

in complex cases.²⁰ Thus, while VR could reduce early operational costs and complications, evaluation by human supervisors would still be a necessity.

NO GREEN LIGHT YET ON VR

Despite the apparent benefits of VR for patient care and medical training, further research is required to ascertain whether these applications are efficient. As VR has only become accessible in the last decade, past studies were limited by the financial burden of technological obsolescence, due to the rapid progress of the VR field. Furthermore, previous studies were often underpowered as a result of low participant compliance.^{5,21} New clinical trials with greater sample populations are needed to compare the recent advances in VR with current therapy models, treatment regimens, and teaching methods in order to support widespread VR applications.^{6,12}

In addition, for therapeutic purposes, VR technology does not yet provide highly accurate haptic feedback aside from vibrations.⁸ Some research argues that greater tangible senses are required to help patients relearn motions such as feeling the weight of an object, while contrasting research suggests visualization alone is adequately beneficial to practice and boost patient confidence.^{2,4,8} Other studies interject by noting that most forms of haptic feedback are not necessary at all for motor skill relearning after childhood, and that positional control alone is sufficient.²² It is unclear whether the benefits of movement practice combined with visualization outweigh the lack of physical pressure during this training.^{2,8,22} However, studies have yet to assess the effectiveness of vibrations in terms of haptic feedback.

Finally, it has not yet been determined how much VR training is required to produce meaningful outcomes.^{12,16} Ideally, VR training should be effective within a similar time frame

to most physiotherapy sessions in order to be a sufficient replacement. Extending beyond regular therapy periods may reduce compliance or produce negative effects.⁵ These concerns must be addressed before VR is standardized into the healthcare system.

THE FUTURE IS VIRTUAL

As the world progresses towards a digital age with ever-advancing technologies, VR emerges not only as an entertainment medium, but also as an impactful tool in healthcare. Its potential in rehabilitation and treatment allows for the implementation of enriching and individualized options for patient care. Additionally, VR presents a promising opportunity for education of medical professionals by providing a superior alternative to textbooks and instructional videos. Trainees will be able to virtually experience techniques and procedures to better prepare them for live patient care.

Future research must focus on the cost-efficiency of this technology and consolidate its effectiveness relative to conventional therapies. Finally, it is important to evaluate the magnitude of VR exposure required for patients and trainees to experience significant benefits. The investment in VR can profoundly enhance the face of healthcare in terms of how and when the appropriate care is delivered to patients. ■

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1. Small C, Stone R, Pilsbury J, Bowden M, Bion J. Virtual restorative environment therapy as an adjunct to pain control during burn dressing changes: study protocol for a randomised controlled trial. *Trials* [Internet]. 2015;16:329. Available from: <http://dx.doi.org/10.1186/s13063-015-0878-8>
2. Sveistrup H. Motor rehabilitation using virtual reality. *J Neuroeng Rehabil*. 2004;1:10.
3. Carlozzi NE, Gade V, Rizzo A "Skip", Tulsky DS. Using virtual reality driving simulators in persons with spinal cord injury: three screen display versus head mounted display. *Disabil Rehabil Assist Technol* [Internet]. 2013;8(2):176-80. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22775982>
4. Levin MF. Can virtual reality offer enriched environments for rehabilitation? *Expert Rev Neurother*. 2011;11(2):153-5.
5. Mirelman A, Maidan I, Herman T, Deutsch JE, Gil-

di N, Hausdorff JM. Virtual reality for gait training: Can it induce motor learning to enhance complex walking and reduce fall risk in patients with Parkinson's disease? *Journals Gerontol - Ser A Biol Sci Med Sci*. 2011;66 A(2):234-40.

6. Lloréns R, Gil-Gómez J-A, Alcañiz M, Colomer C, Noé E. Improvement in balance using a virtual reality-based stepping exercise: a randomized controlled trial involving individuals with chronic stroke. *Clin Rehabil*. 2015;29(293):261-8.

7. Just MA, Stapley RJ, Ros M, Naghdy F, Stirling D. A comparison of upper limb movement profiles when reaching to virtual and real targets using the Oculus Rift: implications for virtual-reality enhanced stroke rehabilitation. *Proc 10th Intl Conf Disabil Virtual Real Assoc Technol*. 2014;2-4.
8. Rand D, Givon N, Zelig G, Nota A, Weingarden H. Counting repetitions of upper extremity movements while playing video games compared to traditional therapy: implications for stroke rehabilitation. *Proc 9th Intl Conf Disabil Virtual Real Assoc Technol* [Internet]. 2012;10-2. Available from: www.icdvrat.org
9. Sharar SR, Miller W, Teeley A, Soltani M, Hoffman HG, Jensen MP, et al. Applications of virtual reality for pain management in burn-injured patients. *Expert Rev Neurother*. 2008;8(11):1667-74.
10. Hoffman HG, Meyer III WJ, Ramirez M, Roberts L, Seibel EJ, Atzori B, et al. Feasibility of Articulated Arm Mounted Oculus Rift Virtual Reality Goggles for Adjunctive Pain Control During Occupational Therapy in Pediatric Burn Patients. *Cyberpsychology, Behav Soc Netw*. 2014;17(6):397-401.
11. Hoffman HG, Doctor JN, Patterson DR, Carragher GJ, Furness T. A virtual reality as an adjunctive pain control during burn wound care in adolescent patients. *Pain*. 2000;85(1-2):305-9.
12. Gromala D, Tong X, Choo A, Karamnejad M, Shaw CD. The Virtual Meditative Walk: Virtual Reality Therapy for Chronic Pain Management. *Proc 33rd Annu ACM Conf Hum Factors Comput Syst*. 2015;521-4.
13. Sharar SR, Carragher GJ, Nakamura D, Hoffman HG, Blough DK, Patterson DR. Factors Influencing the Efficacy of Virtual Reality Distraction Analgesia During Postburn Physical Therapy: Preliminary Results from 3 Ongoing Studies. *Arch Phys Med Rehabil*. 2007;88(12 SUPPL 2):43-9.
14. Schmitt YS, Hoffman HG, Blough DK, Patterson DR, Jensen MP, Soltani M, et al. A randomized, controlled trial of immersive virtual reality analgesia, during physical therapy for pediatric burns. *Burns* [Internet]. Elsevier Ltd and International Society of Burns Injuries; 2011;37(1):61-8. Available from: <http://dx.doi.org/10.1016/j.burns.2010.07.007>
15. Shiri S, Feintuch U, Weiss N, Pustilnik A, Geffen T, Kay B, et al. A Virtual Reality System Combined with Biofeedback for Treating Pediatric Chronic Headache - A Pilot Study. *Pain Med*. 2013;14:621-7.
16. Hudlicka E. Virtual training and coaching of health behavior: Example from mindfulness meditation training. *Patient Educ Couns* [Internet]. Elsevier Ireland Ltd; 2013;92(2):160-6. Available from: <http://dx.doi.org/10.1016/j.pec.2013.05.007>
17. Nagendran M, Gurusamy K, Aggarwal R, Loizidou M, Davidson B. Virtual reality training for surgical trainees in laparoscopic surgery. *Cochrane Database Syst Rev*. 2013;(6).
18. Walsh C, Sherlock M, Ling S, Carnahan H. Virtual reality simulation training for health professions trainees in gastrointestinal endoscopy. *Cochrane Database Syst Rev*. 2012;(6).
19. Larsen CR, Soerensen JL, Grantcharov TP, Dalsgaard T, Schouenborg L, Ottosen C, et al. Effect of virtual reality training on laparoscopic surgery: randomised controlled trial. *BMJ* [Internet]. 2009;338:b1802. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19443914>; <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC3273782>
20. Snyder CW, Vandromme MJ, Tyra SL, Porterfield JR, Clements RH, Hawn MT. Effects of virtual reality simulator training method and observational learning on surgical performance. *World J Surg*. 2011;35(2):245-52.
21. Mathur AS. Low Cost Virtual Reality for Medical Training. *IEEE Virtual Real Conf* 2015. 2015;345-6.
22. Sigrist R, Rauter G, Riener R, Wolf P. Augmented visual, auditory, haptic, and multimodal feedback in motor learning: A review. *Psychon Bull Rev* [Internet]. 2013;20:21-53. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23132605>; <http://link.springer.com/10.3758/s13423-012-0333-8>