



This is an overview of the most important recommendations in the KNGF/VvOCM Guideline on Remote Healthcare (KNGF, 2023). You can find the complete guideline on the [KNGF kennisplatform](#).

**Remote healthcare** is defined as all healthcare activities between patients and healthcare providers provided remotely. This includes asynchronous digital healthcare through apps, wearables or websites, for example, as well as synchronous healthcare in the form of video consults or telephone consults. The term 'remote' hence indicates that the healthcare provider and patient are not located in the same physical space. This guideline is aimed specifically at forms of remote healthcare that replace in-office healthcare either entirely or in part and are therefore not a supplement to regular treatment.

## ● Application of remote healthcare

- Together with the patient and based on clinical reasoning, consider whether or not to apply remote healthcare as part of the physical therapy/exercise therapy treatment.
- Discuss the patient-specific benefits and disadvantages of remote healthcare with the patient.
- Be cautious with the application of remote healthcare for patients whose safety cannot be guaranteed, such as patients with an increased risk of falling or who may experience symptoms of overload and/or (life-)threatening situations.
- Discuss the possible patient-specific risks with the patient and consider having the therapy take place fully in the patient's physical presence or take measures to guarantee safety. Remote healthcare can still be chosen at a later date.

## ● Making shared decisions about the use of remote healthcare

- Potential benefits of remote healthcare can be: increased empowerment and self-management, better integration of therapy into daily life and one's own context, improved access to (specialised) physical therapy/exercise therapy, no or less travel time and travel costs, continuity of the treatment, the patient may feel safer and more free at home during video consults, using apps and wearables may produce better insight into one's own treatment process.
- Potential disadvantages of remote healthcare can be: less personal contact, lack of peer support and lack of physical contact.

Explain that remote healthcare is a full-fledged component of the course of treatment.

Try to get an idea of the patient's personal aspects listed below and whether these aspects can be influenced, and determine based on this whether remote healthcare is suitable for the patient and if yes, in which form(s):

- the need for assistance;
- the treatment goals;
- the type of complaint;
- the patient's personal preference;
- the patient's previous experiences, wishes and needs;
- whether the patient is open to remote healthcare;
- whether the patient is or can be motivated;
- whether the patient has sufficient digital literacy (can be assessed with a [quick scan](#), for example);
- whether the patient has sufficient language comprehension;
- whether the patient has sufficient health literacy;
- whether the patient has sufficient independence and self-competence;
- whether the patient has sufficient resources;
- and whether the patient has cognitive limitations or experiences cultural barriers.

## ● Forms of remote healthcare

Together with the patient, make a choice from among the suitable forms of remote healthcare.

Video consults or telephone consults	Choose telephone or video consults if you want to have personal contact with the patient but it is not necessary to be in the same room. Video consults are preferable over telephone consults.
Apps/wearables	Choose apps/wearables if the patient is able to work on therapy goals without direct supervision. Apps are particularly suitable for informing and advising, instruction, non-complex exercise therapy, monitoring therapy compliance and monitoring the severity of the complaints. Wearables, either linked or not linked to apps, are particularly suitable for monitoring, feedback, coaching, setting goals and evaluating.
In-person consults	Choose in-person consults if there is added value to seeing each other in person and/or the form of treatment cannot be offered remotely. In-person consults are particularly suitable for performing physical examinations when making the physical therapy/exercise therapy diagnosis, when remote observation is insufficient for forming a complete picture of the patient's exercise behaviour, conversations where it is important to fully observe body language and posture, complex exercise therapy, passive mobilisation and other manual operations.

Together with the patient, choose the part of the healthcare that will be offered remotely and the part that will be offered in person.

## ● A good patient-therapist relationship with remote healthcare

Make an assessment of patient-specific characteristics and determine, based on this, whether building and maintaining the patient-therapist relationship requires additional attention.

Examine whether the following patient-specific characteristics could affect the patient-therapist relationship:

- the degree to which the patient trusts remote healthcare;
- the degree to which the patient trusts the building and maintaining of a personal bond between the patient and therapist when using remote healthcare;
- the degree to which the patient feels responsible for his own contribution to the treatment;
- the degree to which cognitive limitations, behavioural problems, behavioural disorders or developmental disorders have been diagnosed in the patient.



The KNGF Guideline on Remote Healthcare is a publication of the Royal Dutch Society for Physical Therapy (Koninklijk Nederlands Genootschap voor Fysiotherapie - KNGF), the Association of Cesar and Mensendieck Exercise Therapists (Vereniging van Oefentherapeuten Cesar en Mensendieck - VvOCM), University of Applied Sciences Utrecht (Hogeschool Utrecht - HU) and the Dutch Patient Federation (Patiëntenfederatie Nederland - PFN).