

## PMG Journal Contribution Template (Bursars)

Please format all text in 11 point Times New Roman, justified. Please indicate paragraph titles by typing them in Bold type. Only use single carriage returns between paragraphs.

<b>Article Title:</b>	<b>Bursar report:</b> <i>State of the Science in Clinical Applications of Telerehabilitation</i>
<b>Author's Name</b>	<b>Presenter(s):</b> <i>Mark Schmeler University of Pittsburgh Department of Rehabilitation Science &amp; Technology</i>
<b>Bursar's details</b>	<i>Eve Hutton, Senior Lecturer, Canterbury Christ Church University</i>
Article Abstract/Introduction (approx 100 words)	<i>Mark Schmeler gave a fascinating insight into how clinical specialists based at the University of Pittsburgh contributed to complex wheelchair assessments in remote locations using a telerehabilitation model of consultation. The model devised also provided mentoring and support to the therapists based in remote clinics enabling them to carry out assessments without assistance.</i>
<p>Article Text (Approx 1000 words)</p> <p><b>Extras</b></p> <p><b>1.</b> Please mark clearly where any photographs and tables should appear within the article, using the legends "Pic/Fig 1", "Pic/Fig 2" etc.</p> <p><b>2.</b> Supply photographs and tables as separate files (e.g. EPS, TIFF, JPEG), and label these files to match their legend.</p> <p><b>3.</b> If there are References, include them within the text as follows: (Cousins and Clarke 2006)</p> <p>then list them at the end of your article – see below</p>	<p>I had no prior experience of telerehabilitation, I was simply interested to find out more about it. A quick review of other members of the audience confirmed that most were present for the same reasons 'here out of interest' – curiosity to find out something about a topic.</p> <p>Mark started by talking about some of the better known applications of telemedicine. Examples such as the remote interpretation of x rays by clinicians in different time zones provided an insight into how the technology has been developed within medicine.</p> <p>Other applications include job coaching, where a remote mentor can observe and provided feedback to workers. Also 3D modelling with the use of CAD systems to assist in assessing homes for suitability for adaptation and equipment . Rehabilitation provides different challenges and the model of telemedicine is possibly more difficult to apply. Mark has some doubts and concerns that the technology should not be seen to be replacing the practitioner.</p> <p>He described how at the University of Pittsburgh the team had developed a method of providing remote consultations to areas where there was no specialist therapist. Clinics in remoter areas could access advice and support in a real time assessment with the patient present using computer web cameras and technology to support this. Mark stressed the importance of having a secure server where confidentiality of patient information can be assured.</p> <p>As a model it worked well in areas where there are underserved populations, and where skilled professionals are in short supply. Earlier discharge from hospital had added to the demand. Recent advances in technology make the model more feasible and possible where earlier attempts were fraught with difficulties due to poor internet connections and limited band width in remoter areas.</p> <p>Therapists in remote areas who participated in a series of these remote assessments acquired skills and gained confidence sufficient to enable them to carry assessments without assistance. The telerhab model in this setting has the potential to offer remote mentorship and CPD opportunities for</p>

	<p>therapists. The University offered on line training modules associated with assessment and prescription of wheelchairs to support learning in the therapists place of work.</p> <p>In conclusion the telerhab model of wheelchair prescription cannot replace the intervention of a therapist. It should be viewed as a consultation tool rather than a replacement for the practitioner. However it does seem to have benefits in areas where there are few skilled professionals and provides a useful model of remote mentoring and education. Telerhabilitation has the support of the professional associations and as technology become available other applications could be developed. Those interested would need to have a strong technical team to support them.</p> <p>I was interested in the educational potential of telerehab and will want to explore how as a University we could exploit this model in developing interactive CPD opportunities for our post graduate students. A entertaining and interesting presentation provoking discussion and debate amongst the audience. Those interested in finding our more were directed to the University of Pittsburgh website.</p>
<p><b>References</b> - Please format any references as per the following example (one per line please):</p> <p>Cousins, S and Clarke, R. 2006. Improvements to Matrix Seating: technical and clinical developments. Technology and Disability, 18, pp. 9-13</p>	
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*PMG Publications and Marketing sub-committee*  
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