D8.6 Interim Report on Dissemination and Communication Activities

Deliverable No.	D8.6	**Due Date**	30/11/2025
Description	This document summarises the dissemination and communication activities carried out during the TeleRehaB DSS project, from its launch at the end of 2022 to November 2025. It provides an overview of the actions implemented to enhance the project's visibility, awareness, and impact, including updates on communication channels, materials, events, and stakeholder engagement. Building upon the strategy initially defined in Deliverable D8.2, this report reflects how the project's dissemination and communication efforts have evolved in parallel with the		

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	technological, clinical, and organisational progress achieved throughout its lifetime.		
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Abstract

This document presents the progress and outcomes of the dissemination and communication activities carried out within the TeleRehaB project from its launch in May 2023 to November 2025 under Task 8.2. Building on Deliverable D8.2, this report offers an updated overview of how the communication strategy has been implemented, strengthened and adapted throughout the project's development.

The document is organised as follows:

- **The Introduction** outlines the purpose and scope of the deliverable, situating it within the overall communication framework of the project.
- **Section 2** revisits the dissemination and communication objectives guiding the consortium's actions and how these have evolved.
- **Section 3** defines the project's target audiences and key messages, aligned with TeleRehaB's current maturity and outreach needs.
- **Section 4** describes the methodology and workflow for coordinating, monitoring and reporting communication activities.
- **Section 5** reports on the main dissemination and communication actions implemented including the website, newsletters, marketing materials, media outreach, social media, conferences and scientific publications together with their associated KPIs.
- **Section 6** summarises the lessons learnt and the strategic adjustments made to optimise impact.
- **Section 7** outlines the connection between the dissemination efforts and the European Market Access Review for Telerehabilitation (D8.8), explaining how communication supports early adoption pathways.
- **Section 8** reviews the transversal insights gained across all activities and details how these guide the project's communication strategy in its final phase.
- **Section 9** presents the overall conclusions and the priorities for the concluding period, while **Annex I** compiles the complete list of actions and indicators reported up to November 2025.

Overall, this deliverable reflects the consortium's sustained commitment to ensuring coherent, targeted and impactful communication in support of TeleRehaB's scientific, clinical and strategic objectives.

Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

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About this deliverable

The objective of this document is to present the progress and outcomes of the dissemination and communication activities implemented across the TeleRehaB project to date. It aims to ensure clear, consistent, and effective communication among all stakeholders, including project partners, healthcare professionals, policy makers, investors, innovation actors, and the wider public, while showcasing the project's achievements and impact.

Through a comprehensive and coordinated approach, these activities have strengthened the visibility and credibility of TeleRehaB, supporting its mission to promote the adoption of an AI-based Decision Support System for effective and affordable balance rehabilitation, both in clinical settings and at home.

1 INTRODUCTION

Since the launch of the TeleRehaB DSS project at the end of 2022, continuous efforts have been devoted to communicating the project's objectives, progress and contributions to the field of balance rehabilitation for older adults at risk of falling. Dissemination and communication activities have accompanied the project through all stages of development, from the early definition of its clinical and technological foundations to the deployment of its Decision Support System and the preparation of its clinical studies.

During the initial phase, activities were primarily oriented towards raising awareness among the identified target audiences and establishing a coherent project identity across all communication channels. As the project matured, the focus progressively shifted towards deeper engagement with healthcare professionals, researchers, patient communities, innovation actors and regional ecosystems, with the aim of supporting the understanding, visibility and relevance of TeleRehaB's approach. This evolution has allowed the project's value proposition to be communicated effectively and has facilitated dialogue with key stakeholders involved in digital rehabilitation and falls prevention.

The communication and dissemination work performed throughout this period has involved the coordinated use of multiple channels—website, newsletters, blog articles, press releases, social media, scientific publications, events and marketing materials—ensuring that project milestones, results and partner-led initiatives have been disseminated in a timely and consistent manner. Particular emphasis has been placed on actions that encourage collaboration and knowledge exchange across the ecosystem, including the promotion of clinical advances, the organisation of workshops and the visibility of contributions from technical and clinical partners.

The following sections provide an overview of the progress achieved in dissemination and communication activities to date, presenting the actions undertaken across channels and the contribution of these efforts to strengthening the project's presence and impact within the European digital health landscape.

1.1 Context

TeleRehaB DSS has been implemented within a European landscape marked by a growing emphasis on the digital transformation of healthcare, the adoption of artificial intelligence, and the promotion of innovative approaches to rehabilitation and active ageing. Within this setting, communication and dissemination activities have been essential to situate the project among the relevant actors in the digital health and rehabilitation ecosystem, ensuring that its objectives and progress were conveyed to those most able to benefit from, contribute to, or support its outcomes.

In the early stages of the project, the communication and dissemination effort was shaped by the need to introduce TeleRehaB to a diverse network of stakeholders spanning healthcare providers, research institutions, industry representatives, policy-making bodies, patient associations and digital innovation clusters. As outlined in D8.2, this initial phase required the establishment of a recognisable project presence, the articulation of a clear value proposition, and the mapping of organisations,

communities and initiatives active in domains related to balance rehabilitation, ageing, telemedicine, artificial intelligence and digital therapeutics.

As the project progressed, this context evolved significantly. Advances in digital rehabilitation strategies, increasing interest in remote care pathways and a strengthened European focus on AI-driven health solutions created a favourable environment for broader engagement. TeleRehaB has therefore been positioned within a growing ecosystem concerned with fall prevention, rehabilitation science, motion analysis, sensor-based monitoring and decision-support technologies. Within this broader landscape, D&C activities have played a central role in ensuring continuous visibility, encouraging interaction with external stakeholders and reinforcing the project's credibility and relevance.

Throughout the reporting period, dissemination and communication actions have supported the integration of TeleRehaB into European networks, professional associations and thematic communities. This has included interaction with varying levels of intensity and relevance with organisations active in digital health, rehabilitation medicine, ageing, innovation and standardisation. These connections have contributed to situating TeleRehaB within a wider European discourse on AI adoption in healthcare, enabling the project to be recognised as part of the broader movement toward technology-supported rehabilitation and personalised care.

In this context, the actions reported in the following sections reflect both the strategic priorities defined in D8.2 and the adjustments required as the project has evolved. Communication efforts have been shaped by the need to respond to clinical developments, technical progress, partner-driven initiatives and opportunities for collaboration, ensuring that TeleRehaB remained visible, relevant and aligned with the expectations of the key actors operating in this domain.

2 Objectives

The dissemination and communication (D&C) objectives defined in Deliverable D8.2 have continued to guide the strategic direction of the activities implemented throughout the TeleRehaB project. Their purpose has been to ensure that project outputs, learnings and developments reached the appropriate audiences at the appropriate time, and through the most effective channels, thereby supporting visibility, engagement and future adoption.

As the project has progressed, these objectives have remained relevant and have been adapted to reflect the project's growing technical and clinical maturity. Communication efforts have therefore been aligned with the evolution of the project, shifting from initial awareness-raising activities to more targeted content aimed at professionals, policy makers and innovative actors directly involved in rehabilitation, artificial intelligence and digital health.

2.1 Global objectives

The core objectives of guiding D&C activities can be summarised as follows:

- **Awareness and credibility**

  To communicate TeleRehaB's goals, evidence base and expected benefits across clinical, research, policy, industry and public domains. *This has been supported by more than 2,800 unique website users during the project period and by a continuous increase in engagement across communication channels.*

- **Brand consistency**

  To maintain a coherent identity and narrative across all partners and outputs, ensuring alignment with the project's visual and editorial guidelines. *This objective has been reinforced by the regular publication of newsletters, blog posts, press releases, brochures and technical materials.*

- **Ecosystem building**

  To foster the development of a European community around balance rehabilitation and tele-rehabilitation services. *Progress is reflected in the social media audience, which has reached approximately 500 followers across LinkedIn and X, around half of whom belong to TeleRehaB's target professional groups (clinicians, physiotherapists, researchers)*.

- **Synergies and cross-fertilisation**

  To maintain alignment with related European projects and networks, supporting joint visibility, sharing learnings and contributing to common objectives in digital health and rehabilitation.

- **Path to adoption**

  To contribute to conditions supporting the market readiness of the TeleRehaB DSS, ensuring that communication materials and messaging are aligned with the project's exploitation activities and forthcoming D8.8 Market Access Review.

- **Stakeholder engagement**

  To engage clinicians, healthcare providers, patients, carers, payers and policy makers by conveying relevant progress and making results understandable and accessible.

- **Knowledge transfer**

  To share insights and outcomes with the European Commission, professional societies, innovation clusters and communities of practice to maximize the public value of the project.

These objectives have shaped the actions reported in this deliverable and have informed the communication priorities adopted during each phase of project execution.

2.2 Phases and milestones

In line with the updated communication strategy and the evolution of TeleRehaB, D&C activities have progressed through **three main phases:**

Phase 1 Set-up and launch (late 2022 – mid 2023)

This phase involved the establishment of the communication team, the creation of the project's visual identity, the launch of the website and social media channels, the publication of the first press release and the definition of baseline KPIs. *Key outputs included the initial website deployment, the opening of LinkedIn and X accounts, and the preparation of core communication materials.*

Phase 2 Engagement and content expansion (mid 2023 – 2024)

As the project matured, communication efforts concentrated on expanding reach and generating regular content. This included newsletters, blog posts, updates on clinical and technical progress, participation in events and conferences, and increased activity on social media.

Milestones included the publication of the first and second newsletters, sustained website engagement, the production of marketing materials, and the visibility of TeleRehaB at key European events.

Phase 3 Evidence and positioning (2024 – 2025)

During this phase, D&C activities have increasingly focused on communicating clinical progress, showcasing results, supporting innovation activities and aligning messages with market-access considerations.

Outputs include targeted storytelling around clinical sites, technical brochures, interviews, a growing stakeholder base and preparation of communication materials to support exploitation.

These phases reflect the shift from awareness-building to more strategic communication aimed at supporting adoption, strengthening credibility and consolidating TeleRehaB's position within the wider European digital health ecosystem.

3 Target Audiences, Key Messages and Tools

The dissemination and communication (D&C) strategy of TeleRehaB has been implemented to ensure that the project's objectives, developments and results have reached the most relevant actors in the European ecosystem of digital health, rehabilitation and AI-supported clinical decision making. Building on the foundations set in Deliverable D8.2, the project's outreach actions have been adapted throughout the reporting period (2022–2025) to align with the project's increasing technical and clinical maturity and the evolving needs of its stakeholders.

The target groups originally defined in D8.2 remain applicable. However, engagement data collected from the project website, social media platforms, newsletters and participation in events has enabled a more refined understanding of how each group interacts with TeleRehaB content and channels.

3.1 Target audiences

Healthcare professionals

(Clinicians, physiotherapists, rehabilitation specialists)

This group constitutes the primary audience for TeleRehaB and is essential for clinical validation, acceptance and eventual adoption of the Decision Support System. Communication placed emphasis on the DSS's ability to support personalised rehabilitation, enhance monitoring and strengthen clinical decision making.

Engagement evidence:

- **600** combined social media followers, of which ≈50% correspond to health and research professionals.
- Strong engagement with posts and content related to clinical sites.

Research and academic community

Including universities, rehabilitation researchers, digital health experts and AI developers. Communication focused on scientific progress, methodological soundness and opportunities for knowledge exchange.

Engagement evidence:

- 7 scientific publications produced by partners.
- Participation in **41 external conferences and scientific events**.

Patients, older adults and carers

This audience has been reached primarily through communication actions led by clinical partners and content adapted for accessibility. Messaging focused on empowerment, usability, safety and the potential for improved rehabilitation outcomes.

Engagement evidence:

- Inclusion in the project newsletters (now reaching **140 subscribers**).

- Visibility generated through **20 media appearances** in print, digital and regional outlets.

Policy makers and public authorities

This audience includes regional health authorities, public bodies and agencies involved in healthy ageing, fall prevention and digital transformation strategies. Messaging emphasised cost-effectiveness, societal benefit and alignment with EU health priorities.

Engagement evidence:

- Visibility in Madeira's regional media and health governance channels.
- Use of communication materials in meetings and policy-oriented discussions.

Industry, technology providers and innovators

These actors include companies and developers working in AI, digital health, sensor technology and rehabilitation devices. Communication targeted technical value, interoperability, scalability and potential integration paths.

Engagement evidence:

- Use of the **Overview Presentation**, **Executive Summary**, **Poster** and **General Brochure** in bilateral meetings and demonstration sessions.
- Interest expressed during conferences, clustering events and innovation forums.

European networks, initiatives and professional associations

These stakeholders amplify project impact and offer opportunities for cross-project collaboration, shared learning and coordinated dissemination.

Engagement evidence:

- Participation in **21 clustering and consortium events**, strengthening connection with European innovation ecosystems.

3.2 Key messages

Key messages have evolved to reflect the project's lifecycle, but have consistently aligned with four core communication pillars:

1. Societal relevance and project vision

- Falls in older adults represent a major European health challenge.
- TeleRehaB offers an AI-enabled, accessible and personalised rehabilitation support system.

2. Technological innovation

- The DSS integrates clinical expertise, sensor-based evaluation and AI-driven analysis.

- It supports both clinic-based and home-based rehabilitation paths.

3. Clinical value

- The system facilitates structured monitoring, personalisation of interventions and enhanced decision-making in balance rehabilitation.
- Clinical feedback from multiple sites has informed iterative improvements.

4. European impact and scaling potential

- TeleRehaB contributes to EU aims regarding active and healthy ageing, digital transformation of care and responsible AI adoption.
- Communication activities prepare the foundation for future scaling and exploitation.

3.3 Communication tools

Multiple communication tools have been deployed to effectively address each target audience. These tools encompass digital, editorial, audiovisual and event-based materials, ensuring consistent and accessible messaging across the consortium.

Digital channels

- **Project website** Central hub for updates and resources
  4,000–6,000 users, ***12,000*** *page views,* ***31,000*** *engagement events*
- **Social media (LinkedIn + X)**:
  600 followers; consistent posting rhythm; high engagement in clinical content , events, conferences and workshops
- **Newsletters**
  4 editions published; 140 subscribers
- **Blog posts**:
  20 pieces published in the Communication Room

Marketing materials

Produced in line with the project's visual identity to ensure consistent representation:

- **Poster**
- **Executive Summary**
- **Overview Presentation**
- **TeleRehaB General Brochure**

These materials have been used during scientific conferences, clustering events, bilateral meetings and local engagement activities.

Press and media

- **20 media appearances** across print, digital and regional platforms.
- **1 press release published**; second under preparation.

Workshops, conferences and ecosystem events

- **21 clustering and consortium meetings** supporting collaboration and joint visibility.
- **41 external conferences and events**, enabling scientific dissemination and professional engagement.

TABLE 1 KPIS PER STAKEHOLDERS

Target Audience	Description / Role	Key Messages Delivered	Evidence of Engagement (2022–2025)
Healthcare professionals	Clinicians & physiotherapists; core DSS users	Personalised rehab, decision support	600 followers; high engagement with clinical updates and Demo day in Thailand 2023(KCMH) and Plenary meeting with regional authorities at Madeira
Research & academia	Rehabilitation, digital health, AI	Innovation, evidence, methodology	7 publications; 41 external conferences
Patients & carers	Older adults and families	Accessibility, empowerment	NL content; clinical partner communication; 20 media appearances
Policy makers	Regional and national authorities	Societal impact, cost-effectiveness	KCMH-"TeleRehaB DSS Demo Day 2023 in Thailand" and Madeira visibility
Industry & innovators	Tech providers, health-tech companies	Technical value, interoperability	Use of Poster, ES, OP, Brochure
EU networks	Ecosystems & associations	Synergies, cross-learning	21 clustering & consortium events

TABLE 2 KPIS PER TOOLS

Communication Tool	Purpose	Use Cases	Evidence (2022–2025)
Website	Project hub	Updates, materials, deliverables	4–6k users; 12k views; 31k events
Social media	Reach & engagement	Campaigns, milestones	600 followers; regular activity
Newsletter	Periodic updates	Highlight results & stories	140 subscribers; 4 editions

Communication Tool	Purpose	Use Cases	Evidence (2022–2025)
Blog posts	In-depth articles	Interviews, clinical stories	20 posts
Poster	Visual dissemination	Conferences & events	Used across external events
Executive Summary	Stakeholder briefings	Policy makers, innovators	Distributed digitally
Overview Presentation	Unified slide deck	Conferences, workshops	Used in 41 external events
General Brochure	Main promotional piece	Events, meetings, downloads	Distributed widely
Press releases	Media outreach	Awareness campaigns	20 media appearances
Workshops & clustering	Ecosystem building	Synergies & co-creation	21 clustering events
Conferences & external events	Scientific visibility	Presentations & networking	41 external events

4 Methodology and workflow

The implementation of the dissemination and communication (D&C) activities in TeleRehaB followed a coordinated and iterative methodology designed to ensure consistency, accuracy and systematic engagement across all partners. Based on the framework defined in D8.2, the workflow evolved throughout the project in line with technical development, clinical progress and the expanding communication needs of the consortium.

The **D&C Working Group**, formed by all WP8 partners and led by ACTIVAGE, functioned as the central structure for planning, monitoring and executing all communication activities. Between 2022 and 2025, a total of **16 Working Group meetings** were held, enabling structured coordination and alignment across the consortium.

4.1 Governance and coordination D&C leadership and responsibilities

Dissemination and communication activities were managed under WP8, with responsibilities distributed as follows:

ACTIVAGE WP8 Lead
Chaired all D&C Working Group meetings, coordinated the overall implementation of the D&C strategy, managed the project's digital presence, ensured alignment with EU guidelines, and oversaw the editorial process for all communication materials. All D&C outputs newsletters, press releases, website content, visual materials and event coverage were produced **collaboratively with contributions from all partners**.

HIN & QUAN Core WP8 partners
Provided essential input for clinical messaging, focus group results, workshop preparation and content development linked to clinical studies, co-creation activities and behavioural insights.

Technical partners
Provided scientific and technical detail for content related to AI models, data flow, platform components and system capabilities.

Clinical partners
Shared updates from clinical sites, contributed patient-facing stories and visuals, assisted in the creation of interviews, and supported local dissemination actions.

Project Coordination Team
Ensured alignment between dissemination outputs, clinical activities, technical progress and exploitation planning.

This governance model ensured cohesion across messages, accuracy of content and full representation of partner contributions in communication materials.

4.2 Working Group operations

The D&C Working Group met at regular intervals throughout the project to maintain close coordination and enable agile decision-making.

Leadership

All Working Group sessions were **convened and chaired by ACTIVAGE**, ensuring continuity and strategic coherence throughout the project lifecycle.

Core functions of the Working Group

- **Information exchange**

  Partners shared updates across clinical, technical, innovation and ecosystem activities to feed communication planning.

- **Content planning**

  Newsletters, press releases, blog posts, social media campaigns, website updates, technical brochures and event dissemination were planned **jointly**, with all partners contributing content and validation.

- **Quality control**

  All materials were reviewed collaboratively to guarantee accuracy, consistency and alignment with the project identity.

- **Cross-WP coordination**

  Ensured that significant milestones (technical results, clinical study updates, workshops, publications) were reflected appropriately in D&C outputs.

- **Activity reporting**

  Partners updated the shared reporting file with completed actions and upcoming communication needs.

Meeting rhythm

- **2022–2023:** Monthly meetings during the early definition and channel activation period.

- **2024:** Regular coordination meetings aligned with increased dissemination volume.

- **2025:** Bimonthly meetings, complemented by dedicated sessions for newsletters, brochures and press releases.

4.3 Reporting methodology

A structured reporting mechanism was used across the consortium to ensure transparency, traceability and comprehensive documentation of all communication and dissemination activities.

All partners contributed to the **TeleRehaB Reporting Excel File**, which recorded:

- **41 external conferences and events' participations**

- **21 clustering and consortium events**

- **20 media appearances**

- **7 scientific publications**

- Social media contributions

- Local dissemination initiatives

- Use and creation of communication materials (Poster, Executive Summary, Overview Presentation, Brochure)

- Planned upcoming actions requiring communication support

This shared file served as the primary evidence source for D8.6 and supported internal reviews, plenary sessions and EC reporting expectations.

4.4 Editorial workflow and content production

All communication materials followed a harmonised editorial workflow designed to ensure clarity, consistency and scientific accuracy.

Editorial process

1. **Content intake**
   Partners provided inputs, updates, achievements, visuals and technical/clinical details.

2. **Drafting**
   ACTIVAGE coordinated the drafting of newsletters, press releases, blog posts, brochures, website updates and social media campaigns.

3. **Partner review**
   Relevant partners (clinical, technical, innovation, coordination) reviewed the drafts and provided corrections or refinements.

4. **Approval**
   Final approval was issued by the WP8 lead before publication.

5. **Publication**
   Dissemination across channels, including website, social media, newsletter, events and clustering platforms.

6. **Monitoring & impact analysis**
   Engagement metrics from newsletters, website analytics, social media data and event interactions were reviewed to improve future communication cycles.

This editorial model ensured that all outputs were produced **collaboratively**, with each partner's contributions represented accurately.

4.5 Coordination with other Work Packages

Close coordination with other Work Packages ensured that D&C outputs reflected the latest project developments:

- **WP5 & WP6** → Content related to technologies, platform architecture and clinical study progress.
- **Open Innovation team** → Workshops, co-creation sessions, focus groups and stakeholder communication.
- **WP8** → Alignment with exploitation, business modelling and market access (link to D8.8).
- **Technical WPs** → Validation of scientific messaging.
- **Clinical partners** → Patient stories, recruitment updates, site-specific communication.

This collaborative approach strengthened coherence between scientific work and external communication.

4.6 Quality assurance and EC alignment

All communication activities adhered to:

- Horizon Europe visibility rules
- TeleRehaB's visual identity and style guidelines
- GDPR and ethical standards
- Internal review protocols
- Requirements for public deliverables and media outputs

This ensured professional, accurate and compliant communication across all channels and audiences.

5 Visual identity

TeleRehaB has maintained a clear and coherent visual identity throughout the project to ensure consistency across all communication outputs. The identity combines an accessible, modern aesthetic with a focus on clarity, reflecting the project's commitment to supporting older adults and promoting the use of AI-enabled rehabilitation solutions.

A complete set of templates including slide decks, deliverable formats, social media layouts and press materials was provided to all partners early in the project. These templates were used collaboratively across newsletters, press releases, website content and event materials, ensuring unified visual standards throughout the consortium.

The project website incorporated the visual identity into its structure and was progressively updated from 2023 to 2025. Enhancements included refined page layouts, refreshed icons and banners, new sections such as *Gender and Equal Opportunities*, updates to the consortium page, and visually coherent publication of blog posts, newsletters and marketing materials.

TeleRehaB also applied a consistent visual style on social media, using branded templates and harmonised colour palettes for announcements, clinical-site updates, event highlights and campaign visuals. This approach strengthened recognisability and increased engagement across LinkedIn and X.

Marketing materials including the Poster, Executive Summary, Overview Presentation and General Brochure were designed in line with the visual identity and adapted when needed for local dissemination activities, maintaining a unified project image across all contexts.

6 Dissemination and communication actions and channels

6.1 Project website

Since its launch in April 2023, the TeleRehaB website has acted as the central hub for all public-facing project information. It was originally structured to reflect the conceptual foundations described in D8.2 but has evolved significantly throughout the reporting period (2023–2025), becoming a dynamic and comprehensive communication platform. Continuous updates ensured that the website remained aligned with clinical progress, technical results, communication campaigns and ecosystem engagement activities.

The website maintains a clear and intuitive layout, allowing visitors to understand the project's objectives, explore its scientific and clinical relevance, meet the consortium, and access news, publications and downloadable materials. As the project matured, several sections were expanded, redesigned or incorporated to reflect new milestones.

Home Landing Page

The landing page provides visitors with a concise introduction to TeleRehaB and acts as the main entry point into the site's content. During 2024–2025 the visual elements were refreshed to highlight project news, blog posts and newsletters, giving greater prominence to real clinical progress and partner activities. A call-to-action section directs users to the "About" page to learn more about the project's mission, innovation and expected impact.

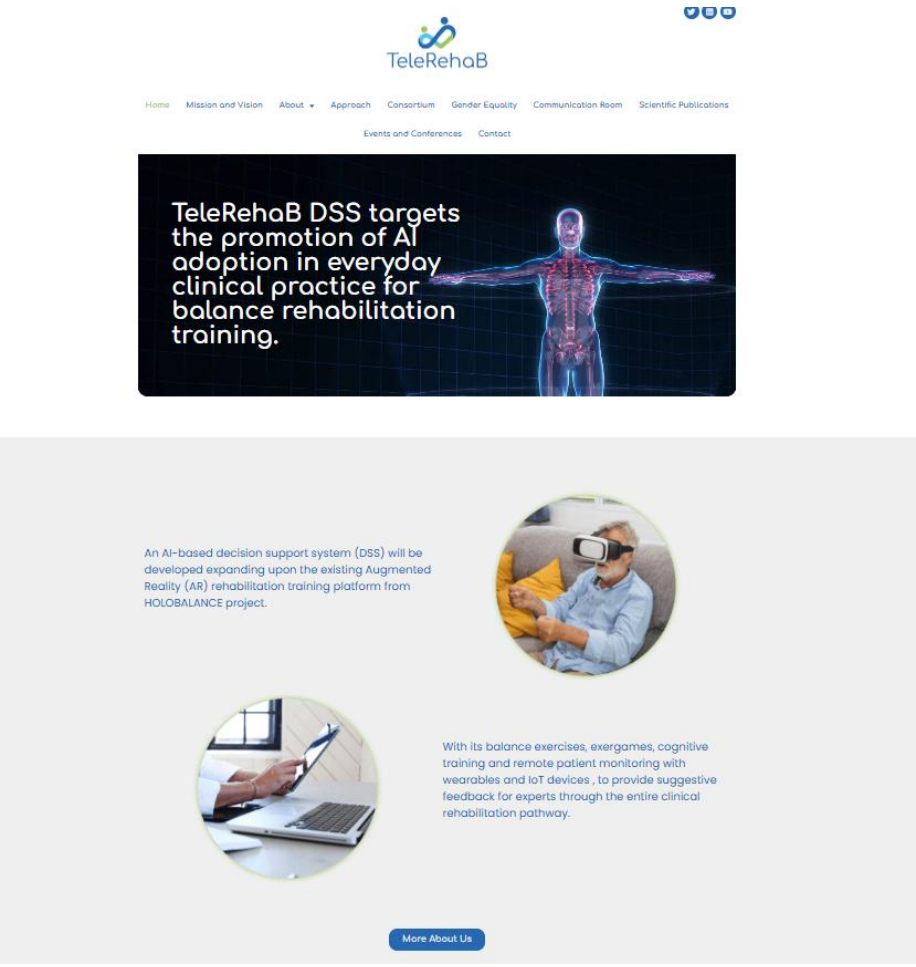


Figure 1Homepage Screenshot

About

This section was expanded during the reporting period to include updated descriptions of the Decision Support System (DSS), its clinical relevance and its contribution to AI-enabled rehabilitation. As scientific results became available, the information was refined to present the value of the platform for clinicians, patients and health systems.

Approach

Originally focused on explaining the tele-rehabilitation and balance assessment concept, this section was deepened to describe the technological architecture, use of sensors, AI models and the relevance of personalised intervention design. These updates were essential as the DSS components advanced.

Consortium

The consortium page has been regularly updated to ensure accurate representation of all partners, including the addition of the Madeira partners in early 2024 (IDEA and SRS). Logos, institutional descriptions and web links were updated to maintain

accuracy and allow visitors to quickly understand the breadth and expertise of the consortium.

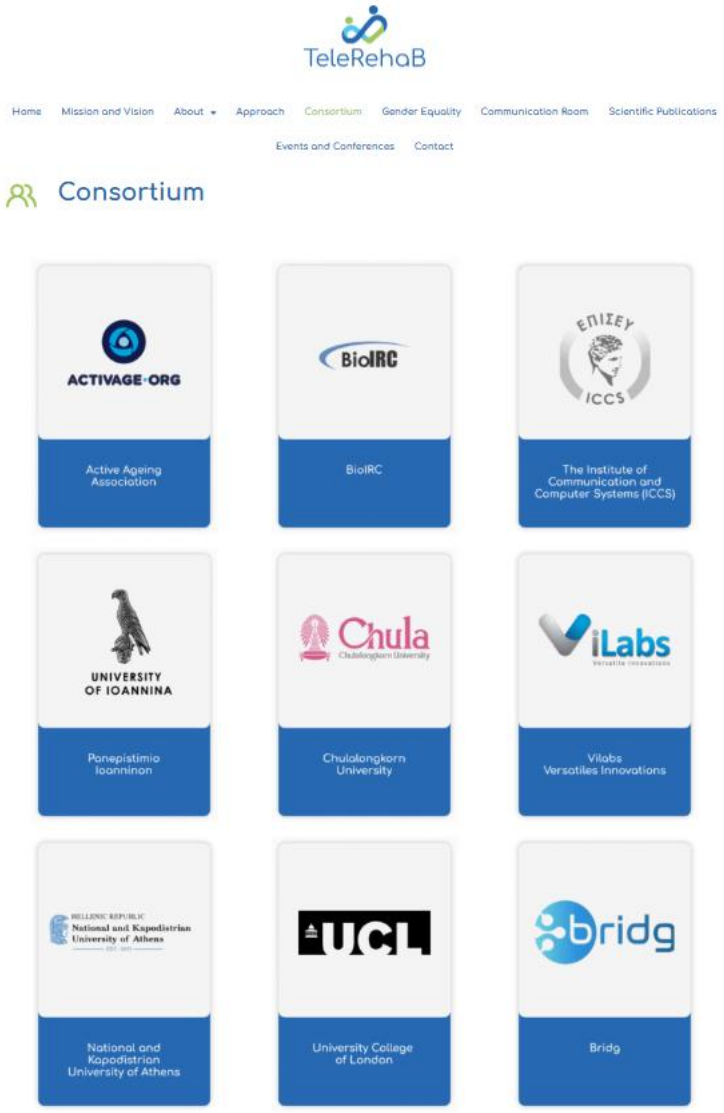


Figure 2 Consortium grid

Communication Room (Core Dynamic Section)

The Communication Room has been the most active component of the website and a primary driver of user engagement. It has served as a living archive of all project news, storytelling, scientific achievements and public materials.

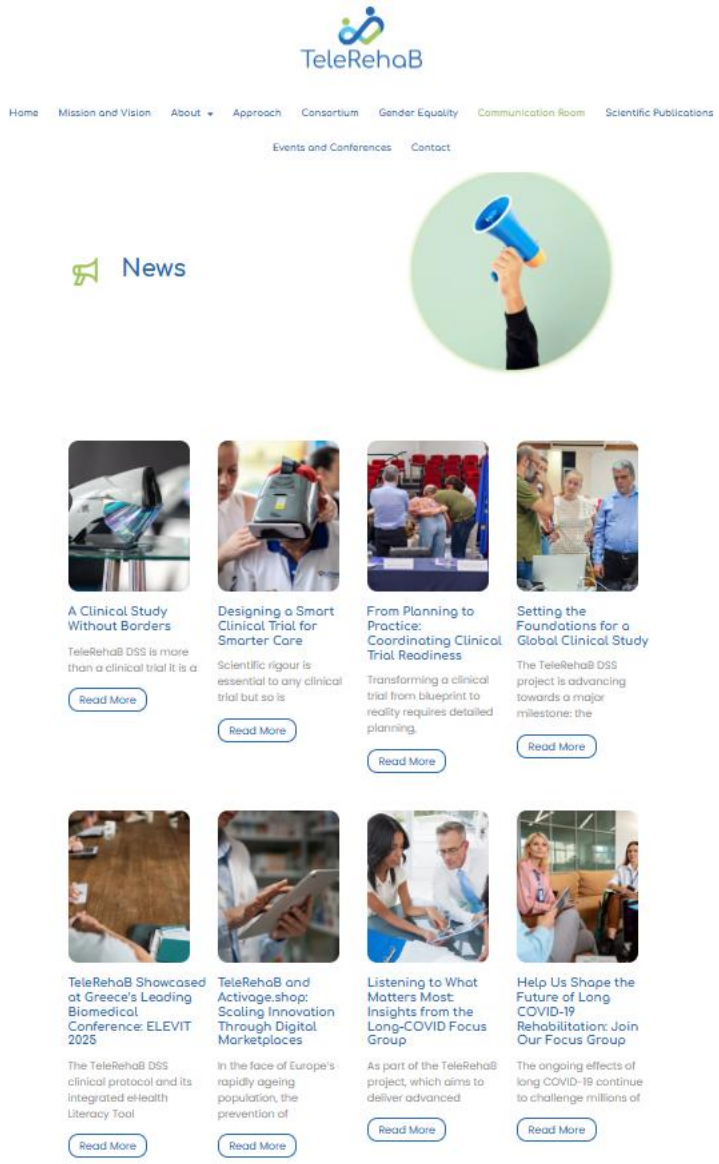


Figure 3 Communication Room Screenshot

News

Dozens of updates have been published covering consortium meetings, clinical-site progress, conference participation, Open Innovation workshops, collaboration with other EU projects, and regional press coverage. These updates significantly contributed to visibility, especially during clinical deployment and the Madeira events.

Blog Posts

A key achievement of the Communication Room has been the publication of approximately **20 blog posts**, covering:

- interviews with clinical partners,

- insights into technical developments,
- narratives from clinical sites,
- summaries of workshops and focus groups,
- event participation reports,
- and stories illustrating project milestones and human impact.

These articles enriched the project narrative and were among the most visited pages, demonstrating strong stakeholder interest in story-driven content.

Public Deliverables

All public deliverables were uploaded promptly, ensuring compliance with Horizon Europe's open-access requirements and enabling public access to formal project outputs.

Downloads

A dedicated section hosts all project marketing materials:

- Poster
- Executive Summary
- Overview Presentation
- TeleRehaB General Brochure

Google Analytics shows **more than 100 downloads** of these materials, highlighting external interest in project assets.

Scientific Publications

A new page was created for peer-reviewed publications. This section increases the visibility of TeleRehaB's scientific outputs and supports engagement with the research community. Seven publications are listed to date.

Figure 4 Screenshots of news section

Gender and Equal Opportunities (added in 2024)

A dedicated page was added to reflect TeleRehaB's commitment to gender equality and inclusiveness, an essential requirement of Horizon Europe.

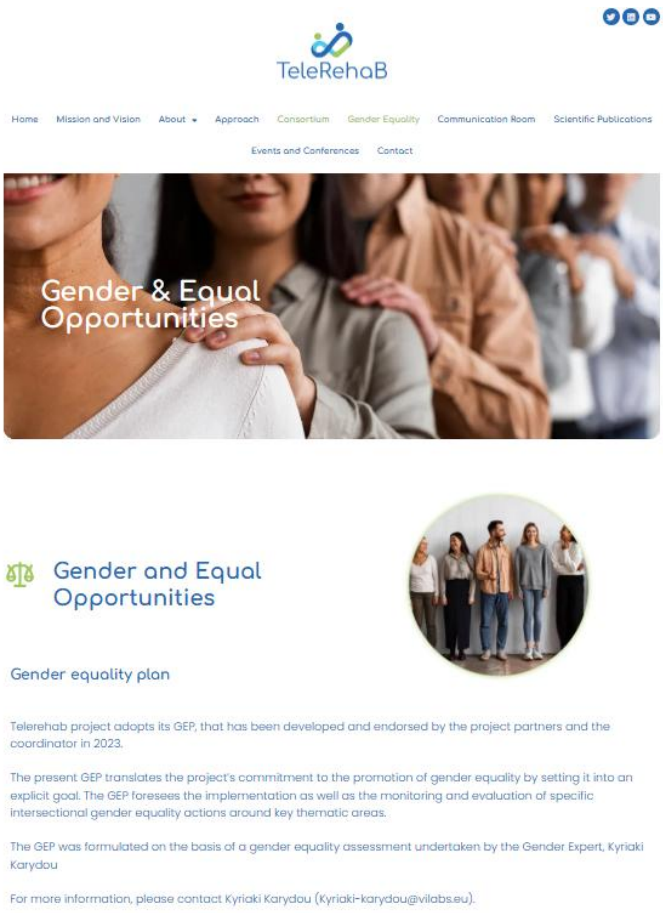


Figure 5 Screenshots of new sections (Scientific Publications / Gender)

Contact Page

The contact form has been actively used by external stakeholders, journalists, researchers and clinical professionals seeking information or collaboration opportunities. Requests were forwarded internally to the appropriate WP leads, ensuring timely responses and maintaining a professional communication standard.

6.1.1 Website Impact Indicators (KPIs)

Throughout the reporting period, website analytics were monitored to assess performance, reach and engagement. The data show strong growth, increasing interest and a solid international footprint.

User Engagement Overview (2023–2025)

- **Estimated unique users: 4,000–6,000**
- **Active users recorded: ≈3,160**
- **Total events (interactions): 30,977**

- **Page views: 12,026**
- **User engagement events: 7,294**
- **Session starts: 5,160**
- **First visits: 3,162**

These figures demonstrate not only high visibility but repeated and meaningful engagement from visitors.

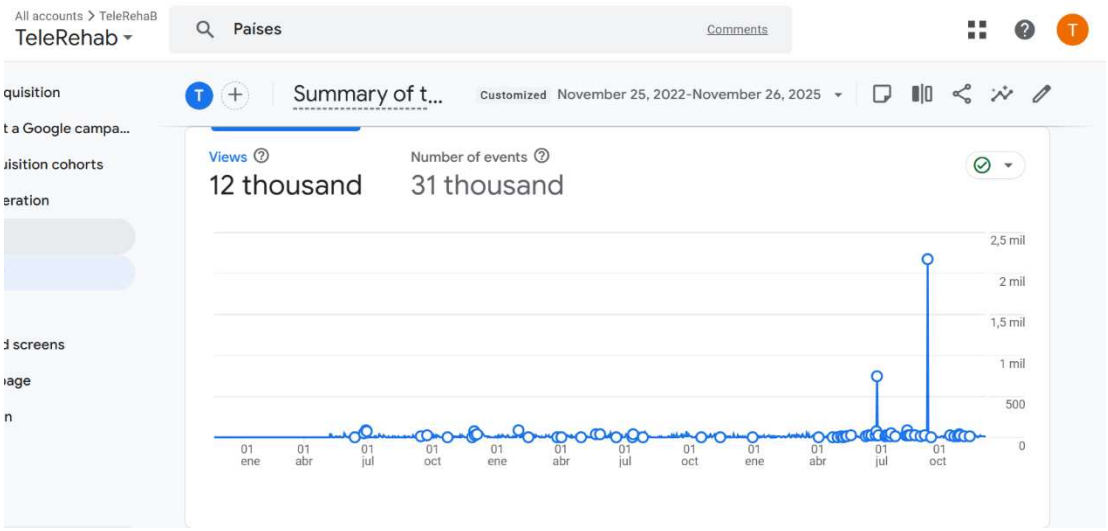


Figure 6 Analytics screenshot (Events / Page views)

Most Visited Pages

The sections that generated the highest number of visits were:

1. **Home** – 4,800 views
2. **Communication Room** – 805
3. **Consortium** – 787
4. **About** – 761
5. **Mission and Vision** – 649
6. **Approach** – 453
7. **Contact** – 290

This pattern confirms that visitors are primarily interested in:

- understanding the project's purpose,
- accessing updates on project activities,
- discovering the consortium partners,
- and exploring the project's scientific and clinical value.

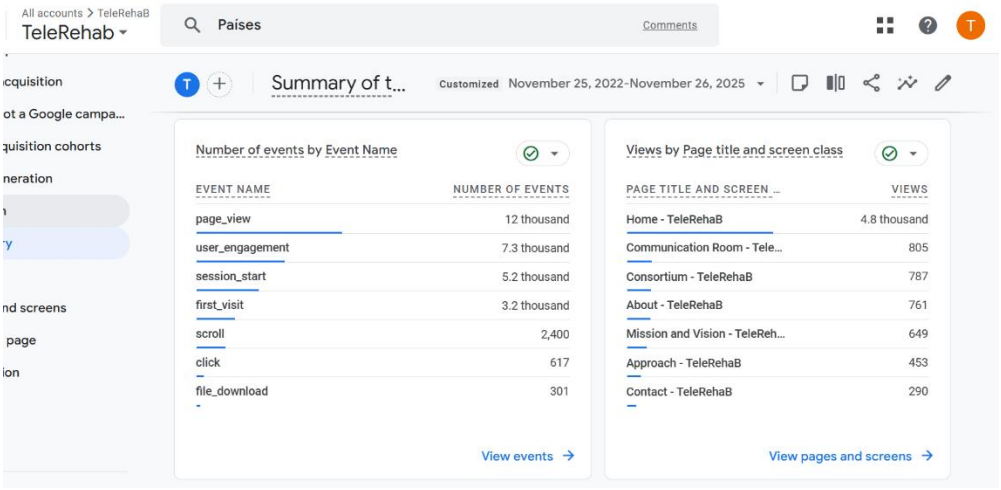


Figure 7 Page view distribution chart screenshot

User Interactions

The website recorded a diverse range of interactions, including scroll events, downloads, form submissions and link clicks. Notably, **over 100 downloads** were performed from the *Downloads* section, largely involving the Poster, Brochure and Overview Presentation.

Geographical Reach

The project attracted visitors from across Europe and beyond:

- **United States:** 831
- **United Kingdom:** 392
- **Greece:** 308
- **Spain:** 216

- **Netherlands:** 120
- **Portugal:** 116
- **Germany:** 105

This international distribution reflects the broad relevance of TeleRehaB in digital health, rehabilitation and AI domains.

Figure 8 Countries map screenshot

The TeleRehaB website has grown into a central point of reference for all stakeholders, supporting the project's objectives of transparency, visibility, knowledge sharing and EU-wide engagement. Its dynamic updates, rich content and strong performance indicators demonstrate the reach and impact of the project's communication strategy.

6.2 Social media accounts

Social media has been a central element of the TeleRehaB dissemination and communication strategy, ensuring wide visibility, rapid information-sharing and sustained engagement with clinical, scientific, industrial and public stakeholders. The project maintained active channels on **LinkedIn**, **X (Twitter)**, and **YouTube**, each serving a specific communication purpose and contributing to the phased approach defined in D8.2.

Throughout 2023–2025, social media activity aligned with the three strategic communication phases:

- **Year 1 (Awareness):** Establishing the project's identity, mission, and consortium presence.

- **Year 2 (Engagement):** Expanding the community, supporting co-creation activities, and amplifying scientific participation.

- **Year 3 (Evidence & Impact):** Communicating clinical-study progress, technological maturity and project impact across Europe.

Across all channels, more than **600 followers** were consolidated, and social media became a driver of traffic to the website, particularly during the dissemination of newsletters, clinical-site stories, media coverage, and audiovisual content such as the Thailand "Demo Day"

6.2.1 Phase-Based Social Media Implementation

Year 1 – Promoting the project's vision and assets

During the first year, communication focused on:

- Introducing the project's objectives, benefits and expected impact.

- Announcing the launch of the website, social media accounts and project branding.

- Presenting the consortium and Work Packages.

- Disseminating the first press release.

- Sharing the first project newsletter (NL#1).

- Publishing initial marketing materials (Poster, Executive Summary, Overview Presentation).

- Reporting on the Athens plenary meeting and early coordination sessions.

Figure 9 LinkedIn + X) screenshot

Year 2 – Community building and knowledge exchange

During 2024, communication intensified and expanded to new audiences thanks to:

- Clinical-site updates from Greece, UK, Germany and Madeira.
- Open Innovation workshops, co-creation sessions and patient focus groups.
- Publication and dissemination of **20 blog posts**.
- International conference participation (41 events).
- Clustering and ecosystem activities (21 joint meetings).
- Publication of newsletters #2 and #3.
- Launch of the Gender & Equal Opportunities page and dedicated campaign.
- Broad dissemination of regional media coverage from Madeira (20 pieces).
- Release and promotion of the TeleRehaB General Brochure and marketing materials.

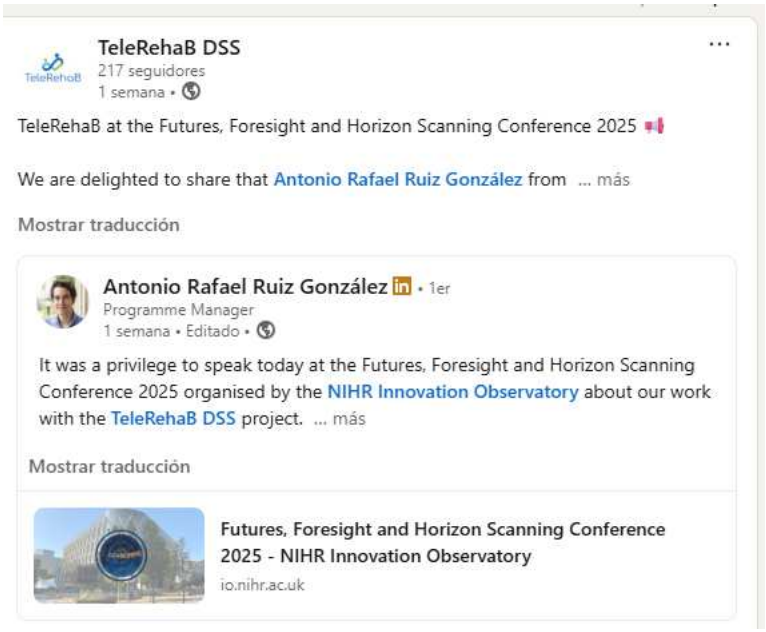


Figure 10 "Open Innovation / Clinical Site Stories / Gender Campaign" screenshots

Year 3 – Evidence, clinical studies and exploitation

The final phase focused on conveying impact-driven and evidence-based narratives:

- Launch of clinical studies and dedicated communication campaigns.
- Storytelling on early evidence, clinical routines and rehabilitation impact.
- Dissemination of **scientific publications (7)**.
- Pre-exploitation messages aligned with D8.8 (Market Access Review).
- High-visibility dissemination from Madeira's Health Authority, including video messages and institutional communication reaching more than 600,000 users.
- Preparation of the final brochure and fourth newsletter.

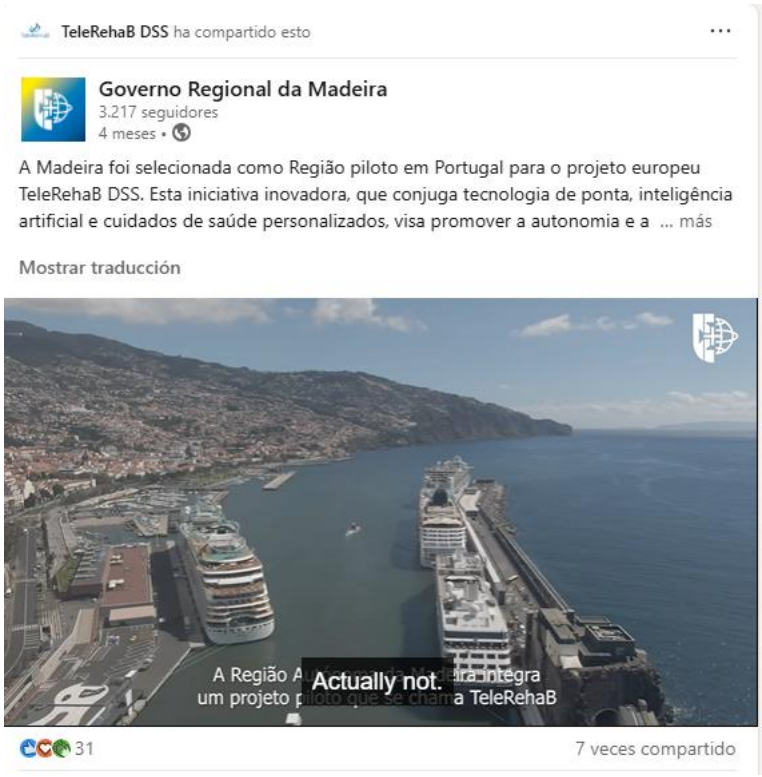


Figure 11"Clinical Studies Launch / Madeira Coverage / Evidence Posts" screenshots

6.2.2 X (Twitter)

X served as a real-time communication tool suitable for scientific, technical and policy-oriented audiences. Its rapid format enabled the project to share immediate developments, event updates and short announcements to a broad digital-health community.

Figure 12 "Clinical Studies Launch / Madeira Coverage / Evidence Posts" screenshots

Content disseminated via X (2023–2025):

- Launch of the project and early milestones.
- Dissemination of the **first press release**.
- Communication of plenary meetings and WP-level updates.
- Clinical-site news and visuals.
- Coverage of **international conferences** (41 events).
- Amplification of **press impacts (20 articles)**.
- Open Innovation workshops and focus groups.
- Gender Equality campaign.

- Announcements of newsletters #1–#4.
- Promotion of blog posts, web news and downloadable materials.
- Dissemination of scientific publications and posters.

The channel followed the project's hashtag strategy (#TeleRehaBProject, #DigitalHealth, #RehabilitationTechnology, etc.) to ensure thematic coherence.

Figure 13 X posts Conference coverage

6.2.3 LinkedIn

LinkedIn was TeleRehaB's primary professional channel, targeting clinicians, researchers, policymakers, physiotherapists, digital-health companies and innovation stakeholders. It provided the strongest engagement throughout the project.

Key content strands:

- Clinical-site developments, stories and interviews.
- Dissemination of newsletters #1–#4.
- Publication and promotion of scientific outputs (7 publications).
- Coordination and plenary meeting updates.

- Announcement of marketing materials (Poster, Executive Summary, Brochure).
- Dissemination of project blog posts (~20).
- Visibility of Open Innovation activities and co-creation processes.
- Promotion of press coverage from Madeira and partner regions.
- Sharing of technical insights, DSS demonstrations and milestones.
- Communication of the Gender & Equal Opportunities page.

LinkedIn showed the highest sustained performance and contributed substantially to establishing a European community around TeleRehaB.

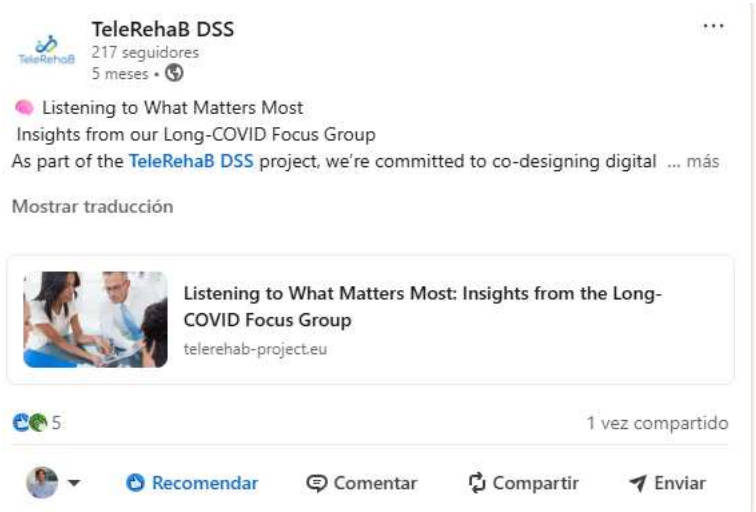


Figure 14 X posts Focus group coverage

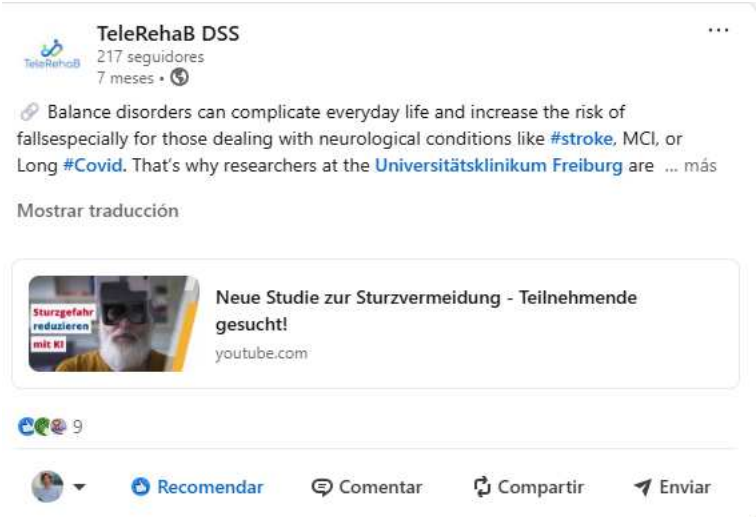


Figure 15 X post Clinical Stories

6.2.4 YouTube

YouTube acted as TeleRehaB's audiovisual library, hosting materials that supported dissemination, training, technical understanding and patient engagement.

Key video categories:

Demonstrations and technical videos:
Showcasing DSS functionalities, assessment routines, AI-supported decision-making workflows and clinician interfaces.

Press conferences and institutional statements:
Recordings particularly from Madeira, where local health authorities communicated TeleRehaB's strategic importance.

Interviews with clinicians and technical partners:
Insights into clinical needs, digital rehabilitation workflows, and technological innovation.

Patient testimonials:
Direct feedback and acceptance impressions on the TeleRehaB DSS, highlighting the human dimension of the project.

Workshops and co-creation sessions:
Recordings of Open Innovation activities, capturing methods, participant dialogue and outcomes.

Major video event – TeleRehaB DSS Demo Day 2023 (KCMH – Thailand):
A global highlight demonstrating the system in a live clinical scenario.

- Full DSS walk-through
- Interviews with clinicians
- Patient demonstrations
- **2,900 live viewers**
- Widely disseminated across all channels

Figure 16 "KCMH Demo Day / Patient Testimonial / Technical Demo"

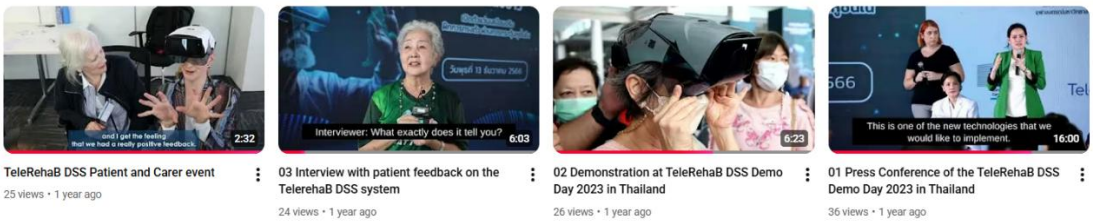


Figure 17 "KCMH Demo Day / Patient Testimonial / Technical Demo"

6.2.5 Cross-cutting achievements across social media

Across all platforms, TeleRehaB successfully disseminated:

- **41 conferences and scientific events**
- **21 clustering and ecosystem meetings**
- **~20 blog posts**
- **4 newsletters**
- **1 press release**
- **7 peer-reviewed scientific publications**
- **20 media impacts** (press/digital/TV/radio)

- **>100 downloads** of promotional materials
- **600+ followers** combined on LinkedIn and X
- **Thousands of views** on YouTube materials
- Significant traffic peaks on the website driven by social media campaigns

Social media activity has been consistent, strategic and aligned with Horizon Europe expectations, supporting transparency, visibility, clinical engagement and the dissemination of results at European and international level.

6.3 Media

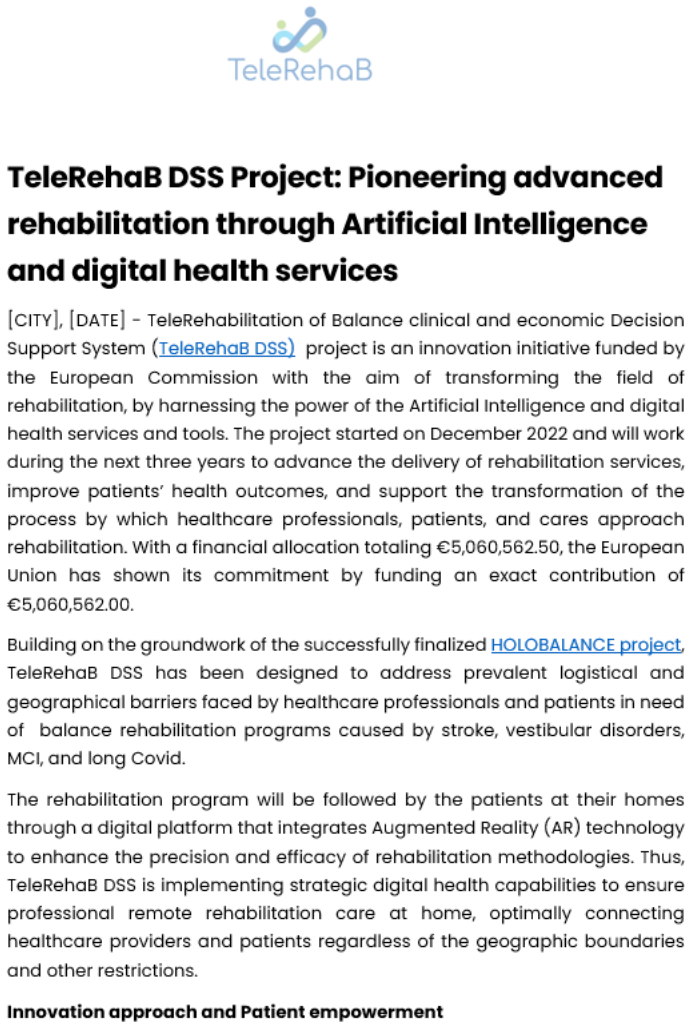
Media visibility has been an essential component of the TeleRehaB dissemination strategy, enabling the project to communicate its progress and achievements to broad public audiences beyond the scientific and clinical community. Throughout the reporting period (2023–2025), media engagement has contributed significantly to strengthening TeleRehaB's public profile, supporting awareness on the challenges of balance rehabilitation, and highlighting the relevance of AI-driven digital health solutions.

Media outreach has taken place across press articles, online media, regional television coverage, radio mentions and institutional communication channels, particularly in the context of high-impact events such as the TeleRehaB DSS Demo Day in Thailand and the integration of Madeira as a pilot region.

6.3.1 Press Releases

During this reporting period, one press release has been officially prepared, approved and disseminated by the consortium. This first press release introduced the TeleRehaB project, its objectives and expected impact, and was adapted and translated by various partners for local dissemination channels.

A second press release—focused on clinical study progress and preliminary evidence—is planned for the next reporting period, aligned with the project's timeline and the availability of validated clinical and technical milestones.



TeleRehaB

TeleRehaB DSS Project: Pioneering advanced rehabilitation through Artificial Intelligence and digital health services

[CITY], [DATE] – TeleRehabilitation of Balance clinical and economic Decision Support System (TeleRehaB DSS) project is an innovation initiative funded by the European Commission with the aim of transforming the field of rehabilitation, by harnessing the power of the Artificial Intelligence and digital health services and tools. The project started on December 2022 and will work during the next three years to advance the delivery of rehabilitation services, improve patients' health outcomes, and support the transformation of the process by which healthcare professionals, patients, and cares approach rehabilitation. With a financial allocation totaling €5,060,562.50, the European Union has shown its commitment by funding an exact contribution of €5,060,562.00.

Building on the groundwork of the successfully finalized HOLOBALANCE project, TeleRehaB DSS has been designed to address prevalent logistical and geographical barriers faced by healthcare professionals and patients in need of balance rehabilitation programs caused by stroke, vestibular disorders, MCI, and long Covid.

The rehabilitation program will be followed by the patients at their homes through a digital platform that integrates Augmented Reality (AR) technology to enhance the precision and efficacy of rehabilitation methodologies. Thus, TeleRehaB DSS is implementing strategic digital health capabilities to ensure professional remote rehabilitation care at home, optimally connecting healthcare providers and patients regardless of the geographic boundaries and other restrictions.

Innovation approach and Patient empowerment

Figure 18 Press Release #1 – English version / partner adaptations

6.3.2 Media Coverage and Impact

TeleRehaB achieved significant media visibility, totalling approximately 20 media impacts across written press, digital newspapers, online portals, institutional blogs, and audiovisual channels (regional television and social media broadcasts).

Figure 19 Media impact

Media coverage has been especially strong in two contexts:

Madeira Regional Media Coverage (2024–2025)

The selection of Madeira as a pilot region generated extensive regional media attention. Multiple articles were published across regional newspapers and online platforms, reporting on:

- Madeira's role as the Portuguese pilot site,
- the adoption of TeleRehaB DSS within the Madeira Digital Health and Wellbeing programme,
- the July 2025 plenary meeting hosted in Funchal,
- statements from regional authorities and the Health Secretary,
- the relevance of tele-rehabilitation and AI-enabled care for ageing populations.

One representative example is the article:

"Madeira integra projecto-piloto europeu de reabilitação com inteligência artificial" (10 July 2025, DNotícias Madeira)
which described the implementation of TeleRehaB DSS, the pilot structure, expected impact, and Madeira's involvement in European digital health innovation.

These articles collectively reached a wide audience, contributing to the over 600,000 estimated digital impressions across Madeira's official media ecosystem.

Figure 20 Media impact


Edição Impressa

dnoticias.pt

Assinar

Madeira integra projecto-piloto europeu de reabilitação com inteligência artificial

Marianna Pacífico · 10 jul 2025 · 17:36

A Região Autónoma da Madeira foi seleccionada como região-piloto em Portugal para participar no projecto europeu TeleRehaB DSS, uma iniciativa que visa testar um sistema de telerreabilitação do equilíbrio com suporte à decisão clínica e económica. A reunião da assembleia-geral do projecto decorreu esta quinta-feira, 10 de Julho, no Colégio dos Jesuítas, no Funchal.

O TeleRehaB DSS reúne parceiros de cinco países, nomeadamente Portugal (através da Madeira), Alemanha, Grécia, Reino Unido e Tailândia, sendo que se propõe a responder ao impacto do

Últimas

MUNDO
Morreram os dois militares da Guarda Nacional baleados perto da Casa Branca

DESPORTO
Porto Santo confirma vencedores da edição de 2025 do CISET 4x4

Figure 21 Media impact "Madeira newspaper articles

TeleRehaB DSS Demo Day 2023 – Thailand

The TeleRehaB DSS Demo Day held at King Chulalongkorn Memorial Hospital (KCMH), Thailand, generated notable media and public attention. The event was streamed live and:

- attracted more than **2,900 live viewers,**
- showcased the TeleRehaB DSS in a real demonstration environment,
- included interviews with clinical experts and participants,
- was widely promoted by local and regional media channels in Thailand.

The event provided valuable visibility outside Europe and highlighted the global interest in digital rehabilitation technologies.

Figure 22 Media impact "KCMH Demo Day streaming / news clips"

Additional Media Mentions

Beyond Madeira and Thailand, several partners engaged with:

- local healthcare newsletters,
- institutional blogs,
- university communication channels,
- regional innovation platforms,
- digital health networks.

These actions contributed to additional written and digital media coverage, strengthening the project's presence in national and European contexts.

6.3.3 Media Strategy and Coordination

Media engagement followed a coordinated approach managed by WP8, ensuring that:

- content was aligned with project milestones,
- messages remained consistent across countries,
- key achievements were communicated promptly,
- partners received template materials for local adaptation,
- regional press campaigns adhered to TeleRehaB's visual identity and branding guidelines.

The identification of milestones—such as plenaries, clinical study milestones, Open Innovation workshops, or regional pilot implementation—remains essential for the timely preparation of media actions.

The upcoming clinical study results and exploitation activities will guide the preparation and release of the second official press release and additional media engagements.

6.3.4 Media KPIs

According to the DoA, TeleRehaB's media objectives include:

- Press releases:
  Target → 1 per year
  Achieved → 1 press release (with the second scheduled for the upcoming period)
- Articles in national newspapers, magazines and online platforms:
  Target → 24 articles over the project lifetime
  Achieved → **20 media impacts to date** (print, online, audiovisual)

These results demonstrate steady progress towards the project's media dissemination targets.

6.4 Publications

Scientific dissemination has been a key component of the TeleRehaB project, supporting the transfer of knowledge across clinical, scientific and industrial communities, and strengthening the project's credibility within the digital-health ecosystem. Publications produced by the consortium reflect advancements in AI-enabled rehabilitation, human–technology interaction, balance assessment, and clinical practice innovation.

As outlined in D8.2, TeleRehaB's scientific publication strategy is centred on contributing to peer-reviewed journals, presenting at international conferences and participating in scientific societies associated with rehabilitation, medical informatics,

and digital health. These activities ensure visibility, foster scientific dialogue and promote the adoption of project results across Europe.

Scientific dissemination was led primarily by university partners (ICCS, UOI, UCL, NKUA, UKLFR, RYPD, KCMH), in close collaboration with ACT and HIN, with WP8 ensuring publication tracking, EC portal updates, and communication amplification via web and social media channels.

To date, TeleRehaB has produced **a consolidated body of scientific work**, including peer-reviewed journal articles, conference papers, and accepted abstracts derived directly from project activities, clinical insights and technological developments.

6.4.1 Publications produced by the consortium (2023–2025)

1. **eHealth literacy assessment as a promoter of user adherence in using digital health systems and services.**
   A case study for balance physiotherapy in the TeleRehaB DSS project.
   Georgas K., Bromis K., Vagenas T.P., Giannakopoulou O., Vasileiou N., Kouris I., Haritou M., Matsopoulos G.K.
   Frontiers in Digital Health (2025).
   doi: 10.3389/fdgth.2025.1535582

2. **TeleRehaB DSS Project: Advancing Balance Rehabilitation Through Digital Health Technologies**
   Manta O., Vasileiou N., Giannakopoulou O., Bromis K., Georgas K., Vagenas T.P., Kouris I., Haritou M., Matsopoulos G.K., Koutsouris D.
   IEEE ICE/ITMC 2024 Conference Proceedings
   doi: 10.1109/ICE/ITMC61926.2024.10794240

3. **Precision Gait Analysis and Event Detection Using IMUs: A Comparative Evaluation with Insole Pressure Readings**
   Tsimperi C., Tsakanikas V., Papaioanou C., Karapintzou E., Exarchos T., Fotiadis D.I.
   EMBC 2024 — IEEE Engineering in Medicine and Biology Conference
   published doi: https://doi.org/10.1109/embc53108.2024.10782313

4. **TeleRehaB DSS Project: Advancing Balance Rehabilitation Through Digital Health Technologies**
   Scientific publication (peer-reviewed). Full manuscript accepted.
   Manta O., Vasileiou N., Giannakopoulou O., Bromis K., Georgas K., Vagens T.P., Kouris I., Haritou M., Matsopoulos G.K., Koutsouris D.
   (Not yet publicly available)

5. **Designing an eHealth Dashboard for Clinical Professionals to Support Telerehabilitation Medicine**

Seixas-Lopes F., Lopes C., Marques M., Agostinho C.
Presented in Regular Session 115 (RS-115).
(Scientific paper; publication details pending)

6. **Recommendations for Fall Prevention in Stroke Survivors: A Systematic Review of Guidelines to Improve Balance, Gait, and Strength**
   Schlag M., Walz I.D., Nairn B., Schnebel I., Weihrauch V., Bamiou D.-E., Pavlou M., Maurer C.
   Frontiers — Abstract accepted.
   Full review in preparation.

7. **The User Acceptance Test for the TeleRehaB System Practical Prototype among Patients with Mild Cognitive Impairment (MCI) through Patient-Public Involvement (PPI session)**
   Bovornratanaraks T., Tundiew N., Magauina G., Utoomprurkporn N.
   (Abstract presented; full paper under development.)

8. **Smart wearable technologies for balance rehabilitation in older adults for falls risk: a scoping review and comparative analysis**
   Brooke Nairn , Vassilios Tsakanikas, Becky Gordon , Efterpi Karapintzou , Diego Kaski , Dimitrios I Fotiadis , Doris-Eva Bamiou
   JMIR Rehabilitation and Assistive Technologies, Published, doi: 10.2196/69589

9. **Impact of Vestibular Rehabilitation and Dual-Task Training on Balance and Gait in Survivors of Stroke: A Systematic Review and Meta-Analysis.**
   Nairn B, Koohi N, Kaski D, Bamiou DE, Pavlou M.
   J Am Heart Assoc. 2025- Published doi: 10.1161/JAHA.124.040663.

10. **Effects of balance physical therapy with or without cognitive training in adults with cognitive and balance impairments : a systematic review**
    Gulnaz Magauina, Michalis Tsoukatos, Christos Nikitas, Sofia Papadopoulou, Dimitris Kikidis, Nattawan Utoomprurkporn, Patcharaorn Limkitisupasin, Doris-Eva Bamiou
    European Review of Aging and Physical Activity- Accepted

frontiers | Frontiers in Digital Health

TYPE Methods
PUBLISHED 31 July 2025
DOI 10.3389/fdgth.2025.1535582

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eHealth literacy assessment as a promoter of user adherence in using digital health systems and services. A case study for balance physiotherapy in the TeleRehaB DSS project

Konstantinos Georgas*, Konstantinos Bromis*, Theodoros P. Vagenas, Olympia Giannakopoulou, Nikolaos Vasileiou, Ioannis Kouris, Maria Haritou and George K. Matsopoulos

Biomedical Engineering Laboratory, Institute of Communication and Computer Systems, NTUA, Athens, Greece

Figure 23 Scientific Publication

6.4.2 Scientific impact and relevance

The publications generated to date demonstrate the project's multidisciplinary strength, covering:

- digital health adoption and user adherence;
- AI-supported balance rehabilitation;
- clinical dashboard design;
- human–technology interaction;
- gait analysis and sensor data processing;
- clinical guidelines for fall prevention;
- user acceptance among cognitively impaired populations.

This growing body of work contributes directly to TeleRehaB objectives related to clinical evidence generation, adoption pathways and AI-enabled personalised rehabilitation.

6.4.3 Dissemination channels and scientific networks

Publications have been disseminated through:

- peer-reviewed open-access journals;
- international engineering and medical conferences (IEEE, EMBC, ICE/ITMC);
- rehabilitation and neurology societies;
- university networks and research groups;
- TeleRehaB communication channels (website, LinkedIn, X, newsletters).

This dissemination ensured cross-border reach and visibility among clinicians, policymakers, digital-health stakeholders, and scientific peers.

6.4.4 Publications KPIs (DoA + current status)

TABLE 3 KPIS PER PUBLICATIONS

KPI	Target (DoA)	Achieved (Nov 2025)	Status
Publications for the general public	8	~20 blog posts and communication articles	**Achieved**
Peer-reviewed scientific publications	8	7 (published/accepted), +2 under development	**On track**

The project is well positioned to reach or exceed the scientific publication targets by the end of its lifecycle.

6.5 Conferences, events and workshops

Participation in conferences, scientific meetings, clinical workshops and public events has been a major driver of TeleRehaB's visibility and scientific credibility. Throughout the reporting period (2023–2025), the consortium took part in a **total of 41 conferences**

and scientific events and **21 clustering and ecosystem activities**, according to the consolidated project reporting.

These engagements provided opportunities to disseminate project results to clinicians, researchers, policymakers, health professionals, patient organisations, digital-health industry actors and the wider community. They also facilitated knowledge exchange, alignment with related EU-funded initiatives and early exploration of adoption pathways for the TeleRehaB DSS.

Conference participation followed the D8.2 strategy by addressing complementary domains such as digital health, rehabilitation technology, telemedicine, AI for health, human–computer interaction, and clinical practice innovation.

6.5.1 Scientific and Technical Conferences

TeleRehaB partners presented at leading international conferences, including IEEE Engineering in Medicine and Biology (EMBC), ICE/ITMC, neuroscience symposia, clinical research meetings and digital health congresses.

These contributions included **oral presentations**, **poster presentations**, **digital posters**, **peer-reviewed scientific papers**, and **invited lectures** focused on:

- augmented reality applications for cognitive and balance rehabilitation;
- AI-based decision-support systems;
- clinical dashboards for physiotherapists;
- gait analysis using IMUs and sensor integration;
- systematic reviews on balance rehabilitation and fall prevention;
- advanced telerehabilitation methodologies;
- patient-centric digital rehabilitation models;
- eHealth literacy and user adherence;
- dual-task and vestibular rehabilitation in stroke survivors.

Examples include:

- *"TeleRehaB DSS Project: Advancing Balance Rehabilitation Through Digital Health Technologies"* (ICE/ITMC 2024)
- *"Precision Gait Analysis and Event Detection Using IMUs"* (EMBC 2024)

- *"eHealth literacy assessment as a promoter of user adherence"* (Frontiers in Digital Health, 2025)
- Poster sessions at neuroscience symposiums (UCL, 2024)
- Abstracts accepted by *Frontiers* and other journals in rehabilitation and neurology
- Digital e-posters on stroke rehabilitation and AI-enhanced extended reality (XR)

Scientific dissemination reached international audiences across Europe, the United States and Asia, reinforcing the project's academic relevance.

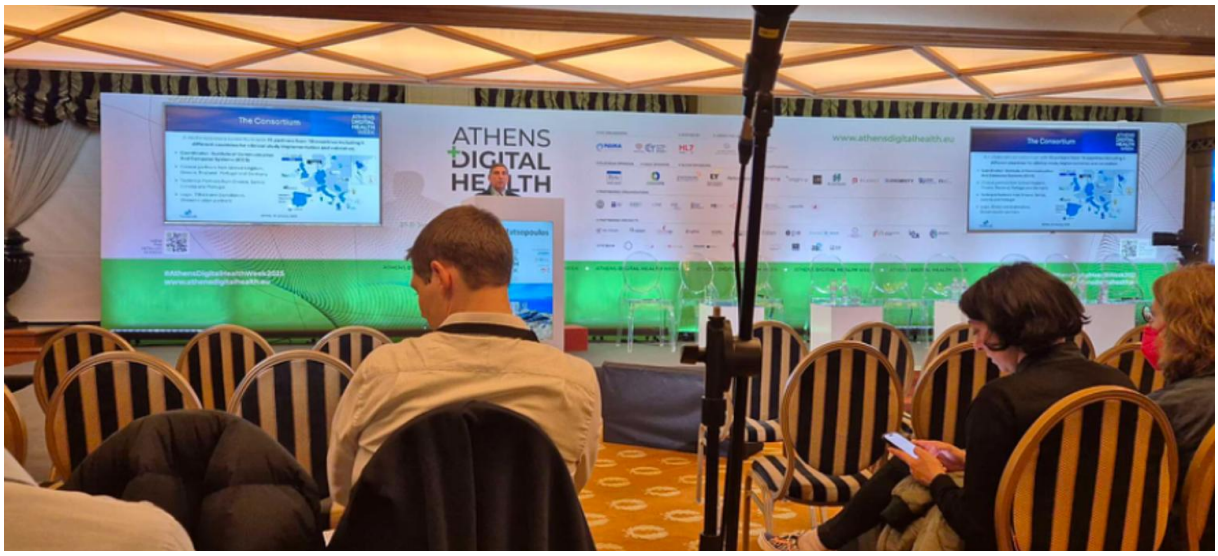

Figure 24 Image of Athens Event

Figure 25 image of Thailand demonstration

6.5.2 Clinical Conferences and Health Professional Meetings

Given the clinical nature of TeleRehaB, participation in clinician-focused events was essential. Partners conducted presentations, workshops and live demonstrations at:

- stroke and neurology congresses;
- physiotherapy and rehabilitation meetings;
- vestibular and balance disorder symposia;
- mixed professional events involving occupational therapists, physiologists and clinical educators.

Examples include:

- *"Enhancing Balance Rehabilitation through Augmented Reality"*

- *"The User Acceptance Test for the TeleRehaB Prototype among Patients with Mild Cognitive Impairment"*
- *"Impact Assessment of AI in DSS for telerehabilitation"* (ALTEMS Graduate Course)
- *"AI in balance rehabilitation training"*
- *"Dual-task and vestibular rehabilitation in stroke survivors"*

These actions strengthened TeleRehaB's integration into real-world clinical communities and facilitated early feedback loops with end-users.

6.5.3 Co-creation Workshops, Open Innovation Sessions and Public Engagement

In several countries, partners organised or contributed to co-creation workshops aimed at identifying needs, testing early prototypes and gathering end-user insights.

Workshops included:

- needs-assessment sessions;
- hands-on demonstrations of early DSS functionalities;
- public engagement events with municipalities and health authorities;
- training sessions for healthcare professionals.

Examples include:

- Public demonstration and assessment activity in a Greek municipality (over 50 citizens engaged, 20+ assessments performed).
- Workshop: *"Transformation of health care delivery through e/mHealth services"* (Madeira Digital Transformation Week, WS105).
- Activities with Thai researchers in Bangkok, showcasing user involvement methodologies.
- Demonstrations illustrating cognitive and balance testing routines.

These events contributed directly to refining the platform through user-centred design principles.

6.5.4 International Events and Institutional Presentations

The project has been represented in multiple international, multidisciplinary and institutional contexts, reinforcing its European and global visibility. Highlights include:

- *TeleRehaB DSS Demo Day 2023* – King Chulalongkorn Memorial Hospital (Thailand), with more than **2,900 live viewers**.
- Participation in the *Digital Transformation Summit* – Madeira Digital Transformation Week.
- Invited speaker contributions by clinical and technical leaders.
- Institutional presentations to regional governments (Portugal, Thailand).
- Cross-project sessions involving AI ethics, impact assessment frameworks and XR-based rehabilitation.

These events generated significant media and stakeholder attention, contributing to the strong dissemination performance described in Section 6.3.

6.5.5 Community Events, Local Engagement and Pilot Preparation

Public-facing presentations were organised by clinical partners to introduce the project to local communities, clinicians and stakeholders. Examples include:

- onsite demonstrations of balance and cognitive assessments;
- information kiosks at municipal health events;
- interactive activities during public health days;
- engagement of older adults in early pilot-related activities;
- promotion of digital literacy and fall-prevention awareness.

These engagements strengthened the local ecosystems supporting TeleRehaB DSS deployment.

6.5.6 Thematic Coverage and Relevance

Conference and event participation reflected the multidisciplinary nature of TeleRehaB, covering domains such as:

- digital rehabilitation and XR technologies
- artificial intelligence and decision-support systems
- neurology and stroke rehabilitation
- vestibular disorders and fall prevention
- human–computer interaction
- eHealth literacy and user adherence
- remote monitoring and telemedicine
- mHealth, wearable sensors and biomechanics
- data analytics in rehabilitation
- AI impact assessment and ethics

This thematic diversity has supported the project's visibility across different scientific, clinical and technological communities.

6.5.7 Impact Summary

- **41 scientific and technical events**
- **21 clustering and ecosystem meetings**
- dozens of oral presentations, posters, e-posters, workshops and invited lectures
- involvement of all major scientific and clinical partners
- engagement of local communities and patient groups
- high international reach, including Europe and Asia
- several thousand people reached through presentations and live events

- significant secondary dissemination through media coverage and social networks

These activities have strengthened the scientific contribution of the project, enhanced stakeholder engagement and improved the visibility and credibility of TeleRehaB DSS across professional and public audiences.

6.6 Consortium events and clustering

Consortium-level events and clustering activities have played a central role in strengthening TeleRehaB's ecosystem, building relationships with clinical, scientific, and policy stakeholders, and positioning the project within a broader European and international innovation landscape.

Between 2023 and 2025, partners organised or participated in **21 engagement and networking meetings**, including plenary assemblies, clinical workshops, patient and carer events, research seminars, hospital-based presentations, and public demonstrations. These activities complemented the project's dissemination channels by enabling direct interaction, feedback collection, and community-building—key elements defined in D8.2 under the Open Innovation and Ecosystem Enlargement strategy.

Clustering actions with sister/brother projects, research networks, universities, health authorities, and EU-level initiatives also contributed to cross-fertilisation and increased visibility.

6.6.1 Objectives of Consortium Events and Clustering

Consortium-wide and clustering activities aimed to:

- **Strengthen the internal collaboration** among partners through regular plenary meetings and WP8 coordination sessions.
- **Engage external stakeholders**—clinicians, rehabilitation professionals, policy makers, patients, caregivers, academic societies—to promote knowledge exchange and gather feedback.
- **Test prototypes, raise awareness, and validate requirements** for the DSS through interactive formats such as hands-on demos, focus groups, and workshops.
- **Connect TeleRehaB with European networks**, reinforcing the project's presence in the digital-health and telerehabilitation landscape.

- **Support ecosystem-building**, as requested in D8.2, by mobilising local communities and regional health systems in Germany, the UK, Greece, Portugal, and Thailand.

6.6.2 Overview of Engagement & Networking Activities (2023–2025)

Across the reporting period, the consortium carried out a diverse set of engagement activities, including:

- **Public-facing demonstrations** (e.g., senior citizen events, municipal participation, fall-prevention workshops)
- **Patient and carer events**
- **Clinical presentations in hospitals and rehabilitation centres**
- **Academic research networking events**
- **University seminars and student sessions**
- **Large-scale demo days and press conferences**
- **Hands-on prototype testing and focus groups**
- **Meetings with local health authorities**
- **Plenary and project governance meetings**

A detailed summary is provided below.

6.6.3 Summary of Engagement & Networking Meetings

Below is a structured narrative consolidation of the 21 activities:

Academic and Research Networking (UCL, 2023–2024)

TeleRehaB was presented at multiple research networking events hosted by UCL, including the UCL Centre for Neurorehabilitation, the Centre for Allied Health Professionals Research Network, and digital health research seminars. Presentations ranged from 3–7 minutes and introduced ongoing work on balance telerehabilitation, clinical requirements, and research opportunities. These engagements connected

TeleRehaB to clinicians, researchers, and graduate students working in neurorehabilitation, stroke care, and human–computer interaction.

Large-Scale Demonstration Day: Thailand Demo Day 2023 (KCMH)

A landmark event took place in Bangkok in December 2023, combining a press conference, live demonstration of augmented-reality–based vestibular rehabilitation, and a hands-on workshop with eight MCI participants.

More than **2,900 viewers** followed the online livestream, generating major visibility. Sessions included contributions from European clinical and technical partners, lectures for older adults on fall prevention, and user-feedback collection on AR headsets and exercise routines.

Clinical Engagement in Germany (UKLFR)

A significant portion of engagement activities occurred at the University Clinic Freiburg and associated rehabilitation centres.

Activities included:

- recurrent medical conference presentations (every three weeks) on stroke rehabilitation and DSS functionalities;
- focus groups testing AR headsets and hologram trainers;
- surveys with stroke patients testing prototype versions;
- geriatric symposium presentations and hands-on sessions;
- dissemination of TeleRehaB flyers in physiotherapy practices;
- meetings with neurologists, physiotherapists and healthcare professionals;
- public events such as *Senior Citizens' Day* and *Dementia Day*, with interactive demonstrations.

These activities directly supported prototype refinement and preparation for clinical studies.

UK Activities: Patient & Carer Engagement and National Organisations

In March 2024, UCL delivered a dedicated presentation for the Stroke Association, engaging stroke survivors and clinicians on remote balance rehabilitation. A major in-person **Patient & Carer Event** was held in London in July 2024, allowing attendees to test the DSS mobile app, sensors, AR headset and games, and to offer feedback on usability and clinical routines.

Plenary Meetings (London, Freiburg, Madeira)

The consortium held multiple plenary meetings during the reporting period:

- **4th Plenary – UCL, London (July 2024)**
- **5th Plenary – UKLFR, Freiburg (December 2024)**
- **Madeira Plenary (2025)** – combined with regional government engagement, extensive local media coverage, and demonstration activities led by IDEA and SRS Madeira.

These meetings strengthened governance, facilitated WP-level integration, and enabled in-person demonstrations of technical and clinical progress.

Meetings with Health Authorities and Municipal Bodies

Activities in Madeira and Germany included direct interaction with public health authorities, city representatives and local administrations, advancing regional ecosystem engagement and awareness of digital rehabilitation solutions.

University and Student Events

TeleRehaB was presented in neurology courses and sports science programmes, engaging future clinicians and rehabilitation specialists, and raising awareness of innovative digital health tools.

6.6.4 Clustering and Joint Activities with Sister/Brother Projects

In line with the strategy defined in D8.2, clustering activities were carried out with:

- digital health clusters;
- AI ethics and DSS working groups;
- e/mHealth transformation networks;
- rehabilitation medicine societies;
- regional innovation ecosystems (e.g., Madeira Digital Health & Wellbeing Initiative);

- hospital innovation hubs;
- university-based health technology networks.

Key clustering outcomes include:

- contributions to workshops on digital transformation and mHealth;
- co-organisation of the workshop *"Transformation of the healthcare delivery through e/mHealth services"* within Madeira Digital Transformation Week;
- alignment with EU-funded projects in neurology, telerehabilitation, and XR-based rehabilitation;
- shared communication actions;
- potential synergies for future exploitation pathways (to be fully expanded in D8.7 and D8.8).

6.6.5 Impact Summary

- **21 engagement & networking events** conducted
- **41 scientific and external conferences** integrated across dissemination channels
- **5 plenary meetings** and multiple WP8 workgroup sessions
- participation of more than **several thousand stakeholders**, including clinicians, patients, carers, researchers, policy makers and local communities
- strong regional mobilisation in Germany, Greece, UK, Portugal (Madeira), and Thailand
- major press coverage associated with regional events (e.g., Madeira government announcements; Thailand Demo Day)
- direct feedback loops supporting DSS refinement and adoption pathways
- tangible reinforcement of TeleRehaB's ecosystem and visibility across Europe and Asia

6.7 Marketing & dissemination materials

High-quality marketing and communication materials have been essential to ensuring consistent, accessible and professional dissemination across the TeleRehaB

consortium. These assets have supported outreach to clinicians, researchers, policy makers, industry, patient organisations and the general public, and have been widely used in conferences, plenaries, workshops, clinical-site visits and community events.

All materials follow the project's visual identity guidelines and have been progressively updated as the project matured. They have been made available for download through the project website, where they have accumulated **over 100 downloads** during the reporting period. Distribution at events has further amplified their reach, with partners consistently using these materials in Germany, Greece, the UK, Portugal (Madeira), Thailand and online.

6.7.1 Printed and Electronic Promotional Materials

A core suite of promotional resources has been produced and maintained throughout the project. These materials are aligned with the branding defined in D8.2 and have been updated to incorporate new partners, refined workflows and clinical-study information.

TeleRehaB General Brochure

A comprehensive introduction to the project, including its ambition, approach, clinical objectives, technological design and expected impact. Widely distributed at conferences, plenary meetings and clinical-site engagements.

Figure 26 General Brochure

Executive Summary (One-page Overview)

A synthesised, high-level document designed for rapid understanding by policy makers, health authorities, investors and ecosystem stakeholders.

TeleRehaB DSS

TeleRehaB

TeleRehaB DSS targets the promotion of AI adoption in everyday clinical practice for balance rehabilitation training.

TeleRehaB aims for developing an AI-based Decision Support System, building upon/ expanding on previously developed platforms, tools, obtained results and know-how (i.e., HOLOBALANCE, SMART BEAR projects), to support effective and affordable treatment for patients at risk of fall for both in clinic and remote home-based care.

Telerehab context and challenges

In an increasingly ageing population, falls are a rising epidemic that account for most (58%) emergency department attendances in over 65s and will cost Europe over 45 billion euros by 2050 (Eurosafe, 2015). Falls are a syndemia that coexists with multiple comorbidities in older adults, such as cardiovascular disease, mood and cognitive disorders that increase the risk of serious falls injuries in older adults and that affect the intervention outcomes.

However, there is either a lack/limited access to falls specialist services within Europe; lack of integrated clinician education; paucity of well-trained clinicians to provide required individualised falls assessment and care. Patient adherence to existing exercise programmes is poor with 70% dropping out early. Falls are a challenging condition for medics, since they can be the result of various pathologies and therefore require input by various specialties with repercussions for required education, integrated care and adaption of optimal and multimodal solutions.

In this context, Telerehab aims to address the following challenges

Scientific challenge: balance physiotherapy is the key intervention for falls prevention. Technology based solutions that support non-expert clinicians to provide multifaceted falls prevention/rehabilitation, using Augmented Reality that increase patient adherence and that are already developed and evaluated in the context of previous projects (HOLOBALANCE, SMART BEAR) will provide wider, easier (home based) and earlier access to high quality falls services and interventions with a proven increased effectiveness compared to standard care.

Technology challenge: Artificial Intelligence tools can provide a better matching between

Figure 27 Executive Summary

Project Poster

A concise visual representation of the project's rationale, objectives and methodology. Presented at research conferences, university sessions, clinical workshops and public events.

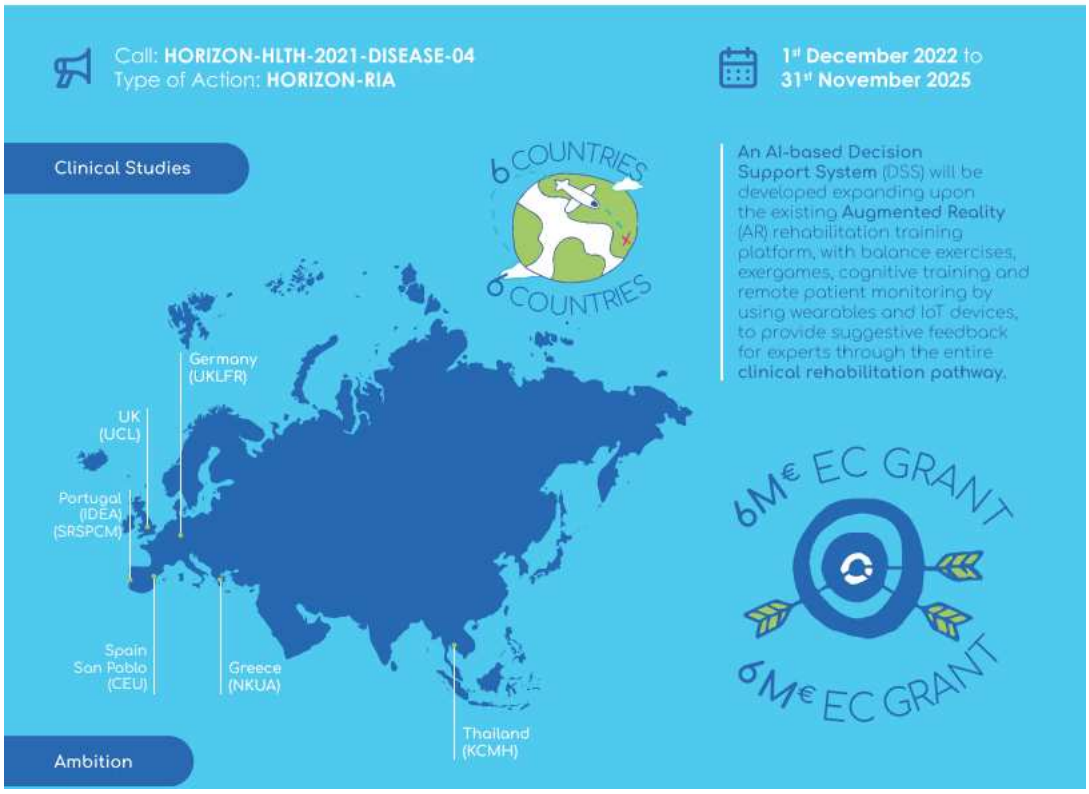

Figure 28 Poster

- **Overview Presentation (Slide Deck)**

A complete, constantly updated presentation used by partners to introduce TeleRehaB in plenary meetings, scientific conferences, regional workshops and discussions with health authorities.

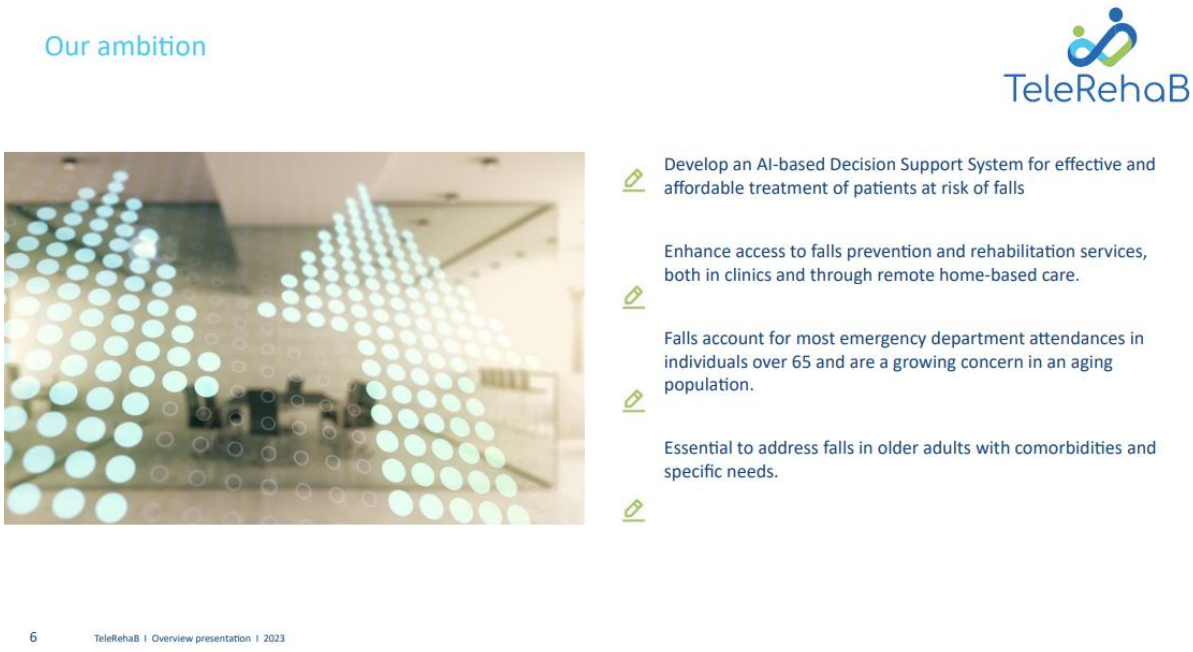

Figure 29 Poster Slide Deck

These four assets are the backbone of the project's public-facing materials and are complemented by additional local-language translations and customised versions prepared by clinical sites when needed.

6.7.2 Digital Communications

Digital communication materials have supported continuous interaction with stakeholders and amplified the visibility of project milestones across Europe and beyond.

Four Project Newsletters (NL1–NL4)

During the reporting period, **four newsletters** were produced and disseminated:

- **Newsletter #1** – Launch edition: project vision, consortium introduction, start of activities.
- **Newsletter #2** – Focus on early achievements, emerging clinical updates and partner interviews.
- **Newsletter #3** – Coverage of workshops, clinical-site activities, and technical developments.
- **Newsletter #4** – Highlights from HIN activities, Madeira events, and scientific progress.

Each newsletter was:

- distributed via the project's mailing list (now **140 subscribers**),
- shared across LinkedIn and X through coordinated campaigns,
- published on the project website under the Communication Room section.

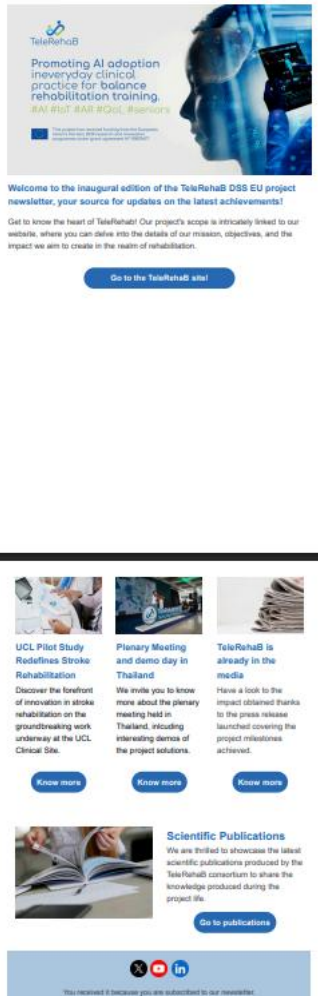

Figure 30 NL

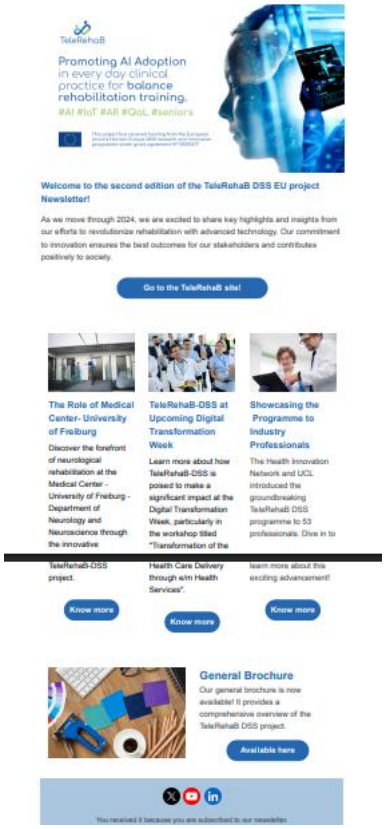
TeleRehaB
Promoting AI Adoption in every day clinical practice for balance rehabilitation training.
#AI #IoT #AR #QoL #seniors
Welcome to the second edition of the TeleRehaB DSS EU project Newsletter!
As we move through 2024, we are excited to share key highlights and insights from our efforts to revolutionize rehabilitation with advanced technology. Our commitment to innovation ensures the best outcomes for our stakeholders and contributes positively to society.
Go to the TeleRehaB site!
The Role of Medical Center- University of Freiburg
Discover the forefront of neurological rehabilitation at the Medical Center - University of Freiburg - Department of Neurology and Neuroscience through the innovative TeleRehaB-DSS project.
Know more
TeleRehaB-DSS at Upcoming Digital Transformation Week
Learn more about how TeleRehaB-DSS is poised to make a significant impact at the Digital Transformation Week, particularly in the workshop titled "Transformation of the Health Care Delivery through e/m Health Services".
Know more
Showcasing the Programme to Industry Professionals
The Health Innovation Network and UCL introduced the groundbreaking TeleRehaB DSS programme to 53 professionals. Dive in to learn more about this exciting advancement!
Know more
General Brochure
Our general brochure is now available! It provides a comprehensive overview of the TeleRehaB DSS project.
Available here
You received it because you are subscribed to our newsletter.

Figure 31 NL

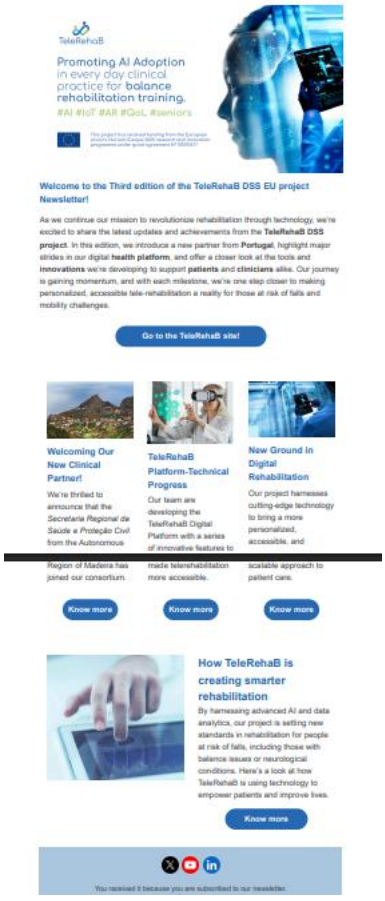
TeleRehaB
Promoting AI Adoption in every day clinical practice for balance rehabilitation training.
#AI #IoT #AR #QoL #seniors
Welcome to the Third edition of the TeleRehaB DSS EU project Newsletter!
As we continue our mission to revolutionize rehabilitation through technology, we're excited to share the latest updates and achievements from the TeleRehaB DSS project. In this edition, we introduce a new partner from Portugal, highlight major strides in our digital health platform, and offer a closer look at the tools and innovations we're developing to support patients and clinicians alike. Our journey is gaining momentum, and with each milestone, we're one step closer to making personalized, accessible tele-rehabilitation a reality for those at risk of falls and mobility challenges.
Go to the TeleRehaB site!
Welcoming Our New Clinical Partner!
We're thrilled to announce that the Secretaria Regional da Saúde e Proteção Civil from the Autonomous Region of Madeira has joined our consortium.
Know more
TeleRehaB Platform-Technical Progress
Our team are developing the TeleRehaB Digital Platform with a series of innovative features to make telerehabilitation more accessible.
Know more
New Ground in Digital Rehabilitation
Our project harnesses cutting-edge technology to bring a more personalized, accessible, and scalable approach to patient care.
Know more
How TeleRehaB is creating smarter rehabilitation
By harnessing advanced AI and data analytics, our project is setting new standards in rehabilitation for people at risk of falls, including those with balance issues or neurological conditions. Here's a look at how TeleRehaB is using technology to empower patients and improve lives.
Know more
You received it because you are subscribed to our newsletter.

Figure 32 3NL

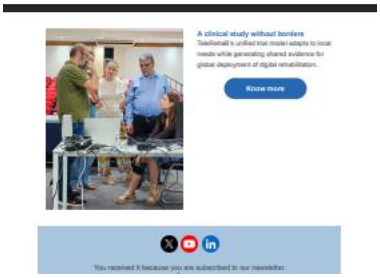

Figure 33 4NL

- **Website and Social Media Integration**

Newsletters and marketing materials were integrated into the website's Downloads section, amplifying traffic and enabling easy access.
Social media campaigns—including clinical-study updates, gender-equality posts, event promotions, scientific publications, Demo Day communications and plenary highlights—regularly reused these materials to maintain brand coherence.

- **Audiovisual Materials**

Short videos, interviews and event recordings (e.g., the TeleRehaB DSS Demo Day in Thailand, plenary meeting highlights and patient-feedback clips) were adapted to the project's visual identity and disseminated via YouTube and social platforms.

6.7.3 KPIs – Marketing Materials

- **4 core marketing materials produced** (Poster, Executive Summary, Overview Presentation, General Brochure)

- **4 newsletters published and distributed** (NL1–NL4)

- **100+ downloads** from the website's Downloads section
- **Materials used across 41 conferences and scientific events**
- **Materials used in 21 engagement and networking events**
- **Local-language adaptations** produced for dissemination in Germany, Greece, Portugal/Madeira and Thailand
- **Consistent use across all social media campaigns**

Integration across press, scientific dissemination and clinical-study promotion

7 Link with European Market Access Review for Telerehabilitation (D8.8)

The dissemination and communication activities carried out under WP8 are closely interconnected with the work developed in **D8.8 – European Market Access Review for Telerehabilitation**, which assesses the opportunities, constraints and adoption pathways for digital balance-rehabilitation solutions across key European health systems.

While D8.8 provides the analytical foundation—mapping regulatory frameworks, reimbursement models, clinical burden, and market readiness—WP8 translates these findings into **targeted communication outputs** designed to inform innovators, policy makers, healthcare providers and industry stakeholders.

This alignment ensures that the strategic insights generated through the Market Access Review not only remain accessible, but also **reach the audiences capable of driving future adoption and scale-up**.

7.1 Strategic Role of WP8 in Supporting Market Uptake

The Market Access Review identifies structural barriers and opportunities across geographies (UK, France, Germany, Italy, the Netherlands) and clinical domains (Stroke, Long COVID, Vestibular Disorders). WP8 strengthens the impact of these findings by:

- framing the insights in clear, actionable language;
- transforming technical data into compelling narratives;
- making results visible through accessible channels and formats;
- driving traffic to the full report and its executive-level messages;
- facilitating early discussions with implementers and decision-makers.

In practice, this means that D&C does not simply "share" D8.8; it builds **a communication pathway towards potential adopters**, supporting exploitation and long-term sustainability.

7.2 Communication Campaign to Disseminate D8.8 Findings

To maximise the uptake of the Market Access Review, WP8 has designed a dedicated communication campaign structured around three pillars: **Web Resources**, **Visual Summaries**, and **Social Media Activation**.

A. Webpages & Blogs

A set of online assets will translate the report's conclusions into accessible, stakeholder-focused content:

- **Dedicated Resource Page**
  A webpage will host the full Market Access Review, accompanied by a short **Executive Summary** for non-technical audiences. This landing page will serve as the central access point for all campaign outputs.
- **Innovator-Focused Blog Post**
  A targeted article will explain how UK-based and European developers can use D8.8 insights to explore expansion pathways, navigate regulatory barriers and understand market dynamics.
- **Educational Blog for General Stakeholders**
  A second blog post will introduce the concepts of *market access reviews* and *horizon scanning*, explaining why these methodologies are strategic tools for digital-health innovation. These written materials ensure that the findings are contextualised, searchable, and reusable across multiple dissemination channels.

B. Infographics (Visual Summaries)

To support rapid comprehension and dissemination, a suite of branded infographics will summarise the most relevant findings of D8.8:

- **Clinical Snapshots (3 infographics)**
  Short visual summaries for:
  – Stroke
  – Long COVID
  – Vestibular Disorders
  Each will highlight prevalence, unmet needs, potential savings, and key enabling factors for TeleRehaB DSS.
- **Regional Snapshots (5 infographics)**
  Five visuals focusing on priority markets:
  – UK
  – France
  – Germany
  – Italy
  – Netherlands
  Each infographic presents opportunities, entry pathways, and system characteristics in a concise and user-friendly format.
- **Presentation Tools**
  All visuals will be designed to operate both as standalone materials and as slides within dissemination decks, ensuring versatility for conferences, workshops, and meetings with decision-makers.

C. Social Media Dissemination

A coordinated social-media campaign will leverage the project's LinkedIn and X accounts to amplify the Market Access Review:

- **Carousel Posts**
  Infographics will be adapted into multi-slide formats, enabling readers to swipe through condensed insights.
- **Clear Calls to Action**
  Each post will point users to the main resource page to download the full report.
- **Audience Targeting**
  Posts will be timed to reach:
  – clinicians,
  – regional health authorities,
  – innovation ecosystems,
  – digital-health companies,
  – researchers and policy makers.

This approach supports visibility and stimulates early interest from stakeholders who can contribute to TeleRehaB's future adoption pathways.

7.3 Contribution to Exploitation and Sustainability

By pairing the analytical depth of D8.8 with a strategic dissemination plan, TeleRehaB ensures that the findings:

- **reach market-facing actors**, including payers, implementers and innovators;
- **support exploitation planning** under WP8 and WP9;
- **guide future positioning** of the DSS within European reimbursement and regulatory frameworks;
- **reinforce the project's narrative** in scientific, clinical and policymaking communities;
- **serve as evidence** for the value proposition and scalability of TeleRehaB in the post-project phase.

This joint effort ensures that the project's insights do not remain static but instead feed into a broader ecosystem working towards sustainable digital rehabilitation services.

7.4 Stakeholder Insights: Focus Group Findings on Implementation and Adoption

To complement the macro-level analysis of the Market Access Review (D8.8), the Health Innovation Network (HIN) conducted a series of targeted focus groups to gather "bottom-up" evidence regarding the implementation determinants of the TeleRehaB DSS. These sessions engaged four distinct stakeholder groups: Long COVID patients, balance rehabilitation patients, clinicians, and technical developers. The findings provide qualitative data on the barriers and facilitators to adoption to inform the exploitation and market-access strategies.

- **Long COVID Patient Focus Group**

A virtual focus group was conducted with 53 individuals experiencing Long COVID symptoms. The session aimed to validate the accessibility of recruitment and exercise materials, specifically addressing cognitive barriers such as "brain fog" and fatigue. Qualitative feedback gathered include:

- 82% of participants found the recruitment materials confidence-inspiring.
- 86% cited accessibility challenges in exercise documentation, noting issues with complex language and dense layouts.
- 62% proposed specific enhancements to the exercise materials.

As such, to ensure retention in this cohort, the DSS interface must adopt "plain language" standards, incorporate multimedia formats, and allow for flexible pacing to accommodate fluctuating energy levels.

- **Balance Rehabilitation Ecosystem**

A comprehensive study guided by the EPIS framework examined the integration of Extended Reality (XR) into real-world pathways. This study engaged 26 patients with chronic balance disorders (median age 51–60), 4 clinicians (physiotherapists), and 5 developers (industrial and academic experts).

- **Methodology and Demographics**

Patients: The cohort was predominantly female (21 out of 26) with a median age of 51–60. Common symptoms included unsteadiness (71%), dizziness (54%), and visual/environmental triggers (38%).

Developers: Participants included senior experts from industry and academia, providing insights on scalability and business models.

Clinicians: The group consisted of physiotherapists from London, Scotland, Wales, and North West England, ensuring a diverse geographical perspective on service provision.

- **Key Themes and Findings**

Current clinical pathway: Patients described the current standard of episodic care as leaving them feeling "abandoned" between appointments (e.g., 6-week gaps). A major "pain point" was the "crash" of momentum after clinical sessions, leading to poor adherence at home. Patients strongly valued the flexibility to exercise during their "good hours" (often mornings) and the ability to safely practice graded exposure to "scary" environments (e.g., supermarkets) via VR.

Barriers of current home-based rehabilitation: Clinicians admitted to being "blind" to home progress, relying on unreliable patient self-reports rather than objective metrics. The primary value proposition of TeleRehaB is the generation of objective data (intensity, duration, frequency) to validate efficacy. However, clinicians emphasized they would not use a tool that requires a separate login; integration with Electronic Patient Records (EPR) is mandatory to avoid administrative burden.

Scalability and Business Models: Technical experts highlighted that "per-headset" pricing models fail in public health systems like the NHS; a "per-patient" model is required for scalability. A cultural barrier persists where some clinicians fear automation technology is "coming for their job".

- **Strategic Recommendations for Market Access**

Synthesis of these focus groups points to a "Hybrid Delivery Model" as the optimal route to market. Both patients and clinicians agreed that an initial face-to-face onboarding session is required to build trust and ensure safety, followed by remote, asynchronous monitoring. Successful implementation requires identifying "Clinical Champions" (staff members who can drive innovation internally and overcome resistance from colleagues wary of new technology). Real-time corrective feedback was identified as the key requirement by patients to prevent fear of movement ("kinesiophobia").

8 Lessons learnt and strategy adjustments

Throughout the reporting period, dissemination and communication activities have evolved in parallel with the project's scientific, technical and clinical milestones. As TeleRehaB progressed from early conceptualisation to evidence generation and clinical validation, several lessons emerged that informed adjustments to the D&C strategy.

1. **Early and continuous stakeholder engagement is essential for adoption.**

   Interactions with clinicians, physiotherapists, researchers, public authorities, older adults, carers and health-system representatives—across 21 engagement events and 41 scientific forums—confirmed that early exposure to project concepts increases trust, facilitates feedback loops, and supports readiness for implementation. This insight reinforced the need for continuous, accessible communication tailored to each audience.

2. **Evidence framing must be adapted to decision-makers' needs.**

   As clinical studies approached, communication priorities shifted toward presenting anticipated benefits in terms that resonate with payers, HTA bodies, and policy actors—cost-effectiveness, resource optimisation, feasibility, and alignment with national digital-health strategies. Messaging increasingly emphasised the real-world value of AI-supported rehabilitation in ageing populations.

3. **Multi-format communication improves reach and comprehension.**

   Users responded strongly to visual formats—infographics, videos, patient testimonials, and short summaries—indicating that complex information must be translated into formats that support quick understanding and reuse. This finding guided the development of the Market Access infographics, video interviews, and simplified newsletters.

4. **Integration across communication channels increases impact.**

   Coordinated dissemination across the website, social media, press, newsletters and events produced significantly higher engagement compared to isolated actions. Website analytics (4,000–6,000 users, 12,000 page views) confirmed spikes linked to coordinated campaigns (Demo Day Thailand, gender campaign, Madeira plenary, clinical-study milestones).

5. **Regional activities amplify visibility and create local ownership.**

   Local dissemination by clinical sites—in Germany, the UK, Greece, Madeira and Thailand—proved highly effective, particularly when supported by centralised materials and campaigns. Local media coverage in Madeira and the Thailand Demo Day livestream demonstrated the value of region-specific communication strategies.

6. **Communication and Market-Access strategies must be synchronised.**

   The analytical insights of D8.8 highlighted the importance of tailoring messages to structural differences across European health systems. As a result, WP8 integrated market-access considerations into its communication approach,

ensuring that stakeholders receive content aligned with national reimbursement pathways, regulatory expectations and innovation priorities.

7. **Link to D8.8 dissemination**

The lessons above directly shaped the communication campaign designed to disseminate the Market Access Review. The planned webpages, blogs, visual snapshots and social media actions ensure that D8.8 does not remain a technical document but becomes a strategic asset supporting uptake, informing innovators, and guiding early adoption pathways.

9 Conclusions

Across the reporting period, TeleRehaB's dissemination and communication activities have progressed from initial foundation-building to a mature, evidence-oriented strategy aligned with the scientific and clinical evolution of the project. The consortium has succeeded in creating a coherent and recognisable communication ecosystem, capable of engaging diverse audiences—from clinicians and researchers to policy makers, industry actors, patient communities and the wider public—while ensuring that the project's value is communicated clearly, accurately and consistently.

The work carried out under WP8 has delivered a tangible impact:

- **A robust digital presence**, combining a steadily growing website (4,000–6,000 users, 12,000+ page views) with active social media channels and a dedicated Communication Room featuring more than 20 blog posts.
- **High visibility across Europe and internationally**, with more than **20 media appearances** and strong regional uptake in Madeira and Thailand.
- **Four newsletters**, reaching an expanding community of **140 subscribers** and widely redistributed across partner networks.
- **A comprehensive suite of professional materials**, downloaded over 100 times and used in all major events, plenaries and workshops.
- **Extensive scientific and stakeholder engagement**, including **41 conference participations** and **21 engagement events**, which contributed to refining the DSS concept and supporting clinical-study readiness.

These achievements demonstrate that TeleRehaB has successfully transitioned from awareness-building to meaningful stakeholder engagement, setting the stage for early adoption and post-project sustainability.

As the project advances into its final phase, several priorities will shape the next steps of the dissemination and communication strategy:

1. Consolidation of evidence and storytelling

The communication focus will shift towards presenting the clinical, technical and experiential evidence emerging from the validation activities. Patient narratives, clinician perspectives and preliminary results will be translated into clear and compelling formats suitable for scientific, clinical and public audiences.

2. Targeted messaging for decision-makers

Building on the Market Access Review (D8.8), communication will reinforce the value proposition of the TeleRehaB DSS for payers, HTA authorities, regional health systems

and policy makers. Evidence will be framed in terms of feasibility, cost-effectiveness and alignment with digital-health priorities across European countries.

3. Strengthening the adoption pathway

WP8 will support exploitation activities by ensuring that communication outputs articulate clear deployment pathways, regulatory considerations and interoperability benefits. This will help bridge the gap between project outcomes and real-world implementation.

4. Sustained ecosystem engagement

The consortium will continue to strengthen connections with clinicians, rehabilitation networks, patient organisations, academic societies and regional ecosystems. This ensures that communication remains responsive to stakeholder needs and contributes to building the conditions necessary for scale-up.

5. Continued integration with D8.8 and the Final Dissemination Package

All communication efforts will reinforce the dissemination of the Market Access Review and support the sustainability strategy, ensuring continuity beyond the project's lifetime.

In conclusion, TeleRehaB has laid down a solid communication framework that has successfully increased visibility, enhanced credibility, fostered meaningful engagement and positioned the project within the European digital-health landscape. The final period will focus on leveraging this foundation to ensure that the project's innovations can be understood, adopted and sustained by those who stand to benefit most: patients, clinicians, health systems and society at large.