Research article

Digital Medicine: from SPA to Medical Recovery

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Abstract: Background: Digital medicine (eHealth) represents using information and communications technologies to support health and health-related fields with affordable and secure healthcare services, medical literature, education, and research. **Methods:** A literature search was conducted on Publons, the PubMed database, and dedicated websites starting in 1995. We included papers performed in different countries, using specific statistical methods and standardized questionnaires to quantify patients' and clinicians' opinions correctly. **Results:** Traditionally, balneotherapy has a social value, but telehealth and telemedicine need to be adequately standardized in today's web society to empower travel behavior. The unmet need of older adults or persons with physical disabilities is a global problem, and physiotherapists work toward the same goals for improving rehabilitation services with the use of digital technology. **Conclusions:** This review draws attention to several factors from the literature survey. Firstly, therapists and patients accept eHealth methods only combined with face-to-face appointments. Secondly, the platform's software and other approaches should be cost-efficient and easy to use. Digital methods applied in balneotherapy, rehabilitation, and health maintenance proved their effectiveness. Still, the essential message is that society and governments should put future efforts into increasing the population's access to digital systems and improving digital awareness and literacy.

Keywords: eHealth; telemedicine, balneal tourism, physical rehabilitation

Introduction

Change is an innate condition involving consistent and rapid adaptation to new ideas, beliefs, and values in human societies. At first, they may concern only one sector, but then there is a spillover effect to other areas where technology influences the economy with all related areas. It is also evident in our society that technology and economics can change faster than social and religious organizations.

Thus, in a globalized and interconnected world, in every sector, everything is much faster and with unpredictable consequences (2022 FEMTEC Conference - Castel San Pietro. https://www.femteconline.org/_CastelSanPietro/index.php).

In modern web society, the relationship between health and disease has changed based on new tools for transmitting and exchanging health information in proposing a new doctor-patient relationship. We are now discussing digital medicine or eHealth in the new technological era. WHO defines eHealth as "the cost-effective and secure use of information and communications technologies in support of health and health-related fields, including healthcare services, health surveillance, health literature, and health education, knowledge, and research" (https://www.emro.who.int/health-topics/ehealth/). In summary, this term includes:

1)   Telehealth is the modality of remote monitoring or tele-consultations. This category also contains teleconferences. Telemedicine involves developing specific sites for patient education or collecting patient data. Patients can also use these sites for self-monitoring via sensors to check on the biological constants and integrate them into virtual clinics.

2)   Mobile health (m-Health) designates using mobile medical applications run on mobile phones and communication devices. These applications were developed for educational purposes (prevention and education of disease-specific patients), disease surveillance, treatment, and psychosocial support. Today, mHealth devices are becoming the dominant method of eHealth.

3)   Virtual clinics envisage virtual contact between a healthcare provider and a patient for clinical consultation, counseling, and treatment planning. Before the first contact, the patient can complete disease-related questionnaires or, in some situations, measure biomarkers. Social media is an online place that allows users to connect and share information. Most websites are not health-specific or validated by an official organization but are valuable communication channels for health interests, information sharing, and support. Telemedicine is the use of remote telephone video consultation/monitoring and meetings of multidisciplinary medical teams. However, telemedicine is sometimes a component of a virtual clinic.

The patient takes a leading role in all these different modalities. Optimally, the clinics should develop digital health tools to facilitate patient care by decreasing the workload for physicians and other healthcare providers. The patient provides the data analyzed by the eHealth tool, and the medical team should instead have a supporting and controlling role in this.

Unfortunately, sometimes, there is a fear that virtual interaction with a doctor and remote consultations are inefficient and that a consultation necessarily means a direct interaction between patient and doctor. Nevertheless, one study analyzing 5,000 visits due to sinus infections and 3,000 visits due to urinary tract disease found that patients who had contacted the doctor virtually returned for an additional visit at the same rate as patients who had physically visited the clinic, suggesting that the proportion who did not receive adequate medication was substantially identical [1].

Unlike physical consultations, virtual visits are much simpler, more convenient, and cheaper. In addition, the virtual visit allows the patient to seek medical advice (sometimes even several doctors with different experience) in the early stages of the disease because the appointment is missing or only a matter of hours. In Romania, too, patients can access information at their fingertips, which has opened up a whole new world in global healthcare. By implementing this digital system, patients can have Q&A sessions with doctors worldwide to seek medical advice. Medical advice forums have become commonplace, proving that patients can educate themselves and understand how best to manage their conditions. Nowadays, people are preoccupied with preventing diseases and maintaining overall good health. With this knowledge, patients will gain more credibility and be good partners in designing the best therapies with their clinicians.

In the following subchapters, we will present the short history of telemedicine and stress the benefits of digital medicine in balneotherapy, physical recovery, and physical therapy. Next, we focus on the advantages and disadvantages of eHealth methods as presented by caregivers and patients. The review covers the last studies in the field performed in different countries, using specific statistical methods and standardized questionnaires to quantify patients' and clinicians' opinions correctly.

2. Material and Methods

A literature search was conducted on Publon, the PubMed database, and dedicated websites using a combination of keywords: balneotherapy/spa/spa tourism/rehabilitation/ehealth/telemedicine/ physical rehabilitation.

We included in the review studies regarding the benefits of eHealth methods in balneotherapy and spa tourism. In contrast, those involving rehabilitation methods for specific diseases were mentioned but excluded from the analysis. Studies were included for initial review if published in English from 1995. We analyzed 100 studies and reports, and after reading the abstract, 60 studies were excluded, including duplicates. The exclusion criteria were related to the inconsistency of data and the lack of accurate statistical methods.

3. Results

In parallel with the digital evolution, digital health tools are becoming increasingly important. Till now, many medical specialties have reported the use of telemedicine in their practice, from cardiology [2] to gastroenterology [3], dentistry [4], and even surgery [5]. In this line, the Romanian government has also recognized it as one of the main priorities in healthcare because integrating digital health leads to better results by eliminating the deficiencies of the traditional healthcare model. Indeed, health modalities create limitless possibilities for interaction between healthcare providers, patients, and the medical community and increase the volume of clinical data collection and monitoring.

3.1. The evolution of electronic medicine

Digital medicine (eHealth) was initially developed and used for several academic medical amenities [6]. However, they contained only some information in patient records, and the methods were just a mixed collection of computer data and information on paper. For instance, between 1971 and 1992, studies reported that databases contained only information about invoices and patients' programming and, in the best situations, some specific software, such as COSTAR, PROMIS, TMR, and HELP, was used. [6-9].

Therefore, at the beginning, eHealth did not replace the paperwork but completed the registration and recording of prescriptions. The most significant drawback was the poor acceptance by the medical caretakers, which increased the cost and was extremely time-consuming.

In the late 1980s and early 1990s, the internet era provided fast and easy access to medical information, which stabilized the use of web-based eHealth, which is the actual definition of this terminology [10].

The initial use of eHealth included data processing and image scanning, which saved time. However, the big step was workstations, including personal computers, that allowed clinicians to access and compare orders, laboratory results, notes, and patient care procedures.

In 1992, a group of scientists from the Office of Medical Computing and Department of Biophysical Science from Buffalo School of Medicine and Biomedical Sciences Buffalo, New York developed a "Medical Desktop" with personal computers that gave access to workstations containing information about medication, clinical and medical books, medicine manuals, and combined with interfaces for communication and search engines [11]. The system became rapidly fully functional.

Later on, it was clear that authentication of medical records required new federal and state laws. Therefore, new software development and higher costs to control and restrict the signature authority occurred. Moreover, the use of M.D. implies professional, social, and ethical aspects, which need new procedural standards for information security and extra costs.

Therefore, even though e-health systems are beneficial, implementing telehealth and monitoring or managing sick people at a distance could be faster.

During COVID-19, the interest in telemedicine increased, and in many situations, the care shifted from in-person visits to hybrid models with video and phone consultations. A recent study on an impressive number of patients (4,778) showed that patients' satisfaction with telemedicine increased during the pandemic, and those more satisfied with these methods were younger [12]. These results and the global context fueled the widespread adoption of telehealth. They encouraged investments in digital infrastructure, regulatory changes, and innovation, especially in creating a suitable environment for continuous improvement [13]. In the post-COVID period, telerehabilitation reduced the risks of developing complications and increased the efficacy of recovery during isolation [14]. Interestingly, a study from Nepal showed that telemedicine reduces gender-based barriers for women and girls in rural areas of Nepal facing difficulties in accessing healthcare services [15].

3.2   Pros and Cons of eHealth Use

E-health may pave the way for evidence-based medicine, a medical branch dealing with clinical evidence. A doctor's opinion has a lower impact than before because, nowadays, the patient can look online for solid evidence. The best impact of the new technology is that doctors and patients can now work together to determine the best course of action. Also, to the patient's advantage is access to the results of regular monitoring, which could provide insight into their health.

Collaborative decision-making and patient empowerment are fundamental components of superior therapeutic practice. Together, the patient and doctor will choose the optimal course of care and set individual treatment objectives, considering the patient's unique background concerning comorbidities, adverse events, preferences, preferred role, frequency of monitoring, and personal circumstances. Patients must be informed about their condition and available treatments, and carers or clinicians must hear from the patients for them to participate in this process. Thus, effective communication between both parties is crucial. Furthermore, telemonitoring can lessen the patient's burden and the frequency of visits required [16].

To enhance and sustain patient outcomes, healthcare providers must regularly and individually assess patients' disease activity, physical functioning, medication use, side effects, and comorbidities. Because pertinent illness measures are frequently unavailable and currently only a few methods track a disease's evolution, most electronic health records are inappropriate for managing chronic diseases.

Healthcare providers, patients, payers, and society can all meet their requirements with an integrated disease-specific digital health system, a central system for arranging daily treatment connected to existing systems and accessible to patients. Furthermore, from a scientific standpoint, gathering information that might be helpful for the study would be feasible. Integrating patient and healthcare professional perspectives on the quality of care is made more accessible by digital health.

In addition to further assisting this process, patient-reported outcome measures may directly impact patient-centered care. The importance of measuring patient-relevant outcomes is growing to advance healthcare knowledge, facilitate collaborative decision-making, and guarantee long-term care. However, the implementation of these systems has its challenges.

Time restrictions, administrative load, absence of digital image-capturing technology, lack of training, lack of enthusiasm, and resistance to change are obstacles to using eHealth systems. Furthermore, it is unclear if routinely gathering this data enhances the outcomes for specific patients in clinical settings.

From the standpoint of the payer or the insurance, transparency regarding outcomes, safety, and cost-effectiveness of care is becoming increasingly important. Value-based healthcare delivery, which consists of a health system where clinics maximize health outcomes gained per euro spent (value), was introduced by practitioners more than ten years ago. The fundamental premise of modern medicine is measuring relevant health outcomes regularly and comprehensively. Benchmarking, performance review, and outcomes transparency can aid this process, provided in centers to enable an integrated, continuous, and cyclical improvement.

3.3. eHealth in balneotherapy

In the context of population aging, one of the main objectives in Europe and Romania is the development of the medical maintenance and recovery field. The idea is to apply integrated collaboration and use the latest minimally invasive technologies for quick reintegration into the family and society. This specialty will complete the curative act of the other specialties.

In modern society, people are increasingly worried about health and well-being and put much effort into improving the quality of life. Additionally, the customer profile is changing, with younger, healthier consumers having a variety of reasons. Balneotherapy became circumvented to spas and might be a substitute for standard tourism, not only because of their characteristics as spa resorts but also because of their location in specific, valued environments. Therefore, these resorts must perfectly combine health and tourism activities, enriching them with new offers of leisure activities. However, balneotherapy is spa tourism's greatest strength and most differentiated feature.

In Romania, balneary therapy, with its ancient traditions and its connections in the history and actuality of human civilization, cannot be exempted from new socio-economic and environmental needs and an update to the latest technological reality. Because the government and financial bodies quantify spa tourism as an economic value, the question is what innovations are needed to generate economic value for its users and society. Also, it is essential to prove whether balneotherapy meets the challenges of new instruments related to the technological evolution of exchanging, transmitting, and exchanging information and therapeutic methodologies. It is true that traditionally, this therapy has a social value, but it still needs to be adequately standardized. Different methods exist to quantify social value, such as social accounting, monetization of social value, social return on investment, or cost-benefit analysis. Some scientists have combined the two values into a more coherent approach, even though businesses have traditionally been seen as mere producers of economic value, relegating the social value they could produce to a supporting position [17]. Finally, spa tourism incorporates another objective besides improvement and restoration: health maintenance with a double impact, affecting the economy and society. The analysis of the perception of medical tourism by various stakeholders, such as healthcare directors, doctors, tourism representatives, hotels and tour operators, media, and non-profit organizations, has proven that many economic sectors depend on the expansion of medical tourism. In conclusion, in the last decade, the role and the impact of health resort medicine (-balneo, -creno, -thalasso, or -hydro therapies) had a breakthrough. They can be considered part of evidence-based medicine.

We follow several published reports to answer the question about the role of spas in today's web society. An empirical study from Azerbaijan showed that telehealth and telemedicine enhance medical travel behavior [18]. The author distinguishes the two terms and defines telemedicine as "the use of telecommunications technologies to provide medical services and information, whereas telehealth (or e-health system) includes "all healthcare providers who use information and communication technologies for the diagnosis." The study concludes that good information about these systems positively impacts the use of telemedicine and telehealth in medical tourism.

Another study discusses the necessity of tackling telemedicine's legal aspects with relevance in health and spa tourism [19]. Also, using telemedicine and other eHealth tools raises ethical issues regarding patients' history and confidentiality. World Medical Association defined this concept within the Recommendation on Ethics in Telemedicine, released in 2017 in Copenhagen and amended in 2018 in Reykjavik. This document emphasizes that telemedicine is functional; patients cannot get their physician, but the gold standard remains the doctor-patient relationship based on face-to-face examination [20].

Several reports and projects have discovered how improving tourism and spa medicine can integrate digital services. One study was performed in France on 228 patients following spa therapies [21]. The authors followed the effectiveness of an intervention combining face-to-face consultation with web- and smartphone-based physical activity when returning home. The report has compared the intervention group to a control group, which received the usual advice, and for quantification, the authors used the achievement of P.A. guidelines (PAG). The results revealed that after 12 months, the proportion of patients achieving PAG was significantly higher in the intervention group than in the control group, as well as regarding improving quality of life.

Telemedicine has offered a safe and effective alternative to traditional methods during the COVID-19 pandemic when clinics took precautions to prevent disease transmission. The authors found that the patients' recommendation for a balneological resort, according to the disease and condition, is appropriate in Bulgaria, which has a variety of mineral waters [22].

Some methods have been applied in Bulgaria and Greece that could serve as models of good practice. Through the "I.T. Spa Tourism," these two countries proposed the development of an integrated I.T. system, which can lead to the creation of a shared network of spas (https://ec.europa.eu/regional_policy/en/projects/bulgaria/greater-it-support-for- spa-tourism-and-e-health). The peculiarity of this network is to provide an integrated information environment with innovative functions and services for different target groups, such as people with special needs and older people. A central internet portal hosting promotional content and details of activities in other spa locations, while a significant platform providing access to a range of systems and subsystems would support the modernization of customer service. The interactive internet portal hosts navigation tools and subsystems for interactive services and user certification. In contrast, the e-tourism system hosts subsystems for tourism services and management of spa centers, online booking, and rental of special equipment.

The system provides information about the area of the springs, while the digital system, comprising a central platform, offers the possibility of managing different devices. Measures to develop and implement comprehensive tourist packages included creating a standard residence permit for all spa resorts included in the system. The project intends to improve environment protection, connect spa tourism to local commerce, and, most importantly, encourage e-health.

All the measures led to local business improvement, attracting new investment in the region, offering chances for economic growth, job creation, and incentives to visit spas.

Of course, consultations can integrate telemedicine systems to choose the specific type of spa therapy and indications for related diseases. In the case of conditions usually treated by balneotherapy or simply for recreational spa tourism, practitioners can more easily adapt to Internet consultation because they do not require high-performance equipment. Through an easily accessible platform, one can track the types of therapies that a patient or visitor has applied, such as the responses to these therapies over time.

3.4. Physical therapy and rehabilitation

Physical therapy can treat back pain, problems caused by wear and tear or injury to muscles, tendons, or joints, osteoarthritis, rheumatoid arthritis, and others. The treatment combines noninvasive therapies, such as specific exercises, massages, and physical stimuli to relieve pain or strengthen muscles [24]. The treatment also includes exercises performed by patients to improve their condition in the long term, making it very suitable for integrating digital methods.

A recent study has explored the advantages and limitations of implementing a telerehabilitation program for treating chronic low back pain (CLBP), as perceived by physical therapists from academic and healthcare fields in the public and private sectors [25].

The results show that telerehabilitation can succeed only when the patients are motivated to pursue the exercises their therapist already presented. Self-management is the most crucial factor in the rehabilitation of patients with pain, especially now when osteoarthritis and back pain are the leading causes of many years of disabilities worldwide [26]. A study examined the importance of user involvement in developing an eHealth intervention for patients with musculoskeletal disorders [27]. Most physiotherapists and people with this disorder opted for a blended care method, consisting of initial face-to-face appointments and eHealth methods in follow-up care. There have also been people who did not agree at all with the new technology. The problem is again that of the cost-effectiveness of the programs used. For example, although additional home care programs, or those to educate patients about their disease and how to manage it, can facilitate the diagnostic process, as most patients are old, the platforms and software must be easy to access and use. In this instance, psychologically informed physical therapy, such as eHealth programs targeting cognitive behavior therapy (CBT) to give psychologically informed physical therapy (PIPT), may cover the information gap concerning the importance of these methods [27]. Patients valued the clinical support with eHealth, which consisted of relaxation and meditation/mindfulness, but some reported that time and technology were obstacles to eHealth commitment.

Next, we will present therapists' perspectives for patients who have used digital applications in physical therapy. The study in the Netherlands included 11 therapists and nine patients who received physical therapy for temporomandibular disorder [28].

Some therapists were already familiar with digital health and developed and tested online programs for professional use in their field of activity. For example, in the Netherlands, there is a mobile application through which patients can find therapists anywhere in the country and follow recommended exercise videos. Most therapists have a positive attitude towards technology to support or improve today's healthcare and believe digital health will become a part of modern clinics. Others believe the rise of technology in healthcare is inevitable and is part of how they will work, provide patient information, and advise people. One barrier to digital health acceptance identified by therapists is the technical skills required. For some, using devices or online services is still unnatural and has been perceived as a barrier to efficiency, identified as being in the health care process.

Regarding the expected usefulness of digital health, the literature survey has identified the following advantages: prevention, self-efficacy, motivation, understanding of the treatment process, and reliable information processing [29]. Digital health could prevent the recurrence of complaints and reduce frequency and treatment needs. Therapists believe this can increase self-efficacy and patient awareness about handling their complaints through active patient involvement. The most straightforward problems were the investment of time and loss of personal contact with the therapist during the therapy.

The key advantages in terms of usability are treatment compatibility, reminder functionality, information distribution, and timing of use. Therapists note that digital health is appropriate in many pain treatments. The patients found the encouragement notifications and reminders to be very helpful. A timeline or chart to see patients' progress and goals can also be beneficial. In addition, short messages or video chats are the preferred source of communication with patients.

The main barrier reported was in terms of educational content. If the content of a digital health app needs to be updated, this could lead to misinformation of patients. Other advantages are the ease of using an app or website and the user-friendly menu with animated exercises. An adaptable app customized for the patient would also be helpful. Currently, most therapists offer written exercises and, lately, animated exercise videos when they have high quality. Poor application design or the need to pay a disproportionate amount of money for the application have been identified as disadvantages [29].

Patients accepted digital eHealth mainly due to their experience with applications and the internet. Some patients already utilize simple health applications, such as a pedometer app, and critical downsides are related to the patient's demand for higher technical abilities and screen time. However, most patients confess that a significant portion of the therapy program occurs in the therapist's absence. Therefore, a platform to facilitate exercises at home is beneficial.

The advantages identified by patients were motivation, prevention, understanding of the process, and reliable information processing. Patients were optimistic about using digital health because they felt it could be helpful to prevent complaints from recurring and decrease treatment frequency and needs. Motivational support, clear insight into the patient's progress, and information to the therapist were also considered pluses. Patients said digital health is suitable for treatment because they can perform anywhere the exercises that fit their daily routine. An oft-mentioned feature of an eHealth app was the ability to receive reminders to exercise. Patients who have had to change their parafunctional behavior have had trouble detecting and minimizing these habits. Therefore, a reminder is badly needed. For patients, it was also helpful to have the availability of the app or website, a straightforward menu, animated exercises, and the application to be adjustable and personalized for them.

The disadvantages identified by patients were loss of personal contact with the therapist, the possibility of frequent changes in treatment, and the possibility that the therapist would focus more on failures than on adapting the therapy to the patient's needs.

Patients identified the following barriers: difficulty exercising and needing more information. Patients did not see additional value in an eHealth app when exercise was seen as too easy and hence did not require support through an app or video or when routines could be accessed online (e.g., on YouTube). Some have also indicated that they do not need more information because therapists provide them with all the required information.

Other disadvantages were cost, poor design, or un-friendly interfaces. If an eHealth app included advertising, the need to create a complex profile or attach it to a social media platform would be a barrier for patients to use the app. In direct contact, nurses entertain patient communication while guiding them through the rehabilitation program. Chatbots, used primarily in marketing, are increasingly valued in healthcare. However, their use to manage physical rehabilitation is still under-studied. The E-health system may introduce a chatbot for clinician interaction with their patient, for instance, via a short message during home physiotherapy, to increase patients' adherence. From the above studies, we appreciate that the use of eHealth is at the beginning of applications and understanding. Until now, we cannot identify a consistent or standardized approach to integrating eHealth into medical students' curricula. A Netherlands study reported that students and

teachers identify many barriers to implementing eHealth in education [30]. The barriers identified by both teacher and students were: i) "unclear concept of eHealth," ii) the lack of privacy, safety, usability, and content, iii) inefficient use of expertise, and iv) financial impediments. As facilitators, students and teachers identified a) the abilities of students to use modern technology, b) the attitude of students regarding eHealth, and c) interprofessional collaboration. Besides these consensual descriptors, the teachers identified the lack of time, the slow change of curricula, and the lack of vision within the organization as barriers. Students also complained about the "capabilities of teachers on how to use eHealth," while they saw as a facilitator the role of professional bodies in eHealth education. The study draws attention to the overlapping facilitators and barriers between teachers and students, which can be used as a starting point to implement eHealth in clinics and healthcare providers efficiently.

4. Discussions

Spa tourism should be one of the most essential tourism activities in Romania, as an activity that aims to attract visitors to provide non-standard services, such as healthcare and appropriate equipment. Since health tourism defines travel to another destination to improve health but also in the context of leisure, it can be defined as a sum of phenomena and relationships that change people's location and stay – away from their jobs and permanent residence – to provide them with health services that will restore their mind, social and physical comfort.

A review published in 2019 [23] identifies several directions to transform the old balneary tourism with the predominant social component in a new form with modern components: wellness, spa, anti-aging, and health. Although the report does not mention the use of telemedicine or other forms of eHealth, it is clear that The Romanian spa resorts, once the actual "pearls of Europe," are revitalizing according to modern norms.

The studies presented clearly show that physiotherapy is essential for rehabilitation. However, low adherence, reported from 65% to 20%, is still the most substantial impediment, especially regarding home interventions. As defined by WHO in 2003, "adherence is the degree to which a patient's behavior corresponds to a healthcare provider's agreed recommendations." So, adhesive patients have better clinical outcomes than poor adherence, with expected consequences for socio-economic costs [31]. Adherence is a subject attracting more and more interest, and we foresee using many mobile applications or electronic devices for this purpose. However, apps are only sometimes explicitly aimed at promoting it, as they are mainly oriented towards directing the treatment and helping the patient with reminders. Other applications have additional features that encourage drug adherence without forgetting treatment adherence. However, only a few reports evaluate their effectiveness or impact on users [31].

Based on all these factors, the eHealth applications aim to determine the success of a virtual assistant or program, which communicates through an instant messaging service application, to promote compliance with and adherence to home physiotherapy programs in people undergoing complex procedures.

Clinicians and practitioners aim to implement telerehabilitation in many other fields apart from conditions related to osteoarthritis presented here. For instance, a new protocol combining noninvasive neuromodulation with telemonitoring using a dedicated web platform is shown in the study of Conti et al. [32]. In recent years, many projects have aimed to implement eHealth by using telemonitoring of patients after surgery [33] with neurological disorders [34] or cancer [35,36]. A study proposed using artificial intelligence (AI) to predict models for Type 2 diabetes [37]. More recently, a study suggested a vital application to support humanitarian disasters, but this will need standardization of protocols and reliable platforms [38].

However, the main problem remains the gap between low and high-income countries regarding access to electronic devices and platforms. A recent study showed that patients

with an internet connection and familiarity with electronic devices are comfortable with video consultations, while for those with difficulties, a simple telephone consultation is preferred [39]. Digital literacy and access should be part of the country's strategy to apply eHealth systems extensively and efficiently.

5. Conclusions

In conclusion, for implementation, eHealth applications should be part of the treatment and complement the treatment through mixed therapy. Digital health applications in balneotherapy and physical rehabilitation should focus on increasing patient adherence (the degree to which a patient follows the doctor's recommendation).

In balneotherapy, the applications should emphasize platforms that provide information about resorts and types of physical therapies. Spa tourism includes another objective besides improvement and restoration: health maintenance with a double impact, affecting the economy and society. This review confirms the usefulness of digital medicine in balneotherapy and physical rehabilitation, pinpointing the importance of carefully adapting each system to the patient's needs, especially for those with reduced access and digital literacy

Informed Consent Statement: All participants were informed about the purpose and characteristics of the survey. An informed consent form was prepared in accordance with the Declaration of Helsinki. All of the participants gave signed informed consent before inclusion in the study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author. The data are not publicly available due to privacy.

Conflicts of Interest: The authors declare no conflict of interest.

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