



НОВ БЪЛГАРСКИ УНИВЕРСИТЕТ
NEW BULGARIAN UNIVERSITY



The role of softwares and telemedical solutions in assessment, rehabilitation and therapy in developmental disorder

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Definitions



- Telemedicine is composed of the Greek word *τελε* (tele) meaning 'far', and medicine. Telemedicine usually means transmission of information followed immediately by medical care.
- Telemedicine is defined by the *Telemedicine Information Exchange* (1997) as *"the use of electronic signals to transfer medical data from one site to another via the Internet, Intranets, PCs, satellites, or videoconferencing telephone equipment in order to improve access to health care"*.
- In 1996 Jim Reid defined telemedicine in his book *"A Telemedicine Primer: Understanding the Issues"* as *"the use of advanced telecommunication technologies to health information exchange and health services delivery across geographical, time, social and cultural boundaries"*.
- According to the *Telemedicine Report to Congress* (1997), *"telemedicine can mean access to health care where little had been available before. In emergency cases, this access can mean the difference between life and death. In particular, in those cases where fast medical response time and specialty care are needed, telemedicine availability can be critical. For example, a specialist at a North Carolina University Hospital was able to diagnose a rural patient's hairline spinal fracture at a distance, using telemedicine video imaging. The patient's life was saved because treatment was done on-site without physically transporting the patient to the specialist who was located a great distance away"*.
- The report added, *"Telemedicine also has the potential to improve the delivery of health care in America by bringing a wider range of services such as radiology, mental health services, and dermatology to underserved communities and individuals in both urban and rural areas"*.



What is the aim of Telemedicine

A Telemedicine project is successful, when it achieves to

Save time



Save money



Improve the quality of healthcare



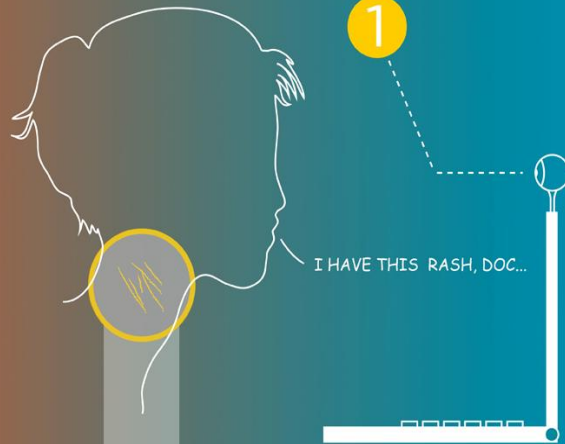
HOW TELEMEDICINE WORKS



LOS ANGELES

1. WEBCAM

A WEBCAM AND MICROPHONE CONNECTED TO THE COMPUTER ALLOWS YOUR DOCTOR TO SEE YOU ON THE OTHER SIDE. YOUR SESSION WORKS JUST LIKE A NORMAL DOCTOR VISIT.



2. INTERNET

A HIGH-SPEED INTERNET CONNECTION ALLOWS THE VIDEO SESSION TO OCCUR IN REAL TIME FROM YOUR COMPUTER.

3. FEATURES

TELEMEDICINE GIVES YOU THE ABILITY TO SECURELY UPLOAD A PICTURE OF YOUR PROBLEM AREA TO YOUR ONLINE PATIENT FILE. ONCE UPLOADED, THE DOCTOR CAN VIEW THE IMAGE FROM A COMPUTER.



CELL PHONE CAMERA



PHOTO



SAN FRANCISCO



4. EMR

A SECURE THIRD-PARTY ELECTRONIC MEDICAL RECORDS SYSTEM STORES YOUR INFORMATION AND ALL RELEVANT DATA COLLECTED FROM YOUR TELEMEDICINE SESSION. ALL APPOINTMENT SCHEDULING, PATIENT FILES AND BILLING ARE CONTROLLED HERE.

5. PRESCRIPTIONS

AFTER THE DOCTOR HAS EVALUATED YOU AND PROVIDED TREATMENT RECOMMENDATIONS, A PRESCRIPTION CAN BE ELECTRONICALLY SUBMITTED TO THE PHARMACY FOR ANY NECESSARY MEDICATION.



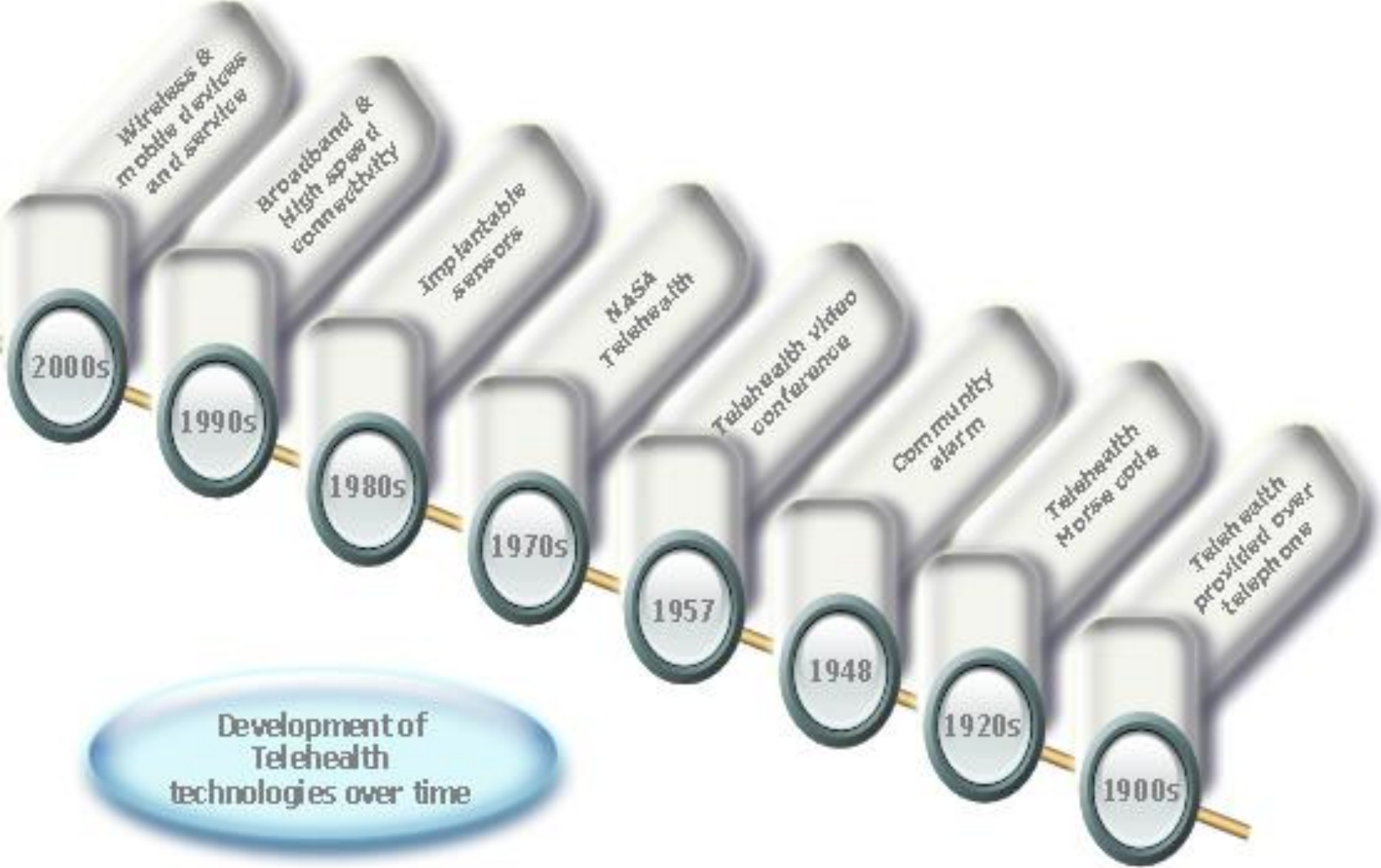
5



Timeline - since 1844

- Primitive forms of telemedicine have already been used hundreds of years ago. One example is the use of bells by lepers, to warn others to stay away from them. In the Middle Ages information about the bubonic plague was sent throughout Europe by bonfires. During those days some wealthy families even sent urine samples to their doctor for a diagnosis.
- First telemedicine message is sent in 1844 using the electric telegraph invented by Samuel Morse (1791-1872).

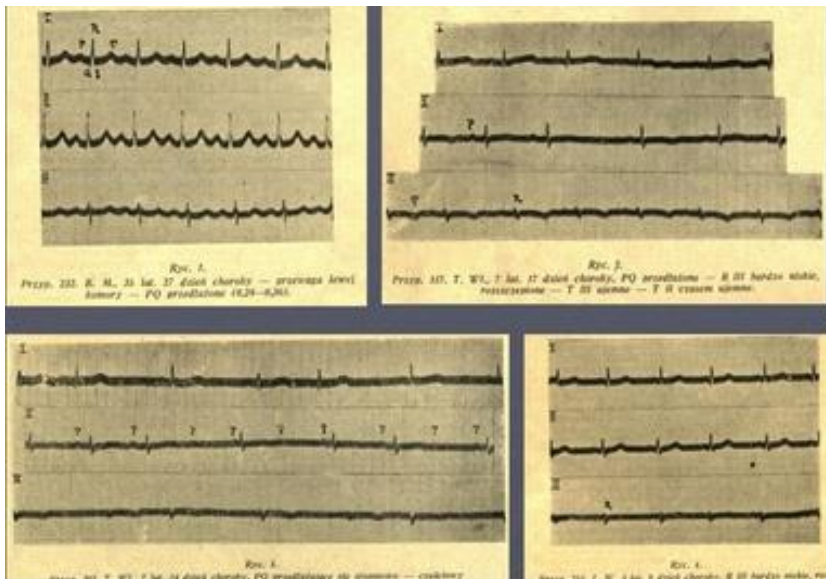
For details – see the paper Version of the Lecture “**The role of telemedicine in assessment and therapy in developmental disorder**”



Source: Frost & Sullivan

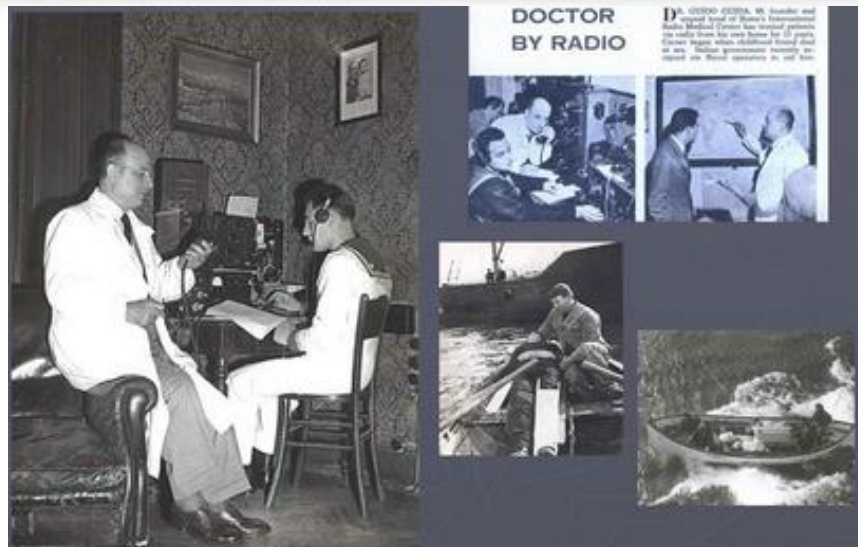
History

- Гениални прогнози за телемедицина от Hugo Gernsback през 1920
- Телемедицина и телекардиология – 1905г. (First TELE-ECG session worldwide – Netherlands 1905)
- Първото клинично приложение на TELE-ECG – Украйна, 1935г.



History

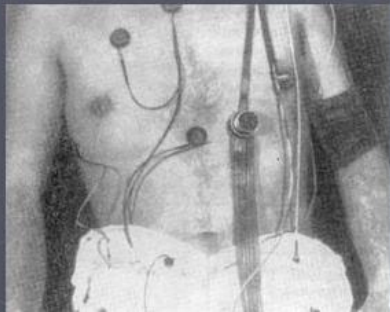
1935г. Италия - International Center of Radiocommunication Medicine



31 May 1949г. (USA) - First medical videoconference worldwide

History

**First videoconference in
telecardiology by prof. Michael
DeBakey 1965 (link USA-Swiss by
satellite “EarliBird”)**



1950-1960- space telemetry

History

1970 – First mobile (wireless) telemedicine

STARPAHC-NASA Telemedicine project

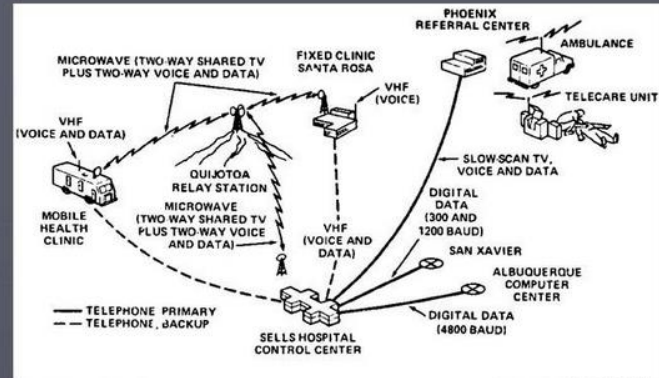


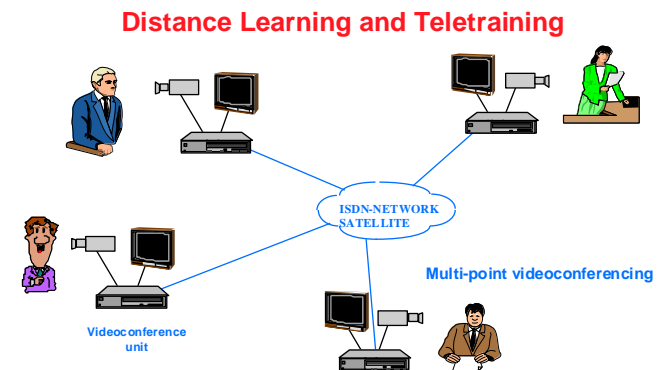
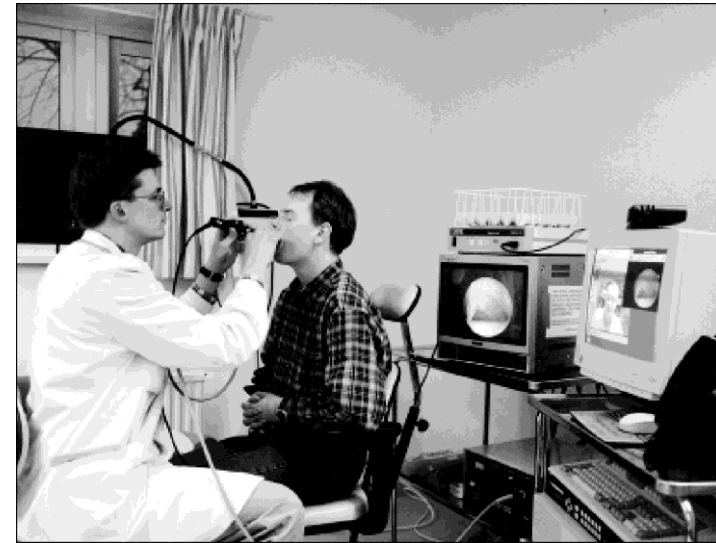
Fig. 3-5 STARPAHC System Concept



First trans-atlantic telesurgery
(France-USA) september 2001

Telemedical systems, according their application in healthcare

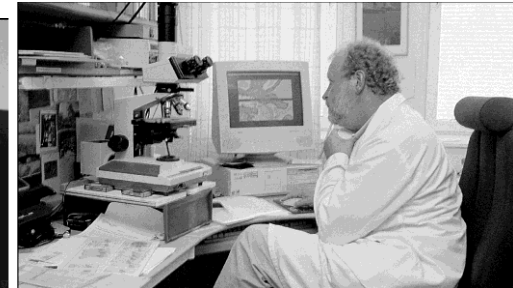
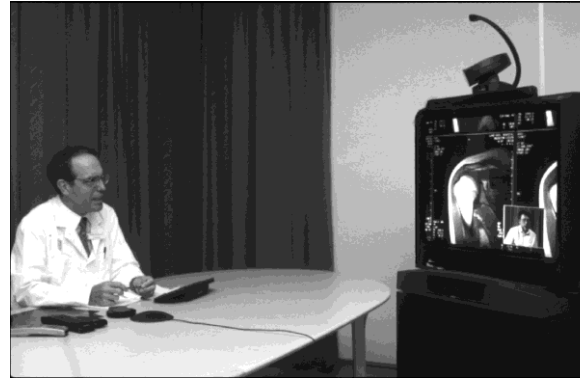
- Teleconsultation
- Telediagnosis
- Tele-education
- Medical emergencies and distant relief
- Telesurgery and virtual reality



Telemedical systems, according their application in healthcare

➤ Телерадиология

- X-Ray
- CT
- MRI
- NM (Nuclear Medicine)
- Fluoroscopy
- Angiography
- Ultrasound
- Thermography



➤ Телепатология

➤ Теледерматология

➤ Телекардиология

➤ Телеметрия

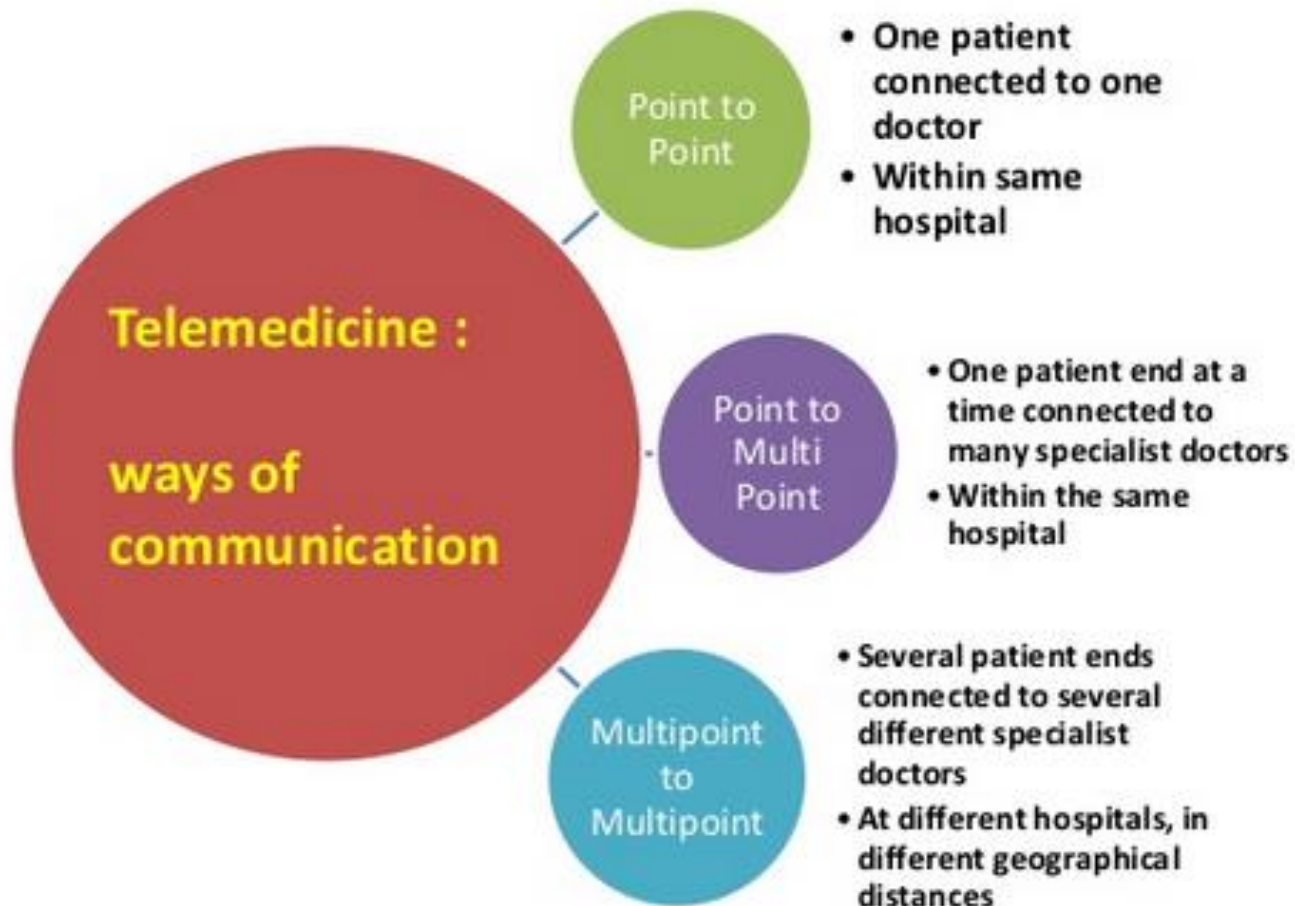
➤ Телефармация

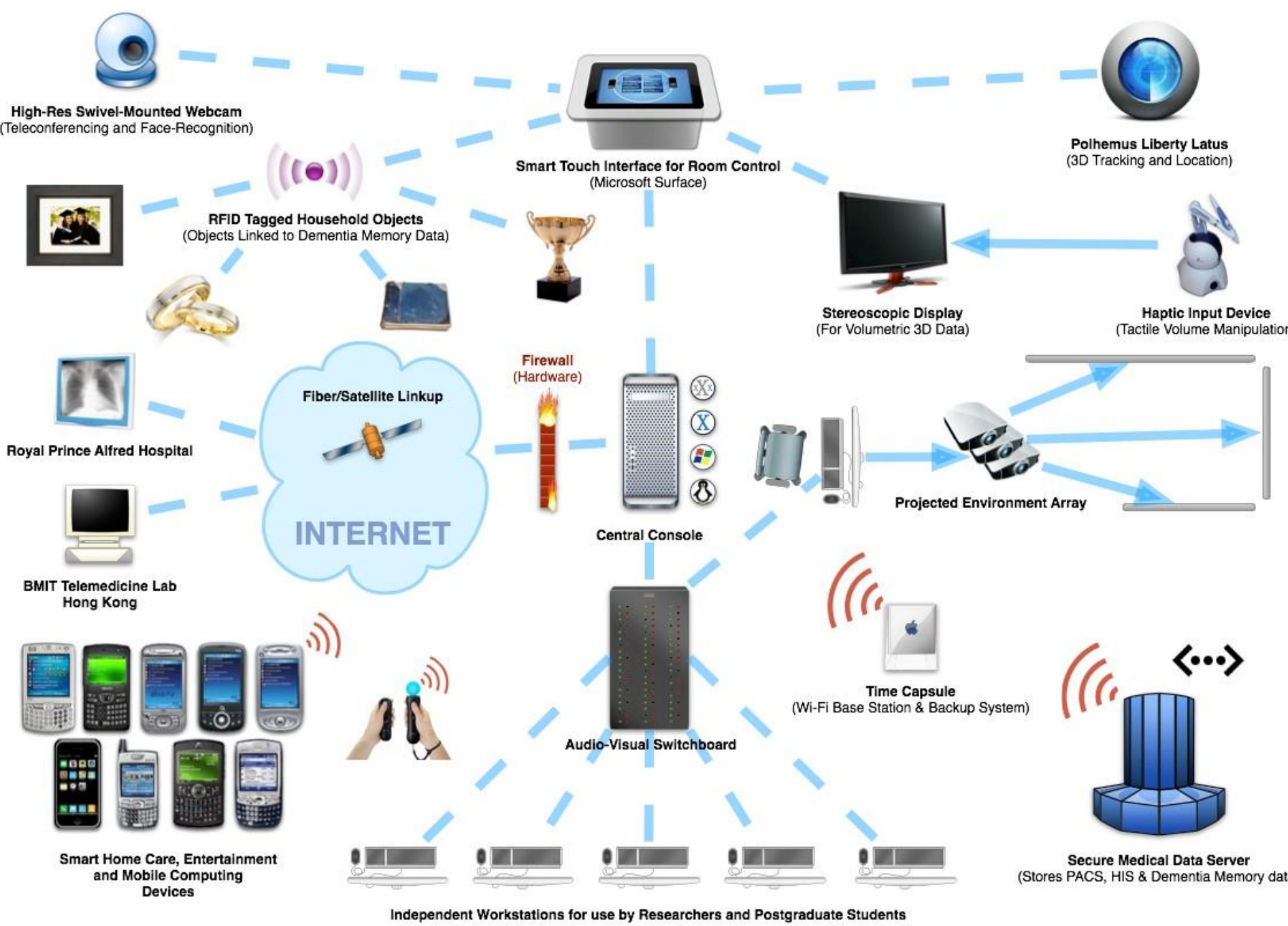
➤ Телепсихиатрия

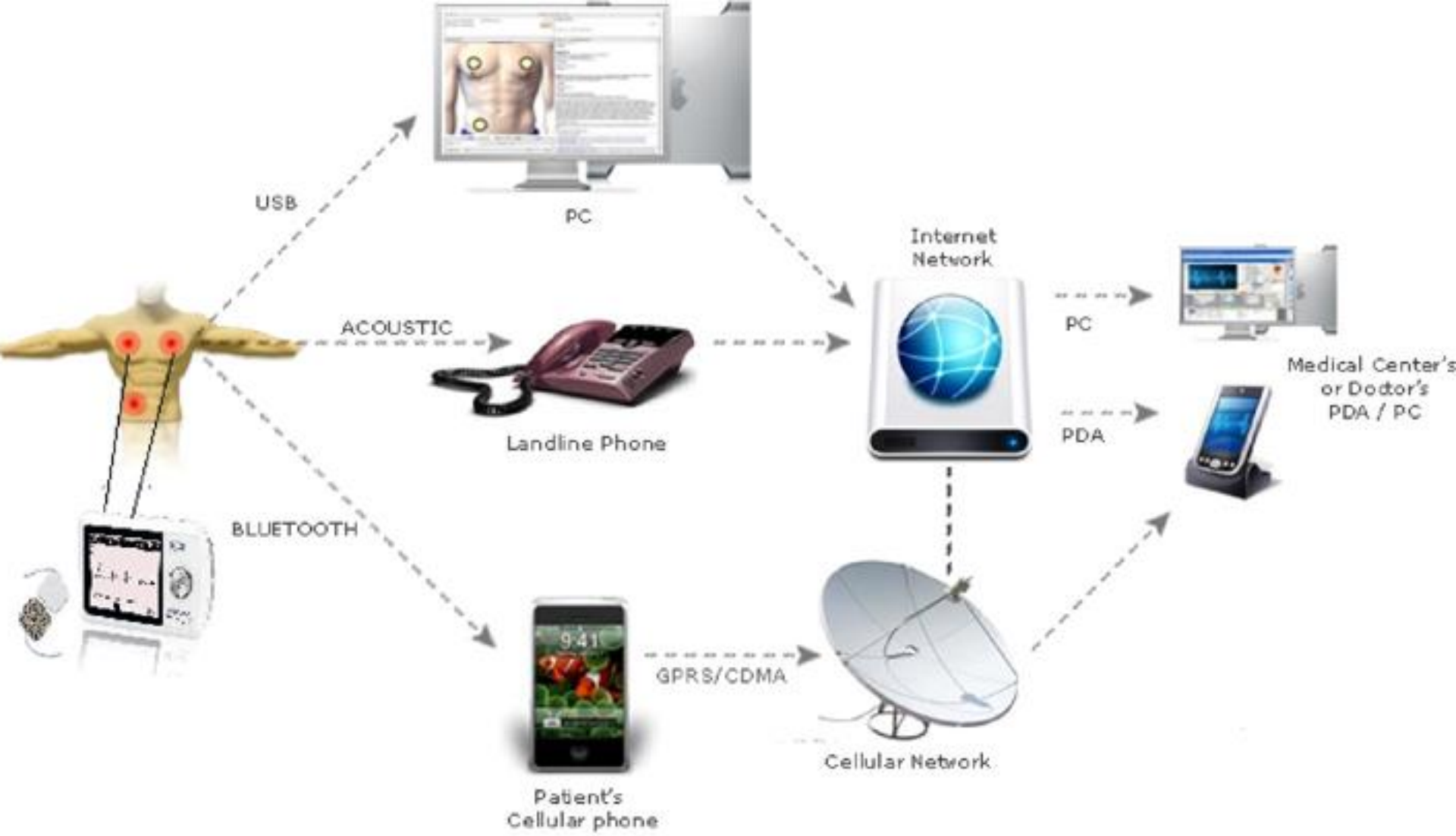
➤ Теле-эндоскопия



Communication “roads”



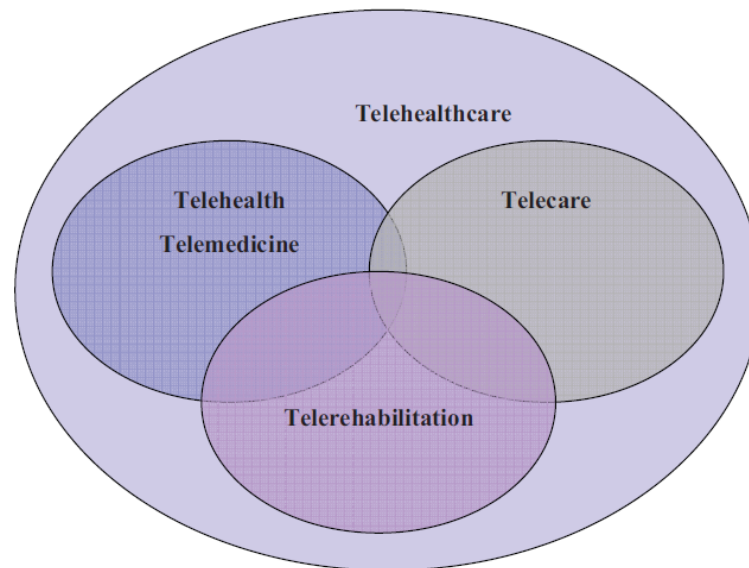




Source: BioScience[1]

Telemedicine and children`s health

- Telemedicine is used to screen, diagnose, treat, and monitor a wide range of pediatric health conditions from common childhood illnesses, such as strep throat and asthma, to conditions requiring specialty care in such fields as dermatology, endocrinology, emergency and critical care, neurology, gastroenterology, obesity, radiology, pathology, oral health, and psychiatry.
- Telemedicine and telehealth applications help providers and patients manage the patient`s health, reducing the need for more complex and costly hospital visits and health treatments later.



- For example, UC Davis Children's Hospital in Sacramento, California has used telemedicine to facilitate the availability of emergency and critical care consultations to a rural hospital in Northern California 24 hours a day, 7 days a week by installing telemedicine equipment at UC Davis' pediatric intensive care unit and in the homes of its pediatric critical care physicians.

Telemedical solution for children with disorders



Mother finds a
problem with her
child



She visits a
specialists for
a consultation



The
diagnosis



Personal assistant
contacts remote
site and requires
consult

Local
physician's
assistant
schedules time
& date for
consult

Inform
consultant
site about
new patient



Consultant
reviews
patient record

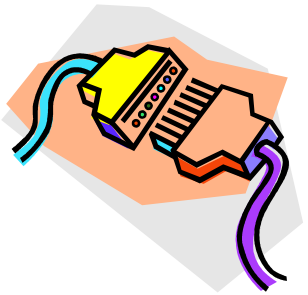


Consultant notifies
mother and
assists child



Videoconferencing
Introduction with
patient

- Clarifies details of
record with
physician

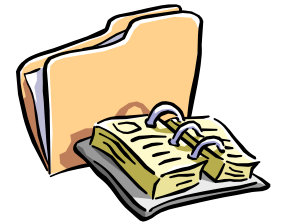


Consultation
ends

Consultant gives
orders
immediately

Consultant reviews
patient's electronic
record and sends
orders later

Diagnosis &
Treatment plan



a. Home monitoring



3 times daily :
exercises



Once a day :
fill in form with
difficulties and
complaints



If necessary:
Type in
questions or
request
teleconference
with consultant



Send data
through the
internet



Consultant's
assistant
reviews new
data on a daily
basis



Urgent

Notify Consultant

immediately

Not certain

Notify consultant

the same day

Normal

Consultant reviews data

once a week



Consultant
reviews new
data



Normal



Assistant sends email once a week for reassessment

Pathological

Urgent

Call patient, give order for hospitalization



Adjustments needed

Send instructions over internet



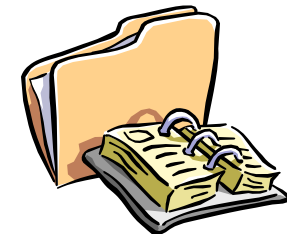
Notify local physician

Notify patient

Physician's assistant schedules appointment with patient and notifies consultant's assistant



Answers patient's questions, if asked for, schedules teleconference appointment



c. Visit to Local practice



Patient arrives at remote site

➤ Every 3 weeks

➤ On Consultant's request



Physician

Reviews patient record

Examines patient

Enters new data into record

Assistant

Notifies consultant site

Turns on videoconferencing equipment

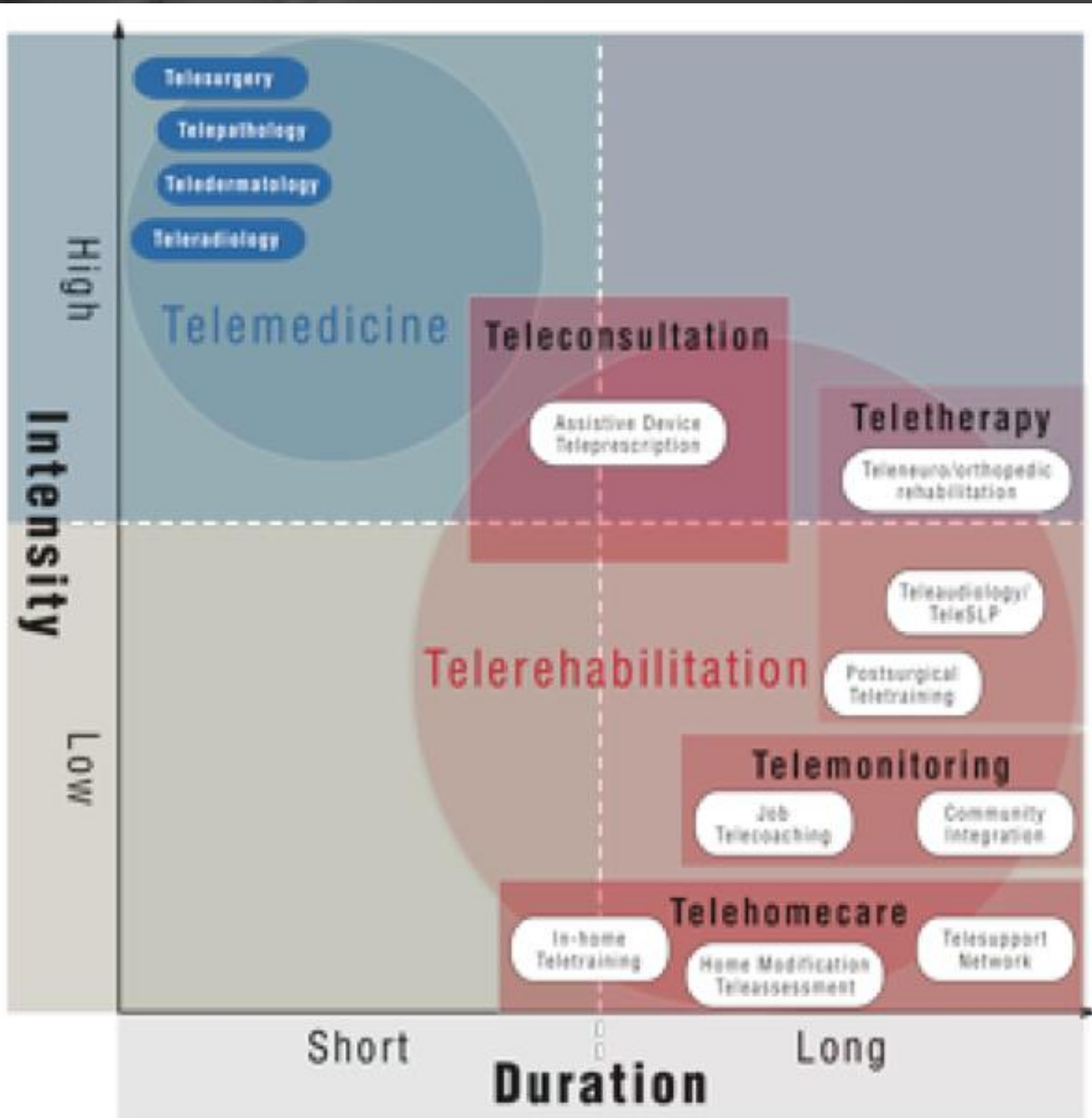
Sets up linkage



When ready, assistant notifies consultant site

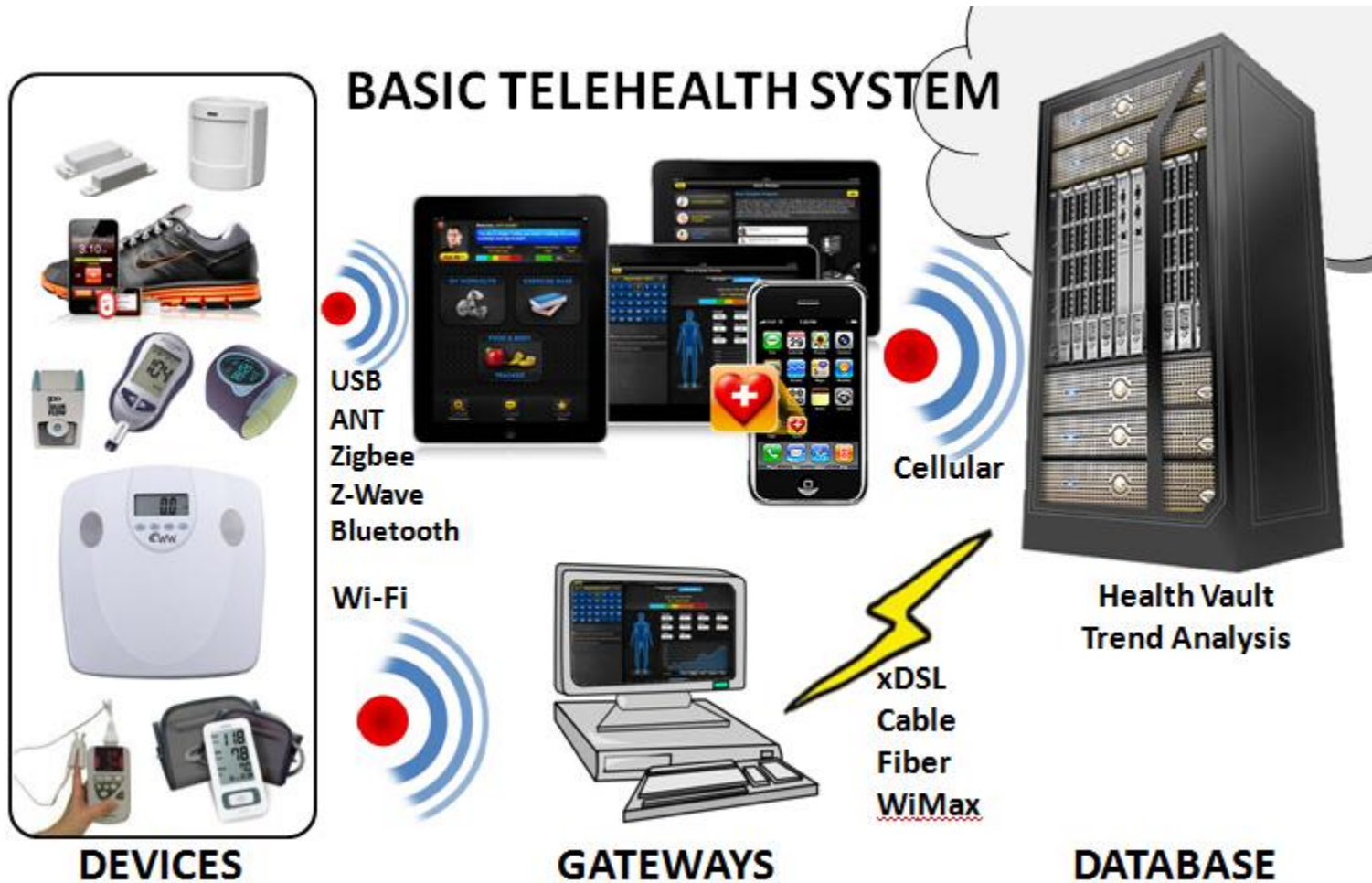
Good practice example

- Kern Regional Center uses telemedicine to connect children with developmental disabilities in Kern, Inyo and Mono Counties—very remote areas in California—to pediatric psychiatrists, neurologists, and other sub specialists at major medical centers throughout the state.
- Through approximately 2,000 telemedicine consults a year, Kern Regional Center has helped children get the care they need while reducing their absences from school and their parents' absences from work.
- Kern Regional Center has also used telemedicine to coordinate children's care by simultaneously connecting the members of a child's care management team, such as the pediatrician, teacher, sub specialist, and the regional center staff.

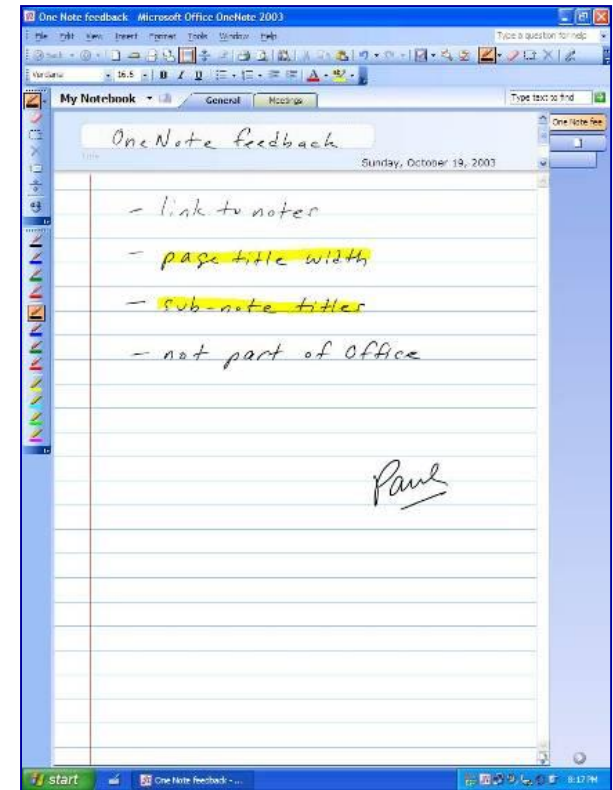


<http://www.rerctr.pitt.edu/sos/index.html>
<http://www.rerctr.pitt.edu/Resources/Presentations.html>

One basic telehealth system



The new technologies and mHealth



- There are identified 101 uses of cell phones in healthcare - categories of functions and services

AUTISM APPS

Identified Prevalence of Autism Spectrum Disorders

ADDM Network 2000-2008

Combining Data from All Sites

Surveillance Year	Birth Year	Number of ADDM Sites Reporting	Prevalence per 1,000 Children (Range)	This is about 1 in X children...
2000	1992	6	6.7 (4.5-9.9)	1 in 150
2002	1994	14	6.6 (3.3-10.6)	1 in 150
2004	1996	8	8.0 (4.6-9.8)	1 in 125
2006	1998	11	9.0 (4.2-12.1)	1 in 110
2008	2000	14	11.3 (4.8-21.2)	1 in 88



Abaris for Schools

Abaris - Print Discrete Trial Form
_ □ ×

Print Discrete Trial Form

Teacher

Student

	Skill	Category	Last Session %
<input type="checkbox"/>	Matching	Cognitive	100
<input type="checkbox"/>	Sequencing	Cognitive	100
<input type="checkbox"/>	Planning Play with Peers	Social	100
<input type="checkbox"/>	Appropriate Interaction - Commenting	Social	100
<input type="checkbox"/>	Independent Play Following a Sch...	Social	60
<input checked="" type="checkbox"/>	Commenting	Social	50
<input type="checkbox"/>	Functional Language - Requesting	Communication	50
<input type="checkbox"/>	Test Skill	Cognitive	30
<input type="checkbox"/>	Answering WH questions	Communication	42
<input type="checkbox"/>	Independent Play	Cognitive	40
<input checked="" type="checkbox"/>	Expressive Object Identification	Cognitive	30
<input type="checkbox"/>	Peer Imitation	Social	25
<input type="checkbox"/>	Emotion Identification	Social	20
<input type="checkbox"/>	Categorizing	Cognitive	20
<input type="checkbox"/>	Facilitating Eye Contact	Social	20
<input type="checkbox"/>	Imitation - Motor	Cognitive	0
<input type="checkbox"/>	Observational Learning	Cognitive	0
<input type="checkbox"/>	Directing Others' Behavior/Manding	Communication	-
<input type="checkbox"/>	Appropriate Action on Toys	Social	-
<input type="checkbox"/>	Receptive People Identification	Cognitive	-
<input checked="" type="checkbox"/>	Receptive Object Identification	Cognitive	-
<input type="checkbox"/>	Imitation - Object	Cognitive	-
<input type="checkbox"/>	Following Directions	Communication	-

10/15/2006

⏪ ▶ ⏸ □ ⏩

Date	Percentage
15 Oct 2006	30
15 Oct 2006	80
15 Oct 2006	80
16 Oct 2006	55
16 Oct 2006	55
16 Oct 2006	50

Instructions: Place checks next to skills you wish to appear on the form. Skills from last session are already checked.
 After skills are selected, press "Preview Form" to see what form will look like. If satisfied, close preview window and choose "Generate Forms".
 From the window that pops up, press "Print". Once the form is printed, close popup window and press "Done" to finish.

Recognizing Autistic Behaviors

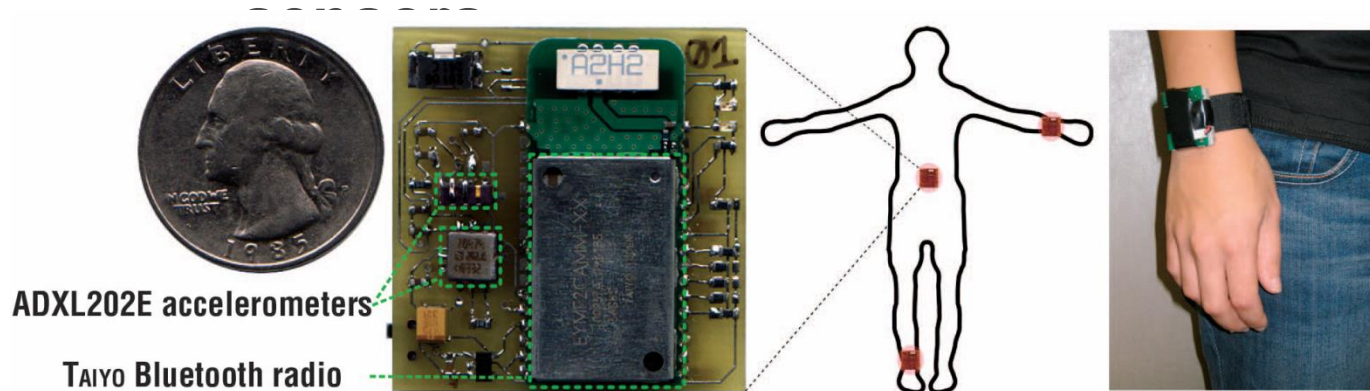
- Машинните техники, представляващи ненатрапчиви безжични сензори могат да предоставят автоматична справка за дейност, за да докладва ежедневно поведенческите промени на хора с когнитивни увреждания

Westeyn, *et al.* ISWC
2005



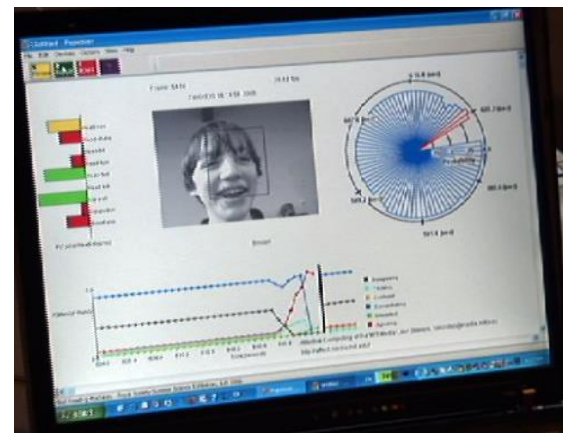
Подход

- Use wearable sensors to determine when self-stimulatory behaviors occur
 - **Communicate findings to caregiver**
 - Can correlate self-stimming behaviors with different needs
- Drawbacks
 - **Children may not be comfortable wearing**



Други технологии за Аутизъм

- Accelerometers for Stimming
 - Albinali, Goodwin, & Intille (UbiComp 2009)
- Virtual peer for storytelling
 - Tartaro, ASSETS '06
- Emotion prosthetic for recognizing facial expressions
 - Kaliouby & Robinson, Universal Access in the Information Soc '05



Други технологии за Аутизъм

- Mobile picture schedules for children with autism
 - Hayes et al., UC Irvine



- Biometric Sensors for Autism
 - LifeShirt
 - Goodwin, et al., Georgia Tech
 - Wearable GSR
 - MIT Media Lab



Други технологии за Аутизъм

- Touch table games to teach turn-taking skills
 - Piper, et al. CSCW
 - Gal et al., Intetain

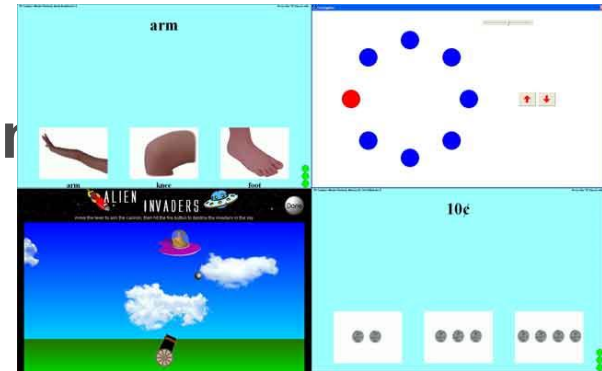


- Virtual Worlds for Individuals with Autism
 - Second Life



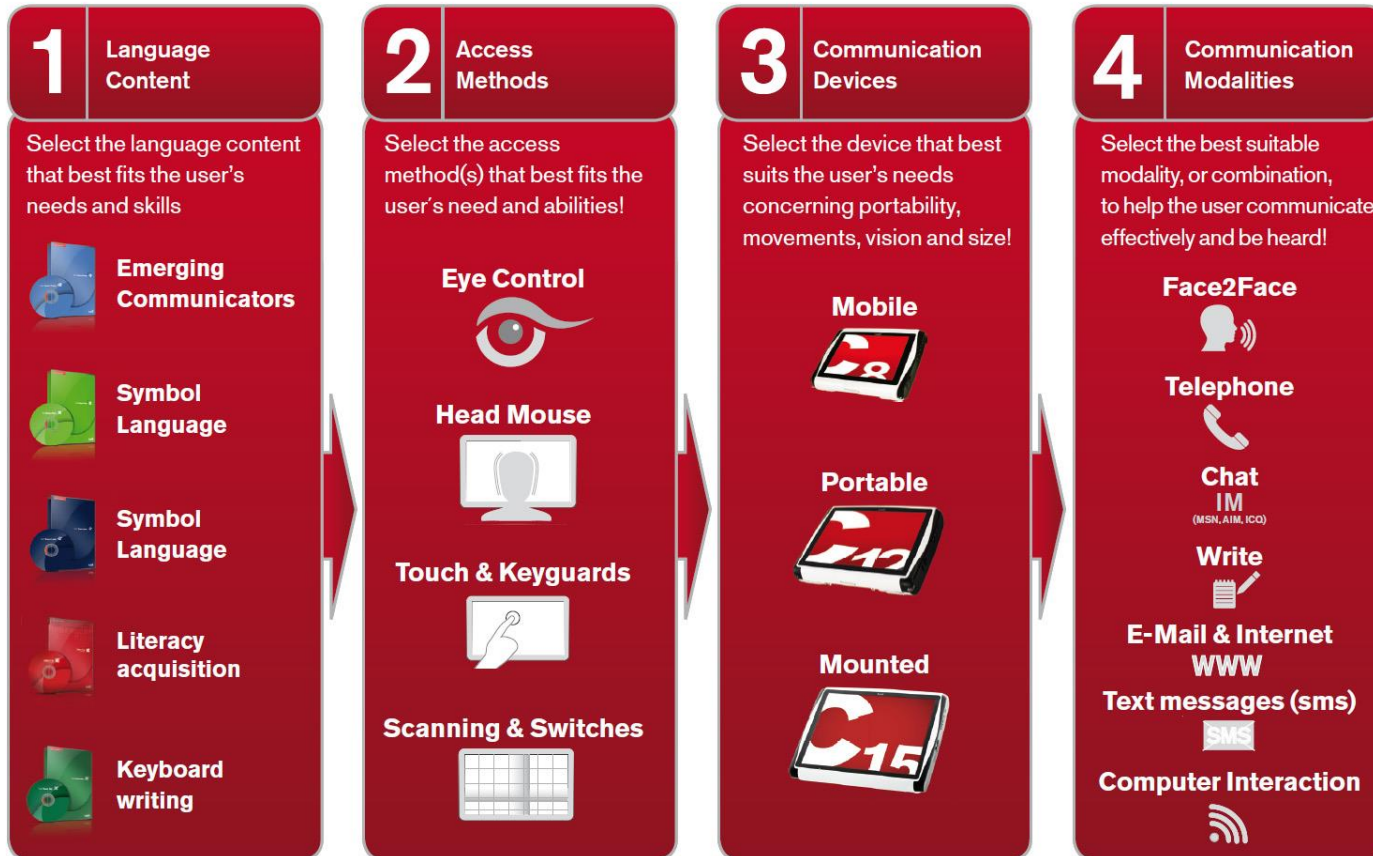
Други технологии за Аутизъм

- Discrete Trial Trainer
 - <http://www.dttrainer.com>



- Virtual reality as training for dealing with difficult or dangerous situations
 - Strickland, D. Virtual reality in Neuro-Functional Psychology. 1997





<http://www.tobii.com/assistive-technology/global/hidden-pages/tobii-c-series-family/>

Други технологии

- SenseCam

- Запомнящо асистиращо средство за хора с дименция

- Мисл



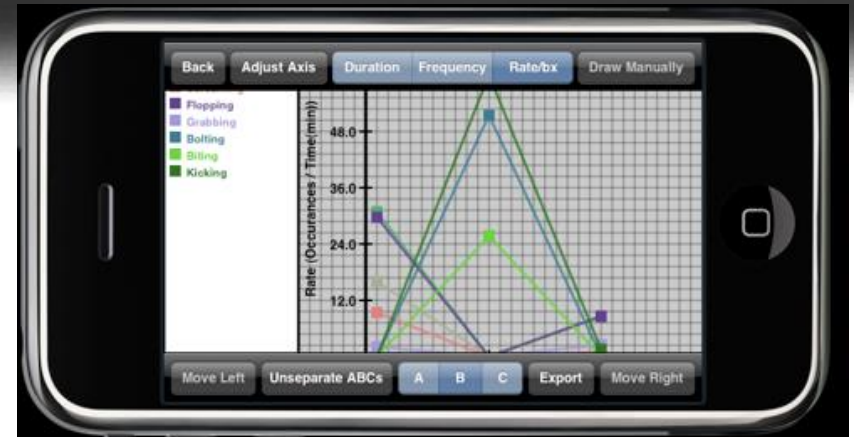
The v2.3 SenseCam shown close up and as typically worn by a user. The model pictured here has a clear plastic case that reveals some of the internal components.



Example images captured by SenseCam.

iPhone Applications

- Behavior Tracker Pro
 - Collects similar information to CareLog
- Proloquo2go
 - Picture communication on the iPhone
 - \$150 app



- **Apps for Communication/AAC**

Apps that are going to be used for AAC on the iPad need to be adapted and customized for each child. Therefore, as stated above, it is essential that a skilled professional determine whether an iPad app will meet a child's communication needs and then provide ongoing programming and training. Here are just a few of the apps available for AAC/Communication needs:

- [LAMP Words for Life](#) (By Prenke Romich Company (PRC))
- [TouchChat](#) (By Saltillo)
- [TouchChat with WordPower](#) (By Saltillo, Word Power by Nancy Inman)
- [SonoFlex](#) (By Tobii)
- [Proloquo2Go](#)
- [Grace](#)
- [MyTalk](#)
- [iCommunicate](#)
- [Tap to Talk](#)
- [Yes/No](#)
- - See more at: <http://www.autismconsortium.org/blog/detail/technology-and-autism-whats-available-and-what-works#sthash.lt9DJsEi.dpuf>

- [Proloquo2Go-AAC in Your Pocket](#)
- [TalkRocket Go](#)
- [SpeechHero](#)
- [Expressive](#)
- [First Then Visual Schedule](#)
- [Visual Schedule Planner](#)
- [ConversationBuilder](#)
- [Predictable](#)
- [Doceri](#)
- [Evernote](#)
- [Springpad](#)
- [Popplet](#)
- [Kurzweil firefly](#)
- [iCommunicate](#)
- [Stories2Learn](#)
- [Pictello](#)



Assistive Technology	Description	Used To Address
Portable Word Processor	Keyboard with small LED screen	Poor fine motor or motor planning skills for writing
Talking Word Processor	Writing software programs that provide speech feedback	Poor fine motor, motor planning, cognitive, or combination
Text To Speech Software	Program used to convert text from print to audio formats	Poor reading comprehension, decoding, fluency, etc.
Visual Assistants Electronic/Non-Electronic Organizers	Graphic symbols sequentially laying out events/activities (may also have auditory cues)	Behavior issues and develop task completion/focus and language/communication skills
Headphones	Earphones that cancel extraneous environmental noise	Auditory overstimulation issues
Assistive Listening Systems	Speaker worn transmitter and listener worn receiver or near placed speakers	Deficits in attention and listening comprehension and auditory overstimulation issues

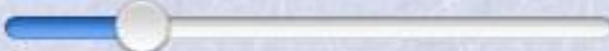
SPEECH disorders

APPS

DAF Assistant

80


Delay



0

Frequency Shift

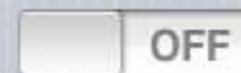


Setup 

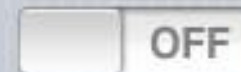
Start

Stop

Enable Bluetooth



Enable Auto Mute



Mute When Input Level Is Less Than



Current Input Level

Mute After (seconds)



OK

- [Fluency SIS](#)
- [DAF Professional](#)
- [Easy AAF](#)
- <http://smartyearsapps.com/apps/> (Fluency Tracker and Disfluency Index Counter) - [преглед](#)
- [DAF Assistant](#)
- [MPiStutter](#)
- [The Stammurai](#), a game created by teens who stutter
- <http://www.voiceamp.net/va601download.php>

Soft`s

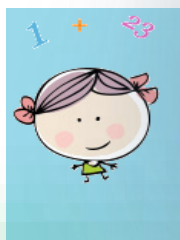
- [**Speech Monitor**](#) (free)
- [Fluency Coach](#)
- [**http://www.speechgym.com/windows.html**](http://www.speechgym.com/windows.html)
- [ArtefactSoft](#)

Софтуер, подпомагащ деца със специални образователни потребности.

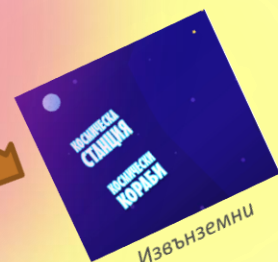
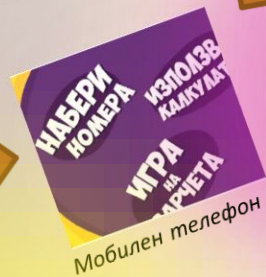
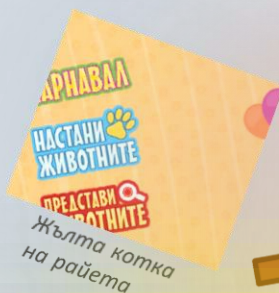
ОПИСАНИЕ НА СОФТУЕРА

Образователният софтуер е продукт за обучение на деца и ученици със специални образователни потребности. Образователният софтуер е специално разработен така, че да е подходящ за повишаване на знанията и подпомагане на обучаването на децата и учениците с дислексия, дискалкулния и ХАДВ /хиперактивен синдром и дефицит на вниманието/, като може да бъде използван и при деца и ученици с: аутизъм, различна степен на интелектуална недостатъчност, деца с остатъчен слух и с практическа глухота.

Игри за усвояване на умножение и деление, събиране и изваждане, за подпомагане на слуховата и зрителната памет за цифри. Специално внимание е обърнато на практическата насоченост за боравене с монети и банкноти, работа върху количество, цена, пазаруване в магазина.



Модул „Математика“



Решение в три модула



Да сверим часа



Дари отива на училище



Между лятото и зимата



Къщата на Дари



Модул „Логика“

Подмодул Пространство - насочен към соци-алната интеракция, пространствените отношения по собственото тяло, по отразен образ и практическата роля на математиката.

Подмодул Време - подпомага опознаването на сезоните, месеците, дните; на часовника. Откриване на грешки по зададена вербална инструкция и коригиране.

Върху какво въздейства образователният софтуер:

- Краткосрочна оперативна памет
- Дългосрочна памет
- Внимание
- Зрително възприятие
- Слухово възприятие
- Скорост на обработка на информацията
- Роля на езика
- Математически познавателен стил



Модул „Четене“



Стъпала към четенето

Модул „Четене“ съдържа образователна програма, разработена да подобри разбирането при четене и слушане на комплексни текстове за деца от 7 до 14 годишна възраст. Програмата осигурява учебна среда, в която децата четат (или слушат) интерактивни текстове с различно ниво на трудност. Организирана в седем нива с увеличаваща се сложност. Включва 49 интерактивни текста (съдържащи между 50 и 300 думи). Програмата работи и за разширяване на речниковия фонд на децата. Всеки текст е последван от въпроси, чиито брой се увеличава за всяка възраст с цел подобряване на нивото на разбиране.

DISLEXIA APPS

Here, existing techniques to deal with dyslexia and like conditions are considered; this includes teaching methods, learning methods, and technology-specific learning methods. Techniques to create an effective e-learning system are also outlined, and media combinations are discussed.

Existing techniques which deal with dyslexia are not generally technology-based, although technology is sometimes used. Teaching methods include conveying information through [2]:

- Videos
- Colour
- Stories
- Handouts
- Worksheets
- Multiple-choice questions
- Mind maps (where ideas are noted and linked with lines)
- Cloze procedures (students supply missing words from a passage)

Dyslexic methods for learning and recording information include [28]:

- 'Box and underline' technique to understand essay questions
- Physical space (placing paper in different areas of a room according to the information represented)
- Colour (highlighting, or differentiating between notes, sources, prose to check and final prose)
- Bullet points
- Asking friends to check work

Systematic control of the work is essential [28], and frameworks can help: students are sometimes encouraged to use one A3 sheet to record whole essay plans. The sheet is a framework for the essay, encouraging student focus on an overall view.

Dyslexic methods which make use of technology include use of [28]:

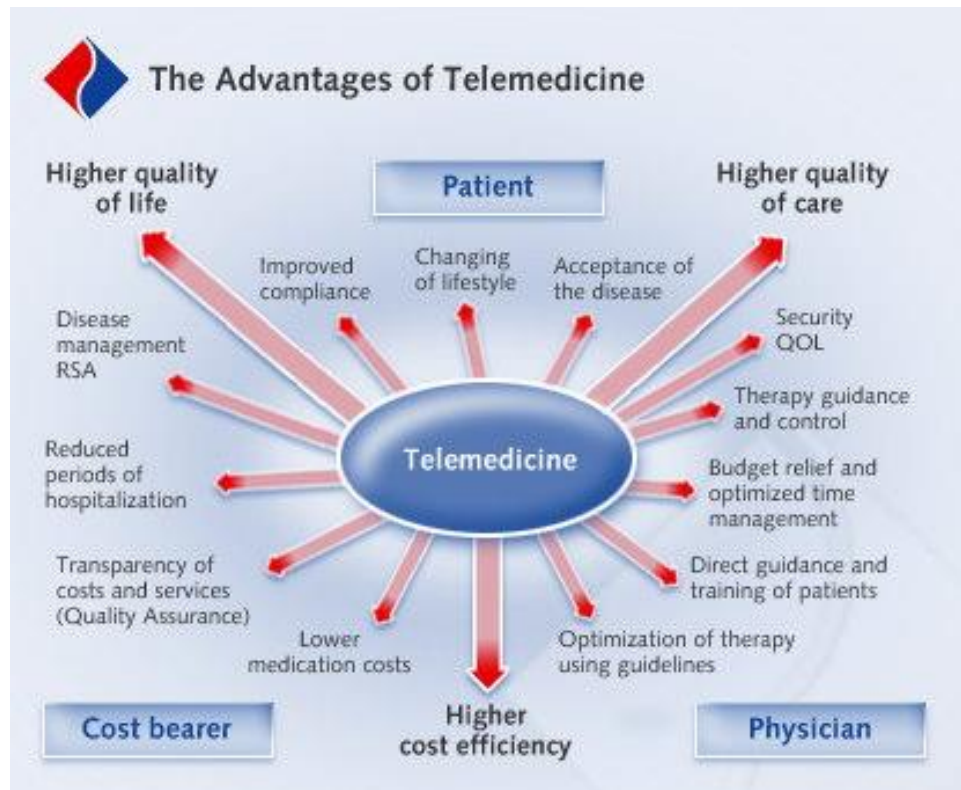
- Text-to-speech
- Talking spell checkers/thesauruses
- A split screen for notes and prose
- Notes to self and audio triggers in Microsoft Word
- Cut and paste
- Speech recognition

It has been noted that e-learning can lack a vital ingredient of the learning process – fun [8]. Only a few of the techniques and artefacts discussed in this paper constitute e-learning, yet this is an important point. Suggestions for improving e-learning include:

- Allow the sharing of ideas
- Require regular fixed deliverables
- Support a healthy group dynamic
- Provide feedback
- Keep records
- Appoint a 'cheerleader' (a member of the core community who brings interesting questions, topical issues and other new material)

The benefits of telemedicine

- Improved access to healthcare, e.g., obtaining second opinions;
- Improved continuity of care;
- Improved patient education, and timely treatment;
- Continuous monitoring of chronically ill patients;
- Reduced travel time for physicians, other healthcare providers, and patients;
- Better access for patients in underserved areas;
- Improved access to medical records and information,
- Promoting self-help by increasing the online availability of medical information;
- Knowledge-based self-diagnosis programs;
- Distance learning programs; and medical research data/information;
- Improved continuing medical education.



Telemedical potential risks

- collected and transmitted information may not be sufficient to allow appropriate medical decision making by the physician and consultant(s);
- medical, technical or other limitations in obtaining, processing, presenting and/or understanding patient data may result in inappropriate decisions);
- delayed evaluation of patient's condition due to failures or deficiencies of equipment may influence the quality of telemedical service;
- prearranged consultants' time schedules and availability may influence time-to-response and decision making;
- patient's condition may vary in time necessary for teleconsultation and relevant (tele)medical procedures;
- in rare instances, telemedical practice algorithms, security protocols and integrity of medical data could be affected or damaged by changes in services,
- in rare cases, lack of access to complete medical records.

Table 3.3 Complexity of Telerehabilitation Technologies (adapted, with permission, from

Pramuka & Van Roosmalen, 2009)

Complexity Levels	Data type	Functional features	Telerehabilitation Technology
Level 1	Textual	Messages Feedback	Pen and paper Text to phone Email
Level 1	Audio	Voice Speech Language communication Memory	Voice recorder Phone POTS
Level 2	Visual (2D)	Shape Stage Image Schematics Location	Mobile phone Camera
Level 2	Time and Textual	Planning Monitoring data History Improvement	Planner PDA
Level 3	Visual (3D)	Space Movement Motion (bodily) Fit Human-product interaction Gait Safety	Video Radar 3D camera Multiple cameras
Level 4	Audio and Visual (3D)	Interaction Expression Personality User opinion	Videoconferencing Digital video
Level 4	Touch - Haptics	Texture Resistance Temperature	Sensors Gauges
Level 5	Time and Visual (3D)	Location Speed Acceleration	GPS Accelerometer Video Wireless
Level 5	Time and Haptics	Resistance Force Moment	Accelerometer Sensors Robotics
Level 6	Haptics, Time, Audio and Visual (3D)	Behaviour in environment Prediction	Virtual reality Robotics Sensors and cameras

Note: 2D = 2 dimensional; 3D = 3 dimensional

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Thank You for attention!

Q & A



**Everyone's Unique
&
Th-Th-That's Good Folks!**

