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Modalities for the implementation of telerehabilitation



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About HI

Humanity & Inclusion (HI) is an independent and impartial aid organisation working in situations of poverty and exclusion, conflict and disaster. The organisation works alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights.

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About this brief

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Telerehabilitation is the use of Information and Communication Technologies (ICT) to provide rehabilitation services to people at a distance in their environments. This brief is a summary of a methodological guide on the same subject. If you would like a copy, please contact Martin Jacobs.



Key messages

Telerehabilitation, a complementary tool to traditional rehabilitation:

Telerehabilitation is a means and not an objective of treatment. It is an additional means that professionals can use with certain beneficiaries to allow for continuity of care.

Its added value: Telerehabilitation can improve access to rehabilitation services, promote continuity of care, limit health costs and enable universal health coverage.

Provided by rehabilitation professionals: After a holistic evaluation, the rehabilitation professional determines the relevance of using this modality in the user's health care pathway, based on the user's situation and context.

An individualized means in a global ecosystem:

Telerehabilitation is a branch of telemedicine. Implementing this modality requires integrating several aspects: the legislation in force in terms of e-health and data protection in the country of intervention, supporting the actors (professional, user, caregiver) to train themselves in the use of digital tools.

Context



Key definitions

Telerehabilitation: refers to the delivery of rehabilitation services via information and communication technologies.

Clinically, this term encompasses a range of rehabilitation and habilitation services that include assessment, monitoring, prevention, intervention, supervision, education, consultation, and counselling.

Telerehabilitation services are provided to adults and children by a broad range of professionals.

Telerehabilitation has the capacity to provide service across the lifespan and across a continuum of care. [1].

Traditional rehabilitation: the professional and the user are in the same space.

Hybrid rehabilitation: combination of traditional and telerehabilitation sessions (synchronous or asynchronous)

A means to meet needs

According to the World Health Organization (WHO), there is an estimated 2.4 billion people globally that are currently living with a health condition that benefits from rehabilitation. In some low- and middle-income countries, more than 50% of people do not receive the rehabilitation services they require, partly because of difficulties in accessing care and rehabilitation services.

For the WHO, digital technologies must be exploited to achieve universal health coverage. The development of Information and Communication Technologies (ICT) and the increase in the number of users (mobile telephony and internet) have allowed the emergence of digital health and telerehabilitation (TR). The COVID period, through the constraints imposed, has been a catalyst for the use of telerehabilitation.

The scientific literature indicates that telerehabilitation can be comparable in some cases to in-person rehabilitation, is better than no rehabilitation, improves access to care, and would reduce health care costs.

The study carried out on the barriers and levers to the use of telerehabilitation [2] and the seminar on the challenges and perspectives of telerehabilitation organized by HI highlighted the obstacles, particularly from a technological point of view, but also the advantages for users and professionals. The results show adherence from beneficiaries and professionals, satisfaction in using this modality and willingness to develop telerehabilitation in HI projects.

The implementation of telerehabilitation requires integrating and working on human, technological, legislative and organizational factors; it must also integrate different actors, at the local, regional and national levels.

General principles

There are no single, universal recommendations for tele-rehabilitation, however the literature and professional associations agree on many common points [3,4,5].

Ethical Principles:

The principles defined by HI: non-discrimination, "do no harm" and values (Humanity, Inclusion, Commitment and Integrity) apply to telerehabilitation. The user has the possibility to refuse / decide to interrupt or use this modality in his health care pathway. Depending on the situation and the intervention context, professionals will have to analyze which modality is the most adapted to the user (traditional rehabilitation, telerehabilitation, hybrid rehabilitation) and ask themselves how the non-provision of this modality can be "detrimental or a loss of opportunity for the user".

Free and Informed Consent, Data Protection and eHealth Policy:

The user's consent must be obtained. The professional must provide the user and his/her caregiver with all the information on the nature of the service and the technological means used, the advantages, the limits and the risks of this modality. It is important to identify whether national laws on data protection or e-health exist in the country of intervention in order to comply with the regulations in force. Particular attention should be paid to the collection, sharing, processing and storage of data, especially given the vulnerability of certain digital devices and the use of different communication channels (social networks, internet, telephone). Security measures must be put in place to ensure the safety of user data.

Digital literacy:

Telerehabilitation requires the development and strengthening of skills related to the use of digital tools for all actors: users, caregivers, professionals, community health workers, etc. [6].

Technological factors:

Telerehabilitation relies on the use of ICTs: computers, telephones, communication networks, internet, etc. The availability and costs of these devices must be integrated from the beginning of the project to ensure their sustainability. It is necessary to establish an initial diagnosis at the structure and/or local level to identify resources. Depending on the resources available to the user and the professionals, different follow-up modalities can be proposed.



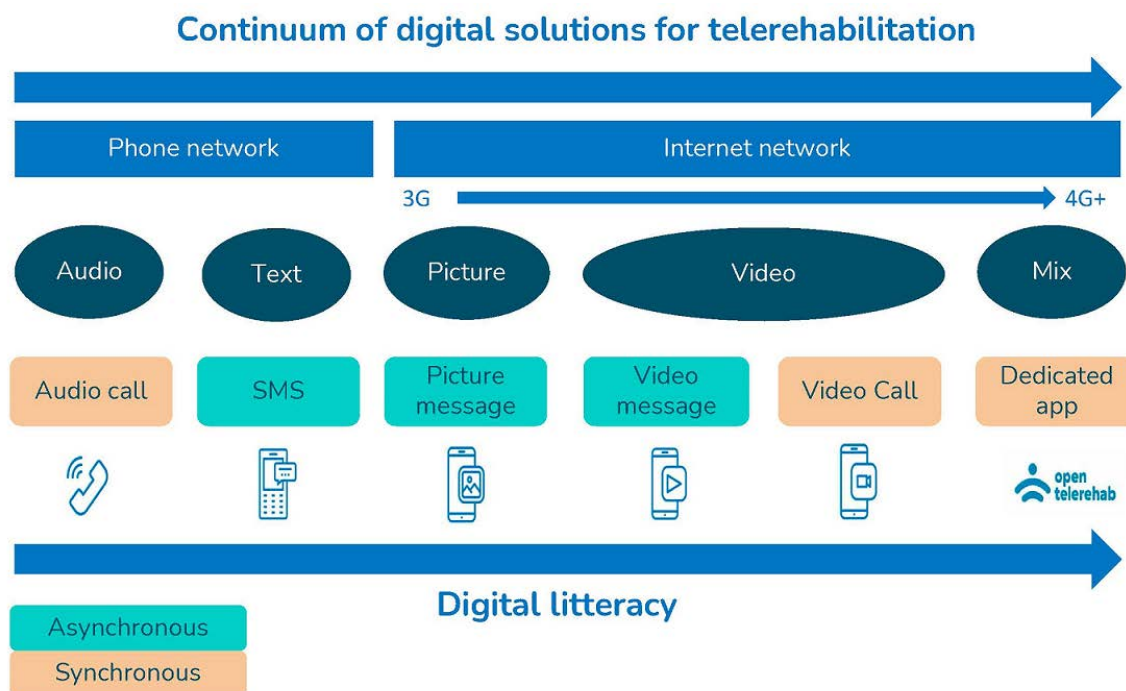
Available tools in the methodological guide

- Information sheet on telerehabilitation for the user
- Informed consent form
- User telerehabilitation session checklist
- Telerehabilitation session checklist
- Professional checklist

Practical principles

Telerehabilitation should be proposed after a holistic assessment of clinical, environmental/human, technological and organizational factors.

Once the need for rehabilitation has been identified and the various factors have been assessed, the professional will propose the most suitable rehabilitation modality for the user, depending on the resources available. As shown in the diagram below, depending on the resources available and the skills of the user and caregivers, it will be possible to propose different follow-up modalities, including telephone follow-up or the use of specifically dedicated rehabilitation applications, such as the HI application: OpenTeleRehab.



Key documents

- [1] "[A Blueprint for Telerehabilitation Guidelines](#). *International Journal of Telerehabilitation*, Brennan et al. 2010.
- [2] Barriers and levers to the use of tele-rehabilitation through experimentation in 3 countries: [full report](#) + [brief](#), HI, 2021.
- [3] [World Federation of Occupational Therapists' Position Statement on Telehealth](#) *International Journal of Telerehabilitation*, World Federation of Occupational Therapists 2014.
- [4] Report of the World Physiotherapy/INPTRA [Digital Physical Therapy Practice](#) Task Force World Physiotherapy. 2019.
- [5] [Telerehabilitation. Principles and Practice](#). Elsevier, M.Alexander, 2021.
- [6] [An International Core Capability Framework for Physiotherapists to Deliver Quality Care via Videoconferencing: A Delphi Study](#). *Journal of Physiotherapy* Davies et al. 2021