

PHYSICAL THERAPY TELEHEALTH EVALUATION TIPS

ORTHOPEDIC TESTING

AROM:

- Cue motion verbally or can demonstrate and have patient copy your motions
- Measure a goniometer on screen or with a downloadable protractor or goniometer smart phone application

PROM: unable to perform

Posture:

- View from multiple planes and angles (e.g., sagittal and coronal planes)

Neuro Screen:

- **Myotomes:** instruct patient to apply resistance with alternating hand/arm or caregiver/friend can apply resistance
- **Dermatomes:** instruct patient to touch at various places and report “feels normal” vs. “feels abnormal” vs. “numb/tingling”
- **Reflexes:** unable to perform

Upper or Lower Quarter Orthopedic “Screens”:

- Demonstrate motions/positions you would like patient to adopt
- Can cue for patient to apply resistance if appropriate

MMTs/Muscle Testing

- Can cue patient to self-apply resistance, or utilize isometric holds (muscle activation) as pain provocation test, cannot grade!
- Can utilize functional strength tests: 5xSTS, single leg bridge, single leg deadlift etc.

Joint Play: unable to perform

Special Tests:

- Depending on the test, can cue patient to perform- can self-apply resistance etc.

Palpation:

- Can cue patient to self-palpate at bony landmarks, tendon/ligament, muscle for symptom or pain provocation

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NEUROLOGIC TESTING

Oculomotor Screen

Smooth Pursuits/Saccades/Gaze Evoked Nystagmus/Spontaneous Nystagmus:

- Instruct patient to get close enough to their device so that you can see their eyes (
- Have your patient next to a good light source, can instruct to redirect a table lamp if needed

Convergence:

- Instruct patient to face the camera and follow the tip of a pen from arm's length toward their nose until the pen tip doubles or becomes blurry
- Repeat with the patient in sagittal plane while holding a ruler at the tip of their nose to record near point convergence distance

Vestibular Tests

Head Impulse Test:

- Use device camera as the visual "target"
- Instruct patient to maintain their gaze on the target while slowly moving their head side to side, then increase speed
- Instruct patient to stop on your command with eyes locked on the target
- *Note: May be difficult to catch a corrective saccade, but you may elicit symptoms)

Post Head Shaking Nystagmus:

- Instruct patient to shake their head side to side for 20 seconds with eyes closed
- Then, open their eyes close to the camera so that you can observe for nystagmus

VOR Cancellation:

- If using a smartphone or tablet: patient can use the device camera as a target.
- If using a laptop/desktop computer: have the patient use their thumbnail with arms outstretched (in this case you may only be able to detect symptom onset vs. nystagmus)

BPPV Tests:

- Best to set up two cameras if possible
 - One "room cam" (desktop or laptop screen) to observe patient position
 - One "eye cam" to observe nystagmus (smart phone camera works well)
- Can be performed on patient's bed or on the floor
- Utilize pillows for cervical spine support rather than having them hang their head down off the edge of the bed
- Demonstrate the test positions for the patient prior to performing the test