Telerehabilitation (TR), the delivery of rehabilitation services remotely by means of telecommunications technologies, emerged more than 30 years ago but was largely underutilized despite growing evidence for its potential.\(^1\) This changed in 2020 when the COVID-19 pandemic resulted in a significant shift in the adoption trajectory of TR and remote monitoring technologies for many health professionals,\(^4\),\(^5\) including physical therapists.\(^6\) Unprecedented government restrictions, shelter-in-place orders, and public health concerns provided an external force that led even the most unlikely adopters to experiment with TR. In doing so, many of the barriers to widespread TR adoption were eliminated, including resistance to change, poor technology self-efficacy, and lack of funding for remote visits.\(^1\),\(^6\),\(^7\),\(^8\)

Although transitioning to TR was not easy, it was rewarding for many physical therapists, who honed their web-side manner and achieved positive outcomes with their patients through 2020.\(^10\),\(^11\) But, as vaccination rates increase and public health restrictions lift, the original (and major) incentive for mainstream TR utilization in 2020 begins to disappear. Physical therapists and their patients will no longer be forced to use remote care models; they will have a choice. This reality combined with lingering doubts about the efficacy of TR\(^12\) may lead physical therapists, particularly in private practice, to speculate that revenue streams associated with TR will inevitably dry up. As a result, physical therapists may stop offering TR services, and the interest in TR garnered during the pandemic may be lost. This begs the question: Does the end of the pandemic signal the end of mainstream TR?

The purpose of this POV piece is to urge physical therapists, especially in private practice, not to abandon TR now. Although some of the demand for TR will surely decline post pandemic, it will not be completely gone. But, to capitalize on that demand, physical therapists need to develop a TR strategy that is different than the approach used during the pandemic. Providers can no longer rely on the threat of COVID exposure to inspire TR adoption. Instead, they must use what they have learned from TR adoption during the pandemic together with clinical guidelines and business principles to make TR a sustainable long-term revenue stream with satisfied customers and clinical outcomes comparable with in-person visits. Specifically, physical therapists need to commit to (1) maintaining and improving TR systems, (2) identifying those customers who are suitable for and willing to use TR, and (3) communicating the benefits of TR to those customers who are most likely to benefit from them. Each of these steps is discussed in detail below.

**Maintain and Improve TR Systems**

For many, the early stages of the pandemic were characterized as a time of rapid change as physical therapists and support staff worked tirelessly to implement TR and other measures to decrease the risk of transmitting COVID. Now that TR systems are operational, it requires much less work to keep them running. By doing so, physical therapists can retain current TR clients and expand to new consumer markets willing to embrace remote models of care (see next section).

Going forward, clinic owners should focus on improving the customer experience and ensuring that physical therapists continue to signal value, trust, and professionalism to their patients through digital practice.\(^13\) As clinics invest in strong TR systems, a snowball effect occurs, resulting in more successful TR visits, more confident physical therapists, more satisfied patients, and more return TR clientele. Incentives including discounted initial TR visits, short complementary consultations, or a higher fee split for practitioners working remotely may be needed to stimulate this process.\(^13\) However, this investment makes good business sense. As technologies become increasingly pervasive in our societies, consumers will demand the benefits that they afford. Health care organizations are not immune to this trend.\(^14\) Therefore, physical therapy businesses that fail to embrace TR and associated technologies post pandemic run the risk of losing customers to tech-friendly competitors.

**Identifying and Serving TR-Friendly Customers**

Developing a strong TR strategy post pandemic means looking pragmatically at 1 of the major challenges to TR adoption: buy-in, a barrier that persisted despite the uptake in TR during the pandemic.\(^12\) Underpinning this is the belief held by many physical therapists that their patients expect them to provide hands-on care.\(^12\) As a result, physical therapists may all too easily revert to their old ways instead of continuing to offer TR and mastering the hands-off therapies that it naturally lends itself to.\(^13\) However, this line of reasoning treats all patients as 1 homogenous group and fails to recognize that some patients are actually interested in TR as well as hands-off therapies. A more business-oriented approach
recognizes the growing potential of remote monitoring technologies and evidence showing that patients are willing to use them.\textsuperscript{16} When it comes to identifying the specific patients who would benefit most from TR, many clinical guidelines and reports have been recently developed.\textsuperscript{17–19} In combination with these clinical resources, physical therapists can use principles from business and marketing strategy to identify potential TR customers. One particularly useful concept is market segmentation, an approach that refers to tailoring product features and/or service offerings to groups of people based on shared characteristics.\textsuperscript{20} Instead of assuming that all patients are skeptical of TR, physical therapy providers can be more strategic in dividing current and potential customers into those who would (or would not) be accepting of TR.

With the caveat that clinical reasoning will always need to confirm that a patient is a good candidate for TR, there are various reasons why customers may be excited about TR, which can form the basis for segmentation. For example, remote physical therapist visits may be particularly appealing to clients who are busy, traveling frequently, or have significant childcare responsibilities. These clients may prioritize convenience above other expectations, including those for hands-on therapies. Similarly, TR may be a solution for those patients specifically looking for self-management strategies, education, and advice about exercise or for those who have not responded well to hands-on therapies (eg, chronic pain patients).\textsuperscript{21,22} Finally, because it requires less overhead in the long term, TR may increase access to physical therapy for financially constrained patients, some of whom may have never considered physical therapy before due to cost. In this way, continuing to offer TR, either completely remotely or as part of a hybrid approach, allows physical therapists to meet the diverse needs of various customer segments, thus expanding our services to broader markets.

**Communicate the Benefits of TR (to the Right Segment, in the Right Place)**

Once customers have been divided into segments, marketing messages promoting TR need to be tailored to the benefits that each segment is most likely to realize. A simple way to do this is by highlighting the customer problems that TR solves. The Table provides examples of problems and solutions that can be used in marketing communications based on the many documented benefits of TR in the literature.\textsuperscript{1,17} To give a specific example here, consider that you are developing a marketing message to working parents who face the problem that they are too busy to go to physical therapy. A segment-specific and solution-oriented marketing message would involve promoting convenient access to physical therapy from the home or workplace. Advertising efforts and promotions portraying this message would then be most effective if directed towards meaningful places for this group, including daycare centers, online parent communities, or through corporate partnerships. As this example demonstrates, it is not only important that segment-specific marketing messages are created but that these messages are communicated in the right location so they are visible to the right segment. This increases the likelihood that they will respond to the message and seek out a TR provider.

**Conclusion**

Although COVID-19 was a major catalyst for TR adoption, the end of the pandemic has the potential to be its downfall. But it does not have to be! For those committed to developing a sustainable TR strategy, a new approach is needed. This approach should not only incorporate clinical resources for TR but also business and marketing principles to drive and capitalize on TR demand post pandemic.

As consumers continue to embrace technology-mediated solutions to their health care needs, physical therapists who invest in a strong TR strategy will be more competitive in the future. Although not every patient will want TR post-COVID-19, some will. Segmenting those patients, developing targeted marketing messages, and communicating how TR will benefit them is key to not only reaching more people with physical therapists but also realizing the many opportunities that TR has to offer the physical therapist profession.

**Disclosures**

The author completed the ICMJE Form for Disclosure of Potential Conflicts of Interest and reported no conflicts of interest.

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**Table. Potential Customer Problems That Telehealth Solves**

| Problem | Solution |
|---------|----------|
| Access to care (eg, due to mobility concerns, lack of transport, living in rural or remote communities) | Receives care without having to travel to appointments |
| Frequent travel | Provides continuity of care when away from local clinic(s) |
| No time to go to appointments (ie, too busy) | Eliminates time spent traveling to and from appointments and time spent waiting for care |
| Significant family responsibilities, lack of childcare | Have physical therapist treatment while staying with family; eliminates need to obtain childcare or bring children to appointments |
| Cost as barrier to receiving care | May provide lower-cost care options (eg, decreased overhead) |
| Not responding to hands-on therapies (eg, persistent pain patients) | Eliminates expectation to use hands-on approaches and decreases reliance on passive therapies; allows dedicated 1-on-1 time with clinician to explore hands-off solutions |
| Wants hands-off treatment approaches | Encourages motivational interviewing and other evidence-based solutions that focus on patient-empowerment and self-management |

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\textsuperscript{1–19}
References

1. Cottrell MA, Russell TG. Telehealth for musculoskeletal physiotherapy. *Musculoskelet Sci Pract*. 2020;48:102193.

2. Cottrell MA, Galea OA, O’Leary SP, Hill AJ, Russell TG. Real-time telerehabilitation for the treatment of musculoskeletal conditions is effective and comparable to standard practice: a systematic review and meta-analysis. *Clin Rehabil*. 2017;31:625–638.

3. Suso-Martí I, La Touche R, Herranz-Gómez A, Angulo-Diaz-Parreño S, Paris-Alemany A, Cuenca-Martínez F. Effectiveness of telerehabilitation in physical therapist practice: an umbrella and mapping review with meta-ma-analysis. *Phys Ther*. 2021;101:pxab075.

4. Wosik J, Fudim M, Cameron B, et al. Telehealth transformation: COVID-19 and the rise of virtual care. *J Am Med Inform Assoc*. 2020;27:957–962.

5. Koonin LM, Hoots B, Tsang CA, et al. Trends in the use of telehealth during the emergence of the COVID-19 pandemic—United States, January–March 2020. *Morb Mortal Wkly Rep*. 2020;69:1595.

6. World Physiotherapy. *Physiotherapy Digital Practice Experiences and Insights During COVID-19*. London, UK: World Physiotherapy; 2021.

7. Scott Kruse C, Karem P, Shifflett K, Vegi L, Ravi K, Brooks M. Evaluating barriers to adopting telemedicine worldwide: a systematic review. *J Telemed Telecare*. 2018;24:4–12.

8. Wade VA, Elliott JA, Hiller JE. Clinician acceptance is the key factor for sustainable telehealth services. *Qual Health Res*. 2014;24:682–694.

9. Rethorn ZD, Lee AC, Rethorn TJ. Connecting at the website: rapid telehealth implementation for musculoskeletal clinicians. *J Orthop Sports Phys Ther*. 2021;51:8–11.

10. Werneke MW, Deutscher D, Grigsby D, Tucker CA, Mioduski JE, Hayes D. Telerehabilitation during the Covid-19 pandemic in outpatient rehabilitation settings: a descriptive study. *Phys Ther*. 2021;101:1–11.

11. Middleton A, Simpson KN, Benger JP, Bowden MG. COVID-19 pandemic and beyond: considerations and costs of telehealth exercise programs for older adults with functional impairments living at home—lessons learned from a pilot case study. *Phys Ther*. 2020;100:1278–1288.

12. Malliaras P, Merolli M, Williams CM, Caneiro JP, Haines T, Barton C. “It’s not hands-on therapy, so it’s very limited”: telehealth use and views among allied health clinicians during the coronavirus pandemic. *Musculoskelet Sci Pract*. 2021;52:102340.

13. Ferguson SL, Smith C, Kietzmann J. Hands off?! Lessons from high-touch professionals about going virtual. *Bus Horiz*. 2021. doi: 10.1016/j.bushor.2021.03.002.

14. Harpaz J. Reasons why telehealth is here to stay (COVID-19 and beyond). *Forbes*. 2020. Accessed September 27, 2020. https://www.forbes.com/sites/joharpaz/2020/05/04/5-reasons-why-telehealth-here-to-stay-covid19/?sh=639bbf653f.

15. Lewis J, Mc Auliffe S, O’Sullivan K, O’Sullivan P, Whiteley R. Musculoskeletal physical therapy after COVID-19: time for a new normal. *J Orthop Sports Phys Ther*. 2021;51:5–7.

16. Cottrell MA, Hill AJ, O’Leary SP, Raymer ME, Russell TG. Patients are willing to use telehealth for the multidisciplinary management of chronic musculoskeletal conditions: a cross-sectional survey. *J Telemed Telecare*. 2018;24:445–452.

17. World Confederation for Physical Therapy and the International Network of Physiotherapy Regulatory Authorities. The report of the WCPT/INPTRA Digital Physical Therapy. 2020. Accessed September 27, 2020. https://world.physio/sites/default/files/2020-06/WCPT-INA-PTRA-Digital-Physical-Therapy-Practice-and-Legal-Task-Force-March2020.pdf.

18. Chartered Society of Physiotherapy. Covid-19: guide for rapid implementation of remote physiotherapy delivery. 2020. Accessed September 27, 2020. https://www.csp.org.uk/publications/covid-19-guide-rapid-implementation-remote-physiotherapy-delivery.

19. American Physical Therapy Association. Telehealth in practice. Accessed September 27, 2020. https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice.

20. Smith WR. Product differentiation and market segmentation as alternative marketing strategies. *J Mark*. 1956;21:3–8.

21. Almeida L, Costa LO, Maher CG, et al. Telerehabilitation for acute, subacute and chronic low back pain. In: *Cochrane Database of Systematic Reviews*. 2020;8:CD013704.

22. Dear BF, Titov N, Perry KN, et al. The pain course: a randomised controlled trial of a clinician-guided internet-delivered cognitive behaviour therapy program for managing chronic pain and emotional well-being. *Pain*. 2013;154:942–950.