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Soer, Remko

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From the Editor

Defining health in rehabilitation research

Remko Soer^{a,b},

^aFaculty of Health and Physical Activity, Saxion University of Applied Sciences, Enschede, The Netherlands

^bUniversity Medical Center Groningen, Groningen Pain Center, University of Groningen, Groningen, The Netherlands

Tel.: +31 612750780; E-mail: r.soer@saxion.nl

The rehabilitation profession is a challenging occupation in which health professionals continuously need to consider interventions on optimal *reduction* of symptoms and healing of disorders on the one side and considering interventions on acceptance and restoration of functioning *despite* health problems on the other side. In particular, the timing when to move from the first to the second approach is difficult for professionals, but takes a lot of resilience from patients as well. How we look at health may be one of the key factors to help us and patients make good rehabilitation choices.

Health has been defined by the World Health Organization as a state of “*complete physical, mental and social well-being and not merely the absence of disease or infirmity*” [1]. In this definition, several difficulties arise, most apparently the fact that no one will ever reach this state which would mean no one would ever be healthy. More recently, Huber and colleagues introduced a new concept of health as “*people’s ability to adapt and self-manage in response to the physical, emotional and social challenges of life*” [2]. This concept may be more dynamic through life circumstances and relies strongly on the resilience of persons and, perhaps most important of all, it is not the opposite of disease. For a health professional, this implies that we do not have to focus solely on disease reduction, but our patients may even perceive health despite having disorders. People may indeed suffer from chronic musculoskeletal pain, but this does not imply that they cannot live a valued life. Defining health in a dynamic and value-based concept is important on how we approach our patients, and develop and evaluate new treatments. Especially in treatment evaluation, reporting on pain

and disability reduction may in future be insufficient to capture the concept of health. Even more, focusing on positive health outcomes and discussing these with patients will eventually lead to positive effects. In the current issue, the *Editor’s Choice* article, which is made freely available, is a study by Fischer-Grote and colleagues that provides an important analysis on individual life values and how we may enable therapy tailored to individual needs of patients with chronic low back pain.

Furthermore, in the journal, articles on **COVID-19** are always free to read. In the current issue, Kirmizi and colleagues report on gender differences in anxiety and musculoskeletal symptoms during the COVID-19 pandemic. Three **free to read** reviews will be published, which review and analyze the current literature on the effects of muscle energy technique on chronic low back pain, the effects of medial femoral plates for Pauwels type III femoral neck fractures and the efficacy of physiotherapy interventions for adhesive capsulitis.

I wish you all good health!

Remko Soer

References

- [1] Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100).
- [2] Huber M, Knotnerus JA, van der Horst H, Jadad AR, Kromhout D, et al. How should we define Health? *BMJ*. 2011; 343: d4163.