

Evaluating Digital Rehabilitation Outcomes in Chronic Musculoskeletal Conditions Across Non-Obesity, Obesity, and Severe Obesity [Letter]

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Dear editor

We read with great interest the article by Pereira et al titled “Evaluating Digital Rehabilitation Outcomes in Chronic Musculoskeletal Conditions Across Non-Obesity, Obesity, and Severe Obesity”.¹ The study provides valuable insights into the effectiveness of a fully remote digital care program (DCP) for managing musculoskeletal (MSK) conditions across different body mass index (BMI) categories. The findings highlight the program’s high completion rates, engagement, and significant clinical improvements, particularly among patients with obesity, which is commendable.

However, we have a few observations and suggestions that could further enhance the study’s comprehensiveness and applicability:

Firstly, while the study reports high engagement and satisfaction levels across all BMI groups, it would be beneficial to explore the specific factors contributing to these outcomes in more detail. For instance, the role of individual patient characteristics, such as motivation levels, digital literacy, and access to technology, could vary significantly and impact engagement. Understanding these factors could help tailor the DCP to better meet the needs of different patient subgroups, potentially improving outcomes further.

Secondly, the study primarily focuses on short-term outcomes, such as pain reduction and improvements in daily activities. While these are crucial, it would be valuable to examine the long-term sustainability of these improvements. Chronic MSK conditions often require ongoing management, and assessing whether the benefits of DCP are maintained over time would provide important insights into its effectiveness as a long-term care solution.

Additionally, the study does not provide detailed information on the potential economic implications of the DCP. Given the high prevalence of MSK conditions and the associated healthcare costs, evaluating the cost-effectiveness of the program could offer valuable information for healthcare providers and policymakers. This would help determine whether the DCP represents a cost-efficient alternative to traditional in-person rehabilitation.

Lastly, the study acknowledges the need for further research to explore unmeasured factors such as body composition and other comorbidities. We agree that these factors could significantly influence outcomes, and future studies should consider incorporating comprehensive assessments to account for these variables. This would provide a more holistic understanding of the DCP’s impact on MSK conditions.

In conclusion, the work by Pereira et al makes a significant contribution to the field of digital rehabilitation for MSK conditions. We appreciate the authors’ efforts in demonstrating the potential of remote digital care programs. We look forward to seeing further research that addresses these points and continues to advance our understanding of how best to manage MSK conditions in diverse patient populations.

Disclosure

The author reports no conflicts of interest in this communication.

Reference

1. Pereira AP, Janela D, Areias AC, et al. Evaluating digital rehabilitation outcomes in chronic musculoskeletal conditions across non-obesity, obesity, and severe obesity. *J Pain Res.* 2025;18:73–87. doi:10.2147/JPR.S499846

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