Editorial

Letter to the Editor

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Editor: Solomon Mekonnen

Publication History:
Received: April 15, 2025
Accepted: April 21, 2025
Published: April 25, 2025

Citation: Demeke D Zelalem. Letter to the Editor. DCIDJ. 2025, 36:1. doi.org/10.20372/dcidj.870

Publisher: University of Gondar

Dear Editor,

I extend my appreciation to Francis and Nongpoh (2025) for their insightful discussion on cerebral palsy (CP) rehabilitation in India, which raises critical ethical and practical concerns about the pervasive impairment-focused rehabilitation model. Their call for a shift from impairment-focused therapy to a strength and activity/participation-based rehabilitation approach aligns with contemporary evidence (Novak et al., 2020) and the principles of child rights and dignity as outlined in the United Nations Convention on the Rights of the Child(United Nations, 1989).

The authors' concern about prolonged therapy hours raises significant ethical and developmental issues. While intensive interventions targeting activity and participation can improve functional outcomes (Novak et al., 2020), therapists should ensure that the intensity and duration of interventions don't impinge on children's opportunities to play, socialize, and engage in self-directed activities—crucial aspects of childhood necessary for holistic development and overall quality of life (Rosenbaum & Gorter, 2012) In addition, prolonged, impairment-focused interventions—frequently intensive and discomforting—may yield adverse outcomes rather than benefits, with evidence indicating associations with pain (Houx et al., 2021; McKearnan et al., 2004) and limited impact in functioning (Jackman et al., 2022).

A separate issue is the unfair blame parents face when outcomes like walking or reduced contractures in CP cases are not achieved, something I've noticed in clinical settings. Studies show that children at Gross Motor Function Classification System (GMFCS) levels IV–V are unlikely to achieve independent walking regardless of intensity of therapy (Palisano et al., 1997) and not all impairments can be "fixed" (Rosenbaum & Gorter, 2012) Yet, therapists often question parents' commitment to intensive schedules—such as multiple weekly clinic visits and hours of daily exercises—without recognizing the burden on family well-being, child comfort, and its impact on the children's ability to engage in other experiences(Demeke et al., 2023; King & Chiarello, 2014). This unwarranted criticism adds pressure to caregivers already stretched by therapy demands, sustains a misplaced focus on "normalcy" like typical gait or posture, and increases emotional strain while raising unrealistic hopes. (Rosenbaum & Gorter, 2012) "F-words" framework—Function, Family, Fitness, Fun, Friends, and Future—proposes a practical shift, prioritizing participation and practical abilities over unattainable impairment-focused goals.

The authors also highlight another significant issue: parents' or therapists' reluctance to adopt or prescribe assistive technologies, such as mobility aids and seating devices, due to misconceptions that children will eventually walk or sit "normally" or it will hinder the children's ability to achieve walking . This refusal, rooted in a belief that such devices are a last resort, leads to diminished childhood experiences due to lack of mobility, inappropriate postures, and secondary complications like chronic pain and deformities(Sabet et al., 2022). (Moll & Cott, 2013) discuss this paradox, noting that an overemphasis on physical impairment correction through rehabilitation can marginalize children, overshadow their social psychological development, and potentially reinforce parental resistance to tools that deviate from walking as the ultimate goal. However, current evidence supports the view that access to mobility aids is not a fallback option but a fundamental right—allowing children to explore, develop, build relationships, and actively shape their own lives (Sabet et al., 2022).

To achieve this balance, several key strategies should be considered. First, rehabilitation programs should adopt a family-centered approach, ensuring that therapy goals align with the child's interests and daily routines rather than imposing rigid therapy schedules and programs(Rosenbaum & Gorter, 2012) Second, integrating therapy into play-based and school activities can make interventions more engaging and less burdensome while improving motivation and outcomes. Third, hybrid therapy models that combine professional sessions with structured home-based exercises can provide flexibility while maintaining therapeutic intensity. Finally, periodic reassessment of therapy intensity should be conducted to adjust treatment plans according to the child's progress, personal goals, and overall well-being (Jackman et al., 2022)

While the shift toward participation-based rehabilitation is well-supported, it is important to acknowledge the nuances and challenges associated with its implementation. In many low- and middle-income countries (LMICs), access to advanced rehabilitation services and assistive technology remains limited(Ibarra-Rodríguez, 2025). This necessitates policy reforms and equitable resource allocation. Without addressing these systemic barriers, the benefits of participation-focused rehabilitation may remain out of reach for many children with cerebral palsy.

Clinicians, researchers, and policymakers must work collaboratively to develop strategies that integrate therapeutic goals with broader developmental needs. Rehabilitation should not be about relentless correction or fixing of impairments but about enabling children to explore their potential in ways that are meaningful to them. I once again commend the authors for initiating this important dialogue. It is through such critical discussions that we can collectively advance best practices in cerebral palsy rehabilitation and ensure that children receive care that upholds both scientific integrity and human dignity.

Sincerely,
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