Updated Clinician's Guide to Use of Telehealth for CRT Service Provision

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The Clinician Task Force (CTF) is a nonprofit organization of leading physical therapists (PTs) and occupational therapists (OTs) who specialize in service provision for people with disabilities (PWD) who require Complex Rehab Technology (CRT) and related services. CRT includes individually configured manual and power wheelchairs, wheelchair seating systems, and other adaptive equipment (NCART, n.d). Our mission is to provide clinically grounded, evidence-based expertise that guides public policy, advances best practices, and promotes positive outcomes for people with disabilities who require CRT.

In response to the coronavirus public health emergency (PHE) in 2020, telehealth was expanded through legislation to permit providers including PTs and OTs to provide services (U.S. Department of Health & Human Services, 2025). Many lessons were learned about the positive outcomes that can be obtained through the proper use of telehealth services in the provision of CRT (Bell et al., 2020; Feldhacker et al., 2022; García-Rudolph et al., 2023). The following document has been updated by the CTF as a guide for clinicians and other stakeholders when using telehealth to address the CRT needs of PWD, who shall be referred to as "consumers" for the remainder of this document.

BACKGROUND

The **Clinician's Guide to Use of Telehealth for CRT Service Provision** was initially developed in 2021 in response to the coronavirus public health emergency. Please refer to the original document regarding the background of its development and context for use. Note that the wheelchair service provision guide developed by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) was used as an outline for organizing the document (Arledge et al., 2011).

POSITION

The CTF supports the Expanded Telehealth Access Act (H.R. 3875/S. 2880) and endorses use of telehealth for CRT service delivery programs. Telehealth technologies may be used to deliver preventive, evaluative, consultative, therapeutic, and monitoring services. Benefits of telehealth to the consumer receiving CRT services include but are not limited to improving access, reducing delays to CRT acquisition, reducing costs for end users and service providers, improving service delivery for the end user, and reducing health inequities for vulnerable and underserved populations and those living in rural areas (Bell et al., 2020; Costa, et al., 2025; Dean et al., 2024; García-Rudolph et al., 2023; Goldman et al., 2023; Healy et al., 2023; Nayak et al., 2023; Schein et al., 2010; Schmeler et al., 2009).

CONSIDERATIONS

When all members of the CRT Team are unable to be onsite (i.e., physically present with the consumer), the use of telehealth can be a resource to bring the team members together, if certain criteria are met.

The following are *considerations* for the team in preparing for a successful telehealth visit:

1) Prioritization of Assessments where the Clinician is Physically Present with the Consumer

Whenever possible, assessments where the clinician is physically present with the consumer are best practice. At least one session with the clinician physically present is especially important for components of CRT service provision such as a mat examination and physical assessment of posture, strength, range of motion, muscle tone, skin integrity, and functional mobility. Experts concur that telehealth sessions should not replace traditional CRT sessions but rather offer an alternative option when necessary (Bell et al., 2020; Dean et al., 2024; Schein et al., 2010; Touchett et al., 2022).

Exceptions to sessions where the clinician is physically present with the consumer should be considered on a case-by-case basis, guided by the clinical reasoning of the prescribing clinician and their experience with CRT service provision. Clinicians who know the consumer well or have conducted evaluations when physically present with them within the past year, or past six months for consumers with progressive conditions or children who are growing, may be better suited to perform telehealth-only CRT sessions. The final decision should consider factors such as the consumer's medical complexity, financial or travel barriers, urgency of need, and ultimately reflect the professional judgment and clinical reasoning of the clinician.

2) Team Roles and Communication

The roles of each team member are clearly outlined in the RESNA Wheelchair Service Provision Guide and should remain consistent across all CRT sessions, including those provided via telehealth (Arledge et al., 2011). Prior to CRT sessions, team members should establish who will participate remotely and which components of service provision will be conducted by telehealth. At the start of the telehealth session, team members should communicate their specific responsibilities and expectations, introduce themselves, and clarify the roles for all parties.

3) Team Competency

The clinical experience and competence of each team member must be considered. A lack of skill, experience, or familiarity with CRT service provision or telehealth platforms may warrant adjustments to the team members who participate or the service provision process. For example, a novice clinician may benefit from support from an experienced clinician, serving as a consultant, during telehealth sessions. Successful telehealth implementation depends heavily on provider competence, experience, and comfort with CRT provision and telehealth platforms.

4) Technology Requirements

Use a telehealth platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). Confirm that both audio and video capabilities are functional,

reliable, and tested prior to the session. Use of telehealth platforms and digital devices may require additional training for both the clinician and consumer.

5) Regulatory Compliance

Ensure all telehealth services comply with applicable employer policies, professional standards, and state regulations governing clinical care and telehealth delivery.

6) Insurance Verification

Confirm the consumer's insurance coverage and telehealth benefits prior to telehealth sessions to ensure service eligibility and avoid disruptions in care or reimbursement.

7) Caregiver Support and Safety

Verify the availability of a caregiver or family member to assist the consumer with physical support, transfers, or equipment adjustments during the session, especially if the evaluating clinician is not physically present onsite. Caregivers should also be prepared to adjust video equipment to maintain an adequate line of sight. If no caregiver is available, the clinician should use their expert judgment to determine the appropriateness and safety of proceeding with the session. The session should be rescheduled or terminated early if the consumer's safety or adequate visibility cannot be ensured.

8) Ethical Use of Telehealth

The decision to use telehealth must not be based on service provider convenience, productivity goals, or organizational efficiency. Telehealth should not be misused as a cost-saving or business practice shortcut but must always prioritize the safety, health, clinical appropriateness, and best interests of the consumer.

REFERRAL

A referral for CRT services, initiated by the consumer, physician, and other medical team members, is necessary for the PT or OT to participate in the assessment and service provision process. Once the referral is received, further discussion with the consumer is required to determine whether the evaluation will take place with the CRT team or via telehealth. A referral is not required for the wheelchair supplier if the consumer has identified and agrees with the choice of their preferred supplier.

ASSESSMENT OF NEED

Following the outlined considerations, the decision to proceed with a telehealth session should be made using clinical judgment and team consensus. While telehealth may be appropriate in some cases, having a clinician physically present with the consumer for some aspects of CRT service provision such as a mat examination and physical assessment of posture, strength, range of motion, muscle tone, skin integrity, and functional mobility remain best practice due

to the depth of physical information they provide and the challenges of conducting these activities by telehealth. The effectiveness of telehealth is influenced by the team's experience and cohesion. If at any point a team member determines that telehealth does not adequately support the consumer's needs, the evaluation should be transitioned or deferred until the clinician can be physically present with the consumer to ensure the most effective outcome.

Environmental Factors

Telehealth enables clinicians to observe consumers in their primary environments**,** providing critical insights that may not emerge at an in-clinic setting. This includes assessment of the physical layout of the setting, accessibility barriers, safety risks**,** and the presence or absence of support, such as caregiver assistance. Identifying equipment limitations**,** the need for environmental modifications, or caregiver training within the primary environments allows for more accurate, context-specific CRT recommendations that directly address environmental challenges.

Activity and Participation

Telehealth also facilitates real-time observation of the consumer's ability to perform self-care, instrumental activities of daily living (IADLs), and functional mobility within their primary environments. Involving caregivers or family members during these sessions provides additional insights into routine and functional and support needs. Telehealth also expands the clinician's ability to assess and fine-tune CRT recommendations for the consumer's work environment—whether in a home office or other vocational setting. Direct observation of the workspace allows for personalized CRT interventions to support meaningful vocational participation.

Body Functions and Structures

Although it is best practice for the clinician to be physically present with the consumer for the hands-on mat examination and physical assessment (range of motion and muscle tone assessment, strength testing, and palpation of bony landmarks, etc.), clinicians can consider these alternatives in a telehealth session when necessary:

a) Visualization of posture, symmetry, muscle atrophy, contractures, skin condition, and movement patterns.

b) Evaluation of specific movements (e.g., reaching to the ground, repositioning in wheelchair, reaching into a cabinet, etc.).

c) Functional Mobility Screen: observing the consumer during transfers, grip tasks, and sit to stand transitions.

d) Caregiver or consumer-assisted examination that is verbally guided by the clinician to observe the consumer's passive/active range of motion and posture.

e) Use of still images or video submissions. The consumer or caregiver can send photos or videos in advance from multiple angles (e.g., seated posture, limb alignment, wounds, joint contractures).

f) Reviewing past CRT evaluations and mat examinations; ideally documentation within the past year or past six months for consumers with progressive conditions or children who are growing.

g) Reviewing relevant clinical documentation such as physician notes, images of wounds, PT/OT notes, etc.

h) Use of patient self-report and outcome measures such as the Functional Mobility Assessment, pain scales, fatigue scales, etc.

Please Note: In accordance with RESNA standards, these activities are considered within the clinician's scope of practice and are not within the defined responsibilities or scope of practice of the CRT supplier**.**

EQUIPMENT RECOMMENDATION AND SELECTION

Telehealth offers a valuable opportunity for clinicians to observe equipment use within the consumer's primary environments**,** allowing for more accurate assessment of equipment fit, consumer function, and impact on daily activities. Remote clinician participation during in-home equipment trials—alongside the CRT supplier who is physically present with the consumer and, if needed, a manufacturer representative—enables real-time documentation of performance, medical justification of specific features, and identification of training needs or environmental barriers.

Documentation

Specific documentation should be included when using telehealth for CRT evaluations. Below is a checklist of recommended documentation elements to include:

a) Consumer's address and location during the session.

b) Name, location, and credentials of other team members.

c) Name(s) and relationship(s) of caregiver and/or family members present.

d) Type of telehealth communication (e.g., phone connection or two-way audio/video). Best practice is to have a video interaction.

e) Consumer's verbal or written consent to participate in the telehealth session.

f) Confirmation by the clinician that telehealth is appropriate and effective for session goals.

g) A backup number for the consumer in case the session is disconnected, or the consumer experiences a medical emergency during the session.

In addition to including the above items in the documentation of a telehealth session, CRT clinicians should be aware of the following guidelines and recommendations:

a. The remote clinician must be licensed in the state where the consumer is located and follow appropriate state regulations.

b. Clinicians should explain telehealth safety protocols to the consumer, such as who will contact emergency services if needed. If the consumer and clinician are in different states, it will be more efficient to have the consumer and/or caregiver contact emergency services.

c. Clinicians should be aware of the benefits and limitations of telehealth services and explain them to the consumer (Barlow et al., 2009; Graham et al., 2020).

    I. Benefits can include ease of access to sessions, reduced travel requirements, and the ability for clinicians to assess the consumer's primary environment(s).
    II. Limitations can include reduced ability for hands-on examination by the clinician, the risk of improper measurements/findings in mat exam and physical assessments (McClammer et al., 2024).

d. Consumers and/or their caregivers should be able to verbalize their understanding of these benefits and limitations.

FITTING, TRAINING AND DELIVERY

Fitting

In many cases the CRT supplier will deliver equipment to the consumer while the clinician participates remotely to guide the CRT supplier through the process of adjustments and to provide information about the consumer's physical, health, and functional needs as it relates to the setup of the equipment.

Training and Delivery

Training in the care, maintenance, and basic operation of the CRT equipment will be provided by the CRT supplier. This may include tasks such as programming the electronics, teaching consumers about battery maintenance and operation of the device, and assembling, adjusting, or modifying equipment components. Functional training with the consumer, including transfers, positioning techniques, pressure relief strategies, wheelchair skills, and any relevant medical considerations, will be conducted remotely by the clinician. If additional training needs for the consumer or caregiver(s) are identified during the initial fitting, the clinician may continue support through an ongoing telehealth plan of care or determine that being physically present with the consumer is necessary for some sessions.

CLINICAL FOLLOW-UP

Telehealth serves as an effective method for follow-up after CRT equipment delivery, allowing clinicians to monitor consumer use and identify any additional training needs. If adjustments or programming are necessary to address safety, stability, or comfort concerns, the remote clinician may coordinate with the CRT supplier for assistance. Should maintenance or repair needs be identified during the session, the consumer will be instructed to contact the CRT supplier directly.

OUTCOME MEASUREMENT

Outcome measures play an important role in objectively documenting the need for CRT equipment. In a telehealth setting, suitable outcome measures may include the Functional Mobility Assessment (FMA) (Bell et al., 2020; McClammer et al., 2024), wheelchair skills test (WST), pain scales, and patient self-report measures. Measures such as the FMA and WST can often be administered through interview format, while others such as the 10-Meter Walk Test, Timed Up and Go (TUG), Five Times Sit-to-Stand (FTSTS), and Functional Reach Test (FRT) require the consumer to physically perform the task. For these, advance planning and coordination with team members may be necessary to ensure accurate and safe administration.

CONCLUSION

This guide is intentionally broad in scope and is not intended to replace clinical judgment or reasoning when addressing the unique needs of individuals who use CRT. Developed by a multidisciplinary committee representing key stakeholders in the wheelchair service provision process, this guide integrates current literature and best practice principles to support high-quality service delivery.

While sessions where the clinician is physically present with the consumer are considered best practice, this guide outlines how telehealth can be effectively incorporated when appropriate and necessary. Telehealth offers important advantages—such as improved access to services, timely evaluations, reduced financial and transportation barriers, and the ability to assess a

consumer's home environment and caregiver support. However, some components of thorough CRT service provision, including the mat examination, strength and tone assessments, skin integrity evaluation, and range of motion testing, are challenging to perform remotely. Whenever possible, the clinician should conduct them when physically present with the consumer and they should avoid relying solely on telehealth for CRT provision.

When thoughtfully implemented, telehealth can complement best practices and enhance outcomes for individuals who require CRT. A blended model, where the clinician is physically present with the consumer for some sessions and available remotely for others may be helpful to improve timely access to needed CRT devices and services (Dean et al., 2024; Nuara et al., 2022; Touchett et al., 2022). Ultimately, the choice of service delivery model must prioritize the consumer's health, safety, individual needs, and overall well-being.

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