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INTEGRATION OF INCLUSIVE TEACHING STRATEGIES IN REHABILITATION PROGRAMS FOR OLDER ADULTS: A MULTIDISCIPLINARY APPROACH FROM THE SOCIAL SCIENCES AND PSYCHOLOGY OF AGING

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ABSTRACT

Population aging poses new challenges for health systems and for the design of interventions that promote autonomy, lifelong learning, and social participation among older adults. In this context, rehabilitation programs have increasingly incorporated pedagogical strategies that go beyond the traditional biomedical approach and recognize the educational and psychosocial dimensions of rehabilitation processes. The aim of this study was to examine how inclusive pedagogical strategies are integrated into rehabilitation programs for older adults from a multidisciplinary perspective grounded in the social sciences and the psychology of aging. The research was conducted using a mixed-methods descriptive–analytical approach with a non-experimental cross-sectional design. A total of 60 professionals from multidisciplinary rehabilitation teams working in community centers, outpatient units, and primary health care services participated in the study. A structured questionnaire was used to identify the frequency and characteristics of the pedagogical strategies employed, while a semi-structured interview guide explored professionals' perspectives on the educational dimension of rehabilitation. Quantitative data were analyzed using descriptive statistics and Spearman correlations, and qualitative information was examined through thematic coding and data triangulation. The findings reveal a significant presence of pedagogical strategies oriented toward meaningful learning, particularly practical demonstrations, guided procedures, and experience-based learning. Progress was also identified in communicative accessibility and functional adaptation of activities; however, limitations remain regarding cultural relevance and the systematic application of individual reasonable adjustments. The results further indicate that interdisciplinary collaboration facilitates the integration of inclusive pedagogical strategies and contributes to the development of more coherent and person-centered interventions. The study concludes that the incorporation of inclusive pedagogical approaches strengthens the formative dimension of rehabilitation and contributes to promoting autonomy, participation, and overall well-being among older adults. It also highlights the importance of strengthening pedagogical training for health professionals in order to consolidate more inclusive, interdisciplinary, and culturally responsive rehabilitation models.

KEYWORDS: Older Adult Rehabilitation, Inclusive Pedagogy, Psychology of Aging, Learning in Later Life, Interdisciplinary Collaboration, Educational Accessibility, Older Adult Autonomy, Health Education.

1. INTRODUCTION

The sustained increase in global life expectancy has profoundly transformed the challenges associated with well-being, rehabilitation, and social inclusion among older adults. Aging involves not only biological and functional changes, but also transformations in social participation, personal identity, and opportunities for learning throughout the life course. From the perspective of the psychology of aging and the social sciences, these processes require understanding older adults as active individuals who continue to develop capacities, reinterpret experiences, and construct meaningful learning within contexts of social interaction. Within this framework, rehabilitation programs can be understood not only as therapeutic spaces but also as formative environments in which inclusive pedagogical strategies foster active participation, autonomy, and the overall well-being of older adults. Recent studies show that person-centered approaches, inclusive methodologies, and interdisciplinary teamwork strengthen clinical, functional, and psychosocial outcomes, highlighting the importance of integrating coherent and culturally relevant educational processes within rehabilitation interventions (Chenoweth et al., 2025; Jönsson et al., 2025).

Specialized literature indicates that contemporary rehabilitation has evolved beyond the traditional biomedical model to incorporate psychosocial, cultural, and educational dimensions of aging. This shift reflects the need to understand rehabilitation as a comprehensive experience involving the cognitive, emotional, and social aspects of the individual. In day centers and community services, the integration of pedagogical strategies becomes particularly relevant for promoting adaptive learning, stimulating self-determination, and strengthening functionality in everyday life. The review conducted by Jönsson et al. (2025) shows that programs incorporating educational activities guided by multiprofessional teams generate more meaningful and empowering experiences for older adults, who assume more active roles in their recovery processes. Similarly, McCarthy et al. (2023) report that rehabilitation models integrating multiple disciplines are more effective than conventional approaches, not only in physical improvement but also in strengthening emotional and psychosocial dimensions.

From an educational perspective, growing evidence demonstrates that older adults particularly benefit from inclusive pedagogical strategies that recognize their life trajectories, motivations, previous experiences, and learning rhythms. Schoultz (2024) emphasizes that educational practices aimed at this population require a specific pedagogical reflection in which life experience and collaborative knowledge construction play a central role. These considerations are particularly relevant for rehabilitation programs, since many of their components operate as teaching–learning processes in which older adults acquire skills to cope with functional changes, redefine daily habits, and sustain their physical and emotional well-being.

Within this context, inclusion has become a fundamental principle in the care of older populations. From the perspective of the social sciences and the psychology of aging, inclusion involves recognizing the functional, cultural, and socio-emotional diversity of older adults and promoting interventions that ensure equity in access to services and active participation in recovery processes. Kokorelias et al. (2024) highlight that the training of health professionals must incorporate approaches based on equity, diversity, and inclusion, reinforcing the need to design rehabilitation programs that are accessible, culturally relevant, and sensitive to individual differences. Complementarily, Sardareh et al. (2024) note that health literacy, strengthened through appropriate educational processes, promotes more informed decision-making, improves therapeutic adherence, and enhances patient autonomy.

At the community level, interventions that combine education, active participation, and professional support generate positive effects on both physical health and the psychological and social well-being of older adults. Elhag et al. (2025) demonstrate that participatory community-based actions contribute to functional improvements and enhance quality of life, while Hayes et al. (2024) show that integrated care models strengthen therapeutic continuity and facilitate the understanding of recovery processes. These findings reveal that rehabilitation should not be limited to functional recovery but can also become an educational process aimed at strengthening autonomy, health self-management, and social participation.

Despite these advances, a significant gap persists in the scientific literature regarding the systematic integration of inclusive pedagogical strategies in rehabilitation programs for older adults. Most studies focus primarily on clinical, biomedical, or procedural outcomes, while educational, sociocultural, and formative components are often treated as secondary aspects. Seijas et al. (2024) point out that there is still a weak articulation between

pedagogical approaches and therapeutic protocols in primary care and community settings, which hinders the development of interventions capable of promoting meaningful learning, personal autonomy, and sustained social participation.

Furthermore, although several studies report benefits derived from educational or inclusive components, few develop structured pedagogical frameworks or clear methodologies to guide their implementation within rehabilitation programs. Larsen et al. (2024) emphasize the importance of training professionals capable of identifying and assessing the learning needs of older adults; however, the literature still provides limited guidance for designing coherent pedagogical devices in therapeutic environments. Similarly, Rosser (2024) analyzes the relationship between emotional well-being and educational practices among older adults, although the analysis is mainly focused on continuing education contexts, leaving its direct application to clinical or rehabilitative environments largely unexplored.

Older populations are highly heterogeneous in functional, cultural, and socio-emotional terms, which requires rehabilitation programs to incorporate strategies that address this diversity from an inclusive perspective. Although Hayes et al. (2024) and Sardareh et al. (2024) indicate that the integration of inclusive perspectives reduces inequalities and improves health outcomes, there is still limited clarity regarding how these principles can be translated into pedagogical models applicable to rehabilitation processes. This theoretical and methodological limitation restricts the consolidation of practices that are genuinely person-centered and oriented toward the comprehensive development of older adults.

In this sense, the articulation between inclusive pedagogy, gerontology, rehabilitation, and multidisciplinary work allows rehabilitation interventions to be understood as complex processes where educational, psychological, and social dimensions of aging converge. However, many programs still lack systematic frameworks that allow the operationalization of pedagogical components and the evaluation of their impact on learning, autonomy, and the well-being of older adults. Therefore, it becomes necessary to deepen the analysis of how inclusive pedagogical strategies are integrated into rehabilitation programs and to examine their implications for the personal and social development of this population.

Based on this framework, the present study was guided by the following general objective: to systematically examine how inclusive pedagogical strategies are integrated into rehabilitation programs for older adults from a multidisciplinary approach grounded in the social sciences and the psychology of aging, emphasizing their formative components and their contribution to participants' learning and autonomy.

The following specific objectives were established: to identify and describe the pedagogical approaches present in rehabilitation programs for older adults; to analyze the degree to which criteria of inclusion, equity, and diversity are incorporated into the educational practices developed in these programs; to examine how interdisciplinary work influences the design, implementation, and evaluation of pedagogical strategies within rehabilitation processes; and to propose guiding principles aimed at strengthening the integration of inclusive pedagogical strategies in rehabilitation contexts from a multidisciplinary and psychosocial perspective of aging.

2. METHODOLOGY

2.1. Method

The study was conducted using a mixed-methods approach with a descriptive–analytical emphasis, selected due to the nature of the research problem, which requires both the identification of patterns in inclusive pedagogical practices and a deeper understanding of how these practices are applied in real rehabilitation contexts for older adults. From the perspective of the social sciences and the psychology of aging, this approach makes it possible to examine rehabilitation programs not only as clinical interventions but also as educational and psychosocial environments where learning processes and autonomy development take place. The quantitative component made it possible to characterize the presence, frequency, and configuration of inclusive pedagogical strategies implemented in the programs, while the qualitative component provided interpretative information regarding their formative meaning, relevance, and adequacy from the perspective of the professionals who implement them (Bisquerra, 2009).

A non-experimental and cross-sectional design was adopted, since the study aimed to describe the phenomenon at a specific moment without manipulation of variables. The research was structured as a convergent mixed design, in which quantitative and qualitative data were collected in parallel and subsequently integrated. This design made it possible to contrast and complement the findings in relation to the objectives of the study and

to examine the integration of inclusive pedagogical strategies within multidisciplinary rehabilitation practices for older adults (Hernández et al., 2014).

This methodological delimitation responds to the educational and psychosocial orientation of the research, which seeks to analyze how inclusive pedagogical strategies are incorporated into rehabilitation programs and how multidisciplinary teams integrate these practices in their professional work, considering the developmental, social, and psychological dimensions of aging.

2.2. Participants

The population consisted of professionals involved in rehabilitation programs for older adults in community centers, outpatient units, and primary care services. Participants included physiotherapists, occupational therapists, psychologists, social workers, nursing staff, and health educators who were actively involved in the implementation of rehabilitation interventions.

Participant selection followed a non-probabilistic purposive sampling strategy, appropriate when the objective is to gain an in-depth understanding of a phenomenon rather than to generate population-level inferences. A total of 60 professionals participated in the study, a number that allows the identification of patterns of practice and comparison of perspectives across disciplines, consistent with a descriptive–analytical study focused on multidisciplinary rehabilitation contexts.

The inclusion criteria were as follows:

1. at least one year of experience working in rehabilitation programs for older adults;
2. direct participation in the planning or implementation of educational or training activities within the program;
3. active participation in a multidisciplinary team involved in rehabilitation processes.

The exclusion criteria included:

1. professionals performing exclusively administrative roles;
2. personnel undergoing induction or initial training periods;
3. professionals who did not provide informed consent to participate in the study.

The sample was not conceived as statistically representative, as the purpose of the study was not to estimate population parameters but rather to analyze pedagogical practices and interdisciplinary dynamics within real rehabilitation contexts for older adults.

2.3. Procedure

Two main instruments were employed for data collection.

- Structured questionnaire.

This instrument was designed to identify and characterize: the inclusive pedagogical strategies implemented in rehabilitation programs; the degree to which criteria of equity, diversity, and accessibility are incorporated into intervention practices; the dynamics of interdisciplinary collaboration among professionals.

The content of the questionnaire was based on specialized literature in inclusive pedagogy, educational gerontology, and rehabilitation sciences. Content validity was evaluated through expert judgment by five specialists in inclusive education and community health, obtaining Aiken's V coefficients above 0.85. Reliability was assessed through a pilot test with 20 professionals, resulting in a Cronbach's alpha of 0.92.

- Semi-structured interview guide

This instrument was designed to explore in greater depth: professionals' experiences regarding the pedagogical dimension of rehabilitation processes; perceptions related to inclusion, accessibility, and cultural relevance in rehabilitation programs; the role of interdisciplinary collaboration in the application of inclusive pedagogical strategies.

The interviews were conducted individually, with an approximate duration of 30 minutes, and were carried out after obtaining informed consent from the participants.

The study was developed in four stages:

- Design and validation of instruments: development of the questionnaire and interview guide, expert validation, and pilot testing.
- Ethical and institutional procedures: authorization requests submitted to participating institutions, provision of study information to professionals, and collection of informed consent.
- Data collection: in-person administration of the questionnaire and conduction of semi-structured interviews. Interviews were audio-recorded with participants' permission and subsequently transcribed verbatim.
- Data organization and preparation: initial coding, data cleaning, secure storage, and preparation for quantitative and qualitative analysis.

2.4. Data Analysis

Quantitative analysis was conducted using descriptive statistics (frequencies, percentages, measures of central tendency, and dispersion) in order to characterize the inclusive pedagogical practices present in rehabilitation programs for older adults. Since the aim was not to generate population-level inferences but to examine relationships between formative and psychosocial components of rehabilitation practices, Spearman correlation coefficients were calculated to explore associations among variables such as:

- degree of pedagogical inclusion,
- presence of accessibility criteria in rehabilitation activities,
- level of interdisciplinary collaboration among professionals.

Qualitative analysis was carried out through thematic coding, which allowed the identification of categories related to perceptions of inclusion, the pedagogical construction of rehabilitation interventions, and the factors that facilitate or hinder the integration of educational strategies within rehabilitation programs. Particular attention was given to elements associated with autonomy, participation, and psychosocial development in older adults.

Finally, both datasets were integrated through a triangulation process, enabling the comparison of patterns and strengthening the analytical validity of the findings. This integration allowed for a broader understanding of how inclusive pedagogical strategies are incorporated into multidisciplinary rehabilitation practices and how these strategies contribute to learning processes and autonomy among older adults from the perspective of the social sciences and the psychology of aging.

This methodological strategy ensured alignment between the collected data and the objectives of the study, providing consistent evidence on how inclusive pedagogical strategies are integrated into rehabilitation programs within multidisciplinary professional contexts.

3. RESULTS

3.1. Pedagogical approaches present in rehabilitation programs

The first objective aimed to identify and describe the pedagogical approaches present in rehabilitation programs for older adults, considering their relationship with learning processes, autonomy, and participation from the perspective of the social sciences and the psychology of aging. Quantitative results indicate that professional teams employ pedagogical strategies oriented toward meaningful learning, active participation, and functional adaptation of older adults within rehabilitation processes.

Table 1: Frequency of use of pedagogical strategies in rehabilitation.

Pedagogical strategy	Frequent use (%)	Moderate use (%)	Low use (%)
Practical demonstrations	78.3	16.7	5.0
Experience-based learning	71.7	20.0	8.3
Collaborative activities	60.0	28.3	11.7
Adapted teaching materials	55.0	30.0	15.0
Step-by-step guided procedures	81.7	13.3	5.0
Systematic positive reinforcement	73.3	20.0	6.7

Step-by-step guided procedures and practical demonstrations appear as the most frequently used strategies. This finding reflects a functional pedagogical approach focused on supervised performance and progressive learning support, which is consistent with the motor, cognitive, and adaptive processes involved in rehabilitation among older adults.

Experience-based learning, reported by more than 70% of professionals, confirms the central role of older adults' life experiences as a starting point for meaningful learning. From the perspective of the psychology of aging, such strategies facilitate the integration of personal trajectories, intrinsic motivation, and the development of new functional skills.

The moderate use of adapted teaching materials reflects a consistent but still limited implementation. According to interview data, this limitation is mainly associated with institutional time constraints and the limited availability of pedagogical resources specifically designed for older adults.

Collaborative activities show intermediate levels of implementation and are generally developed in group sessions that combine social interaction, emotional support, and shared functional activities. These practices are particularly relevant from the perspective of the psychology of aging, as they contribute to strengthening social participation, a sense of belonging, and motivation during rehabilitation.

Overall, the findings highlight the need to

strengthen the pedagogical training of health and rehabilitation professionals in areas such as:

- development of adapted educational materials for older adults;
- active methodologies for learning in later life;
- collaborative strategies integrating physical, cognitive, and socio-emotional components.

These elements improve the pedagogical coherence of rehabilitation programs and support the autonomy and active participation of older adults in their recovery processes.

3.2. Incorporation of inclusion, equity, and diversity criteria

The second objective examined the degree to which inclusion, equity, and diversity criteria are incorporated into the educational practices implemented within rehabilitation programs for older adults. In particular, dimensions related to accessibility, cultural relevance, and functional diversity were analyzed.

Table 2: Level of implementation of inclusive criteria.

Inclusive criterion	High (%)	Medium (%)	Low (%)
Physical and communicative accessibility	70.0	20.0	10.0
Cultural relevance	55.0	30.0	15.0
Adaptation to functional diversity	61.7	25.0	13.3
Individual reasonable adjustments	50.0	33.3	16.7
Promotion of autonomy	73.3	20.0	6.7

Promotion of autonomy 73.3 20.0 6.7

Physical and communicative accessibility presents the highest implementation levels. Interviews indicate that professionals prioritize the use of clear instructions, visual supports, and simplified language, which are essential pedagogical elements to ensure comprehension and participation among older adults.

Cultural relevance shows moderate levels of implementation. Although professionals acknowledge the sociocultural diversity present among older adults, many report lacking pedagogical tools and methodological guidelines to systematically adapt interventions to local cultural contexts.

Adaptation to functional diversity shows a medium-high level, reflecting efforts to personalize activities according to participants' physical and cognitive capacities. However, individual reasonable adjustments present the lowest levels, revealing a gap between inclusive intentions and their practical implementation. Interview data indicate that the absence of pedagogical guidelines and adaptation protocols represents a key limitation.

Promotion of autonomy appears as the most consolidated dimension. Professionals report that working with shared goals, encouraging active participation, and providing reflective feedback contribute significantly to the development of self-determination and confidence among older adults.

These results highlight the importance of strengthening competencies in inclusive pedagogy, cultural adaptation, and functional diversity among health and rehabilitation professionals in order to promote equitable educational practices within clinical and community rehabilitation contexts.

3.3. Influence of interdisciplinary work on the implementation of inclusive pedagogical strategies

The third objective analyzed the relationship between interdisciplinary collaboration and the integration of inclusive pedagogical strategies in rehabilitation programs for older adults.

Table 3. Correlation between interdisciplinary collaboration and use of inclusive strategies.

Associated variable	Spearman's ρ	Interpretation
Interprofessional coordination and adapted materials	0.62	Moderate–high positive correlation
Interdisciplinary communication and collaborative activities	0.57	Moderate positive correlation
Joint planning and cultural relevance	0.48	Moderate positive correlation
Clinical meetings and reasonable adjustments	0.41	Weak–moderate correlation

Interprofessional coordination shows the strongest correlation, indicating that the development of adapted materials and inclusive pedagogical strategies depends largely on collaborative work among physiotherapists, occupational therapists, psychologists, health educators, and other professionals.

Interdisciplinary communication is associated with the development of collaborative activities, which are reflected in group sessions integrating emotional support, social interaction, and physical activity.

Joint planning maintains a moderate relationship

with cultural relevance, suggesting that the participation of multiple disciplines facilitates the identification of sociocultural elements that can be incorporated into educational activities.

The lowest correlation corresponds to clinical meetings and reasonable adjustments, indicating that clinical communication does not always translate into personalized pedagogical decisions.

3.4. Qualitative findings

Thematic analysis revealed three key categories:

- Functional articulation: teams combine physical exercises, cognitive activities, and educational strategies, creating coherent formative sequences within rehabilitation processes.
- Pedagogical complementarity: each discipline contributes specific educational components such as motivation, functional adaptation, emotional support, and practical demonstration.
- Shared decision-making: the joint definition of goals strengthens older adults' autonomy and reinforces their role as active participants in learning and recovery processes.

These results highlight that pedagogical integration in rehabilitation is strengthened when interdisciplinary collaboration incorporates an educational and psychosocial perspective of aging.

4. DISCUSSION

The results of this study show that rehabilitation programs aimed at older adults incorporate inclusive pedagogical strategies with varying levels of development and systematization. This diversity reflects, on the one hand, the presence of a solid foundation of educational practices oriented toward meaningful learning and, on the other, the need to strengthen formative, social, and psychological components that allow a more systematic integration of pedagogical approaches within rehabilitation processes. From the perspective of the social sciences and the psychology of aging, these findings make it possible to understand rehabilitation not only as a therapeutic process but also as a space for learning, participation, and the reconstruction of personal autonomy. Overall, the results align with recent literature and help identify key areas for strengthening multidisciplinary models centered on older adults.

The predominant use of practical demonstrations, guided procedures, and experience-based learning confirms the centrality of functional and experiential approaches in the analyzed programs. This pattern is consistent with the findings of Johansson et al. (2025), who note that practice-based and imitation-oriented strategies improve adherence to rehabilitation processes and facilitate the transfer of learning to activities of daily living. Similarly, Jönsson et al. (2025) highlight that pedagogical models centered on practical activities promote the development of autonomy and strengthen the active participation of older adults in their recovery processes, a pattern also reflected in the high frequency of these strategies reported in the present study.

Likewise, experience-based learning grounded in the life trajectories of older adults aligns with perspectives from the psychology of aging, which emphasize the importance of integrating personal biography, memory, and accumulated knowledge into learning processes in later life. In this sense, the pedagogical strategies observed allow rehabilitation activities to be linked with real-life situations, facilitating the development of meaningful learning and strengthening functional capacity in social and family contexts.

The significant presence of positive reinforcement and collaborative activities also confirms a tendency toward educational practices that promote motivation, social interaction, and emotional engagement. Chenoweth et al. (2025) describe these components as essential elements in person-centered interventions, as they contribute to sustaining the active involvement of older adults in long-term therapeutic processes. In the present study, systematic feedback and group-based dynamics function not only as motivational strategies but also as mechanisms that reinforce the socio-emotional dimension of learning, which is particularly relevant in rehabilitation contexts where functional recovery is often accompanied by psychological and social challenges.

One of the most consistent findings corresponds to the high level of communicative accessibility and functional adaptation present in the analyzed programs. Practices such as simplified language, the use of visual supports, and clear instructions align with the arguments of Larsen et al. (2024), who emphasize that adapted communication is a key competence for professionals working with older adults. From the perspective of the psychology of aging, such strategies not only facilitate comprehension of therapeutic instructions but also strengthen confidence, informed participation, and the perception of control among older adults regarding their own recovery process.

However, dimensions such as cultural relevance and individual reasonable adjustments show

intermediate or low levels of development. Although professionals acknowledge the sociocultural diversity of the older population and report making efforts to incorporate contextual elements into activities, the findings reveal the absence of systematic guidelines to support culturally adapted interventions. This observation is consistent with the findings of Kokorelias et al. (2024), who identify limited incorporation of diversity and inclusion content in the training of health professionals. In this regard, Schoultz (2024) emphasizes the importance of linking educational processes for older adults with their life experiences, personal histories, and sociocultural contexts—elements that still require stronger integration within rehabilitation programs.

Similarly, individual reasonable adjustments appear less developed. Although professionals express inclusive intentions, their systematic implementation is constrained by structural limitations. Interviews indicate barriers such as workload pressures, the absence of clear pedagogical protocols, and limited time to design individualized adaptations. These constraints resemble those described by Seijas et al. (2024), who note that the lack of structured methodological frameworks can hinder the effective integration of inclusive pedagogical strategies in clinical and community contexts.

One of the most significant contributions of the study concerns the influence of interdisciplinary collaboration on the implementation of inclusive pedagogical strategies. The positive correlations observed between interprofessional coordination, interdisciplinary communication, and the use of pedagogical strategies confirm the importance of multidisciplinary approaches in rehabilitation processes. Hayes et al. (2024) argue that collaboration among different professional disciplines improves both functional and psychosocial outcomes in older adults, while McCarthy et al. (2023) suggest that interdisciplinary teams enable the design of more comprehensive and coherent interventions. The present study extends these conclusions by showing that professional collaboration not only enhances therapeutic outcomes but also facilitates the development of adapted educational materials, contextualized planning of activities, and the integration of collaborative pedagogical strategies.

The qualitative analysis reinforces this interpretation by revealing that educational complementarity among disciplines constitutes a central element in the formation processes within rehabilitation programs. The integration of physical, cognitive, emotional, and pedagogical perspectives allows the development of more coherent interventions adapted to the needs of older adults, as also noted by McCarthy et al. (2023). This complementarity is reflected in practices such as the joint definition of therapeutic goals, shared decision-making, and the integration of physical exercises with educational activities. These practices strengthen the autonomy of older adults and reinforce their role as active agents in their learning and recovery processes.

Another relevant aspect identified in the study is the consistent presence of the principle of self-determination within the analyzed programs. The promotion of autonomy, reflected in the high levels reported by participants, aligns with the observations of Sardareh et al. (2024), who emphasize that health literacy strengthens the capacity of older adults to make informed decisions regarding their well-being. Complementarily, Rosser (2024) argues that educational processes directed at older adults should promote emotional well-being and reflective decision-making. The results of the present study support this orientation by highlighting practices that encourage active participation, shared goal setting, and continuous feedback throughout the rehabilitation process.

In summary, the findings indicate that the analyzed programs are moving toward more humanized rehabilitation models centered on the life experiences of older adults and supported by pedagogical strategies that promote understanding, autonomy, and social participation. However, important challenges remain related to the development of adapted educational materials, the cultural contextualization of interventions, and the systematic implementation of individualized pedagogical adjustments. These needs are consistent with the reflections of Seijas et al. (2024) and Kokorelias et al. (2024), who warn that the sustainability of inclusive practices depends largely on the existence of clear pedagogical frameworks and professional training processes that integrate competencies in inclusion, communication, and educational practice within rehabilitation contexts.

Overall, comparison with the existing literature suggests that the findings of this study not only confirm conclusions presented in previous research but also provide an integrative perspective that connects inclusive pedagogy, educational gerontology, the psychology of aging, and interdisciplinary collaboration. By examining these dimensions simultaneously, the study contributes to understanding how rehabilitation programs can consolidate intervention models that coherently

integrate therapeutic, educational, and psychosocial components, advancing toward more inclusive, formative, and culturally responsive practices in the care of older adults.

5. CONCLUSIONS

The results of this study indicate that the integration of inclusive pedagogical strategies in rehabilitation programs for older adults represents an increasingly relevant component in the development of person-centered models of care. From the perspective of the social sciences and the psychology of aging, rehabilitation should not be understood solely as a process of functional recovery, but also as a context in which learning processes, autonomy reconstruction, and social participation are strengthened. In this regard, the findings show that the analyzed programs already incorporate educational practices oriented toward meaningful learning, particularly through practical demonstrations, guided procedures, and experience-based learning, strategies that facilitate the transfer of knowledge to everyday situations and encourage the active participation of older adults in their recovery processes.

The study also confirms that motivational and socio-emotional components play a fundamental role in the development of pedagogical processes within rehabilitation. The frequent use of positive reinforcement, continuous feedback, and collaborative activities indicates that professional teams recognize the importance of sustaining the emotional engagement of older adults throughout long-term therapeutic processes. These practices contribute to creating more participatory learning environments in which social interaction, mutual support, and shared goal setting strengthen both treatment adherence and the psychological well-being of participants.

Regarding the inclusive dimension, the findings reveal important progress in aspects such as communicative accessibility and functional adaptation of activities. The simplification of language, the use of visual supports, and clarity in instructions represent widely implemented pedagogical practices that facilitate the understanding of therapeutic indications and promote more active and autonomous participation among older adults. However, the study also identifies significant limitations in areas such as the cultural relevance of interventions and the systematic application of individual reasonable adjustments. Although professionals acknowledge the sociocultural and functional diversity of the older population, the absence of clear pedagogical guidelines and adaptation protocols hinders the consistent incorporation of these dimensions into rehabilitation practices.

Another relevant finding concerns the role of interdisciplinary collaboration in the implementation of inclusive pedagogical strategies. The correlations identified between interprofessional coordination, interdisciplinary communication, and the use of educational strategies demonstrate that collaboration among disciplines constitutes a key factor in the development of more comprehensive interventions. The articulation among physiotherapists, occupational therapists, psychologists, social workers, and health educators allows the integration of physical, cognitive, emotional, and educational perspectives, generating formative processes that are more coherent and better adapted to the needs of older adults. This complementarity also facilitates the joint construction of therapeutic goals and strengthens the role of the user as an active agent in the learning and rehabilitation process.

Overall, the results indicate that the analyzed rehabilitation programs are moving toward more humanized and participatory models in which the pedagogical dimension plays an increasingly significant role in promoting autonomy, self-determination, and quality of life among older adults. Nevertheless, the consolidation of this approach requires strengthening the pedagogical training of health and rehabilitation professionals, particularly in areas related to the design of adapted educational materials, the cultural contextualization of interventions, and the implementation of inclusive strategies capable of addressing the functional and social diversity of the older population.

Finally, this study provides evidence that contributes to understanding rehabilitation from a multidisciplinary perspective that integrates therapeutic, educational, and psychosocial dimensions of aging. By jointly examining inclusive pedagogy, the psychology of aging, and interdisciplinary collaboration, the findings identify key elements for the development of more coherent, accessible, and culturally responsive rehabilitation programs. Strengthening the systematic integration of inclusive pedagogical strategies within rehabilitation processes not only improves the effectiveness of interventions but also promotes more equitable forms of care centered on the dignity, autonomy, and social participation of older adults.

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