Letter to Editor:
Telerehabilitation During the COVID-19 Pandemic

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After the appearance of COVID-19, the clinical and professional activities of private clinics and public health systems were challenged. Telerehabilitation system is required to provide rehabilitation services during the COVID-19 pandemic. Telerehabilitation services are available for many years, for which necessary infrastructure, laws, and instructions have been considered, but in Iran, there are no regulations or instructions for telerehabilitation services. Professional associations and boards can play an important role in drafting these rules. The COVID-19 can be a good opportunity to start telerehabilitation in Iran.

Keywords:
Telerehabilitation, Covid 19

Extended Abstract

Introduction

On March 11, 2020, the World Health Organization (WHO) declared the acute respiratory syndrome caused by the novel Coronavirus leading to the COVID-19 pandemic [1].

This global crisis has led to the challenge of the rehabilitation system worldwide to maintain its clinical and professional activities for providing primary and secondary care in private clinics and public health systems [2, 3]. However, the WHO stated that the necessary clinical care for patients and the community should be continued safely, which can be challenging for the rehabilitation staff [1].

Discontinuation of rehabilitation activities, especially physiotherapy, can have a significant negative impact on the patient’s health. Telerehabilitation provides the possibility of continuing rehabilitation services to patients.

Digital rehabilitation

In 2019, the World Confederation of Physiotherapy described digital activity as describing health care services, support, and information provided remotely through digital communications and devices. However, this measure started in 2017 with the development of regulations related to digital physical therapy exercises [4]. The purpose of this measure was to facilitate the effective provision of rehabilitation services, especially physiotherapy by improving access to rehabilitation services and health care management.

There is still no comprehensive definition for telerehabilitation in the literature and industry and also in the policymakers and stakeholders’ view. However, various terms, such as tele_education, telemedicine, tele_monitoring,
tele_assistance, mobile health, and digital rehabilitation are used in this field [5].

**Barriers to digital rehabilitation**

Although there is no law and infrastructure in the field of telerehabilitation in Iran, some people conducted training, counseling, and treatment remotely through webinars or the use of various software. Lack of a law approved by the Ministry of Health or even scientific associations regarding the presenting person, the topics, the audience, and how to monitor and evaluate the system can lead to the holding and production of non-functional and even incorrect content. It was expected that with the outbreak of the COVID-19, scientific associations of physiotherapy, occupational therapy, speech therapy, etc. would issue permits to rehabilitation colleagues by issuing short statements in the form of guidance and how to use remote health care.

Some countries now use specially-designed and safe technologies to help rehabilitate and monitor patients’ rehabilitation. However, many therapists in Iran use free video conferencing software, such as Google Hangouts, Zoom, and Skype. Although the use of such software is desirable due to the existing infrastructure, these tools do not have the necessary security in virtual and digital activities.

Countries, such as Australia, the United Kingdom, and the United States began using digital activities in health care systems several years ago, and recently, their specialist and rehabilitation associations have issued guidelines to assist professionals and rehabili-ators in the event of COVID-19 outbreak [5]. The creation of digital methods in these countries was possible only because these countries already had the necessary infrastructure to support these technologies. In our country, following the COVID-19 pandemic, there has been an opportunity to start a discussion in the field of digital rehabilitation methods and design and approve regulations and laws in this regard.

Undoubtedly, there are several obstacles to the implementation of a digital system in Iran, including infrastructure, legal and social issues, and economic aspects. Important issues, such as legal liability, ethical issues, such as confidentiality, equipment, patient’s age and level of education, computer literacy of the parties, bandwidth, and internet speed should also be considered.

**Prospects and opportunities**

The use of digital rehabilitation will provide opportunities for users and services to the community and target groups, such as expanding access to health care providers, self-management, increasing flexibility in providing health care, and reducing the number of patients who leave without treatment.

The effectiveness of treatment and evaluation of patients using digital practice, especially for physiotherapy, occupational therapy, and speech therapy for some acute and chronic musculoskeletal disorders, cardiac rehabilitation, stuttering disorders, neurological problems, stroke, postoperative rehabilitation, pain control, cognitive disorders, pelvic disorders, aphasia, and respiratory disorders has been studied [6-18]. In these studies, in addition to the level of client satisfaction, the evaluation process, the effectiveness of treatment, and follow-up after treatment were measured and evaluated.

The need for innovation in the technology market in terms of reducing costs and increasing benefits to customers is quite evident. In Iran, it is recommended to design and market the software with the approval of specialized scientific and rehabilitation associations to preserve the personal information of local people.

Another important issue for digital rehabilitation that needs support is the integration of medical data and rehabilitation. Because patients are remotely evaluated or treated, medical and rehabilitation specialists are needed to provide the best service according to their medical and rehabilitation information. In our country, hospitals and clinics have different electronic file systems. However, whether or not they have an electronic recording system at all is a big challenge.

In Iran, special laws and guidelines should be written on the implementation of remote rehabilitation in the fields of evaluation, treatment, and follow-up to express the obligations and rights of all parties involved. Based on the experience of other countries, all data obtained through information technology will be transferred to the medical care department; thus, the medical staff can regularly monitor and evaluate the information provided by the patient through tele_monitoring.

Considering the experiences of other countries, it is necessary to first consider the laws that include the services as the definition of telerehabilitation, the methods of providing the services (telephone, websites, online or offline software, and video conferencing), the conditions to provide services, the people who provide the services (physiotherapist, occupational therapist, speech therapist, etc.), the group of patients who use these services (type of disorder), general expectations (issues related to the therapist’s characteristics, such as having a medical system), issues related to the personal satisfaction of the service provider, the privacy
of information and the observance of safety issues [19, 20]. Then, the approved and registered people will start their activities by providing internet addresses, valid contact numbers, or approved software from related organizations.

The COVID-19 epidemic should be an opportunity to empower health care systems in Iran, including the provision of various rehabilitation services. The digital approach can be an appropriate solution to the challenges that our health care system, especially rehabilitation, may face. Therefore, the provision of telerehabilitation services during the COVID-19 epidemic is an issue that policymakers and various rehabilitation associations should move towards as soon as possible by developing approved regulations and guidelines.

Ethical Considerations

Compliance with ethical guidelines

All ethical principles are considered in this article.

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Authors’ contributions

Both authors contributed equally in preparing this article.

Conflict of interest

The authors declared no conflict of interest.
عنوان بی‌سیره‌ی:
توانبخشی از راه دور در همه‌گیری کووید
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19
کلیدواژه‌ها:
tوانبخشی از راه دور، کووید

مقدمه
سازمان بهداشت جهانی شیوع سندرم 2020-کرونا را با عنوان همه‌گیری کووید (Covid - 19) اعلام کرد. این بحران جهانی، منجر به این شد که توانبخشی به ویژه فیزیوتراپی، می‌تواند تأثیر منفی چشمگیری بر سلامت بیمار بگذارد. توانبخشی به ویژه فیزیوتراپی از طریق رابطه دیجیتال و امکان ارائه خدمات توانبخشی به بیماران را فراهم می‌کند.

تجزیه
با ظهور کووید 19، سازمان بهداشت جهانی در 19 آوریل 2020 از طریق سیر گزارش‌های خصوصی و سیستمی، به مسئولان و پزشکان در همه جهان نشان داد که شما که در ایران، انرژی آیین نامه‌ای برای خدمات توانبخشی از دور وجود دارید، اما باید این ابزار را بهتر استفاده کنید. این امر باعث شده است که انجمن‌ها و بردگان توانبخشی در ایران به روش توانبخشی از دور بهره‌برداری کنند.

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1. توانبخشی از دور
2. تولید دیدگاه
3. تولید متنی
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5. تولید متنی
6. تولید متنی

1. Tele-education
2. Telemedicine
3. Telemonitoring
4. Tele-assistance
5. Mobile health
6. Digital rehabilitation
بهار 1400 بهار

1. شماره 22 دوره 6

پیام انجمن‌های علمی

برای رسیدن به اهداف اصلی انجمن‌های علمی، ضمناً، در این هفته می‌توانید از座位 رفع، تفسیر و حل تعدادی از موضوعات مختلفی در زمینه‌های مختلفی بهره‌مند باشید. این موضوعات شامل مباحثی مثل تحلیل و تفسیر از رفتار‌های مختلف، پیام‌برداری، مباحث تخصصی و غیره می‌باشد.

مطالب در این هفته:

1. تحلیل و تفسیر از رفتار‌های مختلف
2. پیام‌برداری
3. مباحث تخصصی

بهره‌مند شوید و از این فرصت برای بهبود خود استفاده کنید!

شماره 23 دوره 1

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بهره‌مند شوید و از این فرصت برای بهبود خود استفاده کنید!
یک راه حل مناسب برای چالش‌هایی که تسهیل بهداشتی و درمانی ما به‌طور معمولی ممکن است یا آن روبه‌رو کنیم، با استفاده از خدمات توانبخشی از راه دور با توجه به هماگیری کروید-19 باعث می‌شود که باید سیاست‌گذاران و انجمن‌های مختلف توانبخشی با لندینگ آینده و راهنماهای مصوب هرچه سریع‌تر به آن سمت حرکت کنند.

ملاحظات اخلاقی

پیروی از اصول اخلاق پژوهش

اصول اخلاقی تماما در این مقاله رعایت شده است.

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این تحقیق هیچ گونه کمک مالی از سازمان‌های تأمین مالی در بخش‌های عمومی، تجاری یا غیرانتفاعی دریافت نکرده است.

مشارکت نویسندگان

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References


