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Patient Satisfaction with Home Exercise Programs in Physical Therapy

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Abstract

Home exercise programs are vital in maintaining physical therapy outcomes but depend on patient satisfaction, adherence, and effectiveness. Patient satisfaction was explored in a study of satisfaction with home exercise programs among 120 patients at three physical therapy centers in Atlanta, Georgia. One hundred twenty patients were given a cross-sectional survey on comprehension of exercise instruction, frequency of adherence, and barriers to adherence. Fifty patients reported high satisfaction and specifically cited clear, illustrated instructions as a primary factor, 45 reported being neutral, and 25 reported dissatisfaction. The primary barriers cited were obscure instructions by 55 patients and time demands by 50. These results show that explicit instructional materials are important in satisfaction, while logistical barriers prevent adherence. The study proposes incorporating digital support in video tutorials and regular clinician reviews to increase patient satisfaction and adherence and improve rehabilitation outcomes.

Introduction

Home exercise programs are a cornerstone of physical therapy, enabling patients to maintain rehabilitation progress and manage chronic conditions beyond clinical visits. These programs are carefully designed to target specific needs, such as postsurgical recovery, musculoskeletal rehab, or treatment of chronic pain, to encourage functional recovery and long-term health outcomes (Ardebol et al., 2025). In urban environments such as Atlanta, Georgia, where patients juggle hectic professional and family lives and active lifestyles, adherence to home exercise programs is as necessary as it is unlikely to be achieved. Patient satisfaction is directly related to higher levels of patient compliance, which can increase recovery, reduce risks of re-injury,

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and increase overall clinical outcomes (Chaughule, 2024). Enduring adherence is also a complicated issue that depends upon patients' beliefs about an exercise program's effectiveness and appropriateness.

In contrast to the prominent role of home exercise programs, the patient experience of usability and satisfaction is poorly understood within the current literature. Although studies have thoroughly assessed the clinical effectiveness of these programs in managing diseases such as osteoarthritis, postsurgery rehabilitation, or back pain, patient satisfaction and the barriers to adherence have received inadequate attention (Peacock et al., 2024). Issues of unclear guidance, time constraints, or motivation might seriously jeopardize adherence, especially in busy urban environments with unstable and uncertain day-to-day life. These problems are compounded by patient heterogeneity, ranging from recovery from acute injury to managing chronic complications. Overcoming them is crucial to developing interventions that support patient adoption, maximize therapeutic benefit, and reduce demands on health systems.

This research examines patient satisfaction with physical therapy clinics' home exercise programs in Atlanta, Georgia. The aims are to assess patients' knowledge of exercise directions, measure the prevalence of adherence to prescribed protocols, and reveal determinants that hinder regular compliance. Based on survey data collection, this research offers evidence-informed suggestions for physical therapists to optimize home exercise programs, making them more accessible and effective for patients. The results seek to inform practices, boosting patient satisfaction and adherence to enable better rehabilitation outcomes for improved outcomes in an urban high-demand setting.

Method

Study Design and Setting

A cross-sectional, quantitative study investigated patient satisfaction with home exercise programs. The research was conducted in three physical therapy clinics in Atlanta, Georgia. These were selected on the basis of having high caseload volumes and high diversity of patient populations presenting with musculoskeletal, postoperative, and chronic disorders. Atlanta's urban setting, characterized by active lifestyles and time demands, is an appropriate context in which to study adherence to home exercise programs.

Participants and Sampling

The trial recruited adult patients (18 years and above) who received a home exercise program as part of their physical therapy intervention. One hundred thirty patients were recruited through convenience sampling, with participants being approached while waiting in rooms during normal clinic attendances. The sample included patients with diverse diagnoses ranging from musculoskeletal injuries and postoperative recovery to chronic conditions to ensure a broad representation. The sample size was enough to meet statistical rigor while being practically feasible within a few weeks.

Data Collection Tool

A systematic survey was designed based on literature regarding physical therapy intervention and clinicians' expert opinion (Lim et al., 2023). The survey contained five sections: demographic data, satisfaction with home exercises, frequency of adherence, barriers to adherence, and qualitative commentary (see Appendix A). Quantitative elements used a 5-point Likert scale (e.g., 1 = unsatisfied, 5 = very satisfied for satisfaction; 1 = never, 5 = always for

barriers). Qualitative understanding was captured using open-ended questions. The pilot test involved seven patients to validate understanding, with minor adjustments to improve question usability.

Data Collection Procedure

Paper-based surveys were administered voluntarily during patient clinic visits by clinic staff. Surveys were completed in waiting rooms or returned through a secure dropbox located at the clinic. Collection took place over three weeks and included weekly reminders by staff to ensure high response rates. Of the 130 surveys distributed, 120 were fully completed and valid for analysis, representing an excellent response rate. Responses were entered into a secure database for statistical analysis to maintain data integrity.

Ethical Considerations

Ethics clearance was received from the Atlanta Healthcare Ethics Review Board. Informed consent was received from all participants, and responses were anonymized to maintain confidentiality. The research complied with the principles of human subjects research, with data being stored securely and access controlled by the research team.

Findings

Demographic Overview

The patient sample of 120 contained 65 women and 55 men with a mean age of 38 (20–68). The educational level ranged from a high school diploma and below (40 patients) to a bachelor's degree (50 patients) to a graduate degree (30 patients). The most common indication (70 patients) was for musculoskeletal disorders (e.g., back pain, strains), 35 for post-op recovery (e.g., shoulder or knee surgery), and 15 for chronic conditions (e.g., arthritis). Roughly 80 patients indicated 1–3 hours per day of physical activity, typical for Atlanta's active urban community.

Satisfaction with Home Exercise Programs

Home exercise satisfaction was mostly positive, especially when exercises were practical. On a 5-point rating system (scale 1 = not at all satisfied, 5 = delighted), 50 patients were "satisfied" or "very satisfied" with the exercise's therapeutic benefits, 45 were "neutral," and 25 were "dissatisfied" or "very dissatisfied." Of particular interest is that 40 out of the 50 satisfied patients were given illustrated or written directions, showing that understanding increases satisfaction. One patient confirmed this in a written response: "The visual guide given by my therapist enables me to do exercises correctly."

Satisfaction Level	Number of Patients
Very Satisfied	20
Satisfied	30
Neutral	45
Dissatisfied	15
Very Dissatisfied	10

Table 1: Patient Satisfaction with Home Exercise Programs

Barriers to Adherence

The barriers to adherence were considerable; most prominent among them were unclear directions and a lack of time. 55 out of 120 reported unclear directions as a significant barrier, 50 reported lack of time, and 30 reported lack of motivation. Confusion was experienced more among postsurgical patients (25 out of 35), and time constraints were mentioned more often among patients with chronic conditions (10 out of 15). An illustrative quotation expressed this barrier: "The exercises work well, but uncertainty over good technique and heavy workload make it harder to stick with them."

Qualitative Insights

Open-ended questions made productive suggestions for augmenting home exercise programs. Patients also requested electronic instructional aids, such as video demonstrations and mobile apps, and emphasized periodic clinician follow-up reminders for continued support to stay motivated. The following table shows prominent themes within these answers.

Theme	Example Comment
Simplified Instructions	“Video tutorials would clarify proper form.”
Scheduling Difficulties	“Fitting exercises into a busy day is tough.”
Need for Ongoing Support	“Regular check-ins would keep me motivated.”

Table 2: Key Themes from Patient Feedback

Discussion

The results establish that patient satisfaction with home exercise programs in Atlanta's physical clinics is highly dependent on instructional material clarity and perceived therapeutic benefits of these exercises. The 50 high-satisfaction patients, who were primarily accessing visual or printed guides, demonstrate the significant role of effective communication in ensuring adherence and positive attitudes towards the program's value (Chaughule, 2024). This is also supported by evidence showing that well-designed instructional materials, such as diagrams or sequential guides, enhance patient confidence, reduce errors in exercise performance, and enhance adherence to treatment strategies at home. The association of clear instructions suggests that clinics must highlight formal, user-friendly materials to counteract multiple patient needs.

Challenges to practical program application include unclear directions (identified by 55 patients) and time demands (identified by 50 patients). The prevalence of confusion, particularly in postsurgery patients, suggests clinicians might falsely assume that patients are familiar with exercise procedures, most likely because of complicated postoperative activity protocols. Time demands, more prevalent among patients experiencing chronic disease, indicate that it is difficult to incorporate exercise into urban living, where work, public transit, and household demands tend to vie for attention (Peacock et al., 2024). All of these barriers require flexible, patient-adaptable program design that is accessible to different schedules, provides clear instructions, and features ongoing support to fill gaps in knowledge.

Following patients’ suggestions, such as using digital guides and checking up, is possible and helpful for overcoming the challenges. Providing access to short videos or mobile applications is a good choice for those who like using online resources. Follow-up, such as phone calls or telehealth visits every few weeks, may reinforce motivation, address questions, and remind individuals of the importance of following provisions for continued patient involvement

(Ardebol et al., 2025). Implementing these strategies may require front-end resources, but the potential to enable improved adherence and reduce additional clinic visits is worthwhile for pursuing investigation and pilot testing.

The study's major strength is that it engages directly with an ethnically and socioeconomically diverse patient population, presenting insight into their experience within an actual real-world setting. Studying a wide range of conditions and tracking many returns improves the accuracy of the findings. However, results may not apply well to rural or less advanced communities, as the data were mainly from an urban center (Picha et al., 2024). The convenience sampling is also biased towards patients who report to regular clinics, possibly underrepresenting poorly adherent patients who might have discontinued treatment. Future studies ought to measure proposed efficacies of interventions, e.g., digital support or follow-up strategies, using randomized controlled trials to measure further patient satisfaction within particular disease circumstances, e.g., arthritis or postoperative recovery, to streamline program design to support differentiated needs.

Conclusion

The study indicates that patient satisfaction with physical therapy clinic home exercise programs highly depends on instruction clarity and perceived exercise effectiveness. Barriers, such as time pressures and unclear directions, discourage postsurgery and chronic disease patients from adhering. Patient suggestions, like instructional materials and weekly phone calls, provide physical therapists with strategies to enhance program success. Physical therapy clinics need to employ these investments to enhance patient satisfaction and adherence and, therefore, aid in more superior-quality rehabilitation outcomes. Further research is needed to confirm these interventions and translate findings to populations and locations other than Atlanta, Georgia.

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Appendix A: Survey Questionnaire

Patient Satisfaction Survey: Home Exercise Programs

Section A: Demographic Information

1. Age: _____ Years

2. Gender: ☐ Male ☐ Female ☐ Other

3. Education Level: ☐ High School or Less ☐ Bachelor's Degree ☐ Graduate Degree

4. Reason for Therapy: ☐ Musculoskeletal Issue ☐ Post-Surgical Recovery ☐ Chronic Condition ☐ Other: _____

5. Daily Physical Activity: ☐ <1 hour ☐ 1–3 hours ☐ >3 hours

Section B: Satisfaction with Home Exercise Program

6. How satisfied are you with how your exercises help with recovery?

☐ 1 (Not at All Satisfied) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (Very Satisfied)

7. How satisfied are you with the clarity of exercise instructions?

☐ 1 (Not at All Satisfied) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (Very Satisfied)

8. How satisfied are you with the ease of doing exercises at home?

☐ 1 (Not at All Satisfied) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (Very Satisfied)

Section C: Adherence to Home Exercise Program

9. How often do you follow your home exercise program as prescribed?

10. ☐ 1 (Never) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (Always)

Section D: Barriers to Following Home Exercise Program

11. Do unclear instructions make it hard to follow the program?

☐ 1 (Never) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (Always)

12. Do time constraints make it hard to follow the program?

☐ 1 (Never) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (Always)

13. Does lack of motivation make it hard to follow the program?

☐ 1 (Never) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (Always)

Section E: Open-Ended Feedback

14. What is the biggest challenge with your home exercise program?

_____

_____

15. What would make your home exercise program easier to follow?

_____

_____