



Singapore Physiotherapy Association

Tele-Health Guidelines for Physiotherapy

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ABOUT THE GUIDELINES

The purpose of this guideline is to advocate safety and quality of tele-health practice within Physiotherapy. It is crucial that the services rendered comply with the requirements of the Allied Health Professions Council (AHPC) Code of Professional Conduct.

Physiotherapists in Singapore are adopting the widely accepted utilisation of electronic communication in delivering services. The use of tele-health in Physiotherapy practice allows practitioners to provide off-site consultations and deliver quality treatments; thereby ensuring that our clients receive continuity and accessibility of care at all times.

This set of guidelines does not serve to discourage or replace on-site care and is not designed to support a complete change of existing service delivery models. The information provided in this document is current at the date of its publication and is intended for use as a guide only.

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CONTENT

1	Definition of Tele-Health	5
2	Overview	6
3	Standards of Care	6
4	Establish Trust and Informed Consent	7
5	Client Safety	7
6	Maintain Proper Documentation	9
7	Supporting Tele-Health Resources	9
8	Summary	9
9	References	10

1. Definition of Tele-Health

Tele-health refers to the “systematic provision of healthcare services over physically separate environments via information and communications technology” (MOH Telemedicine Guidelines 2015). Hence, Tele-Physiotherapy is a session where the client and Physiotherapist are not co-located, but are simultaneously present during the synchronous audio-visual communication.

The exchange of information for clinical purposes between Physiotherapists and patients/caregivers over the telephone, or via messaging platforms (e.g. SMS, whatsapp), would fall within the scope and definition of tele-health.

There are 4 domains of tele-health as described in the MOH Telemedicine Guidelines, 2015.

Tele-collaboration	<ul style="list-style-type: none"> • Refers to interactions between onsite and remote healthcare professionals for clinical purposes (which can be facility-based or mobile in nature). • The exchanges are between healthcare professionals and may not involve a patient in the same tele-health interaction.
Tele-treatment	<ul style="list-style-type: none"> • Refers to interactions between remote healthcare professionals and patients/caregivers for the purposes of direct clinical care. • The exchanges are between a healthcare professional and patient/caregiver in the same tele-health interaction. <p>E.g. Telephone-based health coaching, video clips of exercise demonstrations, use of ‘apps’ to structure exercise programs and report on progress.</p>
Tele-monitoring	<ul style="list-style-type: none"> • Refers to biomedical and other forms of data collection directly from patients or caregivers by remote systems, which are used by healthcare professionals for clinical purposes e.g. home-based monitoring of vital signs or function. • Although a healthcare professional or organisation is engaged at one end, there is not necessarily a creation of a professional-patient relationship during the process.
Tele-support	<ul style="list-style-type: none"> (i) Use of online services for non-clinical purposes to support the patient and caregiver. (ii) These exchanges include educational or administrative information.

2. Overview

Consultation within Physiotherapy tele-health mode (tele-consultation) is no different from any other physiotherapy consultation. As such, tele-consultation should be conducted in a manner that is similar to a face-to-face consultation. Tele-consultation sessions should be conducted in accordance with current standards of best clinical practice and models of care for face-to-face consultations. It is implicit in these guidelines that all normal standards of Physiotherapy practice will apply to tele-consultations, as they would in face-to-face consultations.

Physiotherapy tele-consultation should aim to achieve: accurate assessment, clarification of diagnosis, and recommendations for treatment and review. The entire process of tele-Physiotherapy consultation needs to be delivered in the best standard of clinical practice.

3. Standards of Care

It is important to ensure that the overall standard of care delivered during tele-health is comparable to any other Physiotherapy service.

As not all conditions can be appropriately managed by telehealth, you may search **PEDRO for evidence guiding tele-health practice within Physiotherapy.**

<https://www.pedro.org.au/english/evidence-to-guide-telehealth-physiotherapy/>

Before deciding to use tele-health, the following factors should be considered (APA telehealth guidelines, 2020).

- (i) Clinical: continuity of care, shared care, best model of care available
- (ii) Practical: availability of appropriate technology and support system at the client's end
- (iii) Quality: quality of the technology at the remote site will play an essential role with regards to the information gained during the tele-consultation
- (iv) Safety: safe provision of the service to the client

Client selection is crucial to tele-health. Prior to getting started, the appropriateness of tele-consultations has to be considered, i.e. can client's needs be fulfilled through the use of tele-health? The client's needs should be considered alongside access to available resources, competency with technology, environment, and other contextual factors. Tele-consultation sessions can be performed only with client's informed consent.

Physiotherapists must abide by AHPC Code of Professional Conduct. It is recommended that all Physiotherapists clarify and ensure that their relevant professional indemnity policies cover tele-health services.

4. Establish Trust and Informed Consent

Clients should be informed of the process of the tele-consultation session, fee structure, expected deliverables and outcomes. Maintaining sound data security and privacy standards are crucial.

Physiotherapists shall adhere to the same strict data security and privacy protocols, as spelled out in the Personal Data Protection Act (PDPA). Physiotherapists shall maintain confidentiality, as they would in non-digital practice when gathering, storing and sharing their data.

In cases where the client does not have the capacity to give consent, consent should be obtained in the same way as in a face-to-face consultation – it may be necessary to arrange for consent to be given by a family member or friend who has the requisite legal authority (e.g. lasting power of attorney).

The session should NOT be recorded without clients' explicit and informed consent. If there are indications to record the session, and the client agrees to the recording, it will help to record the consent as part of the video. Consent should be documented as part of the standard clinical documentation of any Physiotherapy consultations.

5. Client Safety

Ensuring safety during the tele-consult session is paramount. Some of the aspects highlighted here are adapted from the APA telehealth guidelines, 2020.

It is important to consider comfort and safety before the session begins. Conduct a visual inspection to ensure the client's location is free of hazards, ensure a trial of the communication technology before starting the tele-consultation, orientate the client to the activities that can happen during the tele-consultation, and ascertain whether the client will be able to undertake all activities required safely.

The address and telephone number of the patient for consultation should be known so that assistance can be provided in the event of deterioration in the client's condition E.g. calling the ambulance in case of emergency.

Ensuring that assessment is valid and reliable	Physiotherapists need to consider whether a valid and reliable assessment and re-appraisal of client's condition can be undertaken through tele-consultation. It may involve trials of the technology on a friend or family member to familiarise ourselves with the techniques before performing them on a client.
Considering the risk of adverse events or	Physiotherapists should take the position that the client's safety needs are no different to the face-to-face sessions, where the

deterioration in client's condition	<p>Physiotherapist is physically present with the client. We need to evaluate and anticipate the likelihood of an adverse event or deterioration in the client's condition at all times.</p> <p>It is important to consider, prior to the consultation, how these risks can be mitigated. In the event that such mitigation requires a caregiver to be physically present, proper communication should be done as part of tele-consultation preparation and set-up. E.g. a family member or caregiver should be physically present with the client and appropriately positioned and have a secure hold on the client during the tele-consultation.</p>
Other considerations before undertaking tele-health	<p>Physiotherapists need to re-consider the use of tele- consultations when they meet the following situations:</p> <ul style="list-style-type: none"> • When there is a rapid decline in health status • When client's condition is unstable, e.g. recent fall • When client has a risk of falling and cannot be accompanied by a family member/caregiver during the full length of the tele-consultation • When client requires a caregiver/family member, who is unavailable during the full duration of the tele-consultation, or is not confident or able to fully support the client.
Considering the impact of any pre-existing disability	<ul style="list-style-type: none"> • Consider if your client has a vision, speech or hearing impairment. These impairments may impact on how well the client can participate during a tele-consultation. • Steps should be taken to mitigate the risks involved in such situations e.g. ensuring that there is a family member/caregiver who can support the client during the tele-consultation.

At the end of the tele-consultation, it will be useful to perform the following, to ensure that both the client and/or family/caregiver, are aligned with the Physiotherapist with respect to the session:

- (i) A summary of what happened during the session
- (ii) Agree on the next steps/plans with the client, and formalise them in writing (if needed)
- (iii) Ask the client to repeat the plan back, to check client understanding
- (iv) Plan the next appointment and schedule the booking
- (v) Ask the client for any feedback on the session

You may refer to the Stroke Foundation's "Guide to Using Telehealth for Clinicians during COVID-19" for tips regarding setting up a successful tele-consultation session.

<https://informme.org.au/News/2020/03/26/COVID-19-Telehealth-resources>

You may also access Australian Physiotherapy Association free webinars on tele-health:

<https://australian.physio/home/events/telehealth-apa-qa-webinars>

6. Maintaining Proper Documentation

Comprehensive records for each tele-consultation session must be maintained. Assessments, intervention, and evaluation must be documented, and stored with existing electronic health record system or in written form. Strict safe-keeping and confidentiality must be followed.

Suggestions of contents to be included in the documentation records:

- (i) Client's particulars and complaints
- (ii) Date, time, client and therapist location
- (iii) Assessment findings
- (iv) Proposed intervention and treatment delivered
- (v) Evaluation
- (vi) Billing process

7. Supporting Tele-Health Resources

All Physiotherapists are recommended to take the **Ministry of Health course on telemedicine "Teleconsultation: Use, Limitations and Implementation"**. Register for the course using this link <https://form.gov.sg/#!/5e6f50b31db1b700110e887c>.

and refer to the **World Confederation for Physical Therapy (WCPT) website** for more resources <https://www.wcpt.org/news/Novel-Coronavirus-2019-nCoV>

Other resources include:

Telehealth Toolbox: <https://telehealthtoolbox.netlify.com/>

Doxy.me: <https://doxy.me/>

Physitrack: <https://www.physitrack.com/>

8. Summary

This guideline has been written by the Singapore Physiotherapy Association to facilitate the delivery of Physiotherapy through tele-health. It seeks to advocate for standards and quality of care for our patients and clients.

9. References

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