

Patient, carer, and physiotherapist experiences of remote clinical consultations in a UK paediatric physiotherapy setting: A systematic review

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ABSTRACT

Background

Remote clinical consultations for physiotherapy appointments are widely used in the National Health Service (NHS). The reliance on remote clinical consultations became paramount during the global COVID-19 pandemic when face-to-face interactions were not permitted. Since the easing of COVID-19 restrictions in the UK in 2021, remote clinical consultations have offered an alternative and complimentary approach with existing face-to-face consultations. Despite the continued use of remote consultations there is little research on the benefits of this approach within a paediatric population.

Aim

The aim of this systematic review is to investigate the use of remote clinical consultations in United Kingdom (UK) paediatric physiotherapy settings, either in isolation or as part of a hybrid model of working, from the perspectives of patients, carers, and physiotherapists.

Method

Studies reporting on the use of remote clinical consultations in paediatric physiotherapy services in the UK were sought via a systematic search of CINAHL, Medline, Web of Science and Google Scholar. The review protocol was registered a priori on PROSPERO. Covidence software was used to assist with screening articles. Screening was completed by two independent reviewers where any discrepancies were discussed. A narrative synthesis was conducted.

Results

Five full text studies were eligible from 662 articles screened. Excluded studies were mostly conducted outside of the UK or explored remote clinical consultations within adult populations. Six themes were identified: 1) Patient and clinician feedback, 2) Difficulties with use of technology, 3) The importance of triaging patients, 4) Cost savings and reduced travel, 5) Staff training and 6) Hybrid model of care.

Conclusions

There is a dearth of UK-based research exploring the role of remote clinical consultations within paediatric physiotherapy. Most of the included studies had a COVID-19 pandemic focus. Future research should consider capturing the perspectives of patients, carers, and physiotherapists.

Introduction

According to NHS England (2020) remote consultations are defined as “an appointment that takes place between a patient and clinician over the telephone or using video, as opposed to face-to-face”. The NHS Long Term Plan (2019) supports “better use of data and digital technology”, where remote consultations offer an alternative to accessing healthcare services (Williams et al, 2023). Although remote consultations have become

more prevalent over recent decades, particularly in primary care (Murphy et al, 2021), therapists have also adopted this approach. Due to UK government lockdown restrictions imposed in March 2020 in response to the COVID-19 pandemic, only urgent face-to-face visits were permitted. Remote consultations reduced possible risks of spreading the airborne virus. National clinical guidance was published on how clinicians should manage these remote consultations (NHS, 2020), with further guidance for physiotherapists (Chartered Society of Physiotherapy (CSP), 2020a). With the easing of lockdown restrictions, remote consultations offered an alternative but additional tool to face-to-face consultations. Hybrid working approaches, particularly within a paediatric population, present challenges when engaging with children in remote clinical consultations, due to the inability to express symptoms therefore relying on subjective descriptions provided by parents (Haimi et al, 2018). Edwards and Parry (2022) found that parents with young children appeared more sceptical and anxious than peers with older children, regarding the benefits of virtual clinics, which could possibly be due to their relatively limited parental experience or higher perceived level of responsibility in caring for young children.

The benefits of remote consultations include saving patients' time and money by avoiding travelling to the appointment, reducing stress associated with attending face-to-face appointments as well as allowing family members or carers to attend the appointment without them needing to be physically present (NIHR Applied Research Collaboration West, 2021; NHS England, 2023). Meanwhile, there are concerns remote consultations could lead to health inequalities. Some patients are unable to access digital technologies, have lower levels of digital literacy skills, or reduced confidence and satisfaction with remote consultations (Bearne et al, 2021; Hider et al, 2023). In Sweden, patients from affluent areas were more likely to use digital consultations (Ekman et al, 2019). For some, participation in a video call appointment required prior planning to ensure that a suitable family member or friend was available to help navigate technical challenges associated with accessing video-enabled devices (Nouri et al, 2020). Physiotherapists reported challenges with remote consultations and accessing translation services where patients or families did not speak English as their first language (Hawley-Hague et al, 2023). Challenges around inadequate digital technology have also resulted in healthcare professional stress (Anchors et al, 2023).

Parker et al (2021) found telephone consultations were used more by younger working-age people, the very old, and non-immigrants, with internet-based consultations more likely to be used by younger people. The NHS Long Term Workforce Plan (NHS England, 2023) outlined the need for "ensuring staff have the right skills to take advantage of new technologies which free up clinicians time to care, increasing flexibility in deployment, and providing the care patients need more effectively and efficiently". Remote consultations could also be used as a screening tool to assess the need for an in-person visit, therefore resulting in increased value of in-person care (Ray et al, 2017).

However, some clinicians felt discouraged from using remote consultations with children due to possible safeguarding concerns, for example lack of visual cues and where conversations might not be 'private or safe' risking willingness to disclose (Dixon et al., 2022; Gilbert et al., 2021). Therefore, digital consultation should be combined with a consistently low threshold for face-to-face consultation where there are safeguarding concerns or a need for physical examination (Royal College of Paediatrics and Child Health, 2020). Physiotherapists also expressed a lack of physical assessments when remote consultations are considered, with hands-on clinical skills central to their personal identity (CSP, 2022a).

Views on remote consultations differ depending on the circumstances. For example, satisfaction scores were found to be higher for patients and clinicians during the COVID-19 pandemic, however when restrictions were eased video consultations were preferred less than 50% of the time (Gilbert et al, 2020). Hybrid service models within physiotherapy are a personalised and flexible blend of remote and in-person delivery which need to

consider the person, purpose of consultation, remote approaches available, the physiotherapy workforce and the organisation” (CSP, 2022b).

The systematic review aims to investigate the use of remote clinical consultations in a UK paediatric physiotherapy setting, either in isolation or as part of a hybrid model of working.

Methods

Search strategy

A study protocol was developed and registered on PROSPERO (CRD42024510081). The search strategy was developed following PRISMA guidelines (Page et al 2021). CINAHL, MEDLINE and Web of Science databases were searched for relevant papers, as well as Google Scholar for additional searches. The final search was completed in February 2024. No restrictions were placed on searches due to advances in technology.

Search Strategy and Terms

Search terms were grouped around four main concepts that aligned with the aims of the review, namely telehealth/ remote consultation, paediatrics, experiences and physiotherapy. Synonyms were employed to ensure that relevant literature was not omitted. An exemplar search is provided in Appendix 1.

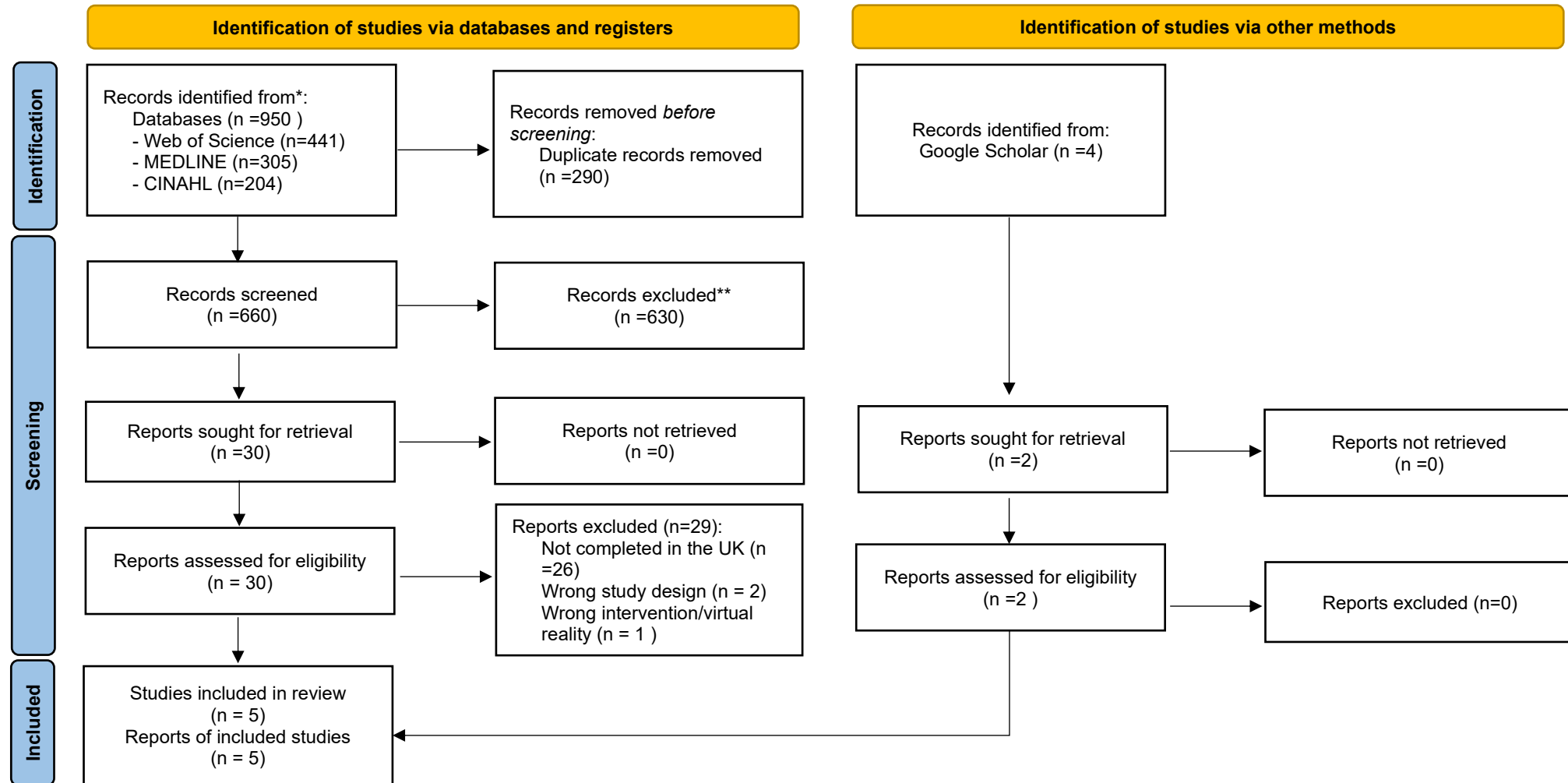
Eligibility Criteria, Screening and Selection

Inclusion criteria followed the PICOS format:

- **Population:** Children or young people under the age of 18 years old accessing physiotherapy services in the UK or physiotherapists involved in their care. A minimum of 50% of the study must acknowledge paediatric populations. Studies including adult populations will only be included where paediatric data is identifiable and can be differentiated.
- **Intervention:** Assessment and/or treatment being delivered via a remote platform or a hybrid delivery (combination of both remote and face-to-face intervention) in paediatric physiotherapy settings. Involvement of other therapy services or healthcare professionals will be included where a physiotherapist is involved in the virtual appointment; studies will be excluded if no clear mention of physiotherapy.
- **Comparator:** Studies could be comparing remote consultations with face-to-face consultations although not a requirement for inclusion.
- **Outcomes:** Patient, carer/parent or healthcare professionals’ perceptions and experiences of remote consultations.
- **Study design:** Only primary data will be included with systematic reviews being excluded. Only full text academic papers which have been peer reviewed will be included. Studies must be based in the United Kingdom (England, Northern Ireland, Wales and Scotland) and written in English language.

Two authors independently reviewed the search results screening the title and abstract against eligibility criteria, immediately followed by full text screening. Articles were excluded at this stage with reasons for exclusion added (Figure 1).

Figure 1: PRISMA Flowchart.



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

****If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.**

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: <http://www.prisma-statement.org/>

Quality appraisal

A Mixed Methods Appraisal Tool (MMAT) was used to appraise the studies which met the inclusion criteria (Hong et al, 2018). The overall quality of the literature was reported on and not used as an exclusion criterion due to the small number of papers. Quality appraisal was completed by two reviewers (SG and TG).

Data Analysis and Synthesis

The narrative synthesis approach described by Popay et al (2006) was used which identified four key elements:

1. Developing a theory of how the intervention works, why and for whom.
2. Developing a preliminary synthesis of findings of included studies.
3. Exploring relationships in the data.
4. Assessing the robustness of the synthesis.

Results

Initially, 660 papers were found where 630 were removed by title and abstract screening. Thirty papers were subject to full text review and five were deemed eligible for inclusion. One was a quantitative non-randomised study (Merchant et al., 2022), one was a mixed methods study (Webster and Reeves., 2021) and three were qualitative methods studies (Evans et al., 2020; McGarrity et al., 2020 and Walsh et al., 2020). An overview of the studies is provided below and in Table 1.

Merchant et al., (2022) aimed to investigate experiences of remote consultations for parents of infants under orthopaedics requiring harness intervention; only infants with stable hips, with parents confident in delivering harness care at home, consenting to virtual clinics and not requiring a hip ultrasound were included in the study with 20 infants being included. There was no evidence of missed complications at the time of face-to-face follow up despite reduced travel time, fuel costs and waiting times. The study supported the adoption of a hybrid model of care.

Patient experience was collected with family members where two people described their experience as “good” despite system glitches having meant they were unable to see the clinician, and six people described the service as “very good” due to reduced travel.

Webster and Reeves (2021) evaluated the use of remote consultations by therapists in a paediatric MSK setting over a two-month period of the COVID-19 pandemic. Of the 148 treatment sessions, 26% therapists felt they were able to provide a full assessment, meanwhile 68% felt a full assessment was partially achieved with some components of the assessment and treatment lacking and a further 10% were not appropriate for a virtual consultation. Reported advantages of the remote consultations included travel time saved for the patient, no need for equipment, patients could be more compliant in their own environment, and assessments and treatment could be delivered more quickly. However, reported disadvantages included poor video quality, technical difficulties with connection, security, unable to build rapport as easily, lack of space and equipment, unable to provide physical treatment

and unable to observe subtle patient behaviours and body language. Therapists perceived that patients appropriate for video consultations included those requiring physiotherapy for hypermobility, mobility assessment or progression, exercise programme review or progression in between face-to-face appointments, as well as straight forward assessments and treatment techniques, such as post operative intervention. However, in contrast conditions such as Juvenile Idiopathic Arthritis, complex pain, as well as children under five and those with autism were not suitable for remote appointments.

The remaining three papers were a series conducted by the Association of Paediatric Chartered Physiotherapy which captured members' experiences of working during COVID-19 pandemic via an electronic survey. Response rates differed across the survey domains. Evans et al (2020) evaluated the *caseload management* domain of the survey where there were 472 respondents (100% response rate). Findings included therapists reporting missing hands-on physiotherapy, managing their caseloads through phone consultations, where 31% of participants said they were not providing face-to-face services due to a transition to virtual services. Virtual assessment limitations were identified particularly in neurology and respiratory specialities and those with safeguarding concerns; therefore, highlighting the need for digital training for both professionals and families. Meanwhile, McGarrity et al (2020) focused on the *technology* domain of the survey also yielding 472 responses. Environmental concerns were raised by the patient about their siblings or pets interfering with appointments, whereas clinicians purported the challenges of working from home with their family present and limited privacy for calls. Lack of eye contact making it harder to read body language and practical difficulties were also described as limitations. However, in contrast, some felt that virtual working was positive, for example due to having a better understanding of the person's own circumstances by seeing them in their own environment and improved confidence of parents-carers in providing hands on support to their child. Conversely, Walsh et al (2020) studied the *moving forwards* domain of the survey receiving only 185 responses (39% response rate). Themes identified were the future of digital practice, new working models, leadership and factors enabling coping with change.

Only one study included the views of parents (Merchant et al, 2022) with all the other studies focusing on the experiences of physiotherapists. No study included the perspectives of the child.

Table 1: Characteristics of included studies

Author and Year	Area of Patient Practice and Study Design	Number of participants and Population description	Methods	Main findings	Recommendations
Merchant et al (2022)	Orthopaedics Quantitative non-randomised	20/141 referred to the neonatal hip clinic. 45 were suitable for harness treatment and 20 were selected for virtual clinics with 35 virtual clinic appointments completed) Infants with stable hips were included Parents confident in delivering harness care at home, consented to virtual clinics and not requiring a hip ultrasound	A video link was established, parents asked about general problems with harness application and troubleshooting, then asked to remove the harness and expose the infant. Skin creases checked, leg movements, spontaneous hip flexion and knee extension was assessed to document femoral nerve function. Parents demonstrated appropriate harness reapplication and harness straps were adjusted in accordance with pre-determined pen marks at the time of the most recent face-to-face appointment. Extended Scope Practitioner Specialist Physiotherapist/Clinical Nurse Specialist demonstrated on a doll with a PH applied if any harness/care related queries. Each patient had on average 1.7 virtual appointments (ranging from 1 to 3) Time from first clinic appointment to first video consultation was 4.9+/- 2.6 weeks.	Themes: - No evidence of missed complications at the time of face-to-face follow up consultation - Format of adequate exposure, use of a portable mobile camera device to demonstrate anterior, posterior body parts, skin creases, and engaging in demonstration of harness adjustments with a doll allows the health practitioner to offer a thorough examination, mitigate problems, initiate urgent returns and provide the same quality of care that can be provided in-person - Likely to offer cost benefits to the hospital due to reduced face-to-face appointments and staffing requirements - Study demonstrates set up of a hybrid model of care - An average of 76km was saved; therefore, reducing fuel costs, benefiting the environment and saving travel and waiting times. - May impact on rates of non-attendance	The study demonstrates adequate evidence that children requiring routine follow up appointments involving pavlic harness adjustment, skincare and identification of clinical abnormalities can be treated and followed up safely using virtual clinics. Clinical triage of suitable patients for virtual clinic provision must be made by experienced clinicians.

			Video consultation- "Attend Anywhere" NHS England appointments platform- requested to use mobile phone or handheld tablet device.	- Two family members described the experience as "good" despite system glitches. Six family members described the service as "very good" mainly due to not having to travel to the hospital (no feedback from children collected) No statistical difference between the age of treatment and harness duration between the virtual and matched in-person cohorts.	
Webster and Reeves (2021),	Musculoskeletal physiotherapy Mixed methods survey	148 treatment sessions recorded (63 new patient appointments and 85 follow ups) Physiotherapists working in a paediatric MSK physiotherapy service at Southampton University Hospital NHS Foundation Trust	Therapists recorded on a database, between April 2020 and end of May 2020, the outcome of the appointments including if a new patient or follow up consultation, if the therapist felt that a full assessment had been achieved, opinions of the pros and cons of virtual consultations, conditions they felt responded well to video consultations and those that did not. Study completed between April 2020 and end of May 2020 Virtual consultations was the term used with no specific mode of delivery specified.	Of the 148 treatment sessions 26% felt they were able to provide a full assessment, 68% felt a full assessment was partially achieved with some components of the assessment and treatment lacking and 10% were not appropriate for a virtual consultation. Pros and cons documented by therapists: Pros: • Save on travel time for patient • More time to ask questions in own home • Families cannot forget to bring equipment to the appointment • Prevents missing school time • Assessment and treatment can be quicker	Therapy staff do feel that virtual consultations have a use within physiotherapy practice. Some conditions respond well to virtual consultations whereas some do not. This has allowed practice to evolve/change to continue to provide virtual clinics to appropriate patients and those that will respond well to virtual sessions. Further work is needed to look into patient satisfaction and preference so changes

				• Patient was more compliant with assessment in their own environment Cons: • Video quality can be poor • Technical difficulties with connection • Security • Unable to build a rapport as easily • Lack of space for assessment • Lack of equipment • Unable to give hands on treatment • Unable to observe subtle patient behaviours and body language • Parents with busy/noisy household-lack of concentration and leaving the room Patients appropriate for video consultations: Hypermobility, Mobility assessment/ progression, Brace check/change, Exercise programme review/progression in between face-to-face, Straight forward assessments/treatment techniques, Straightforward post op ROM/function/mobility/progression	can be implemented in the service according to need.
Evans R, Knight Lozano R,	Caseload management	All 472 respondents completed the "caseload management" domain of	An electronic survey sent to all APCP members asking for members'	Themes and sub-themes:	-Overcome inequalities around access to paediatric

Hebda-Boon A, Bell J, McGarrity K, Walsh L and James L (2020)	Qualitative methods survey	the survey although 6 respondents answered “not applicable” to the series questions Association of Paediatric Chartered Physiotherapist (APCP) members	experiences of working during the COVID-19 pandemic in June 2020. 1. Caseload responsibilities (role in caseload management, size of caseload) 2. Method of assessment and intervention (face-to-face, telephone, virtual, written/emailed) 3. Caseload prioritisation (methods, referrals, waiting lists) 4. Supporting children and young people (CYP) and their families (communication, guidance and support, parent led/parent autonomy) 5. Risk assessment and safety (infection control, safeguarding) 31% of participants said they weren't providing face-to-face services due to a transition to virtual services Some participants reported managing their caseloads through phone consultations. Virtual assessments completed through use of pictures and videos sent by parents as well as live video platforms. Concerns raised about missing “red flags”. Virtual interventions delivered via video platforms and complemented by visual aids like dolls. Discussed missing hands-on physio.	physiotherapy when face-to-face sessions are minimal - Develop clear MDT strategies for safeguarding during a pandemic - Develop strategies for cross organisational working during a pandemic, looking at caseload management as a whole and upskilling across acute and community teams - All practitioners to be supported by their employers to receive adequate resources and training to be able to undertake virtual sessions with their caseload -Development of clear and consistent national infection control guidance for client facing practitioners -Employee stress and wellbeing monitoring and support across all settings, with a priority for those working in community/primary care settings -Investigate the impact of COVID-19 prioritisation systems -Investigate children and young people and family
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				Called for further research into the validity and reliability of observational assessment measures used in virtual physiotherapy care. Virtual assessment limitations largely reported in neurology or respiratory specialities and those with safeguarding concerns. Recommended digital training for both professionals and families.	experiences of paediatric physiotherapy input during the COVID-19 lockdown period -Research into the validity and reliability of observational assessment measures used in virtual physiotherapy care
McGarrity K, Hebda-Boon A, Bell J, Evans R, Knight Lozano R, James L and Walsh L (2020)	Association of Paediatric Chartered Physiotherapists COVID-19 Survey Analysis: Technology (2020) Qualitative methods survey	472 respondents Association of Paediatric Chartered Physiotherapists (APCP) members	An electronic survey sent to APCP members asking for members' experiences of working during the COVID-19 pandemic in June 2020.	Themes: 1. Capability using technology (lack of clinician confidence using technology in front of the patient) 2. Technology and service delivery 3. Technology to support professional communication and clinical education 4. Technology use in future practice Conclusions: - An inescapably swift and challenging change in practice for clinicians, patients and families. -Many respondents embraced the change and wanted to continue some form of digital service delivery in the future as part of a hybrid model • Environmental concerns: patient perspective Siblings or pets interfering with the appointment, clinician perspective - working	Prioritisation of clinical access to appropriate software and platforms with essential training in new platforms is required to develop future treatment delivery that safeguards the wellbeing of staff whilst promoting hands-on clinical skills central to their professional identity Prioritisation of online/web resources to enable members to manage effective and efficient telehealth working practices as well as access to appropriate continuing professional development Prioritisation of effective strategies for professional/clinical support

				from home with their own family and the privacy of calls. • Having the correct, often basic resources, was described as a challenge. • Some felt virtual working was positive e.g. had better understanding of the person's own circumstances by seeing them in their own environment, improved confidence of parents/carers in providing hands on support to their child. • Difficulties reported with virtual working: lack of eye contact making it harder to read body language, practical difficulties.	of members working remotely and protocols for supervision, team meetings and appraisals Prioritisation of development of wellbeing tools to address concerns linked to digital and remote service provision changes
Walsh L, Hebda-Boon A, McGarrity K, James L, Bell J, Knight Lozano R and Evans R (2020)	Moving forwards: Qualitative methods survey	185 respondents- only 39% of the full response rate to the survey responded to the moving forwards domain of the survey Association of Paediatric Chartered Physiotherapist (APCP) members	An electronic survey sent to APCP members asking for members' experiences of working during the COVID-19 pandemic in June 2020.	Themes: 1. Future of digital practice 2. Formulation of new working models 3. Leadership 4. Factors enabling coping with change	To advance paediatric physiotherapists skills in assessing and treating patients in a virtual context so that the varied needs of patients can be facilitated with a range of consultation options To explore patient, parent and clinician engagement and satisfaction with virtual appointments compared to face-to-face appointments and to review outcomes of

					both virtual and face-to-face appointment types To support retention of continued flexibility in working models for clinicians alongside developing leadership roles where staff appreciation is valued To endeavour to have inclusive and compassionate work environments where each team member is valued and supported with particular attention to the importance of each individual's wellbeing. To work on developing processes where clinicians are involved in service design and delivery with meaningful collaboration with leaders.
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Synthesis of Results

Six themes were identified through conducting a narrative synthesis: see Table 2.

Table 2: Themes and narrative

Theme	Theme Heading	Narrative
1	Patient and clinician feedback	Perspectives and opinions of both patients and clinicians
2	Difficulties with use of technology	Challenges attributed to use of digital technology within clinical practice
3	The importance of triaging patients	The importance of triaging patients to identify suitable patients for remote consultations
4	Cost savings and reduced travel	Potential reduced costs and travel time for both clinical services and patients
5	Staff training	The need for staff training to ensure they have the essential skills required for delivering effective remote consultations
6	Hybrid model of care	A model of care involving both face-to-face and remote consultations

Theme 1: Patient and clinician feedback

Four out of the five studies explored the experiences of healthcare professionals, with one exploring parents' experiences of remote consultations (Merchant et al, 2022). Healthcare professionals and parents may have different priorities and perspectives. Merchant et al (2022)'s paper predominantly focused on the parents' experiences of the remote consultations, with parents providing feedback of "good" or "very good", although the significant cost benefits to the hospital were also discussed.

Theme 2: Difficulties with use of technology

Remote consultations resulting in the therapist being unable to monitor for evolving muscle tone, difficulties with internet connection and facilities were raised (Evans et al., 2020; Webster and Reeves, 2021). Limitations with remote consultations were particularly reported in neurology or respiratory settings or those with safeguarding concerns (Evans et al, 2020). Additionally, Merchant et al (2022) reported on instances where there were systems problems resulting in patients being unable to see the clinician.

Theme 3: The importance of triaging patients

Merchant et al (2022) recommended that triaging of suitable patients for virtual clinics should be made by only experienced clinicians, whilst Webster and Reeves (2021) discussed that virtual clinics should only be offered to suitable patients which would respond well to virtual sessions.

Theme 4: Cost savings and reduced travel

Merchant et al (2022) reported on the cost benefits to the hospital as well as discussing travel saved; therefore, reducing travel costs to the patients, benefiting the environment and saving travel and waiting times. Webster and Reeves (2021) also reported on the advantages to patients of saving travel time.

Theme 5: Staff training

Evans et al (2020) recommended that all practitioners must be provided with the required educational training to enable them to complete virtual sessions with their caseload. Furthermore, McGarrity et al (2020) recommended that staff must be provided with access to the necessary training in new digital software to support future treatment delivery and ensure high levels of competency.

Theme 6: Hybrid model of care

It is reported that a hybrid model of care which combines both face-to-face and remote consultations is beneficial in paediatric physiotherapy, particularly in neonatal hip clinic (Merchant et al, 2022) and delivery through a digital service pathway (McGarrity et al, 2020).

Quality Appraisal Findings

All included papers were quality appraised using the MMAT appraisal tool. Study quality was generally good: all papers clearly stated the research question and findings. One paper was a quantitative non-randomised study; one was a mixed methods study and the other three were qualitative studies.

Discussion

Five eligible studies were included in this systematic literature review. Four studies focused on healthcare professional views and one included parent perspectives. Study quality was generally good although the review is limited due to the small pool of literature. Narrative synthesis identified six themes of relevance. Both UK and international literature agree that remote consultations can be effective for specific conditions but are not a complete substitute for face-to-face care across all patient populations. Both bodies of literature explored service-specific applications; UK studies explored patient groups such as developmental dysplasia of the hip (DDH) (Merchant et al., 2022) and paediatric musculoskeletal services (Webster and Reeves, 2021), whilst international studies explored populations such as children with cystic fibrosis (Chen et al., 2018) and neuromuscular disorders (Yu et al., 2023), though some also considered virtual consultations more generally. A shared theme across both UK and international papers was the impact of workforce redeployment, loss of professional identity, and lack of training during the rapid shift to remote care. However, UK physiotherapists reported a more acute emotional and psychological impact from these changes, a perspective less commonly reflected in international accounts. Both UK and international studies concluded that a hybrid model combining remote and face-to-face input was preferred by clinicians and patients alike. Notably, international literature offered more insight into patient experiences (e.g., Portillo-Aceituno et al., 2022), whereas UK literature primarily captured the perspectives of healthcare professionals, with Merchant et al. (2022) being the only UK study directly involving patient feedback. This highlights the need for future UK research to incorporate patient perspectives to ensure services align with user needs. Additionally, screening referrals to determine their suitability for remote consultations emerged as a common theme in both UK and international literature. Finak et al. (2023), in their scoping review of high-income countries, highlighted the significance of this practice, mirroring UK papers such as Merchant et al (2022) where the need for screening was discussed. Finally, both UK and international literature emphasized the critical role of digital technology in improving healthcare access during the COVID-19 pandemic. However, systemic barriers such as limited technology access and digital exclusion were acknowledged both internationally (Australia) and in the UK context (Grant et al., 2022b; McGarrity et al., 2020).

Among the key advantages identified by UK studies was the reduction in travel time and associated costs for families, improving overall appointment accessibility and ensuring children maximised school attendance (Webster and Reeves., 2021; Merchant et al., 2022). Remote consultations also offered greater flexibility, particularly for families living further from specialist centres, and in some cases, children were more relaxed and compliant when assessed in their home environments. Additionally, parental

involvement increased, with caregivers playing a more active role in supporting treatment, such as assisting with exercises or managing medical devices like Pavlik harnesses (Merchant et al., 2022).

During the COVID-19 pandemic, remote consultations enabled continuity of care, and some services reported positive experiences supporting the case for retaining hybrid care models long-term (APCP, 2020).

However, these benefits were counterbalanced by several challenges. A significant limitation was the inability to carry out full physical assessments remotely; in many cases, clinicians struggled to observe subtle behaviours, provide hands-on interventions, or adequately evaluate certain conditions, with only 26% of virtual sessions achieving a full assessment (Webster and Reeves., 2021). Remote consultations were perceived to be particularly unsuitable for complex or sensitive cases such as cerebral palsy, or children with autism or under five years of age. Technological barriers, including poor video quality, unreliable internet connections, and limited access to suitable devices or private spaces, further limited effectiveness (Webster and Reeves., 2021; APCP, 2020). Physiotherapists also expressed emotional and professional challenges, reporting feelings of disconnection, role dissatisfaction, and a loss of professional identity when being unable to deliver hands-on care (APCP, 2020). Some parents felt overwhelmed or lacked confidence in managing certain treatment components without direct supervision. Moreover, concerns were raised about digital exclusion, particularly among socioeconomically disadvantaged families, highlighting the need to address equity of access in future service planning. Overall, while remote consultations offered valuable opportunities, the studies highlight the importance of using them selectively and as part of a well-supported hybrid care model.

This systematic review demonstrates several key strengths. It addresses a timely and highly relevant issue, the use of remote clinical consultations in UK paediatric physiotherapy, particularly in the post-COVID-19 landscape. While the pandemic accelerated the adoption of digital healthcare solutions, research specifically examining their implementation in paediatric physiotherapy has remained limited. By focusing on this underexplored area, the review makes a valuable contribution to the evidence base, helping inform clinical practice and policy in a rapidly evolving healthcare environment. A notable strength is its comparison of UK-based findings with international literature, which provides broader context and highlights both shared challenges and unique national considerations. Furthermore, the review offers clear, actionable recommendations for future research, particularly the need to incorporate children's perspectives and to assess the long-term sustainability of remote and hybrid models of care. These features enhance the relevance, applicability, and impact of the review's findings.

Several limitations much also be acknowledged. All five included studies were published between 2020 and 2022, during the COVID-19 pandemic, a period of rapid and unprecedented change in healthcare delivery. As such, the findings may not fully reflect the long-term role or sustainability of remote consultations in paediatric physiotherapy beyond the pandemic context. The small number of eligible UK-based studies further limits generalisability, as many international papers were excluded. It is important that service design and delivery is both culturally relevant and considers the unique needs of communities (Dew et al, 2013). Additionally, although some studies specifically mentioned physiotherapy, it was not clear which participants the data referred to. For example, Proulx et (2021) studied young people and parents' experiences of virtual consultations in an adolescent medicine tertiary service where physiotherapy, alongside occupational therapy, accounted for 42% of healthcare professionals cited. However, due to lack of distinction between the data provided by the various respondents, the study was not included. Included studies did not capture service feedback from children about their experiences of remote consultations which could be seen as a significant limitation within the body of literature. Obtaining such feedback is likely to be problematic, particularly when younger children may be unlikely to understand questions being asked of them due to their age, cognitive ability and or health condition (Wray et al, 2018). Therefore, this could be a potential area for future research

to explore feedback from young children receiving treatment and support from paediatric physiotherapy services.

Conclusion and Recommendations

Current research into remote clinical consultations in UK paediatric physiotherapy settings is limited, with only five papers included in this review. This can be likely attributed to remote clinical consultations being a relatively new area within healthcare, accelerated by the COVID-19 pandemic. Future research would also benefit from considering the patient voice, particularly children's views. Future systematic reviews into this area could broaden the search criteria, potentially providing a more comprehensive picture.

Remote consultations should be considered as a method of assessment and treatment, either in isolation or as part of a hybrid model of working, in paediatric physiotherapy services. Remote consultations within paediatric physiotherapy services provide patients with a convenient way for patients to access advice and care (NHS Long Term Plan, 2019). However, referrals need to be carefully screened to identify those that would be suitable for remote consultations and staff need to receive adequate training in the delivery of these.

This systematic review highlights the need for more research into remote consultations for use within paediatric physiotherapy assessments and treatment in the UK.

Acknowledgements: Colleagues at the University of Lincoln for their support

Ethical and r&D Approval: Not required.

Funding: No funding was obtained for this systematic review.

Declarations of interest: None declared.

Keywords: Remote clinical consultation, physiotherapy, paediatrics.

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Key search terms for Medline(AB)	Hits (n=)			
S1: video call*	811		S22: toddler*	12,541
S2: virtual	90,295		S23: infant*	363,562
S3: telehealth	10,524		S24: teenage*	19,684
S4: telemedicine	16,243		S25: adolescence*	301,959
S5: remote consultation*	668		S26: young pe*	37,692
S6: ehealth	4115		S27: S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26	1, 959, 305
S7: telerehabilitation	1594		S28: feedback	173,767
S8: telecare	698		S29: effective*	2, 523, 884
S9: mobile health	6348		S30: attitude*	174,664
S10: videoconference*	3755		S31: belief*	103,123
S11: hybrid	222,386		S32: thought*	301,644
S12: digital	169,249		S33: perspective*	332,901
S13: technology*	651,346		S34: comment*	72,237
S14: online	224,910		S35: opinion*	107,229
S15: telephone consultation*	1175		S36: view*	506,350
S16: app	41,977		S37: experience*	1,204,729
S17: S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16	1,325, 785		S38: satisfaction	180,649
S18: paediatric*	66,152		S39: S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38	4, 892, 308
S19: pediatric*	304,916		S40: physiotherapy*	31,034
S20: child*	1, 336, 994		S41: physical therapy	20,502
S21: bab*	97,318		S42: PT	67,925
			S43: S40 OR S41 OR S42	116,292
			S44: S17 OR S27 OR S39 OR S43	305

How to cite this article:

S. George, T. George, S. Cooke, D. Nelson, and D. Laparido.

Patient, carer, and physiotherapist experiences of remote clinical consultations in a UK paediatric physiotherapy setting: A systematic review. The Association of Paediatric Chartered Physiotherapists Journal 2025; 00: 19 – 40.
<https://doi.org/10.59481/197314>