

Supplemental Material S1. Study characteristics.

Author	Participants	Setting	Geographical	Phenomena of interest	Philosophical perspective	Qualitative methodology	Data collection method	Data analysis method	Limitations	Author conclusions
Anderson et al. (2015)	Three “novice” (< 2 years SGD experience) and 10 “experienced” (3–12 years) SLPs currently providing SGD services; must have used Minspeak based SGD (p. 3)	Primarily metropolitan SLPs, work setting unclear (p. 3)	Australia	SLP (and parent) experiences and opinions of alternative service delivery for SGD users (p. 3)	Constructivist (p. 4)	Grounded Theory (p. 4)	Interview/ focus groups	Open coding as described by Charmaz, 2006	Small sample, key groups were underrepresented, could have been more rigorous	SLPs and parents in our study were enthusiastic about alternative service models, including [...] telepractice, to enhance service access, clinical outcomes and quality-of-life for families who use SGD technology.
Brouns et al. (2018)	Healthcare professionals $N = 13$: 3 PT, 3 OT, 1 SLP (6 other professionals including psychologist, rehabilitation specialists, etc.) (p. 5 table)	Specialized stroke rehabilitation centers (unclear if acute or subacute)	Netherlands	Explore which factors influence the uptake of eRehabilitation in stroke rehabilitation, among stroke patients, informal caregivers, and healthcare professionals (p. 1)	None stated	None stated	Focus group (p. 1)	Directed content analysis was used, in which the researchers used a theory or relevant research findings as guidance for initial coding [30], in this case the implementation model of Grol	Did not reach data saturation with HCP due to practical limitations (p. 9)	Patients/informal caregivers give more emphasis to factors related to the individual patient, whereas healthcare professionals emphasize the importance of factors related to the organizational context. This difference should be considered when developing an implementation strategy. (p. 10)
Cottrell et al. (2017)	$N = 26$ clinicians and/or leaders, PT $n = 15$; OT $n = 2$	Neurosurgical & Orthopaedic Physiotherapy Screening Clinic and Multidisciplinary Service (N/OPSC&MDS)	Australia	Service providers' views on current barriers to patients' accessing recommended healthcare for their chronic musculoskeletal condition	Naturalistic	Descriptive	Semi-structured interviews	Template analysis as described by Brooks et al., 2015	Interviewer (PI) was known to a number of the participants; lack of previous tele experience by most participants	Participants were generally cautiously accepting of TR. Findings of this study are consistent with previous literature concerning barriers and facilitators to the implementation and uptake of telehealth services.

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Damhus et al. (2018)	PT (<i>N</i> = 19)	COPD rehab (hospitals and municipalities)	Denmark	PT views of barriers/enablers of TR in patients with COPD	None stated; did identify the Theoretical Domains Framework (TDF) which is validated in the literature	None stated	Semi-structured interviews/ focus group	Content analysis to identify meaning units (open coding) → applied in deductive analysis using TDF as a coding framework. 3 authors involved in analysis (pp. 2475–2476)	Smaller than desirable focus group sizes	TR introduces new work tasks and new ways for HCP to communicate and exercise with PT, which influences their professional role and self-perceived capability. Specific attention toward involvement of HCP in the decision process combined w sufficient education and skill training is highly essential to support successful implementation.
Hines et al. (2015)	15 SLPs (p. 470)	Schools	Australia	SLP perceptions/ experiences of transitioning to a school-based telepractice service	None stated	None stated	Semi-structured Interviews	Thematic analysis	None stated	These results provide insights for implementation of SLP telepractice programs.
Inskip et al. (2018)	RT (<i>n</i> = 13) & PT (<i>n</i> = 12) (<i>N</i> = 25 total)	Pulmonary rehab (unclear type of setting)	Canada	Opinions of HCP delivering PR to determine critical features of P-TR and how technologies could support these features (p. 72)	None stated	None stated	Focus groups	Inductive; content analysis with open coding. Two reviewers independently conducted and agreed on. Two randomly selected coded transcripts read and confirmed by 3rd researcher (p. 73)	Participants resided in BC, Canada, where there is reliable cell phone and internet connectivity	Patient and HCP perspectives aligned on appropriate use and delivery of P-TR
Pitt et al. (2018)	SLPs (<i>N</i> = 3) convenience sample (p. 1036)	Group therapy for chronic aphasia	Queensland, Australia	Explore the experience of SLPs who provide TeleGAIN (Pitt et al., 2017) to PWA. As this study forms part of a larger evaluation of TeleGAIN,	Pragmatic	Descriptive	Semi-structured interviews	Content analysis (reflexivity practiced) (p. 1038)	Small sample from one country. Pragmatic selection of methods potentially limited depth of data interpretation. SLPs in study did not have	SLPs can successfully provide group therapy for aphasia through telepractice and had a positive experience doing

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				secondary aims were to describe the SLP’s perceptions of the outcomes of this intervention for PWA (pp. 1034–1035)					substantive clinical positions during study, therefore may have been unaware of all barriers/facilitators.	so. SLPs identified a number of benefits to teletherapy.
Tucker (2012)	SLPs (<i>N</i> = 5)	Schools	United States (Pennsylvania)	Explore how telepractitioners perceive potential barriers	None stated	Phenomenology (inferred) (p. 49)	Interview	Unclear; multiple methods listed	Nongeneralizable findings	Views were similar across themes but variable within a given theme and dissimilar telepractice experiences. Helps to propel the discussion forward. (p. 58)
Tyagi et al. (2018)	PT <i>n</i> = 3; OT <i>n</i> = 8; total <i>N</i> = 11	Poststroke rehab (exact setting unclear)	Singapore	Explore the barriers and facilitators of TR as perceived by stroke patients, caregivers, and rehabilitation therapists recruited from one of the largest trials of TR in a developed Asian country to date	None stated	None stated	Semi-structured interviews/focus group	Nvivo; inductive approach to identify initial themes, thematic analysis with constant comparison	Sample selection did not include patient/caregiver dyads that refused to participate in the TR trial	Authors suggest policy recommendations based on their findings and suggestions on overcoming the barriers presented.

Note. SGD = speech-generating device; SLP = speech-language pathologist; PT = physical therapist; OT = occupational therapist; RT = respiratory therapist; HCP = healthcare provider; PI = primary investigator; TR = telerehabilitation; COPD = chronic obstructive pulmonary disease; PWA = people with aphasia; PR = pulmonary rehabilitation.