

Infusing Rehabilitation with Critical Research and Scholarship: A Call to Action

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In this editorial, we argue that 'critical' thinking, research, and scholarship are essential to understanding and practicing rehabilitation, and yet they are underrepresented in the existing rehabilitation literature. By using the term *critical*, we are referring to research and scholarship that draw from social theory to examine pervasive taken-for-granted practices, assumptions, and principles in any field, including health care.¹ Thus, critical work offers opportunities to enact more ethical and socially just rehabilitation

practices.²

In what follows, we call for rehabilitation journals to recognize, welcome, seek out, and publish submissions in this exciting area of research and thereby lead the field in promoting a new understanding of rehabilitation's purpose, goals, practices, and outcomes.

WHY CRITICAL? WHY NOW?

Critical research addresses the social, cultural, material, and political aspects of rehabilitation, and it is vital for ethical and deliberate professional practice.^{1,2} Today's health professionals working in rehabilitation face many challenges, including working with people who will likely be living longer and have increased comorbidity, the rise of technologically mediated medicine, the blurring of professional boundaries and inter-professional competition, resource constraints, and public distrust of orthodox medicine.³ Many

rehabilitation health professionals, trained in traditional models, find themselves inadequately prepared for the complex array of cultural, economic, political, and social issues that they face in their work. Holding onto the scaffolds that define rehabilitation, while embracing rapid transformation in health care, may be causing anxiety for some. Critical research and thinking can help those working in rehabilitation to thrive throughout these changes and develop a wide skill set to support adept responses to a rapidly changing health care landscape. More important, however, critical research and thinking can lead to more ethical and relevant care for those they serve.

ARE WE ALREADY DOING CRITICAL WORK?

The word *critical* can be a source of misunderstanding because it has varied (and at times conflicting) uses. In lay language it can imply judgement; in clinical practice, it can refer to a person with an acute illness; and in learning and teaching, it can mean critical appraisal. Critical scholarship is different, taking as its point of departure social and philosophical theories that challenge taken-for-granted assumptions and considerations of power.⁴ Many varieties of critical research exist, underpinned by diverse theoretical perspectives, but they all share an interest in how power works, including examining whose knowledge is considered legitimate and why.² These considerations of power can be at a macro level (e.g., health care structures, funding) or a micro level (e.g., interactions between clients and health care professionals).

Critical research can take many forms, including both qualitative and quantitative design. Although qualitative research is perhaps better aligned with critical thinking, not all critical research is qualitative and not all qualitative research is critical.

Furthermore, quantitative research can be critical if it challenges ingrained assumptions; examples are Setchell and colleagues⁵ and Albert and Laberge.⁶ Critical research can also be theoretical (i.e., non-empirical). These multiple forms of critical research are long established in publications in the humanities, sociology, and philosophy, which focus on how theory can help reconceptualise understandings of the world. However, these forms are often overlooked by rehabilitation sciences, and the limited scope of “acceptable” research designs in most rehabilitation journals (reflected in standardised quality assessment checklists such as CONSORT, STROBE, and COREQ) leaves little space for critical scholarship.

Some important critical rehabilitation research is being published. For example, Rita Struhkamp⁷ highlighted potentially problematic assumptions underlying the common practice of “goal setting” in rehabilitation; Thomas Abrams⁸ explored the ingrained notion that upright postures are necessarily superior and its negative effects on wheelchair users and others; and Bettine Pluut⁹ highlighted the problems and potential of divergent perceptions of “patient-centred care.” Our own work also considers numerous critical issues across rehabilitation: problems associated with standardised guidelines (such as those of the National Institute for Health and Care Excellence),¹⁰ the unintended stigmatising practices of clinicians,^{11,12} the need for a reconfiguration of ethics in childhood rehabilitation,¹³ and the assumptions that underpin exercise as medical intervention.¹⁴ This growing pool of researchers is seeking avenues for dissemination of this type of work. However, critical researchers are often forced to publish outside of rehabilitation journals because reviewers and editors may be evaluating their work according to erroneous criteria, misunderstanding of its significance, or both.

This issue was recently highlighted during the rejection of a paper (written by two of the authors) by a leading rehabilitation journal; the paper was subsequently published elsewhere. The editors commented, “This is a nice, inspiring piece of work and an agreeable read. . . . We enjoyed the testimonies.” They also remarked that the paper was an extension of recent work and went on to say,

However, in our editorial discussion we also questioned to what extent these results, obtained in a certain cultural and organisational setting could be generalised beyond their illustrative value. **This may be because of our lack of familiarity with the concepts and approach.** We also regretted that no “intervention” (such as suggested in your recommendations) was formally tested to see if this situation can be ameliorated. We hope you will be able to submit it successfully to another journal, **more suited to these kinds of important studies.** [emphasis added]

A CALL FOR MORE CRITICALITY

We call for the creation of a place for critical research, thinking, and pedagogy in the rehabilitation literature and knowledge base.

Some efforts already support this work. For example, the Critical Physiotherapy Network,¹⁵ an organization that spans more than 40 countries and has a rapidly expanding network of more than 650 researchers, educators, and clinicians, promotes critical scholarship in rehabilitation and is a valuable source of both critical work and reviewers. Moreover, a small number of rehabilitation journals have begun to publish critical research and have structures in place

to provide appropriate review (e.g., *Journal of Humanities in Rehabilitation*; this journal, *Physiotherapy Canada*; *Disability and Rehabilitation*; *Scandinavian Journal of Occupational Therapy*; and *Physiotherapy Theory and Practice*). However, these journals comprise only a fraction of all the rehabilitation journals.

Therefore, **we call for all rehabilitation journals to welcome critical submissions by adding critical scholars to their editorial boards, associate editors, and reviewers.** We also call on critical researchers to submit their articles to rehabilitation journals and contribute to reviewing articles when called on. In making this call, we envision an enriched knowledge base for rehabilitation that will ultimately benefit those who seek rehabilitation services.

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Jenny Setchell, PhD, BScPT, Grad Cert (Clin PT), is a Research Fellow in international conjoint positions at the School of Health and Rehabilitation Sciences, The University of Queensland (Australia); and the Bloorview Research Institute, Holland Bloorview Hospital, University of Toronto (Canada). Her research interests include critical perspectives on rehabilitation, and on physiotherapy specifically. She is particularly interested in post-modern and new-materialist theories. Dr. Setchell has been awarded 10+ fellowships and awards for her work and has presented and published extensively across disciplines. She has 20 years of diverse clinical physiotherapy experience in Australia and internationally, primarily in the musculoskeletal and sports sub-disciplines. Dr. Setchell is co-founder and co-chair of the executive committee of the Critical Physiotherapy Network, an international network of more than 600 physiotherapists across 30+ countries working toward more critical, sociopolitical understandings of rehabilitation. She co-edited the first collection of critical physiotherapy work in book form, *Manipulating Practices: A Critical Physiotherapy Reader*. Dr. Setchell has also been an acrobat and a human rights worker.



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Dr. Nicholls is an Associate Professor in the School of Clinical Sciences at AUT University in Auckland, New Zealand. He is a physiotherapist, lecturer, researcher and writer, with a passion for critical thinking in and around the physical therapies. David is the founder of the Critical Physiotherapy Network, an organisation that promotes the use of cultural studies, education, history, philosophy, sociology, and a range of other disciplines in the study of the profession's past, present and future. David's own research work focuses on the critical history of physiotherapy and considers how physiotherapy might need to adapt to the changing economy of health care in the 21st century. He has published more than 35 peer-reviewed articles and 17 book chapters, many as first author. He is also very active on social media, writing more than 500 blogposts for criticalphysio.net in the last four years. David has taught in physiotherapy programmes in the UK and New Zealand for over 25 years and has presented his work all around the world. *The End of Physiotherapy* – the first book-length critical history of physiotherapy, and written by David – was published by Routledge in mid-2017.



Nicky Wilson, PhD, MSc, Grad Dip is a consultant physiotherapist at King's College Hospital NHS Foundation Trust in South London and a lecturer in physiotherapy at the School of Health Sciences at the University of Southampton, UK. She combines clinical practice with undergraduate and postgraduate teaching in the field of musculoskeletal (MSK) conditions and she is a national MSK champion for the UK charity Versus Arthritis. Her research work focuses on the intersection between healthcare professionals, organisations and health policy and how this affects everyday healthcare practice. Nicky serves as an executive committee member of the International Critical Physiotherapy Network and the International Physiotherapy History Association.



Barbara Gibson, BMR(PT), MSc, PhD, is a physical therapist and bioethicist whose work investigates how disability is understood and addressed in rehabilitation practice and delivery. Her research examines the intersections of social, cultural, and institutional practices in producing health, inclusion/exclusion, and identity with disabled children and young people. Dr Gibson has examined key areas of health practices and policies including transitions to adulthood, independent living, and understanding relationships between mobility, identity, and social inclusion. Dr. Gibson is an Associate Professor at the University of Toronto where she also holds the Bloorview

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