Rethinking Rehabilitation: Theory and Practice

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Alain Leplège, editors*

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Edited by a trio of university educators from three different countries (New Zealand, Canada, France) and a variety of disciplines (nursing / rehabilitation psychology, physical therapy / bioethics, psychiatry / health services research), *Rethinking Rehabilitation: Theory and Practice* consists of 14 chapters divided into three sections: “Rethinking the Past and Re-envisioning the Future”; “Philosophy in Action”; and “Rethinking Rehabilitation Delivery, Research, Teaching, and Policy.” The 29 contributing authors also represent a host of rehabilitation professions and hail from seven different countries.

The editors of *Rethinking Rehabilitation* pose the following six probing questions that they have termed “issues taken for granted,” which guide the development of the text:

- What should be the purposes of rehabilitation now and in the future?
- Why does rehabilitation look like it does?
- How could rehabilitation be different, better, more effective?
- What are the key outcomes that really matter and that we could and should address?
- Who benefits and who is left out in current practices?
- What are the hidden and/or unintended consequences of rehabilitation practices?

One chapter that particularly interests me, as a paediatric physiotherapist, was “Rethinking ‘Normal Development’ in Children’s Rehabilitation” (chapter 4), written by Barbara E. Gibson, Gail Teachman, and Yani Hamdani. Because my own graduate training and clinical experience were those of a *developmental* physical therapist, that background guided my subsequent clinical research over the years, including the creation and standardization of an infant neuromotor-screening test. With reference to the final guiding question above, the “unintended consequences” of such rehabilitation practices (according to the authors) may have been to suggest that infants who perform outside of the norm in developmental motor skills should be identified as atypical, and thus as able to be *fixed* by early physical therapy interventions. As the authors of this chapter rightly suggest, however, “development is not the only way to understand the lives of children, nor is it the only way of conceiving of what is best, good, or right for disabled children and youth” (p. 77).

Chapter 10 also hit home for me, as it was written by an occupational therapist born with spina bifida and currently working on a PhD in disability studies (Susan Guenther-Mahipaul). Titled “‘This Unfortunate Young Girl . . .’: Rethinking a Necessary Relationship between Disability Studies and Rehabilitation,” Guenther-Mahipaul’s chapter begins with a review of her own childhood medical chart, including a report from the former Ontario Crippled Children’s Centre (now Holland Bloorview Kids Rehabilitation Hospital) describing her as “this unfortunate young girl.” She goes on to describe the medicalization of disability in rehabilitation, soundly critiques the International Classification of Function, Disability, and Health, and then discusses the social model of disability, before concluding with a passionate and informed appeal for adopting disability studies as a lens to inform rehabilitation.

Being ignorant myself as to what *disability studies* actually encompass, I was pleased to see it defined as reframing the study of disability “by focusing on it as a social phenomenon, social construct, metaphor, and culture utilizing a minority group model.”^{1,2(p.222)} According to Guenther-Mahipaul—who notes that many rehabilitation professionals, like me, know little about disability studies—“Some clinicians naturally understand disability as part of the wider social context and are mindful of how their practices and assumptions impact clients” (p. 201). Guenther-Mahipaul provides a thought-provoking example of two physical therapists who worked with her during her teenage years and her later transition to university. Whereas one therapist worked enthusiastically with her in selecting university courses and possible areas of specialization, the other admonished her not to think seriously about later graduate studies because they would be too physically demanding for her.

The editors and contributors of *Rethinking Rehabilitation: Theory and Practice* are to be congratulated for assembling and publishing such a rich and thoughtful contribution to our understanding of the past medicalization of rehabilitation, as well as our future hopes for working *with* rather than *for* our clients and their families, to enrich their lives and to re-enable them within the wider social contexts in which they are engaged.

REFERENCE

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