Roxanne Kent

Roxanne Kent wonders whether SLTs will continue to deliver remote rehabilitation therapy after the pandemic

Will remote therapy stick?

ILLUSTRATION BY **Sara Gelfgren**

We've read about the emerging research into 'teletherapy', 'telemedicine', 'telerehabilitation' and all the other ways online therapy is described. I sat through presentations on the EVA Park studies (City University, London) at the 2019 British Aphasia Society Conference and remember being enthralled by the concept. Remote therapy sat quietly in the background, and then COVID-19 struck. We went into lockdown and were told to only to leave our houses for essential journeys.

I work for a private rehabilitation company and go into neuro-rehabilitation houses, taking on early discharged patients from hospital to assess and manage their dysphagia, assess their communication and support their mood and wellbeing. I go in and for a moment forget about COVID-19. We smile and chat, pretending everything is as it should be. We are professional, brave and prepared—until someone coughs and the concerned glances and fears creep in.

What about clients who don't need to have face-to-face contact? Well, Zoom happened. Suddenly everyone is on Zoom communicating to friends, family, colleagues and now patients. Luckily, the patients I see via Zoom have carers or family members who are tech-savvy enough to download the app and adjust accordingly. The first couple of weeks I found there would be an initial period of 10 minutes of "I can see you, but can't hear you" or "just trying to balance the phone, bear with me" for each session as we both tried to troubleshoot.

"How tech-savvy many of us now feel"

In my first remote session I treated a patient with dysarthria. Conducting breath support exercises, passage reading and spontaneous speech were no different than when done face-to-face. For the individual with mild-to-moderate dysarthria this has been brilliant. Interestingly, I've noticed people seem to naturally speak louder when talking remotely.

Everything was going as planned, until I had a patient with severe aphasia and I realised I needed him to point to the answer on our shared screen or see what he had written down. However, I couldn't and I was stuck. As SLTs we've always involved family members and carers in therapy. I've been lucky and my patients have had supportive spouses willing to stay and help, verbalising their actions. In a way, remote sessions have been very beneficial. I think of those times when I've not had the guts to say to a spouse/family member, "Actually, do you mind sitting in, I think this would be good for you to see."

How strange it is to not walk into someone's house, shake their hand, pass them materials and use objects to spark discussion and build that therapeutic relationship. Once it felt that we imposed on someone else's environment, now it feels like the tables have turned. The professional therapist bubble is quick to pop when your cat walks in front of the camera, the doorbell rings or the children fight in another room.

How tech-savvy many of us now feel. Reluctant at first, we rose to the challenge and conquered. Will our practice change forever? Is remote therapy the way of the future? Pessimistically, I believe things won't change dramatically. However, by now most of us have experienced that we can form partnerships remotely, that we can deliver quality and effective therapy, and that we see can more people each day. Moving forward I hope we will now at least offer remote therapy to those who will benefit, and be confident in voicing the benefits of remote therapy to those that may still doubt. ■

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References

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