Editorial

A response to the editorial of March 2026 Bridging the Research–Practice Gap: A Crisis of Values in Rehabilitation" by Zelalem Dessalegn Demeke

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EDITORIAL

The editorial in the last issue of this journal entitled "Bridging the Research–Practice Gap: A Crisis of Values in Rehabilitation" (Zelalem Dessalegn Demeke, March 2026) was and is of great importance and touching some important failures in terms of providing appropriate and effective rehabilitation of the child with neurodevelopmental disabilities. The author used Ethiopia, the country where he lives and works, as an example of an ongoing and troubling paradox. While there is ample evidence about effective rehabilitation interventions for the group of children with neurodevelopmental disabilities everyday practice in Ethiopia and in many, perhaps most, low- and middle-income countries (LMICs) remains largely unchanged. Rehabilitation approaches are often still impairment-focused and based on outdated philosophies and principles.

Among the interventions that continue to dominate practice are passive stretching, Neurodevelopmental Therapy (NDT/Bobath) – popular in the US and the UK, and Vojta therapy – popular in Germany and Russia. These approaches are familiar to me personally, as I was trained as a physiotherapist in the late 1970s and early 1980s. During that time, I was enthusiastic about the rigor and structure of NDT training, which I received in Johannesburg in the early 1980s. However, there is evidence that despite NDT being the most widely used approach for neurodevelopmental rehabilitation, it is not superior to other treatment approaches. In fact, Novak et al. (2020) state in their article that there is no evidence for the efficacy of NDT.

Having travelled extensively in different LMICs, I continue to observe therapists are still being trained in old school therapy. As a result, mothers and caregivers are also taught to implement interventions often limited to passive stretching and massage, to prevent contractures. The burden it places on both the child and the mother is enormous. For the child, it is often a matter of undergoing painful sessions. For mothers, devoting significant energy and time to offer ineffective interventions adds yet another burden to already demanding daily responsibilities…

Yet, just as families were searching for better answers in the 1980s, parents today continue to seek more meaningful and effective support for their children with neurodevelopmental disability. In the years that I worked in South Africa, mothers travelled as far as 500 km to reach the Reakgona Parent Guidance centre are Gelukspan Hospital where we initiated an intensive training programme for mothers to be a better caregiver for their child with neurodevelopmental disability. It was certainly not perfect when we started but now – 40 years later – it continues to serve hundreds of families under the leadership of Undine Rauter (Rauter, 2016).

Today, similar approaches can increasingly be seen across multiple countries. Initiatives such as the Ubuntu Hub – formerly Getting to know Cerebral Palsy, initiated in 2015 and now hosted by the London School of Hygiene & Tropical Medicine (LSHTM) – represent powerful developments in countries including Colombia, Brazil, Ghana, Rwanda, Uganda and Bangladesh (Ubuntu-hub, accessed May 2026). Likewise, international organisations such as Liliane Fonds have in recent years placed greater emphasis on effective rehabilitation interventions for children with neurodevelopmental disabilities. Similarly, the Enablement Foundation (established 2 years ago through the merger of Enablement BV with the foundation Cerebral Palsy Africa) actively promotes an approach based on the work done by CanChild (CanChild, accesses May 2026). This places a strong focus on improved functionality and quality of life of the entire family of the child with Cerebral Palsy and is currently being implemented in 4 African countries (Enablement Foundation accessed May 2026).

As Demeke argues, the persistent focus on impairment rather than function and well-being raises critical questions about the relevance of professional training curricula used in LMICs, the quality of clinical supervision, and the capacity of health systems to support contemporary, evidence-informed practice (Zelalem Dessalegn Demeke, March 2026). In my view, it also reflects a serious underestimation of the role and importance of continuing professional education.

We can and should ask ourselves the question if universities feel responsible for such shortcomings or is the importance of continuing education just a matter of individual responsibility? Do professionals and their professional boards sufficiently realise that they have a strong obligation towards the society to ensure that the services that they deliver are based on evidence? Meanwhile, that responsibility should equally be a concern of the universities offering professional training of therapists. In the case of the child with neurodevelopmental disability, the child – and family – are being denied interventions that are proven effective. One wonders why, despite the growing body of readily available evidence, many professionals continue using the old failing approaches. Are rehabilitation professionals in LMICs sufficiently engage with contemporary professional literature? Is undergraduate training perceived as adequate preparation for an entire carrier? Even when access to academic journals is limited by costs and language barriers, high-quality and accessible information is increasingly available online. Much of it is written in simple English and not per se written for professionals but also for CBR fieldworkers, lay people and mothers of children with neurodevelopmental disabilities.

The evidence that we can and should do better than we often do is there and is not confined to academic journals. The challenge now is not simply generating more evidence, but ensuring that evidence is translated into practice. Rehabilitation professionals should embrace this responsibility and transform their services to produce meaningful outcomes. Not only for children with disability, but also of the wellbeing and resilience of their families and households.

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