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Letter

Innovative Approaches to Delivering Rehabilitation Services in Economically Disadvantaged Communities

Amirmohammad Azarakhsh[1] [1], Behnaz Farahmandfard [2], Mahdieh Motie * [3]

[1]*Student Research Committee, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.*
[2]*Department of Midwifery Nursing, Torbat Heydariyeh University of Medical Sciences, Torbat Heydariyeh, Iran.*
[3]*Department of Nursing, Faculty of Behavioral Sciences, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.*

Corresponding Author: *Department of Nursing, Faculty of Behavioral Sciences, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.*
Email: mahdiehmotie71@gmail.com

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Dear Editor,

Rehabilitation services in economically disadvantaged communities face structural challenges, such as workforce shortages, geographic isolation, and limited resources (1). Finding practical ways to expand access to rehabilitation in these settings remains a pressing challenge. One potential solution is the integration of home-based telerehabilitation with community-based rehabilitation (CBR), creating a hybrid model that combines digital access with the strengths of community support within primary health care systems.

Evidence indicates that each of these approaches has important benefits but also clear limitations when used alone. Home-based telerehabilitation can help maintain treatment continuity and improve adherence by allowing remote monitoring and follow-up, particularly for individuals with chronic neurological conditions (2). At the same time, CBR programs have been shown to improve functional independence and promote social participation among older adults and other vulnerable populations in resource-limited settings (3). Despite these advantages, both approaches face practical barriers, such as digital illiteracy, shortages of rehabilitation professionals, limited infrastructure, and financial constraints (2-4).

Combining these two strategies may help overcome some of these challenges. Telerehabilitation can reduce travel requirements and geographic barriers, and in some contexts, it has been associated with lower rehabilitation-related costs per session (5). In contrast, CBR programs strengthen community engagement, provide local support networks, and encourage patient empowerment (6). When combined, remote monitoring and community follow-up can complement each other, helping to create a more continuous and patient-centered pathway of care for individuals who otherwise have limited access to rehabilitation services (4).

Nevertheless, important challenges remain before this hybrid approach can be widely implemented. Evidence on long-term cost-effectiveness is still limited, policy support is often fragmented, and leadership structures capable of coordinating digital and community-based services are not always well established (7, 8). Addressing these issues requires coordinated policy efforts and implementation strategies adapted to local contexts.

Several practical steps can support the development of this hybrid model. First, ministries of health and rehabilitation institutions should invest in training programs that strengthen digital health skills among rehabilitation professionals, community health workers, and patients. Second, telerehabilitation platforms should be better integrated with primary care and community outreach services to support remote monitoring, personalized rehabilitation plans, and continuity of care. Third, policymakers should consider formally incorporating hybrid home- and CBR models into national rehabilitation strategies and broader digital health initiatives.

Integrating home-based telerehabilitation with CBR may offer a realistic and scalable way to improve access, continuity, and patient engagement in underserved settings. Future research should focus on

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the long-term effectiveness, financing mechanisms, and sustainability of this hybrid rehabilitation approach within primary health care systems (8-10).

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