Regarding “Telemedicine for the Spine Surgeon in the Age of COVID-19: Multicenter Experiences of Feasibility and Implementation Strategies” by Franco et al

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To the Editor:

Recently, I read with keen interest the article titled “Telemedicine for the Spine Surgeon in the Age of COVID-19: Multicenter Experiences of Feasibility and Implementation Strategies” by Franco et al. In their article, the authors described the experiences and salient benefits of telemedicine in spine surgery from 3 hospitals involved in the care of COVID-19 patients. They also highlight how they have adapted physical examinations to suit the nature of virtual consultation, such as replacing traditional muscle strength testing with more objective strength and functional testing using household objects, which are arguably more useful in determining which patients should undergo surgery. No doubt, there have been tremendous advances in telemedicine, which has been instrumental in curbing hospital-based viral transmission while offering a comprehensive solution and with significant patient satisfaction in spine surgery.

However, it is important to consider the key concerns that remain regarding the use of telemedicine for patient care in spine surgery. First, while adapting physical examinations to allow objective strength testing at home, the reliability and utility of such patient-reported spine examinations is unclear. There have been limited studies comparing face-to-face and telemedicine assessments in patients with spinal pathologies. Furthermore, in a time where health care teams are segregated to improve infection control, there is also a need for the development of standardized home-based examinations and reporting systems to improve communication and handover between health care professionals. This is especially important in the near future where telemedicine will likely become more prominent and more acceptable to all involved post-COVID-19.

The American College of Surgeons and the Surgeon General of the United States have recommended postponement of elective spine surgery during the COVID-19 crisis, making telemedicine visits for these patients a useful tool for triaging urgent issues and risk-stratifying patients. Nonetheless, it remains challenging to determine what to do with patients in the intermediate acuity group—such as those with clear neurologic impairment, certain borderline spine fractures, spinal infections, spine tumors, and those requiring spinal imaging for further evaluation.

Finally, it is important to realize that telemedicine may not be accessible to many and may still remain an elusive option to those who lack the resources and who may not be technologically savvy. Even in developed countries like the United Kingdom, telemedicine comprises only a very small component of health care services, and the sudden surge of its use during the COVID-19 pandemic has left little opportunity for patients and doctors to adapt and familiarize themselves with this new platform.

Overall, telemedicine presents a viable option for continued patient care during the pandemic and offers numerous benefits for both patients and physicians, which may be carried over into the post-COVID-19 period. However, further studies and the development of robust guidelines and infrastructure are needed to boost the utility of telehealth in spine surgery.

Editors' Note
The authors declined to respond to the Letter to the Editor.

Declaration of Conflicting Interests
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