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Research Article

The effectiveness of telerehabilitation-based physiotherapy on patient satisfaction in a rural population: a questionnaire-based study

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ABSTRACT

Access to in-person physiotherapy services in rural regions is often limited by barriers such as long travel times, poor transportation, financial constraints, and physical disability. Telerehabilitation offers a viable alternative by delivering physiotherapy services remotely through video or audio platforms. The objective of this study was to evaluate patient satisfaction with telerehabilitation-based physiotherapy in a rural population. This cross-sectional, questionnaire-based pilot study was conducted among rural participants who had received telerehabilitation after discharge from IPD or following an OPD visit. Each participant underwent 2–3 individualised telerehabilitation sessions over 1–2 weeks via audio/video calls. A structured feedback questionnaire assessed satisfaction in areas such as ease of access, communication, time saving, and overall experience. Of 34 participants, 91.2% reported that telerehabilitation saved time, 91.2% found communication with the therapist easy, and 88.2% found the system easy to use. A total of 50% rated their overall experience as "Very Good," and 91.2% said they would recommend telerehabilitation to others. Technical difficulties were reported by 38.2% of participants, but did not significantly affect satisfaction. levels. Telerehabilitation was found to be an effective, user-friendly, and acceptable alternative to in-person physiotherapy for rural patients. It improved access to care, reduced travel burden, and resulted in high patient satisfaction. This model holds promise for broader implementation, especially in underserved regions.

Keywords: Telerehabilitation, Physiotherapy, Rural health, Patient satisfaction, Remote rehabilitation, Digital health.

INTRODUCTION

Physiotherapy plays a crucial role in the management and rehabilitation of individuals with musculoskeletal, neurological, and cardiorespiratory conditions. Traditionally delivered through in-person sessions, physiotherapy has increasingly adopted digital modalities like telerehabilitation, especially in the wake of technological advancements and global health challenges such as the COVID-19 pandemic. Telerehabilitation, a branch of telehealth, refers to the delivery of rehabilitation services using telecommunications technology, enabling remote consultation, monitoring, and intervention. It includes synchronous (live video) and asynchronous (recorded or text-based) formats, designed to improve accessibility and continuity of care, especially for patients in rural or underserved areas. Globally, the need for physiotherapy services is growing rapidly. According to the World Health Organisation (WHO), more than 2.41 billion people worldwide require rehabilitation at some point in their lives. In India, the burden of musculoskeletal and neurological disorders requiring physiotherapy is also rising, with an

estimated 15–20% of the population needing rehabilitation services. In Maharashtra, the demand for physiotherapy is considerable, particularly in post- surgical and chronic cases, but access is often limited in rural and semi-urban regions. This study was conducted in Ahilyanagar, Maharashtra, a district where many patients from rural areas seek treatment in tertiary care hospitals. Despite the availability of extensive Outpatient Department (OPD) services, many patients, especially those discharged from Inpatient Departments (IPD) or living in remote areas, face barriers in attending follow-up sessions. These barriers include long travel distances, poor transportation, economic hardship, physical disability, and lack of awareness, which often result in treatment discontinuation and poor outcomes. To address these issues, telerehabilitation was implemented for physiotherapy follow-up sessions in this region. The services were provided to patients who were either recently discharged from IPD or had attended the OPD once but were unable to continue due to the above challenges. The remote sessions were delivered using audio or video platforms such as WhatsApp, Zoom, or direct phone calls, depending on patient accessibility and comfort. Following the intervention, the effectiveness and user satisfaction of these telerehabilitation sessions were assessed using a self-developed feedback questionnaire, which included domains such as ease of access, clarity of instructions, confidence in therapy, and overall satisfaction. This study aims to evaluate the level of patient satisfaction with telerehabilitation physiotherapy services, particularly in a rural setting, and to explore its potential as a sustainable and patient-friendly alternative to in-person follow-up care [1, 2].

MATERIAL AND METHOD

The study design was a cross-sectional, questionnaire-based pilot study conducted in a rural region of Ahilyanagar, Maharashtra, at a tertiary care teaching hospital with a high OPD patient load in the physiotherapy department. The study aimed to evaluate patient satisfaction with telerehabilitation-based physiotherapy services. The study included patients who had undergone physiotherapy intervention either after being discharged from the Inpatient Department (IPD) or who had previously visited the Outpatient Department (OPD) but were unable to attend follow up visits due to various barriers commonly faced in rural areas, such as lack of transportation, long travel distances, financial constraints, and physical disability. Inclusion criteria included male and female participants aged 10 years and above, patients who had undergone physiotherapy following musculoskeletal, neurological, or post-surgical conditions, patients who had previously attended at least one OPD or IPD session before starting telerehabilitation, patients residing in rural areas around Ahilyanagar who were unable to continue in person follow-ups, patients with access to a mobile phone or device enabling audio/video communication, and patients who were willing to participate and provided informed consent. Exclusion criteria included patients with severe cognitive impairment or inability to follow instructions, patients with no access to mobile phones/internet connectivity, patients with hearing or speech impairments that interfered with communication, and patients who did not complete at least two telerehabilitation sessions [3, 4].

Procedure

Ethical approval was obtained from the Institutional Ethics Committee (IEC) before the commencement of the study. The study was conducted over a period of three months at a tertiary care hospital in Ahilyanagar, Maharashtra. Participants were recruited using the purposive sampling method. Patients were selected based on the inclusion and exclusion criteria, focusing on those who had either been recently discharged from the Inpatient Department (IPD) or had previously visited the Outpatient Department (OPD) but were unable to continue follow-up sessions due to barriers common in rural areas such as long travel distances, financial limitations, lack of transportation, or physical inability. The purpose and benefits of the study were explained clearly to the participants, and written informed consent was obtained. To ensure ease of understanding, especially considering the rural background and linguistic needs, the questionnaire was translated and administered in Marathi, the native language of the participants. Feedback was collected either through phone-based interviews or WhatsApp/Google Forms, depending on the patient's digital literacy and device availability [5].

Intervention

Eligible patients were contacted via telephone or mobile messaging platforms such as WhatsApp video call, audio call, or zoom, depending on the patient’s accessibility and convenience. Each participant received three individualised telerehabilitation physiotherapy sessions over

a period of 1–2 weeks. The sessions included therapeutic exercises, posture correction, breathing techniques, and home program instruction, guided by a licensed physiotherapist. Care was taken to explain exercises in simple language, and caregivers were also involved when necessary, ensuring patient safety and compliance

After the completion of the telerehabilitation sessions, each participant was asked to fill out a self-structured feedback questionnaire. The questionnaire served as the primary outcome measure of the study, assessing: accessibility and ease of use of telerehabilitation; clarity of communication and instruction; comfort and convenience of receiving physiotherapy remotely; and satisfaction with the treatment received. These feedback mechanisms are crucial in evaluating the feasibility and acceptability of digital health services in rural physiotherapy care [6, 7].

Figure 1: Telerehab session on video call platform

Figure 2: Demonstration of exercise to patient on the video call platform

RESULTS

The responses from 34 rural participants were compiled and analyzed using Microsoft Excel (2021 version) to generate descriptive statistics and visual representations such as pie charts. The analysis revealed that 91.2% of participants reported time-saving benefits, while 88.2% found the system easy to use, and an equal 91.2% stated that communication with the therapist was smooth and effective. Notably, 50% of participants rated their overall telerehabilitation experience as “Very Good”, and 91.2% expressed willingness to recommend telerehabilitation to others. Although 38.2% reported minor technical difficulties, these issues did not significantly affect overall satisfaction. The results suggest a high level of acceptance and satisfaction with telerehabilitation services among the rural population, supporting its feasibility as an alternative to in-person physiotherapy in underserved areas.

Figure 3: Shows demographic details of Gender distribution

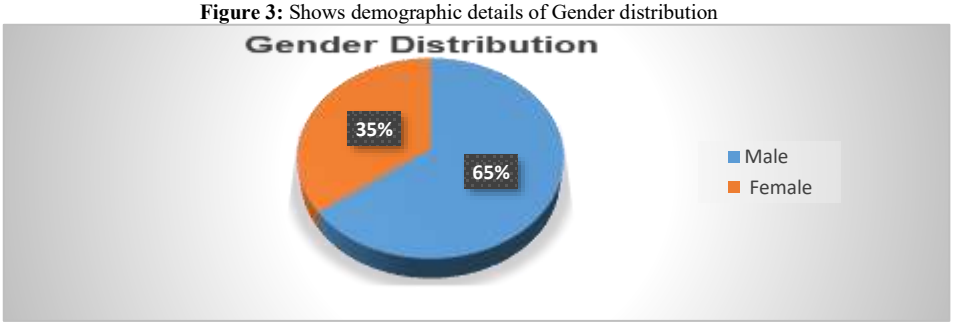


Figure 4: Shows demographic details of the age group distribution

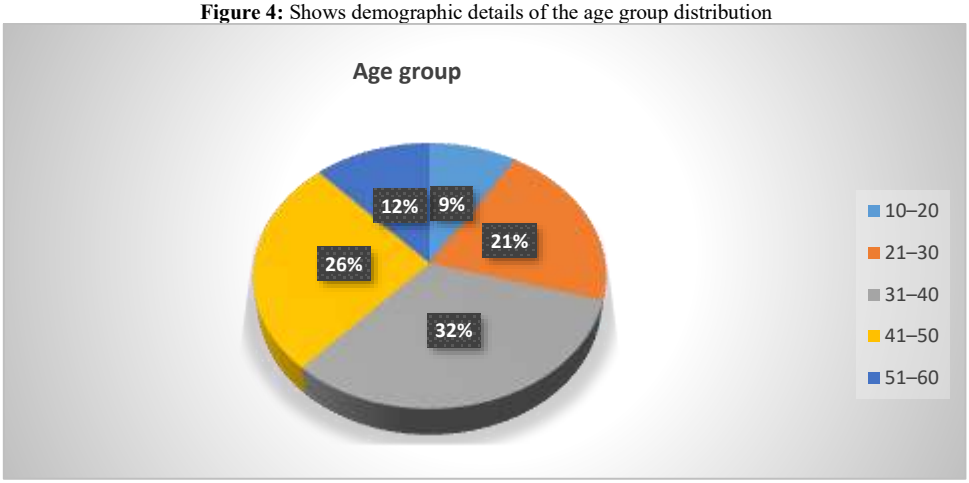


Figure 5: Perception of time-saving via telerehabilitation

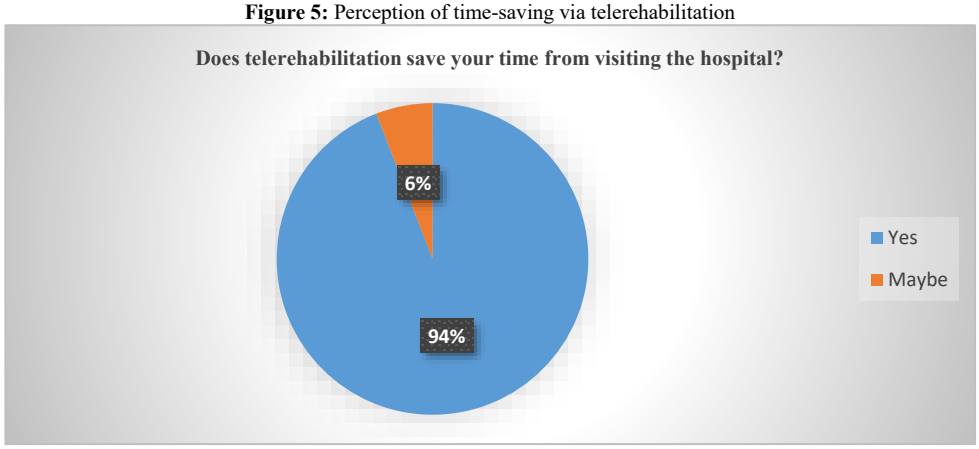


Figure 6: Ease of communication with a physiotherapist

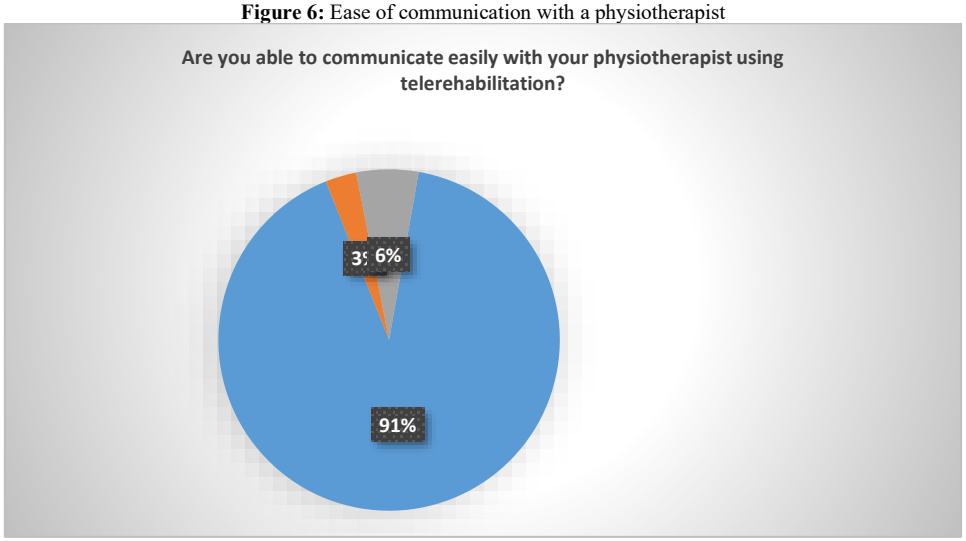


Figure 7: Accessibility of healthcare through telerehabilitation

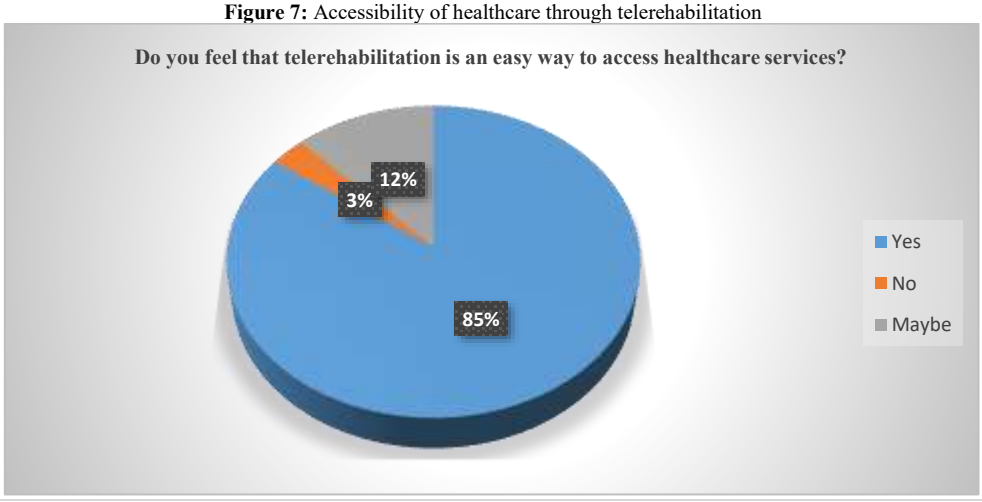


Figure 8: Willingness to recommend telerehabilitation

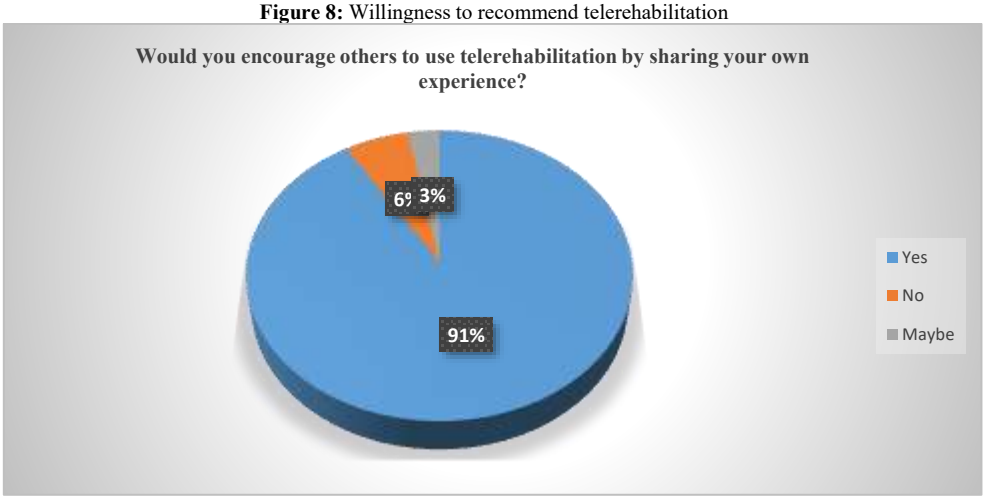


Figure 9: Satisfaction with therapist's time allocation

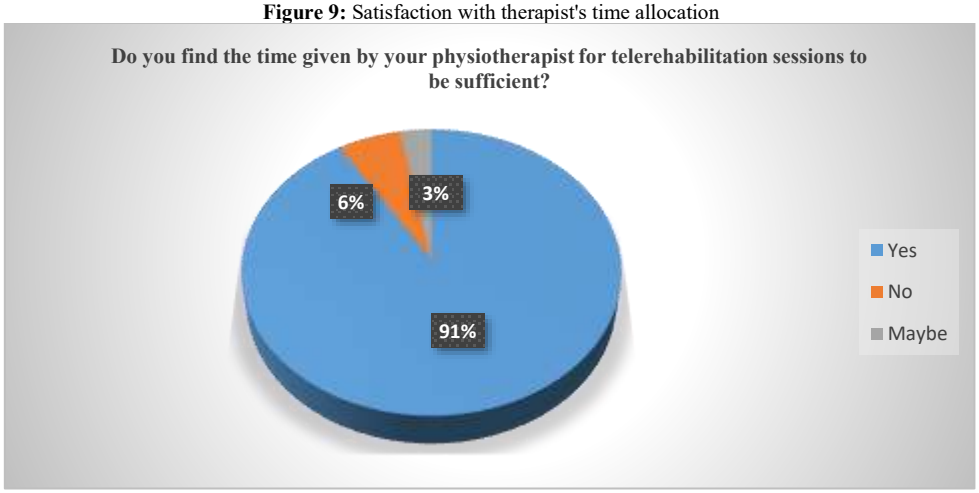


Figure 10: Prevalence of technical issues in telerehabilitation

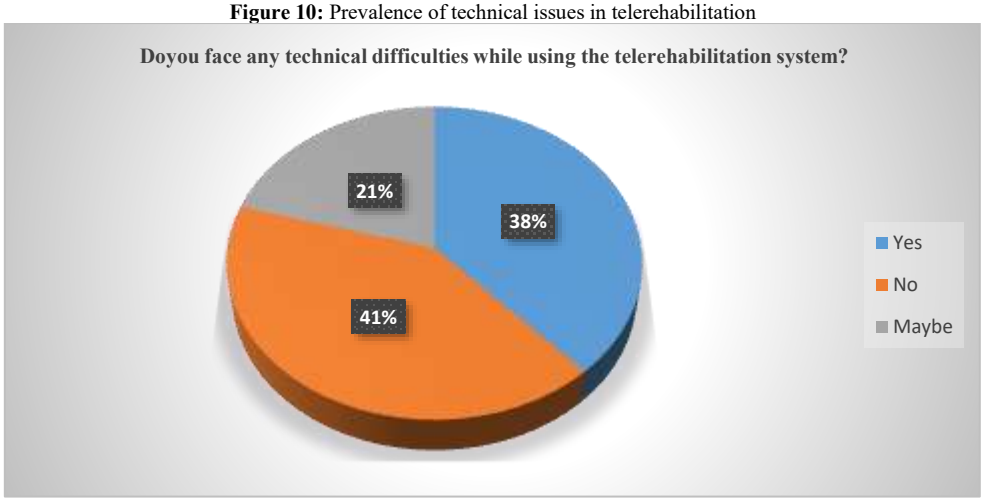


Figure 11: User Friendliness of the telerehabilitation system

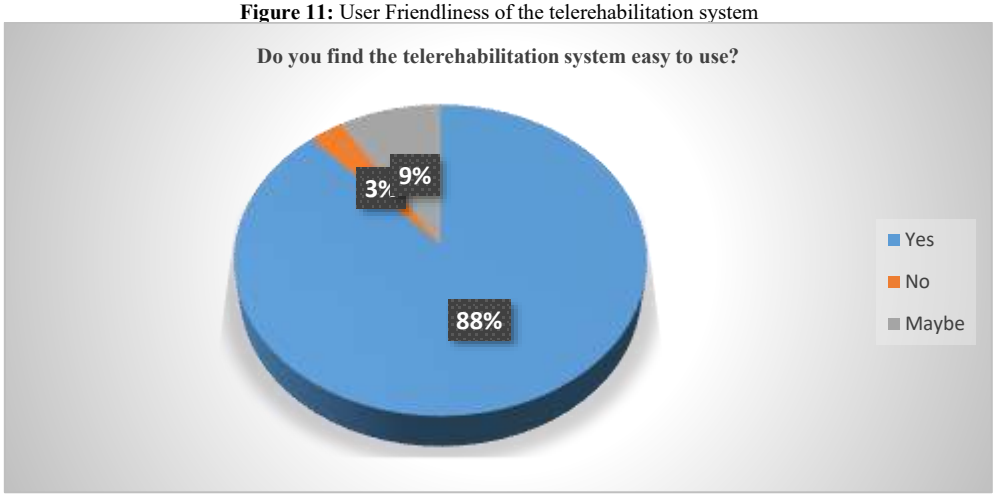
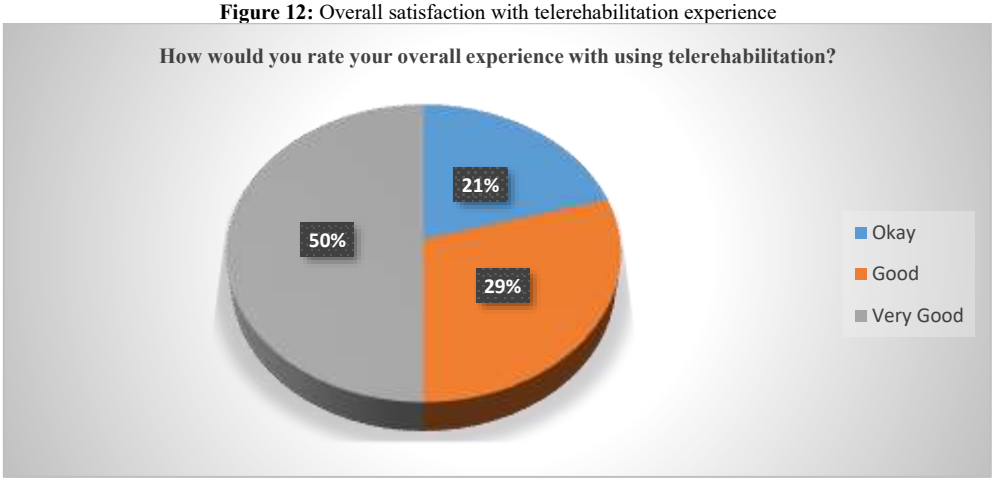


Figure 12: Overall satisfaction with telerehabilitation experience



DISCUSSION

This study aimed to explore patient perspectives on telerehabilitation in physiotherapy, particularly focusing on its accessibility, effectiveness, communication quality, and user satisfaction. A total of 34 participants undergoing telerehabilitation physiotherapy sessions were surveyed using a structured questionnaire addressing various aspects of their experiences. The responses revealed overwhelmingly positive perceptions, with the majority highlighting time efficiency, ease of communication, convenience, and user friendliness of the system. The data collected provides important insights into the real-world acceptability and potential of telerehabilitation, especially in rural or resource-limited settings, and offers a valuable foundation for future improvements in digital physiotherapy care [8].

The gender distribution in this study showed that out of 34 participants, 22 were male and 12 were female, indicating a higher participation of males in telerehabilitation services in rural areas. Age-wise, the largest group of participants fell within the 31–40 years age range (n=11), followed by 41–50 years (n=9), and 21–30 years (n=7). The lower representation in the 10–20 and 51–60 age brackets (n=3 and n=4, respectively) suggests that working age adults are more likely to utilise telerehabilitation. This is likely because individuals in their 30s and 40s are more prone to musculoskeletal conditions due to occupational and lifestyle demands, especially in labour-intensive rural settings. Additionally, men in rural areas often dominate outdoor labour roles and are more likely to seek physiotherapy for work-related injuries, which could explain the male predominance. As accessibility to digital health and a higher level of functional mobility needs among adult males contribute to greater engagement in telerehabilitation programs. This demographic trend underscores the importance of designing rehabilitation interventions that align with the occupational and digital capabilities of the rural working population.

The overwhelmingly positive response to the question “Does telerehabilitation save your time from visiting the hospital?” with 32 participants answering “Yes” and 2 responding “Maybe” can be strongly supported by recent advances in telerehabilitation and patient-centred care in physiotherapy. Telerehabilitation significantly reduces the need for travel, waiting times in hospitals, and time taken off from work or daily responsibilities, which explains why most participants acknowledged time saving as a major benefit. According to a study in the Journal of Telemedicine and Telecare, patients reported substantial time savings and improved scheduling flexibility when receiving care remotely. Similarly, Archives of Physical Medicine and Rehabilitation found that telerehabilitation not only reduced commute-related delays but also led to improved patient adherence due to easier access.

Furthermore, in a study, Theory and Practice, participants undergoing telerehabilitation for musculoskeletal conditions noted better time management and increased convenience without compromising therapeutic outcomes. A Shodhganga on telerehabilitation in Indian physiotherapy settings also supports this, highlighting that participants from rural and semi-urban areas saved up to 4 hours per session on travel and hospital wait times. In addition, emphasised that digital platforms offering scheduled video consultations, automated reminders, and asynchronous exercise monitoring significantly improved treatment efficiency and patient satisfaction. The two “Maybe” responses may be attributed to minor limitations such as internet connectivity issues or

scheduling conflicts, which can occasionally reduce the perceived time efficiency. Nonetheless, the recent literature strongly supports that telerehabilitation provides substantial time-saving benefits, which is especially crucial in post COVID healthcare models where remote care continues to evolve. This efficiency, paired with comparable clinical outcomes, makes telerehabilitation a highly viable modality in physiotherapy practice.

In response to "Are you able to communicate easily with your physiotherapist using telerehabilitation?", 31 participants said "Yes," 2 said "Maybe," and 1 said "No." This high level of affirmative feedback is supported by physiotherapy-specific research showing that live video and audio platforms allow practitioners to observe movement, offer corrective feedback, and monitor safety, an essential part of remote therapeutic exercise delivery. These studies demonstrate that real-time frameworks can effectively emulate in-person PT sessions, enhancing clarity and patient confidence. The 2 "Maybe" responses likely stem from intermittent camera angle issues or audio lag, common challenges in telerehabilitation studies. For example, found that multiple camera setups and high-resolution video improved therapists' ability to assess joint movements remotely. The single "No" may reflect persistent barriers such as limited digital literacy or the absence of caregiver help, especially among older or rural patients, highlighting difficulties some patients still experience with digital platforms. These findings highlight that while the majority of patients experience effective communication, ensuring optimal camera positioning, sufficient training, and caregiver support can further improve the quality of physiotherapy delivered via telerehabilitation. In response to "Do you feel that telerehabilitation is an easy way to access healthcare services?", 28 participants said "Yes", 4 said "Maybe", and 1 said "No." This overwhelmingly positive feedback reflects current physiotherapy evidence indicating that video-based remote consultations effectively overcome geographical and physical barriers, particularly in rural communities. A 2022 scoping review on telerehabilitation affirmed that it is feasible, cost-saving, and improves access to rehabilitation services in both high and low-income settings. In India, initiatives like the National Digital Health Mission and platforms such as Sanjeevani have furthered telehealth penetration, enabling physiotherapy services to reach previously underserved areas. found that telerehabilitation enhances patient access to care and is particularly effective for musculoskeletal and neurological conditions. The 4 "Maybe" responses likely stemmed from intermittent challenges such as unstable internet, limited digital literacy, or uncertainty about the treatment quality virtually, which have been reported in early adaptation phases of physiotherapy telerehabilitation. The lone "No" response may reflect issues like lack of internet access, elder unfamiliarity with technology, or a strong preference for manual, hands-on therapy, barriers consistently identified in digital health equity literature. Overall, these findings reinforce that telephysiotherapy is a valuable and accessible alternative for rural patients, pending enhanced digital inclusion efforts, infrastructure support, and patient empowerment to ensure equitable, high-quality remote care.

In response to "Would you encourage others to use telerehabilitation by sharing your own experience?", 31 participants said "Yes", 1 said "Maybe," and 2 said "No." This strong positive inclination is supported by physiotherapy-specific evidence: studies indicate that patients with musculoskeletal and neurological conditions report high satisfaction and effectiveness with remote physiotherapy, leading them to actively recommend it to peers. For instance, a 2024 patient satisfaction survey found that telerehabilitation was as effective or sometimes superior to traditional in-person care, with many patients recommending it due to convenience and clear guidance using live video platforms. Additionally, a 2021–2023 review on telerehabilitation acceptability highlighted that nearly 90% of physiotherapy patients would advocate for remote care, citing time savings and ease of home-based exercise monitoring. The single "Maybe" likely reflects mixed experiences, such as occasional technical glitches or variations in therapist interaction, consistent with findings that while telerehab is appreciated, patients may hesitate to fully endorse it without reliable infrastructure. The two "No" responses may stem from needs for hands-on manipulation or preferences for in-person contact limitations, well documented in physiotherapy literature, where tactile assessment remains essential. Overall, the strong advocacy for telerehabilitation is grounded in evidence showing it can match or exceed traditional care for many conditions. These findings emphasise that physiotherapy telerehabilitation is

not only clinically effective but also empowering patients who benefit tend to become enthusiastic ambassadors, especially when supported by user-friendly platforms and consistent clinician-patient engagement.

In response to "Do you find the time given by your physiotherapist for telerehabilitation sessions to be sufficient?", 29 participants said "Yes", 2 said "Maybe", and 3 said "No." This strong affirmative trend aligns with recent physiotherapy research showing that targeted, individualised telerehabilitation sessions often match or exceed the efficiency of in-person therapy, allowing patients to receive focused care within comparable timeframes. A 2021 study found that standard remote physiotherapy sessions lasted around 45 ± 0.6 minutes, supporting the idea that therapy time was optimised without delay. The positive patient feedback likely reflects sessions structured for specific musculoskeletal or neurotherapeutic goals, which are well-suited to virtual delivery via video platforms like WhatsApp and Zoom. The 2 "Maybe" responses may indicate experiences of clinicians needing extra time to demonstrate exercises virtually, or technical delays (e.g., video buffering) affecting session flow issues, as emphasised in study that underscores the effectiveness of remote therapy but notes that imperfect technical conditions can disrupt pacing. The three "No" responses likely come from participants with more complex conditions requiring hands-on assessment or manual stretching techniques, which are inherently more challenging to deliver virtually. Telerehabilitation guidelines from the American Physical Therapy Association emphasise the need for hybrid or extended sessions for complex cases, with in-person components when necessary. Similarly, studies in the Archives of Physiotherapy recommend tailoring session length based on patient complexity and clinical need.

In response to the question, "Do you face any technical difficulties while using the telerehabilitation system?", 13 participants responded "Yes," 7 said "Maybe," and 14 responded "No." These mixed responses reflect varying experiences with the technical aspects of telerehabilitation in physiotherapy. Those who answered "Yes" likely faced issues such as poor internet connectivity, unclear audio or video, or app-related glitches. These factors can severely disrupt physiotherapy sessions, where accurate visual observation and communication are essential for assessing movement, posture, and exercise performance. Recent literature, such as a 2023 study, highlights how such technical barriers impact the delivery of effective remote physiotherapy. Participants who answered "Maybe" might have encountered occasional disruptions that were manageable but affected the flow of sessions. This aligns with a 2022 study reporting minor tech-related interruptions in pediatric telerehab sessions. On the other hand, the 14 participants who faced no difficulties likely benefited from improved network infrastructure, user-friendly platforms like Zoom or WhatsApp, and greater familiarity with digital tools. Recent advances, such as markerless motion tracking, dual camera setups for depth assessment, and real-time feedback systems, have significantly improved the quality and reliability of virtual physiotherapy sessions. According to studies published in 2025 and 2023, these technologies are now making remote physiotherapy more consistent and clinically effective. Therefore, while technical issues remain a concern for some users, ongoing digital innovations are steadily reducing these challenges and enhancing patient and therapist experiences in telerehabilitation.

In response to "Do you find the telerehabilitation system easy to use?", 30 participants said "Yes", 3 said "Maybe", and 1 said "No." This overwhelmingly positive response reflects the growing user friendliness of remote physiotherapy platforms. Most participants found it easy to use because tools like WhatsApp and Zoom have intuitive interfaces that align well with video-guided exercise demonstrations and therapist feedback, an essential part of physical therapy. Studies support this: a randomised study in 2023 found that over 85% of musculoskeletal patients adapted quickly to telerehabilitation platforms and reported no difficulty navigating exercises. Similarly, research has shown that even older adults in remote areas can effectively engage in physiotherapy via simple, low-bandwidth platforms after receiving a brief introduction session. The 3 "Maybe" responders likely had occasional hurdles, such as difficulties understanding screen instructions or needing assistance from caregivers, which is consistent with findings in a Shodhganga thesis (2022) highlighting "initial usability challenges" that often dissipate with continued use [30]. The single "No" response may indicate persistent digital literacy issues or reluctance to adopt even basic technology, a known barrier among elderly or less tech-savvy users noted in a 2021 study. Overall, the response demonstrates that

telerehabilitation for physiotherapy is both accessible and broadly acceptable, but providing digital orientation, caregiver support, and ensuring simple, well-structured platforms remains important to fully include all users.

The positive responses from participants, who rated their telerehabilitation experience as " Very Good, " 17 rated their telerehabilitation experience as “Very Good,” 10 as “Good,” and 7 as “Okay” reflect a strong overall satisfaction with telerehabilitation services in physiotherapy. This favourable feedback can be attributed to several recent advancements and patient-centred factors. The convenience and accessibility of telerehabilitation, especially for individuals in remote areas or those with mobility issues, significantly enhance the user experience. Access and time flexibility were major contributors to patient satisfaction. The ability to interact with therapists in real time through platforms like Zoom or WhatsApp video, receive personalised home exercise programs, and maintain consistent therapy routines was seen as highly beneficial. emphasised that structured and guided home programs improve patient engagement and functional outcomes. Additionally, the time and cost savings from avoiding clinic visits added to the positive experience, However, participants who rated their experience as “Okay” likely faced challenges such as poor internet connectivity, lack of digital literacy, or difficulty using technology, issues particularly common in rural settings, Moreover, some patients reported a preference for in-person sessions due to the absence of hands-on care and direct supervision, which are limitations of virtual platforms. Despite these barriers, the majority of participants found telerehabilitation to be effective, indicating that when properly implemented with adequate support, it can serve as a valuable tool in modern physiotherapy practice.

In response to the final question of the feedback questionnaire, which invited participants to provide suggestions for improving telerehabilitation services, several key themes emerged reflecting their rural context and practical challenges. The suggestions provided by rural participants highlight the contextual barriers they face and emphasise the importance of tailoring telerehabilitation services to their needs. Poor internet connectivity, a common challenge in rural India, affects video quality and limits effective therapist-patient interactionwho emphasised the role of reliable digital infrastructure in successful telerehab outcomes. The request for basic training aligns with findings that showed that digital literacy is a strong predictor of telerehabilitation adherence and satisfaction. The desire for hybrid services reflects patients’ awareness that some physiotherapy interventions require manual techniques, an observation supported by those who reported better outcomes with blended models. Language accessibility is crucial, especially in rural settings, where patients often struggle with English-based platforms; this was similarly observed in those who advocated for regional language use to improve engagement. Lastly, the demand for printed or video exercise guides is in line with those who noted that simple, repeatable formats improve patient independence and compliance with home-based physiotherapy. Together, these suggestions reinforce the need for culturally and infrastructurally adapted telerehabilitation models in rural areas.

In conclusion, the findings from this study strongly support the growing relevance and acceptance of telerehabilitation in physiotherapy. The high level of satisfaction reported by participants, along with perceived benefits such as time savings, effective communication, and ease of use, reflects recent advancements in telehealth technologies and infrastructure. While a small number of participants reported technical or usability challenges, these can be addressed through improved digital literacy training, caregiver involvement, and enhancements in platform design. Overall, telerehabilitation emerges as a promising, patient-friendly model of physiotherapy care, particularly beneficial in overcoming geographical barriers and improving healthcare access in underserved communities. These findings advocate for wider integration of telerehabilitation into standard physiotherapy practices, supplemented by policy support and continuous technological refinement.

The study's limitations include a small sample size, a short follow-up period, and reliance on internet access and digital literacy, which may affect generalizability. Future research should involve larger populations, longer-term outcomes, and explore the integration of advanced technologies like AI and wearables to enhance telerehabilitation effectiveness [8-10].

CONCLUSION

The study concludes that telerehabilitation in physiotherapy is effective, time-saving, and well-received by most participants. Patients reported high satisfaction with

ease of use, communication with physiotherapists, and reduced need for hospital visits. Despite some technical difficulties, the overall feedback was positive, and most participants expressed willingness to recommend telerehabilitation to others.

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