



Telerehabilitation Perceptions and Experiences among Physiatrists in the Philippines during the COVID-19 Pandemic: A National Survey

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INTRODUCTION

On the 30th of January 2020, the World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) outbreak a “public health emergency of international concern,” and on the 11th of March 2020, COVID-19 was declared a global pandemic, affecting people from various countries, including the Philippines. There was widespread interruption of face-to-face delivery of medical services to limit social contact and control spread of the virus. In response, a number of physiatrists tried to explore non-contact methods, such as telemedicine or telerehabilitation in particular, to provide continuous care for their patients during the quarantine period.

OBJECTIVE

To determine physiatrist's perceptions and experiences regarding telerehabilitation

METHODS

A nationwide cross-sectional online survey was conducted among fellows of the national specialty society (N = 161). Purposive sampling was employed. An original questionnaire was developed and descriptive statistics was used to analyze the variables.

RESULTS

161 responded to the survey yielding a 62.2% response rate. Participants' mean age was 48.2 +/- 9.6 years. Majority were females (57.8%) and with urban private hospitals (86.3%). Minority had adequate telerehabilitation knowledge (38.5%), skills (41.6%) and experience (27.9%). Sources of telerehabilitation knowledge were colleagues (52.9%), local specialty society (51.1%), and telemedicine-related websites (41.4%) (Fig. 1). Majority preferred to conduct telerehabilitation for former patients over new, and to email rehabilitation program prescriptions for physical/ occupational/ speech-language therapy, but not for swallowing therapy (Table 1). Telerehabilitation was used by 68.3% of the participants during the pandemic. Videoconferencing was used by 84.5% during the pandemic. Majority (53.4%) charged lesser fees than for in-person. While 79% recognized the need for telerehabilitation, apprehensions included limited patient evaluation and medicolegal issues (Fig. 2).

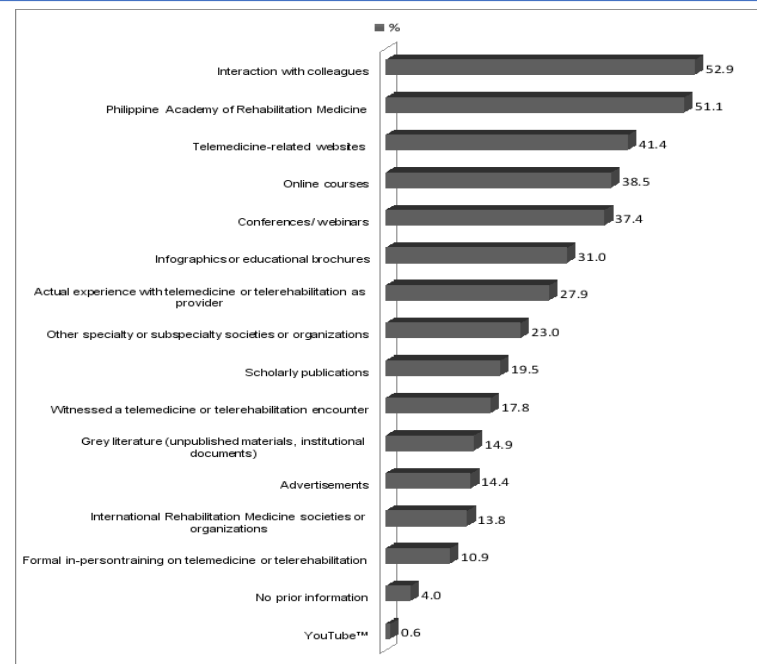


Figure 1: Physiatrists' prior sources of information on telerehabilitation (N=161)

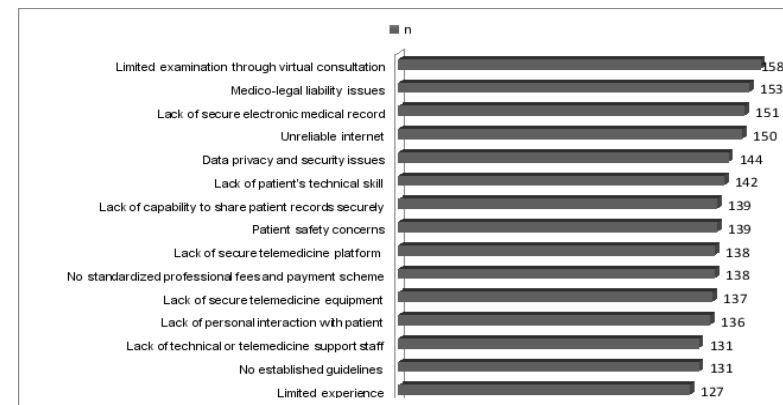


Figure 2: Physiatrists' apprehensions about using telerehabilitation (N=161)

Table 1: Perceptions on potential clients and services for telerehabilitation

Perceptions on telerehabilitation	n (%)
<i>Potential clients</i>	
Former patient	139 (86.3)
Patient and caregiver together	138 (85.7)
Patient and referring healthcare provider together	123 (76.3)
New patient	76 (47.2)
Patient alone (without caregiver)	53 (32.9)
Referring healthcare provider only (even without patient)	40 (24.8)
Caregiver alone (even without patient)	20 (12.4)
<i>Rehabilitation services</i>	
Home instructions/ home exercise program	150 (93.1)
Diagnostic request	147 (91.3)
Exchange of any patient's health-related information	145 (90.0)
Electronic prescription	142 (88.1)
Rehabilitation program or referral	138 (85.7)
Psychological interventions	137 (85.0)
Speech-language therapy (excluding swallowing)	126 (78.2)
Virtual reality or gamification of therapy	121 (75.1)
Physical therapy	115 (71.4)
Occupational therapy	111 (68.9)
Medical certificate	99 (61.4)
Screening, planning, or evaluation for prosthesis, orthosis, or any assistive device	71 (44.0)
Swallowing evaluation and exercises	46 (28.5)

CONCLUSION

Despite having inadequate telerehabilitation knowledge, skills and experiences, physiatrists in the Philippines generally acknowledged the role of telerehabilitation in the “new normal” period to provide various rehabilitation medicine services amid and beyond the COVID-19 pandemic. Perceptions and experiences of physiatrists regarding telerehabilitation were varied, but our data showed the preferences of the majority in terms of potential clients, deliverables, uses, duration, and charging. The provision of clearer national guidelines, adequate education and training opportunities, and continuous collaborations with telehealth and medicolegal experts might help address the many apprehensions of physiatrists about telerehabilitation.

