



Telerehabilitation for Saskatchewan Physical Therapists: Resource Document

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SCPT Practice Guideline #24 Telerehabilitation

Telerehabilitation “refers to the provision of physiotherapy services which involves communication with a patient who is remotely located from the primary physiotherapist providing service. It can include mediums but is not limited to as videoconferencing, email, apps, web-based communication, wearable technology. Personnel may or may not be present with the patient. All of the professional behaviors involved in the exchange of information are the same as if the patient is in direct contact with the Physical Therapist” (retrieved Mar 24, 2020 from: https://www.scpt.org/document/3571/Practice_Guideline_24_Telerehabilitation.pdf). Physical Therapists using telerehabilitation should be familiar with SCPT Practice Guideline #24.

Telerehabilitation requires therapists to follow the same practice guidelines as in-person care. This means every individual has the right to informed consent, the right to understand the service being offered, the right to safe care, the right to decline care and that Physical Therapists shall assume full responsibility for all care they provide.

Please note SCPT has developed an expanded FAQ section during the time of COVID-19

<https://scpt.org/company/roster/companyRosterDetails.html?companyId=28798&companyRosterId=52&nav=si>
[debar](#)

Additional Canadian Regulatory and Professional Association Resources

The Canadian Alliance of Physical Therapy Regulators Statements on use of Tele-Rehabilitation

<https://www.alliancept.org/publications/>

Canadian Physiotherapy Association (CPA) Position Statement on Tele-Rehabilitation

<https://physiotherapy.ca/cpas-position-tele-rehabilitation>

CPA Tele-Rehabilitation in Times of Covid-19

<https://physiotherapy.ca/times-covid-19>

CPA Webinar: Tele-Rehabilitation and Business Interruption Insurance

<https://physiotherapy.ca/current-state-covid-19-tele-rehabilitation-and-business-interruption-insurance-march-17>

CPA Telehealth Partners: <https://physiotherapy.ca/tele-health-partners-offers>

Physiotherapy Association of British Columbia (PABC) resources: <https://bcphysio.org/news-publications/pabc-news/physiotherapy-and-covid-19-telerehabilitation-resources>

PABC Telehealth Application Feature Comparison Chart: <https://bcphysio.org/media/766/download>

PABD Categories of Potential Telehealth Videoconferencing Software Applications
<https://bcphysio.org/media/767/download>

Physiotherapy Alberta: https://www.physiotherapyalberta.ca/files/guide_telerehabilitation.pdf

Saskatchewan College of Physicians and Surgeons: Policy - The Practice of Telemedicine
https://www.cps.sk.ca/imis/CPSS/CPSS/Legislation_ByLaws_Policies_and_Guidelines/Legislation_Content/Policies_and_Guidelines_Content/The_Practice_of_Telemedicine.aspx

Information on HIPAA AND PIPEDA

PIPEDA (The Personal Information Protection and Electronic Documents Act)

- This is specific to Canada
- If practicing within Canada, and providing care to a Canadian citizen PIPEDA is the regulatory act to abide by

<https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/>

<https://vsee.com/blog/hipaa-canada-health-information-privacy/>

<https://medipense.com/en/hipaa-vs-pipeda-mandatory-protection/>

HIPAA (Health Insurance Portability and Accountability Act of 1996)

- This is specific to the United States.
- If practicing within the USA or providing care to a US citizen HIPAA would be the regulatory act to abide by

<https://www.hhs.gov/hipaa/index.html>

HIPA (Health Information Privacy Act)

- This is specific to Saskatchewan, providing the rules and governance for collection and disclosure of personal health information

<https://oipc.sk.ca/assets/ipc-guide-to-hipa.pdf>

BAA (Business Associate Agreement)

- These are applicable as a regulatory requirement for HIPAA in the United States
- It is good practice to understand what the platform is doing to ensure compliance with PIPEDA and appropriate to request a compliance report or privacy document that outlines their accountability to protection of personal health information
- A provider/clinic can still choose to draft a BAA with the telehealth platform they elect to use, however this is not a regulatory requirement within PIPEDA

Helpful Tips When Considering Consent

Consent: Ensure consent is modified to include information on the virtual method of care such as

- Identify yourself and where you (the PT) are located and are licensed.
- Explain the technology being used
- Steps that have been taken to ensure privacy (encrypted software, no one is able to accidentally enter the virtual room, your door is closed, you are alone in the room, and ask them to ensure they are comfortable with their privacy at that end)
- Describe what you can and can't do with the technology (for example, if I feel I need to use my hands to assess you, we will book an in-person session as soon as possible or refer you to the closest available in person session).
- If they are uncomfortable at any time the session can be ended
- Examples of specific consent:
 - Canadian Medical Protective Association: https://www.cmpa-acpm.ca/static-assets/pdf/advice-and-publications/risk-management-toolbox/com_16_consent_to_use_electronic_communication_form-e.pdf
 - Ontario Telemedicine Network: https://support.otn.ca/sites/default/files/consent_guideline.pdf

Telerehabilitation Platform Options

This information is provided for educational purposes only. Practitioners are responsible for ensuring all legal compliance requirements for their practice

End to End encryption is a must – have. This means there is a direct connection between the provider and the client with no potential for cyber eavesdropping.

Examples of Platforms (Note: several of these platforms have discounts for CPA members)

Clinic Master

http://www.clinicmaster.com/?gclid=Cj0KQCQjw09HzBRDrARIsAG60GP-QjdQGHs9fyhkUAYqpfQAU67oxSsQ0AcIXqFZgL2zQKPubCITqWjoaAvevEALw_wcB

DOXY

<https://doxy.me/>

Embodia Academy

<https://embodiaapp.com/courses/445-telerehabilitation-on-embodia-embodia-academy>

GoToMeeting

https://www.gotomeeting.com/en-ca/lp/sem?cid=g2m_noam_ggs_cpc_71700000060696154_58700005495139876_p50143644786&gclid=CjwKCAjwguzzBRBiEiwAgU0FT_KeQNP5XWAlkMGucZ7pegs6xLANjWa5DmOh_fB0Jd1hWoOhhJZT_hoCbk_gQAvD_BwE&gclsrc=aw.ds

Jane App

If you are already using the Jane EMR program they have now integrated 'online appointments' for telerehabilitation.

<https://jane.app/guide/telehealth/online-appointments-telehealth-faq>

Physitrack

<https://www.physitrack.com/partners/cpa>

PEXIP

<https://www.pexip.com/>

Mediseen

<https://mediseenhealth.com/#!/>

Zoom (Zoom has specific information for healthcare options)

<https://zoom.us/healthcare>

***These sources were vetted at time of publication, it is the user's responsibility to ensure they still meet regulatory standards for telerehabilitation and HIPPA/PIPEDA compliance, and document such in clinic policy/procedure manuals*

Examples of platforms that are not acceptable: Facebook Messenger, Skype, Facetime

Social Media Resources

<https://physiotherapy.ca/sites/default/files/socialmediaeng.pdf>

https://www.physiotherapyalberta.ca/files/practice_guideline_social_media.pdf

<https://www.manitobaphysio.com/wp-content/uploads/Use-of-Social-Media-1.pdf>

<https://www.apta.org/SocialMedia/Success/>

<https://www.webpt.com/blog/post/the-bare-bones-social-media-guide-for-pt-clinics/>

[https://physiotherapy.ca/search?field_tags\[\]=1032&result_type\[\]=blog_post](https://physiotherapy.ca/search?field_tags[]=1032&result_type[]=blog_post)

<https://physiotherapy.ca/publications/vol-7-no-1>

<https://medicine.usask.ca/policies/school-of-physical-therapy-guidelines-on-use-of-electronic-communication-and-social-media.php>

Journal Resource Examples

Adamse C, Dekker Van-Weering MGH, van Etten Jamaludin FS, Stuiver MM. (2017). The effectiveness of exercise-based telemedicine on pain, physical activity and quality of life in the treatment of chronic pain: A

systematic review. Journal of Telemedicine and Telecare.
<https://journals.sagepub.com/doi/10.1177/1357633X17716576>

Cottrell MA, Galea OA, O’Leary SP, Hill AJ, Russell TG. Real-time telerehabilitation for the treatment of musculoskeletal conditions is effective and comparable to standard 29 practice: A systematic review and meta-analysis. Clin Rehabil. 2017;31(5):625-638. doi:10.1177/0269215516645148

Horsley S, Schock G, Lovo Grona S, Montieth K, Mowat B, Stasiuk K, Boden C, Bath B. (2019). Use of real-time videoconferencing to deliver physical therapy services: A scoping review of published and emerging evidence. Journal of Telemedicine and Telecare. <https://www.ncbi.nlm.nih.gov/pubmed/31213166>

Kairy D, Lehoux P, Vincent C, Visintin M. A systematic review of clinical outcomes, clinical process, healthcare utilization and costs associated with telerehabilitation. Disabil Rehabil. 2009;31(6):427–47. <https://www.ncbi.nlm.nih.gov/pubmed/18720118>

Laver KE, Schoene D, Crotty M, George S, Lannin NA, Sherrington C. Telerehabilitation services for stroke. Cochrane Database Syst Rev. 2013;2013(12). doi:10.1002/14651858.CD010255.pub2. <https://www.ncbi.nlm.nih.gov/pubmed/24338496>

Lovo Grona, S, Bath B, Bustamante L, Mendez I. (2017). Case Report: Using a Remote Presence Robot to Improve Access to Physical Therapy for People with Chronic Back Disorders in an Underserved Community. Physiotherapy Canada. 69 (1). 14-19. <https://www.ncbi.nlm.nih.gov/pubmed/28154440>

Lovo Grona S, Bath B, Busch A, Rotter T, Trask C, Harrison E. (2018). Use of videoconferencing for physical therapy in people with musculoskeletal conditions: A systematic review. Journal of Telemedicine and Telecare. 24(5): 341-355. <https://www.ncbi.nlm.nih.gov/pubmed/28403669>

Lovo S, Harrison L, O-Connell ME, Trask C, Bath B. (2019). Experience of patients and practitioners with a team and technology approach to chronic back disorder management. Journal of Multidisciplinary Healthcare. 12: 855-869. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6811366/>

Pastora-Bernal JM, Martín-Valero R, Barón-López FJ, Estebanez-Pérez MJ. Evidence of benefit of telerehabilitation after orthopedic surgery: A systematic review. J Med Internet Res. 2017;19(4):1-13. doi:10.2196/jmir.6836. <https://www.jmir.org/2017/4/e142/>

Silver, JK. Prehabilitation could save lives in a pandemic (2020). <https://blogs.bmj.com/bmj/2020/03/19/julie-k-silver-prehabilitation-could-save-lives-in-a-pandemic/>

COVID-19 Specific Articles for Respiratory Health

Recommendations for Physiotherapy Management for COVID-19 in the Acute Setting
https://www.wcpt.org/sites/wcpt.org/files/files/wcptnews/images/Physiotherapy_Guideline_COVID-19_FINAL.pdf

Respiratory Physiotherapy in COVID-19: Italian Association of Respiratory Physiotherapists
<https://www.monaldi-archives.org/index.php/macd/article/view/1285/1003>

Role of Respiratory Rehab in the COVID-19 Crisis: Italian Position Paper:

<https://ers.app.box.com/s/825awayvk17hh670yxbmzfvew5medm1d>

Efficacy and Safety of Prone Positioning Combined with HFNC or NIV in ARDS: Prospective Cohort

https://pubmed.ncbi.nlm.nih.gov/32000806/?from_term=Efficacy+and+safety+of+early+prone+positioning+combined+with+HFNC+or+NIV+in+moderate+to+severe+ARDS:+a+multi-center+prospective+cohort+study&from_pos=1

Rehab resources for COVID-19 (updated daily):

https://docs.google.com/document/d/16UrBoE0YLikWaXgdUpmO01oO2NTo5fr-_qkN3EyDvr0/edit

Slides from APTA COVID presentation:

https://cdn.ymaws.com/www.apta.org/resource/resmgr/webinars/3-28-20_Presentation_Handout.pdf