Tele-Rehabilitation — Readiness Checklist

Run this on a digital physical-therapy, sports-rehab, or musculoskeletal build before launch. Engineering guidance, not legal advice — confirm specifics with counsel.

MOTION, SAFETY & PHI

- ☐ **Motion approach chosen on purpose.** Camera pose estimation (cheaper, frictionless) or worn inertial sensors (more controlled, robust to lighting) — picked against your accuracy needs and patient setup burden, not by default. Markerless single-camera systems reach ~5° joint-angle accuracy at sub-100 ms latency.
- ☐ **Live-correction quality budgeted.** If a therapist corrects form over live video, the latency and resolution bar is higher than a talk-only consult; budget it (glass-to-glass and Mbps), don't inherit a generic call config.
- ☐ **Unsupervised-exercise safety built in.** An environment / readiness check before solo exercise (space, stable footing, balance support), contraindication inputs that pause the program, and an escalation path to the therapist or urgent care. The patient is moving alone.
- ☐ **Adherence is the billable event.** Roughly half of patients abandon a traditional home program; streaks, reminders, progress views, and therapist nudges are revenue and outcomes infrastructure, not engagement gimmicks.
- ☐ **Every hop encrypted, every handler BAA'd.** Video + motion + face is identifiable PHI. Encrypt in transit and at rest (45 CFR §164.312(a)(2)(iv), addressable — implement it); sign a BAA with the cloud store, the pose / motion vendor, the video platform, and the EHR. Encrypted is not the same as compliant.
- ☐ **Licensed where the patient sits.** The therapist must generally be licensed in the patient's state at session time; the PT Licensure Compact (~36 states + DC) eases this. Your scheduling logic must know the patient's location and match a licensed therapist.

THE DEVICE LINE & RTM BILLING

- ☐ **Run the coach-vs-assess test.** If software only counts reps, shows angles, and coaches general exercise, it is usually a non-device under the FDA General Wellness policy (reissued Jan 2026). If it interprets movement to output a clinical assessment or treatment decision acted on without review, it is usually a regulated device.
- ☐ **No accidental medical device.** A feature that scores injury risk, auto-advances a clinical protocol, or names a diagnosis from gait may be Software as a Medical Device needing FDA authorization. Decide the line before you build, and write product claims to match.
- ☐ **Automation-bias check.** Per FDA Clinical Decision Support guidance (final 2022-09-28), software that hands a clinician a directive they can't independently review looks like a device. Keep a non-device feature reviewable.
- ☐ **RTM is the therapist's billing path.** Remote Therapeutic Monitoring lets PTs/OTs bill for managing the home program: set-up 98975, MSK device/software supply 98977, treatment management 98980 (first 20 min) + 98981 (each +20 min).
- ☐ **2026 short-duration codes mapped.** The CY2026 Fee Schedule added 98985 (musculoskeletal, 2–15 days) and 98979 (10-minute management), dropping the floor from 16 days / 20 min to 2 days / 10 min — so partial adherence is now billable. Confirm current rates and 'sometimes therapy' modifiers for your payers.
- ☐ **Revenue model tied to adherence data.** The whole RTM stream depends on the patient actually using the program; model revenue from realistic adherence, not best-case, and confirm jurisdiction and payer coverage before you commit.

THE ONE TEST BEFORE LAUNCH

Open one home session and prove the hard parts: the motion capture is accurate enough for a therapist to correct form or for the patient to self-correct, with a safety check before the patient moves alone; the video and motion stream are encrypted in transit and at rest and every handler that can see them has a signed BAA; you can state in one sentence whether your software only coaches movement or interprets it into a clinical decision — and if it interprets, the FDA pathway is in the plan; and the RTM billing path matches who manages the program and how the patient actually adheres. If any of those is unclear, the product is not ready — in rehab the failure is a fall during unsupervised exercise, an exposed in-home video, or an unauthorized medical device.