**International Journal of Nursing and Health Research**
**www.nursingjournal.in**
**ISSN: 2664-6420**
**Received: 12-09-2026, Accepted: 12-10-2026, Published: 27-10-2026**
**Volume 8, Issue 4, 2026, Page No. 13-19**

# Functional intervention, circumvention, rehabilitation and management of disability and disorder: An integrated functional pathway for learning, participation and independence

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**DOI:** https://doi.org/10.66856/ijnhr.2026.8.4.8077

**Abstract**
The Tribunals Reforms Act, 2026 creates a National Tribunals Commission (NTC) and gives it a seemingly benign but constitutionally significant function: to review the performance of tribunals and maintain a National Tribunals Data Grid. This paper argues that the new performance-review power should not be treated as ordinary administrative supervision. Tribunals exercise judicial power, and an efficiency regime that rewards disposal numbers, reversal rates or outcome patterns can indirectly influence adjudication as effectively as direct executive control. Drawing on the Supreme Court's tribunal-independence jurisprudence, the 2026 statutory framework, Indian studies on judicial efficiency, and comparative court-performance systems, the paper develops a constitutional distinction between institution-level administration metrics and adjudicator-level decisional metrics. It proposes a three-tier 'independence-compatible performance framework': green metrics that may be published and acted upon, amber metrics that require contextual safeguards, and red metrics that should not be tied to appointment, reappointment, discipline or budgetary consequences. The central claim is that the NTC can become a genuine institutional safeguard only if performance review is designed to measure the conditions of justice rather than the substantive exercise of judicial judgment.

**Keywords:** Disability, educational participation, functional circumvention, functional intervention, functional management, functional rehabilitation, International Classification of Functioning, Disability and Health (ICF)

## Introduction

Disability and disorder are frequently conceptualized through diagnostic categories, symptoms and impairments. Diagnostic classification is important because it facilitates communication, access to services, prognosis, research and identification of evidence-based interventions. Nevertheless, a diagnosis does not necessarily explain how an individual learns, communicates, performs daily activities, participates in school or community life, or responds to environmental demands. Two individuals with the same diagnostic condition may demonstrate markedly different functional profiles, while individuals with different diagnoses may experience similar functional barriers. Consequently, contemporary disability practice requires a complementary functional perspective in which the central question is not simply What condition does the person have? but also How does the condition affect what the person can do, how they participate, and what environmental conditions enable or restrict functioning?

The International Classification of Functioning, Disability and Health (ICF), published by the World Health Organization (WHO) [19] in 2001, has provided a particularly useful foundation for this perspective. Rather than treating disability solely as a consequence of disease or impairment, the ICF conceptualizes functioning through interactions among body functions and structures, activities, participation, environmental (ecosystemic) factors and personal factors (WHO, 2001) [19]. The ICF has subsequently become an important common language across health, rehabilitation, education and social services. For children and young people (CY), the former ICF-CY provided additional developmental detail; WHO subsequently merged the ICF-CY back into the ICF, while retaining the developmental relevance of the framework (WHO, 2007) [20].

This functional orientation has particular relevance to Educational Therapy and Special Education. A learner may have an underlying neurological, developmental, sensory, motor, cognitive, communication or behavioral disorder, but the educational consequences emerge through functional difficulties, such as reading, writing, calculating, attending, organizing, communicating, regulating behavior, participating in group activities or completing daily school routines. Therefore, intervention must also be functional in order to connect the underlying condition to observable functional performance (González et al., 2021) [9].

Four related but conceptually distinct pathways can be used to organize this process: (1) functional intervention, (2) functional circumvention, (3) functional rehabilitation and (4) functional management. These approaches should not be regarded as interchangeable. Functional intervention focuses on changing an ability or skill; rehabilitation emphasizes longitudinal development, restoration, maintenance or optimization of functioning; circumvention provides an alternative route when the conventional route remains inaccessible; and management coordinates these approaches over time.

The purpose of this narrative review is therefore to synthesize these four pathways into an integrated functional framework applicable to disabilities and disorders, particularly within educational, developmental, rehabilitation and multidisciplinary contexts.

## Literature Review

### 1. From Diagnosis to Functioning

The ICF provides a conceptual shift from a predominantly biomedical description of disability towards a biopsychosocial understanding of functioning. The key ICF domains include body functions and structures, activities and participation, with environmental (ecosystemic) factors operating as barriers or facilitators (WHO, 2001) [19], and they certainly affect the personal factors, too. This distinction is fundamental to functional practice because an impairment does not automatically determine participation.

For example, reduced fine-motor control may affect handwriting, but the educational consequence depends on task requirements, instructional expectations, available assistive technology, time constraints and the individual's ability to use alternative methods of written expression. Similarly, a language disorder may affect classroom participation differently depending on communication partners, classroom structure, visual supports, augmentative and alternative communication, and the opportunities provided for different forms of expression.

Research on school participation reinforces this contextual perspective (González et al., 2021 [9]; Sarkar, 2025 [15]). A realist systematic review involving children with disabilities identified psychosocial mechanisms involving identity, competence and the child's experience of mind and body, together with environmental contexts involving structures and organization, peers, adults, spaces and objects (Maciver et al., 2019 [13]). The findings indicate that diagnosis or clinical impairment alone is insufficient to explain participation.

This perspective supports a functional sequence:

Condition/disorder → symptoms and impairments → functional abilities and limitations → activity performance → participation → contextual interaction → outcomes.

The sequence is not strictly linear. Environmental conditions can modify functional performance at every stage, and successful participation can itself facilitate further development of abilities and skills.

### 2. Functional Intervention

Like functional medicine-based care (Beidelschies et al., 2021 [2]), this author defines functional intervention within the domain of wellness and health care as a deliberate, goal-directed process designed to develop, modify or support abilities and skills so that an individual with a challenging condition (learning and/or behavior) can perform meaningful activities and participate more effectively in everyday contexts. This is to provide value-based care, or high-quality individualized care at a lower cost, for chronic or long-term condition (e.g. autism and ADHD). Therefore, the defining characteristic of functional intervention is change. A practitioner (e.g., educational therapist, psychotherapist or counselor) identifies a functional problem, determines the abilities or skills contributing to that problem, selects an intervention strategy and evaluates whether functional performance improves. Improvement in functional performance helps to promote positive wellness in the individual's overall well-being, be it at home, in school or workplace (Taj, 2026 [17]).

Functional intervention (Lane et al., 2007 [12]) may operate at several levels. At the underlying level, intervention may target sensory processing, motor control, attention, working memory, language, executive functioning or emotional regulation. At the activity level, intervention may directly practice reading, handwriting, classroom routines, self-care, communication or problem solving. At the participation level, intervention may focus on classroom engagement, peer interaction, independence or community participation.

The distinction between underlying and functional intervention is important. Developing a prerequisite ability does not automatically guarantee improved participation. Intervention should therefore establish an explicit relationship between the target ability and the functional activity.

Evidence from occupational therapy illustrates this principle. For instance, the systematic review done by Grajo et al. (2020) [10] on the interventions within the scope of occupational therapy with the aim of improving academic participation among children and young people aged 5-21 years, showed the relevance of occupation- and participation-oriented approaches within educational contexts (i.e., academic performance in class or school).

Functional intervention can consequently be represented as:

Functional difficulty → functional analysis → target ability/skill → intervention → practice → functional application → generalization → outcome evaluation.

The process should be iterative rather than a single treatment episode.

### 3. Functional Rehabilitation

Functional rehabilitation is broader and more longitudinal than an individual intervention. It can be defined as a coordinated process of restoring, developing, maintaining or optimizing functioning so that an individual can achieve greater activity, participation and independence over time (Crossley, 2021) [6].

Rehabilitation traditionally has strong associations with physical medicine, occupational therapy, physiotherapy and speech-language pathology (Wade, 2020) [18]. Wade (2020) [18] explained that "There is no agreement about or understanding of what rehabilitation is; those who pay for it, those who provide it, and those who receive it all have different interpretations … there will be a variety of opinions. Definitions based on authority or on theory also vary and do not give a clear description of what someone buying, providing, or receiving rehabilitation can actually expect" (p. 1). However, its underlying logic is equally applicable to educational and developmental rehabilitation. A child with developmental coordination difficulties, for example, may require a prolonged program addressing motor planning, postural control, handwriting, self-care, classroom participation and environmental adaptations. Therefore, rehabilitation incorporates both remedial and adaptive processes. Remediation attempts to develop the underlying capacity. Adaptation changes the task, environment or response requirements so that the individual can function while development continues.

Recent evidence supports the importance of participation as a rehabilitation outcome rather than focusing exclusively on impairment-level change. A 2024 systematic review and meta-analysis of therapeutic interventions for children with cerebral palsy specifically examined participation outcomes, reflecting the broader movement towards participation-oriented rehabilitation (Dimakopoulos, et al., 2024) [7].

Similarly, a recent meta-aggregative review of school-based rehabilitation services found that children and young people valued therapy that was individualized, meaningful, enjoyable and connected to broader school participation. They also emphasized autonomy, agency, communication of therapy goals and opportunities to develop skills that supported social connection and inclusion (Brushett et al., 2026) [3].

Functional rehabilitation can therefore be conceptualized as:

Assessment → rehabilitation goals → targeted intervention → functional practice → generalization → participation → maintenance/optimization → reassessment.

Its defining characteristic is the longitudinal trajectory rather than a single intervention episode.

## 4. Functional Circumvention

Functional circumvention addresses a different problem. It becomes relevant when the conventional pathway to a functional outcome is substantially restricted, inefficient or persistently inaccessible. Functional circumvention can be defined as the intentional creation of an alternative route through which an individual can achieve a meaningful activity or participation outcome despite a persistent or insufficiently remediated functional barrier.

Circumvention does not mean abandoning intervention. Rather, it recognizes that remediation may take time, may have limits, or may not be sufficient to overcome a particular environmental demand.

For example, a learner with severe dysgraphia may continue to receive handwriting intervention while simultaneously using keyboarding, speech-to-text, augmentative and alternative communication (AAC) tools and strategies, adapted writing tools or oral responses for tasks in which written output is not itself the instructional target. A learner with severe expressive communication limitations may receive language intervention while using AAC to communicate immediately. A learner with visual impairment may receive rehabilitation while using accessible digital materials.

Assistive technology (ATech) provides a crucial circumvention mechanism. A systematic review of ATech for inclusion of students with disabilities found evidence that ATech can increase accessibility and inclusion, although implementation barriers such as teacher preparation, information and accessibility can limit their effectiveness (Fernández-Batanero et al., 2022) [8].

Importantly, circumvention should not be understood as simply providing technology. Effective circumvention requires assessment of the functional goal, the barrier, the alternative route and the individual's ability to use the alternative. Evidence concerning ATech also demonstrates that barriers surrounding implementation can affect participation outcomes (McNicholl et al., 2021) [14]. Hence, the circumvention pathway can be expressed as follows:

Functional barrier → essential functional goal → identify blocked route → determine remediation potential → construct alternative route → practice alternative performance → generalize → monitor participation.

The central question that a therapist needs to ask is: "If the conventional route is blocked, what other route can enable the person to achieve the same meaningful functional outcome?"

## 5. Functional Management

Functional management is the most comprehensive of the four concepts. It can be defined as the systematic, longitudinal coordination of assessment, formulation, intervention, rehabilitation, circumvention, accommodation, adaptation, environmental modification, collaboration, monitoring and review to optimize functioning and participation in the context of disability or disorder. As a result, functional management does not represent another intervention technique. Instead, it provides the organizational framework within which different approaches can operate.

The functional management process begins with identification of the condition or concern and proceeds to analysis of its functional consequences. It then establishes priorities, determines which barriers are amenable to remediation, which require rehabilitation, which require circumvention or accommodation, and which environmental modifications are necessary. Its management cycle can be expressed as:

Condition / disorder → functional impact → comprehensive functional assessment → functional profile → functional formulation → management priorities → individualized management plan → intervention / rehabilitation / circumvention / adaptation → implementation → monitoring → review → revised management → participation and independence.

This formulation is consistent with the ICF's emphasis on interactions between the person and environment (WHO, 2001) [19]. It also corresponds with contemporary educational approaches such as Universal Design for Learning (UDL), which emphasizes proactively reducing barriers and providing multiple means of engagement, representation, action and expression (Center for Applied Special Technology [CAST], 2024) [4].

## 6. Relationship among the Four Pathways

The four pathways for implementation in functional treatment for individuals with challenging learning and/or behavioral problems can be differentiated according to their respective primary questions.

**Table 1:** The Four Pathways in Functional Treatment

| Pathway | Central Question | Primary Purpose | Typical Endpoint |
|---|---|---|---|
| Functional intervention | What ability or skill needs to change? | Develop or modify functioning | Improved ability/skill and activity performance |
| Functional rehabilitation | How can functioning be developed, restored, maintained or optimized over time? | Longitudinal functional development | Sustained functioning, participation and independence |
| Functional circumvention | What alternative route can overcome the barrier? | Enable performance despite a persistent barrier | Access, performance and participation through an alternative pathway |
| Functional management | How should all necessary strategies be coordinated over time? | Integrate and monitor the whole functional pathway | Optimized functioning, participation and independence |

These four pathways in functional treatment are complementary. For example, in the case of a child diagnosed with dysgraphia, the following actions for treatment in Educational Therapy can be carried out with the child: (1) functional intervention may develop graphomotor and written-expression skills; (2) functional rehabilitation may provide a prolonged program addressing handwriting, motor planning and academic participation; (3) functional circumvention may introduce keyboarding or speech-to-text; and (4) functional management coordinates these strategies with teachers, parents, allied therapists and the learner. The same logic can be applied to other conditions, e.g., dyslexia, dyscalculia, dyspraxia, autism, ADHD, sensory processing difficulties, intellectual disability, developmental language disorder and acquired disabilities.

## Research Methodology

### 1. Review design

This paper adopts a narrative review methodology (Sarkar & Bhatia, 2021) [16]. The narrative review approach was selected because the purpose was more of a conceptual synthesis rather than estimation of a single intervention effect. The review integrates literature from rehabilitation, disability studies, occupational therapy, educational participation, assistive technology and inclusive education to develop a coherent functional framework.

The reporting approach was informed by the application of the Scale for the Assessment of Narrative Review Articles (SANRA; Baethge et al., 2019) [1], which evaluates six key features of a narrative review: (1) justification of importance, (2) statement of aims, (3) description of the literature search, (4) referencing, (5) scientific reasoning and (6) presentation of relevant endpoint data.

### 2. Literature-search strategy

Literature was identified through searches of major scholarly and institutional sources, including PubMed/MEDLINE, Google Scholar-indexed literature, publisher databases and authoritative international organizations. Search concepts included combinations of the following: functional intervention; functional rehabilitation; disability management; participation; school participation; educational disability; assistive technology; school-based rehabilitation; occupational therapy; developmental disability; International Classification of Functioning; Universal Design for Learning; and children and youth with disabilities.

Priority was given to foundational conceptual sources and peer-reviewed systematic reviews, meta-analyses and contemporary literature, supplemented by authoritative institutional sources where these established conceptual or classification frameworks.

### 3. Selection and synthesis

Sources were carefully selected to ensure that they contributed directly to one or more of four functional pathways or to the relationship between impairment, activity, participation and environment. Literature was synthesized conceptually rather than statistically. Particular attention was given to whether studies addressed functional outcomes, participation, accessibility, independence, educational engagement or environmental barriers.

This approach is consistent with SANRA's emphasis (Baethge et al., 2019) [1] on transparent literature searching, appropriate referencing and scientific reasoning rather than the statistical pooling expected of a systematic review.

## Findings and Discussion

### 1. Finding 1: Diagnosis is necessary but insufficient for functional formulation

The literature consistently supports distinguishing diagnosis from functioning. The ICF provides a formal framework for describing functioning across body functions, activities, participation and environmental factors (WHO, 2001) [19]. School participation research similarly demonstrates that psychosocial and environmental conditions can substantially influence participation independently of diagnostic classification (Maciver et al., 2019) [13]. The practical implication is that functional assessment should not stop at symptom identification. It should establish:

What the individual can do → what the individual cannot yet do → under what conditions performance changes → what abilities support performance → what barriers interfere → what environmental facilitators help.

This provides a more useful basis for the design of an individualized intervention plan.

### 2. Finding 2: Functional intervention should connect abilities to meaningful activities

The literature suggests that interventions should ultimately be connected to functional performance and participation. Evidence from educational occupational therapy, for example, has examined interventions according to their effects on academic participation rather than only isolated impairment measures (Grajo et al., 2020) [10]. This has implications for educational therapy. A practitioner may identify deficits in phonological processing, working memory, executive functioning or graphomotor control, but intervention planning should establish why those abilities matter for the learner's functional goals. Thus, "Ability → skill → activity → participation" is a useful intervention chain. For instance, "phonological processing → decoding skill → reading → curriculum participation" or "fine-motor planning → handwriting skill → written production → academic participation."

### 3. Finding 3: Rehabilitation requires longitudinal functional outcomes

Rehabilitation differs from a discrete intervention because functional development is often non-linear. Individuals may improve one component while continuing to experience participation restrictions elsewhere. Consequently, rehabilitation should monitor several levels of outcome by asking the following questions:

- Underlying ability: "Has the targeted capacity changed?"
- Skill performance: "Can the learner perform the relevant skill?"
- Activity: "Can the learner complete the activity?"
- Participation: "Does the learner participate more effectively?"
- Independence: "Is less external assistance required?"
- Generalization: "Does the improvement occur across settings?"
- Maintenance: "Does the functional gain persist?"

The increasing emphasis on participation outcomes in rehabilitation research supports this multidimensional approach (Dimakopoulos et al., 2024) [7].

### 4. Finding 4: Circumvention is not the opposite of rehabilitation

A common conceptual error is to treat circumvention as an alternative to rehabilitation. The four-pathway model suggests instead that circumvention and rehabilitation can occur simultaneously. Consider the case of a child with severe written-expression difficulties. Rehabilitation may seek to improve handwriting, spelling and written composition. At the same time, circumvention may provide keyboarding or speech-to-text so that the child can demonstrate knowledge without waiting for handwriting skills to reach the required level.

In other words, this creates a dual pathway: Develop the impaired route + provide an alternative functional route. This is particularly important where developmental windows, educational demands and assessment requirements cannot be postponed until remediation is complete. Assistive technology research supports this principle, although implementation quality remains critical (Fernández-Batanero et al., 2022 [8]; McNicholl et al., 2021 [14]).

### 5. Finding 5: Environmental modification is part of functional management

A functional difficulty is not always located entirely within the individual. A classroom, assessment system, curriculum, communication environment or physical setting may amplify a disability. According to the governing guidelines in UDL 3.0, the manual explicitly emphasises identifying and reducing barriers and providing multiple ways for learners to engage, perceive information, act and express knowledge (CAST, 2024) [4].

Accordingly, functional management should ask two parallel questions: “What should change in the learner?” and “What should change in the environment?” This produces a more balanced intervention model: Person-focused change + task modification + environmental modification + assistive support.

### 6. Finding 6: Participation should be a major outcome

The ultimate purpose of functional practice is not simply improvement on a clinical test. The relevant question is whether functional change translates into meaningful participation. The evidence concerning school participation indicates that participation is influenced by identity, competence, relationships, school organization, adults, peers, physical spaces and objects (Maciver et al., 2019) [13]. Similarly, contemporary school-based rehabilitation literature emphasizes children’s and young people’s desire for meaningful, individualized intervention that increases autonomy, agency, social connection and inclusion (Brushett et al., 2026) [3]. Therefore, a subsequent outcome evaluation should include the following participation indicators: e.g., attendance; classroom engagement; task completion; communication; independence; social participation; access to curriculum; self-advocacy; community participation; and quality and meaningfulness of participation.

### 7. An Integrated Model of Functional Treatment Pathway

The findings support the following integrated model as shown in Figure 1 below:

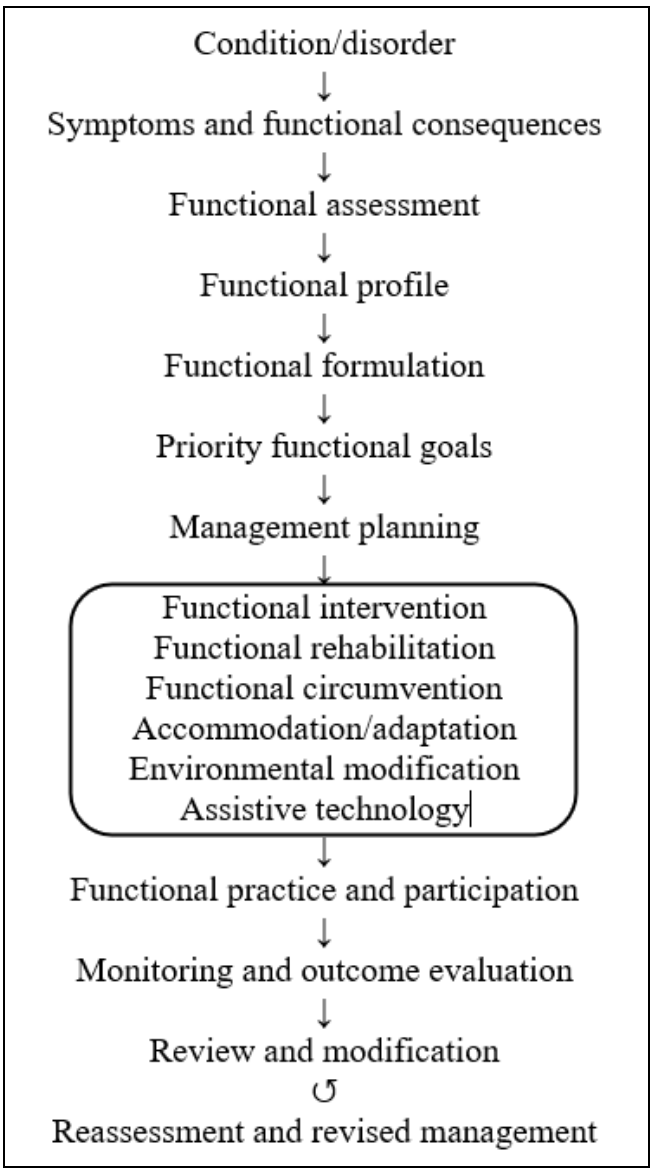



**Fig 1:** Integrated Model of Functional Treatment Pathway

Within this model, functional management is the umbrella pathway, whereas intervention, rehabilitation and circumvention are distinct functional strategies.

### 8. Integration with an Educational Therapy Framework

For Educational Therapy, the treatment (intervention) model can be further operationalized through the following sequence of:

Condition → symptom class → behavioral potential → ability/skill profile → functional difficulty → functional goal → pathway selection → intervention → participation outcome.

The functional profile may incorporate cognition, conation, affect and sensation (i.e., the CCAS model as postulated by Chia et al., 2010) [5], together with language, motor/praxis, executive functioning, adaptive behavior and academic skills. This allows the practitioner to move from a

diagnostic description towards an individualized profile of strengths, weaknesses, barriers and facilitators.

A CHC-informed assessment (Jewsbury et al., 2016) [11] can subsequently be used to identify relevant broad, intermediate and narrow cognitive abilities, while functional assessment determines how those abilities affect actual activities. This distinction is important because psychometric ability and everyday functional performance are related but not identical constructs. The result is a functionally anchored intervention model in which psychometric findings inform intervention but do not themselves define the intervention outcome.

## Limitations and Implications

### 1. Limitations

The author has acknowledged several limitations in this narrative review. First and foremost, this paper is a narrative rather than systematic review and, hence, it does not provide a formal quantitative estimate of intervention effectiveness. Although the literature-search strategy was made explicit in accordance with SANRA principles (Baethge et al., 2019) [1], it was not conducted as a registered systematic review or meta-analysis. Next, the literature review spans heterogeneous populations, including children with developmental disabilities, physical disabilities, sensory difficulties, learning difficulties and other educational needs. Consequently, findings cannot automatically be generalized to every diagnostic population. Thirdly, the four terms, i.e., (1) functional intervention, (2) functional circumvention, (3) functional rehabilitation and (4) functional management, are not uniformly defined across disciplines. Therefore, the definitions proposed in this paper represent an integrative conceptual synthesis rather than universally established terminology. Next and fourthly, evidence is stronger for some components, particularly rehabilitation, participation, occupational therapy and assistive technology, than for the specific construct of functional circumvention. Circumvention is often embedded within the broader concepts of accommodation, adaptation, assistive technology, compensatory intervention or environmental modification. Lastly, functional outcomes are context-dependent. An intervention that produces meaningful improvement in one environment may have limited effects when educational, family, social or technological supports differ.

### 2. Implications for clinical and educational practice

In this proposed model, the author has identified several practical implications as follows: Firstly, assessment should move beyond diagnostic identification towards functional formulation. Professionals should document not only what is impaired but how the impairment affects activities and participation. Secondly, intervention planning should distinguish between developmental targets and immediate participation needs. Rehabilitation and intervention can continue while circumvention provides immediate access. Next and thirdly, professionals (e.g., educational therapists, counselors and psychotherapists) should routinely consider environmental barriers and facilitators. This is consistent with both the ICF (WHO, 2001) [19] and the UDL (CAST, 2024) [4]. Fourthly, multidisciplinary teams should share functional goals rather than working exclusively according to professional discipline. A speech-language pathologist, occupational therapist, physiotherapist, educational therapist, psychologist and teacher may address different components of the same functional goal. Fifthly and last, outcomes should include participation and independence rather than relying exclusively on impairment-level or standardized test scores.

### 3. Implications for research

Future research should develop operational definitions and measurable indicators for the four functional treatment pathways. In particular, functional circumvention requires greater empirical clarification. Research could investigate whether integrated management models improve: functional goal attainment; educational participation; independence; generalization; quality of life; caregiver burden; learner engagement; self-determination; school attendance; and long-term participation.

Future studies should also compare impairment-level outcomes with activity- and participation-level outcomes to determine when improvements in underlying abilities translate into meaningful everyday change. An additional research direction would be the development of a Functional Pathway Profile that maps assessment findings onto intervention, rehabilitation, circumvention and environmental-management decisions. Such a profile could potentially integrate ICF domains with cognitive, sensory, motor, adaptive, socio-emotional and academic constructs.

## Conclusion

Disability and disorder should not be understood solely through diagnostic labels or impairment descriptions. Functional consequences emerge through the interaction between individual characteristics, abilities, activities, participation and environmental demands. The ICF provides a strong conceptual foundation for this perspective by positioning functioning within a dynamic interaction between the person and the environment.

This review proposes four complementary functional pathways. Functional intervention focuses on developing or modifying abilities and skills. Functional rehabilitation provides a longitudinal process for restoring, developing, maintaining or optimizing functioning. Functional circumvention creates alternative routes to meaningful outcomes when conventional routes remain inaccessible or insufficient. Functional management coordinates these approaches with accommodation, adaptation, environmental modification, assistive technology, collaboration, monitoring and review.

The four pathways should therefore not be treated as competing models. Rather, they represent different responses to different functional questions. A learner may simultaneously require rehabilitation to develop an underlying skill, intervention to improve an activity, circumvention to access an immediate educational task, and management to coordinate the entire process.

The central principle is consequently: Diagnosis identifies the condition; functional assessment identifies its consequences; functional formulation identifies the barriers and facilitators; intervention develops abilities and skills; rehabilitation develops functioning over time; circumvention provides alternative routes when barriers persist; and functional management integrates these processes to promote meaningful participation and independence. Such an integrated framework provides a potentially useful foundation for educational therapy,

special education, pediatric rehabilitation, allied health and multidisciplinary disability services. It also shifts the primary outcome from simply changing the person towards enabling the person to function, participate, communicate, learn and live as independently and meaningfully as possible within their environment.

**References**


1. Baethge C, Goldbeck-Wood S, Mertens S. SANRA: A scale for the quality assessment of narrative review articles. Research Integrity and Peer Review,2019:4:5. https://doi.org/10.1186/s41073-019-0064-8
2. Beidelschies M, Alejandro-Rodriguez M, Guo N, Postan A, Jones T, Bradley E, et al. Patient outcomes and costs associated with functional medicine- based care in a shared versus individual setting for patients with chronic conditions: a retrospective cohort study. British Medical Journal (BMJ) Open, 2021, 11. Article ID: e048294. https://doi.org/10.1136/bmjopen-2020-048294
3. Brushett A, Seguin K, Wong L, McCarry-Taillefer C, Rosenbaum P, Packham T, et al. Understanding school-based rehabilitation services through the lived experiences of children and youth with disabilities: A meta-aggregative review. Frontiers in Public Health, 2026, 14. Article ID: 1745224. https://doi.org/10.3389/fpubh.2026.1745224
4. Center for Applied Special Technology [CAST]. Universal design for learning guidelines version 3.0, 2024. Retrieved from https://udlguidelines.cast.org
5. Chia KH, Kee KN, Yusof SMM. Identifying and profiling autistic learning and behavioral difficulties in children. In Autism: Practical tips on teaching children with mild/moderate autism in mainstream schools (Paper 1). Singapore: Cobee Publishing House, 2010. https://www.cobee.com.sg/autism-paper-1-identifying-and-profiling-autistic-learning-n behavioural-difficulties-in-children-aug2010
6. Crossley J. Functional Exercise and Rehabilitation: The neuroscience of movement, pain and performance. Routledge, 2021. https://doi.org/10.4324/9781315156842
7. Dimakopoulos R, Vakalaki T, Spinou A, Michopoulos I, Papadopoulou M. Effectiveness of therapeutic interventions on participation in children with cerebral palsy: A systematic review and meta-analysis. Child: Care, Health and Development, 2024, 50.Article ID: e13301. https://doi.org/10.1111/cch.13301Digital Object Identifier (DOI)
8. Fernández-Batanero JM, Montenegro-Rueda M, Fernández-Cerero J, García-Martínez I. Assistive technology for the inclusion of students with disabilities: A systematic review. Educational Technology Research and Development,2022:70:1911-1930. https://doi.org/10.1007/s11423-022-10127-7
9. González C, Venegas F, Varela J, Sánchez PA, Tezanos-Pinto PD. Students' participation in school and its relationship with antisocial behavior, academic performance and adolescent well-being. Child Indicators Research,2021:14:269-282. https://doi.org/10.1007/s12187-020-09761-5
10. Grajo LC, Candler C, Sarafian A. Interventions within the scope of occupational therapy to improve children's academic participation: A systematic review. American Journal of Occupational Therapy, 2020, 74(2).Article ID: 7402180030p1. https://doi.org/10.5014/ajot.2020.039016
11. Jewsbury P, Bowden SC, Duff K. The Cattell-Horn-Carroll model of cognition for clinical assessment. Journal of Psychoeducational Assessment,2016:35(6):547-567. https://doi.org/10.1177/0734282916651360
12. Lane KL, Weisenbach JL, Phillips A, Wehby JH. Designing, implementing, and evaluating function-based interventions using a systematic, feasible approach. Behavioral Disorders,2007:32(2):122-139. https://doi.org/10.1177/019874290703200205
13. Maciver D, Rutherford M, Arakelyan S, Kramer JM, Richmond J, Todorova L, et al. Participation of children with disabilities in school: A realist systematic review of psychosocial and environmental factors. PLoS ONE, 2019, 14(1). Article ID: e0210511. https://doi.org/10.1371/journal. pone.0210511.
14. McNicholl A, Casey H, Desmond D, Gallagher P. The impact of assistive technology use for students with disabilities in higher education: a systematic review. Disability and Rehabilitation: Assistive Technology,2021:16(2):130-143. https://doi.org/10.1080/17483107.2019.1642395
15. Sarkar H. The power of positive reinforcement on classrooms. International Journal for Multidisciplinary Research,2025:7(5):1-3. Article ID: IJFMR250558402. Available from: https://www.ijfmr.com/papers/2025/5/58402.pdf
16. Sarkar S, Bhatia G. Writing and appraising narrative reviews. Journal of Clinical and Scientific Research,2021:10:169-72. https://doi.org/10.4103/jcsr.jcsr_1_21
17. Taj N. Psychological approaches to promoting psychological well-being in workplaces: A positive psychology-based theoretical framework. International Journal of Research and Innovation in Social Science,2026:11(12):657-668. https://doi.org/10.47772/IJRISS.2026.1017PSY0047
18. Wade DT. What is rehabilitation? An empirical investigation leading to an evidence-based description. Clinical Rehabilitation,2020:00(0):1-13. https://doi.org/10.1177/0269215520905112
19. World Health Organization. International classification of functioning, disability and health: ICF. World Health Organization's 54th World Health Assembly Agenda (WHA54.21): item 13.9, 2001. Available from: https://www.who.int/classifications/international-classification-of-functioning-disability-and-health?utm_source
20. World Health Organization [WHO]. International classification of functioning, disability and health: Children & youth version: ICF-CY. World Health Organization News Release, 2007. Available from: https://www.who.int/news/item/23-10-2007-who-publishes-new-standard-for-documenting-the-health-of-children-and-youth?utm_source