Telehealth is already being used to treat patients with chronic conditions such as renal disease, diabetes, mental health, and substance use disorders. The Centers for Medicare and Medicaid Services (CMS) has concluded that telehealth offers the promise of a technology and approach to care for a broad range of populations, including those enrolled in Medicare. Emerging evidence indicates that telehealth can empower both patients and health care providers to offer the best approaches to care that consider a patient’s age, race/ethnicity, geographic location, and diagnoses, as well as provide high-quality care without increasing costs. Telehealth also can reduce disparities in care, especially in rural communities. While it does not eliminate the need for in-person visits, telehealth does increase access to a greater variety of providers and can enhance delivery and coordination of care.

The following studies demonstrate the potential for cost-savings, improved outcomes, increased access, and higher patient satisfaction through the use of telerehabilitation.

**Conclusion:** Virtual rehabilitation is effective for certain patients and enables on-demand rehabilitation, offers cost savings, allows for coordination of care, and may improve adherence and patient satisfaction.

**Conclusion:** Patients with chronic low back pain may benefit from the use of telerehabilitation booster sessions and remote patient monitoring in long-term management of their condition.

**Conclusion:** Telehealth implementation in a skilled nursing facility for the purpose of physical therapy reevaluation is a feasible alternative to in-person encounters.

Effects of Physical Therapy Delivery Via Home Video Telerehabilitation on Functional and Health-Related Quality of Life Outcomes [J Rehabil Res Dev. 2015;52(3):361–370.]
**Conclusion:** This study of the Rural Veterans TeleRehabilitation Initiative (RVTRI) found that home-based telerehabilitation significantly improved functional independence, cognition, and patient satisfaction.

**Conclusion:** Virtual reality-based telerehabilitation interventions were as effective as in-person rehab at helping patients recover balance skills after stroke at less cost.

**Conclusion:** Patients who were assessed and treated for musculoskeletal disorders by a physical therapist via live, secure video reported improvements in movement and function in less than 4 visits and maintained this reduction after 3 months.

Conclusion: Telerehabilitation has the potential to deliver high-quality care for pelvic floor dysfunction and greater access to physical therapists for both initial and follow-up visits.

Clinical Outcomes of Remote Asynchronous Telerehabilitation Are Equivalent to Traditional Therapy Following Total Knee Arthroplasty: A Randomized Control Study [J Telemed Telecare. 2017;23(2):239-247.]

Conclusion: Patients who received rehab via real-time video after knee replacement reported similar clinical outcomes and satisfaction compared with patients who received traditional care.


Conclusion: Poststroke activity-based training resulted in substantial gains in patients’ arm motor function, whether provided via telerehabilitation or traditional in-clinic rehabilitation.


Conclusion: For patients with multiple sclerosis, telerehabilitation was shown to be “beneficial, cost-effective, and satisfactory for patients and providers.”