

A narrative literature review to evidence the effectiveness of paediatric physiotherapy Telehealth.

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Aims and objectives

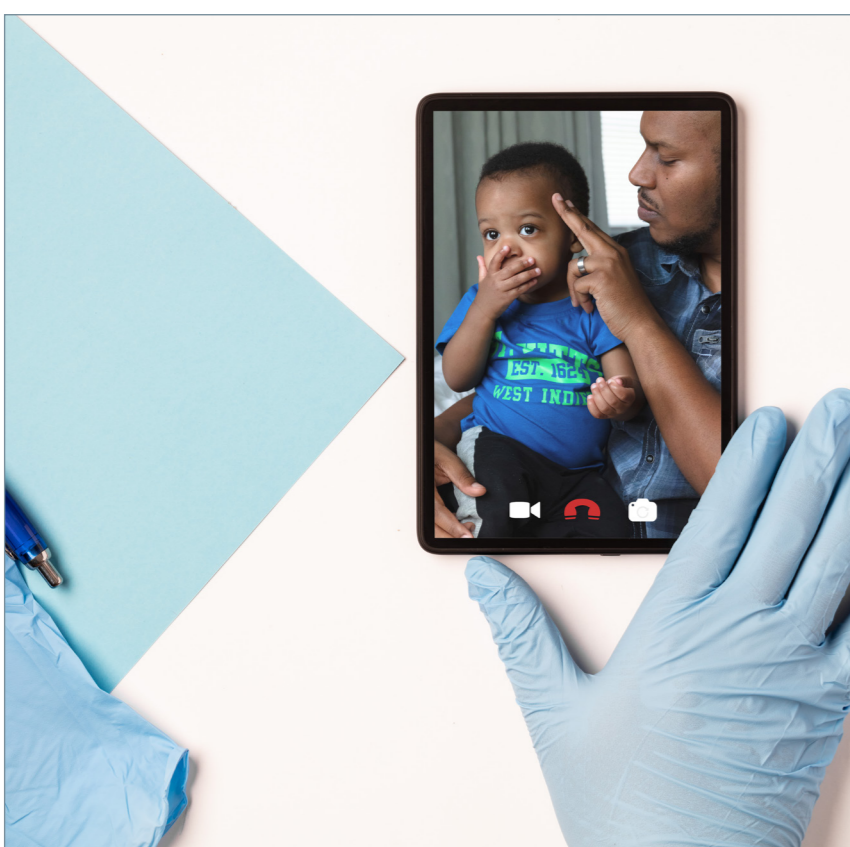
My aim is to identify the literature relevant to Telehealth in paediatric physiotherapy in the NHS.

My objectives

- Appraise and ascertain the quality of the literature available.
- Ascertain the effectiveness of Telehealth and identify what is pertinent to paediatric physiotherapy in the NHS.
- Identify any gaps in the literature and implications for clinical practice, particularly relevant to sustainability, hybrid models of service delivery and importantly, patient-centred care.

Method

A narrative literature review was chosen to identify and synthesise the evidence for the effectiveness of Telehealth in paediatric physiotherapy (Morris et al. 2015). Searches carried out on: PubMed, CINAHL, Medline and EMBASE. The PICO (patient/population, intervention, comparison and outcomes) model process was used to define search terms to hone the research question and an inclusion and exclusion criteria created. Further searches using The National Institute for Health and Care Excellence (NICE) Healthcare Databases Advanced Search (HDAS) and final searches of filtered database PubMed were carried out.



Results

Six studies were evaluated using a critical appraisal tool (CASP 2018). The overarching themes which appear interconnected were the evidence of the adoption of Telehealth in paediatric physiotherapy, perceived effectiveness of Telehealth and blended, hybrid models of service delivery.

Camden and Silva (2021) highlighted the prevalence of Telehealth being used in paediatric physiotherapy increased during the Covid pandemic from four per cent to 70 per cent. They reported perceived benefit of Telehealth to share a window of the child's own environment. Therefore, therapists can tailor advice and activities unique to the child, in their own setting, with consideration of what they can access and who they have to support or facilitate them. Hall et al. (2021) reported effective benefits in early intervention through Telehealth using both a coaching model and family-centred approach to empower parents of young children.

Conclusion

The literature identifies a pivot to the adoption of Telehealth in paediatric physiotherapy, following Covid-19. Telehealth enables opportunity 'to share a window of the child in their own environment' and tailor specific exercises or advice. (Camden and Silva 2021; Gefen et al. 2021; Hall et al. 2021; Kloze and Wojtal 2021).

A practical application tool for using Telehealth 'VIRTUAL' (includes viewing, information, relationships, technology, unique, access and legal) (Camden and Silva 2021; Gefen et al. 2021).

Reduced collaboration between therapists and patients is 'a lack of water fountain time' could affect socialisation and mental health (Gefen et al. 2021). Telehealth can complement a hybrid approach or provide an alternative, it can't replace all face-to-face approaches (Kloze and Wojtal 2021).

Benefits of Telehealth in early intervention with high plasticity in the brain, using a coaching model and family-centred approach to empower parents (Gefen et al. 2021; Hall et al. 2021; Kloze and Wojtal 2021). Further benefits are sustainability, opportunities to access specialists further away, reduce travel time and promote a sense of security for the baby or young child being in their own environment.

References

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