Digital Practice White Paper: Follow Up Survey

World Confederation for Physical Therapy

International Network of Physiotherapy Regulatory Authorities

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The Task Force conducted an online survey of the White Paper to glean perspectives from member(s) of INPTRA and WCPT during the Summer/Fall of 2019. Survey responses from 389 participants were collected. The survey ended on October 31, 2019. The survey results in their entirety are found below.

1. What country do you currently practice in?

Country	Respondents
Did Not Answer	4
Australia	14
Austria	1
Bahrain	1
Belgium	2
Benin	1
Bolivia	4
Brazil	2
Bulgaria	2
Canada	63
Colombia	1
Finland	1
Germany	4
Greece	2
Guyana	1
Haiti	2
Iraq	2
Israel	3
Japan	2
Jordan	1
Lebanon	1
Luxembourg	1
Malaysia	1
Malta	1
Nepal	3
New Zealand	13
Nigeria	19
Pakistan	1
Palestine	1
Peru	3
Philippines	3
Poland	5
Portugal	1
Qatar	2
Republic of Korea	7
South Africa	2

Spain	1
Switzerland	2
Taiwan	3
Tanzania	1
Ukraine	1
United Arab Emirates	7
United Kingdom	139
United States	58
Total Respondents	**389**

2. Have you ever used digital practice?

Yes	176	45.2%
No	193	49.6%
Did Not Answer	20	5.1%

3. (If yes), do you currently treat patients using digital practice?

Yes	92	52.3%
No	62	35.2%
Did Not Answer	22	12.5%

4. (If yes), what percentage of your work is using digital technology?

1% to 20%	40	43.5%
21% to 40%	17	18.5%
41% to 60%	11	12.0%
61% to 80%	5	5.4%
81% to 100%	8	8.7%
Did Not Answer	11	12.0%

5. Please briefly describe how you have used digital technology and if you have used it in any innovative ways.

Did Not Answer Country
- meetings

Australia
- To review existing patients who have previously had hands on treatment but live remotely.
- YouTube channel and Facebook groups to share physiotherapy exercise programs to help and support people as they age to remain fit and active despite chronic conditions, pain, chronic injury. Starting online consultations.
- Online consultations when people are remote or cannot access physio in other ways
- Used it to treat family members overseas
- 1) Fill out validated tests and questions before consultation2)Prescription of curated YouTube exercises 3) Provision of health information4) Post consultation follow up via email

- For specialist support. Saves the patient travelling to the tertiary hospital 2.5 hours' drive away

Bahrain
- Social media accounts were used to spread some useful tips and information for patients and to the public. In addition, a digital exercise software was also used to prescribe exercises to the patients.

Canada
- Meetings etc.
- Applying the broad definition of digital practice as provided in the white paper I engage in digital practice daily, using internet based platforms, email and telecommunications technology to educate members of the profession regarding regulatory and practice issues and supporting quality practice. I do not directly treat patients using these technologies.
- electronic medical records used
- Educational kits on website, email follow-up, electronic chart with secure patient access.
- Teleconference
- supported physiatrist remote assessment to reduce wait times for admission to rehab
- Social media account to promote and contact clients Email Home exercise program and invoices Charting using an online platform with records being kept digitally in a server
- Rand 36 Cognitive Assessment
- Documentation and educational presentations.
- It was used to have a PT from a central Rehab facility to a follow-up assessment/evaluation of a service user three hours away to avoid travel by ambulance to the facility.
- Digital practice for preop assessment and teaching session for hip replacements to reduce the amount of travelling to and from the hospital.
- Electronic patient record for charting. Virtual reality for balance exercises.
- Electronic charting of assessment and treatment interventions, discharge notes. Access to x-rays, MRI etc. through NEODIN, PACs system. Involved in telehealth consultations.
- Charting Scheduling patients- online booking Sharing education- YouTube, websites Sharing research- Twitter Connecting with other physiotherapists- twitter
- Social media communications, instant messaging platforms (WhatsApp, Instagram, SMS), email, blog posts and direct video conference (WebEx, skype, facetime)
- Telephone initial contact to complete subjective information gathering and to determine patient goals. This way I am better prepared for face to face visit completed in the patient's home.
- Ex's program taught online; pictures taken to have an opinion; questions asked as a follow-up; subjective follow-up; objective follow-up.
- Videoconference to deliver a self-management and exercise group telephone clients use personal computer videoconference to monitor an exercise class and support local instructors
- Exercise programs e-mail advice Skype/Facetime to review exercises
- I have used it with telerehabilitation
- Used briefly for exercise progression after seeing the client in person for a number of visits first.

Colombia
- I currently use a digital connection to attend the patients in a formal physical therapy session and I use video recording of the prescribed physical exercise to send the patients as a guided for their practice at home.

Finland
- my patients visit me for the first time at my practice

Greece
- PSYCHOLOGICAL EVALUATION

Haiti
- Depending on the patient, using WhatsApp and sending videos and pictures to share information or specific instructions for exercises. We are also using Physitrack as a pilot project to facilitate access to rehabilitation for people living too far from rehab facilities.
- WhatsApp to send and receive pictures or videos and give instructions. - Physitrack as an application within a pilot project to make rehab more accessible for vulnerable people in a low-resource setting

Israel
- we in Meuhedet HMO started on 2017 to implant home exercise on a digital platform for out clinic patients first pilot and after a research We are using Video Therapy (new name wisecare) for this purpose We took only knee and shoulder 120 patient that were first treated in the clinic and got their home exercise on the virtual platform. We still need to finish collecting. patient were randomly divided in three groups : No intervention , clinic exercise and home exe All got regular PT treatment in the clinic We found that the patient that started exercising at home â€" only 80% were doing the propose program But they had a compliance of 90 % .This are not the official conclusion of our research. It conclude patient from pilot and extra out from the research It seems to be a good driver to help patient that want to be active and exercise

Japan
- As long as we know, some physical therapists practices their own business though internet with SNS, message phone calling. This would be something like consulting, advice about suitable exercise, tailored therapeutic intervention.

Malta
- Malta has a long history of providing publicly funded health care. The first hospital recorded in the country was already functioning by 1372. Today, Malta has both a public healthcare system, known as the government healthcare service, where healthcare is free at the point of delivery, and a private healthcare system. Malta has a strong general practitioner-delivered primary care base and the public hospitals provide secondary and tertiary care.

Nepal
- I have used digital technology including telephones, Skype, and other social media apps such as Viber and WhatsApp for the treatment of patients who are remotely located. I do this to provide treatment for the patients located in Nepal when I am abroad, or to treat patients in rural Nepal when I am located elsewhere within Nepal.

New Zealand
- Making exercise programs, writing notes, referrals, showing diagrams/pictures to clients, video analysis, timers, metronome for step test
- Web based video assessment appointments, follow ups and have started offering webinars of live education classes
- Remote consultations Initial screen consultations Access/home assessments post op orthopaedic assessment Joint assessments/ review with carers, family, external providers, assistants
- Inpatient notes are written using an application developed within our hospital

- Online learning platform for myself. Belonging to a closed Group - clinical analysis, shared learning of clinical work

Nigeria

- I have developed and implemented a mobile applications as a self-care platform in low-back pain rehabilitation. I have developed and used a virtual reality game for low-back pain rehabilitation. I have developed and tested the feasibility of an animated cartoon-based mobile app for low-back pain. I have implemented the use of WhatsApp messaging for weight control and physical activity improvement in young adults.
- I clerk on phone or WhatsApp, examine by video and prescribe treatment
- I had to manage a patient with rotator cuff syndrome who found it difficult understanding her home exercise program and so we resolved that I'd put a video call across to the caregiver to demonstrate each home exercise program in order to ensure compliance.
- Nigeria has low physiotherapist population ratio and management of patient in their home/community is a common practice. we often assess and prescribe rehabilitation procedure via telephone (telerehabilitation), video call(majorly WhatsApp video call) for assessment, picture exchange via chat messengers for assessment etc.
- I am a physiotherapist specialized in movement disorders like Parkinson's disease. I have used mobile phone apps for exercise with exercise demonstrations for my patients. These group of patients and relatives were taught how to use the app at home. Follow-up mobile phone calls are made at intervals to ensure compliance with exercise program. Exercise charts were also sent to their phones through WhatsApp. We meet once in a month physically in support group meeting and everyone shares their experience. The use of digital has greatly influenced clinical outcomes in my practice
- I used it for my PH.D thesis. I compared the efficacy of using six minute walk as intervention for pregnant women both at the clinic and home based.
- through telephone

Peru

- We use telecapacitation in a standard way. In Peru, we are work in strategies to develop a electronic history clinical to the physioterapy. Actually, we are two physiotherapist that have us the master in Biomedical Informatic in Global Health to research about Digital Health
- Formal training through courses using an app and self-taught through virtual platforms. Use of cellular apps to locate and register patients in their homes. Use for digital clinical history taking in the clinic. I record specific therapy sessions for each patient in a phone so that the patient's family or main caregiver can run through it daily according to what is indicated. I've been thinking of creating a platform l so that patients with specific and similar pathologies can perform therapeutic exercises watching the platform at a time that is best for their schedules.

Philippines

- I utilize current digital technology (via email and messaging apps that allow video conferencing, video sharing, and photo sharing) as an alternative way of communicating with my clients after providing, at least one, in-person care. Primarily, I direct them to other available reliable resources online regarding their condition after the initial consultation. There have also been instances when a few of my patients would send me pictures or videos of their status when they are in travel or when they could not make it to our scheduled in-person care session.

Poland

- Kinect for stroke patients.
- Using znajdzfizjoterapeute.pl

- A platform for the appointments scheduled.
- It was telerehabilitation with patients from the cardiology department. Patient discharged underwent 2 weeks of nordic walking training in the telerehabilitation system. Every day before a walk patient has been checking the cardiologic parameters and report it back via the PC program to PT, who decided whether to start or not the training. Every 30min of walking the reports were read out and send back via PC system to the rehabilitation ward- to control it.

Republic of Korea
- I did research to develop VR program for upper limb rehabilitation. I also conducted VR R & D for stroke patients with visual perception limitations.
- Smart 1RM(Repetition Maximum) system de
- I developed smart 1RM(Repetition Maximum)system – 1RM test & Resistance exercise Resistance exercise (pulley, dumbbell , 6I developed digital pulley) I used smart Balance test (static & dynamic) & exercise program used test(digital test : grasp power)&evaluation
- I developed smart 1RM (Repetition Maximum) system – 1RM test & Resistance exercise resistance exercise (pulley, barbell, dumbbell ,fitness machine, cuff, Thera band). I developed digital pulley. I developed mini action coding robot 'Health-bot' I used smart Balance test (static & dynamic) & exercise program. I used test (digital test: grasp power) & evaluation. I participated smart healthcare forum in Korea

Switzerland
- I worked at the Guttmann Institute in Spain where we were developing a telerehab system for patients with cognitive disorders as part of the multidisciplinary neurorehab program. They were coming every two weeks for a visit and then performing the exercises with the support of the software. At the moment, I work at Hocoma, and we are developing a software platform to connect the entire continuum of rehab (from acute inpatient to home) and support clinical decision making

Tanzania
- For follow up sessions for patients who travel a lot and require follow ups when away from their base

Ukraine
- We use solution based on trackers to control rehab process of patient and get data about progress. We also use digitized examination tests

United Arab Emirates
- exercise explanation, biofeedback, biomechanical tests
- I use digital only for the up gradations of knowledge and make my self updated with the current education programs.

United Kingdom
- Local website giving condition specific management advice to assist APP and GPs with management of patients. In addition, the website has been tested with Flo tech to improve reach and dissemination.
- My work is exclusively phone triage.
- I use a paperless documentation system on Trac care called quick books. This can then either be loaded to Sci store and or GP and or directly to the patients EPR.
- Patient triageApp for self care
- Near me/Attend anywhere - set up for the service

- While working as an Amputee Specialist in Western Australia we (the MDT) utilized telemedicine links to support patients and colleagues in remote locations through a monthly MDT. In my current role in Scotland we have plans to utilize digital technology to facilitate improved continuity of care for patients in the community through a therapy senior team board round on a weekly basis to discuss patients moving from our Hospital at Home service (max Length of stay 10 days) through to community rehabilitation services.
- Use of Attend Anywhere (Near me) with patients and families to support the discharge of patients from a neurorehabilitation unit to community therapy teams across the region. Very positive feedback from staff, patients and families on the positive experience of supporting their ongoing rehabilitation journey and communication of therapy goals
- On line HEP for the majority of patients. Use of video conferencing and 'attend anywhere' for patient consultations and meetings. Use of email to correspond with patients and wider team. Use of trakcare (online patient notes) to gather patient information.
- We are paper light and document all notes and record statistics digitally. We use digital practice for making referrals to other services through trak and also email referrals. All medical staff and AHP notes are documented on trak including patient results of investigations.
- Use it to provide exercise videos, home exercise programme, recommend good applications for brain injury/cognitive assessments. Currently developing a resource/website for self management of neuro conditions.
- Ipad assessment and live link up to client in hospital /therapist in community for assessment and discharge planning plus education of therapy staff.
- We have tried to use digital technology so as to support clinical services- specifically videoing exercises and patient specific exercises and clinical interventions that need to take place at home i.e. CPAP. We worked with several 3rd sector organizations, collaborating on their digital projects, however this has all been stopped because of NHS Governance who ought to have a pro-active and positive approach to digital practice but prefer to simply say no and not evaluate the consequences of their actions.
- We have board web page for MSK services, signposting patients to advice and exercise videos Use VC for remote consultations occasionally Have trialed Florence to support and advise patients before being seen in service (pilot only insufficient funding to sustain)FB page for MSK services to reach out information self management advice to potential service users
- Writing patient notes, developing exercise programmes to print and provide for patients
- Use of apps/websites to direct patients to. Online use of physio exercise programmes
- Attend Anywhere for physio/orthotic appointments
- Online record keeping and discharge information to other health professionals. Local health board information governance limits what we can use to provide patients with online information which is very frustrating. Better governance would allow us to share more information with patient enhancing compliance and understanding, reducing the need for direct contact and access.
- provide information via web links encourage use of apps on phone feedback from staff on questions using their smart phone
- We use TrakCare to receive and vet referrals, our waiting list is managed here also along with all appointments. We complete electronic discharge letters on TrakCare and also use TrakCare to record patient reported outcome measures - the results of which are pulled through and viewed on a microstrategy dashboard. We use PhysioTools to compile exercise programmes which can be sent to patients on an App or e-mail. We are currently building an EPR form on

clinical portal and hope to pilot recording our patient notes electronically by the end of this year.

- We use TrakCare - all referrals are electronically viewed and vetted, our waiting list is managed here as are all our appointments. We also record patient recorded outcomes on TrakCare which are then pulled onto a microstrategy dashboard to be viewed in real time. All our service stats are viewed on our dashboard also. We use PhysioTools to provide exercise programmes - these can be sent to the patient electronically via the App or email. We use clinical knowledge publisher to allow staff quick and easy access to up to date clinical and service information. We are currently building EPR on Clinical Portal and hope to be piloting electronical patient records by the end of this year. We are looking to see if Attend Anywhere can be used by our service to hold remote consultations (e.g., follow ups), and also use this system to improve staff meeting options and reduce travel.
- My private practice role is paperless so all notes/diary etc. are online. Digital booking system is utilized for my NHS role in addition to digital access to patient notes. Exercise prescription via a digital resource.
- Linking of all operation notes and availability on multiple sites
- I use online exercise prescription apps and online patient records in private clinical practice.
- Used digital technology in private practice as required by certain insurance companies for their reports.
- I used to work for NHS 24 so I triaged people on the phone and directed them to different websites for help and self treatment.
- Our notes are kept on an online system, we are also able to record and take statistics of number of patients seen and duration. It is helpful as we are able to see past notes easily and don't have the issue of trying to read another's handwriting. We still do not complete referrals online.
- Used a platform called Attend Anywhere which uses a webcam for you to do a consultation with a patient virtually. Trialed it for return appointments only, not used for new patients into the service. Patient gets given an appointment date/time and they dial in via the Attend Anywhere platform. I then pick the call up from the digital waiting area and the consultation occurs like using Skype or Facetime.
- TRAK system Exercise information – Physiotools Webtools and apps e.g. NHS Inform, NHS 24 MSK app, Video-conferencing (local and external)WebEx within national and international meetings Web-based algorithm of personalized advice
- MDT clinics via VCSMS appointment reminders CPD sessions and meetings via VCDigital patient satisfaction surveys
- Assessments via video conference systems
- Electronic notes and data collection Provision of Physio tools exercises via email and handouts.
- Physiotherapists within my area of the country have access to Attend Anywhere. We have physiotherapists within Learning Disabilities teams registered with the system but have not to date used it in clinical practice. This has been in place for approx. 9 months now.
- Remote video consultations. Developed patient information videos
- Initial contact with families after child has had ABI - regional role Follow up with families thereafter Occasional use of Skype to call into meetings further away/travel or weather problems not permitting in person visit
- for meetings - use of VC using app. Currently looking at use of Attend Anywhere for use with a teenager to aid their rehab

- Attend anywhere for individual contacts Online toolkit with resources to assist with self-management Public facing Facebook page to assist with self-management
- Remote/rural rehab classes - linking groups to reduce travel (Staff and Patients), supervision of HCSW team. Phone call assessments and reviews.
- data collection, education, consultations, treatment
- Record keeping Use of therapy Apps / online exercise resources / videos Professional development via WebEx seminars Video conferencing for staff meetings
- Remote access information sharing (as per your definition of 'digital practice').
- Currently working on a pilot project to see the possibility of using Video Conference call (Attend Anywhere)to facilitate 'return visits' for community service users.
- everything is on portal and very beneficial.... however it can be frustrating at times when its slow and under maintenance

United States
- I have used it to deliver a school based physical therapy for children who received school online. I also have used it to provide early intervention physical therapy services. My current employer is a home health company and since the Medicaid rules do not allow for homecare companies to receive reimbursement via Tele health I can no longer practice this way.
- I performed and oversaw office ergo evals using store and forward with telephonic support as well as live video support. I worked to develop virtual physical therapy visits using live video, but at the time I left that organization they had not yet launched with actual patients.
- We are in pilot projects related to Remote Patient Monitoring...to slow physical decline AND prevent falls
- I have treated test patients via the Phzio platform but didn't think it was ready for clinical practice. I perform remote ergonomic evaluations via the telephone.
- Used in service learning with students
- Telephone and video visits as first point of entry into PT practices embedded in large health care system. I work in a system that completes 14,000 PT telehealth visits a year across a large geographic area.
- Test
- Digital practice
- Triaging clients after consultation to the appropriate individuals. Exercise prescription Education to patients, families and care givers Workshops and group based learning.
- I used FaceTime to help a patient with assessment and review of patellofemoral taping and their home exercise program.
- Billing, MD referral updates, updated to MD, patient Medical records, advertising my practice (social media) video information in waiting room about what my practice offers and community information for patients
- Used for teleconsultations and tele mentoring with other therapists
- I have a digital practice which I use as a way to keep up patient contact as primarily an academician
- Mainly educating patients with home program using smartphone technology. Also guiding some patients when they have questions and responding using smartphone or sometimes emails.
- We have provided telehealth in our home Health setting for monitoring various patients remotely for different scenarios- Orthopedic and cardiac diagnosis patients both for nursing and PT education and follow through with home programs initially set up by nurses and physical therapist onsite.

- Generally email and text phone, also apps on the phone to illustrate the body issue to the client.
- 1. Electronic medical record - HomeCare HomeBase2. We have access to MedBridge and will often send patients links to their individualized home exercise programs3. Our company also utilizes equipment to gather vitals via telemedicine technology

6. Other than access to care issues, what do you consider the greatest benefit of digital practice?

Australia
- Convenience
- Sharing professional knowledge and support via service user preferred platforms - many people are now seeking information online for instance in Facebook groups and YouTube. People are more empowered than ever to seek information regarding their health and are less likely to automatically trust health professional's advice. It is vital to be in the online spaces our service users are using to build relationships, educate, and provide evidence based support and service. Service users will be seeking advice via these platforms whether or not we as health professionals are there, so it is our responsibility to be working in the digital environment if we want the best for our potential service users.
- Convenience, lack of reliance on manual therapy, patient empowerment
- Flexibility
- Freedom of location for therapist
- Care from your own home. Good to monitor patient's conditions. Gain access to good quality care or specialist care or consultations.
- it is excellent option to provide health care for anyone regardless of distance or remote locations ?
- 1) Time saving for patient and physical therapist 2) Lower infrastructure costs for PT 3) Ongoing reinforcement via pre-recorded videos 4) 7 day access by patients
- Access to assessment, diagnosis & intervention by an appropriately qualified physio for people who would otherwise not be able to have access to such a service.
- Access to care IS the greatest benefit
- Access for rural and remote areas

Austria
- It's a great add on to face to face PT Services and also a good Motivation for continuing with the exercises at home.

Bahrain
- Saves the time of the therapist and patient. Dramatically reduces the costs of establishing clinics (physically). Takes advantage of and utilizes the great potentials of the recent advances in smartphones and operating systems. The patient's information can be securely stored with minimal usage of space.

Benin
- access to medical data on the patient regardless of where you are-good data archiving

Bolivia

- Decrease the patient's rate of drop out - make a more efficient use of the limited physiotherapy resources in low income countries - use exercises data base with proposed treatment plans that are based on evidence (which leads to some changes of practice)

Brazil

- Quick access to doctor evaluation.

Canada

- Based on research that I have seen, there is some suggestion that through digital practice the use of low-value passive interventions is avoided facilitating more active patient participation, active approaches to treatment, and a focus on patient self-management - all of which are more closely associated with positive patient outcomes than passive interventions.
- notes not hand written
- Flexibility and time/cost savings for all if patient does not need to come on-site.
- Limits travel needs. Cost
- Efficient documentation Online booking and reminders
- I don't know anything about digital practice. If it refers to electronic patient records, we are not using it; I am still keeping patient's records by hand writing. Our billing and appointments system is electronic.
- increased monitoring ability to allow modification to adjust intervention PRN or inform urgency of assessment need in a timely fashion
- information is provided quickly and with less middle-men
- Tele Rehab
- The visual and auditory components and if used properly it can actually provide enhanced privacy protection.
- Widespread accessibility.
- Used telemedicine for educational purposes only - with the advantage of cutting down on transportation need - getting more accessible
- Saving travel times for both service providers and service users
- Saves time enhances education
- Decrease costs and discomfort associated with travel
- Information
- Reduce visits if only teaching is to be completed
- Easily accessible, permanent, cheaper than housing paper copies of charts for 8 years (storage fees)
- Get knowledge and expert opinions from other professionals
- Real time observation & potential to assess person-environment fit via video link.
- Improved accessibility and convenience
- Electronic patient record is very time consuming with too much repetition and scrolling through irrelevant screens. Patient not challenged enough when using Virtual Reality. Unable to stand close enough to patient for safety without getting an error message on the screen.
- Effective, efficient communication.
- Education Connecting with other physiotherapists on a national or international level that I otherwise would not of had the chance to
- Better communication across disciplines and across practice sites.
- Accessibility, no physical barriers, time-saving
- I am not sure what it is

- Better preparation and more time for goal setting of the patient. Good way to ensure the patient is familiar with services available and proper consent is obtained.
- Potentially greater compliance in patients with mental health issues
- Promote our profession; support peers/mentor in providing the best evidence-based practice
- Digital referrals and documentations within Hospital & LTC & retirement home setup is working
- Increases flexibility to schedule therapy; Time saving to service users and providers.
- Greater access to clinicians for people in remote areas.
- An emphasis on active recovery. Exercise prescription is at the heart of digital practice, which from my point of view can reduce reliance on passive treatment approaches (e.g. massage techniques).
- Better follow-up; closer interaction; easier communication.
- time saving
- Saves time for patient (sorry - service user)
- It seem it would have a role in remote communities and for those without direct physical access to care. In a profession that uses its hand and eyes to assess it is not possible to achieve the same level of care as in person. To widely use this technology in place of a hands on assessment is accepting inferior care for the purpose of convenience.
- Increase access, especially in rural area or even for people who live in the city but have difficulties in mobility/transportation.
- Economic
- Meeting a need for how service users want or prefer to receive physical therapy services.
- n/a
- could be used to provide ongoing treatment for some conditions

Colombia
- It facilitates patient access and avoids useless expenses in time and transportation.

Germany
- No travel time for patient and therapist, possible without car or similar
- No travel time for patient or therapist, no car needed, no problem with longer distances

Greece
- Greece has more than 277 islands. 200 small islands don't have any physiotherapy care coverage. The aim of this proposal is the reduction of inequalities in health status and the principle of equal access to health care based on need. We should deliver rehabilitation services over telecommunication networks and the internet. Tele physiotherapy can deliver therapy to people who cannot travel because the patient disability or because of travel time. Physiotherapists will engage clinical consultation at a distance. The visual nature of rehabilitation limits the types of rehabilitation services that can be provided. It is most widely used for neuro-rehabilitation for children's and elderly. The program should support research and the development of tele-rehabilitation application motion technology, mobile app and physiotherapists education. How could policy makers help to scale-up your idea across Europe? (optional) Physiotherapist will work in this program and many ict programmers will have to create new applications Do you have examples where your idea is already used or how it could be used in practice? Please also share links to further information if possible. (optional) Since 2009 Greeks have been experiencing pension and salary reductions, unemployment and profound cuts to public budgets. Health and welfare sectors were subject to severe austerity measures, which have endangered provision of as well as access to

services, potentially widening health inequality gap. What are the current barriers in implementing your idea? (optional) Telerehabilitation and Physiotherapy https://www.physiotherapy.asn.au/DocumentsFolder/Advocacy_Position_Telerehabilitation_2009.pdfHow can your idea create new jobs and businesses? (optional)Policy makers have to create a network that will share ideas, investigations and best practices

Haiti
- It can be done at anytime and anywhere. You're patient can contact you in case of problems at any time.
- Depending on the type of pathology and age of patient, it can be a good supplement to the actual one on one therapy. It can help reduce therapy sessions towards the end of someone's problem.

Iraq
- A digital Patrice make work easier and faster, can be easy for survey

Israel
- Creates an additional venue for patient care, continuation of care and follow-up. Provides accessible means for care and follow-up, as well as communication, especially for patients home-bound or living in remote areas.
- Adherence in exercise program direct connection to the PT on email or SMS a good driver for the patient to treat in PT without the need to come to the clinic
- Can increase adherence to exercise. Can share progress with clinician

Japan

- Sharing of experience cleverness.

Jordan
- presence of PT for questions even when not in the service

Lebanon
- No problem for accessible transportation to receive physio

Malta
- Information (efficacy) and performance measurement services

Nepal
- Service follow up, Follow up of Surgery especially of children, guidance for the referrals to other professionals, capacity building of health and community workers, prevention and palliative care, periodic monitoring of secondary complications,
- It is of great benefit to provide care to patients who do not need direct contact with a physiotherapist. This will save time and money to travel to receive treatment. Also, we can bring in international experts for the patients care a (less resourceful) country/ place.

New Zealand
- Affordability in developed countries
- Easy to add/delete parts of your notes as your go, looks neat, easy to follow, saves time
- Time and cost saving for patients. Reduced use of clinical space.
- For physical therapists to be able to reach / access service users who wouldn't otherwise be able to receive physical therapy as they live in rural or remote areas and travel to physical therapy is prohibitive
- Reduced travel for patients
- Efficiency User friendly
- can read it easier to find information

- decreases constraints on family, providing timely care to patient in remote areas, ability to use teaching tools interactively,
- It is flexible and in this busy day and age people need that flexibility. It enables global access to specialty care to people in remote areas or when wanting to access very specific specialty skills.
- Potential for real time connections A way to track adherence to programmes/ exercises and be able to problem solve, moderate, adapt exercises programmes in a timely way without having to wait and schedule an appointment A tech tool to assist with motivation and accountability for the patient A way to share knowledge , advice, training, with a wider group of people, reduce travel/ environmental issues and cost of running training courses if able to access training and consultations online
- Greater service efficiency Greater outcomes for rural patients (opportunity to see more often) Possibly more patients seeking assistance Possibility of more collaborative practice if all operating from base (interprofessional)
- Gives the patient a chance to complete exercises in their own time and helps for maintaining fitness and reduces hospital related immobility. Also can see benefit for patients who live remotely with chronic conditions.

Nigeria
- Digital practice empowers patients to take care of their own health.
- It would help to compare treatment interventions within the shortest possible time.
- Quick access to Therapy by patients and getting to meet demands from patients/client. Also, access to info about issues relating to patients
- It's ability to break social and economic and practice barriers
- Standard operating procedure can be monitored.
- Saves time and is gives job satisfaction because of the borderless practice
- Documentation
- Opportunity to reach out to many people without necessarily going through physical stress
- The benefits have been well treated, though digital practice is not employed yet in my country.
- Improved compliance with home exercise programmes
- Its removes barrier to navigation for people with disabilities living in an unorganized society that has little of no transport system that fit people living with disability.
- Prompt treatment
- Affordability, easy to use.
- Promptness, accessibility, proximity
- Monitoring of client home exercise programme
- Global awareness of the profession
- it saves time by limiting time spent in the hospital, it also coat effective

Pakistan
- Easy to get access to the therapist and more precise evaluation.

Palestine
- access to remote area even when blockades are in place

Peru
- Cost reduction and better health coverage.
- So that everything can be documented and the information can be available for research. Everyone can be better informed about the treatment they receive

Philippines
- I believe that it provides more opportunities to improve the effectiveness and efficiency of healthcare services.

Poland
- Collecting data on functioning
- Feasible
- more patients could be included to the physiotherapy
- Working with the scoliotic patients- (long term treatment patients) it allowed me to contact with them more often via Skype to control their exercises and to dispel patient's doubts. I could also control their work and motivate patient to work out with the specific therapy at home and put the reports into the documentation

Portugal
- It's an easy way to be followed by a health professional and the possibility to monitoring a treatment plan and to easy contact the professional when there are doubts.

Qatar
- Time saving. Easy to access.
- Time saving and perhaps convenient in certain circumstances but losing the human contact (touch) which is essential in physiotherapy practice.

Republic of Korea
- I think that digital practice can extend to approach care from clinic and maintain to improve to patient's health.
- Digital practice can make treatment fun and provide a variety of treatment environments.
- I think digital technology & practice is easy and convenient. Objectivity, accuracy, big-data. It's necessary prepare 4th Industrial Revolution. It's necessary digital telemedicine

South Africa
- Reach more people

Switzerland
- I believe it will support patient outcomes (by being able to mine aggregated and anonymized patient data) and provide clinical decision support and real world evidence. It will also support the increase of intensity, especially in neurological patients since it will provide the chance to move towards more efficient settings, where 1PT can treat 1-4 patients simultaneously and therefore, leave some staff allocated for the 1:1 focused sessions. It will allow to do better health economic studies since both outcomes, interventions and costs can be better monitored. With them, we can aim to improve how the reimbursement systems work

Taiwan
- save time and efficiency
- It would not limit the location for care.

Tanzania
- Convenience of care to service user, cost effectiveness and flexibility in access to care

Ukraine
- Increasing the quantity of clients

United Arab Emirates
- ease to use better clarity
- education, biofeedback
- Cost effectiveness, ease/comfort for the user/patient/client, reaching out to a bigger base of clients all over the world (if regulated properly)

- Knowledge upgrading
- Better adherence to plans of care (and ultimately better outcomes).

United Kingdom

- digital - the right health messages can be shared by the clock of a button
- cost saving of non-attendance at appointment
- Done well, the greatest benefit is improved patient care- they get much better access to appropriate care much quicker.
- This was a pre requisite of moving to the new hospital and I have to say that I prefer it. We had to incorporate documentation time into the patient's new and repeat treatment sessions as we have to document while assessing and before and after treatment so I find it much more efficient and tidy. I wish it had spell check but it's certainly easy to keep notes tidy and secure. If the system goes down or is slow it's a bit of a concern. The other drawback is that there if no direct facility for diagrams and that would have to be loaded separately onto ephemeral paper and scanned.
- Enables physiotherapist to better provide supported self-management from service user rather than focus on passive treatment.
- time saving reduced need for storage easy access for all
- Spread Economies of scale Patient choice
- flexibility of appointments offered and location for patients and staff
- Greater flexibility for both patients and staff. Improved efficiency of service delivery, better time management
- Please define digital practice. This can mean many things. Importance of connecting services, communication, and developing innovative ways of working
- Liaising with patients and wider team in a remote and rural health area.
- Increased capacity, less travel time for people and staff, increased use of everyday technology
- All the information in one place including previous episodes of care. Saves time trying to find out this information using a paper trail.
- availability of knowledge and education to promote ownership of rehabilitation
- It is what this generation expects and interacts with, and saves paper. Able to streamline advice and share information. Can get instant information/education
- Not sure
- Attend anywhere
- Reviewing rural patients more easily. Time. Reduced travelling time and cost. Possibly more compliance from the patient if they know that you are logging on to their exercise programme.
- convenience to patients
- unsure as haven't used
- Environmentally friendly and time efficient
- More efficient service delivery- being able to reduce waiting times.
- Unsure
- Restricted access to computers/online resources at work place
- Saves the patient having to travel to appointments.
- Standardised practice and more options for patients
- The vast amount of information at our finger tips convenience Cutting down waiting lists by doing video consultancy
- All medical notes together so communication doesn't get lost

- Quick and easy access to all information about our patients making it quicker and easier to make decisions
- Quick and easy access to all relevant information about our patients making our treatments more timely / correct increasing safety. Waiting list & appointments electronically result in audit trails so we know who is doing what and patients not getting 'lost'
- More efficient use of time for both patient and therapist.
- YOU CAN REACH/HAVE CONTACT WITH PEOPLE MORE, WITHOUT BRINGING THEM TO YOU.
- Improved patient care as a result of better access to information. Improved efficiency of service via digital means of booking appt's
- Ease of access, especially in remote areas. Monitoring chronic conditions, support effective triage
- Ability to read what is written
- ease of access to all information at once, ease of access to exercise prescription tools
- access to files
- Don't know anything about it so unable to comment
- Less notes to write up and end of clinic, topping and tailing them with patient ID.
- Able to reach out to isolated communities.
- Standardised notes, allows other professional to see what we are doing. Environmentally good also
- In physiotherapy, it is useful for patients to be able to view a video of exercises to check their technique. With digital practice they have repeat access to this during their period of treatment.
- Saves time for the clinician and the service users. Prevents service users having to travel so far for appointments.
- Improved communication
- rapid information (including storage/ access)broad sharing beyond traditional boundaries visual information (including translation access)
- The ability to use an already over-stretched workforce more effectively to the benefit of patients e.g. reduced waiting times, encourage patient activation/ ownership of their own health issues, streamline processes/patient pathways, reduce variation, collect data
- Overcoming geographical barriers and providing treatment to patients in remote areas. It also challenges the clinician and leads to more evidence based practice.
- Allow access to qualified physiotherapists for more remote and rural patients
- Connection and easy sharing of information.
- Data for comparison. Uniformity. cost benefits to NHS
- I think digital practice would be beneficial in providing a lot of information around public health messages as well as specific treatment interventions around exercise programmes/classes, and teaching self-management techniques. As well as this there are aspects of using digital technology to monitor specific parameters of patients remotely, e.g. BP, BM reading, physical activity levels etc., to assist in modifying and challenging treatments.
- The ability to loop into other health professionals across the country to get their opinion/advice in dealing with complex issues that patients may have
- use of apps/websites for exercise prescription and information for patients
- easy access with all information quickly accessible in same platform
- Saving time travelling to visit clients, we are a community based service and cover a large geographical area (north east Scotland) - some visits may be an hour each way - and we have

to see clients at specific times in specific venues to maximize our assessment and input so this could improve efficiency.

- Cut down on paper, easier cross group working and efficiency
- IT REDUCES TRAVEL TIME FOR PATIENTS
- Shorter and more focused consultations, increase in clinic capacity. Patients benefits less travel and waiting
- For patients that are unable or struggle to access in patient services it would allow them the opportunity to engage in therapy from their own home
- Time and cost saving by reducing travel Carbon footprint
- Regional cover - more efficient use of time Potential wider reach for services Potential for collaboration with other teams further away
- sharing of information Quick access to information easy to read notes/clinical materials
- speed decreased travel both for patient and clinician
- It could help with the under resources staffing by being able to communicate with patients remotely. It could help see patients who would otherwise be unable to get to mainland e.g. Highlands of Scotland.
- Accessibility to notes
- Time saving, easy to share, easy storage solutions. adaptable
- Learning/ CPD- access to resources that can develop practitioner's skills and knowledge. OR service users can learn more about their condition/ management ? in group settings which can provide them with the ability to take more independent ownership of their condition(s).
- Sharing of information with other Health professionals
- patients prefer it and saves time once established
- Challenges us to think in different ways, to be brave about change. Makes us a more modern workforce, with better use of resources
- all info is in one place
- Equality of care
- Open access to patient details which reduces time spent looking for details
- Reducing travel and costs. Increasing flexibility for staff working hours and conditions. Speed of access to physiotherapy services. Standards of practice more consistent.
- patient empowerment
- Live information Fun Accessible
- Cost savings Free up more time with those patients that need more time Public expect digital as they consume in other industries (e.g. banking, retail, entertainment)
- The definition provided in the white paper does not fully cover the scope of all digital practice domains. These go beyond telemedicine, and include mobile heath apps, data analytics via AI, behavior change interventions via VR, educational development via AR, robotics, genomic data analysis, etc. The greatest benefit across these applications of digital medicine are in the personalization of care interventions for the individual patient. This may include AI guided pathways of care, genomic assessment and stratification, VR interventions Bespoke to the person, etc.
- I think digital practice has a place for a certain 'cohort' of patients in certain geographic locations. Challenge is identifying that specific cohort. I can see this as a valuable tool, for a follow-up appointment after the initial face to face appointment, by that way any challenges can be picked up at the face to face appointment. My personal opinion this has be to patient led- not therapist led

- It is the 'way forward' and saves a lot of time. It will allow practitioner to use time wisely for other areas e.g.; research, looking for current evidence based practice.
- being able to reach a wider audience

United States

- Reimbursement
- I think just as with video taken for ergo evals, reviewing store and forward video may allow clinicians to pick up on other clues not seen when live or in person.
- Accessibility for patients in rural, remote communities
- Similar to telehealth access to a physician, digital practice can reduce barriers to accessing health care and provide a way to address patient complaints and issues in a more timely and cost-effective manner.
- cost savings
- Reduction in cost to patient and reduced burden to getting to clinic
- Providing a convenient method for patients to gain easy access to providers. Especially, patients that are home bound. Furthermore, having a 'case physical therapist' for patients across the nation/globe, as a consultant and resource for treating physical therapists to communicate with (i.e. shoulder specialist being a case PT that lives in KY, and is helping another PT in TX that has a complex patient with shoulder pain).
- Balanced with hands on Care, this is an optimal way to help those we have the opportunity to work with.
- Digital practice will support improved efficiency of care (i.e. quick linking of service users to additional information, embedded/quick documentation of findings).
- expanded proficiency of providers
- 1. Saving money and transport time. 2. more options for clients
- Reduces travel needs for service user and service provider. This helps both the service user and service provider, and gives the service greater flexibility and reduce environmental impact.
- None
- All roads should lead to increased quality and access of services.
- Efficiency, convenience for client
- I think it would increase attendance to therapy sessions and encourage patients to do their home exercise program because they would have all the tools required for the therapy session at their house already. Decrease the spread of infections and Dede ASR's by having the patient stay at their own home and equipment is not shared between patients.
- The ability to interact with patients in their home environment and for me to assist them without travel.
- Opportunity to reach more patients/ populations.
- It can potentially provide more services of similar quality to more individuals resulting in more efficacious delivery of physical therapy services.
- the ability to reach more people
- Access to care for rural communities; efficiency; flexibility of scheduling
- Patient care more global and availability of specialty PT that they may not have in their area, or they may not have funds to get to a location for a specialty PT. may improve adherence if PT can monitor a client from their home with HEP or assess if there is a setback. My provide less cost for care. May capture a larger audience of clients for PT care who otherwise may not use services.

- cost effective
- Convenient for patients Efficiency. Cost savings
- Test
- advances of technology and use of data that is incomprehensible for a PT to manage on his/her own
- Increase compliance as patients will have greater access to services from a time perspective and not be locked into traditional clinic hours. Decreased cost for care due to likely faster and easier access to specialists within specific niches. Cost effective for clinics as they can now consult with specialists from other clinics or regions when necessary without having to hire specific individuals.
- Shared patient / therapist responsibility
- Allowing patients to access providers at the time that is best for them. With the rise of tech in all Medicare I see teletherapy as just one part of the connected medical industry that is emerging. One day all disciplines will be connected through tech.
- The ability to work with patients virtually anywhere in the world.
- ease of use, time efficiency, keeps you with the most recent information at your fingertips
- quick knowledge translation, better outcomes, increased opp. to engage patient in their care
- Ease of use for clinician and patient - access is now anyone, anywhere
- convenience for parents unable to attend clinics due to childcare, ease of managing more chronic conditions, quick education for acute injuries like and ankle sprain which would otherwise need an urgent care visit or a delay in treatment.
- Allows for patients to get care despite their busy schedules Gives patients an alternative way to revive care
- Greater interconnectivity between and among providers.
- Potentially as a way to improve patient compliance
- cost and time savings
- Expanding patient compliance/adherence to PT recommendations, through greater ease in service user contact with their service provider
- Availability especially to reach patients in more remote areas. Also just to be able to communicate with patients without face to face meetings.
- Access of care is the most apparent benefit. However we in the Physical Therapy field need to accelerate and enhance knowledge in our profession or we will be behind the curve with the rest of healthcare. (Physicians are using the telehealth tools very effectively for clinical practice already in psychiatry, family practice, radiology etc.)
- cost containment
- Reduced risk and energy consumption of the service recipient and the provider due to traffic transportation and exposure to other health conditions of persons also in the health facility.
- Cannot think of any a the moment
- Expanded access to care and perhaps specialists
- Helps patients who have transportation difficulties getting to actual PT.
- Greatest benefit will be to extend our reach as PT's to rural populations that now struggle for service due to lack of therapists in their area
- It can create efficiencies in delivery of PT services - time and money and create potential access to a set of data from which to determine efficacy of PT services.

7. Can digital practice be performed without physician referral in your country?

Yes	126	33.1%
No	28	7.3%
Not Sure	114	29.9%
Did Not Answer	113	29.7%

Countries of "Yes" Respondents

Australia	Finland	New Zealand	Poland
Bahrain	Haiti	Nigeria	South Africa
Bolivia	Iraq	Pakistan	United Kingdom
Canada	Israel	Palestine	United States
Colombia	Lebanon	Peru	

Countries of "No" Respondents

Did Not Answer	Canada	Nepal	Taiwan
Austria	Germany	Peru	United Arab Emirates
Benin	Japan	Poland	United States
Bulgaria	Jordan	Republic of Korea	

Countries of "Not Sure" Respondents

Brazil	New Zealand	Qatar	Ukraine
Canada	Nigeria	Republic of Korea	United Arab Emirates
Greece	Philippines	Switzerland	United Kingdom
Malta	Poland	Taiwan	United States
Nepal	Portugal	Tanzania	

8. Do you agree with the definition provided of digital practice found in the white paper?

Strongly Agree	70	30.2%
Agree	137	59.1%
Neutral	14	6.0%
Disagree	9	3.9%
Strongly Disagree	2	0.8%
Respondents	232	N/A

9. Do you have any feedback regarding the definition of digital practice? (Filtered "no" comments)

Strongly Disagree/Disagree/Neutral Comments
- I still tend to use the word telehealth
- digital practice facilitates service delivery to patients at comfort in their own home or work

- I would like some clarification that this service is not just written information, or pre-recorded video information. I would like to see some word indicating immediate interaction with a licensed practitioner.
- I have no experience with it
- I strongly dislike the word 'digital'. It implies to strong an emphasis on the medium over the content. It's both impersonal and coldly numeric. I suggest a better term be used.
- The definition of digital practice should have the terms assessment and treatment. The current definition is very vague and does not refer to the physiotherapy practice. The health care services provided by the physiotherapist should be more clear and objective.
- if it is digital PRACTICE it cannot only be information. information are ALWAYS a part of it; but i won't call practice what is only communication
- I believe the definition only covers one part of digital practice, what was called telerehab or telemonitoring. I believe there will be much more (from wearables to monitor outcomes and interventions, to exercise apps to clinical decision support systems) that would also fall under digital practice category.
- it should be more 2 way - not provided
- Unsure why one has practice and one has therapy. Surely the same wording would be better?
- I disagree with the word 'remotely' as we very much use digital practice to enhance our service in a face to face and hands on manner with our patients
- I disagree with the word 'remotely' as we very much use digital practice in our face to face clinics to improve the service we provide.
- If this is to replace the usual face-to -face contact then the definition should reflect what usually happens in a consultation i.e. assessment, diagnosis and treatment.
- No, this is all news to me!
- This definition is ambiguous. A distinction needs made between digital tools to support clinical/professional practice, and digitals tools that are integral to the delivery mode of practice.
- I feel there is a distinction between 'practice' whereby the patient is in direct contact with a physiotherapist and 'information' whereby a patient accesses information from a site or app. The second should not be considered digital 'practice' or should be considered 'signposting' at best if the direction to the information has come from a physiotherapist. Failure to make this distinction may lead to some services claiming to provide physiotherapy 'practice' when they have actually removed services and replaced them with 'information' available for patients online or via some other digital media.
- too telehealth centric - digital healthcare is much more than the connotations provided
- As per previous answer. The definition is too restricted and narrow. 'DIGITAL' Is more than telemedicine.
- I think using the word digital is too broad to use in this context of remote practice. For me, when I think of digital I think of anything related to tech instruments that may be / become available to enhance treatment effectiveness, not just remote physical therapy.
- Telehealth is the accepted term, as is telerehabilitation (and telemedicine) in the literature and current education. The term of digital practice may be evolutionary and may be ahead of generalized use - if this makes sense. Am I showing my US bias, if the term digital practice is more acceptable in other countries, or is a technology jargon term? I would vote to continue to use the term telehealth (with appropriate definitions of what this encompasses) unless compelling reasoning is used.

Country Specific Comments

Australia

- It may need a temporal element to the definition. So does digital practice only occur when the practitioner and patient are in verbal conversation or does it also occur when digital resources are provided and are consumed at a later time by the patient?
- I like digital practice but still use the word telehealth
- I still tend to use the word telehealth
- I think that digital resources (e.g. YouTube clips and online information) can be provided remotely, but also complement traditional consultations. Free YouTube clips are often excellent and can form the basis of a traditional consultation.
- I'm not sure that 'digital' is the correct word to use, nor the one that is intuitively understood to be what the definition says it means. I also don't agree with the term 'digital therapy' as the scope of physiotherapy is much broader than 'therapy'.

Canada

- I agree with the definition, but would like to reinforce how important it is for the profession to adopt and adhere to consistent terminology. There are many terms currently in use that refer to different aspects of digital practice, or used interchangeably with the term digital practice as defined above. It is essential to use consistent language to enable adoption, education, inter-professional practice and inter-jurisdictional collaboration in this aspect of practice.
- Pretty much all-encompassing.
- Face to face is nearly always preferable.
- Please use terminology definitions that are standardized among professions. I believe nursing in Canada uses digital health in nursing practice. If Digital Practice is agreed to be the new named
- digital practice facilitates service delivery to patients at comfort in their own home or work
- It is important to recognize that it is distinctly different than one on one interaction.
- I would like some clarification that this service is not just written information, or pre-recorded video information. I would like to see some word indicating immediate interaction with a licensed practitioner.
- I like it
- Company uses DP
- I have no experience with it
- No feedback. Definition appears appropriate
- differentiating treatment & documentations in detail in definition, may explain better
- I strongly dislike the word 'digital'. It implies to strong an emphasis on the medium over the content. It's both impersonal and coldly numeric. I suggest a better term be used.
- The definition of digital practice should have the terms assessment and treatment. The current definition is very vague and does not refer to the physiotherapy practice. The health care services provided by the physiotherapist should be more clear and objective.

Iraq

- It's a good definition of digital practice, but in reality will be more practice in western country than low economy country

Malta

- Investment is required -

Nepal

- I think the definition includes all the aspects such as health care services include all types of direct physical therapy services, support includes any referrals or capacity building of other health workers and information for all types of information to be disseminated to the clients and care givers.

New Zealand
- Using 'Digital therapy practice' instead of 'digital practice' in the definition would add to the description.
- Much more applicable term than telehealth
- My assumption is that it refers to a back and forth conversation / assessment with specific advice given to one person on their specific concern rather than generic advice about conditions posted to no one in particular? But does this need clarifying?

Nigeria
- Its correct
- User friendly
- It has been helpful to my practice
- Promptness and proximity
- it is very appropriate

Pakistan
- It should be easy to comprehend in multiple languages too.

Palestine
- If it is digital PRACTICE it cannot only be information. information are ALWAYS a part of it; but i won't call practice what is only communication

Peru
- Digital practice is the use and work with the big data. Is the use of all the data in health and social-economical condition, not only about physiotherapy.
- Medical care is supposed to include physiotherapy. I suggest that it should be health care or mention physical therapy specifically.

Republic of Korea
- It should also include parts about artificial intelligence or big data.

Switzerland
- I believe the definition only covers one part of digital practice, what was called telerehab or telemonitoring. I believe there will be much more (from wearables to monitor outcomes and interventions, to exercise apps to clinical decision support systems) that would also fall under digital practice category.

Tanzania
- It is precise and encompasses all that it needs to cover in Digital Practice

Ukraine
- Digitized therapy is not only remote.

United Arab Emirates
- No, definition is very clear and concise

United Kingdom
- it should be more 2 way - not provided
- I think it is the way forward and I have been practicing Physiotherapy for 42 years. Most of my colleagues find it a better system and with initial training it was well received by 80% of the team. I think we have to remember that not all of society has the desire or ability to

embrace digital technology and we have to be mindful that we don't marginalize the elderly or those with learning difficulties and other disabilities while driving this forward.

- May be appropriate to define digital communication better
- Unsure why one has practice and one has therapy. Surely the same wording would be better?
- Clarity around whether inter-professional discussions(i.e. with no direct patient contact)now conducted via digital means (video conferencing etc.) would be defined as digital practice or not
- may be useful to add an example of use in clinical practice
- An example would be useful.
- Patient contact or professional contact?
- I disagree with the word 'remotely' as we very much use digital practice to enhance our service in a face to face and hands on manner with our patients
- I disagree with the word 'remotely' as we very much use digital practice in our face to face clinics to improve the service we provide.
- If this is to replace the usual face-to -face contact then the definition should reflect what usually happens in a consultation i.e. assessment, diagnosis and treatment.
- No, this is all news to me!
- This definition is ambiguous. A distinction needs made between digital tools to support clinical/professional practice, and digitals tools that are integral to the delivery mode of practice.
- I'm not sure that it necessarily always has to be remote I'm sure even in-person patient contact, when it is deemed the most appropriate care-delivery method, can have elements of digital practice e.g. use of digital resources for demonstrative/educational/motivational purposes
- I feel there is a distinction between 'practice' whereby the patient is in direct contact with a physiotherapist and 'information' whereby a patient accesses information from a site or app. The second should not be considered digital 'practice' or should be considered 'signposting' at best if the direction to the information has come from a physiotherapist. Failure to make this distinction may lead to some services claiming to provide physiotherapy 'practice' when they have actually removed services and replaced them with 'information' available for patients online or via some other digital media.
- maybe say 'clinical' before information
- I assumed the term was referring to any digital platform for delivering information e.g. social media, emails, texts (anything which isn't written down with pen and paper basically)!
- Well done
- too telehealth centric - digital healthcare is much more than the connotations provided
- As per previous answer. The definition is too restricted and narrow. 'DIGITAL' is more than telemedicine.
- I think word 'healthcare' could be inserted in the definition DIGITAL PRACTICE to give more clarity.

United States
- I understand her needs to be specific guidelines, but really our code of ethics that we hold as physical therapists are the same whether providing live virtual visits or visits online. I just don't want to see any regulations to be put in place that change the way we can provide or limit what we can provide via Tele health.
- I would define health care services more clearly

- Only caution is that some insurers and state regulations point out some limitations, such as Telehealth not meaning texting and emailing. These do fall under the above umbrella of 'Digital Health' however, these could be more easily abused. How? By using AI to reply to the 'patient' and then billing for this service...even though no PT was ever involved in the interaction. Personally, I am hopeful that we always have PT involvement in PT practice. In addition, I have 'concerns' about AI creating algorithms that are not researched or audited on a very regular basis.
- At some point the terms of digital Practice and Telehealth need to be clarified.
- The definition looks adequate. It is non-specific to physical therapy, but it does not have to be for the intended purpose as a definition. It may be prudent to include 'scope of practice' between the 8th and 9th words of the definition.
- Succinct and clear. Not overly detailed to limit, but comprehensive.
- I am glad that the definition is broad enough to encompass emerging technologies.
- Curious about the use of the word digital. Electronic or another term might be more inclusive.
- Should include AI
- I think using the word digital is too broad to use in this context of remote practice. For me, when I think of digital I think of anything related to tech instruments that may be / become available to enhance treatment effectiveness, not just remote physical therapy.
- Telehealth is the accepted term, as is telerehabilitation (and telemedicine) in the literature and current education. The term of digital practice may be evolutionary and may be ahead of generalized use - if this makes sense. Am I showing my US bias, if the term digital practice is more acceptable in other countries, or is a technology jargon term? I would vote to continue to use the term telehealth (with appropriate definitions of what this encompasses) unless compelling reasoning is used.
- strike the word remotely
- Add a short descriptor of digital so that Digital immigrants understand what you are referring too since we normally hear more about tele .

10. Do you agree with the purpose statement of digital practice found in the white paper?

Strongly Agree	66	40.0%
Agree	69	41.8%
Neutral	25	15.2%
Disagree	4	2.4%
Strongly Disagree	1	0.6%
Respondents		N/A

11. Do you have any feedback regarding the purpose statement? ("No" comments filtered)

Strongly Disagree/Disagree/Neutral Comments
- So much of physical therapy requires hands-on assessment and treatment. Even education of exercise programs frequently requires tactile assistance to achieve appropriate performance and results. I worry that including managing health care resources in the purpose will suggest to management/business models/hospitals that much of physiotherapy can be provided

digitally. I think the language needs to be less definite. Digital practice CANNOT in all cases manage health care resources. It MAY achieve this IN CERTAIN CIRCUMSTANCES only.

- The purpose should also include the privacy and confidentiality of the patient information what is a big concern when we talk about digital practice.
- I am not sure you can say effective. it is easier...but i don't think it is more effective than traditional practice
- I don't think the managing health care resources should be there
- Delivery again surely it should be collaborative?
- a/a Alos is it therapy
- Should read by improving access to assessment diagnosis and treatment whilst utilizing available resources efficiently.
- Suggested amendment: The purpose of digital 'physical' therapy practice is to facilitate effective delivery of physical therapy services. Digital physical therapy practice aims to improve access to effective care and improve information, within health care resources available.
- As above, access to 'information' does not constitute 'effective delivery of physical therapy'. The purpose is should be to supplement the effective delivery of physical therapy. Having any other purpose risks financially driven institutions replacing qualified physiotherapists with computer screens and information. MATS in Scotland is a perfect example of a poorly performing digital service, poorly evidenced and overstating it's cost savings being promoted as an alternative to qualified staff.
- I'm cautiously apprehensive with the overall message and scope provided by the taskforce, its make-up, and the heavy focus on 'telehealth'. Digital healthcare is much more than providing virtual consultations by video and I feel this message is missed. This may be biased by the word foci of taskforce members. Definitions and messages are quite rudimentary and based on outdated definitions of digital healthcare.
- I exercise caution in shifting in this direction with us being a hands on profession. I can appreciate circumstances where there are benefits, but we must be cognizant of the consequences in moving this direction.
- The purpose is fine, it's the word digital that leads to confusion.
- Needs expansion. What about supporting that digital practice usage has a goal to provide equivalent (or greater) clinical outcomes than in-person visits? Or, is the TF suggesting (by its absence) that a digital practice visit, even if the outcome is less than in person, if the patient is at least seen by a service provider? (I see you have this as a bullet point on p. 7- my point is to provide more emphasis)
- My fear is that with ever reducing reimbursement providers will move to digital practice even in locations where access to healthcare providers is not an issue. The sole motivation will be to decrease cost which may be at the expense of quality care.

Country Specific Comments

Australia

- I think the purpose could be better worded- the right content though
- I would call my service physiotherapy and not physical therapy.
- Effective and efficient care.
- 'improving access to care and information and managing health care resources' is rather limited - could be e.g. 'improving equity of access to appropriate physical therapy assessment,

diagnostic & management services while providing effective utilization of health care resources'

Canada

- It's not just about access to care, it has to be about access to competent, high-quality care. Somehow the concept that the quality of digital care is at the same level as in-person care needs to be woven into the purpose. At times 'access' can be used to defend substandard care, with the argument that at least some care was delivered. This is concerning as it erodes the overall service user experience and outcome of care. A lack of care is at times preferable to the perception that care was provided when that care is, in fact, substandard.
- Describes purpose well.
- It should be seen as an enhancement not a replacement for direct service though in some cases it may be the only option.
- So much of physical therapy requires hands-on assessment and treatment. Even education of exercise programs frequently requires tactile assistance to achieve appropriate performance and results. I worry that including managing health care resources in the purpose will suggest to management/business models/hospitals that much of physiotherapy can be provided digitally. I think the language needs to be less definite. Digital practice CANNOT in all cases manage health care resources. It MAY achieve this IN CERTAIN CIRCUMSTANCES only.
- It covers all aspects succinctly
- looks good
- Clear and concise
- also has a role in unifying practice
- The purpose should also include the privacy and confidentiality of the patient information what is a big concern when we talk about digital practice.
- I like the inclusion of the phrase 'to facilitate effective delivery'

Israel

- I think we have to make a first /initial contact before getting into digital practice

Jordan

- I am not sure you can say effective. it is easier...but i don't think it is more effective than traditional practice

Nepal

- Includes all.

New Zealand

- Maybe consider...'safe' and effective delivery......improving 'cost-effective, timely' access...

Nigeria

- Defining the scope of digital practice needs to be expanded. Mention was made of telemedicine and telehealth only. Tele-rehabilitation, tele-physiotherapy tele-neuro-rehabilitation etc. are common terms used by PTs working in this area. I think it should be captured in the report. Also, the platforms of digital practice, face to face, mobile phone and virtual reality, web-based etc. were not explicit. Please refer to this study by Nussbaum, R., Kelly, C., Quinby, E., Mac, A., Parmanto, B., & Dicianno, B. E. (2018). A systematic review of mobile health applications in rehabilitation. Archives of physical medicine and rehabilitation.
- Yes, accessibility has improved
- Promptness and proximity
- the purpose is very well stated that she

Pakistan

- Yes, it's all good.

Palestine
- I don't think the managing health care resources should be there

Peru
- The aim is to feed the big data to improve health decision making. This allows to have higher quality information for investigations.
- It is good

Philippines
- Suggestion: - effective and efficient delivery of PT services... - by improving access to quality care services and reliable health information...

Republic of Korea
- The definition should be physical therapist and patient friendly.

United Arab Emirates
- Adding something around improving outcomes in patients

United Kingdom
- Delivery again surely it should be collaborative?
- We have to be careful we don't exclude the elderly or those that aren't computer savvy. Many people still don't have a PC or use the WEB by choice.
- Agree with current definition
- a/a Alos is it therapy
- Digital therapy is one of many options of health care delivery. It will suit some services more than others and in many instances will not replace face to face consultations or hand on assessment and treatment. It is an developing adjunct to clinical practice
- Should read by improving access to assessment diagnosis and treatment whilst utilizing available resources efficiently.
- Suggested amendment: The purpose of digital 'physical' therapy practice is to facilitate effective delivery of physical therapy services. Digital physical therapy practice aims to improve access to effective care and improve information, within health care resources available.
- As above, access to 'information' does not constitute 'effective delivery of physical therapy'. The purpose is should be to supplement the effective delivery of physical therapy. Having any other purpose risks financially driven institutions replacing qualified physiotherapists with computer screens and information. MATS in Scotland is a perfect example of a poorly performing digital service, poorly evidenced and overstating it's cost savings being promoted as an alternative to qualified staff.
- I feel this is fine as is
- I'm cautiously apprehensive with the overall message and scope provided by the taskforce, its make-up, and the heavy focus on 'telehealth'. Digital healthcare is much more than providing virtual consultations by video and I feel this message is missed. This may be biased by the word foci of taskforce members. Definitions and messages are quite rudimentary and based on outdated definitions of digital healthcare.
- Adding part about improving patient experience would add another level

United States
- I would suggest adding something about reducing or removing barriers to health care access.
- I would add, 'a valuable resource for the interdisciplinary team to interact seamlessly with patients, and each other'.

- This is a good start. I guess I think Digital Health will do this...and more.
- Once some indicator of efficiency has been determined, the purpose statement should include a phrase indicating such. It is neither service-user nor service-provider specific. Again, as a definition to use in context of other definitions it is probably adequate.
- Does it only pertain to physical therapy? I would think all therapy services should be included
- I exercise caution in shifting in this direction with us being a hands on profession. I can appreciate circumstances where there are benefits, but we must be cognizant of the consequences in moving this direction.
- The purpose is fine, it's the word digital that leads to confusion.
- Needs expansion. What about supporting that digital practice usage has a goal to provide equivalent (or greater) clinical outcomes than in-person visits? Or, is the TF suggesting (by its absence) that a digital practice visit, even if the outcome is less than in person, if the patient is at least seen by a service provider? (I see you have this as a bullet point on p. 7- my point is to provide more emphasis)
- in purpose strike the first and to read improving access to care, provide information, and manage. . . .
- My fear is that with ever reducing reimbursement providers will move to digital practice even in locations where access to healthcare providers is not an issue. The sole motivation will be to decrease cost which may be at the expense of quality care.

12. As per the white paper, service users, service providers, and society are the groups that will benefit from the use of digital practice.

Are there others who might benefit from digital practice and were not addressed in this report?

("No" comments filtered)

Australia
- Insurers and governments
- Society is a big vague. Need to be more specific. Need to state for example, policy makers, media, relatives and carers of patients, etc.

Bahrain
- I think the terms cover all related parties.

Benin
- health workers

Bolivia
- I would add:- the carers (who are often, in low resources setting, in charge of ensuring the transport/accompaniment of the service user with a major workload for him/her)- health professionals (nurses, doctors) that can be supported remotely in their role of need identification and referral to rehab services (and even sometimes diagnosis of impairment)

Canada
- I think those terms are so broad as to encompass all aspects of society. One could break the 'society' category into family members/care givers, employers, governments, and other sub-groups but as stated the categories are encompassing.
- unknown
- Payers may also benefit.
- Society is a pretty broad term.

- There are some for whom digital practice may negatively affect, this should also be acknowledged.
- All stake holders
- remote and marginalized communities
- Not sure.
- Yes, the business owners. Unfortunately, this is a drawback to both service users and service providers who are coerced into using digital practice when they feel their own experience or treatment would be more effective in person.
- third party payers and families
- Non
- Unknown if insurers will benefit by decreased health costs.
- Maybe we should explore the details of each level, e.g., users (minorities, 3 world countries, etc.), service providers (business owners, professionals, admin personnel, financial aspect of it)
- the circle of care of providers
- Educational institutions
- Government? (reducing health care costs)
- Government
- peer support- education i.e. students, interprofessional teams, local exercise instructors or PTAs
- Service users (it may include to their families and/or caregivers) Organizations

Iraq
- new generations using more global technology ,schools in all level sport trainer ,sport teams and others

Israel
- we can provide colleague - Inter discipline discussion

Jordan
- easier access to data that can be used at governmental level

Nepal
- I think all can be integrated within these three.
- I think it also has the benefit to the economy of patients and the country by saving/reducing time off work.

New Zealand
- Looks good
- Society- due to the potential to improve population health, self-management and prevention
- Service providers - these need to be inclusive of the individual and the organizations and the Government funders. Service users can also be children and elderly etc. - those benefitting remotely as the primary caregiver becomes the service user on their behalf. Society in general as hopefully reduced healthcare costs and increased efficiency, so reduction in cost to society Hopefully benefits to the environment - reduced cars/ emissions, travel, paper copies of programs and reports as able to create, store, send electronically

Nigeria
- Banks/ Finance institutions, Insurance company.
- Many persons still don't know what physiotherapy is, and are skeptical about the treatment. They may be willing to accept digital therapy. Digital practice will also make it easier to reach those in rural setting where access road has been a challenge

- Regulatory authority e.g. government
- The digital app developers , clinical scientists and researchers

Pakistan
- Those people who are far away from use of technology even in this modern age. Worth mentioning under develop countries.

Palestine
- With society we mean community? What about CBRs? and government for data collection and strategic planning

Peru
- Researchers, politicians and administrators. They manage resources and knowledge to provide services and change legal frameworks

Philippines
- I think the groups identified already encompasses or includes everyone.

Poland
- WHO

Portugal
- stakeholders

Qatar
- IT developers

Republic of Korea
- Company and government's worker, family etc.
- National or local governments should be included.

Switzerland
- Insurance / National health systems Industry

Tanzania
- The government-when it comes to data collection and reporting

Ukraine
- Insurance companies might save money. Digitalization will improve effectiveness of therapy, that is why insurance companies will not pay for additional treatments

United Arab Emirates
- I would add and associations like paraplegic and geriatric associations etc.
- Payers (cost-effective option for them in the long term)

United Kingdom
- Carers, family, other service users who may have time freed up for interventions as a result of DH
- Digital practice is very helpful where family members living abroad wish to be involved or updated in a patients care e.g. if a long hospital admission/ rehabilitation episode
- informal and formal support networks
- Carers, and people who find it difficult to make it into clinic - e.g. agoraphobics or with limited travel options
- I think that covers everyone.
- Agree
- Businesses, employers, carers e.g. where people can access effective physical therapy in a timely manner business productivity and days lost can be minimized, as well as stress and anxiety productivity effects can be minimized too.

- Depending on how the white paper is interpreted and by whom there may be no advantages and indeed significant disadvantages unless the focus is changed to state that digital practice can only be used to support service delivery rather than replace it. The members of the panel may understand that but insurance companies, health service managers etc. may well not and see this as a green light from an influential physiotherapy body to replace therapists with digital information
- I do believe that therapists will also benefit from using these opportunities.
- There may be benefits to staff - training opportunities. With consent from patients junior staff can observe directly without the costs associated with travel.
- Other healthcare providers may benefit, particularly those who work in rural areas, by additional support being provided remotely.
- ?Education authorities/ people in universities
- Linked care providers and involved family/friends
- Industry from investment and innovation opportunities
- I think digital practice would also help in facilitating contact within professional groups too e.g.; video conf meetings, joint consultations etc.

United States
- Perhaps I missed it but populations with mental health needs such as so AI fears may benefit from rehab started digitally then gradually transitioned to clinic.
- Payers may find reduced costs for digital practice.
- Insurance companies, hospitals and stakeholders will all benefit from this. It will be a fantastic way to track and store outcome data, and vital patient information. Reimbursement from insurance could swing back toward PT, if they have the objective data to show the value of PT involved with telehealth.
- Researchers...but these may fall under the aspect of 'society'.
- Researchers -- access (per IRB participant safeguards) to data more readily analyzed.
- the payer groups
- If physical therapy is the leading allied health discipline for digital health (but I suspect nursing may be) then other allied health organizations and professionals would benefit from what physical therapy is advancing with in terms of digital health. Kind of like how PT moved to doctorate level in the US, then OT followed (roughly speaking!).
- Could expand access to specialty therapy - but when you say users, providers, and all of society as groups, I think you've covered it.
- Possibly insurance companies??
- I'm going to assume the investors and persons providing the mediums.
- No. I work in PTA education and believe that this would need to be incorporated into the curriculum so that entry level students know the basics about this technology. I don't know if you would want to include them as a beneficiary of this.
- Students?
- students perhaps
- Facilities with the ability to consult other professionals including those who speak different languages.
- Tax payers like me
- I am sure as we move forward with this we will be able to add to the list.
- everyone
- Politicians and policy makers

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- Researchers who determine the effectiveness, or lack thereof, and cost economies (or not)
- I feel the cost of providing care will go down once digital practice is part of the norm, and all regulations are sorted out. Financial implications would be positive due to obvious factors of time savings, travel reduction, easy access etc.
- service user caregivers
- in multi-disciplines sharing actual recipient responses can be valuable and revealing
- researchers looking for answers to health and lifestyle questions

13. Limitations mentioned in the white paper include the following items:

- **considerations that may be needed when using digital modalities to engage with vulnerable groups**
- **proliferation of digital service options**
- **cultural considerations**
- **language barriers**
- **internet connectivity and use of technology**
- **security due to the integrity of key technology platforms**
- **quality of video**
- **insurance coverage**
- **understanding, knowledge, and skills needed to practice digitally**
- **changes in regulation**

Are there other limitations with digital practice that should be considered?

("Yes" comments)

Australia
- Already covered, but insurance and registration/licensure between different states and countries. i.e. consultation between a physio in Aus. and a service user in the US.
- Yes definitely the regulations are not keeping up with these new practice models
- Practicing across countries - regulation should assist with this
- There is always a risk that you will miss something on examination due to looking through a camera rather than the whole patient
- I would struggle with the lack my specific palpation for individual muscular contraction and end range feeling of the joint examination. So, it will be difficult to understand if the joint dysfunction is due to weakness or joint stiffness.
- Cross-regulation use such as the service providers & users being in different jurisdictions/states/countries.
- Understanding of which body is responsible for the safe delivery of health care across borders

Canada
- -pace of change/technology obsolescence (somewhat different from proliferation - I am referring to the relatively short lifespan of both platforms and devices).-funding/payment structures may or may not be the same as insurance coverage, depending on the i
- unknown

- Delays in responses or uncertainty as to delivery of emails, etc.
- The limitations listed are strictly tech, communication and access related and do not necessarily highlight what elements of objective analysis are not possible with this medium and would be missed were tech embraced too widely
- It's pretty much everything
- The obvious limitation that assessment of the client and even accurate picture of their needs will be incomplete and partial. Consequently the treatment options will be limited though the therapeutic approach may be expanded.
- Agree with the above and think the bases are covered.
- Might not be appropriate for some population e.g. pediatrics - as well as therapy needing hands on interventions!
- As above. Business owners and health care management teams often leap on efficient models that will save their budget without fully comprehending PT practice or implications. For example, with the TKR population here in Ontario, much emphasis has been placed on eliminating in-person teaching without considering the individual needs.
- privacy
- Confirming patient identity, in real in a hospital setting, a double verification is completed, how will that be standardized via digital practice?
- Geographical barriers related to internet delivery in rural areas. Research will not evaluate those who cannot participate (and may result in bias).Cognitive impairment may impact use unless supported by others.
- Change in a condition - how often is re-assessment completed?
- Very good list :-)
- Inability to provide hands on care digitally
- Funding for the appropriate technology and the education around its use
- Knowledge on Technology ; How to operate ...
- Physical ability to deliver the service- this was outlined in the paper in a roundabout way in other sections. I.e. not ALL PT can be delivered digitally- difficult to challenge balance, difficult to assess ligament strength, difficult to do neuromuscular facilitation
- Expense and billing Quality of services and confirmation of qualifications
- Reduced quality of a videoed vs in person assessment/treatment. Inability to demonstrate effectively via video. Inability to palpate! In ability to observe in 3 dimension. Inability to care for more than one client at a time.
- Determining where registration is required is key. Only where the provider is located, or also where service use is located?
- Limitation for service users: Can digital practice still occur if the patient requires some hands-on interventions or need in-person assistance with their assessment or treatment? Can PTAs play a role in this service model?

Germany
- Some people need tactile help to facilitate movements or the therapist has to feel the tissues or scars and sometimes direct work on scars for example is necessary.

Haiti
- limitations due to certain pathologies- low resource settings (no smartphone and no finances to purchase one)- self-discipline of patient

Iraq

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- in all rehabilitation centers as ICRC and other humanitarians organization, must have digital service ,PRC centers can provide free consultations for service user in remote area

Israel
- safety considerations; monitoring of adverse events; monitoring quality of services and service providers becomes more difficult
- best service is when the same PT that treat in the clinic is operating the digital platform to his patient

Nepal
- affordability
- I am unaware of any regulations in my own country regarding digital practice or any other countries. It is especially difficult when the care receiver and provider are located in two different countries (or States in some countries) where regulations for PT practice are different. It is unclear to follow the regulation of the country of the care provider or care receiver. Every country/state should provide ethical guidance on this.

New Zealand
- It should only be used if face to face it not a viable option. It shouldn't be looked to replace face to face.
- no nationally agreed protocol/ guidelines/ platform needs greater health sector integration i.e primary, tertiary, NGOs, private providers
- Health inequities - written language barriers (related to ethnicity as well as to educational/ literacy level) Cant address socioeconomic barriers creating inequities - access to technology devices, internet access and ability to pay for this
- Potentially miss patients if they need more external motivation. May miss progressing exercises and patients may not work as hard as they are able.

Nigeria
- Limitation coming from perceived threats by physical therapy professional organization who may feel that that their traditional roles will be overtaken by digital practice. Furthermore, one of the limitations in having strong evidence for digital practice, I think, has to do with development of digital platforms. Some digital platform are developed for PTs to validate, others are by the collaboration between PTs and Tech people, which I prefer. Also, a 'one-App fit all' kind of scenarios is a potential limitation for digital practice.
- Literacy level,
- Can't think of any other right now
- Ability of health seekers to use the platform
- Patients are worried about privacy and Confidentiality. Cost and financing it in developing countries.
- CLIENT ACCEPTABILITY
- Religious bias, level of education, socioeconomic status.
- More Awareness is needed

Pakistan
- Lack of resources on both ends. When there is lack of regulatory body it's not possible. Pakistan is at verge of danger as its independent council is not formed yet.

Palestine
- inability to correct wrong positioning by physically manipulate the body- inability to let the patient feel on the therapist what should be the result of a certain exercise- inability to feel the level of tension of the body structures

Peru
- Training of professionals. It must be guaranteed from the beginning Security and confidentiality of the data.

Philippines
- non-recognition of digital health as a valid form of healthcare service delivery- information and utility asymmetry regarding the use of digital technology modalities between the healthcare provider and the client

Portugal
- Possibility to have digital equipment. people with low income. People isolation

Republic of Korea
- Safety issues
- There is no other opinion.

Switzerland
- Adoption and integration (it will not work, as many other technologies failed, unless there is a conscious effort in increasing adoption of a unified platform/solution) Education (not only on what is needed to use it but to understand what might come and how to best choose it) Data privacy (I understand is under regulation) but I believe it should have its own entity since it affects what data can be used, stored and processed and also the ways to collect the informed consent

Tanzania
- people's perception and values (in person vs remote consultation), a

United Arab Emirates
- don't think so
- Obviously main limitation is that there will be no hands on approach but apart from that all is well mentioned in the white paper

United Kingdom
- Resistance to change among colleagues and patients.
- Certain mental illnesses and other disabilities that might find the digital option a step to far.
- may be limitation around audit and how this fits in with e.g. CSP guidelines
- Shocking level of IT hardware in all NHS Scotland areas
- Availability of appropriate devices, education, and leadership to delivery services in this way. Quality improvement facilitators to embed in clinical practice. Quick accessible technological support. Cultural change amongst service providers
- Currently different health boards have different IT management of security issues. We must be categorically assured that information is secure but this can also mean some areas cannot take part in national projects. Time taken to get approval can be lengthy.
- set up cost implications
- Availability of technology
- Covered above. Consistent information from physio's standardized practice in line with national guidelines and evidence
- Money to provide the best hard and software to allow innovation to be taken forward.
- Funding to provide the correct hard and software to allow services to develop in innovative ways.
- The therapist will be unable to palpate muscles/joints and will be unable to auscultate the chest, therefore, reducing ability to fully assess to the same depth a traditional appointment allows. While increasing accessibility is good we also need to be careful not to make it so

easy that the patients are disinclined to self-manage as they can access a therapist with ease.
- One to one subjective with the patient is more personal when quietly scribing, especially when working with patients of mild learning needs, language difficulty or anxiety. Typing at computer for us in a clinic depersonalizes the interaction... and loses visual clues...unless all done once patient leaves the room.
- There remains the lack of human contact, touch. Physios run the risk of becoming deskilled in this way. A lot of clients in MSK are elderly and lonely. The therapeutic effect of just being with another person should not be underestimated. Many patients benefit from the use of manual guidance to help them with exercise technique. Obviously this cannot be performed over the internet. It can also be hard for a physio to see if a patient is performing a given exercise correctly, on a screen. Assessment of strength and flexibility is impossible on a screen, yet this provides a lot of useful information in making a diagnosis or assessing progress.
- financial restraints from budget holders - need funding to improve access to IT equipment and improve connectivity
- Trust. Honesty. Integrity. Humans develop these through social interaction yet digital does not deliver full social interactivity currently - the 2d rendering of video-conference is not the same interactivity as 1:1 presence. Full therapeutic interaction not possible e.g. appropriate therapeutic touch,
- Financial concerns regarding setting up and maintaining the service. Time constraints to implement and participate in training.
- Where any physical contact is required for assessment, treatment or evaluation of the patient. You cannot assess many physical objectives digitally, muscle tone, end feel, restrictions etc. all need skilled, hands on physical assessment or are we proposing to remove physical contact altogether from physiotherapy?
- Unsure of the legal issues around this.
- computer crashes/software crashes/ internet crashes for access when required always
- In some instances you need to see the patient for an assessment - to palpate areas of the body to feel for abnormalities.
- IT support services not fully integrated within a Physiotherapy service and so unable to understand fully the requirements and work of the team
- data protection
- changes in expectations
- Personal choice
- Access to technology. User and practitioner acceptance of technology-based treatment. Practicalities of mixing digital and in-person interaction. Risk of dumbing down the profession to be algorithm-based and prescriptive. Safe-guarding the career paths and pay bands of physiotherapists
- a/a - over focused on video based practice
- List is comprehensive
- Interoperability
- Digital literacy- if not included in 'internet connectivity and use of technology'- this includes service providers.
- I think the list has already included all of them.

United States

- Validity of tests and measures that are currently only valid if performed in person. Also a better assessment tools like goniometer measurements, dynamometer.
- Knowing when digital health is appropriate or inappropriate to a patient's care needs.
- lack of healing touch so important to physical therapy emergency care or response to adverse events (depending on the case)proper case selection for digital service (not all cases will be appropriate for this type of service delivery) supervision of support personnel (if used)propensity for this to be mis-used by insurance companies to save money
- The availability of consumer applications which are then 'used' for commercial purposes. For instance, FaceTime (consumer app) used for commercial purpose of 'e-visit'.
- There are numerous regulatory issues that will need to be addressed.
- This list appears inclusive of all considerations.
- Lack of social interaction during therapy sessions. Patients unable to see other patients with the same injury/disability. Lack of ability of the therapist to perform palpating to a joint, muscle or tissue. Therapist is unable to provide manual therapy techniques.
- It's not hands on. Flushing out the consequences of the possibility of a dominated digital world in PT.
- quality measures that can potentially be used
- The ability to palpate and ability to correct faulty movement patterns. There will be populations where this is not applicable. Lose the benefit of human touch
- terminology that won't be obsolete in a short time
- Brand. Society currently equates hands on care delivery with quality physical therapy. How do we shift perceptions of clinicians and consumers to understand that musculoskeletal expertise can be delivered virtually
- Infrastructure especially within remote areas
- Not sure if there are others and again as we move forward with digital practice we may find other limitations that need to be addressed.
- unification in standards/ ability to practice between states in the USA
- Lack of standardization of practice and utilization patterns Cost of obtaining and maintaining tech infrastructure
- Most important limitation is dealing with an adverse event effectively and satisfactorily. Digital Education at the root level not present for the currently practicing therapists
- some of the newer translation programs may reduce language barriers
- How might payment be affected?
- There is so much practice variation in PT today as it is; some will be promoting treatment interventions that do not have good evidence or they have conflicts of interest with certain products/services/continuing education courses/etc.
- Lower quality of service provided digitally when quality need not be sacrificed because all the tools are available to deliver in-person service.
- Practitioner understanding of appropriate patient selection is VERY important

14. Advantages mentioned in the white paper include the following items:

- **expansion of the ability to connect with providers**
- **decrease in barriers such as travel time**
- **increase in independence**
- **control and flexibility**

- **decrease in cost**
- **influences health seeking behaviors**
- **increases ability to monitor standards of care**

Are there other advantages with digital practice that should be considered?

("Yes" comments)

Australia
- patients are more empowered with the tools to get themselves better
- Decreased burnout for clinicians? Therapists less likely to injure their hands?
- Better retention of therapists as they can keep working if they move location
- You can monitor patients more regularly
- Role of family and carers, and multidisciplinary teams to involved in care arrangements.
- Improved access to areas of specialist expertise within physio

Bahrain
- Increase health topics/information literacy among the service users and the society.

Bolivia
- I would simply say that the first advantage is for a lot of users to have the possibility to access a rehabilitation services or to keep having access to it once they are back home (without this, they are not able to attend a in person care)- decrease in user drop out- it also allows to have the opportunity to see the living condition of the user and to propose some pertinent assistive devices, home adaptations or some activity life in adequation to the living context-increase effectiveness of identification-referral mechanisms by health workers

Canada
- Increased client-centered care and increased client control regarding how and when care is delivered (which is also a potential challenge for providers)-facilitation of self-management and more active patient role in patient-provider relationship.
- unknown
- Timely transmission of questions and answers via email.
- -increase ability for real time monitoring,-increased ability to modify treatment in a timely fashion -increased responsiveness to flag assessment need and need for face to face interaction-reduction in wait times
- Help clients with commute challenges
- Engagement with the client may be enhanced.
- Cannot think of any others.
- opportunity to involve family/caregivers
- Yes
- incorporate patient in team (patient-centered), connect with interprofessional team with digital practice
- Privacy issues.
- raising awareness of healthcare issues
- education & research purpose data collection
- Also in the paper was the carbon footprint savings
- 1. Benefit for service users: Gives service users the opportunity to access lower cost services, where they live in a high-cost location and services in their area is of higher than average cost2. Benefit for service providers: Provides opportunity to reach more service users by

removing geography as a limiting factor3. Benefits to society: As populations age, increase that population's ability to live independently for longer, by making needed services accessible from the home

Iraq
- also can gives more flexibility in digital practice and modify the program,

Israel
- in my opinion, it is more difficult to monitor standards of care and of care-givers
- agility

Nepal
- These are inclusive.

New Zealand
- Looks good
- The term 'influences health seeking behaviours' is bit fluffy as it leaves the reader wondering if it influences in a positive or negative way. Dependent on the service user this could be either
- Potential to integrate with emerging health technologies
- frees up clinical time to address higher health demands/ complexities as perhaps more able to use DT for more straightforward cases

Nigeria
- Cost effective
- Improve patient engagement with health care provider.
- MORE CLIENTS CAN BE ASSESSED AND MANY WITHIN LIMITED TIME
- Helps with treatment compliance.
- For geriatrics

Pakistan
- New generation can bring innovation.

Palestine
- no problem with accessible transport- no problem with economical barriers linked to transport

Peru
- It improves the quality and clarity of the data in the stories for later use.

Philippines
- expansion of the ability to connect with clients and patients- expanded access to reliable information online

Republic of Korea
- Decrease in Emergency
- The effectiveness and effectiveness of digital practice should be included.
- Easy and convenient. Objectivity, accuracy, big-data.

Switzerland
- Increase in outcomes New evidence channel (RWE) Increase on therapy intensity Increase on length of treatment (since we can continue treating patients beyond the initial in/out patient window)

Tanzania
- access to expertise where otherwise would have been impossible (due to geographical limitations)

United Arab Emirates
- Pretty much all mentioned
- Aligning with how healthcare is transforming globally

United Kingdom
- Security of storage and space storage efficiency.
- ability to form easy networks with colleagues/other professionals
- Choice
- Active engagement of patients and families. Increasing communication and networking across hospital and community services
- Improved communication.
- Improved access.
- Ability to review, reflect and revisit recorded sessions. Safety - minimum standardization can be assured.
- Improved care provision to those in remote or geographically challenging areas.
- Many of the above will not be advantages if existing services are replaced with this white papers definition of 'digital practice'. We will replace qualified physiotherapists with call center staff and leaflet providers - this may be attractive in terms of cost saving but it is NOT physical therapy/physiotherapy
- Some client groups may be more likely to be influenced by the direct presence of clinicians (strangers) and so observations via digital practice may prove to be more accurate. I work with clients with learning disabilities and they may behave differently if they are aware of being observed, digital practice may allow less intrusive observation to take place, although consent would have to be achieved as per direct observation. This may also be true of children and other cognitively impaired adults.
- decreased carbon emissions
- No- but I think independence/ allowing service users to take more ownership is very important!
- Increased ownership by 'patient'
- Potentially reaching users in remote geographical areas. Potential for staff to work from home.
- Better patient outcomes Wellbeing of staff
- Personalized medicine.

United States
- Patient and caregiver empowerment. Store and forward uses of telehealth.
- May allow clinicians more clinical tools/different way to process esp. motor analysis.
- allows providers with diverse abilities to practice and perhaps practice longer
- Increase in awareness of movement as a 'goal' of physical therapy.
- I would suspect it would lead to faster referrals and subsequent digital interventions occurring with other providers - if those providers were also utilizing digital practice.
- This list cover all considerations.
- Decrease spread of infections/diseases.
- Improved safety in cases where travel to a health care provider would otherwise present a risk e.g. catastrophic weather emergency where it wasn't safe for a patient to venture out in inclement weather conditions or if travel plans prevented a patient from being able to go to an appointment, then digital service provision would still enable the delivery of services.

- Teletherapy benefits those who have different communication styles. Many people are highly functioning but are uncomfortable in public, especially when discussing their health and participating in physical activities. This will make some feel much more comfortable and allow for more honest and intimate setting to ask pertinent questions.
- Mixing of ideas between regions. For example my local PT clinics may all value PNF or some other treatment method, but through telehealth I could find someone who emphasizes NDT or another treatment approach that may be more valuable for my condition.
- reduced risks associated with transit for both recipient and provider
- potential research

15. Regulatory or ethical issues mentioned in this white paper include the following items:

- **issues of registration or licensure**
- **scope of practice**
- **standards of practice**
- **code of conduct or ethics**
- **privacy and confidentiality**
- **the definition of physical therapy practice**
- **service user safety**
- **crisis management**
- **competence**
- **providing appropriate guidelines for providers and service users**

Are there other regulatory or ethical issues that should be considered?

("Yes" comments)

Australia
- Regulation should be based on country of registration of the therapist
- Private Health Insurance rebates should be allowed
- Rebates
- cultural issues, documentation and communication with other providers
- Cross-regulation use such as the service providers & users being in different jurisdictions/states/countries.
- See 13 (Understanding of which body is responsible for the safe delivery of health care across borders)

Canada
- while you discuss service delivery within specific contexts (e.g. between different Canadian jurisdictions, within the UK, between different US states), the delivery of services across international borders and inconsistency of skills and competencies of providers globally has not been addressed, and is one of the biggest concerns looming in regards to digital practice.
- unknown
- Policies, procedures and scope of practice must still be adhered to.
- Respecting Regulatory Limits (interprovincial in Canada)
- Service user comfort with technology service user accessibility to technology For example, if you told many 80 year old service users that their PT after their TKR would be provided by

online communication, this would add stress to their experience. We need to ensure that there is flexibility in the model for individual differences.

- you also considered local legislation
- if conflict of interest occurs
- When it comes to providing appropriate guidelines, which professional body / bodie(s) should champion their development? Associations? Regulatory bodies? Both?
- Record-keeping guidelines
- Possibly conflict of interest - where a PT may be motivated by increased financial gain to recruit patients as opposed to what mode of delivery would be in the best interest of the patient?
- 1. Service providers must be confident that this type of care is permitted by their regulatory body, particularly when the service is provided across jurisdictions 2. With increased potential for cross-border care, service users will need clear information about where and how to seek recourse if they have concerns about their provider

Iraq
- All considerations in white paper can be same in digital but the way of using it will be different, important point can be controlled be PTs supervisor or team leader of therapists.

New Zealand
- Informed consent Safe storage of any recorded digital health, including capacity issues
- Competence = how defined. Standardized processes for ensuring this? Competency Framework, credentialing, mandatory training, Mandatory yearly review/ audits etc - costs associated with this processes may outweigh the cost efficiencies of having DT

Nigeria
- Ok
- Privacy

Pakistan
- These should be considered can't be ignored.

Peru
- All its ok.

Portugal
- equality of access for all people

Republic of Korea
- Deteriorating patient avoid to visiting clinic
- There is no other opinion.

Switzerland
- Usage and access rights to data - who will have access to analyze all the data generated?

Tanzania
- geographical boundaries (where is the service user located vs where the therapist is)

United Kingdom
- audit of services or practice
- The cost of technology may mean poorest cannot access? i.e. don't have access to computer/IPad phone?
- Safeguarding no impersonation of other staff digitally.
- Communication is social and evolutionary by nature - from an ethical stance should responsivity/ reflexivity of algorithms therefore be required?
- Loss of skills relating to physical assessment and treatment

- Consent remains key. There is also a significant difference between observing and recording so this would have to be explicit although recording may offer additional benefits for staff training purposes and multidisciplinary clinical discussions.
- New MHRA guidelines expected in the UK GDPR Public perception and trust Media exposure

United States
- case selection but that may be implied in guidelines
- Might fall under 'competency'...we talk of health literacy and I really think we need to be adding in the idea of Tech literacy. This is both on the provider side and also on the end user side. This is true whether we talk about remote monitoring devices or about connecting patients/family to the provider (directly vs hub/spoke model).
- punishment or sanctions for improper practice
- This is sufficient.
- ensuring patient confidentiality
- I am assuming there is a record maintained of the interaction for reference later, so no.
- agree
- Liability
- Ensuring that service providers (PT) are competent in telehealth clinical practice, to the extent that they would for an in-person visit. For example, if I am not competent in management of patients with lymphedema for an in-person visit, I should not be competent in advising a patient with lymphedema for digital visit
- using regulation as a barrier to access services
- equipment safety and certification

16. Educational implications mentioned in the white paper include the following items:

- **need to equip staff with the skills to realize the benefits that technology can provide**
- **lack of digital practice educational standards within curriculum**
- **regular review of curricula content as digital practice evolves**
- **the challenge that educators face to keep current with evolving practice and emerging technologies.**

Are there educational implications that should be considered?

("No" comments filtered)

Australia
- Learn it at university?
- Should be part of undergrad studies
- Being aware of practicing across borders and the cultural and regulatory challenges this can have
- Physical therapy is increasingly moving towards an emphasis on managing behaviors as the core of the discipline. An increased focus on understanding and managing behaviors, at least to the level of OTs seems important.

- Communication skills when using digital practice Risks/benefits - risk assessments & management

Canada
- Lack of capacity within educational institutions to address the topic due to lack of expertise in the area, lack of tools/technology, and lack of time within the curriculum to address these learning needs or meaningfully incorporate them into the general curriculum in an integrated and seamless fashion.
- unknown
- Institutional restrictions regarding privacy of personal health information.
- guidance for when digital practice is not appropriate
- List looks good
- Please don't over emphasis digital practice education - the current generation uses technology with ever increasing comfort and reading through the list of topics you put in the white-paper for suggested education made me want to fall asleep!
- lack of placements to utilize the knowledge/skill
- Yes
- Has anyone done a comparative research study of results/outcomes of in-person vs digital practice assessment, treatment & outcomes within PT?
- lack of digital training for already qualified PTs
- need to practice digitally as a student and develop this competency and have it supported and evaluated
- Changes in education delivery models
- General education of what must be considered in order to practice digitally - suspect many jump into digital practice without a fulsome understanding of the technology, privacy implications, and no emergency preparedness.

Colombia
- Yes

Iraq
- All points mentioned above can be better and better with controlling weak points and adding in new programs.

Israel
- on the positive side, there are educational opportunities for providers to up-date knowledge and skills;

Nepal
- updates on practical challenges that are experienced during the use of digital practice

New Zealand
- Looks good
- culture shift within organizations
- As noted above ...Competence = how defined. Standardized processes for ensuring this? Competency Framework, credentialing, mandatory training, Mandatory yearly review/ audits etc. - costs associated with this processes may outweigh the cost efficiencies of having DT

Nigeria
- Standardized practice.
- Ok
- Capacity building
- SPECIALIZATION IN DIGITAL PRACTICE.

- Level of literacy

Pakistan
- Yes.

Palestine
- Old people do not know how to use technology

Peru
- It's a specialty. It require research to be available to the community

Philippines
- #NAME?

Portugal
- development of standard educational guidelines

Republic of Korea
- Need procedure for ethical issue
- There is no other opinion.

Switzerland
- Since technology will most likely evolve faster than education curriculums, one challenge will be to provide the skills needed to critically assess technology The role of industry is in my opinion understimated, there are PT professionals with good understanding of the technologies who are left outside of the education circles because of potential conflict of interest. If we would provide critical skills on how to evaluate technologies, this conflict could be easily overcome

United Arab Emirates
- Maintenance of necessary skills (regular competency assessments)

United Kingdom
- Yes- many staff are older/ not familiar with digital technologies and scared of them.
- Education is key to acceptance and understanding.
- Need to keep up with changing technology and ability of services to keep up with this.
- Need to equip staff with the skills not only understand the benefits that digital practice can provide but also the skills to utilize the technology. Speaking from personal experience physiotherapists are often not the most tech savvy people (myself certainly included)
- Keeping up to date with emerging digital solutions Digital practice champions working collaboratively with educational and clinical sectors (private and NHS)
- They must be made aware of restrictions/safety barriers.
- Supervising students with only one digital access may be a problem if resources not adequate.
- These questions are worded such that it implies 'doing something to the uneducated/non-engaged staff' Is there an opportunity to now take a Normalisation Process Theory approach, including sharing the original problems and frustrations i.e. what if we had to go back to doing everything by paper and in person only...? No telephone...? No email...?
- I think there need to be a clear message that digital (in all its forms) is a core part of a PT's role, it is not and add-on.
- Why bother with degree or masters qualifications if we are simply talking via skype and directing people to on-line resources?
- Different consultation skills than face 2 face.
- appropriate
- Digital first but not digital only Planting the seed about digital in training and then continue to grow it with opportunities to learn while qualified - a suite of learning opportunities

- I think the first one of this list is the most important one since staff have 'fear of change'. A lot needs to be focused in training staff for successful implementation of digital practice.

United States
- Practice in use of the technology
- Techniques in communicating digitally. The cadence and style are different than in person.
- Education to providers on how to conduct oneself while in virtual visit AND there are problems...electricity goes out; auditory goes out; video becomes poor quality; etc. I really think we need an 'airplane pilot simulation' opportunity whereby a PT sits to do a face to face visit and 'things' happen on both ends. How 'with it' does the PT continue to be thru all manner of issues? In the end, this ability to 'multi-task' and 'maintain' professional composure will say MUCH about our professional skills. As we are able to 'increase access to PT', I am hopeful that we will do so in a way that really advances our profession.
- It is fair enough to educate PT students during their academic curriculum/program on digital practice, but their training would have to include some kind of 'clinical' experience or exposer as to how it really works. Luckily, due to the remote character of digital practice, it would be easy to have students or groups of students sit in with a therapist (who could come to their campus) and perform provider-used sessions.
- Care should be taken so that new providers, and especially students, are able to comprehensively assess and plan appropriate treatment with a remote service user.
- Accessibility. Costs. Maintaining the integrity of the profession.
- funding for academic resources to become equipped with the skills needed to stay current with digital practice opportunities
- As mentioned above, this would need to be included in their education, and if used in a clinic, could be added as an entry level skill once it is found readily in the clinics.
- Technology learning curve
- As per regular physiotherapy, not use it as a new opportunity for over treatment. Great opportunity for a sense of team as opposed to the patient becoming dependent on the expert outreach.
- the issue in education is that there are so many platforms that all require a process of learning the specific system that makes digital practice difficult to generalize in the education setting
- Current graduating students will easily pick up technology here in the US and are graduating with Doctorate degrees. PT's who have been in practice for a long time are less likely to transition to telehealth due to learning the technology- the voice of telehealth may be younger and possibly less experienced. could require 1 year of standard practice prior to telehealth for mentorship
- Equipment for training students May be uneven (richer schools have more than poorer schools), different and models not used universally. (Remember EMR's do not talk to each other- all are different. requires separate training even form one facility to another. Imagine across countries.
- Yes, I am gravely concerned if educational programs will be asked to shoehorn in yet another intervention that does not directly relate to patient care interventions or assessment...as we shift resources to digital proficiency, we are shifting them AWAY from our focus of training competent clinicians
- Ethical issues- I can see in the USA expansion of fraud via telehealth billing.
- Responsibility to expose students to the concepts of digital practice so each person can form their own opinions about such practice.

- patient education regarding use of technology
- technology security constant evolution - already mentioned I think

17. Are there any other topics that you believe should be addressed in this report or future versions of this report?

Australia
- My main concern is regulation/licensure and insurance coverage between different locations. i.e physio in the us and service user in the US.
- We need private health insurance rebates for telehealth
- 1) reduction in PT workforce - and move to PT assistants to perform much of routine work 2) Differentiation of PT from other professions with move to digital (e.g., chiropractors)

Bahrain
- The influence and role of social media in discussing and spreading health related topics.

Bolivia
- The document refers to the fact that the anticipated outcomes are equivalent to or surpass in-person care ... not sure this will always be the case as a screen may never replace a direct physical contact. I have the impression that we have to guarantee that this modality will bring the most positive clinical outcome to the user (weighting up the advantages and disadvantages of using digital practices)

Canada
- unknown
- Guidelines should be drafted and updated as legislation evolves around this issue.
- Legal issues in case of complaints with assessment and follow up care
- How to ensure digital services are not ABUSED by management/business models.
- Very well presented.
- How to educate & involve older PT's in this new model of practice.
- This is a cultural change; need to create tools for PTs to embrace technology.
- Well done!
- The ethics of advocating for an inferior version of care except when in person care in impractical.

Iraq
- reports good prepared thanks for share it with me.in Iraq we have to tell people who in charge to encourage them to starts digital practice to with yours support, also will follow the program if WCPT support me, thanks yours

Israel
- up-dating of knowledge should be mandatory for any provider

New Zealand
- The necessity to protect the service user's right to complain in regards to public safety and the issues related when there is more than one jurisdiction involved.
- This is a very comprehensive resource - well done to authors etc.
- Can't think of anything right now - great work and thankyou

Nigeria
- Update of standards for practice.

- Curriculum to be addressed in the training.

Pakistan
- Survey about regulatory bodies working in every country. In Pakistan they are ruining this honorable profession.

Peru
- Standards on electronic medical record. Terminology.

Philippines
- Considerations for cross-border or cross-jurisdiction regulations

Portugal
- development of standards of practice for digital physiotherapy

Republic of Korea
- There is no other opinion.
- Smart healthcare

Switzerland
- Expand beyond telerehab (face to face) and integrate the new trends in rehab where wearable controlled, CDS and other type of digital tools that will be coming in teh next 3-5 years

Tanzania
- Greater details on cultural values/barriers, cost implication on set up of,

Ukraine
- Telerehabilitation should have a separate place, especially its reimbursement by insurance companies

United Arab Emirates
- For example, simple patient questionnaire should be developed, consent forms as well, clear and well defined protocols/guidelines when it comes to interviewing / assessing the client. I'm not referring to professional protocols, this is within the scope of each of the practitioner just referring to initial contact.
- Space considerations for providers and patients (for technology hardware, and to conduct assessments/treatments). Resource pages for continuing education/awareness of regulations/awareness of charging & billing variables

United Kingdom
- Appeared very comprehensive.
- Quality improvement work Evaluation and Research Learning from other services nationally and internationally Engagement with IT services and digital design companies Learning from others industry, business, NHS
- unsure
- Acknowledge the human side more...Fears, reticence, obstacles...and examples of what others have done, how they have done it, and the all-important why was it important to them i.e. what's the core purpose
- As above - this whole white paper is a huge risk to the profession - providing remote services to areas that have nothing would be a step forward for those areas but where physical therapy is available the white paper will be seen as a template to cut costs and remove actual services - a blueprint for a race to the bottom to save money!
- Internet services remotely are very poor and should be addressed prior to rolling out further developments.

- As above, consultation skills of clinician to elicit correct information and deliver care appropriately
- Types of sessions delivered via digital practice e.g. 1:1 vs class type education/exercise supervision
- Time and resources required to set up digital systems
- I feel its comprehensive enough
- Cost of digital infrastructure
- a/a
- Social media AI
- The broader scope of digital, expansion of the definition- in line with the Topol Review recommendations.
- I would have a like to have a shortened version of this white paper, as it can be time consuming for clinicians who already has time constraints to go through a detailed piece of work. I am thinking along the lines of patient leaflet model- so that information given on the white paper is short and succinct. This survey has been very useful, thanks for sharing this information.

United States
- Please keep on keeping on...very important work for each of us and for our profession.
- I think emphasis or reassurance on how emergency services are incorporated would be good. In-person therapy you can jump in and help immediately. Remotely you need to have a second connection and call in help (unless a caregiver is immediately available). While requiring emergency services is likely to be a low incidence occurrence in digital practice, it is likely a concern for those holding PT licenses. This may be something that each employer/provider has to have a policy/procedure for, but some framework from a major professional body is always a useful reference point.
- potential options for digital health partners in technology (if known)
- Guidelines / Discussions / Research directions for optimization of treatment effectiveness: e.g. combinations of physical visits versus remote visits versus a virtual treatment plan. i.e. - First visit must be physical, follow ups can be remote e.g. 1X week with 3X week virtual exercise plans. Tracking the patient's compliance e.g.: Does the patient have to prove they did independent exercises - send video to PT? Log into specific cloud based virtual exercise program 3X week etc.
- I believe that the general US population is NOT competent to manage or handle the service user portion of digital practice- connectivity, lost connections, newer computer, etc. Even broadband access is a challenge today in many areas. The urban service providers lose sight of the gaps in broadband in the world and US. There will be improved access to the urban service users far in advance of the rural areas. Unfortunately. Another point- p. 13- I think you understate the use of digital practice for behavioral health- it has been successful and growing with improved access and appointment keeping
- Thank you. This is helpful and important for our profession in the future.
- Availability of practical education for the currently practicing therapists
- Well done all, a monumental task completed in a timely manner.
- Would there be additional liability issues for providers since PT is traditionally a hands-on service and would now be provided remotely?
- best practices for regulators