Clinicians' Commentary on Shields and Taylor¹

Shields and Taylor¹ make an important contribution to the literature on health care providers' attitudes toward people with disability. Research on attitudes toward people with disability, and particularly those with intellectual disability, is less common in rehabilitation professions (e.g., physical therapy, occupational therapy, speech language pathology) than in professions such as nursing and medicine. Addressing this gap, Shields and Taylor¹ investigated whether contact with people with Down syndrome influenced attitudes toward disability among Australian physiotherapy students. Their findings have implications for how physiotherapy programmes can better prepare future graduates to work with people with disability.

Intellectual disability is defined as "a disability that is characterized by significant limitations both in intellectual functioning and in adaptive behaviour, and originates before the age of 18";² it is almost always present in people with Down syndrome. In developed countries, an estimated 1% of the population has an intellectual disability.³ In Canada, people with intellectual disability have been moving from institutions to the community since the 1970s; surprisingly, this process is still not complete.⁴ While de-institutionalization has unquestionably improved quality of life for people with intellectual disability, they continue to have poorer health outcomes than the general population.⁵ One possible explanation for this is that their sometimes complex health care needs must now be addressed by community-based health care providers, who may not feel adequately prepared to work with them; this problem is accentuated when health care providers lack previous contact with this population.⁵ Shields and Taylor's findings¹ confirm those of Vermeltfoort and colleagues,⁶ who found that while almost all the physiotherapy students they surveyed were willing to work with people with intellectual disability, only 50% felt well prepared to do so. Encouragingly, Shields and Taylor's randomized trial (a design not used often enough in studying the effectiveness of interventions in this population⁷) also shows that contact with people with Down syndrome in community settings leads to increased levels of comfort and confidence in working with people with disability.¹ In Ontario, however, only half of physiotherapy students have opportunities to interact with people with intellectual disability during their training.⁶ This is a gap that physiotherapy programmes need to address.

Physiotherapy students should graduate feeling confident in their ability to work with people with intellectual and other types of lifelong disabilities, and they should appreciate our profession's role in treating them throughout their lives. Shields and Taylor¹ cite evidence that employers have highlighted a lack of disability experience among physiotherapy graduates.⁸ It is troubling to note that in a profession that purports to rehabilitate "injury and the effects of disease or disability,"^{9(p.2)} graduates do not feel confident in their ability to work with people with lifelong disability. People with intellectual and other lifelong disabilities already encounter enough barriers to accessing health care that meets their needs; rehabilitation professionals who feel uncomfortable or have negative attitudes should not be one of them.

Addressing this issue may become even more important in the future, as physiotherapists will increasingly come into con-

tact with people with intellectual disability. The prevalence of comorbidities is high among people with intellectual disability, and a growing proportion of this population is experiencing the same age-related health concerns as the general population. They are likely to require additional health care services, including those provided by physiotherapists. One example is fall-prevention services and post-fracture care: a recently published atlas of primary care for people with intellectual disability showed very high levels of low-trauma fractures (i.e., fractures from low-impact events such as falls) across all age groups.¹⁰

A key point is Shields and Taylor's assertion that "service learning pedagogy has been under-used in physiotherapy education."¹ They also note that "alternative service learning experiences would complement rather than replace traditional clinical learning experiences."¹ Their study demonstrates that attitudes toward disability can change in a relatively short time;¹ a potentially ideal opportunity for physiotherapy students to gain experience with this population, therefore, is through participation in FUNfitness events organized by Special Olympics.¹¹ Physiotherapy students have shown that they are willing to work with people with intellectual disability and that their attitudes can improve through contact with this population; therefore, physiotherapy programmes should seek out and encourage service learning opportunities.

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