Effects of Hospital-Based Physical Therapy on Hospital Discharge Outcomes among Hospitalized Older Adults with Community-Acquired Pneumonia and Declining Physical Function


Setting the scene:
To examine whether hospital-based physical therapy is associated with functional changes and early hospital readmission among hospitalized older adults with community-acquired pneumonia and declining physical function.

What did they do?
Participants were community-dwelling older adults admitted to medicine floor for community-acquired pneumonia (n = 1,058). The study period was 22 months. The intervention group was those receiving physical therapy for ≥ 0.5 hour/day. Functional decline was assessed using the Katz Activities of Daily Living (ADL) Index which is the most common measurement of activities of daily living functioning in hospitalized older medical patients. The intervention and control groups did not differ in the Katz ADL Index at hospital discharge (p = 0.11). All-cause 30-day hospital readmission rate was lower in the intervention than in control groups (OR = 0.65, p = 0.02). This study attempts to fill this gap by focusing on vulnerable older adults admitted for community-acquired pneumonia whose physical function declined between hospital admission and 48 hours since hospital admission to determine whether hospital-based PT is beneficial for this population in terms of physical and hospital-related outcomes.

Takeaway message:
To reduce or delay functional decline during or after hospitalization, physical therapy (PT) has been utilized as an independent rehabilitation measure and a component of multidisciplinary care. PT to restore functional reserve has been applied to certain acute illness, such as stroke and hip fracture, with excellent rehabilitation potential in both acute and post-acute hospital settings. There is evidence of dose-dependent effects of PT on functional recovery in a post-acute care setting. Hospital-based physical therapy has the benefits toward reducing 30-day hospital readmission rate of acutely ill older adults with community-acquired pneumonia and declining physical function.