



Evaluation in the Digitalization Implementation in the Sport Injury Therapy Service in Special Region of Yogyakarta

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ABSTRACT: This research aims to assess the outcomes of evaluating the context, input, process, and product of digitalization in sports injury therapy services in Special Region of Yogyakarta. This research employs the CIPP assessment model. The research participants included owners, managers, therapists, and patients at clinics in Special Region of Yogyakarta. The sampling method employed purposive sampling, with the criterion being the willingness to participate and complete questionnaires provided by the researchers. The data collection approaches included observation, interviews, questionnaires, and documentation procedures. This research included descriptive quantitative and descriptive qualitative analysis methodologies for data analysis. The success criterion employed intervals: 3.26-4.00 (Very Good), 2.51-3.25 (Good), 1.76-2.50 (Poor), and 1.75-1.00 (Very Poor). The findings indicate that the assessment of digitalization in sports injury therapy services in Special Region of Yogyakarta is at 3.10, categorized as good. The results derived from each evaluative component are as follows. Subsequently, each evaluative criterion is elucidated, specifically: The evaluation context of digitization in sports injury therapy services in Special Region of Yogyakarta is rated at 3.01, categorizing it as good. The input evaluation of digitalization in sports injury therapy services in the Special Region of Yogyakarta (DIY) is at 3.06, classified as satisfactory. The process evaluation of digitalization in sports injury therapy services in the Special Region of Yogyakarta (DIY) obtains a score of 2.20, classified as adequate. The assessment of digitalization in sports injury therapy services in the Special Region of Yogyakarta (DIY) obtains a score of 2.42, classified as adequate. The results indicate that, on average, each sports injury therapy clinic has adopted digitalization, albeit some have not executed it effectively.

KEYWORDS: Digitalization, evaluation, sport injury, therapy services

INTRODUCTION

Present the scientific or scholarly background, identify the problem or knowledge gap, and clearly articulate the rationale for the study. State the overall aim and, where appropriate, specific objectives or hypotheses. Support the introduction with current and relevant literature.

Technological advancements persist in prompting the digital transformation of various facets of individuals' life, particularly within the healthcare industry. The existing regulations governing telemedicine include the Minister of Health Regulation Number 20 of 2019, which pertains to the implementation of telemedicine services among health service facilities. According to Article 1, number 22 of the Health Law and Article 1, number 1 of Permenkes 20/2019, it encompasses the exchange of information for diagnosis, treatment, disease and injury prevention, research and evaluation, and ongoing education for health service providers, all intended to enhance individual and community health. According to Article 1, number 21, in conjunction with Article 25, number 3 of the Health Law, telehealth encompasses a comprehensive health technology that includes the delivery of clinical and non-clinical services, as well as the facilitation of health services such as public health, health information services, and self-services, utilizing telecommunications and digital communication technology. According to Law No. 17 of 2023, the health service process encompasses the technical dimensions of medical services, together with adherence to professional standards, ethical considerations, and patient rights. This obligation is personal and cannot be delegated, even if healthcare professionals operate within a healthcare facility (2). Consequently, healthcare services must be conducted with professionalism to avert compromises in the quality of digital healthcare services.

Indonesia confronts a significant issue, as 65% of medical error incidents stem from inadequate information exchange among healthcare providers. This impedes the flow of information essential for the continuity and safety of patient treatment due to the absence of systems capable of efficiently integrating data across institutions (3). Following the COVID-19 epidemic, the



digitalization of healthcare, especially in Indonesia, has emerged as a significant priority. This has initiated a rapid transition to a data-centric healthcare system and instantaneous analytics. This digital transformation encompasses the utilization of sophisticated technologies and platforms to enhance the efficacy of healthcare interventions and operational efficiency. This digital revolution also diminishes expenses and enhances the whole digital healthcare experience for patients.

Digitalization is a process that has permeated multiple areas, including public services, business, healthcare, and electronic information media, resulting in a substantial digital revolution in contemporary life. The objective of digitalization in the healthcare sector is to streamline the service process while maintaining the quality and efficiency of services. The adoption of digitalization will enhance the effectiveness and efficiency of the registration process, queuing system, medical record management, payment processing, advertising, and activity reporting, thereby alleviating the workload of personnel in daily service provision. Health digitalization encompasses mobile health (mHealth), including smartphone applications and text messaging programs; electronic health (eHealth), comprising standalone and web-based software; health information technology; telehealth or teleconsultation; electronic medical records (EMR); and the application of advanced computing in big data, genomics, and artificial intelligence. This digital health system utilizes technology to enhance the quality, delivery, and management of patient care. Digitalization has the capacity to revolutionize the future healthcare model by integrating primary and secondary services with self-management as a fundamental component. This indicates that all patients can autonomously access digital health and the complete system (9).

The Indonesian Ministry of Health asserts that the implementation of information technology in healthcare can enhance patient access to health information by as much as 70%. This illustrates the capacity of digitalization to transform the public perception of healthcare services from a conventional model to a more proactive, patient-centered approach. Emphasizing patient health autonomy is essential for enhancing an individual's quality of life (10). Access to digital healthcare services enables individuals to make more informed decisions about their care. This digital healthcare is available to anyone with any medical history, including those with sports injuries. A therapy service is available to aid athletes in the recovery process following sports-related injuries (11). Sports injuries may affect any region of the body, particularly those involved in movement or support during physical exercise. These injuries manifest symptoms including pain, swelling, bruising, abrasions, lacerations, and fractures (12). Patients exhibiting these symptoms necessitate prompt healthcare intervention to avert the deterioration of the condition and the potential development of chronicity.

Sports injury therapy services cater to persons with mild or level 1 muscular and joint discomfort, as well as those suffering from weariness due to daily activities. The principal measure of the service's success and advancement is the degree of customer satisfaction with the entire treatment procedure. Customer satisfaction can be assessed through multiple dimensions, including cost efficiency, punctuality, comprehensiveness of facilities and infrastructure, and the efficacy of therapy in rehabilitating patients from injury and tiredness (13). Periodic evaluation is a strategic measure for management to identify internal and external situations and utilize existing data as a foundation for evaluative considerations. Consequently, client feedback is essential for assessment, as it offers insight into satisfaction levels and the quality of services rendered in injury therapy. The quality of therapeutic treatments necessitates regular assessment to ensure client satisfaction.

Therapeutic treatments for sports injuries have proliferated in the Special Region of Yogyakarta, with such services accessible in almost every district and city; nevertheless, the degree of digitalization remains inconsistent. Numerous problems emerge during the digitalization process, including the necessity for facilities and infrastructure, employee proficiency in media, and the degree of scientific and technological expertise within the surrounding community. Therapy services with significant resources will execute digitization more effectively than injury therapy providers lacking funds. Sports injury therapy services without digitalization would adversely affect patients, as registration and services remain manual. This study will evaluate the use of digitalization in sports injury therapy services in the Special Region of Yogyakarta. The evaluation's conclusions are anticipated to catalyze enhancements in the quality of sports injury therapy services in the Special Region of Yogyakarta.

MATERIALS AND METHODS

Study design

This research constitutes an evaluative study employing the CIPP (context, input, process, and product) assessment framework. The CIPP approach was used due to its suitability for this research issue, which targets managers with responsibility over program advancement. Managers or owners can enhance and determine the sustainability of the program based on the outcomes



of this CIPP review. This evaluation method possesses intricate properties when utilized to analyze a service program. The evaluation results derived from the implementation of the CIPP technique can be assured to possess a significant degree of objectivity. The evaluation in the contextual aspect emphasizes a thorough review of the program, encompassing overall viewpoints and accomplishments, alongside implementation factors, particularly with the digitization of therapeutic services. The evaluation of inputs focuses on examining the accessibility and application of digital technology resources employed to enhance the sustainability of sports injury therapy services. The evaluation of the Process aspect concentrates on analyzing the implementation mechanism and the quality of digital media or systems utilized in injury therapy services. The evaluation of the Product aspect focuses on measuring the extent of achievement and impact produced by digital systems in delivering sports injury therapy services in the Special Region of Yogyakarta.

Participants

The participants in this study were providers of sports injury therapy services in the Special Region of Yogyakarta. This research employed a purposive sampling method. This method is a sample selection approach in which researchers establish specific criteria or qualities that enhance the study's sustainability. The criteria established by researchers for purposive sampling are: (1) sports injury treatment service providers situated inside the Special Region of Yogyakarta, and (2) sports injury therapy services that have been operational for over one year. The study sample comprised eight providers of injury treatment services, as per the aforementioned criteria.

Instruments

This evaluation study employed both quantitative and qualitative methodologies. The quantitative data gathering using a questionnaire tool. The questionnaire was evaluated by three management specialists. The objective of expert validation was to acquire a reliable instrument evaluated from many expert viewpoints. The questionnaire indicators included the utilization of digitalization in systems management, human resource management, facilities and infrastructure management, and the execution of promotions and advertising. Qualitative data were obtained via interviews and direct observation.

Data Analysis Techniques

This study employed a dual approach to data analysis methodologies. Quantitative data employed categorical and criteria scale analysis, whilst the Miles and Huberman method was utilized for qualitative data. This analytical method corresponds with data collection approaches that utilize many data sources. The research data were obtained from interviews and questionnaires distributed to managers of injury therapy services. Additional data sources were acquired through the researcher's direct observational activities following the interview sessions and the completion of questionnaires.

RESULTS

The assessment outcomes of the digitalization implementation in sports injury therapy services in the Special Region of Yogyakarta (DIY) were analyzed based on the dimensions of Context, Input, Process, and Product. This involved acquiring precise and impartial information and assessing the outcomes of the evaluation of digitalization deployment in sports injury therapy services in DIY.

1. Context Evaluation

The adoption of digital technology enables therapists to efficiently track patient healing and deliver immediate feedback. Despite the hurdles in educating personnel to proficiently utilize digital tools, favorable patient feedback concerning accessibility and enhanced interaction indicates the program's effectiveness. Moreover, the ongoing development of training and support for personnel will be crucial for sustaining and augmenting the advantages gained from digitalization in sports injury therapy.

Table 1. Context Component Average Results

<i>Context Component</i>	<i>Mean</i>	<i>Category</i>
Background indicator	3.03	Good
Tujuan Program digitalisasi dalam layanan terapi	2.96	Good
Pembinaan digitalisasi pelayanan terapi cedera olahraga	3.03	Good
Komponen Context	3.01	Good



2. Input Evaluation

The results of this input evaluation will offer a detailed assessment of the strengths and flaws in the execution of sports injury therapy services. Upon identifying inadequacies in physical equipment or digital systems, rapid corrective actions can be implemented, including the acquisition of new equipment or the enhancement of existing digital systems. This evaluation functions as both an assessment instrument and a catalyst for ongoing enhancement in delivering superior and more effective services to patients.

Human resources are an essential and integral component of an organization, particularly within the sports injury therapy sector in the Yogyakarta Special Region, encompassing both managers and therapists. Managers in sports injury therapy centers are essential for maintaining effective and efficient operations. Alongside human resources, buildings and infrastructure serve as a catalyst for obtaining targeted goals. Consequently, sports treatment facilities and infrastructure must satisfy both qualitative and quantitative standards. Sports injury therapy services in the Yogyakarta Special Region function as auxiliary resources, comprising diverse structures and sports therapy apparatus designed to facilitate the sports therapy process.

Table 2. Input Components Average Results

<i>Input Components</i>	<i>Mean</i>	<i>Category</i>
Human resource	5.03	Good
Facility and infrastructure	3.06	Adequate
<i>Input Components</i>	3.06	Good

3. Process Evaluation

The assessment of the implemented process for sports injury therapy services in the Special Region of Yogyakarta (DIY) has been successful, aligning with the attributes of an effective organization. The effectiveness of administration and management in executing their organizational functions can be evaluated by their capacity to establish a well-structured organization. An effective organization is defined by explicit objectives, a cohesive direction, task delegation, consolidated authority and accountability, and a lucid comprehension of its purposes. Nonetheless, technological advancement, especially in digitalization, necessitates enhancement.

The assessment of the sports injury therapy service procedure in the Special Region of Yogyakarta (DIY) employs comprehensive digital training. Expertise, cognitive advancement, coaching, and skill enhancement can only be cultivated by prolonged training and advanced research, indicating that such development requires time, and therapists must continuously expand their knowledge to be effective. A detailed study of the elements of the sports injury rehabilitation service evaluation process in the Special Region of Yogyakarta, based on indicators of service implementation and coordination, is provided in Table 8.

Table 3. Process Evaluation Average Results

<i>Input Components</i>	<i>Mean</i>	<i>Category</i>
Service implementation	2,48	Adequate
Coordination	2,37	Adequate
<i>Input Components</i>	2,20	Adequate

4. Product Components

In product evaluation, data is gathered at the conclusion of the program concerning outputs or products, and the resultant product is juxtaposed with anticipated outcomes. The objective of product evaluation is to assess and guide future decisions, indicating accomplishments and actions taken post-implementation of the program. Feedback on satisfaction results is essential for the attainment of sports therapists' objectives. In conclusion, product review is frequently broadened to examine long-term impacts. A thorough analysis of the product components is conducted, emphasizing the application of digitalization in sports injury therapy services within the Special Region of Yogyakarta (DIY), based on success indicators for utilizing digitalization in these services.

Customer satisfaction cannot be attained effortlessly or immediately. Attaining satisfaction in sports injury management necessitates skilled therapists, expertise, and an extensive learning period. The attainment of customer satisfaction is affected by the



quality of methodologies and the manager's oversight of the therapist in directing a team. The quality of a therapist is influenced by multiple aspects, including their abilities and personality, facilities and equipment, creative output, talent, motivation, and ongoing skill development and lifestyle choices.

Table 4. Product Components Average Results

Komponen Input	Mean	Kategori
Digitalization success	2,40	Adequate
Prosperity	2,43	Adequate
Input Components	2,42	Adequate

DISCUSSION

1. Context Components

Context evaluation emphasizes the assessment of the comprehensive program viewpoint, particularly with the reception and implementation of the digitalization program in therapeutic services. This initiative aims to enhance service efficiency and accessibility, while simultaneously offering convenience for patients throughout the therapeutic process (15). By analyzing the context, we can evaluate the program's efficacy, comprehend the obstacles encountered, including technological acceptance by personnel and patients, and analyze the preparedness of the current infrastructure (16). This comprehension is essential for evaluating the alignment of the program's objectives with user expectations and requirements.

During program execution, various elements were achieved, including a rise in the number of patients utilizing digital services and enhanced patient satisfaction regarding accessibility (17). Nonetheless, several criteria were unmet, including sufficient training for therapists in the utilization of digital technology. As a result, some therapists encountered challenges in utilizing new digital tools, potentially affecting the quality of service delivered. This contextual assessment enables us to pinpoint areas requiring enhancement and additional development to augment the program's efficacy (18).

The objectives for executing the digitalization program are also the emphasis of the contextual evaluation. The principal objective is to enhance patient involvement in the therapeutic process. To attain this objective, it is essential to guarantee that all components of the program operate synergistically. Digital technologies must be seamlessly linked with current therapeutic processes, and therapists must possess the requisite abilities to effectively employ the technology.

2. Input Components

This study's input evaluation concentrated on examining the existing equipment resources, encompassing both physical objects and digital systems, that facilitate the provision of sports injury therapy services (19). Appropriate equipment resources are essential for delivering successful therapy to patients (20). In this context, physical apparatus, including rehabilitation devices, training aids, and medical supplies, must adhere to quality and safety requirements (21). Moreover, the digital tools employed, including progress monitoring software and online consultation programs, must operate effectively to facilitate interactions between patients and therapists (22).

This study assessed the status and accessibility of equipment in therapeutic services (23). Defective or inadequate equipment might impede the rehabilitation process and restrict therapists' capacity to deliver optimal care (24). Consequently, it is essential to perform a comprehensive evaluation of the current equipment inventory, including verifying its maintenance status and its adequacy for contemporary therapeutic requirements. By assessing the status of these resources, treatment service management can make informed decisions regarding the acquisition or repair of essential equipment (25). This suggests that by evaluating both physical instruments and digital systems, owners can identify current strengths and shortcomings and devise necessary strategies to enhance service quality.

3. Proses Components

This study's evaluation process seeks to analyze the implementation of digital media or systems in injury therapy services (26). This process includes multiple phases, ranging from planning and procurement to the integration of the digital system into daily operations (27). This study assesses compliance with defined requirements across all stages (28). Comprehending the



intricacies of this process is crucial for identifying elements that affect the success or failure of digital system implementation in injury therapy contexts (29).

The evaluation procedure primarily emphasizes the participation of all stakeholders in the implementation, including managers, therapists, and support staff. This study examines the role of communication and collaboration among team members in the effective deployment of the digital system (30). Therapist participation in the planning process is essential to guarantee that the established system addresses field requirements (31). Moreover, training offered to system users is essential for ensuring that all individuals feel at ease and proficient in utilizing the new technology (32). Evaluating each stage of the process can reveal optimal practices and opportunities for enhancement.

4. Product Components

This research product evaluation concentrated on the outcomes and effects following the implementation of a digital system in sports injury therapy services in the Special Region of Yogyakarta. The deployment of the digital system is anticipated to enhance the efficiency of the therapeutic procedure, expedite patient recuperation durations, and elevate patient satisfaction with the services rendered (31,33). This effect assessment was performed by gathering data prior to and following implementation, facilitating the examination of alterations in service quality and therapeutic results (34).

An indicator of success measured was the rise in the number of patients utilizing therapeutic services following the implementation of the digital system (35). Studies indicate that enhanced service accessibility via digital platforms has drawn an increased number of patients, including individuals who previously faced challenges in obtaining in-person therapy (36). Enhanced patient satisfaction was assessed by surveys, revealing that patients felt more involved in the therapeutic process due to the capability to track progress online and facilitate communication with therapists more efficiently (37–39).

The product assessment also encompassed an analysis of the digital system's efficacy in enhancing therapy outcomes. The study (35) gathered patient recovery data, including the duration required to resume regular activities and the incidence of recurring injuries. Evidence indicates that patients utilizing digital systems achieve expedited recovery and superior success rates relative to those receiving non-digital therapy services, thereby implying that the incorporation of technology into therapeutic practices can yield substantial advantages in rehabilitation.

The product evaluation results indicate a favorable assessment of the influence of digital technologies on sports injury therapy services. This can enhance accessibility, patient involvement, and therapeutic efficacy. This digital technology has demonstrated substantial added value to healthcare services in Yogyakarta. This research aims to serve as a reference for clinics seeking to use similar technologies and to offer insights for policymakers to facilitate the advancement of digital systems in healthcare more broadly.

CONCLUSION

Provi The research findings and data analysis show that the assessment of digitalization usage in sports injury therapy services in the Special Region of Yogyakarta (DIY) was 3.10, classified as good. In conclusion, while most of sports injury rehabilitation clinics have adopted digitalization, certain clinics in the Special Region of Yogyakarta have not done so effectively. This barrier poses a challenge for scholars and professionals to enhance knowledge and improve abilities in clinical services, facilitating patients' ability to optimize service quality.

REFERENCES

1. Hamzah IF. Telekesehatan Dan Telemedisin: Perspektif Hukum Kesehatan. *Jurnal Ilmiah Ilmu Sosial dan Pendidikan*. 2024;2(2):125–31.
2. Hamzah IF. Telekesehatan Dan Telemedisin: Perspektif Hukum Kesehatan. *Jurnal Ilmiah Ilmu Sosial dan Pendidikan*. 2024;2(2):125–31.
3. Firdaus R, Khaerani S, Wijaya N. Transformasi Digital Sistem Informasi Kesehatan Menuju Layanan Kesehatan Yang Terkoneksi Dan Berpusat Pada Pasien. *Economics and Digital Business Review*. 2025;6(2):1045–55.
4. Raysa Arma Mutiarani. Peran dan Tantangan Digitalisasi Pelayanan Kesehatan di Indonesia. *Klinik Pintar*. 2023;1(1).
5. Diana BA, Sari JA. Dampak Transformasi Digitalisasi terhadap Perubahan Perilaku Masyarakat Pedesaan. *Jurnal Pemerintahan Dan Politik*. 2024;9(2):88–96.



6. Memo Lukito AG. Pelayanan kesehatan yang efisien dan terjangkau melalui transformasi kesehatan digital via telemedicine di Indonesia. *Fakultas Kesehatan Masyarakat, Universitas Indonesia*. 2024;XIV(2):107–17.
7. Tri Yulianti D, Tri Prastowo A. Pengembangan Digitalisasi Perawatan Kesehatan Pada Klink Pratama Sumber Mitra Bandar Lampung. *Jurnal Teknologi dan Sistem Informasi (JTSI)*. 2021;2(2):32–9.
8. Shidi laksono. Kesehatan Digital dan Disrupsi Digital pada Layanan Kesehatan di Rumah Sakit. *Jurnal Kebijakan Kesehatan Indonesia*. 2022;11(01):36–42.
9. Yuliasuti H, Jawahir Moh. Analisis Efektivitas Pemanfaatan Aplikasi Layanan Kesehatan Mobile Jaminan Kesehatan Nasional Di Indonesia. *Jurnal Pengabdian Kepada Masyarakat (JPKM) Langit Biru*. 2023;4(01):28–40.
10. Bangun K, Bangun A, Dini A. Kemandirian Kesehatan di Rumah Sakit: Peran Transformasi Digital dalam Meningkatkan Akses, Pengetahuan, dan Keputusan Pasien Di Rumah Sakit Mitra Sejati. *Biology Education Science and Technology Journal*. 2024;7(2):1011–7.
11. Prasetyo HJ. KEGUNAAN TERAPI DAN REHABILITASI DALAM CEDERAOLAHRAGA. *Journal Of Phedheral*. 2015;11(2):71–8.
12. Idah Tresnowati, Gilang Nuari Panggraita, Lukman Alfaris, Nurul Aqil Nahari. Counseling on Post-Sports Injury Recovery in Gymnastic Athletes. *GANDRUNG: Jurnal Pengabdian Kepada Masyarakat*. 2025;6(2):2399–405.
13. Nugroho F, Kushartanti W, Guntur. Evaluasi manajemen dan penanganan cedera muskuloskeletal di laboratorium klinik terapi fisik FIK UNY dengan model CIPP. *Jurnal Keolahragaan*. 2021;9(2):268–78.
14. Musanto T. Faktor-faktor kepuasan pelanggan dan loyalitas pelanggan: Studi kasus Pada CV. Sarana Media Advertising Surabaya. *Jurnal Manajemen dan Kewirausahaan*. 2004;6(2):pp.123-136.
15. Firdaus R, Syeira K, Wijaya N. Transformasi Digital Sistem Informasi Kesehatan Menuju Layanan Kesehatan Yang Terkoneksi Dan Berpusat Pada Pasien. *Economics and Digital Business Review*. 2025;6(2):1045–55.
16. Siregar JJ, Rossevelt FA. Efektivitas Pelayanan Dalam Meningkatkan Kualitas Pelayanan Pendaftaran Online Pada Aplikasi Mobile Jaminan Kesehatan Nasional (JKN) Di Rumah Sakit Umum Bunda Thamrin. *SAJJANA: Public Administration Review*. 2025;3(01):90–100.
17. Isyos Sari S. Aksesibilitas Layanan Kesehatan: Pengembangan Metode Education Berbasis Health Promotion. *AA Rizky*; 2025.
18. Sibarani CGGT, SE SP, Ahsan J, Umar AT. Buku Monograf: Evaluasi Teori dan Model. *Merdeka Kreasi Group*; 2025.
19. Rahmadani S. Buku Ajar Perencanaan dan Evaluasi Kesehatan. *Penerbit NEM*; 2025.
20. Aldiansyah PM, Yuwono RD, Richo AY, Erstiawan MS. Inovasi rompi medis untuk fisioterapis sepakbola berbasis tactical vest. *CandraRupa: Journal of Art, Design, and Media*. 2025;4(1):27–35.
21. Putra DK. Pengembangan Aplikasi Berbasis Mobile untuk Peningkatan Layanan Kesehatan. *Circle Archive*. 2024;1(6).
22. Rambe AS, Tanjung D, Octiara E, Ridho H, Yustina I, Siregar M, et al. Perkembangan Teknologi Digital Untuk Berbagai Bidang Kehidupan (Digital Technology For Humanity). 2024;
23. Prima A, Gayatri D, Afyanti Y, Effendy C. Remote Patient Monitoring Pada Pasien Kanker: Analisis Konsep. *Media Kesehatan Politeknik Kesehatan Makassar*. 2025;20(1):192–206.
24. Mahabagawati IK, Sari DN, Hadi C, Muyassar ZA, Romadhon YA. Upaya Penambahan Layanan Unggulan Sport Clinic (Athletic Lab dan Pusat Kebugaran Umum) RSO Prof. DR. R. Socharso Surakarta. *Jurnal Penelitian Multidisiplin Bangsa*. 2025;1(8):1062–8.
25. Pontoh D, Syah T, Negoro D, Sunaryanto K. Analisa Manajemen Sumber Daya Manusia Pada Perencanaan Bisnis Klinik Delka. *Jurnal Pengabdian kepada Masyarakat Nusantara*. 2024;5(4):5899–911.
26. Bruder AM, Patterson BE, Crossley KM, Mosler AB, Haberfield MJ, Hägglund M, et al. If we build it together, will they use it? A mixed-methods study evaluating the implementation of Prep-to-Play PRO: an injury prevention programme for women's elite Australian Football. *Br J Sports Med*. 2024;58(4):213–21.
27. Simons M, Harvey G, McMillan L, Ryan EG, De Young AG, McPhail SM, et al. Implementation outcomes of a digital, trauma-informed care, educational intervention targeting health professionals in a paediatric burns setting: A mixed methods process evaluation. *Burns*. 2024;50(6):1690–703.



28. El-Tallawy SN, Pergolizzi J V, Vasiliu-Feltes I, Ahmed RS, LeQuang JK, Alzahrani T, et al. Innovative applications of telemedicine and other digital health solutions in pain management: a literature review. *Pain Ther.* 2024;13(4):791–812.
29. Xu R, Wang Z. Generative artificial intelligence in healthcare from the perspective of digital media: Applications, opportunities and challenges. *Heliyon.* 2024;10(12).
30. Ugwu CN, Ugwu OPC, Alum EU, Eze VHU, Basajja M, Ugwu JN, et al. Sustainable development goals (SDGs) and resilient healthcare systems: Addressing medicine and public health challenges in conflict zones. *Medicine.* 2025;104(7):e41535.
31. Hameed K, Naha R, Hameed F. Digital transformation for sustainable health and well-being: a review and future research directions. *Discover Sustainability.* 2024;5(1):104.
32. Oewel B, Azizan N, Areean PA, Agapie E. Technology's Role in Fostering Therapist-Client Collaboration and Engagement with Goals. *Proc ACM Hum Comput Interact.* 2024;8(CSCW2):1–28.
33. Dodson P, Haase AM, Jeffreys M, Hales C. Capturing patient experiences of care with digital technology to improve service delivery and quality of care: A scoping review. *Digit Health.* 2024;10:20552076241282900.
34. Karakolias S. Mapping data-driven strategies in improving health care and patient satisfaction. *World Journal of Advanced Engineering Technology and Sciences.* 2024;
35. Morelli S, Daniele C, D'Avenio G, Grigioni M, Giansanti D. Optimizing Telehealth: Leveraging Key Performance Indicators for Enhanced TeleHealth and Digital Healthcare Outcomes (Telemechron Study). In: *Healthcare.* MDPI; 2024. p. 1319.
36. Chowdhury MRI, Chowdhury TR, Abdullah SB. Strategies for improving patient experience and satisfaction in healthcare facilities in USA. *International Journal of Science & Healthcare Research.* 2024;9(4):357–69.
37. Wiebe DE, Remers S, Nippak P, Meyer J. Evaluation of an online system for routine outcome monitoring: cross-sectional survey study. *JMIR Ment Health.* 2021;8(12):e29243.
38. Békés V, Aafjes-van Doorn K, Luo X, Prout TA, Hoffman L. Psychotherapists' challenges with online therapy during COVID-19: Concerns about connectedness predict therapists' negative view of online therapy and its perceived efficacy over time. *Front Psychol.* 2021;12:705699.
39. Tenforde AS, Borgstrom H, Polich G, Steere H, Davis IS, Cotton K, et al. Outpatient physical, occupational, and speech therapy synchronous telemedicine: a survey study of patient satisfaction with virtual visits during the COVID-19 pandemic. *Am J Phys Med Rehabil.* 2020;99(11):977–81.
40. Canfell OJ, Woods L, Meshkat Y, Krivit J, Gunashanhar B, Slade C, et al. The impact of digital hospitals on patient and clinician experience: Systematic review and qualitative evidence synthesis. *J Med Internet Res.* 2024;26:e47715.
41. Suura SR. Agentic AI Systems in Organ Health Management: Early Detection of Rejection in Transplant Patients. *J Neonatal Surg.* 2025;14(4s).
42. Kanwel S, Ma Z, Li M, Hussain A, Erum N, Ahmad S. The influence of hospital services on patient satisfaction in OPDs: evidence from the transition to a digital system in South Punjab, Pakistan. *Health Res Policy Syst.* 2024;22(1):93.
43. da Silva AA, Merolli M, Fini NA, Granger CL, Gustafson OD, Parry SM. Digital health interventions in adult intensive care and recovery after critical illness to promote survivorship care. *J Intensive Care Soc.* 2025;26(1):96–104.

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