Future Thinking. Using the International Classification of Functioning, Disability and Health (ICF) to Define and Defend Appropriate Care Provision

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Preconference: Future Thinking: Using the International Classification of Functioning, Disability and Health (ICF) to define and defend appropriate care provision

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Disclosure

• Are there any financial relationship(s) that could reasonably be viewed as creating a conflict of interest, or the appearance of a conflict of interest, and/or might bias the content of the presentation?
• Bud Langham – No real or potential conflicts of interest exist
• Kenneth L Miller – No real or potential conflicts of interest exist
• Jonathan Talbot – No real or potential conflicts of interest exist
Course Description

The International Classification of Functioning, Disability and Health (ICF) is a classification system complementary to the more well-known International Classification of Disease (ICD-10). The ICD-10 defines diseases, disorders and health condition whereby the ICF defines the continuum of health and disability. This course will focus on the usefulness of the ICF as the ICF shifts the focus of disability from causation to impact that a person’s health has on function. Moving away from the Nagi disablement model to the ICF model is a paradigm shift requiring a change in the language used by and the thinking of clinicians.

Rather than treating disease and disability, clinicians will seek to improve health and function. Incorporating the ICF in care provision will allow organizations to be leaders in the health care industry as the value-based reimbursement (VBP) system expands. The VBP system will require an intentional focus on prevention of adverse health events and health promotion. The participant will be provided tools to apply the ICF in a practical sense and operationalize the ICF for evaluation, plan of care development and intervention and integrate defensible documentation for all patient encounters.
Objectives

Upon completion of this course, you will be able to:

1. Explain the International Classification of Functioning (ICF) conceptual framework and how to incorporate the bio-psychosocial model as seen in the ICF into care delivery.
2. Discuss the ICF past, present, and future related to the home health practice and policy.
3. Implement the use of tools for applying the ICF to improve patient evaluation and plan of care development.
4. Describe principles necessary for the provision of defensible documentation within ICF framework that can be readily implemented by field clinicians.

Agenda

- Introduction, Pre-test
- ICF Past, Present and Future from 30,000 feet
- Moving from disease towards health (Medical to Bio-Psychosocial)
  - Treating patients to engaging patients
- Integrating the ICF into the PT Assessment
- ICF and Defensible Documentation
- Implementation plans for ICF (Panel Discussion)
- Conclusion, Post-test, Q & A
Pre-Test

• True/False. The International Classification of Function, Disability and Health (ICF) is a classification system based on the medical model of disease.
• True/False. The ICF model allows clinicians to think from a functioning perspective rather than a health condition perspective.
• True/False. In ICF, the term disability refers to impairments, activity limitations and participation restrictions.
• True/False. In ICF, the term functioning refers to body structures, body functions, activities and participation.

Did you know?

• ICF is not a new tool. In fact, the ICF was approved for use by the World Health Organization in 2001.

• The ICF framework and its definitions are integrated into the 3rd edition of the Guide for Physical Therapist Practice, APTA. 2014.
Introduction

• Affordable Care Act
  – Changing Healthcare Reimbursement
    • Volume based to value based system
    • Connects reimbursement for services to improved outcomes and (+) results
    • 2015 HH PPS Demonstration project in 2016

• OIG Medicare Strike force
  – Scrutinizing health care organizations for proper billing

• Expanding dashboard metrics and analytics (Fraud Prevention System)
  – EMR and auditing for outliers

• IHI and other organizations call for improvements in patient safety and Quality

World Health Organization

• ICD-9 (ICD-10)
  – International Classification of Diseases – diagnosis of diseases, disorders and other health conditions

• ICF
  – International Classification of Functioning, disability and Health – human functioning and disability are described as a dynamic interaction between various health conditions and environmental and personal factors

• The ICD and ICF are complementary to each other. Using both classification systems provides a broader picture of the health of an individual
APTA & ICF

• June 2008, the APTA House of Delegates officially endorsed the World Health Organization's (WHO) International Classification of Functioning, Disability and Heath (ICF)

• ICF offers a large area of domains that may be considered when evaluating a patient and in determining what other influences may be affecting the patient, such as environmental factors

Practice Matters: What is the ICF? By Anita Bemis-Dougherty, PT, DPT, MAS February 2009. PT in Motion.

Bud Langham PT, MBA, COS-C

PAST, PRESENT, FUTURE
ICF and Me

QUESTION: DO YOU WANT TO HEAR MY ICF STORY?

ANSWER: IT DOESN'T MATTER. I AM THE SPEAKER SO I HOLD ALL THE POWER

My Job: 30,000 Feet View
Let’s Begin with Why

• International Classification of Disease (ICD) was lacking

• We were too focused on disease and disability, not health and functioning

719.7 difficulty in walking?
781.2 abnormality of gait?
What do these codes really tell us?

Let’s Begin with Why

• There was no common code or language of health and functioning

• Nurses, physicians, therapists, pharmacists, and other disciplines struggled to communicate effectively or document health or functional status
Interdisciplinary Communication

Case Conference: “Ruth” is an 84 year old female s/p R Hip Fx and repair, lives with an elderly spouse in rural area and lives on fixed income. She is a V54.13 according to ICD

Physician: “medically unstable”
RN: “can’t manage her meds”
PT: “fall risk”
OT: “can’t perform self care”
MSW: “at risk for depression”
Pharmacist: “polypharmacy”
Husband: “wants her home”
Son: “safe to be home?”

ICF – Past

• 1972, World Health Organization (WHO) developed a preliminary scheme concerning the consequences of disease
• 1973, help was solicited from groups with a special concern in rehabilitation
• 1974, separate classifications for impairments and handicaps were circulated and discussions continued
ICF – Past

• **1976**, the Twenty-ninth World Health Assembly adopted resolution WHA29.35, and approved the publication of the impairments and handicaps as a supplement to, but not as an integral part of, the ICD

• **1980**, first edition of ICIDH was published International Classification of Impairments, Disabilities and Handicaps (ICIDH)

ICF – Past

• **1993**, revision of ICIDH begins with these goals:
  – Serve multiple purposes required by different countries, sectors and health care disciplines;
  – Be a simple and meaningful description of consequences of health conditions;
  – Be useful for practice
  – Give a coherent view of the consequences of health conditions (i.e. disabilities)
  – Be sensitive to cultural variations
  – Be usable in a complementary way with the WHO family of classifications.
ICF – Past

• **1993**, ICIDH Revision continued…
  – French Collaborating Centre was given the task of making a proposal on the Impairments section and on language, speech and sensory
  – Dutch Collaborating Centre was to suggest a revision of the Disability and locomotor aspects of the Classification and prepare a review of the literature
  – North American Collaborating Center was to put forward proposals for the Handicap section.

• **1996**, Plan was scrapped and each center began to collaborate on the document as a whole

ICF – Past

• **1996-2001**, field trials and international consultations were conducted

• **2001**, World Health Assembly votes to endorse the second edition of the International Classification of Impairments, Disabilities and Handicaps (ICIDH)

• **2001**, ICIDH renamed as International Classification of Functioning, Disability and Health, **henceforth referred to in short as ICF**
ICF - Today

Ties a Health Condition to Physiologic Impairments and Functional Limitations

Universal classification of disability and health for use in health and health-related sectors.

Takes into account environmental and personal factors

Components of the International Classification of Functioning, Disability and Health (ICF)

- Health Condition(s)
- Body Function and Structure Impairments
- Activity or Functional Limitations
- Participation Restrictions
- Environmental Factors
- Personal Factors
Scenario: A devilishly attractive therapy professional attends a boring lecture about ICF

Coding Guidelines:
- **b** for Body Functions
  - b 110 Consciousness functions
  - General mental functions of the state of awareness and alertness, including the clarity and continuity of the wakeful state.
  - b1341 Onset of sleep
  - Mental functions that produce the transition between wakefulness and sleep.
- **s** for Body Structures
- **d** for Activities and Participation
- **e** for Environmental Factors
Coding ICF

Scenario: A devilishly attractive therapy professional attends a boring lecture about ICF

Coding Guidelines:

<table>
<thead>
<tr>
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<th>Description</th>
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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>s76002</td>
<td>Lumbar vertebral column</td>
</tr>
<tr>
<td>s76003</td>
<td>Sacral vertebral column</td>
</tr>
<tr>
<td>s76004</td>
<td>Coccyx</td>
</tr>
</tbody>
</table>

Getting into and out of a body position and moving from one location to another, such as getting up out of a chair to lie down on a bed, and getting into and out of positions of kneeling or squatting.

Getting into and out of a standing position or changing body position from standing to any other position, such as lying down or sitting down.
Coding ICF

Scenario: A devilishly attractive therapy professional attends a boring lecture about ICF

Coding Guidelines:

- **b** for Body Functions
- **s** for Body Structures
- **d** for Activities and Participation
- **e** for Environmental Factors

**e425 Individual attitudes of acquaintances, peers, colleagues,**
General or specific opinions and beliefs of acquaintances, peers, colleagues, neighbors and community members about the person or about other matters.

**e320 Friends**
Individuals who are close and ongoing participants in relationships characterized by trust and mutual support.

All components are quantified using the same generic scale. Having a problem may mean an impairment, limitation, restriction or barrier, depending on the construct. Appropriate qualifying words as shown in brackets below should be chosen according to the relevant classification domain (where xxx stands for the second-level domain number):

- **xxx.0** NO problem (none, absent, negligible,…) 0–4 %
- **xxx.1** MILD problem (slight, low,…) 5–24 %
- **xxx.2** MODERATE problem (medium, fair,…) 25–49 %
- **xxx.3** SEVERE problem (high, extreme,…) 50–95 %
- **xxx.4** COMPLETE problem (total,… ) 96–100 %
- **xxx.8** not specified
- **xxx.9** not applicable
Take a Deep Breath

• You don’t have to code ICF to make it useful…you just have to speak the language and be intentional.

ICF and EHHH

• EMR forms
• Documentation
• Case conference
• ADRs and appeals
  – Supporting medical necessity
  – Supporting homebound status
• Face-to-face documentation
• Embedding ICF into EHH vocabulary
ICF – Using ICF Today

- Clinical practice
- Healthcare education
- Community support services
- Population-based data
- Education systems
- Policy and program development
- Advocacy and empowerment

Clinical Practice

- Describing functional status
- Setting goals
- Evaluating treatment outcomes
- Communicating with colleagues
Healthcare Curriculum Design

- Using the ICF framework to link content taught in different professions, disciplines and subject areas may help to break down silos that are prominent in traditional training courses
- ICF should be used to frame cases for problem-oriented learning

Clinical Competence

- ICF provides a systematic method of gathering data across all conditions, all ages, and all settings
- Educators in each profession and discipline can use the same framework which will teach students a uniform model for assessment and treatment planning
- Students will not compartmentalize the management of different health conditions.
Community Support Services

• The ICF model can support eligibility assessment and service planning
• The focus on environmental factors makes it possible to articulate clearly whether the needs of the individual require environmental changes or the provision of personal support.

Population-Based Data

• The ICF allows policy makers and researchers to better understand data relevant to communities, cities, states, and nations.
Childhood Education

• The ICF, as a common language, can assist with integrating perspectives from the child, the family, the school, and service systems.

Policy/Program Development

• The ICF supports clear, conceptual thinking about disability and health related policies at a high level.
• Facilitates planning, managing, costing, resource allocation and monitoring
• Diagnosis alone cannot predict service needs, length of hospitalization, level of care, and functional outcomes
Advocacy and Empowerment

- The ICF, as a conceptual framework for functioning and disability related to the UN Convention on the Rights of Persons with Disabilities, supports logical arguments based on international standards, and on related information and data.

Sectors using ICF

- Advocacy
- Clinical
- Insurance
- Labor
- Education
- Economics
- Social policy
- General legislation development
- Environmental modification
Potential Applications of ICF

- Evaluation forms and documentation tools
- Common language amongst interdisciplinary team members
- Care planning
- Payment policy
- Research

Palmetto GBA

- Who is Palmetto GBA?
  - A Medicare Administrative Contractor (MAC)
    - Processes Medicare claims
    - Enrolls health care providers in the Medicare program
    - Educates providers on Medicare billing requirements
- Why is Palmetto GBA discussed with regards to ICF?
  - Palmetto GBA embraced use of ICF and recommends using ICF language to insure proper Face to Face Documentation for home health care provision
ICF – How Is ICF Used Today?

- Code Sets are being developed
- ICF is heavily used in research
- ICF is heavily used internationally
- APTA, ASHA, AOTA have embraced ICF
- Palmetto GBA has embraced ICF
- Clinicians in all settings are using ICF, though not nearly enough

ICF – Today
Ex. Code Set – Older Adults

- Use of ICF will largely depend on its practical utility
- Development of national databases
- Algorithms for eligibility for social benefits and pensions
- Development of assessment instruments
- Computerization and case recording forms
- Establishing links with quality-of-life concepts
- Research into treatment or intervention matching;
- A version for daily use by caregivers
- Comparison between different health conditions
ICF - Future

- ICF could be used to accurately predict resource utilization and define case-mix adjustments.

30,000 Feet to Street Level!
Take A 15-Minute Break!

MOVING FROM DISEASE TOWARDS HEALTH

Kenneth L. Miller, PT, DPT, CEEAA
Conceptual Foundation for Physical Therapist Practice

• Disablement Model

• Bio-Psychosocial Model

• Does this change really make a difference to the clinician in the field?

Precursors to ICF

• International Classification of Impairment, Disability and Handicaps (ICIDH) – 1980

• Nagi Framework – 1976
  – Disability related outcomes at three levels
    • Organ
    • Person
    • Society
ICIDH

- Manual of classification (1980) relating to the consequences of disease impairment, disability and handicaps
  - Impairment – level of the organ or system function
  - Disability – level of the person
  - Handicap – In the context of health experience a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual
- ICIDH-2 replaces handicap with participation
- ICIDH failed to include environmental factors
- Controversy over labeling societal level as “handicap”

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>IMPAIRMENT</th>
<th>DISABILITY</th>
<th>HANDICAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathology or disorder</td>
<td>Loss or abnormality of psychological, physiological, or anatomical structure or function at organ level</td>
<td>Restriction or lack of ability to perform an activity in normal manner</td>
<td>Disadvantage due to impairment or disability that limits or prevents fulfillment of a normal role (depending on age, sex, sociocultural factors) for the person</td>
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Handicap – limitations placed on the individual by societal level
Nagi Model

- Society Level – disability – limitation in performing socially defined roles and tasks expected of the individual

- Person (Individual) – limitations in the performance of the person

- Organ – Impairment refers to loss or abnormality at the tissue, organ or body system level

Disablement Model (Nagi)

- Delineate consequence of disease and injury at the individual and societal level

- **Active pathology** is the interruption with normal processes

- **Impairment** is any loss or abnormality of structure or function

- **Functional Limitation** is the restriction of the ability to perform a physical action, task, or activity in an efficient manner

- **Disability** is the inability to perform or a limitation in the performance of actions, tasks, and activities usually expected in specific social roles for the sociocultural context and physical environment

- Language in Guide to PT Practice 2nd ed.
Nagi

Pathology (e.g., arthritis)

Impairment (e.g., limited Joint ROM)

Functional Limitation (e.g., an inability to type)

Disability (e.g., an inability to work as a receptionist)

Limitations of Nagi Model

- Pathology-based model – one dimension and uni-directional
- Does not consider societal barriers; architectural barriers or cultural/attitudinal barriers
Where is PT practice today?

- Most practicing PT’s were trained prior to ICF
- Medical Model approach to practice
- View PT practice through the lens of the disablement model
- How we view and define disease, disability, impairment and handicap affects how we interact with our patients/clients and affects our judgment in how we provide our assessment and interventions

PT’s view through Nagi Model

Disease -> TREATMENT -> Cure
Medical Model

- Disability is
  - a feature of the person
  - directly caused by disease, trauma or other health condition
  - requires medical care provided in the form of individual treatment by professionals
- Disability, on this model, calls for medical or other treatment or intervention, to 'correct' the problem with the individual

Health Condition

- International Classification of Disease (ICD-10)
  - Diseases, disorders, and other related health problems such as symptoms and injury are classified in the International Classification of Diseases, now in its 10th revision (ICD-10)
  - ICD classifies causes of death vs ICF classifies health
Social Model

• Disability is a socially-created problem and not at all an attribute of an individual.
  – Disability demands a political response since the problem is created by an unaccommodating physical environment brought about by attitudes and other features of the social environment

Bio-Psychosocial Model

• Integration of medical and social model

• Disability and functioning are viewed as outcomes of interactions
  – Between health conditions (diseases, disorders and injuries)
  – Contextual factors

• Disability is a complex phenomenon that is both a problem at the level of a person's body, and a complex and primarily social phenomenon.
Bio-Psychosocial Model (ICF)

- Includes physical, social, and other environmental factors that interact with an individual’s health conditions and other characteristics to produce outcomes
  - activity (defined as the execution of a task or action by an individual – level of the individual)
  - participation (defined as an individual’s involvement in a life situation – level)
- Appears to be more relevant to quality of life

Biomedical-Psychosocial Model

[Diagram showing the relationships between health conditions, body functions and structures, activities, participation, environmental factors, and personal factors.]
ICF

Moves the concept of disability away from being a consequence of disease to a recognition of the interaction of health and functioning and environmental and personal factors

Disability is an umbrella term for impairments in body functions or body structures, activity limitations or participation restrictions.

ICF

- Shift in thinking from emphasizing people’s disability to focusing on their level of health
- Describes an interaction of physical, social, and environmental factors with an individual’s health conditions that produces outcomes of interest for physical therapists.
- Recognizes the role of the environment in determining an individual’s ability to participate in society.
Aims of ICF

- Establish a common language to improve communication across disciplines and sectors
- Provide a systematic coding scheme for health care information systems
- Provide a scientific basis for understanding health and health-related states, outcomes and determinants
- Enable data comparison across different countries, health care systems, services and among health conditions

What others say about ICF?

“ICF has the potential of becoming a standard for disablement language that looks beyond mortality and disease to focus on how people live with their conditions”

Jette 2006

The ICF assists clinicians to think from a functioning perspective rather than a health condition perspective.

Stucki et al. 2007

The ICF is recommended for use as it can be used for both case planning and outcomes evaluation.

Veitch et al. 2009
ICF use at different levels

- **Macro level**
  - Policy

- **Meso level**
  - Health Care Organization and Community

- **Micro level**
  - Individual Interaction

ICF at the Institutional Level

- Appropriate application of ICF documentation to improve outcomes:
  - Evaluate how well needs of clients are being serviced
  - Identify resources available to the patient to maximize function
  - Implement standardized patient-centered care management
ICF Implementation in Swiss Rehab Unit

• Incorporate ICF in daily practice
• The allocation of responsibilities to departments of the hospital was made in terms of ICF categories.
  – Physical therapy, speech therapy, occupational therapy
    body functions
    activities and participation
    environmental factors categories
  – Social workers
    environmental factors

"The implementation of ICF improved the quality of work in our unit for neurological rehabilitation. It considerably improved the quality of the interdisciplinary work processes, it contributed to a systematic approach towards the demands of assessment, goalsetting, as well as rehabilitation planning and it was the starting point for a standardized interdisciplinary and disciplinary documentation."

– Rentsch et al. Disability and Rehabilitation, 2003
ICF Patient Education for Stroke

- Use ICF Core Set for Stroke

<table>
<thead>
<tr>
<th>b210, b215</th>
<th>d 440</th>
<th>e 155</th>
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<td>Sight</td>
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<td>my living quarters</td>
</tr>
<tr>
<td>Eyes</td>
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**Examples**
- double vision
- blindness in one eye
- runny eyes
- limited eye movement

**Examples**
- removing coins from a table
- sewing, holding a rail reaching for a bottle

**Examples**
- entrance (stairs)
- narrow spaces (doors)
- furniture (high bookcases)
ICF Patient Education for Stroke

- Use ICF Core Set for Stroke

### Activity Limitations and Participation Restrictions

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### Environmental Factors

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ICF in Patient Education

• Germany implements patient education program
• Patient undergoes inpatient rehabilitation after a stroke event.
• The main goal of the program is to achieve and maintain **optimal functioning** in interaction with the environment.
• **Active involvement of patients** in managing their **own health care** and their **own rehabilitation** process is essential.

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ICF in Patient Education

• The German Federal Ministry of Education and Research (BMBF) supported development of an ICF-based patient education program designed to enhance the ability of patients to influence their own level of functioning.

http://www.forschung-patientenorientierung.de
ICF in Patient Education

The ICF-based education program intends to:
1. increase patients' understanding of the determinants of their own level of functioning.
2. enhance their perceived self-efficacy in solving problems and seeking for information/help.
3. and hence to improve their skills in fulfilling everyday life responsibilities after rehabilitation.
ICF

• Targets perceived self-efficacy
• Bandura – Social Cognitive learning theory
  – Modifiable set of self beliefs linked to distinct realms of domains of health behavior

Functioning

• Interaction between the individual (with health condition) and the individual’s contextual factors (environmental and personal)
ICF Continuum

No longer presence or absence approach
Continuum of health

Functioning and Disability

ICF is multidimensional

Multiple Continuous Domains of Functioning

ICF

• Classification System of Health/Function (unlike Disability Nagi Model)
  – Body Function
  – Body Structure
  – Activities and Participation
  – Environmental Factors
• Framework for describing and organizing info on functioning and disability
• Shift focus from disability to the persons level of health

Environmental Factors

• Physical, social and attitudinal environment, or the external factors of an individuals life
  – Individual factors
    • Immediate environment of the individual, home and work: physical features
    • Individual’s interaction with family, peers, acquaintances, and strangers
  – Societal factors
    • Formal and informal services
    • Systems in the community that affect a person’s life
• Can have a positive or negative influence:
  – individual’s performance as a member of society,
  – Individual’s capacity to execute actions or tasks, or on the individual’s body function or structure
Personal factors

• The background of an individual’s life and living, and comprise features of the individual that are not part of a health condition or health state

• These factors may include gender, race, age, other health conditions, fitness, life events, lifestyle, habits, coping styles, social background, education, profession, past and current experience

  – Does not include medications

Bringing ICF to Life

• A 57 year old [Personal factor] farmer suffered a stroke [Health condition] eight months ago.

• Since this time he is not able to move his right arm and leg [Body function] as he would like to do.

• Spasticity {Impairment} is increasing in the last months more and more, especially in walking [Activity and participation].

• Due to the loss of his motor functions in his right hand and arm he is not able to wash and dress him-self [Activity and participation] independently.

• Therefore he requires support by a nurse {Environmental factor} since his wife has also a severe degree of disability.
Bringing ICF to Life

• For walking the farmer requires a walking aid [Environmental factor], but in spite of this it is very difficult for him to move around [Activity and Participation] since he is living in a rural area with only very little land development [Environmental factor].

• To be able to drive a car he would need an adapted car [Environmental Factor], what he can't afford. Consequently he is severely limited in his social activities [Participation].

• He used to play games with his friends [Activity and Participation] from his village twice a week, but walking to the bar is impossible for him now.

PT’s view through ICF

Back Pain

- Pain area(s) & descriptors
  - ROM
  - Postural Evaluation
  - Biomarkers
- Bending forward & backward
  - Trunk twisting, rotating
  - Transfers (sit, stand, lying down)
  - Walking
  - Balance
- Bathing and Grooming
  - Working
  - Socializing with friends
  - Playing sports/exercise

- Repetitive, heavy lifting job
- Small children at home
- Sleep environment

- Coping strategies
- Weight
- Other life factors/stressors
ICF – Activities and Participation

• **Activity** is the execution of a task or action by an individual

• **Participation** is involvement in a life situation

• **Activity Limitations** are difficulties an individual may have in executing activities

• **Participation Restrictions** are problems an individual may experience in involvement in life situations

ICF Checklist – Activities and Participation

**PART 2: ACTIVITY LIMITATIONS & PARTICIPATION RESTRICTION**

- **Activity** is the execution of a task or action by an individual. Participation is involvement in a life situation.
- **Activity Limitations** are difficulties an individual may have in executing activities. Participation restrictions are problems an individual may have in involvement in life situations.

The **Performance qualifier** indicates the extent of Participation restriction by describing the person's actual performance of a task or action in his or her current environment. Because the current environment brings in the societal context, performance can also be understood as "involvement in a life situation" or "the lived experience" of people in the actual context in which they live. This context includes the environmental factors – all aspects of the physical, social and attitudinal world that can be coded using the Environmental. The Performance qualifier measures the difficulty the respondent experiences in doing things, assuming that they want to do them.

The **Capacity qualifier** indicates the extent of Activity limitation by describing the person's ability to execute a task or an action. The Capacity qualifier focuses on limitations that are inherent or intrinsic features of the person themselves. These limitations should be direct manifestations of the respondent's health state, without the assistance. By assistance we mean the help of another person, or assistance provided by an adapted or specially designed tool or vehicle, or any form of environmental modification to a room, home, workplace etc. The level of capacity should be judged relative to that normally expected of the person, or the person's capacity before they acquired their health condition.
ICF Checklist – Activities and Participation

<table>
<thead>
<tr>
<th>First Qualifier: Performance</th>
<th>Second Qualifier: Capacity (without assistance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of Participation Restriction</td>
<td>Extent of Activity limitation</td>
</tr>
</tbody>
</table>

0. **No difficulty** means the person has no problem
1. **Mild difficulty** means a problem that is present less than 25% of the time, with an intensity a person can tolerate and which happens rarely over the last 30 days.
2. **Moderate difficulty** means that a problem that is present less than 50% of the time, with an intensity, which is interfering in the persons day to day life and which happens occasionally over the last 30 days.
3. **Severe difficulty** means that a problem that is present more than 50% of the time, with an intensity, which is partially disrupting the persons day to day life and which happens frequently over the last 30 days.
4. **Complete difficulty** means that a problem that is present more than 95% of the time, with an intensity, which is totally disrupting the persons day to day life and which happens every day over the last 30 days.
5. **Not specified** means there is insufficient information to specify the severity of the difficulty.
6. **Not applicable** means it is inappropriate to apply a particular code (e.g. 1650 Menstruation functions for woman in pre-menarche or post-menopause age).

ICF Checklist – Activities and Participation

<table>
<thead>
<tr>
<th>Short List of A&amp;P domains</th>
<th>Performance Qualifier</th>
<th>Capacity Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>43. COMMUNICATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4350 Communicating with — receiving — spoken messages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4350 Communicating with — receiving — non-verbal messages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4360 Speaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4370 Producing non-verbal messages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4390 Conversation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. MOBILITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4400 Lifting and carrying objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4490 Fine hand use (picking up, grasping)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4490 Walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4495 Moving around using equipment (wheelchair, shoes, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4570 Using transportation (car, bus, train, plane, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4578 Driving (riding bicycle and motorbike, driving car, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. SELF CARE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4500 Washing oneself (bathing, drying, washing hands, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4510 Caring for body parts (brushing teeth, shaving, grooming, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4530 Toothbrushing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4540 Driving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4550 Eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4560 Drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4570 Looking after one’s health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Activity Limitations & Participation Restriction

- ACTIVITY LIMITATIONS & PARTICIPATION RESTRICTION
  - d5. SELF CARE
    - d510 Washing oneself (bathing, drying, washing hands, etc)
    - d520 Caring for body parts (brushing teeth, shaving, grooming, etc.)
    - d530 Toileting
    - d540 Dressing
    - d550 Eating
    - d560 Drinking
    - d570 Looking after one’s health

Property of K. Miller. No duplicating without permission.
Activity Limitations & Participation Restriction

• ACTIVITY LIMITATIONS & PARTICIPATION RESTRICTION
  – d3. COMMUNICATION
  – d310 Communicating with -- receiving -- spoken messages
  – d315 Communicating with -- receiving -- non-verbal messages
  – d330 Speaking
  – d335 Producing non-verbal messages
  – d350 Conversation

ICF – Environmental Factors

• Environmental Factors make up the physical, social and attitudinal environment in which people live and conduct their lives

• These factors range from physical factors such as climate and terrain, to social attitudes, institutions, and laws

• Belief system

• Support and relationships
Environmental Factors

- ENVIRONMENTAL FACTORS
  - e3. SUPPORT AND RELATIONSHIPS
    - e310 Immediate family
    - e320 Friends
    - e325 Acquaintances, peers, colleagues, neighbours and community members
    - e330 People in position of authority
    - e340 Personal care providers and personal assistants
    - e355 Health professionals
    - e360 Health related professionals

ICF Checklist Environmental Factors

<table>
<thead>
<tr>
<th>Short List of Environment</th>
<th>Qualifier for barrier or facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>e4. ATTITUDES</td>
<td></td>
</tr>
<tr>
<td>e410 Individual attitudes of immediate family members</td>
<td>0 No barrier</td>
</tr>
<tr>
<td>e420 Individual attitudes of friends</td>
<td>1 Mild barrier</td>
</tr>
<tr>
<td>e440 Individual attitudes of personal care providers and personal assistants</td>
<td>2 Moderate barrier</td>
</tr>
<tr>
<td>e450 Individual attitudes of health professionals</td>
<td>3 Severe barrier</td>
</tr>
<tr>
<td>e455 Individual attitudes of health related professionals</td>
<td>4 Complete barrier</td>
</tr>
<tr>
<td>e460 Societal attitudes</td>
<td>0 No facilitator</td>
</tr>
<tr>
<td>e465 Social norms, practices and ideologies</td>
<td>1 Mild facilitator</td>
</tr>
<tr>
<td>e470 Moderate facilitator</td>
<td>2 Moderate facilitator</td>
</tr>
<tr>
<td>e475 Substantial facilitator</td>
<td>3 Substantial facilitator</td>
</tr>
<tr>
<td>e480 Complete facilitator</td>
<td>4 Complete facilitator</td>
</tr>
</tbody>
</table>

ICF Checklist © World Health Organization, September 2003
ICF Personal Factors

• Psychological and behavioral characteristics
  – Motivation
  – Self-esteem, which can influence how much a person participates in society
• Negative attitudes and behaviors have an adverse effect on children and adults with disabilities, leading to negative consequences such as low self-esteem and reduced participation
• These factors are not yet conceptualized or classified
Move from treating to engaging patients

- Where does patient engagement occur?
  - Multiple Levels
    - Direct Care – integrates patients’ values, experiences, and perspectives related to prevention, diagnosis, and treatment, including managing the patient’s health
    - Organizational design and governance – engagement integrates patients’ values, experiences, and perspectives into the design and governance of health care organizations such as hospitals, accountable care organizations, clinics, and nursing homes
    - Policy-making - focuses on developing, implementing, and evaluating national, state, and local health care policy and programs

Direct Care – Patient Factors

- Individual factors that can affect patients’ motivation, willingness, and ability to engage within and across different levels include:
  - patients’ knowledge, attitudes, and beliefs, such as their beliefs about the patient role
  - their experience with the health care system
  - their self-efficacy
  - functional capacity, such as their health literacy, health status, and functioning

- Vulnerable Populations:
  - people at low income levels; low health literacy
  - those who have limited English proficiency
  - Elderly (cognitive decline)
ICF as a facilitator for engagement

- The ICF helps to identify and categorize environmental factors
  - May provide insight into the knowledge, beliefs and attitudes of the patient and the environment in which they live
  - These factors may be facilitators or barriers to the patients functioning

Teaching and Health Coaching

- Traditional health teaching involves directing/managing
  - Gives advice
  - diagnosis-driven
  - we do the talking
  - provider’s agenda

- Health Coaching is partnering and engaging
  - Active Listening
  - Empowers
  - Patient’s concerns
  - Non-judgmental
  - Clinical Strategies
  - Taps into patients own motivation
Improving the Triple Aim

Patient Engagement…

“much of the real work of improving health outcomes takes place outside of the system, within the patients’ daily lives”

Bucher and O’Day

Patient Engagement in Action

- Patient is a frequent flier to home health
  - Known to CHHA for 6 years
- Multiple episodes of care in past year
  - 3 episodes of care with recert
- Last episode with 2 ROCs
  - 1. Hypo/hyperglycemia event
  - 2. CHF exacerbation
- Diagnoses – DM2, CHF, COPD, LLE – weeping edema and cellulitis
- PE - +3 pitting edema in LE’s, erythema in LE’s, lungs clear with diminished breath sounds
Patient Engagement in Action

• Referred for Home Care:
  – Nursing for instruction in Medications, Diet and disease process for DM, CHF and edema management
  – PT for transfer and ambulation training to improve safety and reduce fall risk

Patient Engagement in Action

• Traditional Approach
  – Instruct patient:
    • Purpose of medications
    • Disease processes
    • Diet
  – Provider: “You must do…” type of language.
  – Observation – canned soup on counter
  – Judgment language, “Why did you eat the soup? You know it is bad for you?”

• Using ICF for patient engagement
  – Assess environmental and personal factors that may be barriers or facilitators for behavior change
  – Use health coach approach for change
  – “How can we help you make better food choices?”
Improving Adherence

- Use ICF and explore Environmental Factors
  - Support system and relationships
  - Architectural barriers to leaving home
  - Belief system of the health professionals

Facilitating Change

- Trans-theoretical Model of Change
- Self-Determination Theory
- Motivational Interviewing
- Health Coaching
Take A 15-Minute Break!

INTEGRATING THE ICF INTO THE PT ASSESSMENT

Jonathan S. Talbot, PT, MS, COS-C
Unlearning and Learning

“The most important lessons lay not in what I needed to learn, but in what I first needed to unlearn.” - Jim Collins

“If you are serious about unlearning, you’ll need to learn to check your ego at the door.” - Jack Uldrich

Unlearning Old Documentation Habits

“Coverage does not turn on the presence or absence of an individual’s potential for improvement, but rather on the beneficiary’s need for skilled care.”

“Vague or subjective descriptions of the patient’s care should not be used.”

Example: General lack of objective measurements of physical outcomes; unclear response to interventions

Failure to clearly specify the purpose of the skilled services

Example: Assuming that PT will be covered simply because the patient is s/p total hip arthroplasty

- Medicare Benefit Policy Manual, Ch. 7, Rev. 179, 1/14/14
Unlearning Old Documentation Habits

“Terminology such as the following would not adequately describe the need for skilled care:”

- Patient tolerated treatment well
- Caregiver instructed in medication management
- Continue with POC

- Medicare Benefit Policy Manual, Ch. 7, Rev. 179, 1/14/14

Learning Better Documentation Habits

“Objective measurements of physical outcomes of treatment should be provided and/or a clear description of the changed behaviors … should be recorded … in order that all concerned can follow the results of the applied services.”

Home health clinical notes for each visit must document:

- History & physical exam pertinent to the visit
- Skilled services applied during the day’s visit
- Patient/caregiver’s immediate response to skilled services
- Response or changes relative to prior visits
- Plan for next visit, with results-based rationale

- Medicare Benefit Policy Manual, Ch. 7, Rev. 179, 1/14/14
What Are Payers Saying About ICF?

“The ICF is a taxonomy that permits a level of communication that promotes beneficiary-centered care plans.”

“Our clinical team is at the forefront in our work with new classification systems like the International Classification of Functioning (ICF).”

What Does the APTA Think About ICF?

• **June 2008**—APTA endorses use of the ICF

  “With this endorsement, **ICF language will be incorporated** into all relevant association publications, documents, and communications...” (www.apta.org/ICF)

• **October 2014**—APTA Home Health Section published new guidance, including tools for ICF implementation by the home health physical therapist
ICF Resources for the Physical Therapist

1. World Health Organization (WHO)

2. Centers of Disease Control (CDC)

3. American Physical Therapy Association (APTA)

4. Palmetto GBA

World Health Organization ICF Resources

1. World Health Organization (WHO)


   b) ICF Practical Manual (2013)

   c) ICF Checklist (2003)
ICF Beginner’s Guide (WHO)

• Published by the WHO in 2002

• Provides definitions for key terminology

  – **Functioning:** all body functions, activities & participation (ICF focuses on this)

  – **Disability:** impairments, activity limitations, and participation restrictions (ICF moves away from this)

  – **Factors:** environmental & personal that interact with individual to either increase or decrease level of function
Crosswalk to ICF Terminology

<table>
<thead>
<tr>
<th>Old Terminology (NAGI)</th>
<th>ICF Terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairments</td>
<td>Impaired Body Functions</td>
</tr>
<tr>
<td>Functional Limitations</td>
<td>Impaired Body Structures</td>
</tr>
<tr>
<td>Disability</td>
<td>Activity Limitations</td>
</tr>
<tr>
<td></td>
<td>Participation Restrictions</td>
</tr>
<tr>
<td></td>
<td>Contextual factors (environment &amp; personal)</td>
</tr>
</tbody>
</table>

ICF Beginner’s Guide (WHO)

- Activities & Participation (Function) viewed in terms of **performance** and **capacity**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance</td>
<td>What a person actually does in his/her current environment</td>
<td>Individual situation</td>
</tr>
<tr>
<td>Capacity</td>
<td>What a person would be able to do in an ideal environment*</td>
<td>Ideal situation</td>
</tr>
</tbody>
</table>

*For PT eval and POC development, 2 primary considerations are:
1. Level of functioning (current capacity)
2. Interventions for maximum function
ICF Beginner’s Guide (WHO)

• Points of emphasis regarding ICF
  – Intended as “a tool for measuring functioning in society”
  – “Mainstreams” the human experience of disability, recognizing that it is common for all, to various degrees
  – Shifts focus toward more optimistic view

ICF Beginner’s Guide (WHO)

Focus is on level of health, and not on level of disability

Conventional

CONSEQUENCES OF DISEASE (half empty)

ICF

COMPONENTS OF HEALTH (half full)
ICF Beginner’s Guide (WHO)

- Explains complementary relationship between ICD-10 and ICF

<table>
<thead>
<tr>
<th>ICD – 10</th>
<th>ICF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classifies causes of death</td>
<td>Classifies level of health</td>
</tr>
<tr>
<td>Codes diseases/conditions</td>
<td>Codes functional abilities</td>
</tr>
<tr>
<td>Prognostic</td>
<td>Snapshot</td>
</tr>
</tbody>
</table>

ICF Significance for PT Eval

- Must recognize that Dx alone is insufficient for appropriate care management
  
  **Example**: How much physical therapy for s/p TKA?

- Promotes data collection about functioning and disability

- Facilitates the consistent collection and organization of comparable data

- Supports beneficiary coverage decisions
ICF Significance for PT Eval

Questions for consideration at **individual** level:

1. What is the person’s level of functioning?
2. What treatments or interventions can maximize functioning? (consider current evidence)
3. What are the outcomes of treatment?
4. How useful were the interventions?

ICF Significance for PT Eval

Questions for consideration at **institutional** level:

1. What health care and other services are needed?
2. How well do we serve our clients? (e.g. Home Health Compare, HHCAHPS)
3. What basic indicators for quality assurance are valid and reliable?
4. How useful are the services we provide?
5. How cost-effective are the services we provide?
6. How can we improve services to achieve better outcomes at lower costs?
**ICF Significance for PT Eval**

**Questions for consideration at social level:**

1. Are criteria for eligibility decisions and coverage benefits based upon current evidence and justifiable?
2. Will guaranteeing coverage rights for health care services actually improve functioning at society level?
3. Can the measured improvements influence policy and law?
4. What are the needs of persons with various levels of disability, and are we measuring those needs in a comparative manner? (ICF)
5. How can we influence environmental design to make society more accessible for all human beings?

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**ICF Practical Manual (WHO)**

**How to use the ICF**

**A Practical Manual for using the International Classification of Functioning, Disability and Health (ICF)**
ICF Practical Manual (WHO)

• “People interested in functioning and disability and seeking ways to apply ICF should find the contents of this Practical Manual helpful”

• “Provides a range of information on how to apply ICF in various situations”

• Provides operational definitions of ICF

• Training clinicians to use ICF helps to facilitate “improved inter-professional collaboration” (Allan et al, 2006)

ICF Practical Manual (WHO)

• Advocates use of the ICF framework as a common approach for the assessment and management of patients

• Potential benefits associated with commitment to implementing ICF documentation:
  – Better patient experience
  – A bio-psycho-social-spiritual approach to patient care
  – Improved health outcomes
  – The strengthening of health systems
  – Improved inter-professional education, collaboration and practice, and
  – Task sharing and task shifting
ICF Practical Manual (WHO)

• Cites research indicating that familiarity with ICF is directly proportional with more comprehensive assessments and patient care management (Edwards et al, 2004)

• Provides guidance for creating “ICF-based patient profile”

• Includes detailed information about ICF coding structure and hierarchical classification method (Section 2.2)

ICF Practical Manual (WHO)

• Clarifies difference between Body Structures and Functions (Section 2.3)

• Clarifies difference between Activities and Participation (Section 2.4)

• Offers help to crosswalk from your current documentation approach to the ICF method of documentation (Section 2.7)

• Includes instructions about how to describe the environmental factors (Section 3.3)
ICF Checklist (WHO)

ICF CHECKLIST
Version 2.1a, Clinician Form
for International Classification of Functioning, Disability and Health

http://www.who.int/classifications/icf/icfapptraining/en/

ICF Checklist (WHO)

• A “practical tool to elicit and record information on the functioning and disability of an individual”.

• Appropriate to summarize information for clinical records

• Lists domains and ICF coding

• Beneficial as a training tool to enhance understanding of categories, but not practical for everyday patient care
ICF Checklist (WHO)--Demographics

• Data collection about:
  – Data source, visit date, etc. (H1 & H2)
  – Name, gender, DOB, education level, current occupation (A.1-A.5 & A7; personal factors)
  – Marital status (A.6; environmental factors, such as attitude of spouse and social support)
  – Medical diagnosis of existing health conditions (A.8; including ICD codes if known)

ICF Checklist (WHO)—4 Parts

Part 1—Impairments of Body Functions & Structures
  1a—Impairments of Body Functions
  1b—Impairments of Body Structures

Part 2—Activity Limitations & Participation Restriction

Part 3—Environmental Factors

Part 4—Other contextual information
  4.1—Thumbnail sketch of individual
  4.2—Personal Factors
ICF Checklist (WHO)—Appendices

• 3 Appendices

• Emphasis on additional data collection

• Examples of questions/activities, and guidelines

ICF Checklist (WHO)—Appendix 1

• Appendix 1—Brief Health Information (2 pages)
  – Anthropometrics
  – Current health habits
  – Medical history
  – Prior level of function
  – Assistance required
  – Devices used
ICF Checklist (WHO)—Appendix 2

• Appendix 2—General Questions for Participation & Activities
  – Focus is on helping clinician and respondent differentiate between capacity and performance
  – Examples provided relative to mobility, self care, domestic life, interpersonal interactions, major life areas, and community/social/civic life

• Appendix 3—Guidelines for the Use of ICF Checklist Version 2.1A
  – 8 guidelines for use of the checklist
  – Directions to use alongside ICF full or short version
  – Two versions of ICF to meet needs of users
    • Full version of ICF—classification at 4 levels of detail
    • Short version of ICF—classification at 2 levels of detail
ICF Checklist (WHO)—Rating Scales

- Scales defined to rate extent of impairment

**First Qualifier: Extent of impairments**

0 **No impairment** means the person has no problem
1 **Mild impairment** means a problem that is present less than 25% and which happens rarely over the last 30 days.
2 **Moderate impairment** means that a problem is present less that interfering in the persons day to day life and which happens occasionally.
3 **Severe impairment** means that a problem is present more than partially disrupting the persons day to day life and which happens every day.
4 **Complete impairment** means that a problem is present more than totally disrupting the persons day to day life and which happens every day.

ICF Checklist (WHO)—Coding

- Coding uses alphanumeric system (letter + numeric code)
- Letters relate to Body Functions (b), Body Structures (s), Activities & Participation (d), & Environmental Factors (e)

- Numeric code → ______ ______ ______ ______ ______
ICF Checklist (WHO)—s75011.271

EXAMPLE: s/p right TKA, edema present, 40% loss of ROM

s = Body structures
7 = Structures related to movement (Chapter 7)
50 = Structure of lower extremity (2nd Level)
1 = Structure of lower leg (3rd Level)
1 = Knee joint
2 = Moderate impairment (from scale, 25-49%)
7 = Qualitative changes in structure (edema)
1 = Right side

Centers of Disease Control (CDC) & ICF

- Provides historical background of ICF
- Provides brief overview of ICF structure/definitions
- ICF Clearinghouse Newsletters
  - Reference articles
  - Links to websites with ICF info (props to APTA!)
  - “Coder’s Corner” (coding examples—Terry Fox)
  - Slow to update newsletters
    (most recent is 2012)

http://www.cdc.gov/nchs/icd/icf.htm
1. APTA Learning Center

2. APTA: International Classification of Functioning, Disability and Health

3. Guide to Physical Therapist Practice

4. APTA Home Health Section—Handbook
   Providing Physical Therapy in the Home

APTA ICF Resources—Learning Center

- Select “Courses”
- Search ICF
- 6 courses (as of December 2014)
  - 4 with pediatric emphasis
  - 2 Overview courses (2010)
    - Non-CEU version (FREE)
    - 2.5 CEU version ($15 members)

http://learningcenter.apta.org/
**APTA ICF Resources—Website**

- **General Information**
  - Background, articles, Learning Center, endorsement
  - WHO ICF Introduction & Beginner’s Guide
- **Related Information**
  - World Confederation of Physical Therapy: ICF Resources
  - WHO: ICD-11 Revision, Video (ICF/ICD-11 Integration)
  - National Committee on Vital and Health Statistics (NCVHS) recommendations
  - Palmetto GBA: Case Scenarios

http://www.apta.org/ICF/

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**APTA ICF Resources—Guide to PT Practice**

- Updated 2014 with ICF “incorporated into all relevant sections of ... the Guide”
- Provides background on ICF development as biopsychosocial model
- Provides rationale for endorsement by APTA (focus on health components instead of disease consequences)
APTA ICF Resources—Guide to PT Practice

• Discusses goals of ICF
  – standard language with emphasis on daily function
  – data collection
  – research facilitation

• Describes ICF model hierarchy and elements as they relate to physical therapy

APTA—Providing PT in the Home (2014)

• Revision of Guidelines for the Provision of Physical Therapy in the Home, 2nd Edition
• Initiated project in February 2013
  – 15 authors / 15 chapters
  – Oct 2014: Published by APTA—Oct 2014
  – Free for HH Section members
  – Incorporates ICF framework and taxonomy
Each chapter organized into 5 sections
- Introduction (brief)
- Guideline/Criteria
- Case Scenario
- Practical Application
- References

Chapters 1 thru 6: Roles & Administrative
Chapters 7 thru 12: Specific to provision of PT services
Chapters 13 thru 15: Patient Experience, Careers, Resources
ICF Resources:

– **Ch. 1**: Criteria outlines case manager role of PT;
  - “Developing and implementing appropriate plans of care based upon key components from the ICF”

– **Ch. 7**: Emphasizes ICF model to enhance quality of evaluations and care planning
  - *Figure 7.1*—illustrates how key elements of PT evaluation fit into ICF model

ICF Resources:

– **Ch. 8**: Plan of care development
  - *Table 8.1*—Utilizes ICF terms to guide plan of care

– **Ch. 9**: Case management utilizing the ICF

– **Ch. 10**: Utilizing ICF to enhance documentation quality and evidence need for skilled services
  - *Table 10.1*—Integration of ICF framework for improved evaluation and plan of care documentation
Figure 7.1 shows relationship between PT eval and ICF

Adapted from ICF Practical Manual (WHO, 2013), ICF Checklist (WHO, 2003), and Guide to Physical Therapist Practice (APTA, 2014)

ICF Health Conditions—PT Considerations (Figure 7.1)

- Past medical/surgical history
- Primary and secondary diagnoses
- Prior level of function
# ICF Body Functions and Structures—PT Considerations (Figure 7.1)

- **Aerobic capacity & endurance**
- **Cranial/peripheral nerve & reflex integrity**
- **Motor function/muscle performance**
- **Anthropometric measures**
- **Gait & locomotion**
- **Neuromotor development and sensory processing**
- **Balance**
- **Integumentary integrity**
- **Mental functions**
- **Circulation**
- **Joint integrity/mobility and ROM**
- **Posture/body mechanics**

# ICF Activity Limitations—PT Considerations (Figure 7.1)

- **Learning/applying knowledge**
- **Communication**
- **Mobility**
- **Self-care, home management, and domestic life (ADL/IADL)**
### ICF Participation Restrictions—PT Considerations (Figure 7.1)

- Community (grocery shopping, pharmacy, physician appointments)
- Leisure integration (lunch with friends, swimming, hiking)
- Social (attending church, family reunions)
- Work (employment, yard work)
- Education (attending school)

### ICF Environmental Factors—PT Considerations (Figure 7.1)

- Products/technology (food, medicines, assistive devices, ramps, grab bars, and other home safety modifications)
- Climate (temperature), lighting, fire safety
- Support, relationships, and access to health services (both good and bad)
- Attitudes (of family, caregivers, health care professions, but does not include the individual's attitude)
- Access and need for community services, transportation, etc
- Other environmental factors (barriers that may limit access to job, school, recreation)
The development, implementation, management, and evaluation of a patient care plan based on the physician’s orders constitute skilled therapy services when, because of the patient’s clinical condition, those activities require the specialized skills, knowledge, and judgment of a qualified therapist to ensure the effectiveness of the treatment goals and ensure medical safety.

—Medicare Benefit Policy Manual, Chapter 7, Section 40.2.1 (revised January 2014)
What Does ICF Mean Clinically

- Test selection may be function-based or structure-based

- Biopsychosocial model attempts to integrate the medical and social models of disability.
  - This model views disability “as a consequence of biological, personal, and social forces” (Jette, 2006)
ICF - Body functions

- The physiological functions of body systems (including psychological functions)
- Examples include:
  - Mental functions
  - Sensory functions and pain
  - Functions of the cardiovascular, haematological, immunological and respiratory systems
  - Functions of the digestive, metabolic, endocrine systems
  - Neuromusculoskeletal and movement-related functions
  - Functions of the skin and related structures

ICF - Body Functions (testing)

- Mental Functions – MOCA

- Neuromusculoskeletal and movement
  - Walking speed, 30 sec chair stand test, TUG, DGI, mCTSIB, etc
ICF - Body structures

- Anatomical parts of the body such as organs, limbs and their components
- Structure of the nervous system
- The eye, ear and related structures
- Structures involved in voice and speech
- Structure of the cardiovascular, immunological and respiratory systems
- Structures related to the digestive, metabolic and endocrine systems
- Structure related to genitourinary and reproductive systems
- Structures related to movement
- Skin and related structures

ICF - Body Structures (testing)

- Integrity tests
  - Ligamentous Laxity Testing – stress testing
  - Cranial Nerve Testing
  - Imaging
  - Vestibular Positional Vertigo Testing
  - Nerve Testing
  - Impingement testing
Medical Rehab Referral using ICF (Case Management)

- Functional Limitations:
  - Communication
  - Mobility
  - Self-Care
  - Domestic Life
  - Interpersonal Relationships
  - Community, social and civic life

- Environmental Factors
- Personal Factors

<table>
<thead>
<tr>
<th>ICF Considerations for Case Scenario</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICF Components</td>
</tr>
<tr>
<td>Health Condition(s)</td>
</tr>
<tr>
<td>Impaired Body Functions</td>
</tr>
<tr>
<td>Impaired Body Structures</td>
</tr>
<tr>
<td>Activity Limitations</td>
</tr>
<tr>
<td>Participation Restrictions</td>
</tr>
<tr>
<td>Environmental Factors</td>
</tr>
<tr>
<td>Personal Factors</td>
</tr>
</tbody>
</table>
71 y/o male s/p amputation of right great toe secondary to infection. Past medical history includes LE neuropathy and type 2 diabetes. He is a retired professor, living with his spouse. She is supportive, yet clearly stressed about caring for him. Home environment includes throw rugs, 3 steps to enter (with railing), tub/shower combo, & medium sized dog. Has difficulty with stairs. No grab bars by tub/shower so spouse helps with transfer. He walks slowly with rolling walker. Prior function was independent with bathing and walking without devices. He wants to get back to taking care of himself, walking his dog, and going to breakfast with friends at a local café.

What are the health conditions pertaining to the ICF?

<table>
<thead>
<tr>
<th>Health Conditions</th>
</tr>
</thead>
</table>

PT Evaluation Using ICF—Case Scenario

PT Evaluation Using ICF—Case Scenario

What are the health conditions pertaining to the ICF?
PT Evaluation Using ICF—Case Scenario

What are the impaired Body Functions pertaining to the ICF?

NOTE: List ICF domains followed by specifics in ( )

<table>
<thead>
<tr>
<th>Body Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

PT Evaluation Using ICF—Case Scenario

What are the impaired Body Structures pertaining to the ICF?

NOTE: List ICF domains followed by specifics in ( )

<table>
<thead>
<tr>
<th>Body Structures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
PT Evaluation Using ICF—Case Scenario

What are the Activity Limitations pertaining to the ICF?

Remember: \( \text{activity} = \text{execution of a task/action by individual} \)
\( \text{participation} = \text{involvement in a life situation} \)

<table>
<thead>
<tr>
<th>Activity Limitations</th>
</tr>
</thead>
</table>

PT Evaluation Using ICF—Case Scenario

What are the Participation Restrictions pertaining to the ICF?

Remember: \( \text{activity} = \text{execution of a task/action by individual} \)
\( \text{participation} = \text{involvement in a life situation} \)

<table>
<thead>
<tr>
<th>Participation Restrictions</th>
</tr>
</thead>
</table>
### Environmental Factors

What are the Environmental Factors pertaining to the ICF?

*List both (+) and (-) factors*

<table>
<thead>
<tr>
<th>Environmental Factors</th>
</tr>
</thead>
</table>

### Personal Factors

What are the Personal Factors pertaining to the ICF?

*List both (+) and (-) factors*

<table>
<thead>
<tr>
<th>Personal Factors</th>
</tr>
</thead>
</table>
APTA—Providing PT in the Home (2014)

- **Chapter 10**—Additional documentation example for utilizing the ICF to organize physical therapy documentation

<table>
<thead>
<tr>
<th>Checklist Categories</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for referral (health</td>
<td>Patient referred for physical therapy s/p CVA with left</td>
</tr>
<tr>
<td>condition)</td>
<td>hemiparesis in July 2013. Patient has hypertension and</td>
</tr>
<tr>
<td>• Primary diagnoses</td>
<td>controls diabetes with his diet. Surgical history includes left</td>
</tr>
<tr>
<td>• Comorbidities</td>
<td>total hip replacement in 2010. Prior to CVA, patient was</td>
</tr>
<tr>
<td>• Secondary diagnoses</td>
<td>independent with full community access using personal</td>
</tr>
<tr>
<td>• Medical/surgical history</td>
<td>vehicle, using a single-point cane for ambulation. Managed</td>
</tr>
<tr>
<td>Prior level of function</td>
<td>all ADLs and IADLs independently.</td>
</tr>
<tr>
<td>• Community access</td>
<td></td>
</tr>
</tbody>
</table>

ICF Resources from Palmetto GBA

a) Going Beyond Diagnosis blog

b) ICF Case Scenarios (2008)
"Palmetto GBA’s Local Coverage Determinations (LCDs) addressing rehabilitation services use the concepts contained in the ICF as a unifying framework."

"While use of the ICF taxonomy is not a Medicare requirement … leading national rehabilitation organizations such as the American Physical Therapy Association (APTA), the American Occupational Therapy Association (AOTA), the American Speech-LanguageHearing Association (ASHA) and the Association of Rehabilitation Nurses (ARN) are promoting use of the ICF."
CG is a 64 year old right-handed beneficiary who at baseline is very athletic and independent in activities of daily living. She lives with her husband in a two-story private residence – with three steps to enter and ten stairs to access the second story. CG presented to a hospital emergency department (ED) … with a two-week history of mental status changes, decline in function, and right sided weakness. A CT scan of her brain revealed a large midline mass with significant edema. A subsequent MRI revealed a diffuse, enhancing midline lesion of the posterior corpus callosum extending into both parietal lobes…” “… significant for a history of osteoarthritis in both knees and other joints, a left total knee arthroplasty…”
Palmetto GBA—Case Scenarios

ICF Components: Body Functions and Structures

ICF Domain: Structures of the nervous system
- s110 - Structure of the brain
- s1100 - Structure of cortical lobes
- s11002 - Parietal lobes

ICF Domain: Structures related to movement
- s750 - Structure of lower leg
- s75011 - Knee joint

Summary

Objective:
Implement the use of tools for applying the ICF to improve patient evaluation and plan of care development.

Take home messages
1) APTA expects use of ICF by physical therapists
2) Multiple resources available for learning ICF
3) ICF clarifies reasonable and necessary for payers
4) ICF will increasingly be used in the future with advances in electronic medical records
5) ICF will help with research and identification of best practice patterns
Take A 15-Minute Break!

PANEL DISCUSSION
Pre-Test (Answers in bold)

- True/False. The International Classification of Function, Disability and Health (ICF) is a classification system based on the medical model of disease.
- True/False. The ICF model allows clinicians to think from a functioning perspective rather than a health condition perspective.
- True/False. In ICF, the term disability refers to impairments, activity limitations and participation restrictions.
- True/False. In ICF, the term functioning refers to body structures, body functions, activities and participation.

Thank You!

Contact information:
Bud Langham – blangham@ehhi.com
Ken Miller – kenmpt@aol.com
Jonathan Talbot – jtalbot@ehhi.com
References


References


References


References


References


References


ICF PT Self-Assessment—Case Scenario #1

<table>
<thead>
<tr>
<th>ICF Components</th>
<th>Individual’s Functional Status</th>
<th>PT Tests &amp; Measures</th>
<th>PT Plan of Care Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impaired Body Functions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impaired Body Structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Limitations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation Restrictions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Environmental Factors</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Personal Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>
ICF PT Self-Assessment—Case Scenario #2

<table>
<thead>
<tr>
<th>ICF Components</th>
<th>Individual’s Functional Status</th>
<th>PT Tests &amp; Measures</th>
<th>PT Plan of Care Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impaired Body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impaired Body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Limitations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restrictions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Factors</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Personal Factors</td>
<td></td>
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</tr>
</tbody>
</table>
ICF CHECKLIST  
Version 2.1a, Clinician Form  
for International Classification of Functioning, Disability and Health

This is a checklist of major categories of the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization. The ICF Checklist is a practical tool to elicit and record information on the functioning and disability of an individual. This information can be summarized for case records (for example, in clinical practice or social work). The checklist should be used along with the ICF or ICF Pocket version.

H 1. When completing this checklist, use all information available. Please check those used:

If medical and diagnostic information is not available it is suggested to complete appendix 1: Brief Health Information (p 9-10) which can be completed by the respondent.

H 2. Date __ __ /__ __/ __ __   H 3. Case ID _ _ , __ __ __ , __   H 4. Participant No. __ __ , __ __ , __ __ __

A. DEMOGRAPHIC INFORMATION

A.1 NAME (optional) First ___________________ FAMILY_______________________

A.2 SEX (1) [    ] Female (2) [    ] Male

A.3 DATE OF BIRTH _ _/ _ _/ _ _ (date/month/year)

A.4 ADDRESS (optional)

A.5 YEARS OF FORMAL EDUCATION _ _

A.6 CURRENT MARITAL STATUS: (Check only one that is most applicable)

(1) Never married [ ] (4) Divorced [ ]
(2) Currently Married [ ] (5) Widowed [ ]
(3) Separated [ ] (6) Cohabiting [ ]

A.7 CURRENT OCCUPATION (Select the single best option)

(1) Paid employment [ ] (6) Retired [ ]
(2) Self-employed [ ] (7) Unemployed (health reason) [ ]
(3) Non-paid work, such as volunteer/charity [ ] (8) Unemployed (other reason) [ ]
(4) Student [ ] (9) Other [ ]
(5) Keeping house/House-maker [ ] (please specify) __________

A.8 MEDICAL DIAGNOSIS of existing Main Health Conditions, if possible give ICD Codes.

1. No Medical Condition exists
2. _____________________ ICD code: __ __. __ __. __ __
3. _____________________ ICD code: __ __. __ __. __ __
4. _____________________ ICD code: __ __. __ __. __ __
5. A Health Condition (disease, disorder, injury ) exists, however its nature or diagnosis is not known
PART 1a: IMPAIRMENTS of BODY FUNCTIONS

- Body functions are the physiological functions of body systems (including psychological functions).
- Impairments are problems in body function as a significant deviation or loss.

**First Qualifier: Extent of impairments**

- **0 No impairment** means the person has no problem
- **1 Mild impairment** means a problem that is present less than 25% of the time, with an intensity a person can tolerate and which happens rarely over the last 30 days.
- **2 Moderate impairment** means that a problem that is present less than 50% of the time, with an intensity, which is interfering in the persons day to day life and which happens occasionally over the last 30 days.
- **3 Severe impairment** means that a problem that is present more than 50% of the time, with an intensity, which is partially disrupting the persons day to day life and which happens frequently over the last 30 days.
- **4 Complete impairment** means that a problem that is present more than 95% of the time, with an intensity, which is totally disrupting the persons day to day life and which happens every day over the last 30 days.
- **8 Not specified** means there is insufficient information to specify the severity of the impairment.
- **9 Not applicable** means it is inappropriate to apply a particular code (e.g. b650 Menstruation functions for woman in pre-menarche or post-menopause age).

**Short List of Body Functions**

<table>
<thead>
<tr>
<th>Qualifier</th>
<th>b1. MENTAL FUNCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>b110</td>
<td>Consciousness</td>
</tr>
<tr>
<td>b114</td>
<td>Orientation (time, place, person)</td>
</tr>
<tr>
<td>b117</td>
<td>Intellectual (incl. Retardation, dementia)</td>
</tr>
<tr>
<td>b130</td>
<td>Energy and drive functions</td>
</tr>
<tr>
<td>b134</td>
<td>Sleep</td>
</tr>
<tr>
<td>b140</td>
<td>Attention</td>
</tr>
<tr>
<td>b144</td>
<td>Memory</td>
</tr>
<tr>
<td>b152</td>
<td>Emotional functions</td>
</tr>
<tr>
<td>b156</td>
<td>Perceptual functions</td>
</tr>
<tr>
<td>b164</td>
<td>Higher level cognitive functions</td>
</tr>
<tr>
<td>b167</td>
<td>Language</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b2. SENSORY FUNCTIONS AND PAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>b210</td>
</tr>
<tr>
<td>b230</td>
</tr>
<tr>
<td>b235</td>
</tr>
<tr>
<td>b280</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b3. VOICE AND SPEECH FUNCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>b310</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b4. FUNCTIONS OF THE CARDIOVASCULAR, HAEMATOLOGICAL, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>b410</td>
</tr>
<tr>
<td>b420</td>
</tr>
<tr>
<td>b430</td>
</tr>
<tr>
<td>b435</td>
</tr>
<tr>
<td>b440</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b5. FUNCTIONS OF THE DIGESTIVE, METABOLIC AND ENDOCRINE SYSTEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>b515</td>
</tr>
<tr>
<td>b525</td>
</tr>
<tr>
<td>b530</td>
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<tr>
<td>b555</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>b6. GENITOURINARY AND REPRODUCTIVE FUNCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>b620</td>
</tr>
</tbody>
</table>
Part 1 b: IMPAIRMENTS of BODY STRUCTURES

- Body structures are anatomical parts of the body such as organs, limbs and their components.
- Impairments are problems in structure as a significant deviation or loss.

<table>
<thead>
<tr>
<th>First Qualifier: Extent of impairment</th>
<th>Second Qualifier: Nature of the change</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 No impairment</td>
<td>0 No change in structure</td>
</tr>
<tr>
<td>1 Mild impairment</td>
<td>1 Total absence</td>
</tr>
<tr>
<td>2 Moderate impairment</td>
<td>2 Partial absence</td>
</tr>
<tr>
<td>3 Severe impairment</td>
<td>3 Additional part</td>
</tr>
<tr>
<td>4 Complete impairment</td>
<td>4 Aberrant dimensions</td>
</tr>
<tr>
<td>5 Discontinuity</td>
<td>5 Discontinuity</td>
</tr>
<tr>
<td>6 Deviating position</td>
<td>6 Deviating position</td>
</tr>
<tr>
<td>7 Qualitative changes in structure,</td>
<td>7 Qualitative changes in structure,</td>
</tr>
<tr>
<td>including accumulation of fluid</td>
<td>including accumulation of fluid</td>
</tr>
<tr>
<td>8 Not specified</td>
<td>8 Not specified</td>
</tr>
<tr>
<td>9 Not applicable</td>
<td>9 Not applicable</td>
</tr>
</tbody>
</table>

Short List of Body Structures

<table>
<thead>
<tr>
<th>Structure</th>
<th>First Qualifier: Extent of impairment</th>
<th>Second Qualifier: Nature of the change</th>
</tr>
</thead>
<tbody>
<tr>
<td>s1. STRUCTURE OF THE NERVOUS SYSTEM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s110 Brain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s120 Spinal cord and peripheral nerves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s2. THE EYE, EAR AND RELATED STRUCTURES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s3. STRUCTURES INVOLVED IN VOICE AND SPEECH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s4. STRUCTURE OF THE CARDIOVASCULAR, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s410 Cardiovascular system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s430 Respiratory system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s5. STRUCTURES RELATED TO THE DIGESTIVE, METABOLISM AND ENDOCRINE SYSTEMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s6. STRUCTURE RELATED TO GENITOURINARY AND REPRODUCTIVE SYSTEM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s610 Urinary system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s630 Reproductive system</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>s7. STRUCTURE RELATED TO MOVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>s710 Head and neck region</td>
</tr>
<tr>
<td>s720 Shoulder region</td>
</tr>
<tr>
<td>s730 Upper extremity (arm, hand)</td>
</tr>
<tr>
<td>s740 Pelvis</td>
</tr>
<tr>
<td>s750 Lower extremity (leg, foot)</td>
</tr>
<tr>
<td>s760 Trunk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>s8. SKIN AND RELATED STRUCTURES</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PART 2: ACTIVITY LIMITATIONS &amp; PARTICIPATION RESTRICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity is the execution of a task or action by an individual. Participation is involvement in a life situation.</td>
</tr>
<tr>
<td>Activity limitations are difficulties an individual may have in executing activities. Participation restrictions are problems an individual may have in involvement in life situations.</td>
</tr>
</tbody>
</table>

The Performance qualifier indicates the extent of Participation restriction by describing the person's actual performance of a task or action in his or her current environment. Because the current environment brings in the societal context, performance can also be understood as "involvement in a life situation" or "the lived experience" of people in the actual context in which they live. This context includes the environmental factors – all aspects of the physical, social, and attitudinal world that can be coded using the Environmental. The Performance qualifier measures the difficulty the respondent experiences in doing things, assuming that they want to do them.

The Capacity qualifier indicates the extent of Activity limitation by describing the person's ability to execute a task or an action. The Capacity qualifier focuses on limitations that are inherent or intrinsic features of the person themselves. These limitations should be direct manifestations of the respondent's health state, without the assistance. By assistance we mean the help of another person, or assistance provided by an adapted or specially designed tool or vehicle, or any form of environmental modification to a room, home, workplace etc.. The level of capacity should be judged relative to that normally expected of the person, or the person's capacity before they acquired their health condition.

Note: Use Appendix 2 if needed to elicit information on the Activities and Participation of the individual.

<table>
<thead>
<tr>
<th>First Qualifier: Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of Participation Restriction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Qualifier: Capacity (without assistance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of Activity limitation</td>
</tr>
</tbody>
</table>

0 No difficulty means the person has no problem
1 Mild difficulty means a problem that is present less than 25% of the time, with an intensity a person can tolerate and which happens rarely over the last 30 days.
2 Moderate difficulty means that a problem that is present less than 50% of the time, with an intensity, which is interfering in the persons day to day life and which happens occasionally over the last 30 days.
3 Severe difficulty means that a problem that is present more than 50% of the time, with an intensity, which is partially disrupting the persons day to day life and which happens frequently over the last 30 days.
4 Complete difficulty means that a problem that is present more than 95% of the time, with an intensity, which is totally disrupting the persons day to day life and which happens every day over the last 30 days.
8 Not specified means there is insufficient information to specify the severity of the difficulty.
9 Not applicable means it is inappropriate to apply a particular code (e.g. b650 Menstruation functions for woman in pre-menarche or post-menopause age).
<table>
<thead>
<tr>
<th>Short List of A&amp;P domains</th>
<th>Performance Qualifier</th>
<th>Capacity Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>d1. LEARNING AND APPLYING KNOWLEDGE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d110 Watching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d115 Listening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d140 Learning to read</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d145 Learning to write</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d150 Learning to calculate <em>(arithmetic)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d175 Solving problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d2. GENERAL TASKS AND DEMANDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d210 Undertaking a single task</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d220 Undertaking multiple tasks</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d3. COMMUNICATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d310 Communicating with -- receiving -- spoken messages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d315 Communicating with -- receiving -- non-verbal messages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d330 Speaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d335 Producing non-verbal messages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d350 Conversation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d4. MOBILITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d430 Lifting and carrying objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d440 Fine hand use <em>(picking up, grasping)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d450 Walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d465 Moving around using equipment <em>(wheelchair, skates, etc.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d470 Using transportation <em>(car, bus, train, plane, etc.)</em></td>
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<td></td>
</tr>
<tr>
<td>d475 Driving <em>(riding bicycle and motorbike, driving car, etc.)</em></td>
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</tr>
<tr>
<td><strong>d5. SELF CARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d510 Washing oneself <em>(bathing, drying, washing hands, etc)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d520 Caring for body parts <em>(brushing teeth, shaving, grooming, etc.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d530 Toileting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d540 Dressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d550 Eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d560 Drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d570 Looking after one`s health</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d6. DOMESTIC LIFE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d620 Acquisition of goods and services <em>(shopping, etc.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d630 Preparation of meals <em>(cooking etc.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d640 Doing housework <em>(cleaning house, washing dishes laundry, ironing, etc.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d660 Assisting others</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d7. INTERPERSONAL INTERACTIONS AND RELATIONSHIPS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d710 Basic interpersonal interactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d720 Complex interpersonal interactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d730 Relating with strangers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d740 Formal relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d750 Informal social relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d760 Family relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d770 Intimate relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d8. MAJOR LIFE AREAS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d810 Informal education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d820 School education</td>
<td></td>
<td></td>
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<tr>
<td>d830 Higher education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d850 Remunerative employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d860 Basic economic transactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d870 Economic self-sufficiency</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d9. COMMUNITY, SOCIAL AND CIVIC LIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>d910 Community Life</td>
</tr>
<tr>
<td>d920 Recreation and leisure</td>
</tr>
<tr>
<td>d930 Religion and spirituality</td>
</tr>
<tr>
<td>d940 Human rights</td>
</tr>
<tr>
<td>d950 Political life and citizenship</td>
</tr>
</tbody>
</table>

| ANY OTHER ACTIVITY AND PARTICIPATION |
PART 3: ENVIRONMENTAL FACTORS

- Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives.

<table>
<thead>
<tr>
<th>Qualifier in environment:</th>
<th>Barriers or facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No barriers</td>
</tr>
<tr>
<td>1</td>
<td>Mild barriers</td>
</tr>
<tr>
<td>2</td>
<td>Moderate barriers</td>
</tr>
<tr>
<td>3</td>
<td>Severe barriers</td>
</tr>
<tr>
<td>4</td>
<td>Complete barriers</td>
</tr>
<tr>
<td>0</td>
<td>No facilitator</td>
</tr>
<tr>
<td>1</td>
<td>Mild facilitator</td>
</tr>
<tr>
<td>2</td>
<td>Moderate facilitator</td>
</tr>
<tr>
<td>3</td>
<td>Substantial facilitator</td>
</tr>
<tr>
<td>4</td>
<td>Complete facilitator</td>
</tr>
</tbody>
</table>

**Short List of Environment**

<table>
<thead>
<tr>
<th>e1. PRODUCTS AND TECHNOLOGY</th>
<th>Qualifier barrier or facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>e110 For personal consumption</td>
<td>0 No barriers</td>
</tr>
<tr>
<td>(food, medicines)</td>
<td></td>
</tr>
<tr>
<td>e115 For personal use in daily living</td>
<td>0 No facilitator</td>
</tr>
<tr>
<td>e120 For personal indoor and outdoor</td>
<td>1 Mild barriers</td>
</tr>
<tr>
<td>mobility and transportation</td>
<td>+1 Mild facilitator</td>
</tr>
<tr>
<td>e125 Products for communication</td>
<td>2 Moderate barriers</td>
</tr>
<tr>
<td>e150 Design, construction and</td>
<td>+2 Moderate facilitator</td>
</tr>
<tr>
<td>building products and technology of</td>
<td></td>
</tr>
<tr>
<td>buildings for public use</td>
<td></td>
</tr>
<tr>
<td>e155 Design, construction and</td>
<td>3 Severe barriers</td>
</tr>
<tr>
<td>building products and technology of</td>
<td>+3 Substantial facilitator</td>
</tr>
<tr>
<td>buildings for private use</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e2. NATURAL ENVIRONMENT AND HUMAN MADE CHANGES TO ENVIRONMENT</th>
<th>Qualifier barrier or facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>e225 Climate</td>
<td>0 No barriers</td>
</tr>
<tr>
<td>e240 Light</td>
<td></td>
</tr>
<tr>
<td>e250 Sound</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e3. SUPPORT AND RELATIONSHIPS</th>
<th>Qualifier barrier or facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>e310 Immediate family</td>
<td>0 No barriers</td>
</tr>
<tr>
<td>e320 Friends</td>
<td></td>
</tr>
<tr>
<td>e325 Acquaintances, peers, colleagues, neighbours and</td>
<td>1 Mild barriers</td>
</tr>
<tr>
<td>community members</td>
<td>+1 Mild facilitator</td>
</tr>
<tr>
<td>e330 People in position of authority</td>
<td>2 Moderate barriers</td>
</tr>
<tr>
<td>e340 Personal care providers and personal assistants</td>
<td>+2 Moderate facilitator</td>
</tr>
<tr>
<td>e355 Health professionals</td>
<td>3 Severe barriers</td>
</tr>
<tr>
<td>e360 Health related professionals</td>
<td>+3 Substantial facilitator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e4. ATTITUDES</th>
<th>Qualifier barrier or facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>e410 Individual attitudes of immediate family members</td>
<td>0 No barriers</td>
</tr>
<tr>
<td>e420 Individual attitudes of friends</td>
<td></td>
</tr>
<tr>
<td>e440 Individual attitudes of personal care providers and</td>
<td>1 Mild barriers</td>
</tr>
<tr>
<td>personal assistants</td>
<td>+1 Mild facilitator</td>
</tr>
<tr>
<td>e450 Individual attitudes of health professionals</td>
<td>2 Moderate barriers</td>
</tr>
<tr>
<td>e455 Individual attitudes of health related professionals</td>
<td>+2 Moderate facilitator</td>
</tr>
<tr>
<td>e460 Societal attitudes</td>
<td>3 Severe barriers</td>
</tr>
<tr>
<td>e465 Social norms, practices and ideologies</td>
<td>+3 Substantial facilitator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e5. SERVICES, SYSTEMS AND POLICIES</th>
<th>Qualifier barrier or facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>e525 Housing services, systems and policies</td>
<td>0 No barriers</td>
</tr>
<tr>
<td>e535 Communication services, systems and policies</td>
<td></td>
</tr>
<tr>
<td>e540 Transportation services, systems and policies</td>
<td>1 Mild barriers</td>
</tr>
<tr>
<td>e550 Legal services, systems and policies</td>
<td>+1 Mild facilitator</td>
</tr>
<tr>
<td>e570 Social security, services, systems and policies</td>
<td>2 Moderate barriers</td>
</tr>
<tr>
<td>e575 General social support services, systems and policies</td>
<td>+2 Moderate facilitator</td>
</tr>
<tr>
<td>e580 Health services, systems and policies</td>
<td>3 Severe barriers</td>
</tr>
<tr>
<td>e585 Education and training services, systems and policies</td>
<td>+3 Substantial facilitator</td>
</tr>
<tr>
<td>e590 Labour and employment services, systems and policies</td>
<td>4 Complete barriers</td>
</tr>
<tr>
<td>e595 Legal services, systems and policies</td>
<td>+4 Complete facilitator</td>
</tr>
</tbody>
</table>

ANY OTHER ENVIRONMENTAL FACTORS
Part 4: OTHER CONTEXTUAL INFORMATION

4.1 Give a thumbnail sketch of the individual and any other relevant information.

4.2 Include any **Personal Factors** as they impact on functioning (e.g. lifestyle, habits, social background, education, life events, race/ethnicity, sexual orientation and assets of the individual).
Appendix 1:

**BRIEF HEALTH INFORMATION**

[ ] Self Report  [ ] Clinician Administered

X.1 **Height**: __/__/__ cm *or* inches

X.2 **Weight**: __/__/__ kg *or* pounds

X.3 **Dominant Hand** *(prior to health condition)*: Left [ ] Right [ ] Both hands equally [ ]

X.4 How do you rate your physical health in the past month?

- Very good [ ]
- Good [ ]
- Moderate [ ]
- Bad [ ]
- Very bad [ ]

X.5 How do you rate your mental and emotional health in the past month?

- Very good [ ]
- Good [ ]
- Moderate [ ]
- Bad [ ]
- Very bad [ ]

X.6 Do you currently have any disease(s) or disorder(s)?

[ ] NO  [ ] YES

*If YES, please specify:*

_________________________________

_________________________________

X.7 Did you ever have any significant injuries that had an impact on your level of functioning?

[ ] NO  [ ] YES

*If YES, please specify:*

_________________________________

X.8 Have you been hospitalized in the last year?

[ ] NO  [ ] YES

*If YES, please specify reason(s) and for how long?*

1. _____________________; ___.___. ___ days
2. _____________________; ___.___. ___ days
3. _____________________; ___.___. ___ days

X.9 Are you taking any medication *(either prescribed or over the counter)*?

[ ] NO  [ ] YES

*If YES, please specify major medications*

1. _____________________
2. _____________________
3. _____________________
X.10 Do you smoke?

[ ] NO    [ ] YES

X.11 Do you consume alcohol or drugs?

[ ] NO    [ ] YES

*If YES, please specify average daily quantity*

- Tobacco: __________________________
- Alcohol: __________________________
- Drugs: __________________________

X.12 Do you use any assistive device such as glasses, hearing aid, wheelchair, etc.?

[ ] NO    [ ] YES

*If YES, please specify*

________________________________________________________________________

X.13 Do you have any person assisting you with your self care, shopping or other daily activities?

[ ] NO    [ ] YES

*If YES, please specify person and assistance they provide*

________________________________________________________________________

X.14 Are you receiving any kind of treatment for your health?

[ ] NO    [ ] YES

*If YES, please specify:*

________________________________________________________________________

X.15 Additional significant information on your past and present health:

________________________________________________________________________

________________________________________________________________________

X.16 IN THE PAST MONTH, have you cut back (i.e. reduced) your usual activities or work because of your health condition? (a disease, injury, emotional reasons or alcohol or drug use)

[ ] NO    [ ] YES    If yes, how many days? _____

X.17 IN THE PAST MONTH, have you been totally unable to carry out your usual activities or work because of your health condition? (a disease, injury, emotional reasons or alcohol or drug use)

[ ] NO    [ ] YES    If yes, how many days? _____
Appendix 2:

GENERAL QUESTIONS FOR PARTICIPATION & ACTIVITIES

The following probes are proposed as a guide to help the examiner when interviewing the respondent about problems in functioning and life activities, in terms of the distinction between capacity and performance. Take into account all personal information known about the respondent and ask any additional probes as necessary. Probes should be rephrased as open-ended questions if necessary to elicit greater information.

Under each domain there are two kinds of probes:

The first probe tries to get the respondent to focus on his or her capacity to do a task or action, and in particular to focus on limitations in capacity that are inherent or intrinsic features of the person themselves. These limitations should be direct manifestations of the respondent's health state, without the assistance. By assistance we mean the help of another person, or assistance provided by an adapted or specially designed tool or vehicle, or any form of environmental modification to a room, home, workplace and so on. The level of capacity should be judged relative to that normally expected of the person, or the person's capacity before they acquired their health condition.

The second probe focuses on the respondent's actual performance of a task or action in the person's actual situation or surroundings, and elicits information about the effects of environmental barriers or facilitators. It is important to emphasize that you are only interested in the extent of difficulty the respondent has in doing things, assuming that they want to do them. Not doing something is irrelevant if the person chooses not to do it.

I. MOBILITY

(Capacity)

(1) In your present state of health, how much difficulty do you have walking long distances (such as a kilometer or more) without assistance?

(2) How does this compare with someone, just like yourself only without your health condition?

(Or: "...than you had before you developed your health problem or had the accident?)

(Performance)

(1) In your present surroundings, how much of a problem do you actually have in walking long distances (such as a kilometer or more)?

(2) Is this problem walking made worse, or better, by your actual surroundings?

(3) Is your capacity to walk long distances without assistance more or less than what you actually do in your present surroundings?
II. Self Care

(Capacity)

(1) In your present state of health, how much difficulty do you have washing yourself, without assistance?

(2) How does this compare with someone, just like yourself only without your health condition?

(Or: "...than you had before you developed your health problem or had the accident?)

(Performance)

(1) In your own home, how much of a problem do you actually have washing yourself?

(2) Is this problem made worse, or better, by the way your home is set up or the specially adapted tools you use?

(3) Is your capacity to wash yourself without assistance more or less than what you actually do in your present surroundings?

III. Domestic Life

(Capacity)

(1) In your present state of health, how much difficulty do you have cleaning the floor of your where you live, without assistance?

(2) How does this compare with someone, just like yourself only without your health condition?

(Or: "...than you had before you developed your health problem or had the accident?)

(Performance)

(1) In your own home, how much of a problem do you actually have cleaning the floor?

(2) Is this problem made worse, or better, by the way your home is set up or the specially adapted tools you use?

(3) Is your capacity to clean your floor without assistance more or less than what you actually do in your present surroundings?
IV. Interpersonal Interactions

(Capacity)

(1) In your present state of health, how much difficulty do you have making new friends, without assistance?

(2) How does this compare with someone, just like yourself only without your health condition?

(Or: "...than you had before you developed your health problem or had the accident?)

(Performance)

(1) In your present situation, how much of a problem do you actually have making friends?

(2) Is this problem making friends made worse, or better, by anything (or anyone) in your surroundings?

(3) Is your capacity to make friends, without assistance, more or less than what you actually do in your present surroundings?

V. Major Life Areas

(Capacity)

(1) In your present state of health, how much difficulty do you have getting done all the work you need to do for your job, without assistance?

(2) How does this compare with someone, just like yourself only without your health condition?

(Or: "...than you had before you developed your health problem or had the accident?)

(Performance)

(1) In your present surroundings, how much of a problem do you actually have getting done all the work you need to do for your job?

(2) Is this problem fulfilling your job requirements made worse, or better, by the way the work environment is set up or the specially adapted tools you use?

(3) Is your capacity to do your job, without assistance, more or less than what you actually do in your present surroundings?
VI. Community, Social and Civic Life

(Capacity)

(1) In your present state of health, how much difficulty do you have participating in community gatherings, festivals or other local events, without assistance?

(2) How does this compare with someone, just like yourself only without your health condition?

(Or: "...than you had before you developed your health problem or had the accident?)

(Performance)

(1) In your community, how much of a problem do you actually have participating in community gatherings, festivals or other local events?

(2) Is this problem made worse, or better, by the way your community is arranged or the specially adapted tools, vehicles or whatever you use?

(3) Is your capacity to participate in community events, without assistance, more or less than what you actually do in your present surroundings?
Appendix 3:
GUIDELINES FOR THE USE OF ICF CHECKLIST VERSION 2.1A

1. This is a checklist of major categories of International Classification of Functioning, Disability and Health (ICF) of the World Health Organization. The ICF Checklist is a practical tool to elicit and record information on the functioning and disability of an individual. This information can be summarized for case records (for example, in clinical practice or social work).

2. This version (2.1a) is for use by a clinician, health or social care professional.

3. The checklist should be used along with the ICF full or short version which is scheduled for publication in September 2001. Until then the ICIDH-2 Final Draft, full version, WHO, 2001 will serve as reference document for the ICF checklist. The raters should familiarize themselves with the ICIDH-2 Final Draft by attending a brief educational programme or self-taught curriculum.

4. All information from written records, primary respondent, other informants and direct observation can be used to fill in the checklist. Please record all sources of information used on the first page.

5. Parts 1 to 3 should be filled in by writing the qualifier code against each of the function, structure, activity and participation term that shows some problem for the case being evaluated. Appropriate codes for the qualifiers are given on the relevant pages.

6. Comments can be made regarding any information that can serve as the additional qualifier or that is thought to be significant for the case being evaluated.

7. Part 4 (Environment) has both negative (barrier) and positive (facilitator) qualifier codes. For all positive qualifier codes, please use a plus (+) sign before the code.

8. The categories given in the checklist have been selected from the ICF and are not exhaustive. If you need to use a category that you do not find listed here, use the space at the end of each dimension to record these.