USING TELEREHABILITATION IN UPPER LIMB MSK REHABILITATION

A SCOPING REVIEW

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OBJECTIVES

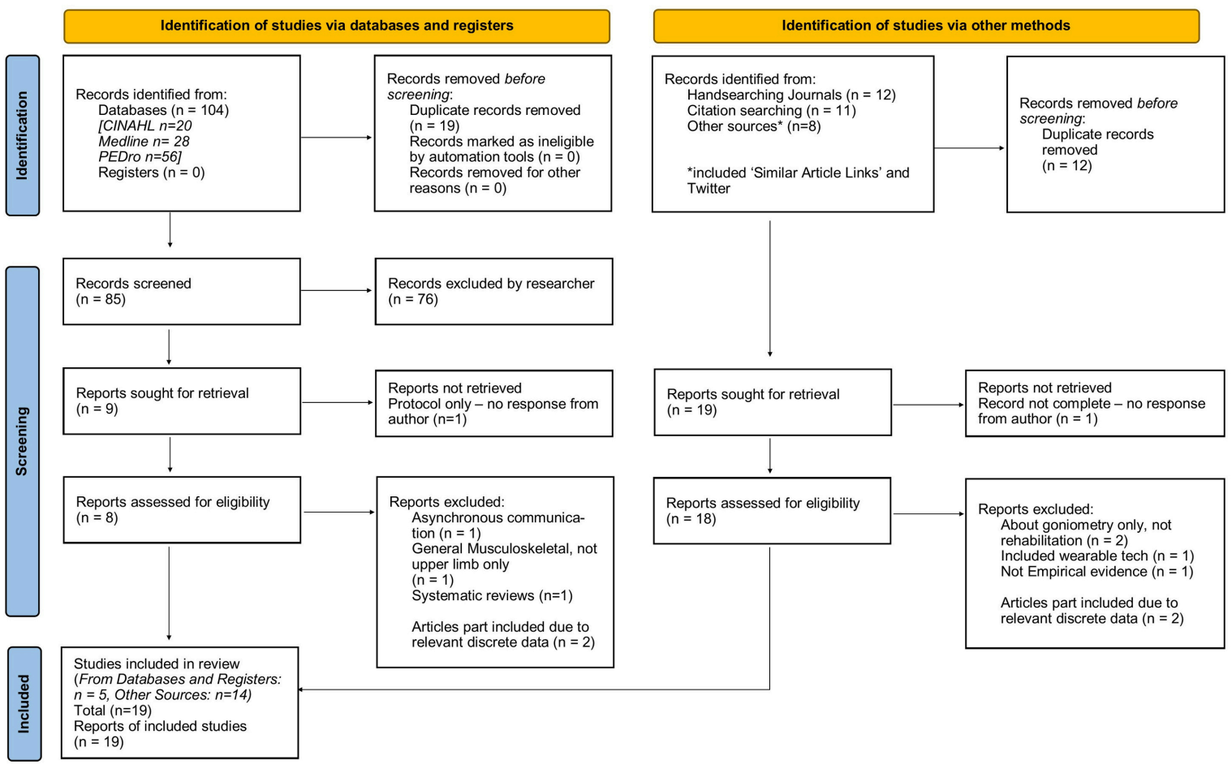
In 2020, the COVID-19 pandemic caused a rapid uptake of virtual consultations (VCs) to minimise disease transmission and protect patients and staff. For this reason, research into telerehabilitation has been expanding. To map and synthesize the evidence of how VCs have been used in upper limb (UL) MSK rehabilitation, describe trends and key characteristics, as well as to identify gaps in the research

METHOD

Conducted in accordance with the Johanna Briggs Institute guidance[1] and using the PRISMA-ScR Checklist[2]. The search was performed six times between 4th April and 20th October 2021.

Inclusion	Exclusion
• Adults with UL MSK diagnoses • OTs/Physios • Synchronous (real-time) rehab over VCs • Empirical evidence • International Studies • No date/area limits	• Asynchronous communication • Non-MSK diagnoses • Wearable devices /technology • Web-based or pre-recorded info • Not in English • Opinion pieces

PRISMA 2020 FLOW DIAGRAM[2]



BENEFITS

- Time and cost-savings
- Maintaining therapeutic relationship
- Increasing patient independence.

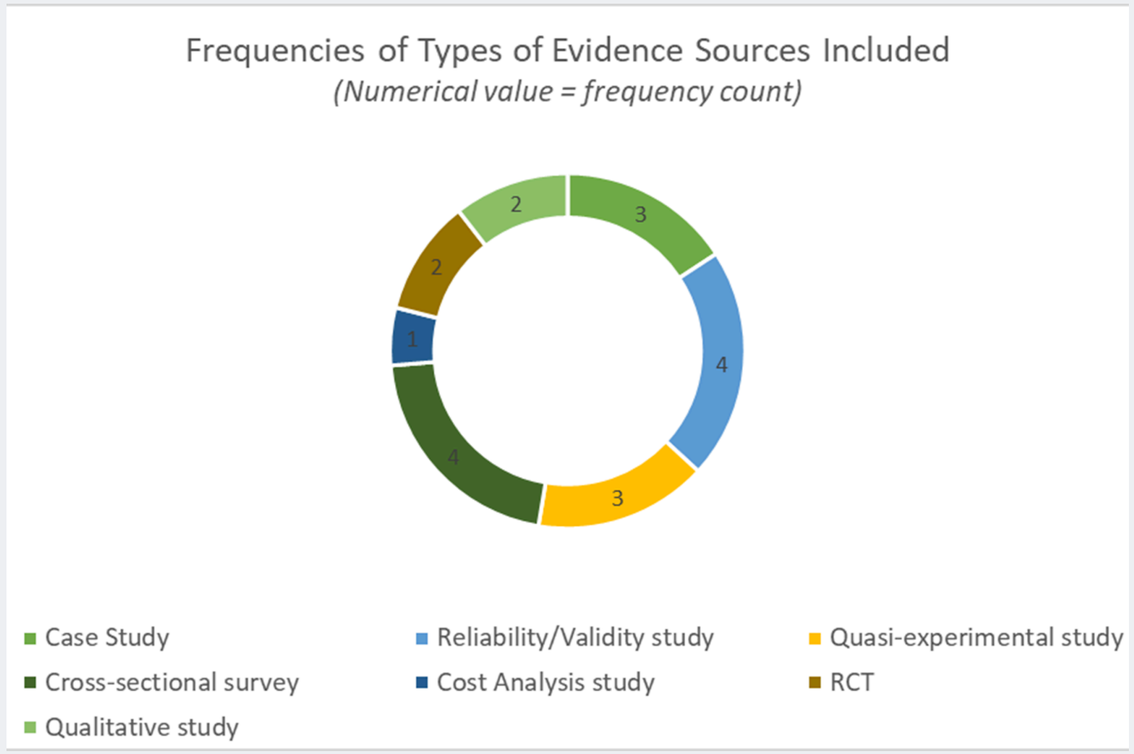
Studies noted increased function, decreased pain and increased ROM after VCs

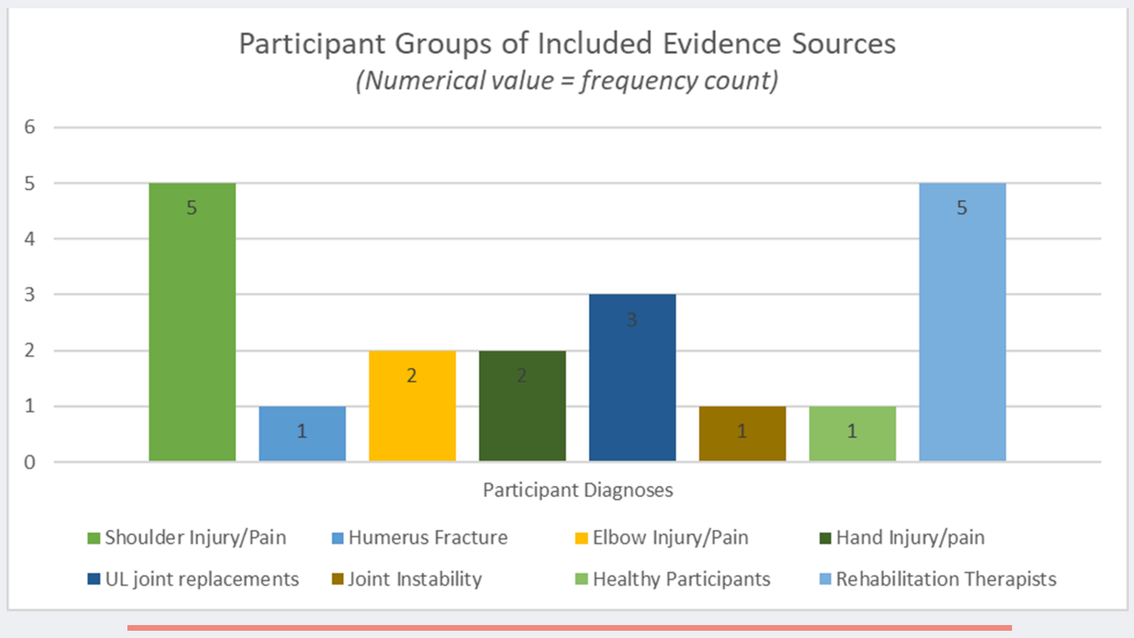
LIMITATIONS

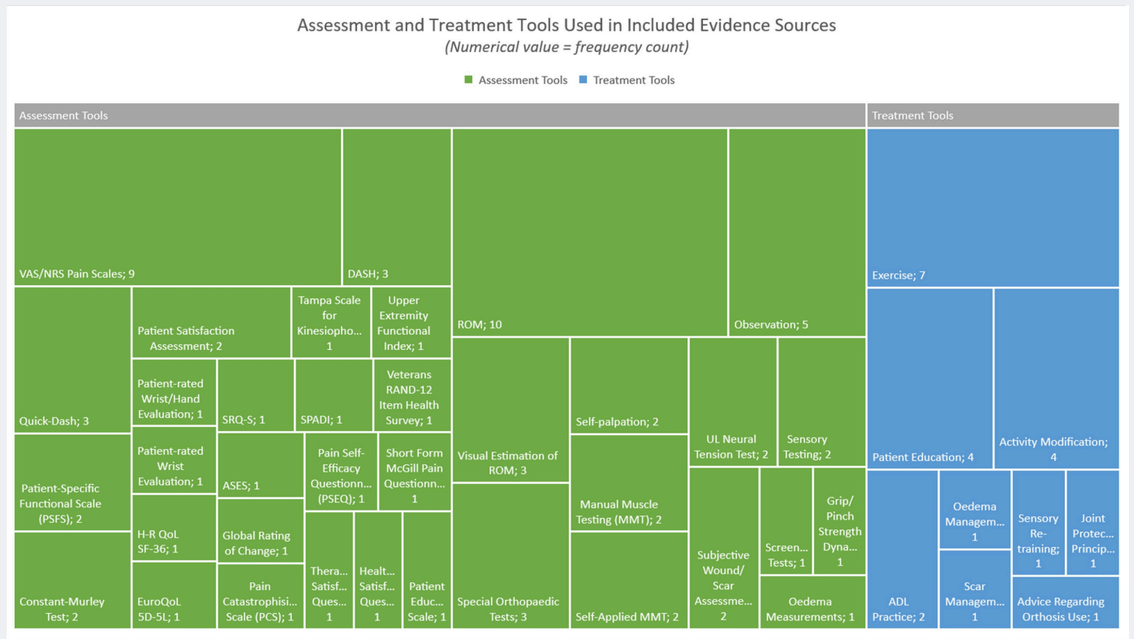
- Restricted 'hands-on' treatment (eg. splinting)
- Limited technological resources and therapist training
- Limiting patient factors, such as technological competence, anxiety and social support
- Useful supplement to in-person treatment, not a replacement for it

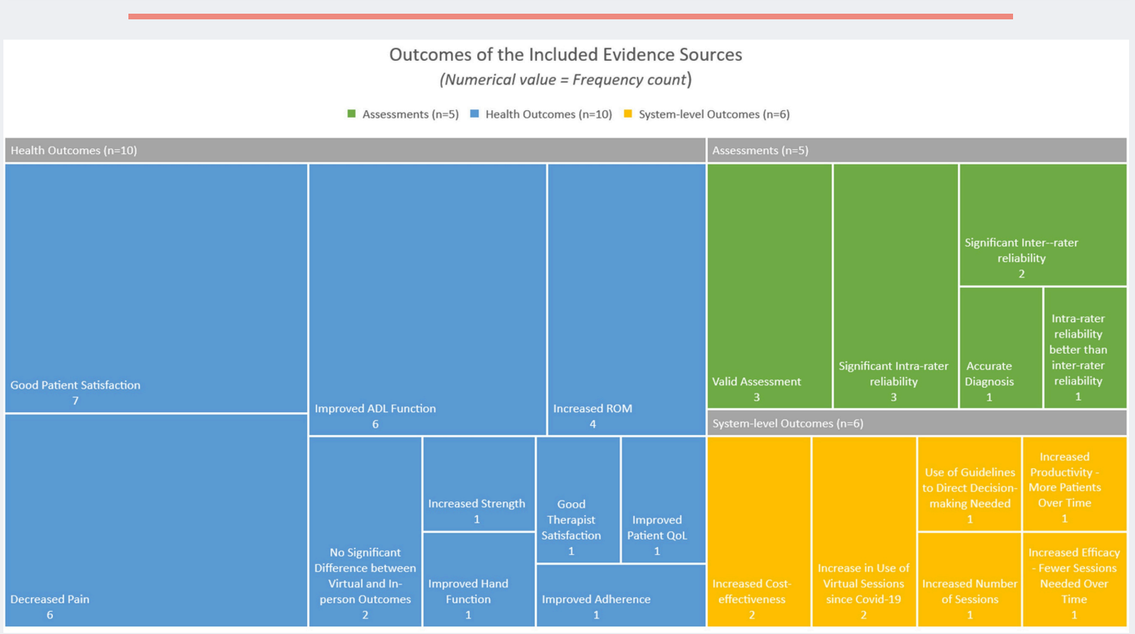
RESULTS

19 evidence sources found









CONCLUSION

This review mapped available evidence and identified several gaps in the literature. Included studies reported both benefits and limitations for VC use, as well as positive health outcomes, assessment reliability and validity for most assessments. This review emphasises the importance of assessing patients' appropriateness for VCs and suggests use of a clinical decision-making tool to assist with this. Further robust research is needed into VCs for hand/wrist disorders, ROM assessment over VC & cost-effectiveness.

References: 1. Peters MDJ, Godfrey CM, Khalil H, McInerney P, Parker D, Soares CB. Guidance for conducting systematic scoping reviews. JBI Evidence Implementation. 2015;13(3).
2. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

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