

METHODOLOGY

America's Best Physical Rehabilitation Centers 2025

Scope, Data Collection, Evaluation, and Results

statista 

Newsweek



Methodology – America's Best Physical Rehabilitation Centers 2025

Summary of the project

- The 6th edition of **America's Best Physical Rehabilitation Centers** ranking awards the leading inpatient physical rehabilitation facilities in the U.S.
- The ranking focuses on Inpatient Rehabilitation Facilities (IRFs), as defined by Centers for Medicare & Medicaid Services (CMS), including both free-standing rehabilitation hospitals and rehabilitation units in acute care hospitals⁽¹⁾.
- The 25 states with the most CMS-listed facilities were ranked individually; the remaining states were grouped into four regions: Northeast, Midwest, West, and South.
- The list is based on **four data pillars**:
 - **Quality metrics** data for IRFs published by the U.S. Centers for Medicare & Medicaid Services (CMS)
 - **National online survey**: From May to June 2025, an online survey among experts with knowledge of physical rehabilitation centers (physicians, physiotherapists, doctors, clinic managers and other health care professionals) was conducted in cooperation with Newsweek
 - **Accreditation** data on physical rehabilitation centers provided by the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Model Systems Knowledge Translation Center (MSKTC)
 - **Google reviews** as a proxy for patient satisfaction
- Participants were also able to specify a standout program (Amputation, Brain Injury, Cancer Rehabilitation, Spinal Cord Injury, Stroke, Pediatric Rehabilitation) for the recommended physical rehabilitation center.
- Centers which exclusively offer outpatient physical rehabilitation services were excluded.

New features and changes in the 2025 edition

The following list provides a brief overview of the major changes in this year's edition compared to the America's Best Physical Rehabilitation Centers 2024 ranking:

- **Increased rehabilitation quality metrics weighting:** This year the weighting of the rehabilitation quality metrics pillar was increased within the scoring model to reflect the emphasis on the rehabilitation specific performance indicators.
- **Expansion of the ranking:** Due to increased data availability, the top 320 physical rehabilitation center are featured in this edition (last year: 300).
- **Addition of standout program:** Pediatric rehabilitation was added as a new standout program to acknowledge the importance of rehabilitation for children and adolescents.

Facility evaluation is based on four pillars, ranging from peer evaluations and quality metrics to patient satisfaction and accreditations

Data sources



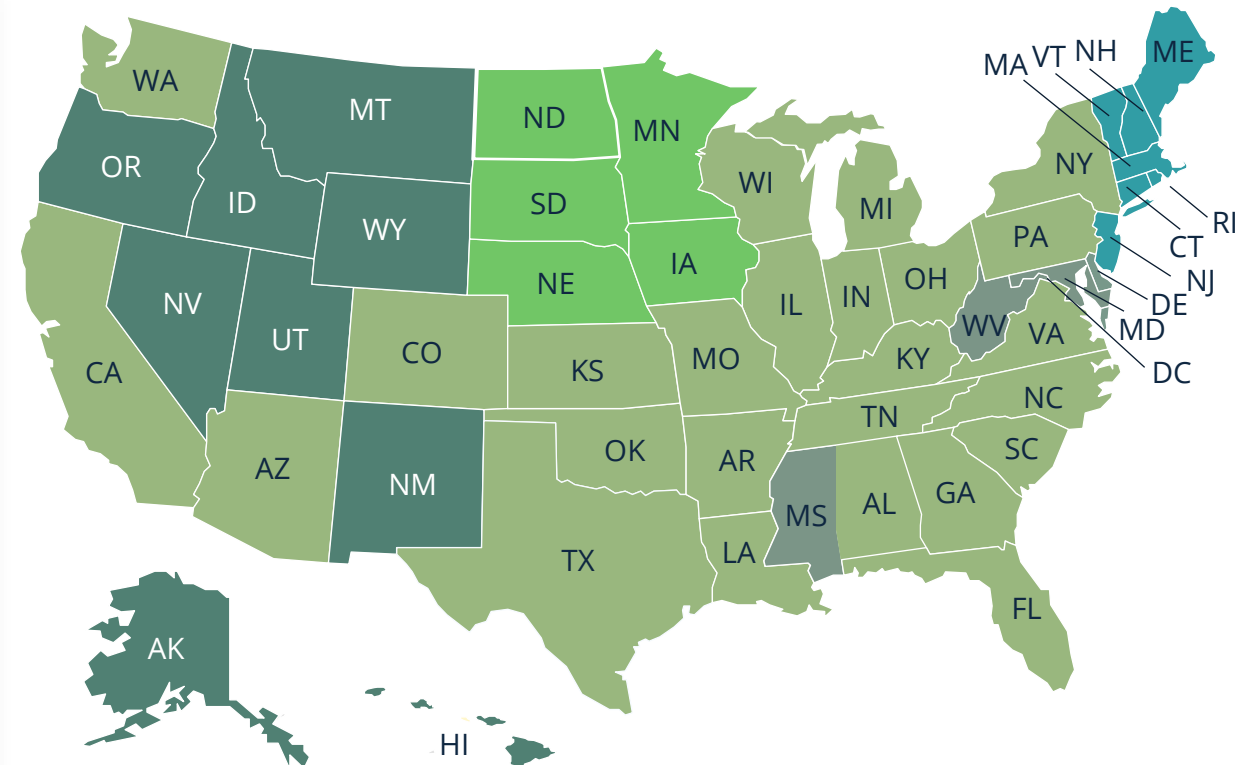
Physical rehabilitation centers from all U.S. states were eligible for the ranking

Geographical distribution

- Physical rehabilitation centers from the **25 states with the highest number of these centers⁽¹⁾** were included in the survey:

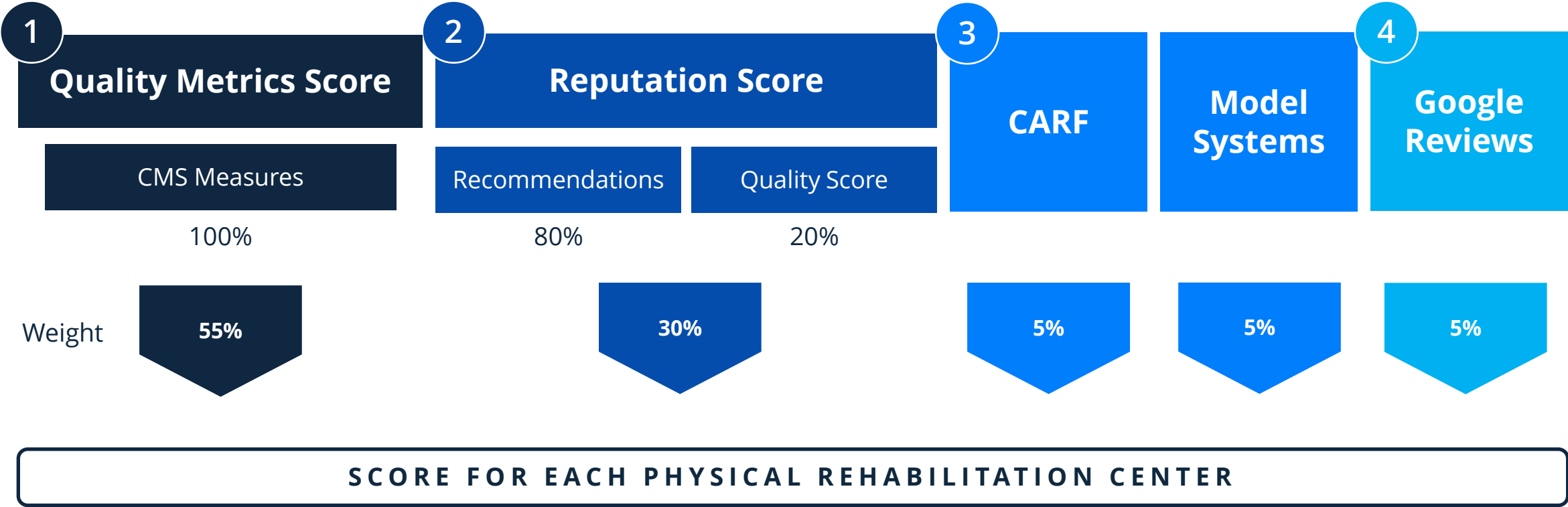
– Alabama	– Kansas	– Oklahoma
– Arizona	– Kentucky	– Pennsylvania
– Arkansas	– Louisiana	– South Carolina
– California	– Michigan	– Tennessee
– Colorado	– Missouri	– Texas
– Florida	– New York	– Virginia
– Georgia	– North Carolina	– Washington
– Illinois	– Ohio	– Wisconsin
– Indiana		

- All remaining states were divided into **4 regions** for the survey:
 - Northeast:** Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, Rhode Island, Vermont
 - Midwest:** Iowa, Minnesota, Nebraska, North Dakota, South Dakota
 - West:** Alaska, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Wyoming
 - South:** District of Columbia, Delaware, Maryland, Mississippi, West Virginia



A score was calculated for each physical rehabilitation center

Scoring model



A quality metrics score was calculated for each facility

Rehabilitation specific performance indicators

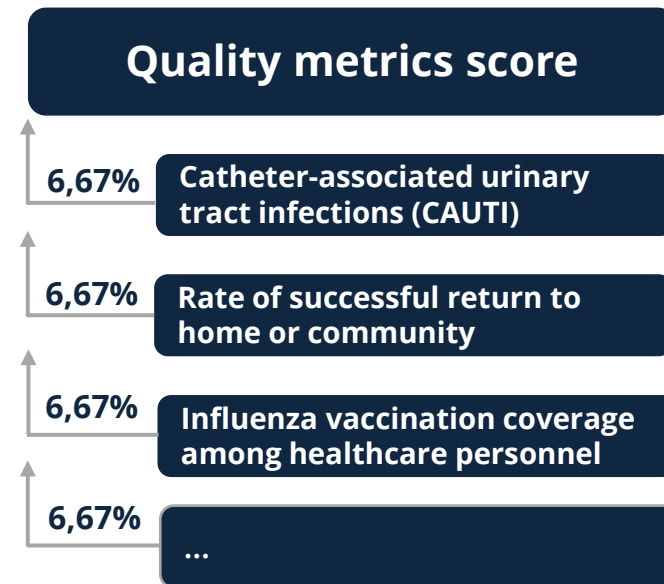


Quality metrics score

- Quality metrics data published by CMS (U.S. Centers for Medicare & Medicaid Services)⁽¹⁾ was used to determine the quality metrics score
- These quality metrics are **risk-standardized quality measures**, allowing for a comparison of facilities regarding quality of treatment and medical conditions, even if the patient groups are varying
- For each of the **fifteen quality metrics reported by CMS**, a subscore was calculated^(2,3). The facility which achieved the best result in one individual measure (e.g., lowest infection rate or highest influenza vaccination coverage among healthcare personnel) received 100% for the respective sub-score
- The **weighted sub-scores** were used to calculate the total **quality metrics score**



Quality metrics weights



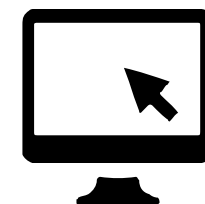
THE QUALITY METRICS SCORE CONSTITUTES 55% OF THE TOTAL SCORE

Medical experts with knowledge about physical rehabilitation centers were surveyed about the best facilities in their state



National Online Survey - Recommendations from peers

From May to June 2025, Statista conducted a nationwide online survey among medical professionals (e.g., physicians, therapists, nurses) and managers/administrators who work in physical rehabilitation centers⁽¹⁾. The survey was available to medical experts to participate on Newsweek.com. Additionally, participants were invited via e-mail.



Online survey by state among medical professionals and managers/administrators working in physical rehabilitation centers.

Participants were asked to recommend the Top 10 of physical rehabilitation centers **from their respective state**. Recommendations for own employer were not allowed.

The order of the recommendations is important for the weighting of the recommendations. Additionally, the professional experience of the participant was taken into account. A **score was assigned to each facility** based on the number of weighted recommendations.

RECOMMENDATIONS CONSTITUTE 80% OF THE REPUTATION SCORE

A quality score was calculated for each recommended physical rehabilitation center

Quality score based on quality dimensions

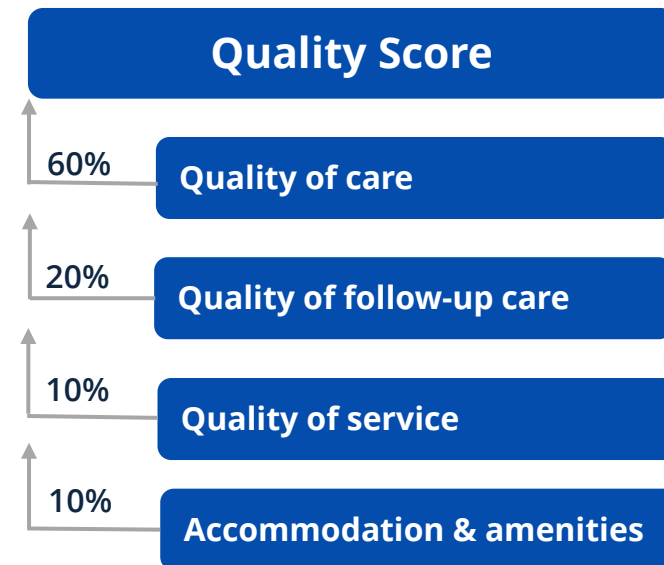


Calculation of Quality Score

- For each recommended physical rehabilitation center participants were asked to assess **four quality dimensions** on a scale from 1 ("Poor") to 10 ("Excellent"):
 - Quality of care** (e.g., treatments/therapies, consultation with doctor/therapist)
 - Quality of follow-up care** (e.g., outpatient therapies)
 - Quality of service** (e.g., meals, leisure activities)
 - Accommodation & amenities** (e.g., size of room, quality of furnishing)
- A quality score was assigned to each facility based on the **weighted average** of these ratings.



Quality Score Weights



THE QUALITY SCORE CONSTITUTES 20% OF THE REPUTATION SCORE

Accreditations and Model Systems were used as additional elements of the scoring model

Accreditation and Model Systems



CARF Accreditations

- **CARF International⁽¹⁾** (Commission on Accreditation of Rehabilitation Facilities) is a nonprofit organization assigning voluntary accreditation for US inpatient rehabilitation facilities
- To receive an accreditation, facilities must commit to quality improvement, focus on the unique needs of each person the provider serves and monitor service outcomes
- The following specialty programs were included in the scoring model: **Amputation, Brain Injury, Cancer Rehabilitation, Spinal Cord Injury, Stroke, Pediatric Rehabilitation**
- The accreditation score consists of the general accreditation as well as the accreditations for the specialty programs



Model Systems

- The **Model Systems** are funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)⁽²⁾
- These specialized programs of care are available in the areas of **Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI) and Burn Injury (Burn)**
- The aim is to provide high quality research and patient care to improve the health and overall quality of life of people with TBI, SCI and burn injuries
- Facilities are eligible for the Model systems score if they have **one or more model system designations** awarded by NIDILRR

ACCREDITATIONS & MODEL SYSTEMS EACH CONTRIBUTE 5% TOWARDS OVERALL SCORE

As a result, 320 physical rehabilitation centers were awarded

Final physical rehabilitation centers

California

Rank	Facility	City	Standout Treatment
1	Sutter Health - California Pacific Regional Rehabilitation Center	San Francisco	Cancer Rehabilitation
2	California Rehabilitation Institute	Los Angeles	Brain Injury, Cancer Rehabilitation, Spinal Cord Injury, Stroke
3	Ronald Reagan UCLA Medical Center	Los Angeles	Brain Injury, Spinal Cord Injury, Stroke
4	Loma Linda University Medical Center	Loma Linda	
5	Kaiser Foundation Rehabilitation Center (KFRC)	Vallejo	Brain Injury

[...]

Florida

Rank	Facility	City	Standout Treatment
1	Jackson Memorial Hospital - Christine E. Lynn Rehabilitation Center	Miami	Pediatric Rehabilitation, Spinal Cord Injury, Stroke
2	Brooks Rehabilitation Hospital University Campus	Jacksonville	Stroke
3	Adventhealth Daytona Beach	Daytona Beach	
4	Memorial Regional Hospital South	Hollywood	
5	Advent Health - Orlando	Orlando	Brain Injury, Spinal Cord Injury, Stroke

[...]

LEADING PHYSICAL REHABILITATION CENTERS WERE AWARDED

America's Best Physical Rehabilitation Centers partner network

Overview of involved parties

The Newsweek logo, featuring the word "Newsweek" in white, bold, sans-serif font on a red rectangular background.

About Newsweek

Newsweek is a premier news magazine and website that has been bringing high-quality journalism to readers around the globe for over 80 years.

Newsweek provides the latest news, in-depth analysis and ideas about international issues, technology, business, culture and politics. In addition to its online and mobile presence, Newsweek publishes weekly English print editions in the United States, Europe/Middle East/Africa and Asia as well as editions in Japanese, Korean, Polish, Serbian and Spanish.

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Disclaimer

The rankings are comprised exclusively of physical rehabilitation centers that are eligible regarding the scope described in this document. A mention in the ranking is a positive recognition based on peer recommendations and accreditations. The ranking is the result of an elaborate process which, due to the interval of data-collection and analysis, reflects the last 12 months only.

Furthermore, any events preceding or following the period June 23rd, 2024 – July 23rd, 2025, and/or pertaining to individual persons affiliated/associated to the facilities were not included in the metrics. As such, the results of this ranking should not be used as the sole source of information for future deliberations.

The information provided in this ranking should be considered in conjunction with other available information about physical rehabilitation centers or, if possible, accompanied by a visit to a facility. The quality of physical rehabilitation centers that are not included in the rankings is not disputed.

Appendix

Rehabilitation quality metrics used

1. Catheter-associated urinary tract infections (CAUTI) - Standardized infection ratio (SIR) (A/B)
2. Percentage of patients where the IRF provided a current medication list to the next healthcare setting – Facility rate
3. Percentage of patients where the IRF provided a current medication list to the patient, family, and/or caregiver at final discharge – Facility rate
4. Percentage of patients who are at or above an expected ability to care for themselves and move around at discharge – Facility rate
5. Percentage of patients who are at or above an expected ability to care for themselves at discharge - Facility rate
6. Percentage of patients who are at or above an expected ability to move around at discharge - Facility rate
7. Percentage of IRF patients who experience one or more falls with major injury during their IRF stay - Facility rate
8. Clostridium difficile Infection (CDI) - Standardized infection ratio (SIR) (A/B)
9. Percentage of healthcare personnel who got a flu shot for the current season - Rate of flu vaccination
10. Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF - Risk-standardized potentially preventable readmission Rate (RSRR)
11. Rate of potentially preventable hospital readmissions during the IRF stay - Risk-standardized potentially preventable readmission Rate (RSRR)
12. Rate of successful return to home and community from an IRF - Risk-standardized discharge to community rate
13. Medicare Spending Per Beneficiary (MSPB) in IRFs - MSPB Score
14. Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified - Facility rate
15. Percentage of patients with pressure ulcers/injuries that are new or worsened - Facility risk-adjusted rate