

Mini Review

The Impact of Telerehabilitation on Physical Therapy Services in Rural Communities

Li Ma*

SolBridge International School of Business, Daejeon 34613, Republic of Korea

Abstract

Telerehabilitation is a transformative approach to physical therapy, revolutionizing the accessibility of healthcare in rural communities through the strategic use of Telecommunications technology. This novel approach has the potential to significantly enhance the efficacy of healthcare delivery, particularly considering the critical challenges posed by geographical isolation and resource scarcity. This paper explores the multifaceted benefits of Telerehabilitation, including increased access to care and reduced costs, alongside the challenges of technological barriers and privacy considerations. It provides a comprehensive overview of Telerehabilitation's impact on rural healthcare, emphasizing its capacity to optimize patient outcomes and proposing strategies for effective implementation. The findings of this study suggest that the use of technology to deliver telecare is a key means of delivering equitable healthcare to underserved populations, a promising way to improve access to rural physiotherapy services address the challenge of telehealth resources, and promote the long-term sustainability of rural Telerehabilitation practices.

Introduction

Telerehabilitation represents a transformative force in the field of healthcare, particularly in rural communities. These areas face significant challenges due to geographical isolation and limited resources, often restricting access to physical therapy services. The innovative approach of telecommunications technology-driven remote rehabilitation services offers a critical solution for enhancing healthcare accessibility and efficacy in underserved areas. As [1] note, Telerehabilitation can be a valuable tool for addressing the unique challenges faced by those in rural areas in accessing specialized care services, including physical therapy. The scarcity of local healthcare professionals in such areas, combined with the need for patients to travel long distances to receive treatment, can lead to delays in care and worsened health outcomes [2]. Telerehabilitation addresses these challenges by enabling therapists to conduct remote assessments, therapy sessions, and continuous patient monitoring through digital platforms, thus extending their reach beyond conventional clinical settings. However, successful implementation in rural areas requires overcoming technological barriers, such as inadequate internet connectivity, and addressing concerns related to data privacy and the need for specialized training for both providers and patients [3].

Benefits of Telerehabilitation

Telerehabilitation offers several transformative benefits that significantly enhance physical therapy services, particularly in rural areas. Primarily, it facilitates access to specialized care by enabling remote consultations and therapy sessions, thereby reducing the need for patients to travel long distances. This increased accessibility can lead to more timely interventions, improving patient outcomes and reducing the progression of disabilities [4]. Additionally, Telerehabilitation facilitates the delivery of personalized care plans via the use of advanced technologies, such as virtual reality and real-time monitoring. Such technologies permit physical therapists to perform detailed assessments and provide prompt feedback, thereby enhancing the precision of treatments and patient adherence to prescribed therapy regimens [5]. Moreover, Telerehabilitation has the potential to lower healthcare costs by reducing the number of in-person visits and utilizing resources more efficiently. This cost-effectiveness not only benefits patients but also healthcare providers by reducing the overhead associated with traditional care delivery methods [6].

Challenges in implementation

Implementing Telerehabilitation in rural communities presents several notable challenges that may impede its

More Information

*Address for correspondence: Li Ma, SolBridge International School of Business, Daejeon 34613, Republic of Korea, Email: lma215@student.solbridge.ac.kr

Submitted: April 25, 2024

Approved: May 02, 2024

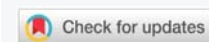
Published: May 03, 2024

How to cite this article: Ma L. The Impact of Telerehabilitation on Physical Therapy Services in Rural Communities. *J Nov Physiother Rehabil*. 2024; 8: 014-016.

DOI: 10.29328/journal.jnpr.1001058

Copyright license: © 2024 Ma L. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Keywords: Telerehabilitation; Rural healthcare; Physical therapy; Rural physiotherapy services





effectiveness and widespread adoption. One of the most significant obstacles is technological, as poor internet connectivity in remote areas limits the reliability and functionality of Telerehabilitation platforms. This issue has an impact on both the quality of video consultations and the effectiveness of real-time monitoring, essential components of remote therapy, which in turn may affect the efficacy of the program. A further significant obstacle is the lack of digital literacy among some patient populations, particularly the elderly, who may encounter difficulty using telehealth technologies. Such issues can lead to a reduction in engagement and a lower level of adherence to treatment programs [7]. Additionally, data privacy and security concerns remain paramount. The transmission of sensitive health information via the Internet carries inherent risks that must be meticulously managed [8]. In addition, there are regulatory obstacles associated with licensing and reimbursement of telehealth services. The regulations about these services can vary greatly from one region to another, further complicating the provision of services that span state lines [9].

Case studies and outcomes

Telerehabilitation has yielded encouraging results in several case studies conducted in rural communities, indicating its efficacy in overcoming geographical limitations and enhancing accessibility to physical therapy services. In a study conducted by Temehy, et al. [10] in rural Appalachia, the investigators sought to determine the impact of telerehabilitation on stroke survivors. The region was selected for study due to its distinctive geographical characteristics, including a paucity of accessible healthcare facilities and professionals, which often result in disparities in healthcare access for rural populations. The findings of the aforementioned study demonstrate the potential for telerehabilitation to address the shortage of physical therapy services in rural communities. This can be achieved through the remote delivery of specialist care to individuals affected by stroke. The utilization of technological solutions for the delivery of rehabilitation interventions, commonly referred to as “Telerehabilitation,” represents a convenient and effective approach for individuals residing in rural communities to overcome geographical barriers and improve functional outcomes. In a similar vein, Adhikari, et al. [11] conducted a study in rural Australia to examine the experiences of patients suffering from chronic musculoskeletal pain. The findings demonstrated a significant enhancement in pain management and an augmented level of physical activity among the participants who received Telerehabilitation. The provision of remote access to specialized care via Telerehabilitation offers an efficacious solution for the management of chronic conditions in rural populations, where healthcare services may be limited in availability. Furthermore, Alonazi [12] conducted research on the potential of Telerehabilitation in pediatric physical therapy in rural Canada. The study demonstrated the advantages of prompt interventions delivered via

Telerehabilitation for children with developmental disorders. The participants demonstrated considerable enhancements in motor abilities and cognitive abilities. This evidence suggests that Telerehabilitation has the potential to address the needs of pediatric patients in underserved areas.

These case studies demonstrate the transformative potential of Telerehabilitation in enhancing access to specialized healthcare services and improving patient outcomes in underserved rural communities. The application of technology to facilitate remote delivery of rehabilitative care represents a means of overcoming geographical constraints to access, thus ensuring that those residing in geographically isolated communities have equal opportunity to receive rehabilitative treatment.

Future directions

Considering the challenges, it would be prudent to direct future research efforts toward enhancing technological infrastructure to support robust and reliable internet connectivity in rural areas [13]. Furthermore, it would be beneficial to investigate innovative solutions aimed at improving digital literacy among older adults, to ensure a broader adoption and effective utilization of Telerehabilitation services [14].

Conclusion

The utilization of Telerehabilitation presents a promising avenue for enhancing physical therapy services in rural communities, addressing critical accessibility and resource challenges. By leveraging technology to deliver care remotely, Telerehabilitation is capable of significantly improving patient outcomes, reducing healthcare costs, and expanding the service reach to rural communities. However, to fully realize the potential benefits of Telerehabilitation, it is essential to overcome technological, regulatory, and educational barriers. Future endeavors should concentrate on the advancement of infrastructure, the enhancement of digital literacy, and the refinement of policy frameworks to facilitate the long-term sustainability of Telerehabilitation practices across a diverse range of rural settings.

Limitation

Despite the considerable potential offered by telehealth in improving access to physical therapy services in rural communities, several limitations and challenges remain. First and foremost, limitations in accessing and utilizing technology may hinder the effectiveness of telehealth. As highlighted by Yarbrough [15] rural areas may lack robust technological infrastructure, leading to difficulties such as unstable internet connections and device incompatibility. Moreover, individuals in rural areas who are elderly or disabled may encounter difficulties in fully utilizing tele-rehabilitation services due to limited familiarity with digital technologies [16]. Secondly, tele-rehabilitation may not provide treatment plans that are



as personalized as traditional face-to-face therapy, which could impact patient outcomes. A literature review by Smith, et al. [17] highlighted that tele-rehabilitation frequently lacks a personalized approach due to difficulties in accurately assessing patients' conditions and responses. Furthermore, device dependency represents another challenge in the implementation of tele-rehabilitation. As Kumm, et al. [18] observed, Telerehabilitation may necessitate patients to utilize specific equipment or tools, which may be scarce in rural areas.

References

1. Sarfo FS, Adamu S, Awuah D, Sarfo-Kantanka O, Ovbiagele B. Potential role of tele-rehabilitation to address barriers to implementation of physical therapy among West African stroke survivors: A cross-sectional survey. *J Neurol Sci.* 2017 Oct 15;381:203-208. doi: 10.1016/j.jns.2017.08.3265. Epub 2017 Sep 1. PMID: 28991682; PMCID: PMC5679737.
2. Wakerman J, Humphreys JS, Wells R, Kuipers P, Entwistle P, Jones J. Primary health care delivery models in rural and remote Australia: a systematic review. *BMC Health Serv Res.* 2008 Dec 29;8:276. doi: 10.1186/1472-6963-8-276. PMID: 19114003; PMCID: PMC2642801.
3. Cary MP Jr, Spencer M, Carroll A, Hand DH, Amis K, Karan E, Cannon RF, Morgan MS, Hoenig HM. Benefits and Challenges of Delivering Tele-rehabilitation Services to Rural Veterans. *Home Healthc Now.* 2016 Sep;34(8):440-6. doi: 10.1097/NHH.0000000000000441. PMID: 27580283.
4. Tyagi S, Lim DSY, Ho WHH, Koh YQ, Cai V, Koh GCH, Legido-Quigley H. Acceptance of Tele-Rehabilitation by Stroke Patients: Perceived Barriers and Facilitators. *Arch Phys Med Rehabil.* 2018 Dec;99(12):2472-2477.e2. doi: 10.1016/j.apmr.2018.04.033. Epub 2018 Jun 11. PMID: 29902469.
5. Schröder J, van Criekinge T, Embrechts E, Celis X, Van Schuppen J, Truijzen S, Saeys W. Combining the benefits of tele-rehabilitation and virtual reality-based balance training: a systematic review on feasibility and effectiveness. *Disabil Rehabil Assist Technol.* 2019 Jan;14(1):2-11. doi: 10.1080/17483107.2018.1503738. Epub 2018 Oct 14. PMID: 30318952.
6. Baigi SFM, Mousavi AS, Kimiafar K, Sarbaz M. Evaluating the Cost Effectiveness of Tele-Rehabilitation: A Systematic Review of Randomized Clinical Trials. *Frontiers in Health Informatics.* 2022; 11(1):1. https://doi.org/10/gtr4k9
7. Seebacher B, Bergmann E, Geimer C, Kahraman T, Reindl M, Diermayr G. Factors influencing the willingness to adopt Telerehabilitation among rehabilitation professionals in Austria and Germany: a survey comparing data before and during COVID-19. *Disabil Rehabil.* 2024 Mar;46(6):1149-1157. doi: 10.1080/09638288.2023.2193428. Epub 2023 Mar 27. PMID: 36970941.
8. Wang K, Xie S, Rodrigues J. Medical data security of wearable tele-rehabilitation under Internet of Things. *Internet of Things and Cyber-Physical Systems.* 2022; 2:1-11. https://doi.org/10/gtr4mc
9. Ceravolo MG, Pepa L, Capecci M. Challenges in Rehabilitation During Covid-19 Pandemic: A Telerehabilitation Approach. *Rehabilitation.* EBSCOhost. 2021. https://openurl.ebsco.com/contentitem/gcd:151513973?sid=ebsco:plink:crawler&id=ebsco:gcd:151513973
10. Temehy B, Rosewilliam S, Alvey G, Soundy A. Exploring Stroke Patients' Needs after Discharge from Rehabilitation Centres: Meta-Ethnography. *Behav Sci (Basel).* 2022 Oct 20;12(10):404. doi: 10.3390/bs12100404. PMID: 36285973; PMCID: PMC9598696.
11. Adhikari SP, Shrestha P, Dev R. Feasibility and Effectiveness of Telephone-Based Telephysiotherapy for Treatment of Pain in Low-Resource Setting: A Retrospective Pre-Post Design. *Pain Res Manag.* 2020 May 8;2020:2741278. doi: 10.1155/2020/2741278. PMID: 32454919; PMCID: PMC7231093.
12. Alonazi A. Effectiveness and Acceptability of Telerehabilitation in Physical Therapy during COVID-19 in Children: Findings of a Systematic Review. *Children (Basel).* 2021 Nov 29;8(12):1101. doi: 10.3390/children8121101. PMID: 34943295; PMCID: PMC8700182.
13. Broffman L, Harrison S, Zhao M, Goldman A, Patnaik I, Zhou M. The Relationship Between Broadband Speeds, Device Type, Demographic Characteristics, and Care-Seeking Via Telehealth. *Telemed J E Health.* 2023 Mar;29(3):425-431. doi: 10.1089/tmj.2022.0058. Epub 2022 Jul 22. PMID: 35867048.
14. Guo J, Luo R, Xu Y, Chen S, Yi L, Yan Q, Zhou Q. Effects of the Internet Access Environment on Utilization of Tele-Rehabilitation for Adolescents with Visual or Hearing Disabilities. *Youth & Society.* 2024; 56(2):351-371. https://doi.org/10.1177/0044118X231171944
15. Yarbrough JRW. Applying diffusion of innovation theory to examine providers' perceptions of rural telehealth application and competencies. *Rural Society.* 2023; 32(3):201-219. https://doi.org/10/gtspg5
16. Luo MM, Chea S. Internet Village Motoman Project in rural Cambodia: Bridging the digital divide. *Information Technology & People.* 2018; 31(1):2-20. https://doi.org/10/gtspg8
17. Smith AC, Armfield NR, Coulthard MG, Williams ML, Caffery LJ. Queensland Telepaediatric Service: A Review of the First 15 Years of Service. *Front Digit Health.* 2020 Nov 25;2:587452. doi: 10.3389/fdgth.2020.587452. PMID: 34713059; PMCID: PMC8521862.
18. Kumm AJ, Viljoen M, de Vries PJ. The Digital Divide in Technologies for Autism: Feasibility Considerations for Low- and Middle-Income Countries. *J Autism Dev Disord.* 2022 May;52(5):2300-2313. doi: 10.1007/s10803-021-05084-8. Epub 2021 Jun 13. PMID: 34121159; PMCID: PMC8200284.