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Exploring Knowledge of the Concept of Physical Literacy among Rehabilitation Professionals, Students and Coaches Practicing in a Pediatric Setting

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Abstract: Approximately 22% of Canadian children with physical disabilities meet the daily physical activity recommendations. Physical activity is attributed to physical literacy, a conceptualization of the domains required to be physically active throughout life. In Canada, pediatric rehabilitation professionals' and coaches' roles are essential for developing physical literacy. The aim of the study was to explore knowledge of physical literacy and strategies for developing physical literacy for children with physical disabilities among pediatric rehabilitation professionals, students, and coaches in Quebec. Semi-structured interviews were conducted with pediatric rehabilitation professionals, students and coaches and thematically analyzed using NVivo. Twenty professionals and students reported having variable knowledge about physical literacy, but suggested that adaptation, play and interdisciplinarity were essential in the development of physical literacy for children with physical disabilities. Participants highlighted the need to redefine fundamental movement skills for children with physical disabilities. Despite perceiving varied knowledge of the physical literacy concept, pediatric rehabilitation professionals and coaches described essential domains to foster physical literacy in children with disabilities. Pediatric rehabilitation professionals and coaches play a vital role in fostering physical literacy. Therefore, it is essential to support the development of knowledge that may support professionals, such as through training programs and continuing education.

Keywords: physical activity; physical literacy; physical disabilities; occupational therapy; physiotherapy; kinesiology; sports coaching

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1. Introduction

Physical activity, defined as any bodily movement produced by skeletal muscles that requires energy expenditure [1], has important physical and psychosocial health benefits and is considered essential for optimal development, especially for children with disabilities [2–5]. Among the 3.7% of Canadian children under 15 years old living with a disability [6], only 22.2% of children with physical disabilities meet the Canadian Society of Exercise Physiology recommendation of 60 min per day of moderate to vigorous physical activity [7–9]. The consequences of inadequate physical activity commonly include negative impacts on health, social participation, and quality of life. Various individual, social, environmental, policy and program-related barriers may restrict participation in physical activity among children with physical disabilities [10,11]. Moreover, the presence of multiple barriers may hinder the development of physical literacy (PL), which is fundamental to facilitating lifelong participation in physical activity [12–14].

PL is defined as "the motivation, confidence, physical competence, knowledge and understanding that an individual possesses that will enable them to value and take ownership

in their commitment to physical activity for life" [12,15]. PL consists of four interconnected domains, namely, the affective (motivation and confidence), physical (physical competence), cognitive (knowledge and understanding) and behavioural (engagement in physical activities for life) domains [13,16]. In addition to facilitating participation in a variety of physical activities throughout one's lifespan, developing PL builds self-confidence and self-esteem and supports child growth and development [12]. Despite the importance of PL for optimizing motor and psychosocial development, typically developing children were reported to have a poor level of PL [17]. For example, Tremblay et al. reported that typically developing children ages 8 to 12 had a "progressing level" regarding PL. They did not acquire the minimum recommended level of physical activity to enjoy all the associated health benefits associated.

Children with disabilities spend more time engaging in sedentary activities than their typically developing peers [18] and participate less in formal physical exercise [19–21]. During the pandemic in 2020, it was reported that only 5.3% of children with disabilities were meeting the PA guidelines [22]. Several barriers can restrict PA for children with disabilities, including the type of disability, gender and age, insufficient knowledge and skills, child preferences, fear, parental style, stigma, a lack of accessible facilities and programs, costs, and a lack of transportation [10,23]. A focus on the four domains of PL may enhance participation in physical activity among children with disabilities. However, the current state of PL among children with disabilities is unknown.

In Canada, the development of PL has traditionally been a focus in school settings for both typically developing children and children with physical disabilities [12,24–26]. In this regard, physical education teachers were commonly responsible for developing PL [12]. More recently, PL has received increased attention from the public health field, thus expanding its focus beyond physical education to the general public [27]. In this way, PL is now recognized as a primary determinant of health due to its positive influence on physical activity engagement [28], and the responsibility for developing PL is becoming shared among various health professionals and the population itself. For children with disabilities, pediatric rehabilitation professionals (i.e., occupational therapists, physiotherapists, and kinesiologists) are essential in the development of PL [12], and for encouraging greater participation in physical activity in collaboration with families [29]. The physical education curriculum in school settings can have a positive impact on the development of PL and promotion of physical activity for children. However, few studies have highlighted the barriers to inclusion for children with physical disabilities in physical education courses [30].

Participation in physical activity should also extend beyond the school setting. Therefore, PL needs for children with disabilities should be considered on a broader scale, and should involve all potential professionals who can influence PL. For example, coaches have been identified as essential to positively influence the development of PL [31]. However, the role of coaches in the development of PL in children remains unknown.

To better understand the state of PL among children with disabilities, the aim of this study was to explore the knowledge of PL and strategies for PL development in children with physical disabilities among pediatric rehabilitation professionals, students in rehabilitation programs, and coaches in Quebec.

2. Materials and Methods

Design. A descriptive qualitative study was conducted using semi-structured interviews. Ethical approval for this study was obtained from the CIUSSS Capitale-Nationale research ethics committee (2021-2064). All participants provided informed consent. To ensure rigor, the results of the study are reported using the Consolidated Criteria for Reporting Qualitative Research Checklist [32] (Supplementary Materials, Table S1).

Participants and Recruitment. A purposive sample of pediatric rehabilitation professionals or students in rehabilitation programs (physiotherapists, occupational therapist, kinesiologists) and coaches were recruited [33,34]. To be included in this study, rehabilitation professionals and coaches had to have at least one year of experience in a pediatric

setting and in terms of disability, while students must have completed at least one year of undergraduate study in physiotherapy, occupational therapy, or kinesiology. Participants had to be able to communicate in French.

Participants were recruited in collaboration with two non-profit organizations specializing in adapted physical activity in the province of Quebec (e.g., Adaptavie and Parasports Québec), who shared the recruitment poster with their employees and social media with the publication of the recruitment poster. The PhD student communicated with participants by email.

Procedure. Sociodemographic data, including age, gender, years of experience working in pediatrics and, level of education, were collected for all participants. For pediatric rehabilitation professionals and coaches, information about the level of education and number of years of experience working in pediatrics was collected. For students, information about their education (i.e., name of the University, years of education and current program) was collected. These questionnaires were completed on paper by the participants before the interview. Participants then completed a 60-min semi-structured interview, conducted by a PhD student (M.H.), via a virtual platform (Zoom, version 5.15.7; or Microsoft Teams, version 1.6.00.27656). The female PhD student had a background in adapted physical activity and health.

Two interview guides (one for pediatric rehabilitation professionals and students, the other for coaches) were developed by the research team based on the definition of PL and the domains we identified as our theoretical framework (Supplementary Materials, Files S1 and S2). Interview guides were adapted with vocabulary specific to the level of education of the participant interviewed (i.e., professionals and students). Questions based on the scientific literature were identified by the research team. Both interview guides were adapted with vocabulary specific to the professional environment of the participant interviewed (i.e., health and community settings). The questions were then validated by two pilot participants (an occupational therapist and a student in a physiotherapy program). The validation of the interview guides was based on a validation scale [35]. A first draft was developed and then presented and validated by two health professionals and the research team. The interview started with introductions and a presentation of the study objectives, followed by a period of discussion. The discussion during the interview was structured using ten open-ended questions on different themes: (1) the participants' knowledge of PL (e.g., "What does PL mean to you?"), (2) academic and continuing education (e.g., Tell me about your specific training in working with children with physical disabilities?), (3) professional or trainee experiences (e.g., Tell me about your experiences (professional or internship) with children with motor limitations.), and (4) strategies for developing PL to children with physical disabilities (e.g., Through your experience, please tell me how you integrate children with limitations into your rehabilitation/training program). A visual PowerPoint presentation was used to guide the discussions during the interview, presenting the four domains of PL.

Data analysis. Descriptive statistics (mean, standard deviation, and frequency) were calculated for the sociodemographic data. Video interview recordings were transformed to audio files and transcribed manually by M.H., R.P. and a research assistant or via TranscribeMe (an online transcription service). All transcripts were verified by the primary author (M.H.). The data were analyzed using a deductive and inductive thematic approach [36]. An initial code book was created based on our theoretical framework. This code book was updated interactively during the analysis as new information emerged from the interviews. The interviews were coded line-by-line using NVivo software (version 1.7.1). Twenty percent of the interviews were independently coded by two members of the research team (M.H. and R.P.) to ensure agreement on codes as well as the rigor and quality of the data. The remaining interviews were coded independently by the M.H. Following the coding, categories and themes were identified and presented to the research team for discussion and interpretation. As the interviews were conducted in French, the

verbatims illustrating the results of this article were translated into English and verified by two bilingual team members (K.B. and M.R.).

3. Results

A total of 20 participants included seven pediatric rehabilitation professionals in occupational therapy (n = 4), physical therapy (n = 2), and kinesiology (n = 1), and three coaches and ten students in occupational therapy (n = 6), physical therapy (n = 2), and kinesiology (n = 2) had a mean (SD) of 26.8 (7.9) years of age and were women (85%). Tables 1 and 2 present the characteristics of the pediatric rehabilitation professionals and the students, respectively.

Table 1. Sociodemographic information of pediatric rehabilitation professionals and coaches.

Participants [1]	Age (y/o) [2]	Gender [3]	Training [4]	Workplace	Years of Experience
P1_coach	31	W	Kinesiology	Sport club	7
P9_coach	26	W	OT	Sport club	2.5
P10_coach	40	M	Collegial study	Sport club	25
P12_kin	34	W	Kinesiology	Community organization	12
P14_PT	53	W	Physiotherapy	Rehabilitation center	31
P15_PT	24	W	Physiotherapy	Rehabilitation center	1
P16_OT	28	W	OT	Private clinic	3
P18_OT	23	W	OT	CLSC [5]	2
P19_OT	28	W	OT	Rehabilitation center	4
P20_OT	27	W	OT	School service center	5

[1] kin, kinesiologist; PT, physiotherapist. OT, occupational therapist, [2] y/o, years old. [3] W, woman; M, man. [4] OT, occupational therapy. [5] CLSC, Local Community Service Centers.

Table 2. Sociodemographic information of student.

Participants [1]	Age (y/o) [2]	Gender [3]	University [4]	Degree in Progress	Years of Study
P2_student_kin	23	M	Laval University	Bachelor	3
P3_student_OT	20	W	Laval University	Bachelor	2
P4_student_kin	25	W	Laval University	Bachelor	3
P5_student_OT	23	W	Laval University	Bachelor	2
P6_student_PT	22	M	Laval University	Bachelor	3
P7_student_OT	22	W	Laval University	Bachelor	2
P8_student_OT	21	W	Laval University	Bachelor	2
P11_student_OT	20	W	UQTR	Bachelor	2
P13_student_OT	23	W	Laval University	Master	4
P17_student_PT	24	W	UQAC	Master	4.5

[1] kin, kinesiology; PT, physiotherapy; OT, occupational therapy. [2] y/o, years old. [3] W, woman; M, man. [4] UQTR, Université du Québec à Trois-Rivière; UQAC, Université du Québec à Chicoutimi.

Four themes emerged from the analysis, including (1) pediatric rehabilitation professionals and coaches as stakeholders in PL development in children with physical disabilities; (2) variable knowledge and training about PL and adapted physical activities for children with physical disabilities; (3) PL development strategies for children with physical disabilities; and (4) a need to redefine fundamental movement skills for children with disabilities.

3.1. Theme 1: Pediatric Rehabilitation Professionals and Coaches as Stakeholders in PL Development in Children with Physical Disabilities

Pediatric rehabilitation professionals and students perceive an important role in the development of PL among children with physical disabilities. While physiotherapists and kinesiologists emphasized their role in all domains of PL: "It's all these domains, cognitive, affective, physical, behavioral, that are really important for our patients to adhere to our treatments" (physiotherapist, 1 year of experience), occupational therapists reported to have a role only on specific PL domains: "So, yeah, for sure we have an impact especially

behaviorally, I would say. Physical as well, a little bit, depending on the limitation" (2nd year occupational therapy student); "The affective aspect, we as [. . .] as an occupational therapist, we really [. . .] we take it into account a lot. Same thing at the cognitive level" (occupational therapist, 5 years of experience). Coaches also perceive themselves as key actors in the development of PL. However, they described spending a limited amount of time with the children, which may reduce their potential for impact. Coaches also emphasized the importance of regular, even daily, follow-up to support the development of PL: "For example, I see a child one hour a week, one hour every two weeks, but that's not going to make a difference in that child's life. Yes, I'm going to be able to give my opinion, give a lot of advice, but then it has to translate to the outside world" (coach, 2.5 years of experience).

3.2. Theme 2: Variable Knowledge and Training about PL and Adapted Physical Activities for Children with Physical Disabilities

The second theme was related to the variability in knowledge and training of PL and adapted physical activities for children. Several participants reported they were not familiar with the term PL and many had never used this term. Three of the students (two in occupational therapy and one in kinesiology) were unable to provide a clear definition of the concept of PL. Among those who provided definitions of PL, the definitions were variable, ranging from ideas about the motor development of physical abilities to descriptions that were more in line with physical activity. One coach defined PL as "the ability of the person to be able to engage in physical activities in whatever way or at whatever level. It's being able to access it then being able to participate as a full person in the activity." (coach, 2.5 years of experience). There were no differences in terms of PL knowledge between professionals (pediatric rehabilitation professionals and coaches) and students. Between bachelor's and master's students, there were differences regarding professional experience, which can be explained by an increased number of internships completed by master's students.

Four participants were familiar with the term PL, including a student, a physiotherapist, an occupational therapist, and a kinesiologist. The student, a third-year kinesiologist, emphasized the cognitive, affective, and behavioral domains of PL that were learned during his classes. The physiotherapist developed knowledge of PL during a scientific conference on physical activity. However, her definition of PL focused solely on the cognitive element: "PL would be for children to know in terms of physical activity, in terms of their body, how well they can describe their physical ability. Just like the vocabulary and then the field of knowledge about the physical activity, I would say." (physiotherapist, 1 year of experience). An occupational therapist and kinesiologist described how they were unfamiliar with the concept of PL until they start work at a community-based adapted physical activity organization. The kinesiologist defined the concept of PL as the foundation of the physical activity services provided by this organization. With the exception of one third-year kinesiology student, the concept of PL was not reported to be a part of the curriculum for the student participants. However, some students emphasized that they had studied domains of the PL concept separately. Most participants recognized the importance of each domain described in the definition of PL and how it is essential to support regular participation in physical activity. In fact, several occupational therapists and occupational therapy students observed similarities between PL and the models used in occupational therapy: "[. . .] in fact, we study it via models that we use throughout our curriculum [. . .] For example, when we have a vignette, we will use a model that allows us to evaluate the cognitive, affective, physical and behavioral domains" (2nd year occupational therapy student). Many participants were surprised that academic curriculum or continuing education courses did not include the concept of PL. All expressed the relevance of integrating the PL concept into academic curriculum or continuing education programs.

Students in kinesiology reported having courses in adapted physical activity, but very few included considerations for pediatric populations. Physiotherapists and occu-

pational therapists (students and professionals) reported very few courses about adapted physical activity. For both physiotherapists and occupational therapists, professional experience, continuing education mandated by professional associations, and discussions with colleagues facilitated development of knowledge and skills about physical activity. The students reported similar experiences obtained during their internships.

Two coaches with a background in occupational therapy and kinesiology (coaches with 7 years of experience and 2.5 years of experience) reported that they relied on their academic training for applying PL domains. In addition, they highlighted that professional experience was an important facilitator for enhancing knowledge and skills development: "I think it's from working and being in an environment where you want to develop expertise based on the type of creative you work in afterwards." (coach, 2.5 years of experience). For the sports trainer who did not have academic training, he described how his expertise was mainly derived from his professional experience.

3.3. Theme 3: PL Development Strategies for Children with Physical Disabilities

Strategies for the development of PL were categorized into four subthemes: adaptation, playfulness, interdisciplinarity and social environment.

3.3.1. Adaptation

The most common adaptation suggested by participants was pedagogical in nature. Examples of pedagogical strategies included varying the objectives and the difficulty of the task. For example, participants often reported the importance of behavioral adaptations, such as encouragement and positive reinforcement. "But to get the motivation of the child in there, to work on the three components, social relationships, autonomy, belief, there, in the sense of control, the sense of efficacy in the task, for the child to have a more positive perception of themselves, I would go into therapy with the right challenge, the gradation of the level of activity [level of difficulty], by a lot of positive reinforcement." (4th occupational therapy student). Some participants also suggested language adaptations using child-friendly vocabulary, but without infantilizing the child: "we must not infantilize the children. The child is 12, well the child is 12. The child is not 8 years old because he has cerebral palsy, he is 12 years old, so we have to address a child who is 12 years old." (coach, 25 years of experience). Several participants also expressed how the use of adaptive equipment targeted for children with physical disabilities could positively influence the physical activity: "Definitely that equipment is something that can be very, very useful. I'm thinking balls, rubber bands, hurdles. [. . .] equipment definitely has an influence." (3rd physiotherapy student).

According to the participants, the suggested nature of the adaptation depends on the type and severity of the child's disability: "For example, it depends on the limitation, but if the child is in a wheelchair, there are definitely adaptations to be made at that level to facilitate his participation." (2nd occupational therapy student).

3.3.2. Playfulness

Many participants reported that playfulness and play are key strategies for teaching PL to children with physical disabilities. They considered that playfulness and play were prerequisites to child development. Occupational therapists also noted that play is the primary occupation of children. "Play is the main occupation of children so that's also important to include there." (occupational therapist, 5 years of experience). Moreover, playfulness and play helped the child to focus his/her attention on the therapy or the task: "I think especially at a young age, it's easy to turn everything into a game, I find. The physical reinforcement, whether it's just learning new skills, if it's not a game—that's the number one reason, actually, to push the child, I find, to do the activity." (3rd year physiotherapy student).

3.3.3. Interdisciplinarity

The importance of interdisciplinary collaborations in a variety of settings that favour the development of PL was expressed by all the participants. School and physical education settings were among the most discussed by the rehabilitation professionals and students. An occupational therapy students emphasized how an interdisciplinary team and additional knowledge can provide better services to the child: "The physical education teacher also has [specific] knowledge and we're not teachers, we don't have those skills [. . .] We can come in with an intervention plan, 'oh yeah, I'm suggesting that you do activities only in pairs.' [. . .] So there's lots and lots of consultation to see if what we're presenting is feasible and how well they think it's going to work with the other children too." (2nd year occupational therapy student). The importance of interdisciplinary collaboration was reinforced by another student, especially for the physical domain of PL: "If there are physical disabilities, I think it will be necessary to adapt the activities, especially with the teacher who is in charge of the physical activity. So, I would say yes, a good collaboration with the teachers—all teachers, [. . .] the regular teacher for everything that is more cognitive, maybe affective, then physical, it would be with the physical education teacher [. . .] a good collaboration, [is] the key to success for it to work at the level of physical activity." (2nd occupational therapy student).

One occupational therapist, who worked on a school board, highlighted the importance of collaborating with physical education teachers: "But if the physical education teacher has questions, you know, it has to come from him, he has to come and ask questions who needs me to go and observe and then all that, I'll take the time to do that."; "I have teachers in physical education who never talk to me and then there are some that we work and then we are a team there." (occupational therapist, 5 years of experience).

3.3.4. Social Environment

Most participants identified parents as key facilitators of physical activity and PL development in children with physical disabilities.

One coach emphasized how parents were present to support their children and sometimes to help the coach during the training: "the parents are there to support, sometimes they give me a hand [. . .]" (coach, 25 years of experience).

Pediatric rehabilitation professionals and students described the positive impact of having the parents involved in therapy: "[. . .] parents are just as important of a client as the child." (4th year occupational therapy student). Indeed, these parents may continue the therapy or specific training at home: "we're going to have a lot of interventions aimed at coaching parents, then equipping them for their daily life." (4th year occupational therapy student).

3.4. Theme 4: A Need to Redefine Fundamental Movement Skills for Children with Disabilities

The professionals were able to clearly identify fundamental movement skills as a basic requirement of physical activity and PL. In fact, several participants (especially occupational therapists) divided fundamental movement skills into two categories of fine motor and gross motor skills: "It's fine motor skills, gross motor skills [. . .] Gross motor skills will be broader, so we'll talk more about balance, coordination, strength, tone. Then fine motor skills it'll be more the [. . .] bilateral coordination, manual dexterity then again hand strength so it'll be the finer movements." (occupational therapist, 5 years of experience). All students were familiar with the term "movement skills" but not "fundamental movement skills". Despite the uncertainty, some students provided a definition of fundamental movement skills, such as: "I guess fundamental movement skills, it must be like being able to move. That would be one of the fundamental movement skills. Being able to like grab things, jump [. . .] it would be maybe in those areas. For it to be fundamental, in my mind, it's that motor skills that you need to be able to live and function." (4th year occupational therapy student).

According to some participants, the items currently listed as fundamental movement skills do not consider the physical abilities or limitations of children with physical disabilities: "[. . .] most of the skills [. . .] we design them around thinking a little bit about what would a typically developing person who has no apparent problems be able to do? Then I think it's a little bit designed around that there possibly." (3rd year kinesiology student). Participants questioned the terms used to name the fundamental movement skills task, such as running and jumping. Many participants suggested that the definition of each fundamental movement skills was not consider adaptation to the child's physical abilities, especially for children in wheelchairs: "You think about a young person, let's assume, who [will use] a wheelchair for the rest of their life because of X or Y factors. Walking or running, not going to be an option. On the other hand, moving the chair forward, moving the chair backward, turning on the spot, there are definitely other skills that can be done and that have to be considered." (3rd year physiotherapy student). Finally, most participants noted that the successful attainment of fundamental movement skills was dependent on the child's limitations or the severity of those limitations and did not consider alternate skills.

4. Discussion

PL is fundamental to the development of physical and cognitive abilities that are required to attain and maintain an active lifestyle for children with physical disabilities. However, pediatric rehabilitation professionals and coaches who traditionally assume roles of physical activity promotion (e.g., physical education, coaching youth recreation and sport) that support PL reported having variable knowledge and training about PL. Although participants articulated constructs related to PL and physical activity, knowledge and training related specifically to PL were inconsistent within and between disciplines. A lack of a common understanding and common language among pediatric rehabilitation professionals and coaches who assume important roles in physical activity promotion may limit how children with disabilities are supported to participate in physical activity. Moreover, the variable PL training provided in the entry-to-practice curriculum means that students may enter the professional workforce under-prepared to support the physical activity needs of children with disabilities.

Despite the conceptualization of PL by Whitehead in 1993 [37], findings from this study support a lack of knowledge transfer between evidence and the application of PL constructs for children with physical disabilities. This may partially explain the lows scores on the physical activity report cards of typically developing children and for children with disabilities [38].

Findings from our study support the perceived importance of PL and some knowledge of the four domains (i.e., affective, physical, cognitive, and behavioral). However, a common understanding of the PL concept was not evident among this small interdisciplinary sample. The multidimensional concept of PL is based on the complex relationship between the four domains [13,16,39]. Therefore, a common understanding would require familiarization with each of the domains and the complexities between them. The interconnectedness of the four domains facilitates PL and can support participation in a diverse range of physical activities throughout the lifespan. However, the absence of one domain could limit PL, thus limiting the individual from lifelong participation in physical activity. Findings from our study suggest that pediatric rehabilitation professionals have knowledge of the individual domains, but with a less comprehensive understanding of the complex relationships between these domains, specifically for children with disabilities. Thus, our study suggests that knowledge and shared language about PL is variable among professions, thus increasing the difficulty to adequately address PL needs for children with disabilities. Indeed, the literature shows that this variable knowledge is a barrier to physical activity in children with disabilities [10,11]. Given there is a bidirectional relationship between physical activity and PL [12], it is possible that limited knowledge about PL may limit the promotion of physical activity for children with physical disabilities. Moreover, the role attributed to pediatric rehabilitation professionals and coaches in the development of PL is unclear,

which may contribute to a lack of application of the PL concept in various professions. Similar to our participants, physical education teachers interviewed in a previous study, on teachers' perceptions of PL, focused on the two terms comprising the concepts "physical" and "literacy" separately, and not as one overall concept of human development [24]. This highlights the intricacy of the PL concept and may explain the challenge in recognizing the interconnection among the four domains and effectively integrating PL into practice.

The relationship between PL and physical activity in children with and without physical disabilities is evident in the scientific literature [12,40]. A child demonstrating a high level of PL will be more likely to engage in regular physical activity and decrease sedentary time [40]. Therefore, it is important to establish the clear role of rehabilitation professionals and coaches, with a common language and common definitions, as they play an important role in the development of PL in children with physical disabilities.

4.1. The Role of Pediatric Rehabilitation Professionals in PL

In the present study, participants reported the importance of interdisciplinarity in the rehabilitation process. While each profession targets a specific domain of PL that may have various impacts on physical activity engagement and PL development, it is important that various disciplines work together to achieve the common goal of improved PL.

According to the Quebec Order of Occupational Therapists, occupational therapy enables people to accomplish activities of daily living that are considered important [41]. In children and adolescents, occupational therapists commonly focus on global development, engagement, play, and participation in several activities [42]. Physical activity involves the interaction between various psychological, social, environmental, and physical factors [10,43,44]. However, there is generally a lack of consideration of physical activity as an occupation [44]. The involvement of occupational therapists in developing PL could be beneficial for children as they have important roles in different PL domains. Given their skills and knowledge in adapting the environment and breaking down goals into manageable tasks, occupational therapists interviewed in this study perceived they had a role in all aspects of PL. Adaptations and goal setting are at the heart of physical activity participation for children with physical disabilities [45]. Occupational therapists have the expertise required to adapt the environment and development goals that best meet the needs of people with disabilities, thus can facilitate PL development in children.

Physiotherapy aims to enable individuals to regain physical capacity to perform daily activities, work, or engage in meaningful hobbies or sports [46]. Previous studies have reported the role of physiotherapists in promoting physical activity, such as informing children and families about the benefits of physical activity and introducing them to specialized resources tailored for children with disabilities [47]. The Academy of Pediatric Physical Therapy has published a clinical practice guide for children with developmental coordination disorder. This guide highlights the role of physiotherapists in facilitating the participation of children in activities at home, at school and in the community. Using standardized tests, they are advised to assess the level of participation and to examine activity limitations, which may influence their plan of care [48]. If the plan of care aims to improve children's participation in activities, this could have an impact on participation in physical activity, and on the development of PL. In addition, pediatric physiotherapists are considered experts in the development of fundamental movement skills (FMS) through their proficiencies in assessing motor limitations, rehabilitating motor skills, and raising awareness among parents about their child's physical development [49]. Our results support and emphasize the role of physiotherapists on the physical element of PL.

Despite the importance of the physical element in fulfilling physical activity guidelines [40], participants in this study raised questions regarding the acceptability of these fundamental movement skills for children with disabilities. They expressed concerns about whether children possessed the necessary motor skills to accomplish fundamental movement tasks, and concerns about not adapting the skills to specific abilities or the use of assistive technology. For example, the fundamental movement skills for a child using a

wheelchair are not the same as a child who walks. Locomotion skills such as walking, running, or jumping are not realistic for children who use a wheelchair. However, the notion of locomotion and movement still pertain to a child who uses a wheelchair. Redefining fundamental movement skills could not only promote the development of children with physical disabilities, but could also enhance their participation level in physical activity [50,51] and PL development. Indeed, a previous study conducted in typically developing children demonstrated that the physical element of PL was the most predictive element for achieving physical activity recommendations [40]. As a direct result, the redefinition of fundamental movement skills could lead to the achievement of different goals determined by valid clinical scales such as Goal Attainment Scaling [52,53] or the Canadian Occupational Performance Measure [54,55]. One of the current limitations observed on these clinical scales is that the goals are often not attainable. While the validity of these scales is not in questions, the way to achieve the individual goals for children with disabilities may consider using adapted equipment, having better access to sports facilities or redefining fundamental movement skills.

Kinesiologists are experts in the study of human movement and adapted physical activity [56] and represent a health profession that aims to optimize motor performance and physical fitness by encouraging regular physical activity [57]. However, the American Kinesiology Association does not recognize the promotion of physical activity as a subdiscipline of kinesiology [58]. In fact, there are few studies that scientifically demonstrate the influence of kinesiologists in the promotion of physical activity. In Quebec, we can observe this with academic programs that focus mainly on the general scientific fields such as anatomy, physiology, biomechanics, motor development, or pathophysiology [57]. Furthermore, to the best of our knowledge, despite an academic program that focuses on both childhood and adulthood, there are no studies reporting the importance of kinesiology for facilitating physical activity and PL for children with physical disabilities. Aside from the Adapted Physical Activity Intervention Guide for Kinesiologists (2020), in which a chapter is devoted to early childhood (0–5 years), no articles were found regarding school-aged children. However, this chapter on early childhood emphasizes that kinesiology would provide young children with varied motor experiences appropriate to their abilities and would promote their overall development [57]. Therefore, it can be assumed that kinesiologists play an important role in the development of PL in children with and without disabilities, which was expressed by the participants in our study. Indeed, the fact that pediatric kinesiology is an emerging field may help explain our results. Indeed, our participants pointed to academic and non-academic training in adapted physical activity, but not in the pediatric setting.

Pediatric rehabilitation professionals (occupational therapists, physiotherapists, and kinesiologists) play a role in supporting children and their families to find appropriate opportunities for physical activity. Various approaches can facilitate engagement, such as occupational therapists, physiotherapists and kinesiologists who may provide appropriate adaptations for the task or exercise, collaborate with families during physical activity practice, and provide information about adapted physical activity or adapted sports [44,47,49,57,59]. This echoes the "F-words in childhood disability", which, when applied at the clinical level, facilitate pediatric rehabilitation professionals to personalize interventions by considering the specific abilities of children with disabilities [60]. Particular attention is given to the word "Fun", which highlights the importance of considering the child's interests and using participatory activities to enhance the development of confidence, skills and their sense of accomplishment. By definition, these participatory activities would, therefore, encourage the development of PL. Moreover, it is important to take into consideration the child's "Future" in clinical practice because, according to Rosenbaum and Gortier, this is the very essence of child development. Despite the importance of these professions for the development of PL, participants often expressed a sense of a lack of training available to fully develop the potential of children with physical disabilities to participate in physical activities. It therefore seems necessary to have shared knowledge

and a common language between pediatric rehabilitation professionals. This will also ensure interdisciplinary work, which has been identified as essential in the development of children with physical disabilities. Pediatric rehabilitation professionals do have an impact on the different domains of PL, despite the lack of awareness of this concept. However, since the interconnection between the domains is often not taken into consideration, it is difficult to conclude whether their clinical practice has a direct impact on the development of PL. Awareness of the interconnection between the domains of PL is crucial for pediatric rehabilitation professionals as it lays the foundation for an active lifestyle.

4.2. The Role of Coaches in PL

Coaches are also key actors supporting physical activity [61]. Through sport, coaches support personal and social development [62,63], influence skill and performance development [64], and promote lifelong physical activity development in children with and without physical disabilities. The latter may refer to PL development, the goal of which is lifelong engagement in physical activity. In addition, participation in sport has been shown to enhance the development of motivation, confidence, skills, and knowledge among children [65], which fits with the PL definition and highlights the importance of coaches in PL development. However, in our study, coaches expressed not having clear understanding of the PL concept. There is a need to go beyond teaching technical skills and to revise the academic and non-academic training of coaches to consider children from a holistic point of view [31], which may also be applicable to PL.

When working with children with physical disabilities, coaches may provide opportunities for physical activity that can also support the continued development of skills recommended by pediatric rehabilitation professionals. These rehabilitation professionals can also put families in touch with coaches [49]. In this way, a continuum of PL development could start with rehabilitation professionals and continue into the community. However, no experience with interdisciplinarity between the health care setting (pediatric rehabilitation professionals) and the community setting (coaches) was reported by our participants. In addition, previous articles have highlighted the potential for health professionals to connect children and their families with appropriate coaches in their communities [49]. In pediatric rehabilitation, the review by Sharp et al. reported that occupational therapists had a supportive role with coaches [59]. Pediatric physiotherapists can promote specialty clubs to families so that the child has sports training adapted to their needs [49]. Adams et al. also suggest that physiotherapists connect with children's coaches to provide information and guidance specific to the child's skills. Future studies could therefore focus on the importance of this interdisciplinarity between health and community to support the children's follow up after rehabilitation and their PL development.

4.3. Limitations

One of the limitations of this study is that we did not inquire about whether participants primarily worked individually or in groups, which could have affected the strategies they reported for LP development. Additionally, participants were not asked whether they worked more with individuals needing low or high levels of support, potentially impacting both LP development strategies and fundamental movement skills. Participant opinions may vary based on their unique working conditions. Furthermore, our study specifically focused on individuals educated and employed in Quebec, with diverse knowledge of PL stemming from their academic and professional backgrounds. Consequently, it is challenging to generalize our findings to other Canadian provinces. The interviews were conducted in French, and while translation nuances might have been lost, the presence of two bilingual researchers in our team helped facilitate accurate translations. Lastly, it is crucial to note that our study was qualitative, making the interpretation of results researcher-specific and occasionally subjective. To address this, we have outlined certain aspects of the doctoral study's methodology that could have influenced interpretation.

5. Conclusions

This study highlights variability in the knowledge of PL and the relationships between PL domains among pediatric rehabilitation professionals, students and coaches. Considering these results, a review of academic and non-academic training could be interesting to consider. Moreover, sharing knowledge between pediatric rehabilitation professionals and coaches using a use common language would be beneficial. The integration of the PL concept into different trainings programs and the practice is necessary to improve the care of children with physical disabilities. This will ensure their optimal development and allow them to benefit from physical activity for their physical, psychological, and social health.

Supplementary Materials: The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/disabilities3040031/s1, Table S1. COREQ (COnsolidated criteria for REporting Qualitative research) Checklist; File S1. Interview guide for pediatric rehabilitation professionals and students; File S2. Interview guide for coaches. Reference [32] is cited in the supplementary materials.

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