

## Telehealth toolkit workshop agenda

### (Date & time TBC)

<b>Time</b>	<b>Item</b>	<b>Leads</b>
5 mins	Welcome to event, introduce facilitators Re: confirm recording Set expectations: that all information is confidential and dealt with in a respectful manner. Should participants feel uncomfortable at any point during the workshop they are free to private message the facilitator and withdraw.	AE
10 mins	Overview of work to date and rationale	AE
5 mins	Introduction to tasks	AE
15 mins	Break out room activity 1 (broad feedback) Overall toolkit likes and dislikes with a focus of content (what would improve your practice) and visual presentation of material online. Are there gaps in content?  At the end of breakout – try and get to ‘what would be ideal on here’ and ‘how would an ideal toolkit look?’	2-3 facilitators with AE float between rooms
15 mins	Large group discussion from breakout rooms 1	AE
10 mins	BREAK	
5 mins	Re-group and prep for break out room 2	AE
15 mins	Breakout room activity 2 (detailed feedback)  Touch on various aspects of toolkit: patient faces resources, videos, case studies Navigation and usability of toolkit  How can we improve the toolkit?	2-3 facilitators with AE float between rooms
15-25 mins	Large group discussion from breakout rooms 2	AE
5 mins	Close/summary/next stages	AE

## General conversation breakout room prompts:

### BREAKOUT 1:

- What aspects of the toolkit do you think will help improve your ability to delivery physiotherapy via telehealth?
  - o How do you feel about the depth and detail of information?
  - o Do you think there any major gaps in content? Please provide suggestions.
  - o Are there any parts of the toolkit that are confusing or not useful? Explain.
  - o What do you think about the way the information is presented?
    - Do you have suggestions for alternative methods?

### BREAKOUT 2:

- How did you find the following aspects of the toolkit:
  - o Usability, accessibility, navigation
  - o What aspects of the website layout did you find useful/not useful and why?
  - o What further recommendations would you make regarding the online toolkit?
  - o What does the toolkit achieve/not achieve?
  - o Depth/detail of knowledge
  - o Case studies
  - o Patient facing resources
  
- Overall, are there any further recommendations that you would you make regarding the online toolkit?

### **Open ended questions for potential participants unable to attend the workshops.**

- Briefly, how did you find the following aspects/features:
  - o Navigation
  - o Videos
  - o Depth/detail of knowledge
  - o Case studies
  - o Patient facing resources
- What aspects of the content did you find the most useful?
- Were there aspects of the content that you thought were not useful?
- Please explain if you think we are missing important content related to physiotherapy via telehealth for musculoskeletal care.
- Do you have any feedback on how the content was presented in the toolkit? Please share.

## Appendix B: Pre-Post Toolkit surveys

# Development and evaluation of an online telehealth toolkit to improve the quality of physiotherapy management of musculoskeletal conditions

### PRE-TOOLKIT SURVEY

Please enter your email to begin: \_\_\_\_\_

### WHO ARE YOU

Please select the best option:

- 1) I am a registered physiotherapist
- 2) I am currently enrolled as an entry level physiotherapy student
- 3) Neither physiotherapist or physiotherapy student
  
- 4) In what country do you work?  
[drop down list]
  
- 5) How do you currently describe your gender identity?
  - a. Male
  - b. Female
  - c. Non-binary
  - d. Prefer to self-describe Text: \_\_\_\_\_ -
  - e. Prefer not to say
  
- 6) What setting do you work in?
  - a. Public -hospital
  - b. Public -community or home care
  - c. Private practice
  - d. Both public and private
  - e. Elite sport
  - f. Other (please specify)
  
- 7) How much experience do you have as a qualified physiotherapist?
  - a. I am still studying for my entry level degree
  - b. <5 years
  - c. 5-10 years
  - d. 11-15 years
  - e. >15 years
  
- 8) What type of patients do you work with?

- a. Musculoskeletal
- b. Musculoskeletal and other types (e.g. chronic disease, neurological)
- c. Not musculoskeletal (please specify, open text)

## **TELEHEALTH TRAINING AND RESOURCES**

9) Have you already accessed the Telehealth Toolkit website?

- a. No
- b. Yes, I have spent <15 minutes viewing it
- c. Yes, I have spent 15-30 minutes viewing it
- d. Yes, I have spent > 30 minutes viewing it

10) What (if any) telehealth related courses, training, or resources have you accessed/completed (select all that apply)?

- a. NONE
- b. University level course/program
- c. Online courses (i.e. physiopeia telehealth course)
- d. Professional association resources (i.e. Australian Physiotherapy Association)
- e. Mentoring/discussion with colleague
- f. Published research papers
- g. Websites
- h. Social media
- i. Blogs
- j. Books
- k. Other [open text]

11) Please rank in order how would you prefer to access learning resources to improve your ability to provide virtual care? (ranking with 1 = most preferred)

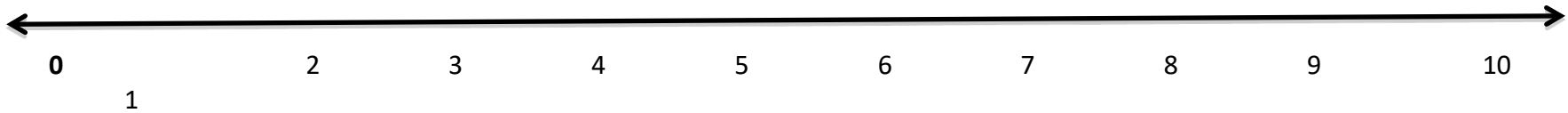
- a. Face-to-face session
- b. Live interactive webinars
- c. Pre-recorded videos
- d. Written materials (i.e. articles, blogs)
- e. Other interactive material (i.e. quizzes, chat forms)
- f. Formalized mentoring program
- g. Toolkit (that includes a combination of all the above options)

**TELEHEALTH NORMALIZATION**

**How familiar is using telehealth to you?**

**Still feels very new**

**Feels completely familiar**

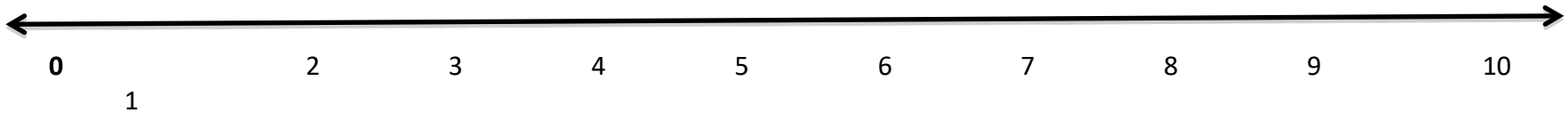


**Do you feel telehealth is currently a normal part of your work?**

**Not at all**

**Somewhat**

**Completely**



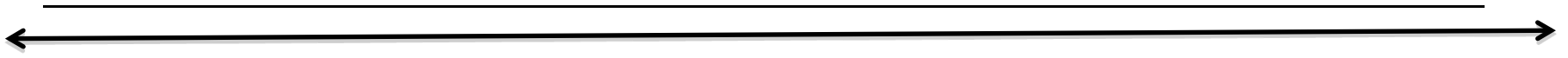
**Do you feel telehealth will become a normal part of your work?**

**Not at all**

**Somewhat**

**Completely**





**TELEHEALTH USE**

12) Do you currently use telehealth for assessment or management of patients with musculoskeletal conditions? [yes/no]

Add: Were you offering telehealth services before the pandemic for assessment or management of patients with musculoskeletal conditions? [yes/no]

13) Have you used telehealth at any point during the pandemic for assessment or management of musculoskeletal patients? [yes/no]

If no to Q10, why are you not using telehealth?

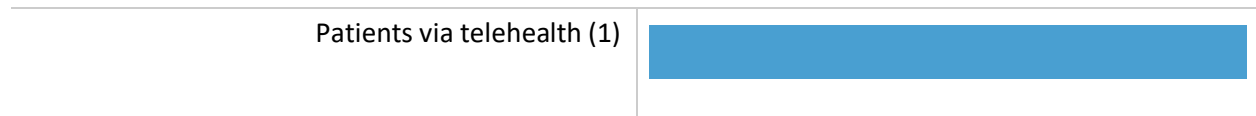
- i) Lacking infrastructure (i.e. no computer, software, connectivity)
- ii) Lacking knowledge of how to do telehealth
- iii) Lacking practical skills of how to do telehealth
- iv) Lacking confidence to provide telehealth
- v) Patients are not interested in telehealth
- vi) the inability to provide hands-on care
- vii) I can't provide an accurate assessment via telehealth
- viii) I can't provide an effective treatment via telehealth
- ix) Difficult to communicate with patients via telehealth
- x) Patients are not interested in telehealth
- xi) I'm not interested in telehealth
- xii) My patient population is not suitable for telehealth
- xiii) it is too time consuming or tiring
- ixv) Other \_\_\_\_\_

If yes to Q10, then next block of questions (if no skip to Q19):

14) In the last week, what percentage of your total clients did you see via telehealth?

0% - 100%

0 10 20 30 40 50 60 70 80 90 100



15) Do you use telehealth for:

- a. Individual 1-on-1 physiotherapy
- b. Group based physiotherapy (e.g. GLA:D)

## Post-Toolkit Survey

c. Both

16) What is the primary method or platform you use for telehealth delivery?

- a. Phone
- b. FaceTime
- c. Zoom
- d. Health Direct
- e. WhatsApp
- f. Jane
- g. Skype
- h. CoviU
- i. PhysiTrack
- j. Access Telehealth
- k. Other (please specify)

17) What device do you use to provide telehealth?

- a. Desktop computer
- b. Laptop computer
- c. iPad/tablet
- d. Smartphone
- e. Other:

18) Do you provide any information about telehealth to clients before their telehealth consultation? (e.g. technology troubleshooting, what to expect)

(yes, no)

If yes, please describe:

- a. How to set up
- b. Technology troubleshooting
- c. What to expect
- d. Alternative contact details
- e. Other [open text]

19) What (if any) resources do you typically provide to patients during/after telehealth to support your therapy session? (select all that apply)

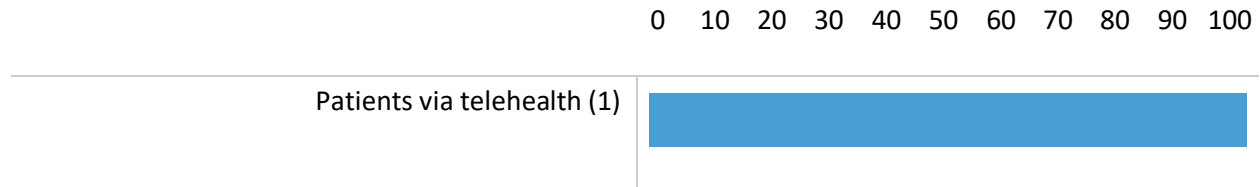
- a. NONE
- b. Videos
- c. Electronic information sheets
- d. Website links
- e. Smartphone Apps
- f. Written/drawn information or exercises (and emailed to patient)
- g. Recommended books
- h. Other (please specify):

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Post-Toolkit Survey

20) Ideally, what percentage of your total clients would you like to see via telehealth?  
0% - 100%



21) What conditions do you or would you provide care for via telehealth?

- a. Acute injuries
- b. Chronic conditions
- c. Low back pain
- d. Neck pain
- e. Joint sprains
- f. Muscle strains
- g. Osteoarthritis
- h. Osteoporosis
- i. Tendinopathy
- j. Bone stress injuries
- k. Inflammatory arthropathy (e.g. rheumatoid arthritis)
- l. Neuropathy (e.g. carpal tunnel syndrome)
- m. Chronic pain
- n. Fracture rehabilitation
- o. Post-surgical rehabilitation
- p. Pre-surgical rehabilitation
- q. Plantar Fascitis
- r. Other (please specify as many as you would like)
- s. None

22) What strategies do you use to assess a patients' injury or condition during telehealth consultations? (select all that apply)

- a. Subjective questions
- b. Functional tests
- c. Modified 'special' tests
- d. Self-palpation
- e. Other (please specify):

23) What types of treatments would you or do you typically deliver via telehealth? (select all that apply)

- a. Advice about activity modification
- b. Advice on physical activity participation (e.g. specific activities, pacing strategies)
- c. Advice about behaviour change or health lifestyle strategies

Post-Toolkit Survey

- d. Advice on return to work or return to sport
- e. Education about their condition and management options for their condition
- f. Exercise prescription or modification
- g. Self-administered manual therapy/soft tissue techniques
- h. Taping / strapping advice (e.g. links to videos)
- i. Hot or cold therapy
- j. Referrals to other health professional ( e.g. dieticians, psychologist)
- k. Other treatments (please specify):

**TELEHEALTH KNOWLEDGE, BELIEFS, AND CONFIDENCE**

Please rate your level of agreement with the following statements related to telehealth for musculoskeletal conditions.

(Reponses scored from 1=strongly disagree to 5=strongly agree)

Domain	Construct	Item
D1 Knowledge	Knowledge	I know how to provide care via telehealth for musculoskeletal conditions
D2 Skills	Skills	I have been trained to provide care via telehealth for musculoskeletal conditions
	Skills	I have the skills to provide care via telehealth for musculoskeletal conditions
D4 Beliefs about capabilities	Self-efficacy	I am confident that I can perform an accurate assessment and make diagnosis or clinical impression via telehealth for musculoskeletal conditions
		Compared to in-person care, I am as confident in performing an accurate assessment and making diagnosis or clinical impression via telehealth for musculoskeletal conditions
	Self-efficacy	I am confident that I can prescribe and modify exercises for musculoskeletal conditions via telehealth  I am confident that I can provide patient education/activity modification via telehealth for musculoskeletal conditions

## Post-Toolkit Survey

		I am confident that I can provide advice about self mobilisation, manual therapy, soft tissue techniques via telehealth for musculoskeletal conditions  I am confident that I can provide advice about taping/strapping via telehealth for musculoskeletal conditions
	Perceived behavioural control	For me, performing an accurate assessment and making a diagnosis via telehealth for musculoskeletal conditions is very easy
	Perceived behavioural control	For me, providing treatment via telehealth for musculoskeletal conditions is very easy
D6 Beliefs about consequences	Attitude	For me, providing telehealth for musculoskeletal conditions is very worthwhile for myself and patients.
		For me, using telehealth to manage musculoskeletal conditions is as effective as in-person care
D9 Innovation	Innovation characteristics	Telehealth is simple to use for assessment and care provision for musculoskeletal conditions
D10 Socio-political context	Socio-political context	My perception is that public and/or private funding provides sufficient support for telehealth for musculoskeletal conditions
		My perception is that patients value physiotherapy via telehealth to the same extent as in-person care
D15 Positive emotions	Positive emotions	I feel comfortable to treat people with musculoskeletal conditions via telehealth
D16 Negative emotions	Negative emotions	I feel nervous to treat people with musculoskeletal conditions via telehealth
D17 Behavioural regulation	Action planning	I have a clear plan of how I can deliver physiotherapy via telehealth for musculoskeletal conditions

### POST-TOOLKIT SURVEY

Please enter your email to begin: \_\_\_\_\_

### TELEHEALTH TRAINING AND RESOURCES

24) Have you already accessed the Telehealth Toolkit website?

a. No

## Post-Toolkit Survey

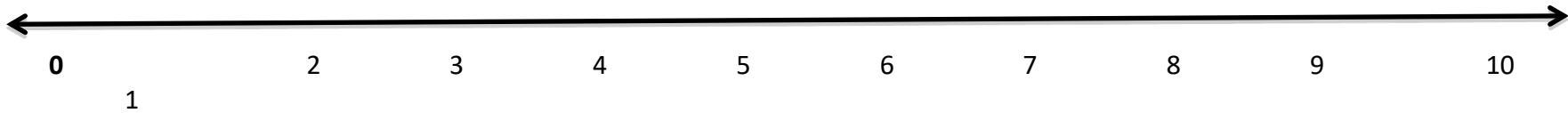
- b. Yes, I have spent <15 minutes viewing it
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**TELEHEALTH NORMALIZATION**

How familiar is using telehealth to you?

Still feels very new

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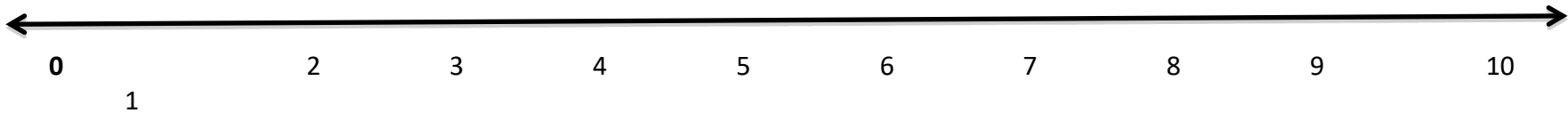


Do you feel telehealth is currently a normal part of your work?

Not at all

Somewhat

Completely



Do you feel telehealth will become a normal part of your work?

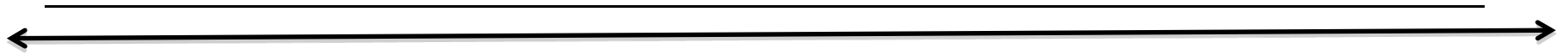
Not at all

Somewhat

Completely



Post-Toolkit Survey



**TELEHEALTH USE**

25) Do you currently use telehealth for assessment or management of patients with musculoskeletal conditions? [yes/no]

Add: Were you offering telehealth services before the pandemic for assessment or management of patients with musculoskeletal conditions? [yes/no]

26) Have you used telehealth at any point during the pandemic for assessment or management of musculoskeletal patients? [yes/no]

If no to Q10, why are you not using telehealth?

- i) Lacking infrastructure (i.e. no computer, software, connectivity)
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- ixv) Other \_\_\_\_\_

If yes to Q10, then next block of questions (if no skip to Q19):

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28) Do you use telehealth for:

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## Post-Toolkit Survey

c. Both

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30) What device do you use to provide telehealth?

- a. Desktop computer
- b. Laptop computer
- c. iPad/tablet
- d. Smartphone
- e. Other:

31) Do you provide any information about telehealth to clients before their telehealth consultation? (e.g. technology troubleshooting, what to expect)

(yes, no)

If yes, please describe:

- a. How to set up
- b. Technology troubleshooting
- c. What to expect
- d. Alternative contact details
- e. Other [open text]

32) What (if any) resources do you typically provide to patients during/after telehealth to support your therapy session? (select all that apply)

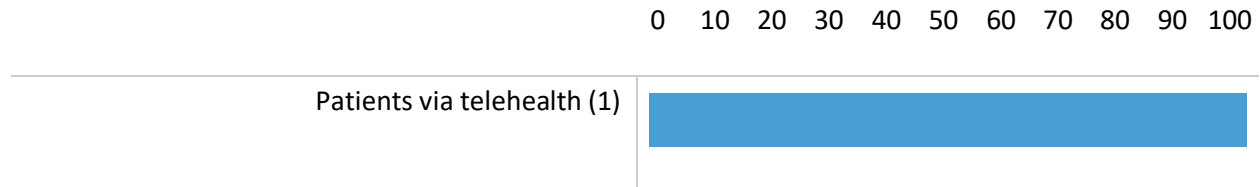
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Post-Toolkit Survey

33) Ideally, what percentage of your total clients would you like to see via telehealth?  
0% - 100%



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- h. Osteoporosis
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- l. Neuropathy (e.g. carpal tunnel syndrome)
- m. Chronic pain
- n. Fracture rehabilitation
- o. Post-surgical rehabilitation
- p. Pre-surgical rehabilitation
- q. Plantar Fasciitis
- r. Other (please specify as many as you would like)
- s. None

35) What strategies do you use to assess a patients' injury or condition during telehealth consultations? (select all that apply)

- a. Subjective questions
- b. Functional tests
- c. Modified 'special' tests
- d. Self-palpation
- e. Other (please specify):

36) What types of treatments would you or do you typically deliver via telehealth? (select all that apply)

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Post-Toolkit Survey

- d. Advice on return to work or return to sport
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**TELEHEALTH KNOWLEDGE, BELIEFS, AND CONFIDENCE**

Please rate your level of agreement with the following statements related to telehealth for musculoskeletal conditions.

(Reponses scored from 1=strongly disagree to 7=strongly agree)

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	Self-efficacy	I am confident that I can prescribe and modify exercises for musculoskeletal conditions via telehealth  I am confident that I can provide patient education/activity modification via telehealth for musculoskeletal conditions

## Post-Toolkit Survey

		<p>I am confident that I can provide advice about self mobilisation, manual therapy, soft tissue techniques via telehealth for musculoskeletal conditions</p> <p>I am confident that I can provide advice about taping/strapping via telehealth for musculoskeletal conditions</p>
	Perceived behavioural control	For me, performing an accurate assessment and making a diagnosis via telehealth for musculoskeletal conditions is very easy
	Perceived behavioural control	For me, providing treatment via telehealth for musculoskeletal conditions is very easy
D6 Beliefs about consequences	Attitude	For me, providing telehealth for musculoskeletal conditions is very worthwhile for myself and patients.
		For me, using telehealth to manage musculoskeletal conditions is as effective as in-person care
D9 Innovation	Innovation characteristics	Telehealth is simple to use for assessment and care provision for musculoskeletal conditions
D10 Socio-political context	Socio-political context	My perception is that public and/or private funding provides sufficient support for telehealth for musculoskeletal conditions
		My perception is that patients value physiotherapy via telehealth to the same extent as in-person care
D15 Positive emotions	Positive emotions	I feel comfortable to treat people with musculoskeletal conditions via telehealth
D16 Negative emotions	Negative emotions	I feel nervous to treat people with musculoskeletal conditions via telehealth
D17 Behavioural regulation	Action planning	I have a clear plan of how I can deliver physiotherapy via telehealth for musculoskeletal conditions

### ADDITIONAL POST-TOOLKIT QUESTIONS

- 1) Would you recommend the telehealth toolkit to other physiotherapists? (yes/no)
  
- 2) How useful did you find the toolkit overall?
  - 1 = Not at all useful
  - 2 = Somewhat useful
  - 3 = Moderately useful
  - 4 = Extremely Useful

## Post-Toolkit Survey

3) How useful did you find the following sections of the toolkit?

- New to telehealth (i.e. physiotherapist checklist,
- Assessment
- Treatment
- Evidence
- Patient experiences
- Preparing patients for telehealth
- Case studies
- Patient Resources
- Clinician links
- Patient links
- Group telehealth

1= Not at all useful

2 = Somewhat useful

3 = Moderately useful

4 = Extremely Useful

5= I did not access

4) To what extent did the Telehealth toolkit change or inform your clinical/research/educational practices?

1=Not at all

2= to a minor extent

3=to a moderate extent

4=to a large extent

5) Would you change or add anything else to the toolkit? [open text]

**Appendix C:** major feedback from physiotherapists who participated in co-design workshops to develop the Musculoskeletal Telehealth Toolkit (n=13)

<b>Feedback</b>	<b>Supporting data</b>	<b>Actions implemented into toolkit</b>
Useability: navigation, aesthetics, layout, and purpose of toolkit	“I quite like if I click it, the different section actually opens up a different window, rather than always having to press the back button to go back to...so opening up another window might be quite nice.” PT4	Ensuring when user clicks on links embedded in toolkit this opens in a new tab
	“Some of the links will open into a separate tab, and some of them will just take you to that page, and I think that should probably be consistent. I prefer having separate tabs because I like to go back.” PT2	Add ‘start here’ icons to landing page to signpost clinicians and patients
	“I found it really easy to navigate with the tabs across the top, could see and they were nice order getting started, assessment, treatment.” PT3	Add additional tabs to organize content into different pages (i.e. group telehealth)
	“I’m also a fan of links and then opening in new tabs.” PT1	Re-name and re-organize ‘technology resources’ into ‘patient resources’
	“It was reasonably easy to navigate...it does take a bit of time to get used to it and go through the different sections.” PT5	Creation of introductory video that articulates clear aim for toolkit
	“I think it’s organised extremely well for an online resource...it’s organised in a very logical process.” PT5	
	“It was quite clear and concise and easy to find what you wanted to find on there.” PT11	
	“We should have something on the main page that would be like for physios, you click here; for patients, click here.” PT9	
	“The cleaner it is and the more you can show the basics the better, and then the more advanced stuff that I was talking about [like group telehealth... it needs a separate section.” PT10	
	“I saw ‘technology resources’ and then just couldn’t – I thought, “Oh, no, I’m not gonna look at that” and I didn’t understand exactly what it was. ...if it was in the treatment resources section or education, then I probably would have looked at it.” PT11	

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“The tabs at the top towards the end where it goes links technology resources and for patients, maybe that can be condensed into something smaller.” PT10

“I just felt the only thing was the uniformity...it was like a first draft, it just looked like you got all these great resources...it felt a bit disjointed.” PT4

“I think a little bit more keeping everything in the sections.” PT2

“Consistency issues with use of capital letters and stuff like that.” PT7

“It does look a little bit like you've just put this from here, there and everywhere, would be maybe putting a border which around the picture of whatever the video, etc, that's the same for everything.” PT4

“I think some of the pictures are a bit smaller here, and then a bit bigger there, and the videos are all different formats.” PT4

“From a point of view of someone who arrives at the site, where do they go, where do they start, and what they would do next clicking around...you might get lost amongst all that information.” PT13

“If you got so much information there, but maybe that person needs a bit more direction of where to go.” PT 13

“What is the aim of this resource? Is the aim of the resource easing physiotherapist to be able to use telehealth? PT4

“Is the website more directed to the physios or the patients are equal?” PT2

“It does seem a little confusing about whether it is a physio website, or a patient website, or a bit of both.” PT4

“Clarify a bit more about separating the different areas that people are gonna go to.” PT4

“It just seems a bit confusing to me who the target audience is, and if it is both, then you probably need to direct them a bit more clearly to the separate areas.” PT2

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“It would be nice if you were gonna separate the two to do like a patient webpage, so that if you give them a link, it only goes to patient resources.” PT4

“Is the website targeting clinicians or is the website targeting patients, and making sure that we're clear on that.” PT1

“Say the purpose a bit more of what it is.” PT6

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Guidance in getting started/logistics involved with delivering care via telehealth

“What platforms are available to do these telerehabs [sessions] and also what are their issues...some information about the preferred platforms and the safety, that might be quite useful as well.” PT6

Additional section added on telehealth software information, new to telehealth, and physiotherapist and clinic administrator checklists

“Think about how to do [telehealth] well, securely and safely, and on what platforms.” PT4

“As a fresh grad, it would give them a bit more confidence. They can know, “Okay, this is what we need to –” it’s like adding to their knowledge kind of thing. It’s very good on that part.” PT8

“What platforms can be used to deliver telehealth and maybe a comment on safety.” PT5

I guess as a clinician, having some [patient] resources that are, “Okay, here's a checklist.” PT4

“The physio preparation part and the questions for the clinic administrator.” PT11

“For the clinic administrator, to actually get them to ask what the problem is for the patient...the physio can actually prepare in advance or think about what that sort of things they might want to ask, or what they may want to suggest to the patient to have prepared already for the session. And then, asking does the patient have any equipment such as TheraBands or weights that may be helpful for any potential exercise prescription that’s done.” PT11

“how new grad physiotherapists using telehealth might work around that signposting process.” PT3

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	<p>“Physio preparation. And I think we don’t always just sit and talk to the patient or look at the patient, we also need room for potential exercise demonstration or assessment demonstration and we need to know appropriate equipment at hand as well.” PT11</p>	
How to perform a telehealth assessment	<p>“I liked the videos. I liked to watch the thing...we know subjective and objective, and it’s just how to put that into the telehealth assessment.” PT2</p>	Creation of additional short assessment video clips and photos (e.g. special tests)
Specific assessment areas related to palpation, outcome measures, and neurological exam	<p>“Make sure it’s a short video because people may switch off and if it’s text, make it concise.” PT6</p> <p>“More either videos or images of tests for assessment tests.” PT2</p> <p>“Some people like videos, some people like the pictures...you definitely have to have some visual input... I think the embedding of both is sufficient and fine.” PT1</p> <p>“So you can say what tests you can do, what tests are difficult, and how you would go about altering them.” PT4</p> <p>“I find maybe a static picture might work better...you won’t have these problems with internet slowing down, lagging.” PT10</p> <p>“Some visual pictures of the anatomy, surface anatomy.” PT3</p> <p>“With the palpation even just having a resource maybe on surface anatomy, that you can almost put up for the patient to see whilst you’re telling them... we forget how to then teach someone else to palpate themselves ‘cause we’re just so used to what we feel under our hands.” PT4</p> <p>“The palpation section, which is obviously a big problem of telehealth...I think certainly anything more in there would be great because if there is any tips of how to help people to self-palpate or have somebody else palpate and then provide the information back to the physio.” PT12</p>	<p>Addition of surface anatomy photos</p> <p>Addition of links to online outcome measures</p> <p>Addition of how to do a neurological exam</p>

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“Doing a couple of [special] tests that are quite easily transferable to telehealth and how you would measure them.” PT4

“How to conduct an assessment.” PT7

“The assessment tab really helps have a comprehensive version of that information.” PT7

“How you might get the patient to do some self-assessment things.” PT9

“A how-to for assessments.” PT9

“It’s really that objective [assessment], that we probably need help from going from the clinic to online.” PT4

“Some examples, really, that I could tailor to my own assessment and to think about adding to a telehealth assessment or a way of adapting it. PT2

“A new graduate physio, then maybe a whole assessment process would be useful.” PT2

“Different things to use in telehealth, so any ideas ... is really helpful. So just a picture and say, “Maybe I could use that test,” for me.” PT2

“More examples of objective exam.” PT2

“How to do the objective assessment ...to adapt that to be delivered by telehealth.” PT1

“I think we wanted a few more outcome measures.” PT 6

“Being able to do outcome measures...I’m thinking knee scores or hip scores...they exist as online tools.” PT4

“Outcome measures...you can then download them in PDF and then potentially put them into electronic record.” PT5

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“Things that are challenging but possible, to an extent, like the neurological examination.” PT3

“One detailed video but then – and more time maybe just having photos, because I feel like clinicians will probably have their own way of doing things anyway. They just need to get a brief idea of what an assessment looks like.” PT10

“It helps just with the confidence as well showing just what you can do in assessment. So, for people, particularly they’re just starting to use telehealth, I think having one video to show that this is how you can do it will be good.” PT11

“Some of the hip special test, the pictures...would be really good to share-screen with the patient...being able to quickly show someone a picture of it...so having those shortcuts without having those long-winded explanations to a patient, I think, are really helpful.” PT13

“I like the idea of a video that something that you can show people so they can see what movement they’re supposed to be doing rather than just a photo.” PT8

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Content domains and format: additional topics, appropriate depth, diversity in presentation style, and more infographics

“But I do like the infographics...incorporating a couple more.” PT4

Keep written information simple

“You don’t want to overload the toolbox either if you’ve got too much information on there or too many different sections... you just get switched off. So, the way it is now, it’s quite clear and it’s quite concise and I think if you start adding too much, it just becomes too much.” PT11

Created more infographics (i.e. patient education infographics)

Additional content areas added included run assessments, case study, new to telehealth, and telehealth via phone.

Lived experience

“[The toolkit its] actually got to be concise.” PT1

“There will be things that do need to be more detailed at times, and I think the level of detail on there, currently, is really thorough.” PT2

Addition of lived experience videos from patient and physiotherapist with telehealth experience

“Everyone has different learning styles, and some people seem to prefer the videos, whereas other people prefer more just images or the photos.” PT1

“Have a PDF or an infographic, so something static, particularly if internet is an issue.” PT4

“How to run assessments.” PT9

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“There are a number of people that do not have a webcam, not have a laptop, etc., so having a section for actual telephone consults.” PT 11

“Giving people an idea of what a long-term client would look like over at telehealth...it would be good to include in the case study. PT11

“The case study is good.. it's depending on your level of experience. So there's some good points about how you get the objective exam into a telehealth assessment.” PT3

“I thought the case study was good...so it's more of the objective treatment side of things that you'd be looking for more help with – more case studies is good, definitely.” PT2

“Case studies...making them telehealth-orientated.” PT9

“I think having a couple of case studies is a great idea.” PT4

“A few more case studies, I think.” PT1

“A person who's a runner or something like that, it would be a really easy case example.” PT13

“A lot of our patients just don't have the devices to do telehealth...something about the telephone assessment would be helpful.” PT10

“A lot of new grads, they may really like [the toolkit].” PT6

“From just a clinician point of view, it's detailed enough...because we don't need to tell physios how to do their job. There's enough information there that they'll be able to go, “Okay, I can use those simple things to acquire to what I would normally do.” PT13

“Consider [more] the patient's point of view...are they willing to do it, that was also pretty handy.” PT10

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	<p>“Physio preparation. And I think we don’t always just sit and talk to the patient or look at the patient, we also need room for potential exercise demonstration or assessment demonstration and we need appropriate equipment at hand as well.” PT11</p>	
<p>Patient resources should be presented in variety of visual mediums</p>	<p>“Maybe [create] a patient relevant handout.” PT1</p> <p>“Having resources for the patients to know how they can best set up at their end as well.” PT7</p> <p>“A video...that showed the patient how to set up.” PT9</p> <p>“For patients who are a bit nervous about technology, I’ve actually found less [information] is more.” PT8</p> <p>“Videos that you can share with [patients].” PT3</p> <p>“It's gonna vary from each patient for what setup is gonna look like, and navigating the challenge of having to make sure that it's safe and appropriate for each person.” PT7</p> <p>“I think as little writing as possible, and then the more the visual pictures and videos is how you get the message across.” PT3</p> <p>“Particularly for the patient bit having less is often good.” PT11</p> <p>“It doesn't matter if it's pictures or video but something visual so you can actually physically see, this is how you can do it and this is how it will look in the home.” PT7</p> <p>“A what to expect out of virtual assessment... So, something that tells [patients] we’re going to be asking you questions, we’re gonna go through an assessment where you have to move...this is the kinda space that I will need.” PT10</p> <p>“The [patient] resources, there's a lot of good stuff in there. I'm already looking at some stuff that I'll follow up on, so I think it's good.” PT12</p> <p>“I probably prefer the static pictures.” PT11</p>	<p>Additional development of patient-oriented resources in video and infographic formats:</p> <ul style="list-style-type: none"> <li>-how to set up home environment</li> <li>-what to expect during telehealth session</li> </ul> <p>Ensuring patient-oriented content is not too in-depth or overwhelming for patients</p>

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“Any videos would generally be 30 seconds. I think people stop after 50 or 55 seconds.”

PT1

“I like this how to prepare for a virtual assessment, but it would also be helpful if there was a what to expect out of virtual assessment.” PT 2

“I think the videos will be better if it was something else less familiar with..for quick reference with just a picture is good.” PT11

“[Patients] don’t have the confidence to even try and set up the telehealth. So, they all say “No, no, no. I’ll just do it over the phone.” ...some resources or things that could be added to try and boost patient’s confidence to actually do a video call.” PT11

“I liked the video that you could send them about the back, this is what you'll be asked to do, so these are the types of movements you might be asked to do. So that they can see that and their fear of telehealth might be a little bit alleviated by being able to, “We're just gonna be moving and ask through this,” and they can see how to set up their camera and have a little practice, and I thought that was good. So maybe some for the other ones.” PT3

“Prior to having a telehealth appointment, it’s just that infographic,...“This is how we want you to set up for the appointments...just so that it makes it really, really easy.” PT13

“If we can send some pre-information like, “Okay, this is what we are going to expect and this is what’s going to happen.” PT8

“I think that video is gonna be the perfect thing to share along with the infographic because I think it’s very clear.” PT 13

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Additional links to high-quality resources, rather than creating new resources if something already exists

“Links to evidence-based practice...I think people like the fact that there was one area where you could go and find further information. So if you don't have time to read the article about evidence-based practice, now you can have a look at it, come back to at a later time.” PT6

“That's what this whole resource is, is pulling together what is available out there for physiotherapists and it is quite substantial, rather than you having to reinvent it all, which is what you said, I think it's fantastic.” PT4

Addition of more physiotherapist and patient-oriented links organized using accordions by topic area

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“About these patient resources. So is there like a list where you can copy and paste links.” PT 6

“Education videos, links to those would be great.” PT3

“Not necessarily to be reinventing things that are already out there.” PT 1

“I think the links to the resources was good. The ‘For Patients’ stuff it's for us to share with them.” PT3

“You're pulling a lot of other resources into it rather than developing necessarily all your own.” PT4

“All of the link side of things, getting set up, that was helpful. PT10

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Further treatment approaches additional self-management strategies

“I'll be looking for self-management as well, whether that's like the trigger point therapy or self-massage advice...maybe even like some self-taping technique.” PT8

Addition of adjunct therapies treatment section that includes taping and self-manual therapy guides

“Some more sections on treatment available.” PT2

“Treatment options.” PT2

“I was hoping for a bit more in the treatment section.” PT3

“Self-treatment actually teaching patients to treat themselves...there's a lot of scope for teaching patients how to treat themselves with manual therapy techniques, but also equipment balls, and bands and stuff like that as manual therapy treatment.”PT2

“How they can adapt their normal treatment for patients to be used in the treatment session.” PT11

Trigger point, the self-massage, all of those techniques that we can pass on to the patient that we can't do but they can still do on themselves would be quite helpful.” PT4

“Okay, this is the area we are treating, this is what we want, and you can refer to this video how to use the trigger point ball or how to use the foam roller.” PT 13

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Additional co-design suggestions that were beyond the

“Some English-second-language patient [resources] as well and making sure that things are accessible for people from all different backgrounds.” PT1

None

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scope of current  
project

“Appropriate apps for remote monitoring.” PT9

“You could make [the case study] a bit more engaging with multiple choice.” PT6

“A guide to empower clinicians to make their own resources, to make their own videos, that could be something as well. That means the clinicians don't constantly have to come to our site for the answer that they can create their own answers or make their tele-rehab more bespoke to themselves, so even if it's how to record your own YouTube video.” PT 6

“If one of us were to discover, “Hey, we can do it like this,” and was able to share it in some place with the community through this toolkit.... I was gonna say almost a board, like a message board or something, where you could post things or videos or ask questions.” PT3

“A mentorship-type program...something where you could pair up more experienced telehealth clinicians with people who were new or looking to try telehealth.” PT1

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CALD: Culturally and linguistically diverse

**Appendix D:** Major feedback from people with lived experience of MSK conditions (n=7) and clinical administrators (n=2) who participated in co-design workshop to develop the Musculoskeletal Telehealth Toolkit

Feedback	Supporting data	Actions implemented into toolkit
<p>Prioritizing important content without being overwhelming, keep language simple.</p>	<p>“I thought it was interesting, but as I say, it was a bit long for me. I found that I was really struggling then. There was a bit overload of information.” P6</p> <p>“Why should I choose telehealth?” should be right on the homepage, not very down under patient links, then telehealth frequently asked questions and then further down. ‘Cause that’s what everyone is gonna be there for, “Why telehealth? Is it gonna help me?” A1</p> <p>“I thought [the toolkit] was very informative.” P6</p> <p>“That idea that getting on to telehealth, there's a barrier to engagement because it's unknown and it's not something I've done before.” P1</p> <p>“How does a telehealth session work, how is it different to when in person, isn't physio hands-on? Am I a good candidate to have telehealth?” P4</p> <p>“It was more comprehensive than I thought it was going to be.” P2</p> <p>“The frequently asked questions...I think they're all fabulous.” P4</p> <p>“I saw there are some beautiful patient stories in there...front loading them might be really helpful.” A2</p> <p>“There was some really interesting stuff there.” P6</p> <p>“Are you worried about something about telehealth?” watch this person’s experience.” P7</p> <p>“I got a bit confused when the information was repeated in three different ways. I felt I had to read it all in case there was something new. So I think it'd be good if you say choose from the infographic, the written notes or the video.” P5</p> <p>“I wasn't sure whether there was new information, whether I had to wade through all three. So that needs to be clear that can do it this way, or this way, or this way.” P5</p>	<p>Prioritize toolkit content to address potential barriers to patients</p> <ul style="list-style-type: none"> <li>-getting set up for telehealth</li> <li>-knowing what to expect in telehealth</li> </ul> <p>Highlight when the same information is presented in different ways</p>



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“Some people do prefer to be shown ‘Watch this’. “If you want a summary, here’s the infographic. If you wanna set a dot point, here’s the PDF.” P4

“I wasn't sure about the patient links tab. There was a lot of stuff in that, and you told us to look through in 20 minutes. There's no way I could have looked through all that.” P5

“It was easy reading...that was about the right level for a [telehealth] newbie.” P5

“I love the dot points, I love the concise word, like one sentence with, “If you wanna do this, click here... our patients get bombarded ...I like the conciseness of it but lots of information.” A1

“When it comes to reading medical stuff, I don’t understand any of that, but that was about the right level for a newbie.” P 3

“I'm looking for stuff that's easy to read, so I understand what my problem is.” P2

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Improve navigation, better organization, and layout of information.

“Improvement on the user experience and user interface side of things to make it a bit easier to navigate.” P3

Add links to bottom of each page to provide direction for navigating and smooth transition from section to section

“I was wondering like about the navigation...when you start going into stuff...there’s not a clear direction to go through the content from start to finish.” P2

Icons added to replace sections text

“Just the layout of it. I wonder if it could be a bit more directive...if you want to be giving people that tiny bit more direction, watch this first, how about this and then think about this.” P7

Ensure website compatible to be viewed on phone

“A lot of people get lost when there’s just a lot of text there...people look for symbols, images, and better prompt to point them where they’re going.” P3

Streamline navigation of fact sheets so all on one page instead of three separate pages

“I really like the layout.” P4

Re-organize surface anatomy photos by joint and add labels in patient language

“I went into it with a fairly open mind...I think the headings were good and I found it actually very useful.” P6

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"I first looked at it on my phone and I found that very confusing...when I looked at it on the on the PC then it was actually, you get a different view of the thing." P6

"I think some icons and pictures to try to set the scene." P7

"A bit of a lack of consistency...some pages look different to others." P7

"I just think it needs some polish." P7

"If all of those three [infographics] were just under knee osteoarthritis facts ... you just clicked on that one click ...They're easy on the eye, they're easy to read, they've got great symbols and you could flick through all three of them." P4

"There's also a section about patient anatomy...just break it down [by joint]... because I'm looking for a specific problem that I have. I would look, go to that section." P5

"I couldn't tell with the photo of the knee, whether it was the inside of the knee or outside of the knee I was looking at 'cause I've got a dodgy inside of the knee. I was going, "Oh, I don't know what it's called," and quite I like being able to tag a name unto something, "Is it the blah, blah?" particularly if your clinicians are not there to prod it. " P3

"I think the structure and the layout of the website is gonna be key to letting them progress to that more detailed stuff as they become the experienced user of it, versus giving them too much upfront and scaring them off." A2

"It doesn't read coherently. It looks like the first draft rather than a polished 'here's what we're selling'. P4

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Patient resources: infographics were received positively

"Downloadable fact sheets: I thought that was really good...it was concise, and just easy to follow, and just really helpful." P6

Ensuring all infographics could be easily downloaded

"Looking at the infographics, the information is clear and easy to read." P3

"[Infographics are] easy on the eye, they're easy to read, they've got great symbols and you could flick through all three of them." P5

"I love the infographics." P10

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"I really like the infographic." P4

"I really liked the infographics." P5

"That infographic [on how to prepare for telehealth] covers everything you need, there's a lot things that you wouldn't think about." P6

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Patient resources: video

"Videos are incredibly powerful tools, up to the two-minute...it's really good for engaging people." A1

Generally patients appreciated videos, including the idea of physiotherapists sharing links of exercise videos. An exception to this was when there was poor internet connection, then static photos also preferred.

"There were some two-minute videos, which as mentioned, is a good reasonable time." P5

"I don't have a very good internet connection, and so I found going into the videos and things were pretty tedious...I'm in the in the bush out here and that the Internet is not great." P6

"Short little [video] snippet of seeing the physio interacting with the patient, and also the idea of setting up your laptop, so that you can be able to see their knees and shoulders and have the lighting in the right spot." A2

"I like the videos, plus the being able to download the information so I've got it handy if I need it." P5

"Anything that could be printed in or shown in infographic, or a little video would appeal." P9

"Working more with actual patients to help develop [videos] and make it more realistic and make your audience feel more comfortable with what's going on because it's more relatable to them, I think will be an advantage." P3

"I really didn't like the video. I found the music tedious." P5

"I like the photo of the knee and the shoulder. I couldn't tell with the photo of the knee, whether it was the inside of the knee or outside of the knee... 'cause I've got a dodgy inside of the knee. I was going, "Oh, I don't know what it's called," and quite I like being able to tag a name unto something." P3

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“If you’re a patient on tele, ...to have a link where...there might be a little video to show you, to remind you how to do [your exercise].” P5

“When you’re exercising on your phone, and you go, “How to do that exercise. I can’t quite remember again?” and you click on a link and it pops up and you can say, “That’s right, that’s how you do it.”P6

“I would like some videos of the exercises because I know, years ago I went to see a physio about my low back issues and every week, I went to visit him and he will give me a sheet of paper with little stick man and more drawings and I get home and I don’t remember how to do it. If I had a video [with] somebody showing me this is how to do the exercise, bingo, without that music.” P2

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Confusion about purpose of toolkit

“I went into [the toolkit] thinking of it trying to sell me on telehealth.” P6

“What is it?” both to be useful for people who are already gearing up to use telehealth and to persuade people that it is a useful resource.” A2

“[Was] the aim of it to just educate people on the possibility of telehealth?” P5

“What you're trying to achieve with the website. Is it to introduce people to telehealth or is it a wider tool to share information on more specific subjects that is more about physio overall?” A1

“It's structuring it in a way where you're not confusing your core message.” P3

“Make your message very engaging.” P3

“I went into it with a fairly open mind...I think the headings were good and I found it actually very useful.” P6

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Update the introductory video to clarify the toolkit’s primary purpose is for clinicians to share individual resources with patients



**APPENDIX XXX: Results of the Chi-square test of independence evaluating the effect of time spent viewing (> 30 minutes vs no use) the toolkit on confidence, knowledge, perceived telehealth competence.**

Question	X-squared Value	P-value
<b>S1: I know how to provide care via telehealth for musculoskeletal conditions</b>	13.906	0.000*
<b>S2: I have been trained to provide care via telehealth for musculoskeletal conditions</b>	5.885	0.015*
S3: I have the skills to provide care via telehealth for musculoskeletal conditions	1.612	0.204
S4: I am confident that I can perform an accurate assessment and make diagnosis or clinical impression via telehealth for musculoskeletal conditions	1.971	0.160
S5: Compared to in-person care, I am as confident in performing an accurate assessment and making diagnosis or clinical impression via telehealth for musculoskeletal conditions	0.724	0.394
S6: I am confident that I can prescribe and modify exercises for musculoskeletal conditions via telehealth	1.996	0.157
S7: I am confident that I can provide patient education/activity modification via telehealth for musculoskeletal conditions	0.196	0.658
S8: I am confident that I can provide advice about self mobilisation, manual therapy, soft tissue techniques via telehealth for musculoskeletal conditions	1.256	0.262
<b>S9: I am confident that I can provide advice about taping/strapping via telehealth for musculoskeletal conditions</b>	6.689	0.010*
S10: For me, performing an accurate assessment and making a diagnosis via telehealth for musculoskeletal conditions is very easy	1.256	0.262
<b>S11: For me, providing treatment via telehealth for musculoskeletal conditions is very easy</b>	8.992	0.003*
S12: For me, providing telehealth for musculoskeletal conditions is very worthwhile for myself and patients.	0.821	0.365
<b>S13: For me, using telehealth to manage musculoskeletal conditions is as effective as in-person care</b>	6.689	0.010*
S14: Telehealth is simple to use for assessment and care provision for musculoskeletal conditions	0.021	0.884
S15: My perception is that public and/or private funding provides sufficient support for telehealth for musculoskeletal conditions	0.262	0.609
<b>S16: My perception is that patients value physiotherapy via telehealth to the same extent as in-person care</b>	4.111	0.043*
S17: I feel comfortable to treat people with musculoskeletal conditions via telehealth	0.144	0.704
<b>S18: I feel nervous to treat people with musculoskeletal conditions via telehealth</b>	4.259	0.039*

<b>S19: I have a clear plan of how I can deliver physiotherapy via telehealth for musculoskeletal conditions</b>	5.214	0.022*
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\*p<0.05

**APPENDIX F – Results of multivariable binomial logistic regression evaluating the effect of demographic (gender and country) and practice characteristics (years’ experience and patient type) on toolkit use**

	Estimate	Standard Error	Z value	P Value
(Intercept)	1.905	0.611	3.118	0.002*
Gender (women) <sup>a</sup>	-0.928	0.434	-2.138	0.032*
Country (Canada) <sup>b</sup>	-0.451	0.396	-1.139	0.255
Country (Other)	0.325	0.658	0.495	0.621
Clinical Experience (5-10 Years)	0.004	0.630	0.007	0.995
Clinical Experience (Still Studying)	0.480	1.246	0.386	0.700
Clinical Experience (<5 years)	0.627	0.656	0.955	0.339
Clinical Experience (>15 years)	-0.555	0.486	-1.142	0.254
Patients (Musculoskeletal and other)	-0.166	0.365	-0.455	0.649

\*P<0.05, model compares participants that completed the follow up survey and indicated they did or did not use the toolkit. <sup>a</sup> Two respondent whom identified their gender as “other” were omitted from the model. <sup>c</sup>ountries categorised as Australia, Canada, and Other.