



# Inclusive rehabilitation advances for all

**Authors:**Quinette Louw<sup>1</sup> Karen Grimmer<sup>2</sup> **Affiliations:**

<sup>1</sup>Department of Health and Rehabilitation Sciences, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

<sup>2</sup>Department of Physiotherapy, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

**Corresponding author:**Quinette Louw,  
qalouw@sun.ac.za**How to cite this article:**

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Thinking about rehabilitation in the 21st century is like unpacking Mary Poppins' carpetbag. The more one looks, the more the universality of the need for rehabilitation is apparent, and that it has untapped potential to impact on world health, education and global economies.

Rehabilitation aims to optimise function and wellbeing and enable people to live their best lives. People who live well contribute well to their family, community and country. Most people can benefit from rehabilitation at some life stage, from improving function after a joint injury, regaining general health after surgery, strengthening muscles after injury or childbirth, providing psychological supports and strategies to address mental-health challenges, to dealing with the sequelae of catastrophic and life-changing illness or injury and optimising independence.

Rehabilitation is also relevant from cradle to grave. Some people born with congenital conditions or who suffered paediatric illness and injuries may require rehabilitation over their lifetime. Others may require short-term rehabilitation at particular points in time for injuries or illnesses, which temporarily impacted on their functional capacity.

Others may require rehabilitation for the remainder of their lives after suffering illnesses or injuries that irrevocably change their capacity to function independently. Moreover, there have been extraordinary medical and scientific advances in the past two decades that changed many illnesses and injuries, which once were fatal, into chronic diseases. People live with them, rather than die from them; however, they require rehabilitation to optimise their longevity, quality of life, function and contribution to society.

Given the complexity of need for rehabilitation, multidisciplinary rehabilitation teams are often necessary to restore participation in family, economic and societal-life roles. Rehabilitation approaches involve physical, educational, preventative, behavioural and promotive strategies, as well as assistive technologies, to enhance physical, behavioural and psychological functioning across all age groups.

The foundational pillars of rehabilitation, such as people-centredness, a biopsychosocial approach and empowerment, will continue to be the bedrock of rehabilitation services in the 21st century. Rehabilitation is no longer a 'nice-to-have' additional service to mainstream healthcare, for those who can access and afford it; it is essential for optimal wellbeing and function for most people around the globe at some stage in their lives. However, despite its potential for universal impact, not everyone seeks or receives rehabilitation when they could benefit from it, as they may not know about it, it may not be available, they may not understand its benefits or it may be unaffordable.

The challenge for legislators, health actuaries and service planners is that rehabilitation does not replace existing health services such as acute hospital care, longer-term community care or residential care. Rehabilitation is an addition to existing care and thus requires additional spending. Access to and availability of rehabilitation continue to be affected around the globe by increasing costs of traditional acute, sub-acute and aged care. The unknowns of rehabilitation include its content, impact, duration and outcomes as well as who needs it. While this situation challenges the rationalisation of current health budgets, it also offers rich opportunities for innovation to ensure the availability of rehabilitation services for the volume and complexity of demand. Innovative, cost-effective rehabilitation is a global imperative to ensure that effective rehabilitation is available to all who require it. The World Health Organization affirms that rehabilitation facilitates all people to enjoy human rights, such as the right to optimal health, education and employment.

Rehabilitation advances should address the most pressing needs of the population. Globally, while people may have similar rehabilitation needs, country economics has a huge impact on access. It is

estimated that less than 5% of people living in low- and middle-income settings have access to the necessary rehabilitation services. Transformative advances in how rehabilitation services and workforce can be improved to enhance access to care are needed. Additionally, it is paramount that these advances ensure access to quality rehabilitation services, taking into consideration local contextual factors, cultural elements and the decolonisation of frameworks or structures that are no longer appropriate. Embracing an inclusive approach to broaden access to rehabilitation will require innovative thinking and information and/or data in multiple areas.

Advances in rehabilitation education, research, service and workforce models must be transformed over the next few decades to keep pace with demand. Rehabilitation advances need to be driven by research findings that provide up-to-date information to inform positive changes and innovation. Educators face the challenge of refreshing curricula to align with changes in healthcare policies, funding and delivery as well as patient and patient-carer systems. Researchers should continually strive to advance methodological approaches for rehabilitation, especially evidence syntheses, grading and translation of evidence into practice. Policymakers, health managers and clinicians may need to redesign the workforce, advance the quality and integration of rehabilitation into care pathways and ensure that services are culturally sensitive. Moreover, all stakeholders involved in the delivery of rehabilitation, including non-governmental organisations and advocacy groups, must find new ways to collaborate for bolstering their collective input. The behaviour of healthcare users should be steered towards active and informed adoption of self-care models.

Global events, such as the coronavirus disease 2019 (COVID-19) pandemic, have exposed weaknesses in health systems worldwide. The pandemic has also highlighted that rehabilitation is not well integrated into all government sectors, and it was not involved in the national emergency preparedness or readiness plans of most nations. These areas should be addressed. The recent pandemic has, however, been a key driver in technological advances, and rehabilitation practitioners, researchers and advocates should maintain the momentum to ensure that rehabilitation is not left behind in the global shift towards digital health. All stakeholders should embrace, adopt and innovate technological advances such as computer applications, robotics and tele-approaches to facilitate the collection of large, real-time data, to broaden access and improve the quality of care.

Many systemic changes will ultimately be driven by the public and their perception of the value of rehabilitation. While advocacy for political support is acknowledged, the 'power of the people' should not be underestimated. Inclusivity and participation of people from all spheres of society, including the most vulnerable, in any effort to advance rehabilitation, will be crucial.

This new journal will provide a platform for clinicians, scholars, researchers, policy makers and non-governmental organisations to share new information that could serve as the impetus for advances, novel concepts and lessons learned. The journal will provide a forum to nurture a generation of solution-oriented researchers that value innovation, collaboration, inclusivity and equity to advance rehabilitation.