

EMERGENCE OF TELE-REHABILITATION IN THE FIELD OF PHYSICAL THERAPY

Accessibility of patients/clients towards rehabilitation services, a core area is difficult to approach but not impossible; requiring effective applicability. A number of factors are limiting the availability of health care services not only in Pakistan but throughout the International market, including: physical distance from health facilities, an impairment preventing or restricting attendance at a local service, a lack of clinicians and transportation in any specific area or the inadequate provision of resources in a geographical region. It has almost been 2 decades, when Tele Health (TH) emerged in the field of medicine and other Allied Health Care professions still the implementation is negligible.

The field of Tele Health is still found to be nascent for nearly all the health care professionals where its utilization is insignificant and ambiguous. Tele Rehabilitation (TR) or Tele Physical Therapy are under the umbrella of TH that describes the provision of rehabilitation services at a distance using telecommunication technology as the service delivery medium. Telecommunication technologies are changing ways of thinking, acting, and communicating throughout the world and within healthcare. TR, a new and emerging field in the discipline of Physical Therapy consider the provision of nearly entire health care services, whether clinical or educational via telecommunication. Interestingly, psychologist, speech language therapist, pathologist and occupational therapist are far ahead of holding TH as compared to Physical Therapy. Most probably, the implication of patient interview, physical assessment and diagnosis, treatment, maintenance activities, consultation, education and training are demanding to achieve. Also, Physical Therapist have contemplated TR as a new domain rather than determining as an alternate mode of service delivery of TR in the developed countries. The current practices of TR cannot remove or alter any existing responsibilities for the providers. It is essential that providers must adhere to existing ethical codes of conduct, scope of practices, state and federal laws and individual discipline policies and guiding practices of different hospitals.

American Physical Therapy Association (APTA), Chartered Society of Physiotherapy (CSP) and Australian Physiotherapy Association (APA) are all keenly observing the practical implications and its barriers for physical therapist. With the passage of time, concern is increasing for the researchers, educators and health care providers that why are physical therapist way behind in utilizing TH whereas other Allied Health Professions? Although several researches have already been conducted and a number of them are in process that have revealed efficacy with respect to the field of physical therapy. Essential parameters should be taken into account that are required to excel in the field of TR in this profession at the grass-root level. In order to achieve it, the comfort level of client/patient is pre-eminent. The geriatric and pediatric populace may not be in the comfort zone of utilizing the TR.

The fascinating part of TR for both the provider and end users is that medical needs are met in their natural environment without visiting the patients especially with chronic ailments. TR can be easily implemented on all genders, ages and type of disabilities either in Cardio-Pulmonary (CPR), Musculo-Skeletal (MSK), Neuro-Muscular Rehabilitation (NMR) and other sub-specialties

Today technology is not only vital part of clinical settings but a requisite for universities; whether it is initiation of registering the patient to a clinic or the assignment given to a student. Several strategies needs to be implemented for educating students to TR today.

As an educator, I believe that our students would easily accommodate towards TH and TR as they are born with iPads and X box. These are the students of next and future generation who are more proactive in not only solving today's problems but also of tomorrow. These students think of technology that have not yet been invented. The most obvious limitations that researchers and health providers in the International market have observed is the reluctance of Physical Therapist in taking up the technology. The most appropriate and wise way to incorporate TR is at the grass root level by making it a part of the curriculum and utilizing its most essential key members that is our students. These students can be familiar with the utilization of technology during their clinical rotations and internships.

As a researcher and educationist I believe clinicians need to work in corporation with the tele health care providers in order to ensure that implementation process becomes easier, barriers are reduced and strategies are incorporated. Nowadays, collaborated work is required as the therapist would not work in isolation in their respective domains. This would not mean that the ethical standards are ignored.

Imagine how much would it be effective if we have had access to the patients when at work, or travelling or during vacations? The follow-ups would become extremely easier. Although both the comfort and satisfaction of patient is still debatable. Health care providers are still arguing with the clinicians and researchers on payment strategies in the private sectors, provision of TR in the remote areas, preparing the next generation of physical therapist for TH and what strategies be implemented at the grass root level.

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