

A faint, grayscale background image of a laptop with a webcam mounted on top. The laptop is open, and the webcam is positioned centrally above the screen.

Value Based Evaluations and Intervention Strategies in Adult Telerehab

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Disclosures



TAMMY RICHMOND, MS, OTRL, FAOTA is an Occupational Therapist and Exercise Physiologist with an extensive clinical background in rehabilitation, wellness, management, and telehealth. She is the CEO and founder of Go 2 Care, Inc, an online telehealth company that provides education, consultation and virtual services. She also sits on several state and national association committees including the Co- Chair for the Telerehabilitation SIG at the American Telemedicine Association and Co-Chair of the Telehealth Task Force of the American Congress of Rehab Medicine.

A Message from the Founder

- The information you are about to view reflects the current best practice standards available today including resources and references to standards and guidelines, official documents, service models and case examples in telerehabilitation or telehealth.
- This training module is intended to give you an overview of telehealth and it's application to occupational therapy, physical therapy, speech therapy and health and wellness. Our stakeholders include consumers, associations, health care organizations, agencies, systems, and payers.
- Competency in utilizing telehealth technologies for delivering care is important to protect the consumer and to demonstrate critical decision making and skills needed for quality of care standards. **This Webinar doesn't automatically qualify you to perform telehealth services. This is an informational webinar only.**

Learning Outcomes

- Describe three intervention strategies that can be used in adult telerehabilitation
- Name two value- based service models in home based adult telerehabilitation

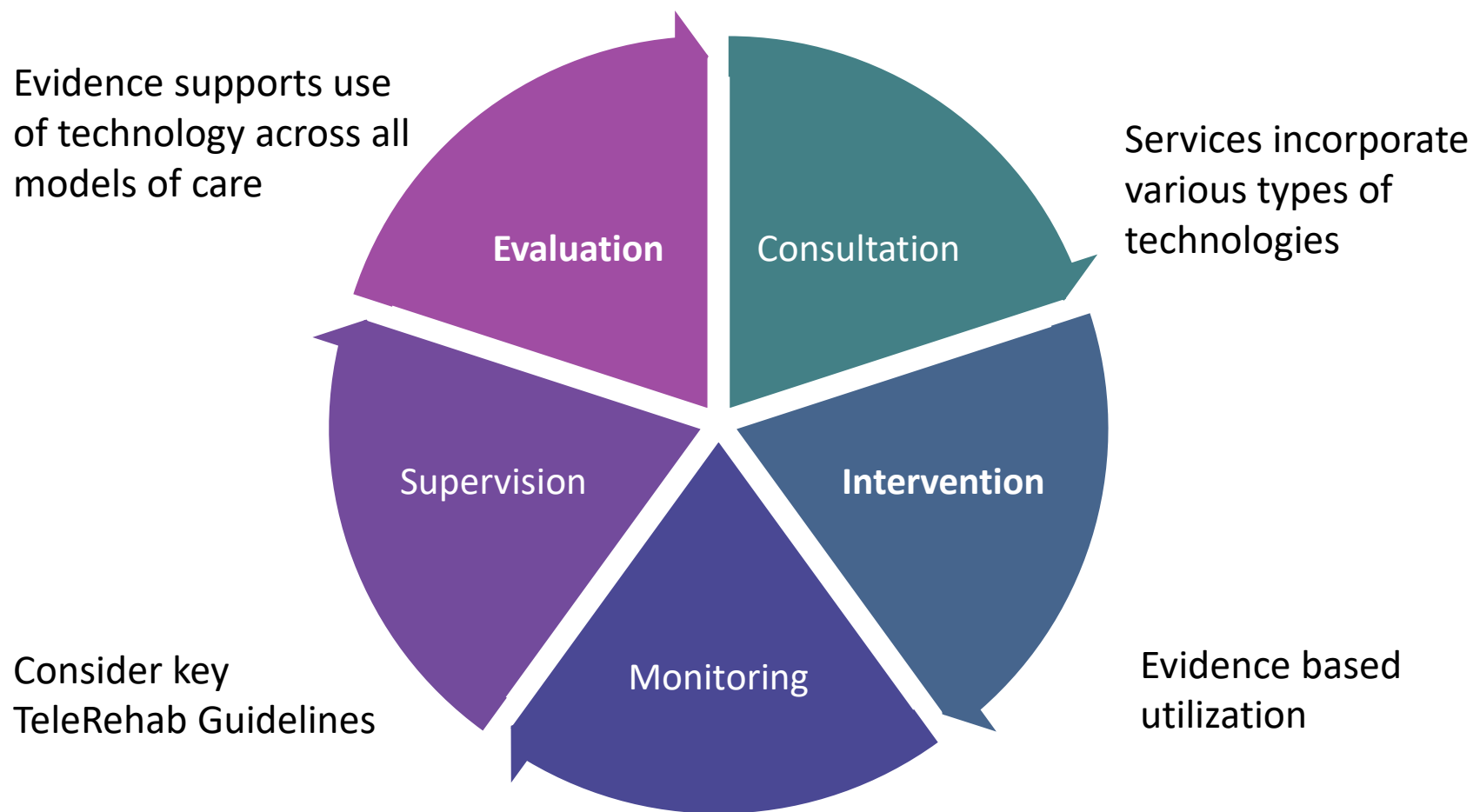
DELIVERY VS SERVICE.....

“...the application of
evaluative, consultative,
preventative, and
therapeutic
services delivered through
telecommunication and
information technologies”
(APTA/AOTA)

<https://www.aota.org/practice/practice-essentials/telehealth-resources>



Evidence Based Service Models



Telehealth Applications

Live videoconferencing
(synchronous)

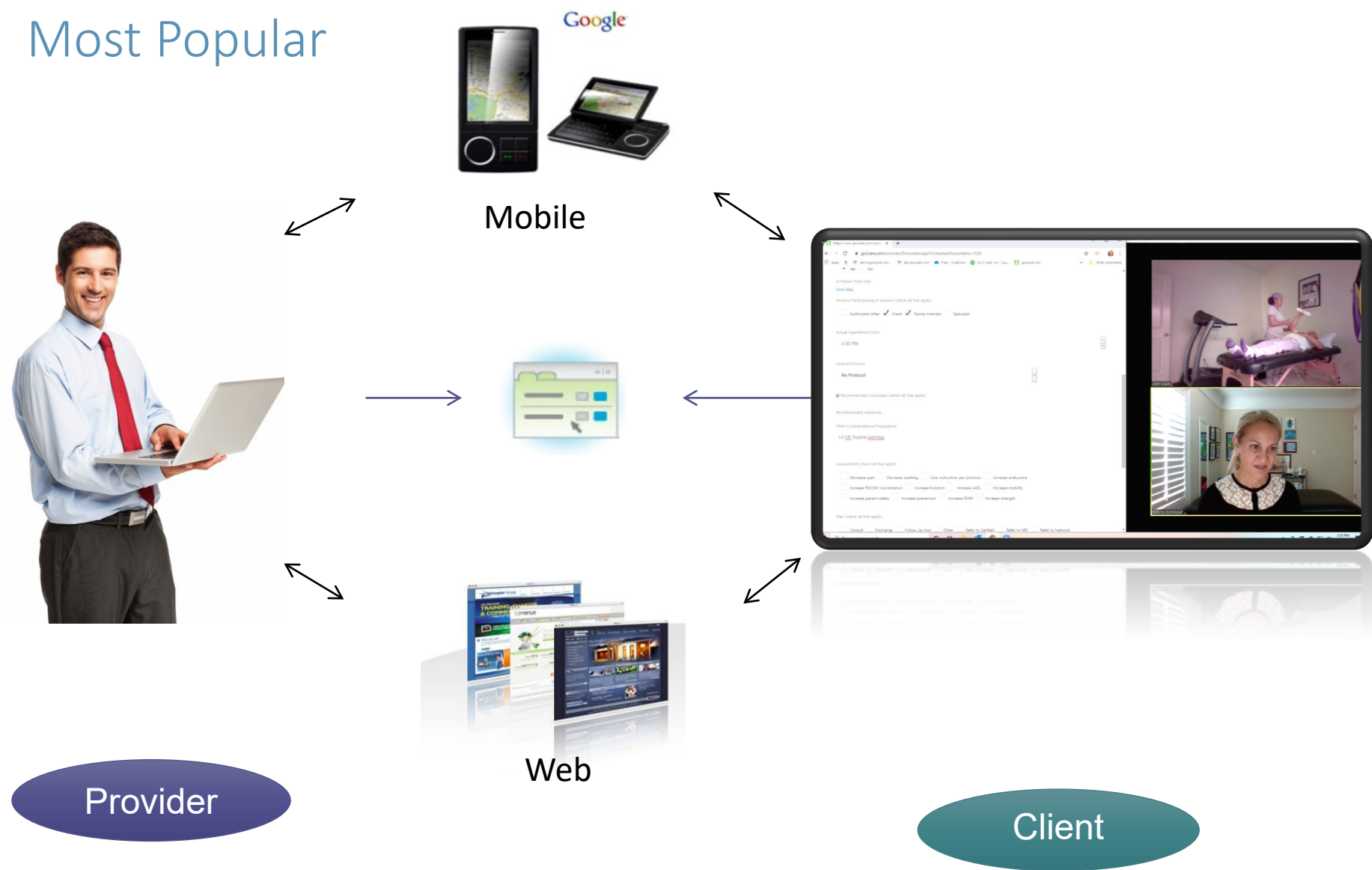
Store and Forward
(asynchronous)



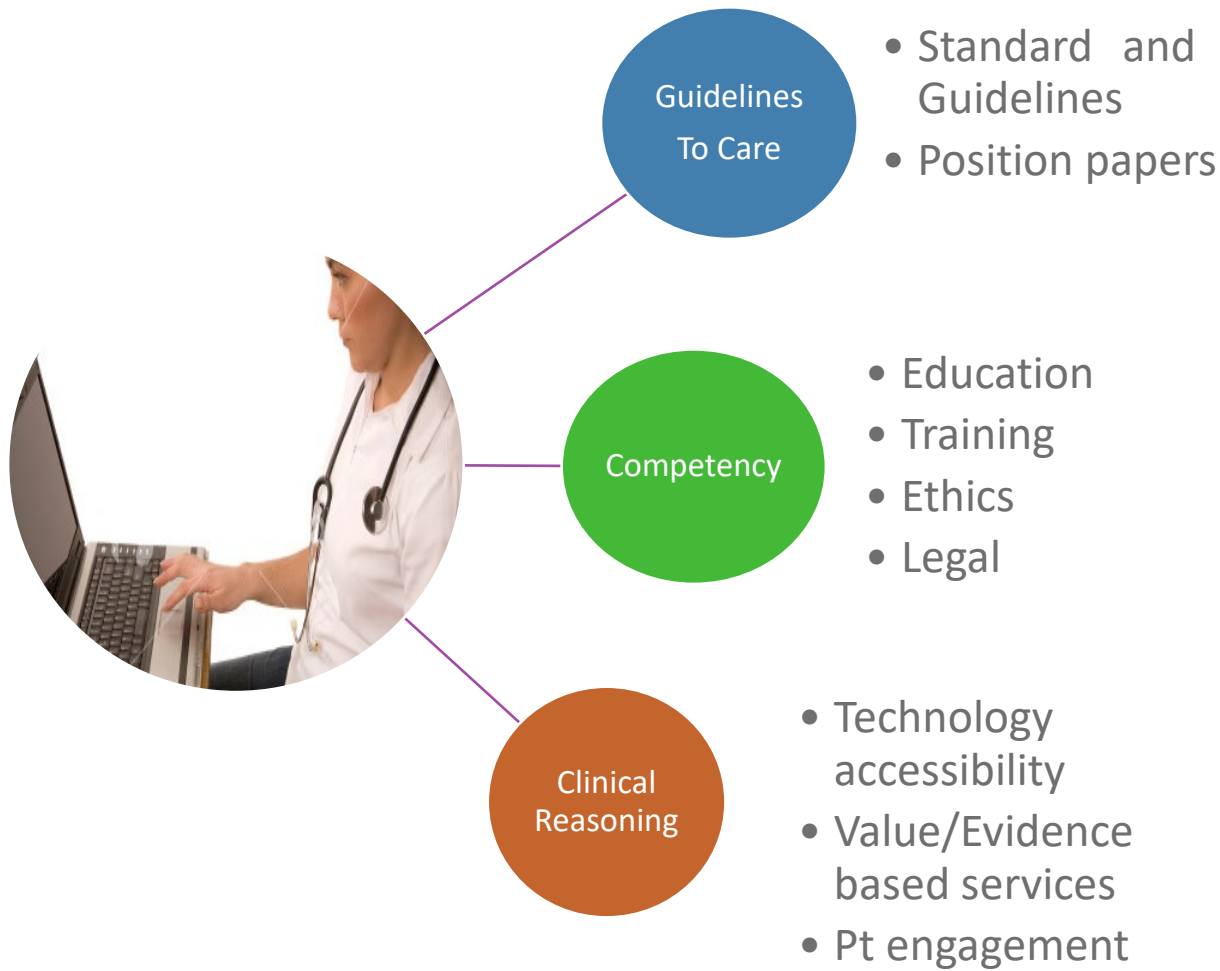
Mobile Health (mHealth)

Remote Patient Monitoring
(RPM)

Most Popular



Best Practice Clinical Guidelines to follow:



Key Clinical Documents



TELEHEALTH
PARTICIPATION
SCREENING



*TELEHEALTH
INFORMED CONSENT



FERPA CONSENT
(SCHOOL BASED)



*HIPAA PRIVACY
STATEMENT



*COMPETENCY
CHECKLIST

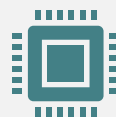


*TELEHEALTH
ENCOUNTER NOTE
(DAILY PROGRESS NOTE)



TELEHEALTH PATIENT
SATISFACTION SURVEY

Engagement Strategies



End user (client's and provider's) capabilities and accessibility to **hardware choices** and software



Type of communication and information to capture/relay (handouts, video, apps, portal, etc)

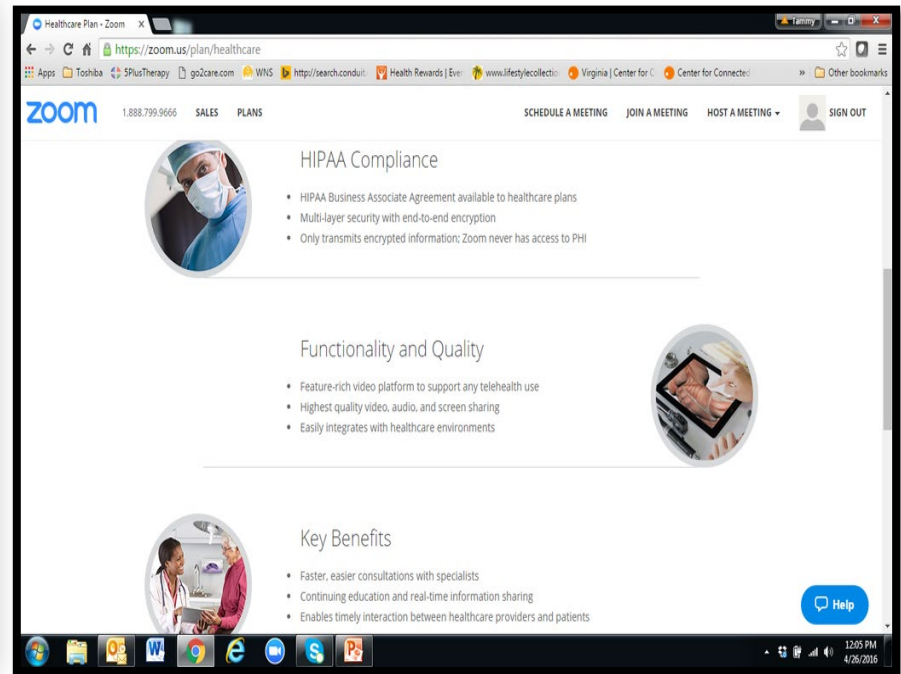
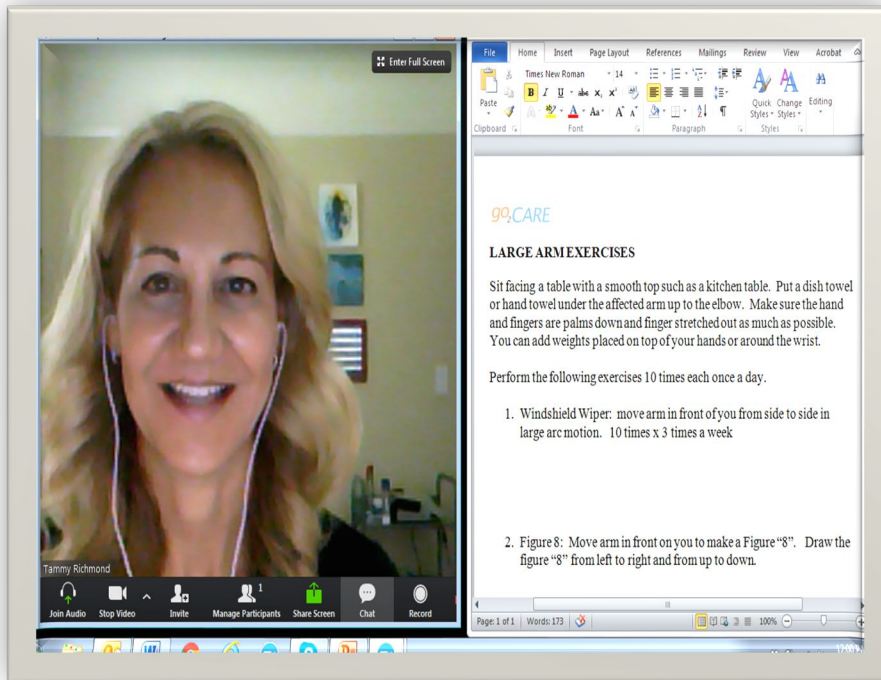


Best practice
Evaluation/assessment, Services and Outcomes



Service models and Intervention strategies for best outcomes

Software: Communication is Key



SERVICE KEY FEATURES

- Audio/Video
- Screen sharing
- Annotation
- Chat box
- *Telephone as back up in case of tech failure

KEY FEATURES

- HIPAA Compliant/Security Requirements
- BAA Contract
- All device types
- Easy scheduling/one click sign on
- User Login Authorization

Personnel Requirements



Providers and Specialists

Have *knowledge and skills* in technology and delivering services *through technology*



Support team

Technical support for idea operability and data gathering and management (IT)

Person(s) for room preparation for encounter

“E-helper”; the caregiver, family member, staff member or other person to assist in the encounter



Client

Screen for abilities, capabilities and need for *assistance and modifications*

Screen for *technology requirements* or need to purchase



Additional Strategies

- The client needs to have any handouts, equipment, and items that they will need for the service or intervention.
- 6 foot rule: need at least 6 feet on all sides to allow for demonstration and safety
- If the client needs to be “mobile”; i.e. walk to another room, then consider device choice; ipad vs laptop
- Safety for all! Have back up and emergency plan



Online Evaluation & Assessments

Observational

- Demonstration & Teach back
- Coaching & Engagement
- ACL Functional tasking
- Activity performance

Interview

- Client engagement
- Caregiver review
- Provider-led assessment

Standardized Tests

- <https://otpotential.com/blog/occupational-therapy-assessments>
- See “Best Practices” from webinar link

Evaluation

- Wheelchair prescription (Barlow, Liu, & Sekulic, 2009; Schein, Schmeler, Brienza, Saptono, & Parmanto, 2008; Schein, Schmeler, Holm, Saptono, & Brienza, 2010; Schein, Schmeler, Holm, Parmuka, Saptono & Brienza, 2011);
- Neurological assessment (Savard, Borstad, Tkachuck, Lauderdale, & Conroy, 2003)
- Mini-Mental State (Ciemins, et al., 2009)
- Adaptive equipment prescription and home modification (Sanford et al., 2007)
- Montreal Cognitive Assessment (Abdollahi, et al., 2014; Stillerova, et al., 2016)
- Functional Reach Test and European Stroke Scale (Palsbo, Dawson, Savard, Goldstein, & Heuser, 2007);
- Kohlman Evaluation of Living Skills and the Canadian Occupational Performance Measure (Dreyer, Dreyer, Shaw, & Wittman, 2001);
- Functional Independence Measure, Jamar Dynamometer, Preston Pinch Gauge, Nine Hole Peg Test, and Unified Parkinson's Disease Rating Scale (Hoffman, Russell, Thompson, Vincent, & Nelson, 2008)
- Hand Assessments (Worboys, et al., 2018)

Telehealth Interventions

Upper body
strengthening

Lower body
strengthening

Core
strengthening

Functional
mobility

Chronic
disease
management

Cognitive
activities

Mental health
support

Home exercise
program

Balance and
posture

Splint
selection

Caregiver
training

ADL training

Injury
Prevention

Joint
replacement
rehab

Hand therapy

Stroke rehab

Example Telehealth Session

Adult Background: Blended Service Model



Name: Eleanor



Age: 72 yr



Diagnosis: RTSR



Evaluation: OT Eval, DASH, KATZ,
Pain Scale, Observation, Interview

Goals and Interventions

Education

Pain Management

UE Stretching

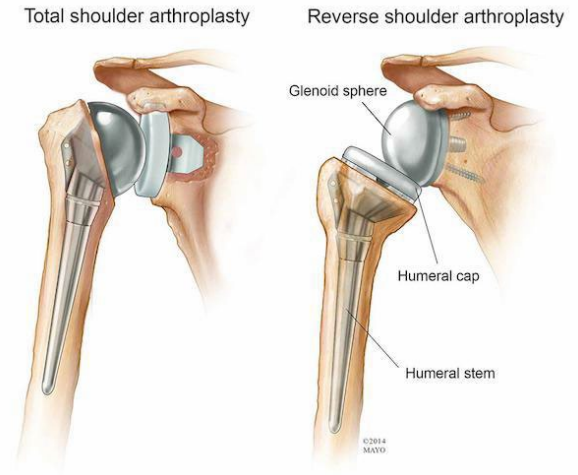
Use of technology/Apps

Progressive Stability&
Strengthening Exercises

Injury prevention

ADL Training

Home Management
Program





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General Equipment required

*Have available on both sides of session



Warm-up (5 minutes)
Intervention (30-45)
HEP Review (10-15 min)

- Interview on general health
- Stretches
- Progressive exercises
- Functional activities
- HEP
- Follow up plan



Adult Background: Blended Service Model



Name: Jason



Age: 52 yr



Diagnosis: R CVA



Evaluation: OT Eval, Observation,
Interview, SF Rand 36, MMSA,
FMA

Goals and Interventions

Caregiver Training

Functional activities

Strengthening and
Muscle Coordination

Modified ADL training

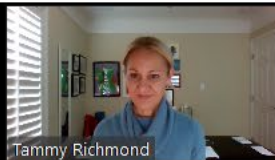
Cognitive Activities

Community Integration

HEP



Review and coach caregiver in assisting in the home stretching and functional activities home program during COVID



- Interview
- Observational
- Notifications & Reminders
- Apps/Monitoring

Engagement Strategies

Conclusion and Questions



Safe and Secure Priority
Access to Personalized
Healthcare

SCHEDULE
APPOINTMENT

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