Table 4: Participant information for service user and provider interviewees.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Participant** | **Gender** | **Age** | **Area of Residence** | **Medical condition** | **Services availed** |
| **In-person service user** | 1 | Female | 4 | Urban | Cerebral palsy | Therapy services |
|  | 2 | Male | 14 | Urban | Transtibial Amputation | Orthotic devices |
|  | 3 | Male | 16 | Urban | Cerebral palsy | Orthotic devices |
|  | 4 | Female | 10 | Urban | Cerebral palsy | Therapy services |
| **Telehealth service user** | 1 | Male | 15 | Urban | Cerebral palsy | Therapy services |
|  | 2 | Female | 24 | Urban | Hemiparesis | Therapy services |
|  | 3 | Female | 13 | Urban | Cerebral palsy | Therapy services |
|  | 4 | Female | 37 | Urban | Spinal cord injury | Therapy services |
|  | 5 | Male | 67 | Urban | Low back pain | Therapy services |
|  |  |  |  | **Designation** |  |  |
| **Telehealth****Service provider** | 1 | Female | 46 | Senior Rehabilitation therapy assistant |  |  |
|  | 2 | Female | 40 | Rehabilitation therapy assistant |  |  |
|  | 3 | Male | 33 | Rehabilitation therapy assistant |  |  |
|  | 4 | Female | 26 | Physiotherapist |  |  |
|  | 5 | Male | 24 | Physiotherapist |  |  |