

Flex Therapist CEUs

Telehealth Rehabilitation: Effective Strategies for Patient Care

1. A 62-year-old patient with knee osteoarthritis reports stable symptoms but has difficulty attending in-person visits due to transportation barriers. Based on the course content, which rationale best supports selecting telehealth as the primary mode of care?

- A. Telehealth may be appropriate because stable knee osteoarthritis is often managed through progressive exercise and self-management strategies that can be monitored and adjusted remotely with periodic follow-up.
 - B. Telehealth is a reasonable option because remote visits reduce logistical barriers and may improve adherence, although some patients may still require in-person assessment for gait, strength deficits, or worsening symptoms.
 - C. Evidence supports that exercise- and education-based telehealth interventions can achieve outcomes comparable to in-person care for many individuals with knee osteoarthritis while improving access for those with transportation limitations.
 - D. Telehealth can be considered because clinical guidelines increasingly recognize it as an acceptable alternative for delivering conservative management of chronic musculoskeletal conditions when in-person attendance is difficult.
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2. According to the course content, which statement best describes a key advantage of in-person physical therapy visits compared to telehealth?

- A. In-person care relies primarily on household items such as water jugs, towels, stairs, countertops, and chairs for resistance, balance, and functional conditioning.
 - B. In-person visits offer the advantage of comprehensive physical examination, allowing therapists to palpate soft tissues to assess tenderness, swelling, turgor, or tissue reactivity; evaluate joint mobility through passive and accessory motion testing; and perform manual muscle testing with the tactile precision needed to differentiate subtle strength deficits or identify neuromuscular inhibition.
 - C. Telehealth interventions emphasizing structured exercise and education can achieve outcomes comparable to those of in-person care when implemented with clinical precision.
 - D. Telehealth excels when conditions are stable, predictable, and movement-based, and when real-world functional contexts provide meaningful therapeutic insight.
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3. According to the course content, what is a unique advantage of telehealth in physical therapy?

- A. Telehealth is essential when hands-on testing and treatment are required, or when specialized equipment is necessary for accurate diagnosis or targeted intervention.
- B. Patients may perform exercises in confined spaces, on unstable surfaces, or with improvised equipment that lacks appropriate support.

- C. A unique advantage of virtual care is the ability to observe patients in their real-life environments, where factors such as workstation ergonomics, home layout, movement habits, and daily task demands contribute directly to their symptoms and functional performance.
- D. The absence of hands-on assessment limits the therapist's ability to palpate tender areas, assess joint mobility, test tissue integrity, or provide manual interventions when needed.
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4. Which statement best describes the role of convenience in telehealth treatment adherence?

- A. Telehealth allows patients to connect with clinicians who have expertise in specific conditions, such as vestibular rehabilitation, chronic pain management, or post-operative care, even when no local providers offer these services.
- B. Convenience remains one of the strongest contributors to improved adherence and overall treatment effectiveness in telehealth.
- C. Research on post-operative rehabilitation following procedures like total knee arthroplasty or ACL reconstruction has demonstrated that, once early healing milestones are met, patients can achieve comparable strength gains, range-of-motion improvements, and functional outcomes through guided telehealth sessions.
- D. Telehealth supports behavior-change models by enabling consistent monitoring of home routines, facilitating regular reinforcement of pacing strategies, and integrating lifestyle modification directly into the patient's daily environment.
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5. A physical therapist licensed in State A wants to see a telehealth patient who is physically located in State B during the session. According to the regulatory framework described in the course, what must the therapist verify first?

- A. That they are legally authorized to practice in the state where the patient is physically located, either by holding that state's license or by eligibility through the Physical Therapy Compact if applicable.
- B. That their clinic's home state permits telehealth, because licensure rules are based primarily on the clinician's practice address rather than the patient's location.
- C. That the patient's private insurance plan includes out-of-network benefits, since this automatically grants interstate telehealth practice privileges for licensed therapists.
- D. That State B recognizes any healthcare license from another U.S. state for telehealth encounters, since telehealth is considered a federal rather than state-level practice activity.
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6. A clinic is choosing a video platform for telehealth. Based on HIPAA and regulatory expectations in the course, which platform feature is most critical to ensure compliant virtual care?

- A. Automatic cloud recording of every telehealth session that patients can download freely, regardless of privacy settings or data control agreements.
- B. Ability to host large group video calls with no login credentials so patients can join sessions quickly without identity verification.
- C. Integration with public social media accounts so therapists can communicate clinical recommendations to patients across multiple open platforms.

D. Use of a secure, encrypted system with a Business Associate Agreement that provides end-to-end encryption, access controls, and safeguards against unauthorized viewing or recording of protected health information.

7. During a telehealth evaluation of a patient with hip pain, the therapist has difficulty visualizing lower extremity alignment during single-leg functional tasks. What technical adjustment should the therapist prioritize to support accurate movement assessment and safety?

- A. Guide the patient to adjust the camera placement so the full lower extremity is visible during the task, while ensuring the device remains stable and the environment is safe for movement.
 - B. Continue the assessment using verbal cueing and patient self-report, since movement alignment can typically be inferred without full visual access during telehealth visits.
 - C. Focus the camera primarily on the painful hip region to improve detail, even if distal segments such as the knee and foot are not consistently captured.
 - D. Ask the patient to perform the task closer to the camera to improve image resolution, even if this limits the therapist's ability to observe compensatory strategies across the full kinetic chain.
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8. A therapist is preparing to begin offering telehealth visits and wants to mitigate professional liability risk before treating patients remotely. Which step is most important to complete first?

- A. Confirm that the malpractice policy explicitly covers telehealth services, including any jurisdictional restrictions or additional requirements, and obtain necessary amendments or addendums before providing care.
 - B. Implement a formal telehealth informed consent process that explains privacy limitations, technology risks, and the potential need to transition to in-person care when clinically indicated.
 - C. Develop a structured documentation and reassessment approach to ensure virtual visits meet the same professional standards of care as in-person treatment.
 - D. Establish emergency and safety protocols for remote visits, including verifying the patient's location at each session and having a plan for adverse events during exercise.
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9. A 55-year-old patient with chronic neck pain, stable medical status, and a safe home environment seeks care. Which additional characteristic from the course best indicates that this patient is clinically appropriate for telehealth?

- A. They have severe balance loss with a recent history of unexplained falls, requiring close physical guarding for all standing and gait tasks.
 - B. They report rapidly progressing neurological deficits and unexplained weight loss that require immediate hands-on neurologic testing.
 - C. Their symptoms are predictable and primarily related to modifiable factors such as posture, strength, and movement coordination that respond to guided exercise and ergonomic education.
 - D. They are unable to follow multi-step instructions or adjust camera position, but they are willing to perform complex tasks independently without supervision.
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10. During a telehealth visit for low back pain, a patient suddenly reports new saddle anesthesia and recent loss of bowel control. According to the course, what is the most appropriate next step?

- A. Schedule an additional telehealth session within one week to monitor whether the neurologic symptoms progress before considering referral.
 - B. Stop virtual treatment and direct the patient to immediate in-person medical evaluation or emergency care, as these red flag findings require urgent hands-on assessment.
 - C. Recommend increasing lumbar mobility exercises during the same telehealth session to see if symptoms centralize before contacting a physician.
 - D. Continue with the existing home program and advise the patient to mention these symptoms to their primary care provider at their next routine appointment.
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11. A therapist evaluates a patient with suspected knee osteoarthritis via telehealth. Which combination of findings, drawn from the course, best supports continuing care virtually rather than converting immediately to in-person?

- A. Fluctuating fever of unknown origin and constitutional symptoms consistent with systemic illness, limiting safe home monitoring.
 - B. Unpredictable pain flares, rapidly worsening swelling, and suspicion of acute ligament rupture requiring high-grade manual stress testing.
 - C. Severe vertigo causing loss of balance with head movement, requiring close physical support for safety during positional testing.
 - D. Independent mobility, stable symptom behavior, ability to follow instructions, adequate technology, and impairments focused on strength, mobility, and functional task performance.
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12. During a telehealth session, the therapist notes that the patient's apartment is dimly lit, cluttered with loose rugs, and has very limited open space. According to the clinical suitability principles in the course, what is the best response?

- A. Attempt to modify the environment verbally by advising the patient to remove hazards and adjusting lighting, but if a safe, clutter-free space cannot be established, transition the patient to in-person care for safety.
 - B. Proceed with high-level balance tasks and plyometric drills, assuming the patient will self-select safer areas as needed during the session.
 - C. Limit the visit to education alone and never reassess the environment, since safety considerations apply only to in-clinic tasks.
 - D. Ask the patient to perform exercises in a narrow hallway without changing any environmental factors, because close walls automatically reduce fall risk.
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13. A clinic is training staff for telehealth implementation. Based on the workforce preparation section, which strategy best supports clinicians in delivering safe and effective virtual care?

- A. Focusing training exclusively on advanced billing codes, with minimal attention to virtual examination techniques or environmental safety assessment.

- B. Relying on written manuals alone for platform navigation while assuming in-person assessment skills directly transfer without practice in a virtual setting.
 - C. Discouraging discussion of session pacing or communication style, since these elements are considered personal preference rather than trainable skills in telehealth.
 - D. Structured mock telehealth sessions that practice camera optimization, functional testing, precise verbal cueing, and session flow with feedback from experienced telehealth providers.
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14. Midway through a telehealth visit, video begins freezing and audio becomes intermittent while the patient performs balance tasks. According to the course's guidance on managing technical issues, what should the therapist do first?

- A. Pause higher-risk activities, attempt lower-bandwidth strategies such as simplifying camera motion or switching to audio-focused communication, and be prepared to use a backup phone contact if the connection fails.
 - B. Continue complex dynamic tasks despite the poor connection, relying on the patient's reassurance that they feel safe performing the exercises.
 - C. Ignore the technical problems and complete the planned regimen, documenting afterward that technology prevented real-time observation of movement.
 - D. Increase movement speed so the exercises finish before the connection deteriorates further, accepting limited visual monitoring.
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15. A physical therapy clinic is implementing telehealth services, and several clinicians express discomfort with technology and concern about managing virtual sessions effectively. Which training component best supports staff confidence while also addressing common technical disruptions during remote care?

- A. Structured practice through mock sessions allows staff to rehearse these skills in a low-pressure environment, promoting confidence while revealing areas that need refinement.
 - B. Telehealth should only be offered once clinicians can perform hands-on assessment techniques remotely without relying on patient-assisted testing.
 - C. Clinicians must avoid adjusting session formats during unstable connections, since changing video or audio settings reduces clinical effectiveness.
 - D. Staff reluctance is best managed by limiting telehealth use to administrative follow-up rather than therapeutic intervention.
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16. An older adult is anxious about using video technology for telehealth but is otherwise an excellent candidate clinically. What staff strategy, drawn from the course, best addresses this reluctance?

- A. Advise the patient to delegate all technology use to a family member and focus solely on exercises, minimizing their own digital literacy.
- B. Discourage questions about the platform to avoid overwhelming the patient, expecting them to learn by trial and error during the first live visit.
- C. Provide simple pre-session instructions, normalize the learning curve, and guide the patient step-by-step through logging in, camera setup, and basic troubleshooting to build confidence.

D. Switch entirely to audio-only care without visual assessment, since this eliminates the need for the patient to learn any new skills.

17. A therapist wants to ensure that documentation for a telehealth visit meets professional and regulatory expectations. Which element is most essential to include in the note?

- A. Clear identification that the encounter occurred via synchronous telehealth, including the platform used, patient and clinician locations as required, and confirmation that informed consent for telehealth was obtained.
 - B. Documentation that the therapist completed a technology and safety check at the start of the session, including audio/video quality and confirmation of a backup communication plan if the connection dropped.
 - C. Inclusion of detailed movement-based objective findings and patient-assisted measurements used to compensate for the absence of hands-on assessment during the virtual visit.
 - D. Evidence that the treatment plan incorporated patient-specific home resources and environmental modifications to support carryover and adherence between sessions.
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18. In preparing a claim for a telehealth session, the therapist wants billing to align with payer expectations. According to the course, which coding approach is most appropriate?

- A. Use only evaluation codes for telehealth, regardless of the treatment delivered, because therapeutic procedure codes are reserved for in-person visits.
 - B. Use the same CPT codes that describe the skilled interventions provided (such as therapeutic exercise or neuromuscular reeducation) and apply any required telehealth modifiers and place-of-service codes specified by the payer.
 - C. Bill telehealth visits as non-timed, non-skilled encounters, without linking intervention codes to documented treatment minutes.
 - D. Submit claims without modifiers or place-of-service indicators, assuming telehealth is processed identically to in-clinic encounters by all payers.
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19. A clinic operates in a state with a private payer telehealth law but no explicit payment parity requirement. Based on the reimbursement section, what does this most likely mean for commercial telehealth PT claims?

- A. Insurers are required to pay telehealth at the same rate as in-person care for all services and providers, regardless of state-level statutes or contract terms.
 - B. Insurers must cover telehealth if they cover the same service in person, but they may reimburse at lower rates, restrict covered codes, or impose additional utilization controls for telehealth encounters.
 - C. Telehealth physical therapy cannot be reimbursed at all by commercial insurers in that state because payment parity is absent.
 - D. Telehealth services are automatically reimbursed at higher rates than in-person care to incentivize remote delivery, whether or not payment parity is specified.
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20. A patient with initially stable mechanical low back pain treated via telehealth begins to develop intermittent radiating leg pain, reduced single-leg control, and inconsistent responses to repeated movement testing. According to the referral criteria in the course, what is the most appropriate action?

- A. Increase exercise intensity during telehealth sessions to stress the system further and clarify the diagnosis before considering in-person referral.
- B. Continue the same telehealth program unchanged, since intermittent radiating pain is expected and does not influence mode-of-care decisions.
- C. Delay any change in care mode until symptoms have persisted for several months to confirm that the condition is truly evolving.
- D. Transition the patient to an in-person evaluation for hands-on neurologic assessment and more controlled loading strategies, as the evolving presentation exceeds what can be safely managed virtually.

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