

# Regarding “Telemedicine for the Spine Surgeon in the Age of COVID-19: Multicenter Experiences of Feasibility and Implementation Strategies” by Franco et al

Global Spine Journal  
2020, Vol. 10(8) 1082-1083  
© The Author(s) 2020  
Article reuse guidelines:  
sagepub.com/journals-permissions  
DOI: 10.1177/2192568220956607  
journals.sagepub.com/home/gsj



Vikaesh Moorthy<sup>1</sup> 

To the Editor:

Recently, I read with keen interest the article titled “Telemedicine for the Spine Surgeon in the Age of COVID-19: Multicenter Experiences of Feasibility and Implementation Strategies” by Franco et al.<sup>1</sup> In their article, the authors described the experiences and salient benefits of telemedicine in spine surgery from 3 hospitals involved in the care of COVID-19 patients. They also highlight how they have adapted physical examinations to suit the nature of virtual consultation, such as replacing traditional muscle strength testing with more objective strength and functional testing using household objects, which are arguably more useful in determining which patients should undergo surgery. No doubt, there have been tremendous advances in telemedicine, which has been instrumental in curbing hospital-based viral transmission while offering a comprehensive solution and with significant patient satisfaction in spine surgery.

However, it is important to consider the key concerns that remain regarding the use of telemedicine for patient care in spine surgery. First, while adapting physical examinations to allow objective strength testing at home, the reliability and utility of such patient-reported spine examinations is unclear. There have been limited studies comparing face-to-face and telemedicine assessments in patients with spinal pathologies. Furthermore, in a time where health care teams are segregated to improve infection control, there is also a need for the development of standardized home-based examinations and reporting systems to improve communication and handover between health care professionals.<sup>2</sup> This is especially important in the near future where telemedicine will likely become more prominent and more acceptable to all involved post-COVID-19.

The American College of Surgeons and the Surgeon General of the United States have recommended postponement of elective spine surgery during the COVID-19 crisis,<sup>3</sup> making telemedicine visits for these patients a useful tool for triaging urgent issues and risk-stratifying patients. Nonetheless, it

remains challenging to determine what to do with patients in the intermediate acuity group—such as those with clear neurologic impairment, certain borderline spine fractures, spinal infections, spine tumors, and those requiring spinal imaging for further evaluation.<sup>4</sup>

Finally, it is important to realize that telemedicine may not be accessible to many and may still remain an elusive option to those who lack the resources and who may not be technologically savvy. Even in developed countries like the United Kingdom, telemedicine comprises only a very small component of health care services, and the sudden surge of its use during the COVID-19 pandemic has left little opportunity for patients and doctors to adapt and familiarize themselves with this new platform.<sup>5</sup>

Overall, telemedicine presents a viable option for continued patient care during the pandemic and offers numerous benefits for both patients and physicians, which may be carried over into the post-COVID-19 period. However, further studies and the development of robust guidelines and infrastructure are needed to boost the utility of telehealth in spine surgery.

## Editors' Note

The authors declined to respond to the Letter to the Editor.

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

<sup>1</sup> Yong Loo Lin School of Medicine, National University Singapore, Singapore

## Corresponding Author:


Vikaesh Moorthy, Yong Loo Lin School of Medicine, National University of Singapore, 1E Kent Ridge Road, NUHS Tower Block, Level 11, Singapore 119228, Singapore.  
Email: vikaeshmoorthy@yahoo.com



**Funding**

The author(s) received no financial support for the research, authorship, and/or publication of this article.

**ORCID iD**

Vikaesh Moorthy  <https://orcid.org/0000-0002-5503-5687>

**References**

1. Franco D, Montenegro T, Gonzalez GA, et al. Telemedicine for the spine surgeon in the age of COVID-19: multicenter experiences of feasibility and implementation strategies. *Global Spine J*. Published online June 3, 2020. doi:10.1177/2192568220932168
2. Donnelly CJ 3rd, Vaccaro AR, Schroeder GD, Divi SN. Is evaluation with telemedicine sufficient before spine surgery? *Clin Spine Surg*. Published online June 2, 2020. doi:10.1097/BSD.0000000000001027
3. Stahel PF. How to risk-stratify elective surgery during the COVID-19 pandemic? *Patient Saf Surg*. 2020;14:8.
4. Chapman JR, Wang JC, Wiechert K. Learning from disasters: the CoVID-19 fallout on spine care. *Global Spine J*. 2020;10:509-511.
5. Taylor J, Coates E, Brewster L, Mountain G, Wessels B, Hawley MS. Examining the use of telehealth in community nursing: identifying the factors affecting frontline staff acceptance and telehealth adoption. *J Adv Nurs*. 2015;71:326-337.