Overview: Founded in 1958, Madonna Rehabilitation Hospital is one of the nation’s foremost rehabilitation hospitals, serving patients throughout the Midwest and across the country. The hospital has 319 beds, 193 of which are LTACH, subacute and acute rehab beds. Madonna has developed and supports six recognized rehabilitation programs, all of which have received the highest possible level of accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF):

- Comprehensive Integrated Inpatient Rehabilitation Program (3 levels)
- Brain Injury Rehabilitation Program
- Spinal Cord System of Care
- Stroke Specialty Program
- Pediatric Family Centered Program
- Outpatient Medical Rehabilitation Program

Additionally, Madonna offers inpatient programs for cardiac conditions, neurological disorders, pulmonary conditions, wounds, orthopedics, burn, and amputation. Madonna has four outpatient therapy clinics located throughout Lincoln. While nearly 100% of Madonna’s outpatients are discharged with a home exercise program, research shows that compliance with these programs is less than optimal. Barriers to patients performing their home exercise program include issues related to time, equipment access, questions, accountability, and changes in their condition.

To help overcome these barriers, Madonna TherapyPlus launched the Madonna ProActive Structured Independence Program in 2006. This free 30-day program provides TherapyPlus patients the opportunity to continue their rehabilitation exercise at Madonna ProActive, a medically based fitness facility, after discharge from outpatient therapy services, and thus make functional gains beyond the traditional continuum of care. A specific exercise program is developed for each participant, who then has access to experts such as physical therapists, occupational therapists, and exercise physiologists for questions or assistance. In addition, fitness trainers at the facility have had advanced education to work with people with disabilities. Madonna Rehabilitation Hospital’s goal is to increase compliance with post-therapy exercise programs, while improving their understanding of how engagement in these programs can further enhance function and quality of life. In exchange for a 30-day membership, participants allow TherapyPlus clinicians to further track their outcomes using clinical measures similar to those employed during therapy. These outcomes also are sent to the patient’s primary care physician.

Impact: Overall, significant improvements for function and pain change were noted from the beginning of therapy to discharge from therapy services. Further functional gain and pain reduction were noted upon completion of the Structured Independence Program. Patients’ anecdotal feedback shows that the access to equipment and clinical staff help with continuing their home exercise program. In addition, the conversion rate to fitness
facility membership was 38%. Patients have enjoyed getting involved in other activities including aquatics, yoga, and weights.

**Challenges/success factors:** One challenge encountered is that 44% of those referred to the Structured Independence program choose not to continue during the 30 days with the program. To address this challenge, TherapyPlus clinicians have adjusted the orientation time to 1 hour and have a clinician who orients clients to the facility, provides instructions on use of selected exercise equipment, and learns more about the patients’ goals in participating. A second challenge is that of obtaining outcome measurements at the completion of the Structured Independence program. Currently, TherapyPlus staff attempt to complete participants’ measures on their last day in the program; when that is not successful, they call the patients several times, as well as conduct mail surveys. At this point, 67% of the outcomes measures are incomplete. Additionally, program leaders have learned a few key lessons including the importance of: 1) setting program rules to ensure that all participants understand the opportunities and expectations; and 2) establishing a deadline for starting the program so that a patient’s status does not change too drastically between discharge from formal therapy and the start of the Structured Independence program.

Two specific factors have facilitated success with the Structured Independence Program. The first factor is the strong collaboration between the physical therapists, the exercise physiologists/fitness trainers, and fitness assistants at ProActive. This collaboration ensures that there is a smooth transition for the participants into this program. Color-coded exercise flowsheets are utilized by the program participants to increase their recognition and ease their transition. Another factor contributing to the program’s success is the research underway at Madonna’s Institute for Rehabilitation Science and Engineering, which focuses on breaking down barriers that many of our clients with physical disabilities have experienced when attempting to use traditional exercise equipment to improve function and cardiovascular fitness. TherapyPlus clinicians are able to incorporate many of these innovations into their treatment programs, as well as use them at ProActive.

**Future direction/sustainability:** Due to the overall success and outcomes achieved with the Structured Independence program, Madonna anticipates continuing this endeavor without difficulty. The hospital continues to receive external referrals specifically for this offering, and it continues to be a strong patient and referral source satisfier.

**Advice to others:** Make sure to provide an appropriate setting for patients to continue their home exercise program. Volumes and equipment access can be an issue if there is not sufficient equipment or space. Also, it is important to inform physicians and referral sources of the program early on, so they are aware of how the program works and help to support patient participation.

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