

**Toll-Free: 800.979.2253**

Phone: 815.399.2600

Fax: 815.399.2202

1946 Daimler Rd  
Rockford, IL 61112

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Refer to ABLE Home Health for:

- Orthopedic Rehabilitation
- Certified Wound Care
- Psychiatric Nursing
- Readmission Prevention
- Medication & Diet Teaching
- Observation & Assessment
- Fall Risk Reduction
- Neurological Rehabilitation
- Cardiopulmonary Rehab
- Chronic Disease Management
- Diabetes
- COPD
- Heart Failure
- Hypertension
- Parkinson's
- Multiple Sclerosis
- Private Duty Non-Medical

**Home of the One Nurse Policy**

Each patient gets the same nurse and therapist for each visit.

**Disciplines:**

- Skilled Nursing
- Wound Care Certified Nursing
- Psychiatric Nursing
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Medical Social Work
- Home Health Aides

**Preventing Rehospitalization**

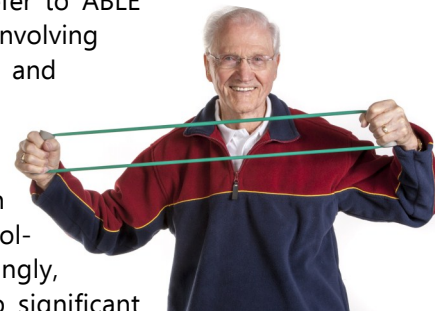
Our patients are 35% less likely to be hospitalized compared to national home health averages.

Source: HHQI 2012 avg

Locally Owned and Operated

## The Research on Home-Based Physical Therapy for Patients with COPD

COPD affects the lives of roughly 10% of the American population.<sup>1</sup> Those patients with declining health status, recent hospital discharges, or moderate disability due to COPD may be good candidates for additional programs designed to improve their quality of life and reduce overall health care spending / reutilization. When patients are homebound, refer to ABLE Home Health for such programs. We can provide care plans involving physical therapy, occupational therapy, nursing management, and more.



Currently, the most authoritative research paper on exercise for COPD is the meta-analysis by Salman et al., published in the *Journal of General Internal Medicine*.<sup>2</sup> Salman and colleagues combined 20 trials covering 979 patients. Interestingly, trials that used only respiratory muscle training showed no significant difference compared to control groups receiving no rehabilitation. However, patients receiving lower-extremity training only (training that can be accomplished readily in your patient's home) did significantly better on walking tests and on shortness of breath. Mild to moderate COPD cases responded well to both short-term and long-term rehabilitation, and severe COPD cases responded well to exercise training lasting six months or longer (a time period equating to three home health episodes).

This is not to say that home-based physical therapy should be limited to lower-extremity exercise. Current research also supports the theory that physical therapy for the upper extremities creates positive results in ventilator muscle recruitment.<sup>3-6</sup> Costi and colleagues found that when hand weight training was added to normal programs of pulmonary rehabilitation, patients showed significantly greater improvement in six-minute walking distance (+74 meters vs. +24 meters) and showed significantly greater improvement in dyspnea scores (-1.04 vs. -0.48).

Murphy and colleagues demonstrated that these physical therapy programs can be effectively delivered at home.<sup>7</sup> They compared patients receiving exercise training at home immediately after a hospitalization for COPD to patients receiving usual care. **Early exercise training at home improved exercise tolerance, improved dyspnea scores, improved quality of life, and reduced the number of subsequent exacerbations.**

ABLE therapists stand ready to design home exercise programs or continue supervision for programs initiated at inpatient facilities. In addition, occupational therapists can teach **energy conservation techniques** that improve independence at home, and they can help coordinate the acquisition of helpful equipment. Our nurses can provide the teaching and observation that has been shown to reduce future hospitalizations and ED visits, and home health aides are available when patients are temporarily having trouble performing their ADLs.



### Medicare Pays 100%

For qualified beneficiaries, Medicare pays 100% of allowable charges from ABLE Home Health. When you refer these patients to ABLE, they have no co-pays, no deductibles to meet, and no cost sharing of any kind.

**Please tell your patients about ABLE Home Health**

## References

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2. Salman G, Mosier M, Beasley B, et al. "Rehabilitation for patients with chronic obstructive pulmonary disease: meta-analysis of randomized controlled trials." *J Gen Intern Med*. 2003; 18 (3): 213-21.
3. Celli B, Rassulo J, Make B. Dysynchronous breathing during arm but not leg exercise in patients with chronic airflow obstruction. *N Engl J Med* 1986; 314: 1485-90.
4. Criner G, Celli B. Effect of unsupported arm exercise on ventilator muscle recruitment in patients with severe chronic airflow obstruction. *Am Rev Respir Dis* 1988; 138: 856-61.
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6. Costi S, Crisafulli E, Antoni F, et al. Effects of unsupported upper extremity exercise training in patients with COPD – a randomized clinical trial. *Chest*. 2009; 136: 387-395.
7. Murphy N, Bell C, Costello R. "Extending a home from hospital care programme for COPD exacerbations to include pulmonary rehabilitation." *Respir Med*. 2005; 99(10): 1297-302.