## Telerehabilitation

Challenges and disadvantages



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# The biggest advantage of telerehabilitation is its ability to bring health care <u>TO</u> the patient

- Rural areas / Underserviced areas
- Rehab in the patient's own home
  - Comfortable in familiar surroundings
  - Don't like to exercise in a group
  - Family members can be involved
- Convenient work around your own schedule







#### The biggest advantage of telerehabilitation is its ability to bring health care <u>TO</u> the patient

- No transportation hassles
- Weather is not a factor
- Ongoing / No session breaks
- Can provide options during gaps in other services
- Can help rehabilitation to begin as early as possible, be prolonged and continue during the recovery phase







Reduced length of stay / Earlier discharge

#### The biggest advantage of telerehabilitation is its ability to bring health care <u>TO</u> the patient

- Technology is less of a barrier than many think
- Can provide services to more patients, and more therapy to each patient
- Cost-effective can be cheaper on the healthcare system and on participants
- Research shows equal or better outcomes compared to other methods of rehab delivery

# Challenges(49)

#### Human factor(frequency)

- Skepticism/lack of acceptance/resistance to change/negative attitudes(9)
- lack of technical or digital knowledge and skills; needed in e-health training (6),
- concerned about apprehensions related to data privacy / confidentiality /security(4)
- Lack of awareness of telemedicine/telerehabilitation(3)
- Concerned about costs(2)
- Concerned about national laws/legalities(2)
- lack of acceptance of telehealth(2)
- Inadequate rapport(2)

#### Lack of patient participation/poor adherence(2)

- Perceived inconvenience/time-consuming(2)
- Concerned about appropriateness(1)
- Concerned about effectiveness(1)
- Concerned about efficiency(1)

- Concerned about informed consents(1)
- Concerned about safety(1)
- Concerned about sustainability(1)
- Lack of satisfaction(1)
- Paper culture(1)
- Poor telecommunication skills(1)

### organizational factors

□ lack of national e-health policies or laws (in 9 studies),

- □ lack of health information systems framework/ICT infrastructures(8),
- Lack of governance support (5),
- Lack of data privacy measures and security (5)
- □Financing and reimbursement problems(4)
- Lack of e-health resources(4)

#### Lack of technical support(4)

Lack of telerehabilitation guidelines/standards(4)

- Lack of training for providers(4)
- □Unclear accountability/roles(3)

Difficult implementation/unsustainable program/low utilization(2)

#### Lack of studies/evidence(2)

Time-consuming process; busy work schedule(2)

Environmental constraints to telehealth(1)

- Lack of exercise equipment(1)
- Lack of updated community-based rehabilitation policies(1)
- Lack of validated data collection tools/performance measures(1)

### **Technical challenges**

Internet was the overall number 1 challenge to telehealth for example in the Philippines, as mentioned in at least 10 studies.

- Show internet/limited internet coverage(10)
- difficult or time-consuming to use/sustain(3)
- lack of security(3)
- Lacks interoperability(3)
- Software limitations/inadequacies(3)
- Dependence on electricity(2)
- Dependence on internet(2)
- Difficult examination/treatment(2)
- Hardware failure/defects/limitation(2)

- Inadequate infrastructure(2)
- Limitations of artificial intelligence(2)
- Unclear video/display(2)
- Expensive(1)
- Lacks capacity for empathy(1)
- Lacks contextualization(1)
- Lacks correlation with face-to-face assessment/treatment(1)
- licensed proprietary software(1)
- Limited network coverage(1)

#### **Barriers to telerehab**

- Diagnosis in some cases is a challenge
  - Manual tests like checking the muscle strength, reflexes, sensations
  - Performing special tests
  - Motor control assessment
- Connectivity issues/ technical issues
- Patient safety risks balance/fall risks; transfers; gait
- Word of caution
  - use yourprofessional judgment if telerehab is appropriate for the patient
    - Decision should be case to case dependent
    - Not every patient is appropriate (hearing or vision deficits, comprehension deficits)
  - Therapist must understand the system/ technology capabilities and limitations

### Things to consider

Lack of socialization opportunities



- How is assessment/ reassessment performed?
- Need good follow-up from therapists/providers
- Inability to do hands-on therapy
- Asynchronous vs. synchronous monitoring
- Confidentiality
- Safety



- Technology issues
- Learning curve
- Use of complex treatment and monitoring devices (robotic devices etc.)
- Characteristics of the games/activities/exercises







- Health-care funding and policy
- Who are the providers??
- Scientific evidence
- Acceptability by patients and providers







### Where next??

- Advertise the benefits
- Address the barriers
- Coordinate the systems
- Continue the research

Deliver the right care, in the right place, at the right time.



## Virtual reality (VR)

- VR involves the simulation of an environment with which the patient can interact.
- Varies from immersive VR systems (headsets) to simple games on computer screen
- Probably used most in Exergames





## Virtual reality (2)

- Principles of VR based on sensory-motor practice, adaptive learning, modulating brain reorganisation through visual, somatosensory and auditory feedback
- Improves motor learning via watching own avatar

In upper limb rehab VR can be combined with instrumented gloves with sensors, accelerometers, vibration etc for haptic feedback

### Pros and Cons of VR systems

- Increases motivation and possible distraction
- Some cheap home based options eg Wii
- Can provide 'natural' situations (shopping) or distorted reality
- Studies show better or similar results to conventional rehab but greater adherence
- Evidence of improvement in eg. arm movement, balance, walking

- Not clear if exercise is at sufficient intensity for health benefits
- No consensus on duration/frequency/ games etc
- Not specific to needs of people with MS
- Novelty might wear off
- Limited evidence base currently
- Cost?

#### Pros

#### Cons

Massetti et al (2016) - VR systematic review