


Correspondence

Tele-rehabilitation to the improvement of the quality of burns clinical care

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To the Editor

Burns are known as one of the most important causes of mortality in burn patients [1-6]. Adoption of appropriate diagnostic and treatment processes can lead to reducing the death rate of burn patients. Improperly management of burns victims can lead to physical abnormalities, psycho-social challenges, multiple surgeries, amputations, and functional disorders [7-17]. However, there is a perceived need for better, more precise, and longer rehabilitation due to the rising number of burn survivors. The process requires the collaboration of physiotherapists, occupational therapists, sports physiologists, nurses, and doctors from different fields [18]. Also, burn patient rehabilitation includes the management of positioning and orthosis, scar treatment, exercise prescription, education, and the management of symptoms that hinder function [19]. Rehabilitation difficulties include disparities in access to care, treatment techniques, and results in health care for different racial and ethnic groups at all levels of care [20]. However, according to a study, most questioned clinicians used exercise to rehabilitate patients after burn injuries, indicating high acceptance of various rehabilitation programs [21]. Hence, tele-rehabilitation refers to various approaches frequently made available through technology [22]. Following the COVID-19 outbreak and home quarantines, there was a discussion of remote health therapies such as telemedicine, telenursing, and tele-rehabilitation [23]. Tele-rehabilitation will also provide benefits such as

lower patient hospitalization expenses, improved access to rehabilitation programs in rural areas, and convenience of usage [24]. Tele-rehabilitation may be provided in two ways: synchronous (online) and non-synchronous (offline) [22]. Clinical uses of tele-rehabilitation confront challenges such as employing evidence-based methods, recognizing patient preferences on how to use it, ensuring patient access, and communicating effectively [23]. Despite the growing importance and application of tele-rehabilitation programs in burn victims, only one clinical trial research has been conducted. In a non-inferiority randomized control trial, six weeks' program as a home-based tele-rehabilitation was comparable to in-person programs. This rehabilitation strategy achieved high patient and therapist satisfaction levels and common technical problems. Furthermore, no adverse consequences were found. Tele-rehabilitation is a safe and successful option, particularly for burn patients who cannot visit outpatient centers frequently [25].

Considering the importance of the rehabilitation program in managing burn patients and the conditions of burn patients who frequently attend medical centers, it may be painful for them; therefore, a tele-rehabilitation program can improve the results. However, more studies are needed to prove the effectiveness, safety, and accessibility of this method, and it is suggested that future studies look more specifically at tele-rehabilitation programs in burn patients.

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Using artificial intelligent chatbots

None.

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