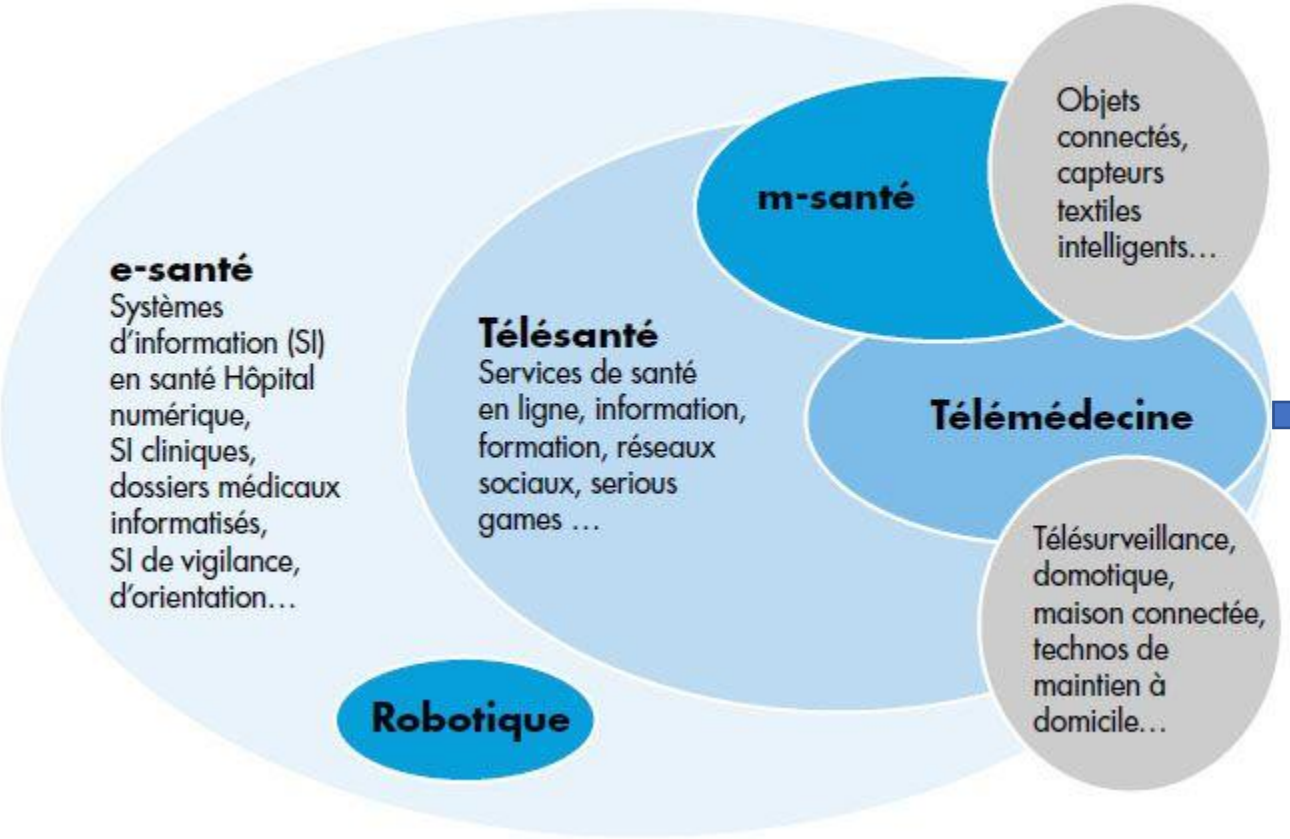
Solutions de téléconsultation pour les sportifs durant la période COVID19

Dr Mehdi Roudesli
Médecin du sport

Journées médicales FFBB
Caen – 19/03/2022

Qu’est ce que la e-santé ?



- Téléconsultation
- Télésurveillance
- Téléexpertise

Définitions

Écosystème du parcours de santé connecté

	Prévention primaire	Diagnostic	Décision de traitement	Traitement et suivi	Gestion des patients à risques
Patients	Trackers divers d'automesure, montres, bracelets, balances, teeshirts, tensiomètres...	Tensiomètres, spiromètres...		DM connecté, e-médicament, e-ETP (Éducation Thérapeutique du Patient), e-Observance	Inhalateurs, spiromètres, tensiomètres, glucomètres... Télésurveillance, Télémonitoring
Médecins		Stéthoscopes, balances, tests biologiques... Dossiers patients	Exploitation des données Algorithme Big data	Analyse des données, alertes	
Pharmaciens	Ventes d'objets, dépistage, apprentissage à l'utilisation des objets			Piluliers électroniques, réception des données, suivi d'observance	

Source : Les Échos Études - Le marché français des objets connectés 2016
Segmentation du marché par l'usage, le contexte et l'intégration dans le parcours de santé du patient

Promesses et freins

Les bénéfices de l'E-santé sont nombreux ; cependant, s'il est acquis que son potentiel est immense, ce marché est encore émergent.

Promesses de l'E-santé	Freins à l'E-santé
Prévention accrue	Confidentialité des données
Meilleure qualité de vie	Validation clinique des solutions
Systèmes de santé plus efficients et plus durables	Faible visibilité auprès des patients
Patients plus responsables	Faible recommandation par les médecins
Suivi à distance des maladies chroniques	Remboursement par l'assurance maladie
Maintien à domicile	

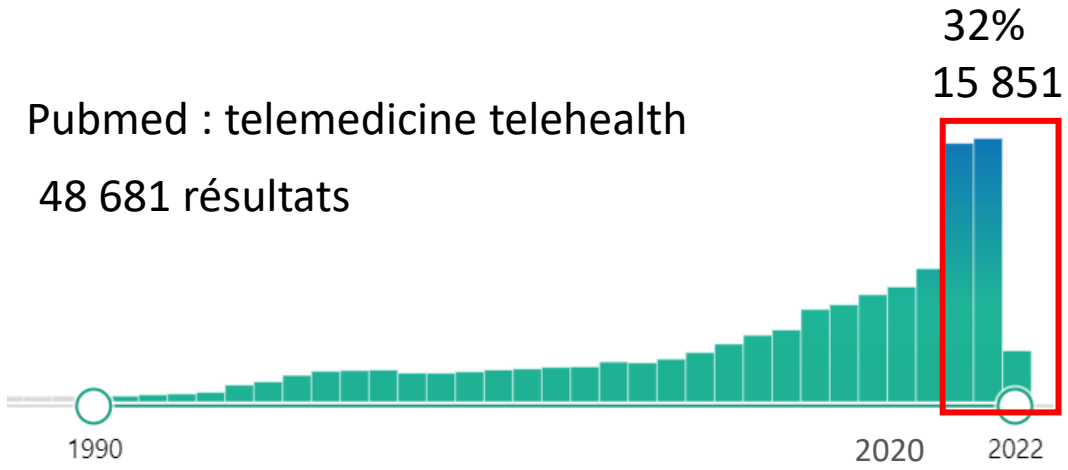
Définitions

Source : https://www.inflexsys.com/esante-sante-connectee/

La télémédecine en quelques chiffres :

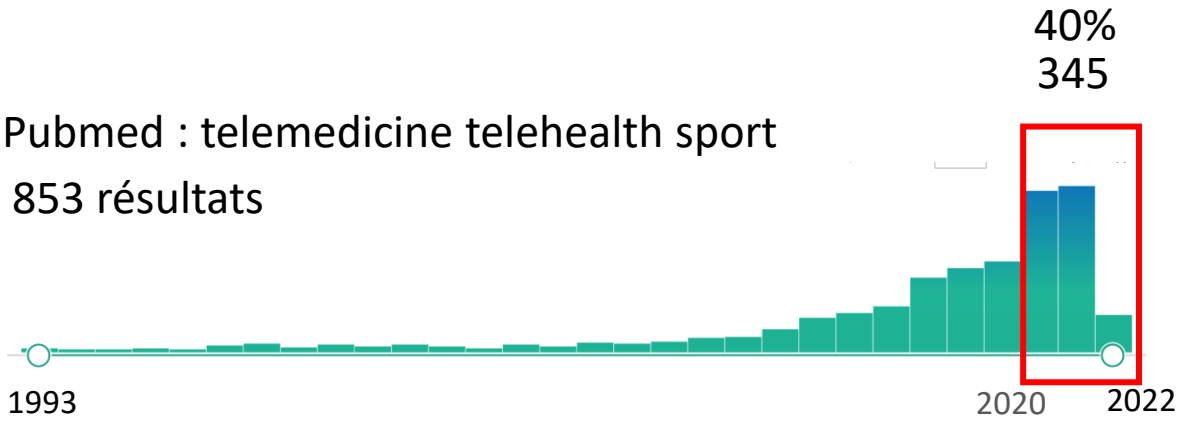
Pubmed : telemedicine telehealth

48 681 résultats



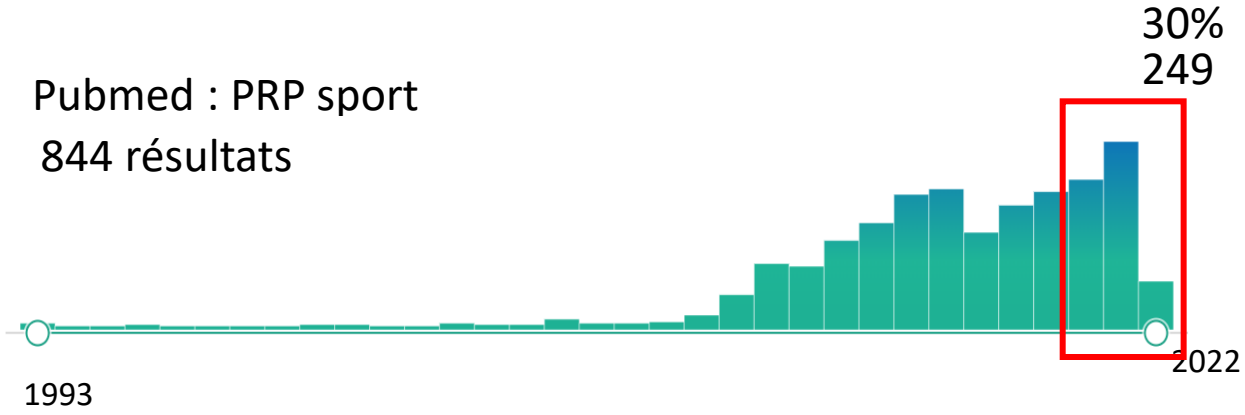
Pubmed : telemedicine telehealth sport

853 résultats



Pubmed : PRP sport

844 résultats



Une activité à la mode ?

MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ
Liberté
Égalité
Fraternité

Solutions numériques de télémédecine recensées par le ministère

Dernière mise à jour : 1 avril 2020

Ce référencement est établi à partir d'une auto-déclaration par les éditeurs de solutions, qui engagent ainsi leur responsabilité.
Le détail du score « sécurité » est disponible à l'adresse suivante : https://esante.gouv.fr/actualites/solutions-teleconsultation
Si vous repérez une information erronée, merci de la signaler à mobilisation-covid@sante.gouv.fr.
Tout éditeur qui souhaite être inclus dans le recensement peut remplir le formulaire suivant : https://telemedecine-covid19.esante.gouv.fr/.

Nom de la solution	Contact	Territoire	Vidéo-transmission	Partage de documents du professionnel de santé vers le patient	Partage de documents du patient vers le professionnel de santé	Planification d'un rendez-vous	Paiement de l'acte	Facturation à l'assurance maladie	Score sécurité /10 suite aux déclarations de l'éditeur**
Alta-Strada	alta-strada.fr ; 0495513333	France entière	✓	✓	✓	✓	✓	✓	10
AMA XpertEye	www.amaxperteye.com	France entière	✓	✓	✓	✓	✗	✗	6
AMD - Assistant Médical à Distance	https://www.astus-sa.com/ mail : Constantin.Papadas@astus-sa.com ou Radia.Koubaa@astus-sa.com tél : 09 54 92 46 55	France métropolitaine	✓	✓	✓	✗	✗	✗	7
AMI - AmiCare	f.marguet@aegle.fr / 01.34.20.25.00	France entière	✓	✓	✓	✓	✗	✓	8
APIGEM TELECONSULTATION	contact@apigem.com 04.42.20.18.89	France entière	✓	✓	✓	✓	✓	✓	10
Apizee Health	https://www.apizee.com/fr/telemedecine/ - pascal.joly@apizee.com - 02 96 21 64 32	France entière	✓	✓	✓	✗	✓	✗	6
apTeleCare	contact@aptelecare.com	France entière	✓	✓	✓	✗	✗	✗	10

Au 1er avril 2020 : > 70 plateformes destinées aux médecins permettant la téléconsultation.

Une activité à la mode ?

IRMS²

Les orientations des tutelles ?

En 2020 :
19 Millions de TCS remboursées

En 2021 :
Les téléconsultations représentent 4% du total des consultations facturées à la CNAM
20 Millions de TCS

La CNAM
limite par praticien : 20 % du total annuel de consultations.

- 293 millions d'euros de frais des transports,
- 467 millions d'euros sur les consultations,
- 284 millions d'euros pour les services d'urgences.

Une activité à la mode ?

Comment les patients perçoivent-ils la téléconsultation ?

Telehealth in an Orthopedic Sports Medicine Clinic: The First 100 Patients

Dylan N. Greif, Brandon J. Shallop, Michael G. Rizzo, William H. Cade, II, Michael Letter, Julianne Muñoz, Michael G. Baraga, and Lee D. Kaplan

Published Online: 8 Nov 2021 | https://doi.org/10.1089/tmj.2020.0462

Méthode :
Avril-mai 2020
Entretiens dirigés via Zoom
Questionnaire - 30 items en post téléconsultation

Combined population, $n = 100$	
Age (mean ± SD)	40.89 ± 15.93
Gender distribution (M:F)	59M:41F
Number of new patients	25
Number of follow-up patients	75
Number of patients new to telehealth	75
Education breakdown (high school: college: postgraduate)	23:60:17

1. I had no difficulty gaining access to the telehealth encounter.	4.35 ± 1.21
2. I was able to communicate adequately with the provider today.	4.95 ± 0.22
3. The provider was on time for the appointment.	4.99 ± 0.1
4. The picture quality was good.	4.96 ± 0.28
5. The sound quality was good.	4.96 ± 0.24
6. My privacy and confidentiality were respected and protected during the consultation.	5 ± 0
7. I was comfortable with the telehealth physical examination that was done.	3.82 ± 1.49
8. The provider spent an appropriate amount of time with me during this visit.	4.94 ± 0.31
9. Telehealth made it easier to get health care today.	4.9 ± 0.39
10. The telehealth visit was equivalent to an "in-person" provider visit.	2.93 ± 1.7
11. You would recommend this telehealth experience to others.	4.76 ± 0.57
12. The friendliness of my provider was very good.	4.98 ± 0.14
13. Explanations the care provider gave you about your problem or condition were very good.	4.99 ± 0.1
14. The provider showed ample concern over your questions or worries.	4.98 ± 0.14

Niveau de satisfaction

IRMS²

Telehealth in an Orthopedic Sports Medicine Clinic: The First 100 Patients

Dylan N. Greif, Brandon J. Shallop, Michael G. Rizzo, William H. Cade, II, Michael Letter, Julianne Muñoz, Michael G. Baraga, and Lee D. Kaplan

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21. I felt the provider's attire was appropriate for this encounter.	4.88 ± 0.41
22. I felt the provider presented him/herself appropriately during this encounter.	4.79 ± 0.58
23. I feel as though it is appropriate for providers to wear casual medical attire (surgical scrubs) during the telehealth visit.	4.67 ± 0.84
24. I feel as though it is appropriate for providers to wear casual attire (t-shirt) during the telehealth visit.	4.11 ± 1.37
25. I feel as though providers must dress professionally (e.g., shirt/tie and white coat) regardless of the type of encounter.	1.89 ± 1.43
26. I feel as though providers should wear a white laboratory coat during the telehealth visit.	1.58 ± 1.03
27. I have no preference/did not notice the attire the provider wore during the telehealth encounter.	4.44 ± 1.12
28. What my surgeon was wearing influences my opinion of the care that I receive during the telehealth visit.	1.88 ± 1.34

Table 2. Comparison of Returning Patients Versus New Patients

	RETURNING PATIENT $n=75$	NEW PATIENT $n=25$	p-VALUE
Age (mean ± SD)	39.4 ± 16.33	45.36 ± 13.75	0.1
Gender distribution (M:F)	46:29	13:12	0.68
Number of patients new to telehealth	57 (76%)	17 (68%)	0.44
Education breakdown (high school: college: postgraduate)	22:42:11	1:18:6	**0.03**
11. You would recommend this telehealth experience to others.	4.83 ± 0.44	4.56 ± 0.80	**0.04**
12. The friendliness of my provider was very good.	5 ± 0	4.92 ± 0.27	**0.01**
13. Explanations the care provider gave you about your problem or condition were very good.	5 ± 0	4.96 ± 0.2	0.08
14. The provider showed ample concern over your questions or worries.	5 ± 0	4.92 ± 0.27	**0.01**

Pas d'information sur le niveau de satisfaction selon le niveau d'éducation

Niveau de satisfaction

Comment les médecins perçoivent-ils la téléconsultation ?

Clin Orthop Relat Res (2021) 479:47-56
DOI 10.1097/CORR.0000000000001494

Clinical Orthopaedics and Related Research®
A Publication of The Association of Bone and Joint Surgeons®

Systematic Review or Meta-analysis

How Satisfied Are Patients and Surgeons with Telemedicine in Orthopaedic Care During the COVID-19 Pandemic? A Systematic Review and Meta-analysis

Harman Chaudhry MD, MSc, FRCSC, Shaheer Nadeem BHSc (cand), Raman Mundi MD, MSc, FRCSC

Meta-analyse (1991-04/2020) : 133 articles
8 RCTs retenus

Soit 1008 patients randomisés (511 to telemedicine groups and 497 to control groups)

Sous spécialités représentées:

- Arthroplastie hanche et genou : 2
- Chirurgie du membre supérieur : 2
- Traumatologie pédiatrique : 1
- Traumatologie adulte : 1
- Orthopédie Générale : 2

Satisfaction des patients après une téléconsultation Vs consultation « physique »
92% Vs 93% , OR :0,89 , p= 0,79

Satisfaction des chirurgiens après une téléconsultation Vs consultation « physique »
91% Vs 94% , OR :0,38 , p= 0,29

Niveau de satisfaction

PM&R WILEY

Practice Management—CME | Free Access

Telemedicine During COVID-19 for Outpatient Sports and Musculoskeletal Medicine Physicians

Adam S. Tenforde MD, Mary A. Iaccarino MD, Haylee Borgstrom MD, Jaye E. Hefner MD, Julie Silver MD, Marwa Ahmed MD, Ashwin N. Babu MD, Cheri A. Blauwet MD, Lauren Elson MD ... See all authors

First published: 18 May 2020 | https://doi.org/10.1002/pmrj.12422 | Citations: 48

Participation à un questionnaire en ligne en post consultation
6 April 2020 to 17 April 2020

14 Médecins du sport & MPR :

- 293 téléconsultations (mean 22.5 ± 17 visits per physician, range 4-54).
- 119 patients inclus (40.6%)

Niveau de satisfaction

Table 2. Physician characteristics & outcome measures, n (%)

Prior telehealth use		
Yes, frequently	2 (15.4)	
Yes, infrequently	3 (23.1)	
No	8 (61.5)	
Number of visits until comfortable		
1-4	9 (69.2)	
5-10	4 (30.8)	
11+	0	
Platform use		
InTouch	5 (38.5)	
Zoom	13 (100)	
Facetime	3 (23.1)	
Other	2 (15.4)	
Billing method		
By time	13 (100)	
By medical complexity	0	
Barriers to use	**Pre-pandemic**	**During pandemic**
Reimbursement concern	6 (46.2)	1 (7.7)
Lack of knowledge/training	5 (38.5)	1 (7.7)
Time	3 (23.1)	1 (7.7)
Technology concern	9 (69.2)	8 (61.5)
None	2 (15.4)	5 (38.5)
Future use		
Yes	13 (100)	
No	0	
Future reason for use		
New patient evaluations	3 (23.1)	
Follow-up visits	11 (84.6)	
Follow-up of imaging	12 (92.3)	
Follow-up test results	12 (92.3)	
Patient education	12 (92.3)	
Improved access	11 (84.6)	

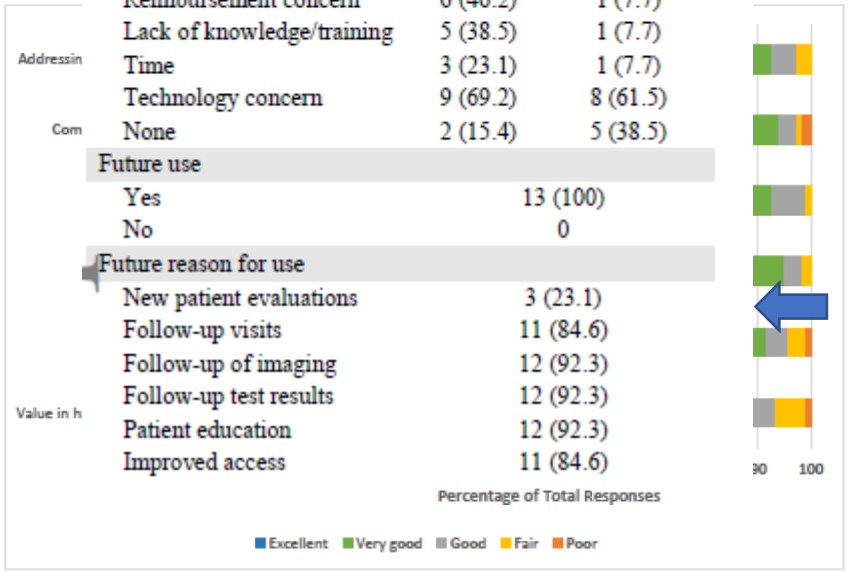


Figure 1. Patient-centered outcomes following completion of telemedicine visit.

JOURNAL ARTICLE

Perspective of Attending Physicians on the Use of Telemedicine in an Outpatient Arthroplasty Setting During the COVID-19 Pandemic

David A Kolin, Kaitlin M Carroll, Kevin Plancher, Fred Cushner

HSS Journal: the Musculoskeletal Journal of Hospital for Special Surgery 2021, 17 (1): 31-35

Méthode :
Questionnaire en ligne adressé à 517 chirurgiens
Mars à Octobre 2020.

Résultats
Inclusions : 328 réponses (63,4%)

Table 2. Physician telemedicine visits before, during, and after the COVID-19 pandemic.

Percentage of total visits conducted by telemedicine	No. of physicians, %
Before pandemic	
0%	276 (84.1)
>0% to 5%	36 (10.9)
6% to 10%	4 (1.2)
11% to 20%	2 (0.6)
>20%	3 (0.9)
During pandemic	
0%	42 (12.8)
>0% to 5%	103 (31.4)
6% to 10%	63 (19.2)
11% to 20%	42 (12.8)
>20%	72 (22.0)
After pandemic	
0%	83 (25.3)
>0% to 5%	141 (43.0)
6% to 10%	47 (14.3)
11% to 20%	26 (7.9)
>20%	26 (7.9)

Une histoire de mode

IRMS²

Quelle niveau de qualité pour les téléconsultations ?

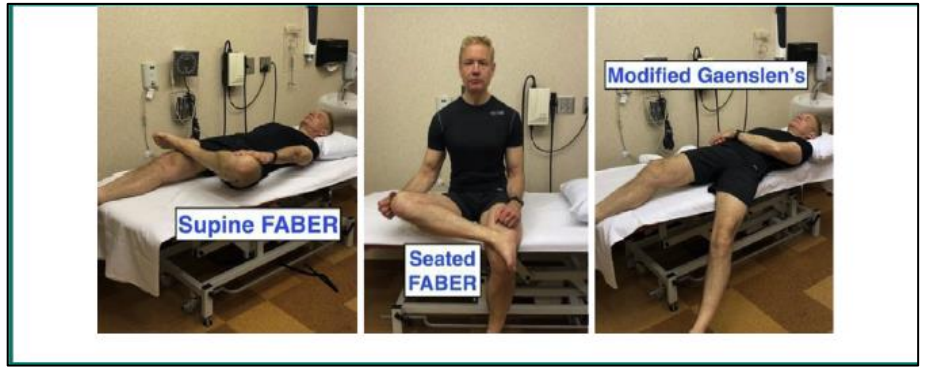
MAYO CLINIC

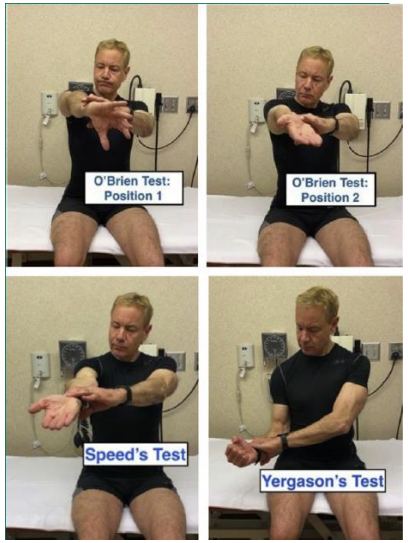
SPECIAL ARTICLE

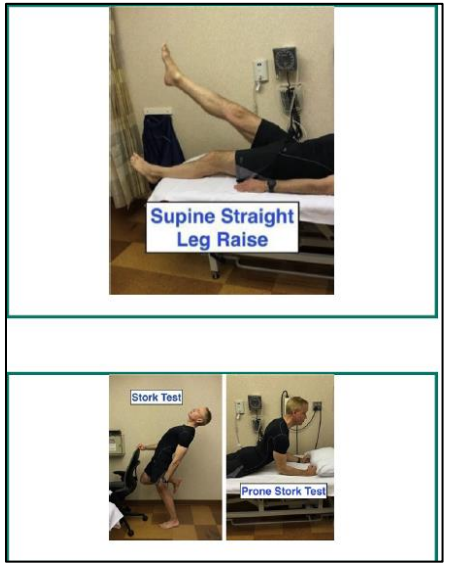
The Telemedicine Musculoskeletal Examination

Check for updates

Edward R. Laskowski, MD; Shelby E. Johnson, MD; Randy A. Shelerud, MD; Jason A. Lee, DO; Amy E. Rabatin, MD; Sherilyn W. Driscoll, MD; Brittany J. Moore, MD; Michael C. Wainberg, MD; and Carmen M. Terzic, MD, PhD







Qualité

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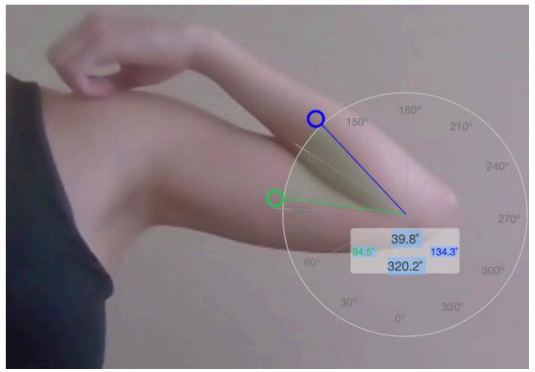
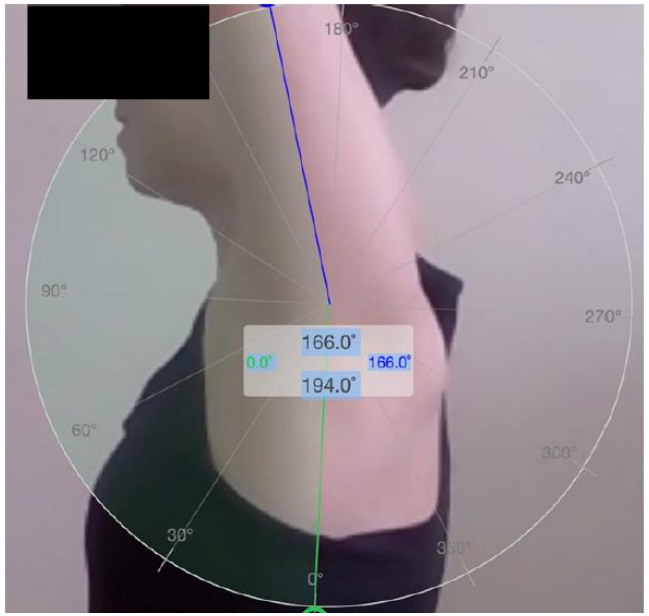
THE ORTHOPAEDIC FORUM

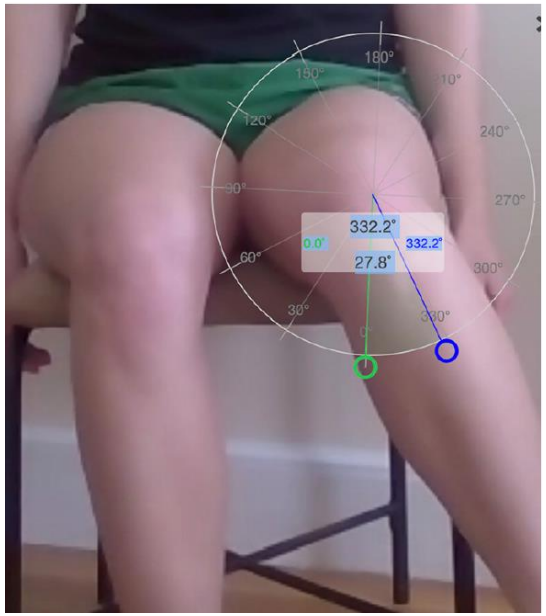
Telemedicine in the Era of COVID-19

The Virtual Orthopaedic Examination

Miho J. Tanaka, MD, Luke S. Oh, MD, Scott D. Martin, MD, and Eric M. Berkson, MD







Manual Therapy (2003) **8(4)**, 242–246
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1356-689X/03/$ - see front matter
doi:10.1016/S1356-689X(03)00016-X

Available online at www.sciencedirect.com
SCIENCE DIRECT®

Technical & measurement report

Can the Internet be used as a medium to evaluate knee angle?

T. G. Russell*, G. A. Jull, R. Wootton†

Qualité

IRMS²

Received: 2 September 2020 | Revised: 15 October 2020 | Accepted: 16 October 2020
DOI: 10.1002/msc.1525

RESEARCH ARTICLE

WILEY

Virtual assessments of knee and wrist joint range motion have comparable reliability with face-to-face assessments

Saurabh P. Mehta[1,2] | Kaitlyn M. Kendall[1] | Charlotte M. Reasor[1]

Objectif
Apprécier la reproductibilité de l'examen clinique vidéo-médié

Méthode :
50 patients
Examen physique : étudiant / senior
Examen vidéo-médié : étudiant / senior

TABLE 5 Interrater reliability between student and experienced raters in assessing knee and wrist ROM virtually as well as using UG ($N = 54$)

	Mean difference ± SD in ROM assessed by student versus experienced rater (degrees)	ICC (95% CI)	SEM (95% CI) (Degrees)
Knee flexion assessed virtually	0.19 ± 8.6	0.94 (0.90, 0.97)	2.1 (2.7, 1.5)
Knee flexion assessed using UG	3.37 ± 4.62	0.97 (0.94, 0.98)	0.80 (1.1, 0.70)
Knee extension assessed virtually	3.74 ± 5.42	0.79 (0.64, 0.88)	2.5 (3.3, 1.9)
Knee extension assessed using UG	5.30 ± 4.20	0.90 (0.82, 0.94)	1.3 (1.8, 1)
Wrist flexion assessed virtually	−3.07 ± 8.72	0.90 (0.83, 0.94)	2.8 (3.6, 2.1)
Wrist flexion assessed using UG	1.74 ± 7.5	0.93 (0.87, 0.96)	2 (2.7, 1.5)
Wrist extension assessed virtually	−6.43 ± 8.98	0.82 (0.69, 0.90)	3.8 (5, 2.8)
Wrist extension assessed using UG	−6.26 ± 7.88	0.86 (0.76, 0.92)	3 (3.9, 2.5)

Abbreviations: CI, confidence interval; ICC, intraclass correlation coefficient; ROM, range of motion; SD, standard deviation; SEM, standard error of measurement; SG, Smartphone goniometer app; UG, universal goniometer.

Qualité

IRMS²

J Shoulder Elbow Surg (2020) ■, 1–11

ELSEVIER

Journal of Shoulder and Elbow Surgery

www.elsevier.com/locate/ymse

Comparison of the accuracy of telehealth examination versus clinical examination in the detection of shoulder pathology

Kendall E. Bradley, MD[a,*], Chad Cook, PT, PhD, MBA, FAPTA[b], Emily K. Reinke, PhD[c], Emily N. Vinson, MD[d], Richard C. Mather III, MD, MBA[c], Jonathan Riboh, MD[c], Tally Lassiter, MD, MHA[c], Jocelyn R. Wittstein, MD[c]

Étude cas-témoins

Examen physique et virtuel par 2 examinateurs distincts
Réalisation d'une IRM

Evalaution de la pertinence du diagnostic par rapport au résultat IRM (0-100%)

96 subjects eligible

Inclusion Criteria: Age <40 years, presenting in Sports Medicine clinic with shoulder pain/impingement. Enrolled in electronic medical record patient portal

Exclusion Criteria: Prior shoulder arthroplasty, instability, rotator cuff tear, or history of fracture/dislocation. Current diagnosis of rotator cuff tear or shoulder arthritis. Self reported pregnancy. Unable or unwilling to have an MRI on research MR scanner. Prior shoulder MRI. Exclusion of other prior surgery or shoulder diagnosis only as necessary- determined by PI

→ 34 subjects declined study participation

62 subjects enrolled

→ 2 withdrew; did not complete MRI

→ 10 subjects pending study MRI
(unable to complete due to COVID-19)

62 subjects analyzed for exam to exam comparisons

50 subjects analyzed for MRI to exam comparisons

Figure 1 Patient enrollment flowchart.

Qualité

IRMS²

J Shoulder Elbow Surg (2020) ■, 1–11

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Comparison of the accuracy of telehealth examination versus clinical examination in the detection of shoulder pathology

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- **50** Patients
  - **8** Intact Rotator Cuffs
  - **42** Rotator Cuff Tears
    - **11** Full Thickness SS tears
      - **7** Full Thickness IS tear + >50% articular SSc tear
      - **1** > 50% articular IS tear + <50% articular SSc tear
      - **1** < 50% articular IS tear + <50% articular SSc tear
      - **2** < 50% IS tear
    - **31** Partial Thickness Tears
      - **28** SS with additional tendon involvement
        - **9** > 50% SS
          - **7** Isolated SS
          - **2** Associated Partial Tears
        - **19** < 50% SS
          - **12** Isolated SS
          - **7** Associated <50% tears
      - **2** Isolated Incomplete IS (1 >50%, 1< 50%)
      - **1** Isolated <50% SSc

Figure 2 Location of rotator cuff tear on MRI as read by the radiologist. *SS*, supraspinatus; *IS*, infraspinatus; *SSc*, subscapularis.

Table III Diagnostic accuracy of each clinical and telehealth test and measure

Test	Sensitivity	Specificity	Positive likelihood ratio	Negative likelihood ratio
Clinical testing (SCE)				
ER lag sign	2.70	100	Infinite	0.97
Painful arc test	75.7	23.1	.98	1.05
Shoulder shrug	35.1	69.2	1.14	0.94
IR pain with strength testing	27.0	84.6	1.76	0.86
Abduction pain with strength testing	48.6	38.5	0.79	1.34
ER weakness with strength testing	21.6	53.8	0.47	1.46
IR weakness with strength testing	18.9	92.3	2.46	0.88
Abduction weakness with strength testing	27.0	76.9	1.17	0.95
IR limitation	18.9	76.9	0.82	1.05
Active to passive flexion limitation	8.1	100	Infinite	0.92
ER affected to contralateral limitation	51.4	61.5	1.34	0.79

SCE, shoulder clinical examination; *ER*, external rotation; *IR*, internal rotation; *STE*, simulated telehealth-based examination.

Table IV Comparative analysis of diagnostic effectiveness (overall accuracy) with 50 patients for rotator cuff tears

The tests	Clinical values of diagnostic accuracy (% correct)	Telehealth values of diagnostic accuracy (% correct)
ER lag sign	28	30
Painful arc test	62	62
Shoulder shrug	44	48
Drop arm test	38	33
Belly press test	34	46
Lift-off sign	26	54
Hawkins Kennedy test	58	56
Neer's sign	56	66
Night pain	58	62
ER pain with strength testing	50	50
IR pain with strength testing	32	42
Abduction pain with strength testing	48	46
ER weakness with strength testing	52	30
IR weakness with strength testing	38	38
Abduction weakness with strength testing	62	40
IR limitation	58	34
Active to passive flexion limitation	36	32
ER affected to contralateral limitation	40	54
Mean diagnostic accuracy	45.53%	45.72%

ER, external rotation; *IR*, internal rotation.
P value = .961 (no significant difference).

Qualité

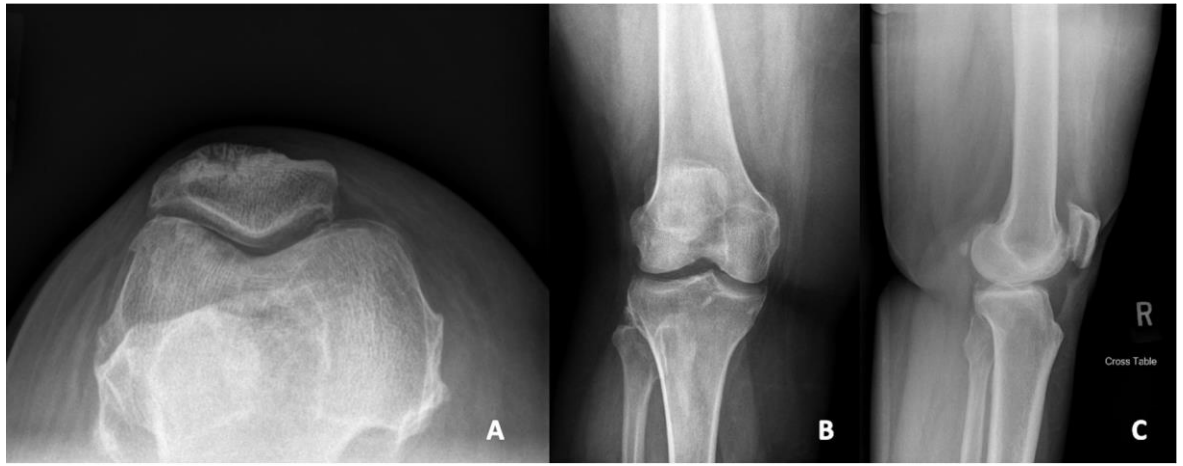
Des échecs ?

Case Report

Orthopedic telemedicine encounter during the COVID-19 pandemic: A cautionary tale

Eric M. Bluman[a,*], Matthew S. Fury[a], John E. Ready[a], Jason L. Hornick[b,*], Michael J. Weaver[a]

[a] Dept. of Orthopedic Surgery, Brigham Health, 75 Francis St., Boston, MA, United States of America
[b] Dept. of Pathology, Brigham Health, 75 Francis St., Boston, MA, United States of America



07/04/2020

Femme de 65 ans

Téléconsutlation avec Chirurgien.

IMC: 45

Problème technique => pas de visio

Atcd : Thyroïdectomie pour cancer de la thyroïde

Pas de traducteur disponible

Hispanophone

=> Traitement médical.

01/04/2020

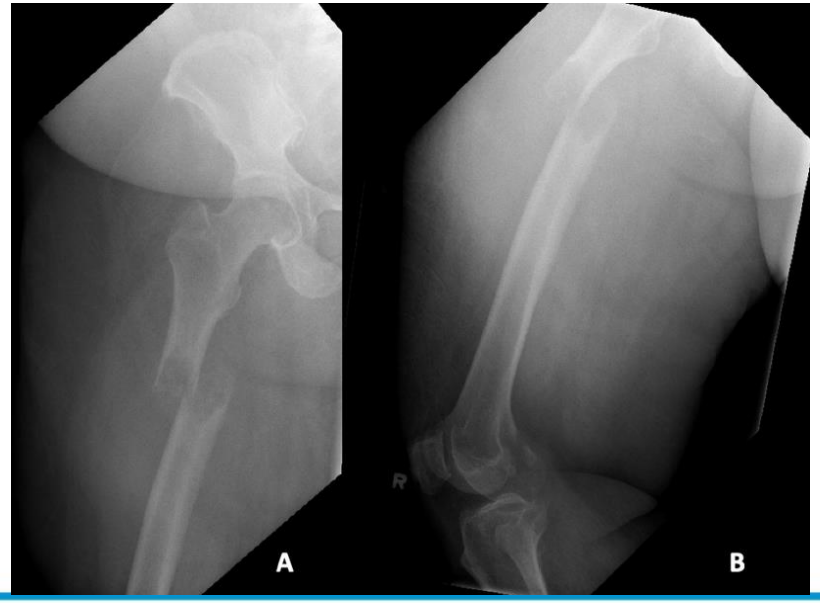
Consulte un médecin généraliste pour gonalgie mécanique + douleur du tiers distal femur.

15 jours plus tard , chute par maladresse de sa hauteur

=> adressée au SAU devant douleur et impotence.

Diagnostic : Gonarthrose

=> Avis spécialisé.



Qualité

Quelles autres applications à la médecine du sport ?

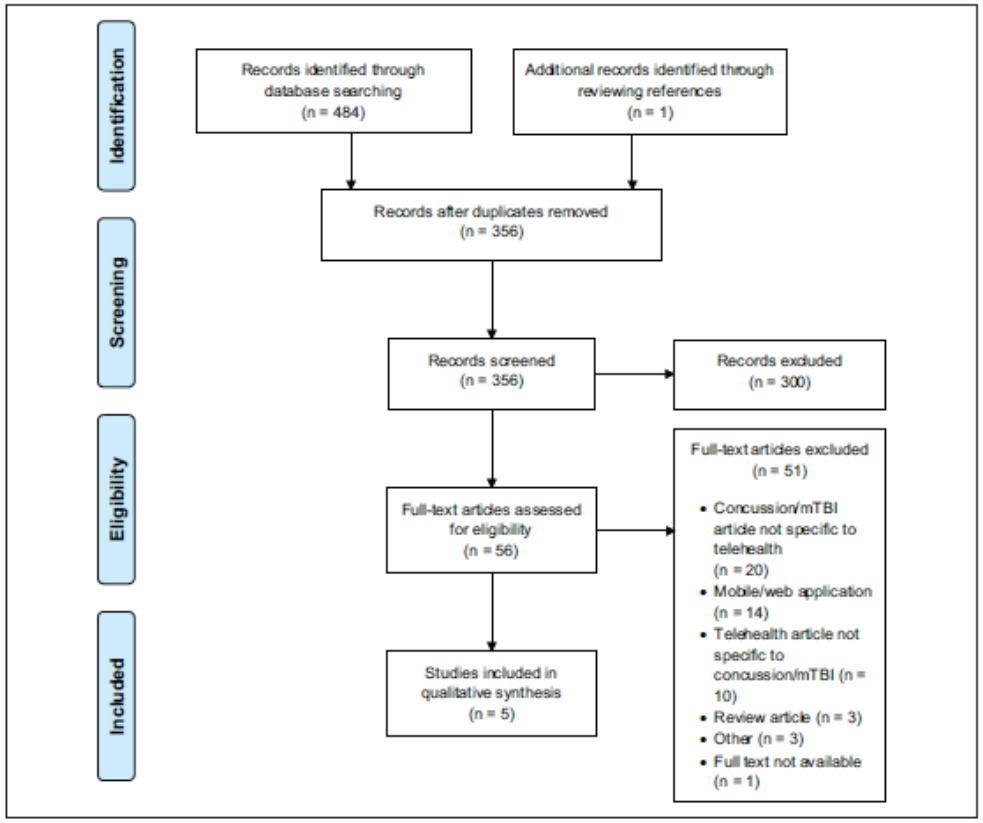


Fig. 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2009 flow diagram. *mTBI* mild traumatic brain injury.

HSS Journal® SAGE

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Published online 2021 Feb 21. doi: 10.1177/1556331620975856 PMID: 33967637

A Systematic Review of Telehealth and Sport-Related Concussion: Baseline Testing, Diagnosis, and Management

Development of a Telehealth Examination for Sport-Related Concussion in the Outpatient Setting

Article in Neurology · January 2022

	SCAT5 - Symptom evaluation - Cognitive screening - Neurologic screen (not finger nose coordination test) - Delayed recall Proctoring computer-based neurocognitive testing	- Coordination Vestibular/ocular-motor screening SCAT5 - Neurologic screen (finger nose coordination test)	
Diagnosis	Without athletic trainer assistance Athletic questions Neurologic assessment - Symptoms - Mental status - Neurologic screen SCAT5 (see above) Proctoring computer-based neurocognitive testing	With athletic trainer assistance Cervical spine assessment Neurologic assessment - Cranial nerves - Motor - Reflexes - Sensory - Coordination Vestibular/ocular-motor screening SCAT5 (see above)	Imaging of brain or cervical spine
Management	Directing cognitive and physical rest, followed by guiding athlete on return to play protocol Proctoring computer-based neurocognitive testing Telehealth cervical spine physical therapy Telehealth neuropsychological consultation Telehealth cognitive behavioral therapy		Imaging of brain or cervical spine (if indicated) Hands-on cervical spine physical therapy Vestibular therapy Vision therapy Complete neuropsychological assessment

Le SCAT 5 est transposable à la téléconsultaiton sauf 1 item

Objectif

Transposition du buffalo concussion physical examination (BCPE) en télé-BCPE

Validation de la faisabilité

Augmentation de la durée du test :

10 min => 15minutes

Commotions cérébrales

Perspectives

Journal of Athletic Training 2020;55(8):768–779
doi: 10.4085/1062-6050-388-19
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www.natajournals.org

Technology in Clinical Practice

Telemedicine Experiences of Athletic Trainers and Orthopaedic Physicians for Patients With Musculoskeletal Conditions

Zachary K. Winkelmann, PhD, SCAT, ATC*;

Evaluation de l'acceptabilité d'une plateforme de télé-consultation dans le monde du sport

Juillet à décembre 2017
Entretiens dirigés menés sur 22 chirurgiens du sport

Après 5 mois d'entrainement à la téléconsultation

Table 4. Qualitative Interview Domain and Category Counts (N = 22)

Domain and Category	Count	Frequency[a]
Integration challenges		
Buy in	21	General
Cases and conditions	17	Typical
Technology	20	Typical
Integration opportunities		
Buy in	18	Typical
Cases and conditions	16	Typical
Technology	17	Typical
Collaborative practice		
Encounter preparation	12	Typical
Cooperative behaviors	14	Typical
Anticipatory socialization to future use	22	General
Integration benefits		
Convenience and scheduling preferences	21	General
Enhanced patient care	7	Variant

[a] *General* = the category was identified in all or all but 1 of the transcripts; *typical* = the category was identified in ≥11 but <21 transcripts.

Une histoire de mode

Conclusion

La téléconsultation est en constante augmentation depuis 2 ans.

Un mode d’exercice que l’on peut appliquer sans risque à une partie de la médecine du sport.

Tout un champ de la pratique qui n’a pas été exploré (traumatologie aigue notamment).

Une opportunité intéressante pour favoriser les suivis post commotion cérébrale.

Aux médecins du sport de s’approprier les outils pour pouvoir les rendre plus pertinents.

Éducation des patients et encadrants sportifs à cette pratique.

Merci de votre attention