Editorial

Bridging the Research–Practice Gap in Rehabilitation: A Crisis of Values

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EDITORIAL

Working in rehabilitation in Ethiopia, I am repeatedly confronted by a troubling paradox: evidence for effective rehabilitation interventions continues to grow, yet everyday practice in many low- and middle-income countries (LMICs) remains largely unchanged. Despite decades of research, much of what happens in clinics and communities still reflects outdated approaches that are poorly aligned with current evidence. This gap between research and practice is not merely a technical problem. It represents a systemic failure that limits access, participation, and dignity. Knowledge exists, yet it does not consistently reach those who need it most.

Let us consider pediatric rehabilitation as an example. Systematic reviews have demonstrated the effectiveness of goal-directed, family-centered, and activity-based interventions for children with cerebral palsy. These approaches emphasize learning through daily activities and play, and they prioritize meaningful participation over isolated skill training (Novak et al., 2020). Yet in many settings, therapy continues to focus primarily on impairment-based “fixing,” with limited attention to functional goals, family priorities, or participation in everyday life.

This persistence raises critical questions about the relevance of professional training curricula, the quality and consistency of clinical supervision, and the capacity of health systems to support contemporary, evidence-informed practice. In the absence of ongoing mentorship and reflective learning environments, practitioners often rely on familiar routines rather than evolving evidence, even when those routines yield limited long-term benefits. As a result, promising research findings remain disconnected from everyday clinical decision-making, and children are denied opportunities to develop skills in ways that are meaningful, motivating, and contextually relevant. Bridging this divide requires more than improved access to research; it demands practical support for clinicians to adapt evidence-based approaches to local realities. Without such support, evidence remains theoretical rather than transformative.

Early identification and intervention follow a similar pattern. Research consistently demonstrates that timely screening and early support significantly improve long-term developmental outcomes for children with disabilities. Interventions delivered during critical periods of neurodevelopment can enhance motor, cognitive, and social functioning, while empowering families to support learning at home. Nevertheless, in many LMICs, children are identified late and enter services only after substantial delays. Studies from Bangladesh, for example, indicate that many children with cerebral palsy never receive rehabilitation, and those who do often begin services around four years of age, well after optimal windows for early developmental gains have narrowed (Al Imam et al., 2021). Consequently, children miss crucial opportunities for early skill acquisition, and families are left without guidance during formative stages of development.

Community-based rehabilitation (CBR) and telerehabilitation models have demonstrated considerable potential to expand access in underserved areas (Karim et al., 2021; Al Imam et al., 2025). However, these approaches are frequently confined to short-term projects and pilot initiatives, with limited integration into national health systems and policies. Several interconnected factors sustain the research–practice gap. Training programmes are often outdated. Heavy workloads restrict opportunities for reflection and continuing professional development. Research agendas are frequently disconnected from frontline realities. Families and persons with disabilities are rarely meaningfully involved in service design and evaluation. In such contexts, routine becomes safer than innovation, and evidence remains abstract rather than actionable. Underlying these challenges is a deeper issue of power and politics. Decisions about what constitutes valid knowledge, which interventions receive funding, and how quality is defined are typically made by actors far removed from the communities served. This dynamic entrenches hierarchies that marginalize the very people rehabilitation is meant to empower.

Bridging this divide requires more than disseminating guidelines or publishing new studies. It requires stronger relationships between researchers, practitioners, families, and communities. It requires funding models that support long-term implementation, supervision, and learning. It requires leadership that values critical reflection alongside efficiency. Most importantly, it requires redefining success. Success should not be measured primarily by the number of publications produced or pilot projects completed, but by sustained improvements in access, participation, and quality of care. It should be judged by whether children, families, and persons with disabilities experience tangible improvements in their daily lives. Evidence must be treated not as an external authority imposed from above, but as a shared resource to be interpreted and applied collaboratively. If rehabilitation is to fulfil its promise of promoting inclusion and dignity, evidence must not remain confined to academic journals. It must become embedded in everyday practice, shaping how services are designed, delivered, and evaluated. Achieving this will require sustained commitment, institutional support, and collective learning. Only then can research truly serve the people it is intended to benefit.

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