Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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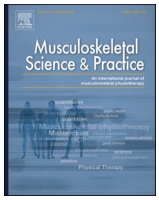

Editorial

Covid-19 and implications for future practice

It has been eighteen months since the first editorial on Covid-19 was published in the journal, and there would be only a few physiotherapists in the world whose personal and professional lives have not been affected by Covid-19 in some way. The pandemic forced many changes in the delivery of health care, one outcome being the widespread use of telehealth. Telehealth, in response to restrictions on personal contact imposed by the virus, has meant that patients have not been denied care and have been able to seek care from the safety of their homes. It has been a welcomed medium throughout most of the world.

Since Covid-19 began, the journal has published three studies that have investigated the use of telehealth in musculoskeletal physiotherapy practice. They have employed various designs including mixed methods research and survey to gain participant opinion. Two studies sought to understand the impact of management via the internet from patients' (Barton et al., 2022) and from clinicians' perspectives (Malliaras et al., 2021). The third study evaluated the effect of 'e-mentoring' in the delivery of postgraduate musculoskeletal physiotherapy education (Heneghan et al., 2021).

The outcomes of the patient and clinician studies were not surprising. From patients' perspectives (Barton et al., 2022), management via telehealth was believed to have value, but nevertheless considered to be inferior compared to face-to-face or in-person care. Of note, most patients were not confident that their condition had been accurately diagnosed via telehealth. Clinicians also expressed their concerns about the lack of physical contact when working through telehealth (Malliaras et al., 2021). They believed that accurate and effective examination, diagnosis and management was hampered in telehealth.

Similar opinions were expressed by students undertaking postgraduate training in musculoskeletal physiotherapy and being e-mentored because of Covid-19 lockdowns. Even though many skills were gained, students regretted the lost opportunity for hands-on skill development for physical examination. They perceived telehealth to limit both the scope and precision of techniques they could use.

Indeed, when it is thought about, treatment offered in Telehealth is, in reality, internet-centred care rather than patient-centred care. It does limit what the physiotherapist can offer a patient. The mainstays of internet-based care are patient education and exercise. Education and exercise are not without benefit, but they utilise a very limited scope of physiotherapy practice.

Exercises are being prescribed for patients by a wide variety of practitioners. But what distinguishes physiotherapy, is that physiotherapists offer much more to patients than just exercise prescription. They prescribe rehabilitation programs, which are based on expert, clinically reasoned analysis of patients' painful movement disorders through detailed observational and palpatory evaluation of movement, careful testing of muscle performance and through a host of special tests for articular, neuromuscular and sensorimotor function. As identified by all stakeholders in the studies quoted, the internet limits the quality and quantity of the physical assessment and the type, nature and delivery of the physical intervention which can be achieved with in person care.

So what implications does Covid-19 have for future practice during pandemics? It has opened and popularised alternate forms of healthcare delivery in this situation, the main one being Telehealth. The studies published in the journal support its use but with several reservations. Currently, telehealth may not provide physiotherapists the best opportunity to give their patients the best individualised care, as compared to in-person care. Going forward, the pandemic has taught us the need for flexibility in healthcare delivery, but there is still room for more inventiveness and creativity so that the specialised skills of the physiotherapist are not over-ridden by limitations of technology-based systems of healthcare delivery in such situations.

References

Barton, C.J., Ezzat, A.M., Merolli, M., Williams, C.M., Haines, T., Mehta, N., Malliaras, P., 2022. "Its second best" A mixed-methods evaluation of the experiences and attitudes of people with musculoskeletal pain towards physiotherapist delivered telehealth during the COVID -19 pandemic. Muscoskel.Sci.Pract. 58, 102500.

Heneghan, N.R., Jagodzinska, J., Tyros, I., Johnson, W., Nazareth, M., Yeung, E., Sadi, J., Gillis, H., Rushton, A., 2021. Telehealth e-mentoring in postgraduate musculoskeletal physiotherapy education: a mixed Methods study. Muscoskel.Sci.Pract. 56, 102448.

Malliaras, P., Merolli, M., Williams, C.M., Caneiro, J., P Haines, T., Barton, C., 2021. 'It's not hands-on therapy, so it's very limited': telehealth use and views among allied health clinicians during the coronavirus pandemic. Muscoskel.Sci.Pract. 52, 102340.

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