

Digital Physical Therapy: An Overlooked Player in Improving Patient Outcomes

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From the first telegraph to virtual reality and deep learning algorithms, the digitization of health has been a key player in improving patient outcomes. Today, many processes in healthcare require digital players to ensure that is effective, sustainable and reflects the needs of users, so why does it seem to be overlooked in pre and post-surgical rehabilitation?

Prior to the peak of the global pandemic, there were practices and countries that struggled unarguably with providing patients with access to physical therapy services. Digital tools including telephone and video consultations, digital triage and online education services were gradually employed to reduce pressures on these services. I imagine that most clinicians will agree that the existing backlogs for pre and post operative rehabilitation, for instance, were exacerbated by the large number of unwell patients and health professionals; reduced hospital capacity; socioeconomic inequalities and several unprecedented circumstances as a result of the pandemic. Mitigating these effects required a sustainable and innovative approach which had several practices around the world, offering digital rehabilitation.

Years after, face to face appointments have returned and I continue to read and hear clinicians and medical personnel neglecting the very player that sustained rehabilitative practice during the pandemic. It is unfair to now tag digital rehabilitation as undesired when the pre and post pandemic inequalities still plague the patient and health care practices daily. While, I agree that digital physical therapy does not fully replace face to face physical therapy, it can provide comparable results and positive surgical outcomes [1,2].

I also agree that there are several barriers to the implementation of digital rehabilitation including technical issues, digital literacy and administrative burden [3]. However, these are challenges often faced with face to face physical therapy and we continue to find innovative ways to overcome them including the use of digital tools.

Imagine the 70 year old couple. They are retired and living in the remote islands with a bilateral hip replacement and left knee replacement between them. Is it ideal for them to wait eight weeks before physical therapy input? Is it not possible to offer a digital option while they wait for face to face rehabilitation?

There is also the university student with a rotator cuff repair who is keen to continue with physical therapy but is unable to afford face to face sessions since their health insurance allowance has been exhausted. If we are focused on meeting this patient's needs, engaging in joint decision making and improving patient outcomes, shouldn't we be discussing options like digital rehabilitation?

Furthermore, let us consider the vast number of patients awaiting joint replacements who could benefit from preoperative rehabilitation to improve daily function and post operative outcomes where they decide to have surgery. Do we continue to tell them to wait or can we discuss digital options?

Understandably, there will be cases where digital rehabilitation is not appropriate. By no means should we be pushing every patient down the digital route. We should deeply consider the patient, the evidence and the practice and the clinician's capacity. However, when appropriate, digital physical therapy should not be overlooked. Let it play its part in improving patient outcomes.

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