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| Telerehabilitation is effective in delivering exercise rehabilitation to lung transplant candidates |
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| **Introduction/Aim:** Pulmonary rehabilitation (PR) is essential for lung transplant candidates to optimise functional status and rehabilitation recovery potential. Telerehabilitation (Telerehab) offers an alternative delivery mode designed to improve program access. The aim was to compare participant outcomes between home-based Telerehab and hospital-based face-to-face (F2F) exercise rehabilitation.  **Methods:** A prospective observational repeated measures design was used. All lung transplant candidates who attended >4 weeks of either Telerehab or F2F exercise rehabilitation between Apr 2020 and Oct 2023 at a single institution were included. The program model offered was limited by geography, logistics and COVID-19 restrictions. Exercise rehabilitation focused on lower limb strengthening and maintaining aerobic capacity. Outcomes included six-minute walk distance (6MWD), and quadriceps strength corrected for body weight (QS%) assessed pre- and post-program.  **Results:** 27 Telerehab (13 male, mean (±SD) age 60 ± 6 years; 15 chronic obstructive pulmonary disease (COPD), 7 Idiopathic interstitial pneumonias (IIP), 5 other) and 38 F2F participants (21 male, mean age 59 ± 7 years; 20 COPD, 12 IIP, 6 other) were studied. These cohorts were not significantly different in age, respiratory function, exercise induced desaturation or supplementary oxygen used. 17 (63%) Telerehab and 24 (63%) F2F participants had competed PR locally prior to study commencement. Both cohorts improved in QS% (Telerehab 8.2% p=0.001 versus F2F 11.5% p<0.001) with these increases not significantly different between program models (p=0.359). 6MWD was maintained in both cohorts (Telerehab -18m p=0.307 versus F2F -14.9m p=0.215) with no significant difference between models (p=0.874). No adverse training responses were reported.  **Conclusion:** Home-based telerehabilitation provided a similar benefit to the hospital-based face-to-face exercise rehabilitation in lung transplant candidates with both program models achieving similar improvements in quadriceps strength.  **Grant Support:** Healthcare Improvement Unit, Clinical Excellence Queensland |