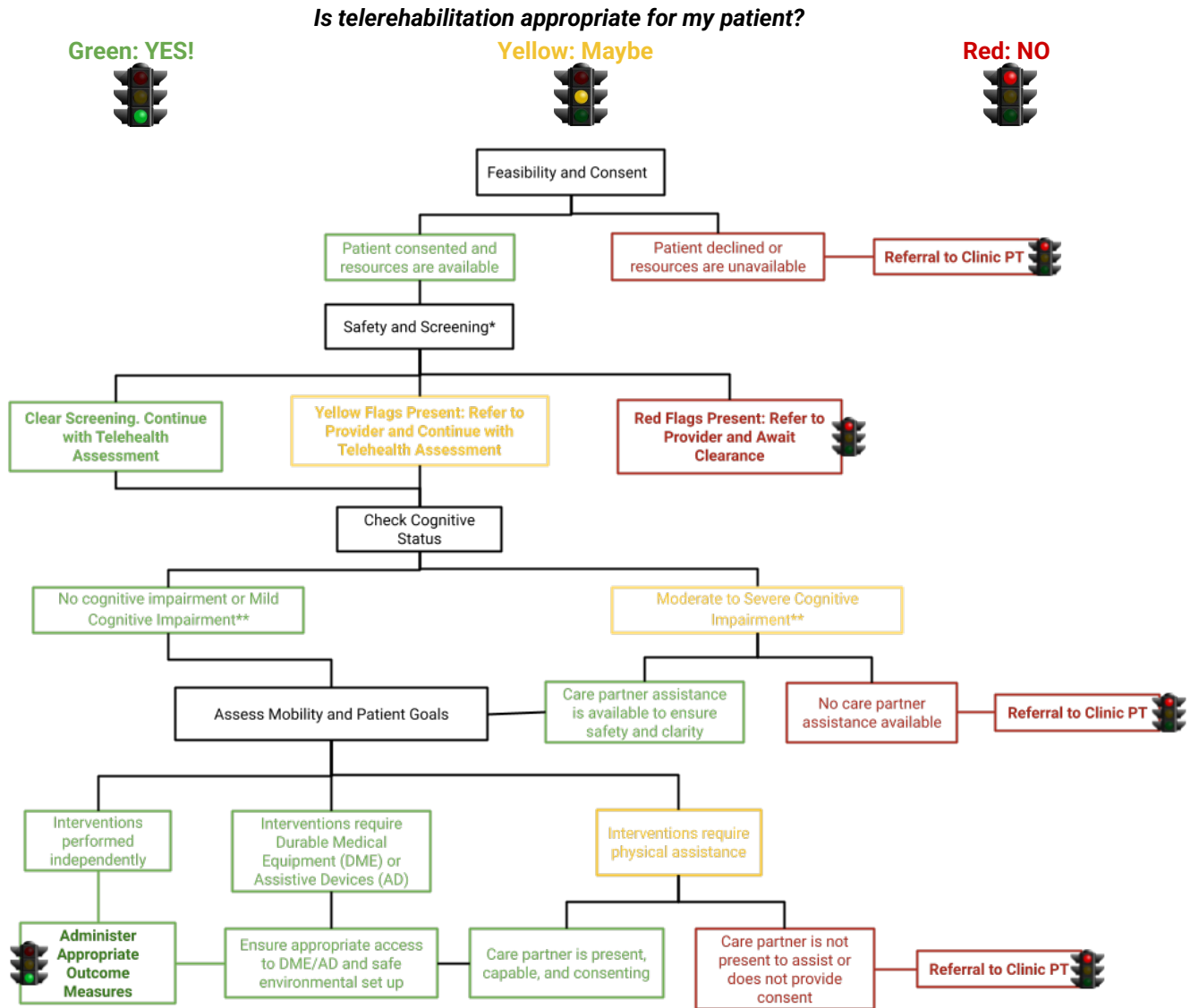# Is Telerehabilitation Appropriate for My Patient?

This flow chart was developed based on group consensus from the clinical experience in the delivery of telerehabilitation for the neurologic patient. The intent of this flow chart is to help guide a clinician through problem solving on the evaluation visit to determine if telerehabilitation is appropriate for his/her patient. It is not a standard of practice based on documented guidelines as these do not exist at this time. Please remember that each patient you encounter is unique, and this tool can be adapted to each unique situation. However, we hope that this diagram, paired with your own clinical judgment, can help to guide you in the right direction!

Is telerehabilitation appropriate for my patient?

Green: YES! **Yellow: Maybe** **Red: NO**

Flow chart:

- **Feasibility and Consent**
  - Patient consented and resources are available
  - Patient declined or resources are unavailable → **Referral to Clinic PT**
- **Safety and Screening***
  - Clear Screening. Continue with Telehealth Assessment
  - Yellow Flags Present: Refer to Provider and Continue with Telehealth Assessment
  - Red Flags Present: Refer to Provider and Await Clearance
- **Check Cognitive Status**
  - No cognitive impairment or Mild Cognitive Impairment**
  - Moderate to Severe Cognitive Impairment**
    - Care partner assistance is available to ensure safety and clarity
    - No care partner assistance available → **Referral to Clinic PT**
- **Assess Mobility and Patient Goals**
  - Interventions performed independently
  - Interventions require Durable Medical Equipment (DME) or Assistive Devices (AD)
    - Ensure appropriate access to DME/AD and safe environmental set up
  - Interventions require physical assistance
    - Care partner is present, capable, and consenting
    - Care partner is not present to assist or does not provide consent → **Referral to Clinic PT**
  - **Administer Appropriate Outcome Measures**

*See page 2 of this document

**Cognitive measure cutoff scores will be unique to the measure you selected to perform. See page 3 of this document for a reference list of measures that you may consider utilizing in your screening.

Is telehealth right for my patient?

Developed with consensus from the ANPT Telehealth Taskforce. This is meant to be a guide utilized during an evaluation visit or during a pre-visit screening if this is available to you. Please use this in conjunction with your own clinical decision making based on your patient's unique needs.

- Red flags present
- Severe cognitive or communication disorders without care partner assistance
- Interventions require physical assist without care partner present or able to help
- No reliable internet or technology
- Treatment requires hands-on care for efficacy or safety
- Lack of access to services for necessary language translation
- Vital signs outside the recommended limits for treatment

- Cognitive or communication disorders
- High fall risk (especially without care partner support present)
- New onset of symptoms (consistent with diagnosis) that have not been examined in person by any health care professional
- High pain (especially new in onset)

- Intact cognition and communication
- Care partner support present to offer assistance, if needed
- Reliable technology, internet access
- Ability to follow directions
- Diagnosis and treatment are amenable to telehealth intervention

Cognitive Measures:

Listed below are commonly utilized measures of cognition that may be considered for use in a telerehabilitation setting. These tools can be used for screening of cognition during evaluation or patient care.

It is important to remember that items/questions within <u>all of these measures</u>, (*with the exception of a Blind/Telephone version)*, may not be appropriate to reproduce in a telerehabilitation setting due to questions of validity and reliability. These include items that require visual or visuospatial assessment. Omission of specific items may alter unique cut off scores for translation to telerehabilitation practice and should be utilized with clinical judgment. **Self administered questionnaires designed for the patient's independent use, however, can be utilized as directed with reference to established cut off scores.**

Of note, it is important that as a clinician you are mindful of **unique copyright laws and payment requirements associated with each of these tools** during your selection of the appropriate measure for your patient.

Free, no modifications to assessment

- BCAT Self Assessment
- Functional Activities Questionnaire
- Self Administered Gericognitive Exam (SAGE)
- Stroop Test

FOLLOW ALTERNATE ROUTE →

Free, Requires Modifications

- Brief Evaluation of Executive Function
- Executive Function Performance Test
- Geriatric Practitioner Assessment of Cognition (GPCOG)
- Iowa Trail Making Test
- Mini-Cog
- SLU Mental Status Exam (SLUMS)

Copyright laws/payment requirements

- Brief Cognitive Assessment Tool (BCAT)
- Mini Mental State Exam (MMSE)
- *MMSE Blind/Telephone Version*
- Montreal Cognitive Assessment (MoCA)
- *MoCA Blind/Telephone Version*