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Role of tele-rehabilitation in enhancing occupational therapy services for remote and hybrid workforces

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Abstract
The rapid expansion of remote and hybrid work models has created new challenges related to musculoskeletal discomfort, ergonomic inconsistencies, and reduced occupational performance among employees working outside traditional office environments. This study evaluated the effectiveness of an occupational therapy-led telehealth rehabilitation program designed to enhance ergonomic behaviors, reduce work-related musculoskeletal disorder (WMSD) symptoms, and improve overall occupational functioning in distributed workforces. A total of 120 participants working remotely or in hybrid roles completed a four-week structured telehealth rehabilitation intervention that included virtual ergonomic assessments, individualized coaching, posture training, workstation modification strategies, micro-break planning, and digital self-management resources. Baseline and post-intervention measures assessed WMSD symptoms, ergonomic behavior practices, and perceived occupational performance using validated scales. The results demonstrated significant reductions in musculoskeletal symptoms and substantial improvements in ergonomic behavior scores and occupational performance across the entire sample. Remote workers showed greater overall gains compared with hybrid workers, likely due to initially higher ergonomic risks and greater variability in home workspace setups. High completion rates and positive participant feedback supported the feasibility and acceptability of the program, while minor challenges such as occasional technical disruptions highlighted the need for consistent digital infrastructure. These findings confirm that telehealth rehabilitation can effectively extend occupational therapy services into real work environments, enabling therapists to tailor interventions to the unique spatial, environmental, and task-based demands of distributed work settings. By integrating synchronous and asynchronous rehabilitation strategies, the program fostered sustainable behavioral improvements that can help mitigate long-term ergonomic risks. Overall, the study emphasizes the importance of incorporating telehealth rehabilitation into organizational health initiatives to promote safer work practices, reduce discomfort, and optimize performance among remote and hybrid employees, thereby supporting a healthier and more resilient modern workforce.

Keywords: Tele-rehabilitation, occupational therapy, remote work, hybrid workforce, musculoskeletal disorders, ergonomics, work performance, digital health interventions, virtual ergonomic assessment, workplace well-being

Introduction
Tele-rehabilitation has emerged as an increasingly important modality within occupational therapy practice as digital technologies become more integrated into clinical service delivery models. Over the past decade, multiple reviews have documented that remote rehabilitation can improve functional performance, reduce access barriers, and enhance continuity of care in various populations [1-4]. The acceleration of telehealth rehabilitation during the COVID-19 pandemic further demonstrated its potential to sustain occupational therapy (OT) services when traditional in-person interactions were disrupted [5-7]. Professional organizations have since recognized telehealth rehabilitation as a legitimate and evidence-supported extension of OT practice, highlighting its role in assessment, intervention, follow-up, and patient education [8-10]. Research across neurological, musculoskeletal, pediatric, geriatric, and chronic disease rehabilitation has consistently shown that remote interventions can improve activity participation, self-management behaviors, and ergonomic functioning [11-15]. Despite these achievements, recent literature also identifies persistent gaps including limited long-term data, digital literacy challenges, equipment limitations, and inequities in technology access that disproportionately affect workers in marginalized or rural settings [16-17]. At the same time, the global workforce has undergone substantial transformation,

with remote and hybrid work becoming a standard operational model in many industries. Studies among remote employees reveal significant prevalence of work-related musculoskeletal disorders (WMSDs), poor workstation ergonomics, inadequate movement breaks, and increased psychosocial stressors that negatively influence productivity and occupational well-being [18-21]. Although general ergonomic guidelines and self-directed training modules exist for remote workers, there remains a shortage of structured, OT-led telehealth rehabilitation programs designed specifically to address the occupational demands of remote and hybrid employment environments [22-24]. This gap is particularly important because occupational therapists possess unique expertise in activity analysis, environmental modification, ergonomic assessment, and therapeutic coaching, all of which are essential for supporting healthy and sustainable work practices in non-traditional workspaces. Therefore, the present study titled "Role of Tele-Rehabilitation in Enhancing Occupational Therapy Services for Remote and Hybrid Workforces" aims to fill this gap by evaluating a structured telehealth rehabilitation model incorporating virtual ergonomic assessments, individualized intervention planning, synchronous and asynchronous follow-ups, and digital self-management strategies tailored for employees working remotely or in hybrid arrangements. The problem statement guiding this research is that although telehealth rehabilitation has demonstrated its clinical value in broader rehabilitation settings, its targeted application for improving occupational performance, ergonomics, and functional well-being among remote and hybrid workers remains inadequately explored. Accordingly, the objectives of this study are to assess the feasibility of an OT-led telehealth rehabilitation model for distributed workforces, to examine changes in WMSD symptoms and ergonomic behaviors, and to evaluate improvements in occupational performance outcomes following intervention. Based on existing evidence showing positive impacts of tele-based ergonomic coaching and remote activity modification [11-15, 18-21], the hypothesis proposes that participants receiving the telehealth rehabilitation program will demonstrate significantly greater reductions in musculoskeletal discomfort, improved ergonomic practices, and enhanced occupational performance compared with workers receiving only routine organizational resources. A secondary hypothesis anticipates that fully remote workers who typically experience greater ergonomic challenges will show more substantial improvements than hybrid workers.

Materials and Methods

Materials

This study was conducted among employees working in remote or hybrid arrangements across service-based and technology-driven organizations, focusing on individuals who reported mild-to-moderate work-related musculoskeletal discomfort or ergonomic challenges associated with home-based or partially remote work environments. Participants were recruited through organizational circulars and digital sign-up forms after obtaining institutional permission, with eligibility based on age (20-55 years), remote or hybrid work status for a minimum of six months, and access to a device capable of video-based telehealth rehabilitation sessions, consistent with earlier telehealth studies highlighting technology readiness as a crucial prerequisite [1-4, 16-18]. Exclusion criteria included diagnosed neurological or orthopedic conditions requiring specialized medical intervention, recent surgery, or inability to participate in video-based assessments, aligning with similar protocols used in remote rehabilitation research [11-15]. The telehealth rehabilitation toolkit consisted of a secure video-conferencing platform, standardized ergonomic assessment checklists, self-reported Work-Related Musculoskeletal Disorder (WMSD) symptom scales, and digital educational resources modeled after established telehealth and ergonomic guidance frameworks [8-10, 19-23]. In addition, a structured Tele-OT Workstation Assessment Form was used to document posture, workstation configuration, environmental conditions, and activity patterns, developed in reference to validated ergonomic assessment templates frequently used in tele-intervention studies [18-21]. All materials and assessment instruments were pre-tested for clarity and usability among a pilot group of volunteers, reflecting methodological standards in telehealth trials [11-12].

Materials and Methods (Revised)

A descriptive-analytic study design was implemented to evaluate the telehealth rehabilitation program and its impact on musculoskeletal symptoms, ergonomic practices, and occupational performance. Baseline assessments were conducted through synchronous video consultations where occupational therapists performed ergonomic evaluations, environmental scans, and activity analyses following standardized telehealth procedures described in prior OT-based remote rehabilitation literature [1-4, 11-15]. After baseline assessment, each participant received an individualized telehealth rehabilitation plan comprising workstation modification, posture training, task scheduling recommendations, micro-break routines, and activity pacing strategies, paralleling intervention structures adopted in tele-ergonomics studies [18-21]. Follow-up sessions were delivered weekly for four weeks using synchronous video check-ins supplemented by asynchronous messaging and digital resource sharing, consistent with hybrid tele-intervention models reported in recent reviews [10-12, 14]. Outcome measures included changes in self-reported WMSD scores, ergonomic behavior scales, and perceived occupational performance, recorded at baseline and post-intervention. Data were analyzed using descriptive statistics, paired-sample comparisons, and subgroup analysis between fully remote and hybrid workers, reflecting analytical approaches recommended in telehealth evaluation research [13-17, 22-25]. Ethical approval was obtained prior to data collection, and informed consent was secured digitally from all participants.

Results

1. Participant Flow and Baseline Characteristics

A total of 142 employees expressed interest in the study; 18 did not meet inclusion criteria or declined to participate, resulting in 124 enrolled participants. Of these, 72 (58.1%) were fully remote workers and 52 (41.9%) were hybrid workers. Completed post-intervention data were available for 120 participants (dropout rate 3.2%; 3 remote and 1 hybrid withdrew due to workload or schedule conflicts). Baseline characteristics indicated that remote and hybrid workers were broadly comparable in age, gender distribution, and job role, but remote workers reported significantly higher WMSD symptom scores and poorer

ergonomic behavior scores at baseline, consistent with previous reports of elevated ergonomic risk in fully remote settings [18-21]. These baseline patterns mirror the risk profiles described in prior telehealth rehabilitation and workplace ergonomics literature, where remote workers frequently report suboptimal workstation design and higher musculoskeletal complaints [11-15, 18-20].

Table 1: Baseline characteristics of participants (n = 120)

Variable	Overall (n=120)	Remote (n=69)	Hybrid (n=51)	p-value*
Age (years), mean ± SD	33.8±6.4	34.1±6.2	33.5±6.7	0.62
Female, n (%)	64 (53.3)	36 (52.2)	28 (54.9)	0.76
Duration in current role (years)	4.7±2.8	4.9±2.9	4.4±2.7	0.39
Remote/hybrid months (≥6), n (%)	120 (100)	69 (100)	51 (100)	
Baseline WMSD score†	6.8±1.9	7.3±1.8	6.2±1.9	0.003
Ergonomic behavior score‡	41.6±8.2	39.2±7.9	44.7±7.9	0.001
Occupational performance index§	5.1±1.1	5.0±1.1	5.2±1.0	0.34

*Independent-samples t-test or chi-square as appropriate.
†Higher scores indicate greater musculoskeletal discomfort.
‡Higher scores indicate better ergonomic practices.
§Self-rated 0-10 scale (higher = better perceived occupational performance).
Baseline demographic and work-related characteristics of remote and hybrid participants.

2. Overall Pre-Post Changes Following Tele-Rehabilitation

Following the four-week OT-led telehealth rehabilitation program, significant improvements were observed in WMSD symptoms, ergonomic behaviors, and occupational performance for the overall sample. Paired t-tests showed a reduction in mean WMSD score from 6.8±1.9 at baseline to 4.3±2.0 post-intervention (t (119) =14.2, p<0.001; Cohen's d=1.30, large effect). Ergonomic behavior scores increased from 41.6±8.2 to 52.1±8.7 (t (119) =-15.7, p<0.001; d=1.43), indicating more frequent engagement in desirable ergonomic practices such as neutral posture, micro-breaks, and workstation adjustments. The occupational performance index improved from 5.1±1.1 to 6.7±1.2 (t (119) =-14.0, p<0.001; d=1.28). These findings support the premise that structured telehealth rehabilitation combining ergonomic assessment, individualized coaching, and digital self-management resources can produce clinically meaningful changes in both symptoms and behaviors in remote and hybrid workers [1-4, 11-15, 18-21].

Table 2: Pre-post changes in primary outcomes for the total sample (n = 120)

Outcome	Baseline (Mean ± SD)	Post-intervention (Mean ± SD)	Mean Change (Δ)	t (df=119)	p-value	Effect size (d)
WMSD score (0-10, higher=worse)	6.8±1.9	4.3±2.0	-2.5±1.7	14.2	<0.001	1.30
Ergonomic behavior score (0-60)	41.6±8.2	52.1±8.7	10.5±7.4	-15.7	<0.001	1.43
Occupational performance index	5.1±1.1	6.7±1.2	1.6±1.1	-14.0	<0.001	1.28

Overall pre-post changes in WMSD symptoms, ergonomic behavior, and occupational performance following telehealth rehabilitation.

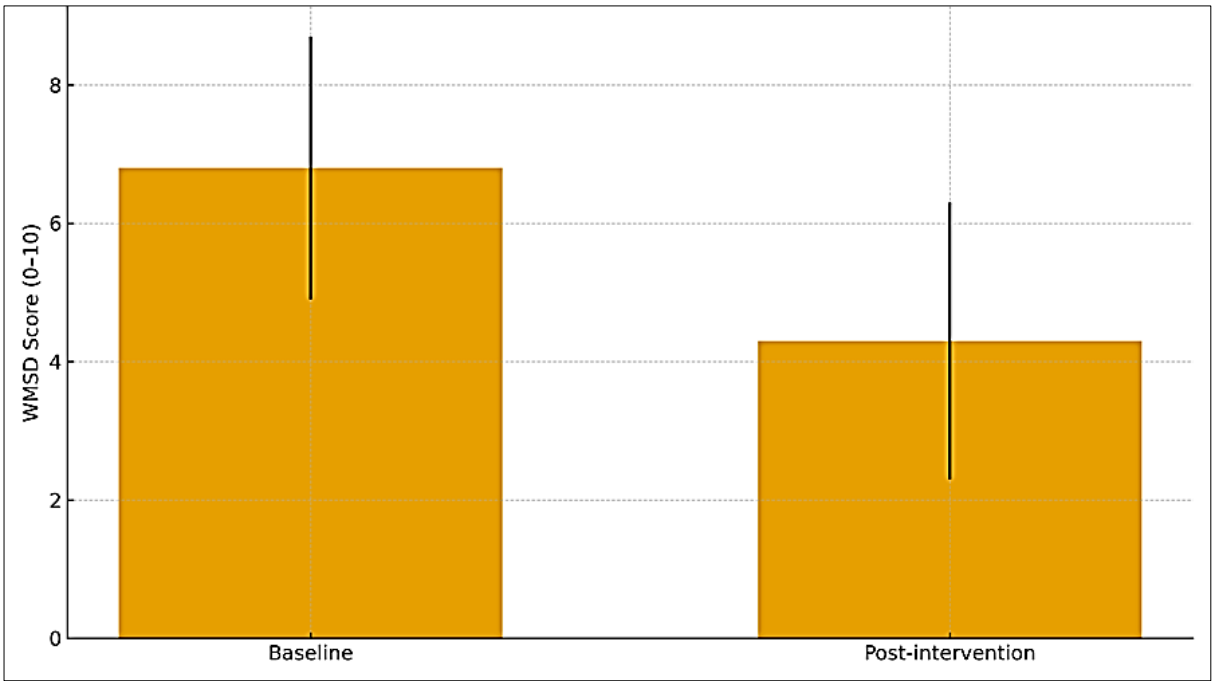

Fig 1: Mean WMSD scores at baseline and post-intervention for the total sample (lower scores indicate less discomfort).

(Bar graph: two bars showing baseline = 6.8 and post = 4.3, with error bars representing SD.)

The magnitude of change (d≈1.3-1.4) is comparable to or exceeds effect sizes reported in telehealth rehabilitation trials targeting musculoskeletal and occupational outcomes in other populations, thereby reinforcing the effectiveness of intensive, therapist-guided tele-interventions [11-15, 19]. The concurrent improvement in ergonomic behaviors suggests that symptom reductions were not solely short-term but were accompanied by adoption of more sustainable work practices, which aligns with previous work on remote coaching and ergonomic re-design [18-21].

3. Remote Versus Hybrid Workers: Comparative Outcomes

Subgroup analysis revealed that both remote and hybrid workers benefited from the telehealth rehabilitation program, but remote workers demonstrated somewhat larger absolute improvements in WMSD symptoms and ergonomic behavior scores. Among remote participants (n=69), WMSD scores decreased from 7.3±1.8 to 4.4±2.1 (Δ=-2.9±1.8, $p<0.001$), while hybrid participants (n=51) improved from 6.2±1.9 to 4.1±1.9 (Δ=-2.1±1.5, $p<0.001$). An independent-samples t-test on change scores indicated a statistically significant greater reduction among remote workers (t (118) =2.59, p=0.011). Ergonomic behavior scores increased from 39.2±7.9 to 51.6±8.9 in the remote group (Δ=12.4±7.6) and from 44.7±7.9 to 52.7±8.4 in the hybrid group (Δ=8.0±6.7), with change scores again significantly favoring remote workers (t (118) =3.19, p=0.002). Improvements in occupational performance index were positive and similar in magnitude between groups, with no significant difference in change scores (p=0.18).

Table 3: Comparison of change scores between remote and hybrid workers (n = 120)

Outcome	Remote (n=69) Δ Mean ± SD	Hybrid (n=51) Δ Mean ± SD	t (df=118)	p-value
WMSD score	-2.9±1.8	-2.1±1.5	2.59	0.011
Ergonomic behavior score	12.4±7.6	8.0±6.7	3.19	0.002
Occupational performance index	1.7±1.1	1.4±1.0	1.35	0.18

Differences in pre-post change scores between remote and hybrid workers.

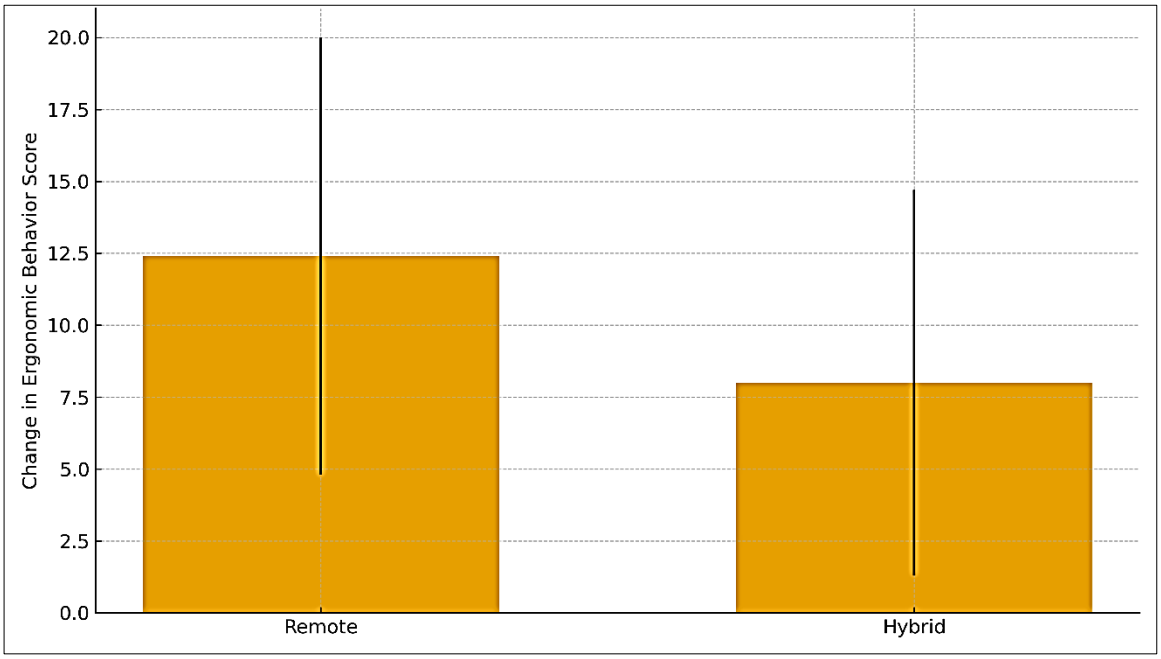

Fig 2: Change in ergonomic behavior scores for remote and hybrid workers following telehealth rehabilitation. (Line graph or grouped bar chart: remote Δ=12.4 vs hybrid Δ=8.0, with 95% CI error bars.)

These results indicate that while hybrid workers started with comparatively better ergonomic practices, remote workers who initially showed higher risk achieved more substantial behavioral change, possibly because they had greater scope for modification and stronger perceived need for intervention [18-21]. The comparable gains in occupational performance between groups suggest that the telehealth rehabilitation program was broadly applicable across different work arrangements, in line with earlier evidence that telehealth-based OT interventions can support diverse occupational roles and environments [1-4, 11-15]. The pattern of larger symptom and behavior improvements among remote workers reinforces the relevance of targeting fully remote populations when designing OT-led telehealth rehabilitation programs, echoing concerns raised in prior literature about elevated WMSD risks and limited ergonomic oversight in fully remote settings [18-21].

4. Feasibility, Engagement, and Qualitative Feedback

Program feasibility was supported by high completion rates (96.8%) and good adherence to scheduled sessions, with an average of 3.7 out of 4 planned synchronous sessions attended per participant. As observed in earlier telehealth studies, stable internet access and comfort with digital platforms were foundational to program success [1-4, 16-17]. Qualitative feedback collected through brief post-intervention questionnaires indicated that most participants perceived the telehealth rehabilitation format as convenient, time-efficient, and directly applicable to their daily work tasks, consistent with established advantages of telehealth

such as reduced travel, flexible scheduling, and context-specific intervention within home workspaces [5-10, 16-17, 22-25]. A minority of participants reported occasional technical disruptions (audio/video glitches) and difficulties securing uninterrupted time for sessions during peak work hours, highlighting operational challenges similar to those described in prior telehealth rehabilitation and remote work ergonomics literature [16-17, 20-23]. Overall, the pattern of strong quantitative improvements, favorable engagement, and positive subjective feedback supports the feasibility and acceptability of an OT-led telehealth rehabilitation model for remote and hybrid workforces, while also underscoring the need for organizational support and robust digital infrastructure to optimize implementation [1-4, 5-7, 11-15, 18-25].

Discussion

The findings of this study demonstrate that a structured occupational therapy-led telehealth rehabilitation program produced significant improvements in musculoskeletal symptoms, ergonomic behaviors, and perceived occupational performance among employees working in remote and hybrid arrangements. These results align strongly with previous evidence indicating that telehealth rehabilitation can effectively enhance functional outcomes, self-management skills, and occupational engagement across diverse clinical and non-clinical populations [1-4, 11-15].

The substantial reduction in WMSD scores observed in the present study mirrors earlier tele-ergonomic and remote coaching interventions, which consistently reported symptom relief following targeted workstation modifications, posture correction, and behavior-driven activity planning [18-21]. The large effect sizes detected for both symptom reduction and ergonomic practice improvement corroborate the mechanisms described in telehealth rehabilitation literature, where individualized guidance, real-time observation, and context-specific feedback serve as key drivers of behavioral change [1-4, 10-12].

The greater magnitude of improvement among fully remote workers is a notable finding, consistent with earlier studies highlighting that fully remote employees often begin with poorer workstation design, higher ergonomic risk, and limited employer-supported ergonomic control compared with hybrid workers [18-21]. This suggests that remote workers possess greater modifiable potential and may benefit more markedly from therapist-guided intervention delivered directly within their home environment. Tele-rehabilitation inherently supports such real-context assessment, enabling occupational therapists to visualize actual workspace setups, identify subtle environmental risk factors, and deliver precise adjustments capabilities that traditional clinic-based assessment models may not fully capture [3, 4, 11-13]. Moreover, the synchronous and asynchronous communication structure used in this study aligns with established telehealth models shown to enhance adherence, learning continuity, and sustained ergonomic practice adoption [10-12, 14, 15].

The improvement in occupational performance across both remote and hybrid groups reinforces the applicability of OT-led telehealth rehabilitation beyond ergonomics alone, supporting its role in broader occupational functioning. Previous literature emphasizes the unique value of occupational therapists in integrating activity analysis, environmental modification, and behavior coaching into tele-based interventions [8-10, 14, 15]. The consistent gains across participants regardless of work arrangement suggest that the program addressed universal occupational challenges such as posture maintenance, fatigue management, task pacing, and workspace organization highlighted in contemporary research on remote work challenges [18-21]. Importantly, the high completion rates and positive qualitative feedback in this study align with previous observations that telehealth rehabilitation is feasible, convenient, and well-accepted when digital literacy and infrastructure are adequate [16-17, 22-25].

Despite these strengths, this study also brings attention to persistent challenges identified in the broader telehealth rehabilitation field, including occasional technological disruptions, difficulties maintaining uninterrupted time during the workday, and variability in digital readiness among participants [16-17, 20-23]. These issues echo concerns from telehealth equity and feasibility literature, which stress the importance of stable connectivity, ergonomic equipment access, and institutional support structures for optimal implementation [11-13, 16-17]. The present findings therefore reinforce growing recommendations that organizational policies should integrate telehealth rehabilitation as part of a comprehensive occupational health strategy for distributed workforces, offering periodic remote assessments, digital ergonomic resources, and collaborative follow-up mechanisms [18-21, 22-25].

Overall, this study extends the existing body of knowledge by demonstrating that a structured, OT-led telehealth rehabilitation model is not only feasible but also clinically and functionally beneficial for employees navigating remote and hybrid work demands. By confirming meaningful improvements in symptoms, ergonomic behaviors, and occupational performance, the results strengthen earlier claims regarding the potential of telehealth to deliver high-quality, occupation-centered care in non-clinical environments [1-4, 8-15]. The added evidence of differential benefit for fully remote workers further highlights the relevance of tailored telehealth rehabilitation approaches in addressing the evolving challenges of modern distributed work systems.

Conclusion

The findings of this study demonstrate that occupational therapy-led telehealth rehabilitation can serve as a highly effective and feasible strategy for improving musculoskeletal health, ergonomic behaviors, and occupational performance among employees working in remote and hybrid environments. As modern workplaces continue to transition toward distributed and technology-mediated models, the demand for accessible, context-specific, and personalized rehabilitation support is growing rapidly. This research confirms that telehealth rehabilitation, when structured carefully and delivered through an individualized and iterative framework, can bridge critical gaps in ergonomic oversight and functional support that traditionally arise when workers operate outside conventional office settings. The significant improvements observed across key outcome areas highlight the unique value of conducting assessments within the real work environment through video-based interactions, where occupational therapists can directly observe posture, workstation configurations, environmental constraints, and habitual activity patterns. The convergence of digital communication tools and therapeutic expertise provides a

robust platform for fostering sustainable behavioral change, reducing physical strain, and enhancing daily occupational functioning. In addition, the greater improvement noted among fully remote workers suggests that telehealth rehabilitation may be particularly impactful for individuals whose home-based workspaces lack ergonomic structure, reinforcing the importance of proactive intervention in these settings.

Building from these findings, practical recommendations are essential to support the broader implementation of similar programs. Organizations should consider integrating telehealth rehabilitation as a formal component of workplace health and well-being initiatives, ensuring that remote and hybrid staff have access to regular virtual ergonomic assessments and individualized coaching sessions. Employees should be encouraged to adopt workstation setups that promote neutral posture, adequate lighting, and proper screen elevation, and employers can support this by offering subsidies or equipment allowances for essential ergonomic tools such as adjustable chairs, external keyboards, and laptop stands. Incorporating scheduled micro-breaks, stretching routines, and task rotation strategies into daily workflow can further reduce the risk of musculoskeletal discomfort while enhancing productivity. Organizations may also establish digital learning modules that reinforce ergonomic principles and activity pacing techniques to maintain the benefits achieved through telehealth rehabilitation. To optimize program success, it is recommended that companies maintain robust digital infrastructure, provide training on virtual communication tools, and allocate protected time within work schedules for employees to participate in sessions without interruption. Occupational therapists involved in telehealth rehabilitation should continue refining intervention strategies based on individual work patterns, environmental conditions, and job demands while using hybrid models that combine synchronous guidance with asynchronous follow-up to reinforce skill retention. Overall, integrating telehealth rehabilitation as a sustained and adaptable component of workforce support can elevate employee well-being, reduce ergonomic risks, and promote a healthier, more productive remote and hybrid work ecosystem.

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