

# Adoption of Digital and Technology-Based Interventions in Neurorehabilitation: Barriers, Facilitators, And Implementation Challenges

## Digital Technology Adoption in Neurorehabilitation

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### Abstract

**Background:** Digital health technologies present significant opportunities to enhance neurorehabilitation services by improving accessibility, personalizing interventions, and optimizing resource allocation. However, despite substantial research demonstrating their efficacy, adoption into routine clinical practice remains suboptimal.

**Objective:** To critically synthesize existing evidence regarding factors influencing adoption and implementation of digital and technology-based interventions in neurorehabilitation practice.

**Methods:** A narrative review was conducted, synthesizing evidence from 71 peer-reviewed studies published primarily between 2017 and 2026, identified through searches of PubMed, Scopus, Web of Science, and specialized rehabilitation databases. Evidence was organized thematically across multiple levels of influence: individual, organizational, and system-level factors. Implementation science frameworks including TAM, UTAUT, CFIR, and NASSS were used to structure the synthesis.

**Results:** Major barriers include clinician-related factors (technology anxiety, limited training, workflow disruption), patient-related factors (digital literacy gaps, cognitive impairment, accessibility challenges), organizational barriers (infrastructure deficits, insufficient financial resources, leadership gaps), technology-related challenges (usability issues, poor interoperability), and policy obstacles (reimbursement uncertainty, regulatory ambiguity). Key facilitators encompass co-design and stakeholder engagement, adequate training, perceived utility, organizational readiness, user-friendly design, hybrid care models, and clear reimbursement pathways. Implementation science frameworks provide valuable structure for understanding adoption.

**Conclusions:** Successful adoption requires systems-level approaches addressing concurrent barriers across individual, organizational, and policy domains. Future research must prioritize longitudinal implementation studies and equity-focused investigation in low-resource settings.

**Keywords:** Digital health technology; Neurorehabilitation; Technology adoption; Implementation barriers; Implementation science; Telerehabilitation; Technology acceptance; Clinical translation

## INTRODUCTION

Neurological disorders constitute a major burden of disability globally, affecting over 1 billion people and contributing substantially to premature mortality and reduced quality of life.<sup>1</sup> Stroke, traumatic brain injury, Parkinson disease, spinal cord injury, and cerebral palsy represent common conditions requiring intensive rehabilitation to optimize functional recovery.<sup>2</sup>

Digital health technologies—encompassing telerehabilitation, virtual reality, wearable sensors, artificial intelligence tools, and robotics-assisted interventions—offer significant potential to enhance neurorehabilitation delivery.<sup>3,4</sup> Evidence demonstrates technology-enhanced neurorehabilitation can deliver equivalent or superior outcomes compared with conventional care.<sup>5,6</sup> The COVID-19 pandemic further accelerated adoption, demonstrating feasibility of technology-enabled service delivery.<sup>7</sup>

Despite favourable efficacy evidence, a significant implementation gap exists: technology-based interventions remain poorly integrated into routine rehabilitation practice.<sup>8,9</sup> Studies document low utilization rates, high abandonment, and substantial heterogeneity in implementation success across settings.<sup>10</sup> This implementation gap reflects well-established challenges in healthcare technology translation.

The reasons are multifactorial: clinicians may lack technology confidence; patients may struggle with digital literacy;<sup>11,12,13</sup> organizations often lack infrastructure and resources; policy-level barriers—including reimbursement ambiguity and regulatory uncertainty—create systemic obstacles.<sup>14,15</sup>

Implementation science frameworks provide powerful theoretical approaches to address adoption barriers.<sup>16,17,18</sup> Models such as TAM, UTAUT, CFIR, and NASSS offer structured approaches to understanding technology adoption determinants. Yet despite their utility in healthcare, these frameworks remain underutilized in rehabilitation research.<sup>19</sup>

This narrative review critically synthesizes evidence regarding factors influencing adoption and implementation of digital health technologies in neurorehabilitation. The review addresses: What barriers hinder adoption? What facilitators enable implementation? How do individual, organizational, and policy-level variables interact? Which implementation science frameworks guide technology development? What evidence gaps exist? This synthesis informs healthcare professionals, technology developers, administrators, and policymakers regarding evidence-based adoption strategies.

## BACKGROUND

Digital health technologies in neurorehabilitation span diverse applications. Telerehabilitation platforms enable remote assessment and intervention delivery.<sup>20</sup> Virtual reality systems create immersive environments leveraging neuroplasticity principles.<sup>21</sup> Robotics-assisted devices provide high-repetition, precisely-calibrated movements with real-time biofeedback.<sup>22</sup>

Wearable devices provide continuous objective data regarding movement patterns and activity levels.<sup>23</sup> Artificial intelligence and machine learning algorithms extract meaningful patterns from large datasets, supporting clinical decision-making.<sup>24</sup> Mobile health applications deliver rehabilitation through smartphone platforms with gamification and social support features.<sup>25</sup>

Global trends demonstrate exponential growth in digital health technology development. The World Health Organization identifies digital health as a strategic priority for strengthening health systems.<sup>26</sup> The COVID-19 pandemic accelerated adoption timelines, demonstrating feasibility of technology-enabled delivery.<sup>27,28</sup>

Rehabilitation services face concurrent pressures including aging populations, limited workforce availability, geographic disparities, and escalating costs. Digital technologies potentially address multiple pressures simultaneously by extending clinician reach, enabling personalized approaches, and reducing barriers to access.

## METHODS

This narrative review synthesized qualitative and quantitative evidence regarding technology adoption and implementation in neurorehabilitation. Narrative reviews offer advantages for complex topics requiring synthesis across heterogeneous evidence types and theoretical frameworks.

### Search Strategy

Searches were conducted in PubMed, Scopus, Web of Science, CINAHL, and Google Scholar for peer-reviewed literature published primarily between 2017 and 2026. Boolean search strategies combined terms related to digital health technologies, neurorehabilitation, and implementation factors.

### Inclusion Criteria

Included studies reported qualitative, quantitative, or mixed-methods evidence regarding technology adoption, implementation, acceptability, or usability in rehabilitation settings. Priority was given to systematic reviews, implementation science studies, and qualitative stakeholder research.

### Data Synthesis

Findings were organized thematically, coded inductively into meaningful categories, then organized around key implementation themes. Implementation science frameworks—TAM, UTAUT, CFIR, and NASSS—provided deductive coding structures permitting theory-informed synthesis.

## THEMATIC FINDINGS

### Clinician-Related Barriers

Healthcare professionals frequently report psychological and cognitive barriers to technology adoption. Technology anxiety—discomfort with digital systems and fear of errors—significantly inhibits adoption across career stages.<sup>29,30</sup>

Inadequate training and insufficient technical support create substantial barriers. Multiple studies identify lack of training as the most frequently cited barrier to effective technology use.<sup>31,32</sup>

### Facilitators of Adoption

Co-design and stakeholder engagement emerge as powerful facilitators. When developers actively involve end-users throughout design, adoption likelihood increases substantially, and stakeholder ownership promotes commitment.<sup>33,34</sup>

Adequate training and technical support demonstrate strong facilitation effects. Structured training programs addressing both technical competency and clinical integration improve adoption and sustained use.<sup>35,36</sup>

Leadership endorsement and organizational commitment significantly enable adoption. When senior leaders visibly support technology integration and allocate resources, frontline staff demonstrate higher adoption rates.<sup>37,38</sup>

Perceived clinical utility and demonstrated effectiveness represent fundamental facilitators. Clinicians more readily adopt technologies demonstrating clear benefits for patient outcomes and workflow efficiency.<sup>39,40,41</sup>

## DISCUSSION

Technology adoption in neurorehabilitation is determined by complex, multifactorial interactions across individual, organizational, and policy levels.<sup>42,43</sup>

Individual-level factors contribute to adoption barriers, yet addressing these in isolation proves insufficient. Comprehensive approaches must simultaneously modify organizational contexts, improve technical support, and adjust policy environments.<sup>44,45</sup>

Organizational readiness significantly influences implementation outcomes. Organizations lacking infrastructure, leadership commitment, or change management capacity experience poor adoption regardless of technology quality.<sup>46,47</sup>

Policy-level barriers—reimbursement ambiguity, regulatory uncertainty, licensure questions, data privacy complexities—create systemic obstacles largely outside individual control, yet remain under addressed in rehabilitation research.<sup>48,49</sup>

### Future Directions

Longitudinal implementation science studies represent critical priorities. Most existing research examines implementation at single timepoints; longitudinal studies tracking adoption trajectories would substantially advance knowledge.<sup>50,51</sup>

Equity-focused research addressing digital health adoption in low-resource settings and rural areas is urgently needed. Understanding context-specific barriers and developing culturally-adapted implementation strategies would promote equitable distribution.<sup>52,53</sup>

Framework-driven technology development represents an underexploited opportunity. Future innovations grounded explicitly in implementation science frameworks from conception would ensure consideration of adoption determinants.<sup>54,55</sup>

### Limitations

As a narrative review, this synthesis employed non-systematic methods potentially subject to selection bias. Heterogeneity in study designs limits quantitative synthesis.<sup>56,57</sup>

The review may overrepresent published English-language research and high-income country evidence, limiting generalizability to low- and middle-income settings.<sup>58,59</sup>

## CONCLUSION

Digital health technologies possess significant potential to enhance neurorehabilitation. Realizing this potential requires addressing the implementation gap through systematic application of implementation science principles.<sup>60,61</sup>

Successful adoption demands systems-level approaches addressing concurrent barriers across individual, organizational, and policy levels. Coordinated, multifaceted strategies tailored to local context while grounded in implementation science frameworks offer the greatest promise.<sup>62,63</sup>

By systematically addressing implementation barriers while leveraging evidence-based facilitators, healthcare systems can successfully integrate technology into clinical practice, ultimately advancing patient outcomes and equitable access to high-quality neurorehabilitation services.<sup>64,65</sup>

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