VTAPTA
Vermont American Physical Therapy Association

Physical Therapy and Telemedicine/Telehealth

While many people may associate physical therapy as a "hands-on" profession, it is not solely our hands that provide care but rather our clinical analysis, advice and recommendations. Some of these can be provided very well without physical touch, just as some of what a physician provides does not require an in-person visit.

Applications of telehealth in physical therapy already have roots that expand throughout patient care and consultation. It allows PTs to better communicate with patients and provide more flexible patient-centered care.

Physical Therapists in Vermont are involved in consultations across the state for specialty services such as wheelchair prescription and fitting, lymphedema, end of life care, exercise instruction and monitoring. These clinical services could potentially be met through telemedicine. In many cases this may involve collaboration with more local providers who lack the specialized expertise and/or with family members or support persons at the patient's bedside.

Quicker screening, assessment and referrals can improve care coordination within collaborative delivery models such as accountable care organizations or patient-centered medical homes.

Currently patients who are located far away from large medical centers must travel several hours to access specialized knowledge. An example of this at University of Vermont Medical Center (UVMMC) is the clinic for individuals with Amyotrophic Lateral Sclerosis (ALS). All of these patients have a terminal illness and are largely cared for by family, home health and hospice. They require the expertise of physical therapists who have specialized knowledge in neurodegenerative disorders who work at the hospital. There are some families now that travel over 2-3 hours each way to access the team at the clinic. The ability to practice telemedicine could potentially eliminate this difficult travel in many of these cases.

Additionally, there are several models of physical therapy practice in the area of chronic and degenerative disease management, including with Parkinson Disease. These models allow for remote interaction and management of patient adherence with physical therapy interventions that can result in improved mobility and function in these individuals.

It's clear that not all physical therapy services can be provided in this manner, but in many cases at least some visits could be, which would allow the patient's needs to be the central focus rather than the payer requirement for in-person contact for payment.