



# FACILITATING GOOD COMMUNICATION IN TELEREHABILITATION

## Helping good communication in telerehabilitation: Things to consider before your session

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### Provide clear information

Ensure the client has the information they need well in advance of the session. This includes details of how to log in, what materials they need to have (e.g. pen and paper), if support people should be there, and how you expect the session will work.

Send any materials that they may need for the session. This might include forms they need to complete, or material you may need to refer to while you are talking with them.

Be clear about how they should be set up for the session, i.e. in a quiet private space without distractions (if possible – it may be more challenging at the moment) [1-3].

All written material should be easy to read<sup>1</sup>. If your client has cognitive or communication issues, use the principles of accessible design<sup>2</sup> to ensure the material is accessible and able to be understood.

### Make a plan B

Make a plan for what will happen if the technology fails. Often, this means moving to a telephone call if you are using video-based platforms, or calling back or calling at a different time if using phone-based rehabilitation. Make sure you have the number you need! Communicate this plan to the client in advance [4, 5].

### Get the set-up right

Think about the space you are working in. What will the client be able to see in the background? Is this professional? Is it distracting? Are you able to work uninterrupted? Clients need to be confident that they have privacy within your set-up [5].

Is there sufficient light? This may be extra important if the client has hearing impairment or other communication issues and needs to clearly see your face. However, it's also important because your facial expression conveys empathy as well as lots of other non-verbal

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<sup>1</sup> <https://www.odi.govt.nz/guidance-and-resources/a-guide-to-making-easy-read-information/>

<sup>2</sup> [https://www.stroke.org.uk/sites/default/files/accessible\\_information\\_guidelines.pdf1\\_.pdf](https://www.stroke.org.uk/sites/default/files/accessible_information_guidelines.pdf1_.pdf)



messages that will help build and maintain the therapeutic relationship and facilitate communication [5].

Does your client have any visual processing issues that you need to consider in your setup? For instance, if they have neglect, consider where you are positioned in the space that they will see on their screen.

Can the client see your upper body? We communicate a lot through body language. If people can see your face, upper body and both arms, this will help you convey information clearly.

Are you able to move around if you need to demonstrate activities (e.g. physical tasks)? Think about how you might need to move your camera to ensure the client can see what they need to see.

Will you need the client to move around and will you need to be able to see what they're doing? If so, they might need an extra person there to help.

Make sure you have all your resources ready and organised before the session [5]. These might be physical resources or electronic resources to use via share screen (or other functions). But also remember, you are the most important resource. Your interpersonal and communication skills are invaluable and form the basis of all of the work that you do.

## Have a practice call

Before the first rehabilitation session, have a 10 minute practice call. This should be several days in advance to give you and the client a chance to problem solve any issues. In this call, you can check things like logging in, the physical set up for you and your client, sound, and screen sharing. It might also help you identify if the client needs particular supports (e.g. someone else to be present) and how they manage the cognitive and/or communicative work of telerehabilitation. People are often a bit hesitant about telerehabilitation, and this practice call can be invaluable in helping everyone (you and the client) feel more confident going into the session [4].

## References

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2. Donaghy, E., et al., *Acceptability, benefits, and challenges of video consulting: A qualitative study in primary care*. British Journal of General Practice, 2019. **69**(686): p. E586-E594.
3. Greenhalgh, T., *Videoconsultations: How to set them up well, fast*. 2020. Available from <https://q.health.org.uk/event/video-consultations-how-to-set-them-up-well-fast/>
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