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LETTER TO THE EDITOR

Telerehabilitation During the COVID-19 Pandemic: Why and How?

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Dear Editor

Along with the COVID-19 pandemic, government officials in many countries where the novel coronavirus is spread to have taken the necessary steps to keep their health systems under control (Tanne et al., 2020). A challenging process has begun for patients in countries or in certain zones of some regions where the pandemic has a high rate of spread that need rehabilitation services throughout long-term and comprehensive quarantine measures. All practices carried out to limit social distance have been an important measure for the safety of both the public and healthcare professionals (Prin & Bartels, 2020). Within the scope of these measures, continuity is provided in remote health services within the health community. The World Confederation for Physical Therapy (WCPT) has made suggestions to continue the physiotherapy and rehabilitation services only with urgent treatments and to disseminate telerehabilitation practices for the safety of member countries. Many health organizations affiliated with WCPT have already expanded their existing telerehabilitation practices with guidelines and recommendations. One of them, the American Physical Therapy Association, has published a resource that provides telehealth guidelines. In some countries, healthcare policies have been revised for new remote healthcare technologies that can be used nationally (Turolla et al., 2020).

It is already known that telerehabilitation provides advantages in terms of cost, time, and transportation (Ruiz-Fernandez et al., 2014). Telerehabilitation during COVID-19 is important for these three main reasons. First of all, it is known that telerehabilitation prevents loss of time in health services. It shows that in some countries, employment was increased due to the growing need for healthcare professionals during the pandemic period, the healthcare professional was not sufficient and the staff had time-related problems (Lewis et al., 2020). Secondly, the health expenditures increased during the coronavirus pandemic (Moazzami et al., 2020). In cost-effectiveness analysis studies of telerehabilitation, it is mostly proven that remote treatment methods are less costly (Shenoy, 2018). Thirdly, even in urban areas where transportation is easy, difficulties occur due to quarantine (Ruiz-Fernandez et al., 2014). Remote patient monitoring and rehabilitation applications will also help to minimize this problem.

Telerehabilitation practices and related clinical studies have been increasing in recent years. However, software and hardware used in telerehabilitation are mostly used in clinical practices and trials without analyzing the usability and validity. On the other hand, it is recommended to validate a newly developed system and to use it for clinical purposes after test-retest reliability has been proved (Fazel-Rezai, 2011).

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In this way, in order to meet the demand for remote rehabilitation, which intensifies during the pandemic period, without delay, it can be ensured that infrastructure is prepared in advance regarding technical problems, and if necessary, alternative plan and risk management are prepared.

Another important issue is the ethical requirements and principles. During the COVID-19, inappropriate software that are not prepared in accordance with ethical principles can pose essential problems for the protection of personal data (Ekong et al., 2020). Protecting patient privacy is challenging due to the lack of legal provisions applicable to international standards on telerehabilitation ethics. An informed consent form should be signed for remote therapy services. The security of data collected through telerehabilitation is never guaranteed due to the medical data leaked by hackers and third-party applications (Özden & Lembarki, 2020).

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