital readmission rate of acutely ill older adults with community-acquired pneumonia and declining physical function.

Rehospitalization in the First Year of Traumatic Spinal Cord Injury After Discharge From Medical Rehabilitation [Arch Phys Med Rehabil. 2013;94(4):87-97]

Conclusion: Individuals with traumatic spinal cord injury who received more-intensive physical therapy had lower odds of rehospitalization.

Role of Physical Therapists in Reducing Hospital Readmissions: Optimizing Outcomes for Older Adults During Care Transitions From Hospital to Community [Phys Ther. 2016;96(8):1125-34]

Conclusion: Physical therapists can help reduce avoidable hospital readmissions by contributing to existing care transition models and collaborating with other health care disciplines. Because physical therapists are

uniquely qualified to assess physical function — which is a risk factor for hospital readmission — they need to assume a stronger role in the treatment of older adults within care transition models.

Understanding the Relationship Between Physical Therapist Participation in Interdisciplinary Rounds and Hospital Readmission Rates: Preliminary Study [Phys Ther. 2016;96(11):1705-1713]

Conclusion: Patients had significantly higher readmission rates when their interdisciplinary team did not include a physical therapist.

Use of Hospital-Based Rehabilitation Services and Hospital Readmission Following Ischemic Stroke in the United States [Arch Phys Med Rehabil. 2019 Jul;100(7):1218-1225]

Conclusion: Hospital-based physical therapist services were associated with lower risk of 30-day hospital readmission in patients with ischemic stroke.

Last Updated: 10/20/2020

Contact: advocacy@apta.org