



Polish Medical Certification Society

“ICF – a New View of Human Beings”

17th June, 2014 -- Warsaw

The International Classification of Functioning, Disability and Health

ICF

History, Rationale, Applications

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- ✓ **History and Rationale**
- ✓ **Theory**
- ✓ **Structure**
- ✓ **Applications**

The Universal Approach to Disability

History and Rationale

Why WHO developed ICF



WHO Constitution, 1947

Article 2

In order to achieve its objective, the functions of the Organization shall be:

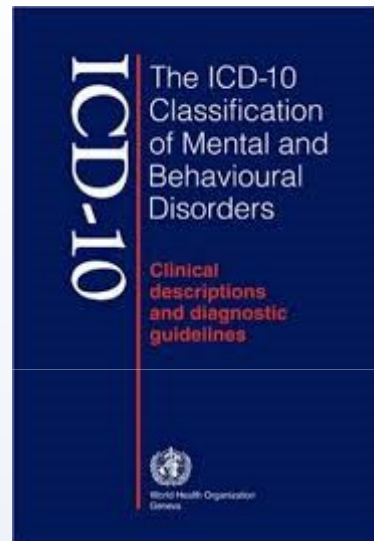
(f) to establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services;

...

(s) to establish and revise as necessary international nomenclatures of diseases, of causes of death and of public health practices;

WHO's Rationale for ICF

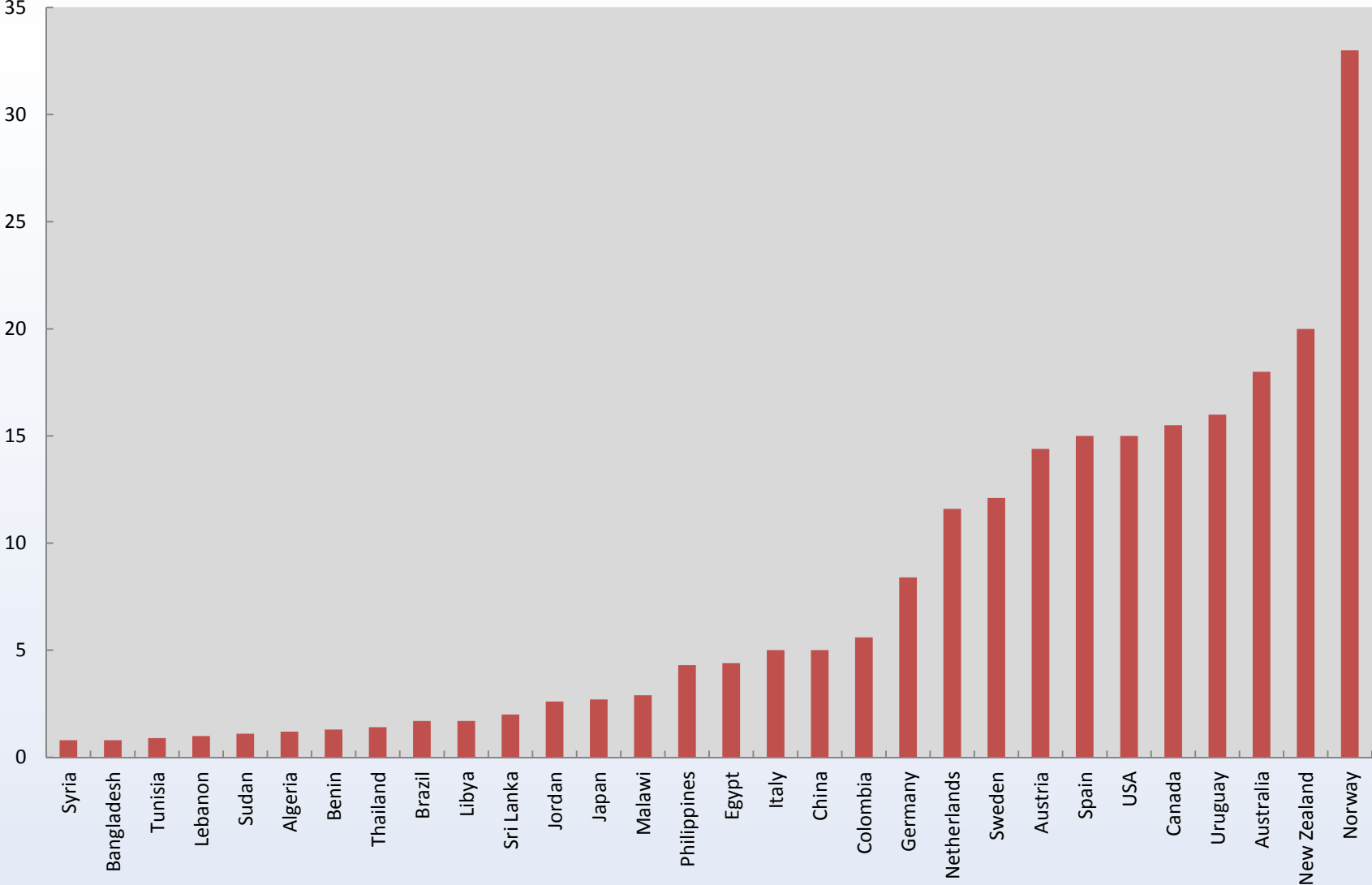
WHO has long collected information about **'reasons for death'**



Missing was information about functioning and disability across all areas of life – the impact of health on living

“the lived experience of health”

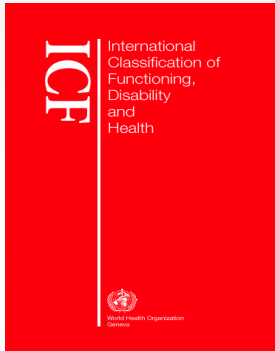
UNStat prevalence of 'severe disability' for selected countries



WHO's Requirements

International common conception of functioning and disability

International common language of functioning and disability



ICF

Model of Disability

True to the complex character of the phenomena

and

Classification System

Operational, trans-cultural and multi-linguistic for valid and reliable information

Theory

The vision: the core insight



The paradigm shift....

The rehabilitation insight

“We do not know which disability a war injury causes until we know the veteran’s trade or employment.”

R. Fontesque Fox, 1917

The rehabilitation insight

“...the interaction (växelverkan, samverkan) between the bodily defect and the physical disability per se, and the social and economic situation (den sociala och ekonomiska situationen).”

Haglund P. Svenska vanförestalternas centralkommitté, 1912

CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

(e) *Recognizing that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others,*

Article 1 **Purpose**

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Principles of the **ICF**

Universality
Interactive model
Continuous
Etiological Neutrality

Principles of the ICF

Universality

Disability is a common, normal and natural feature of the human condition, not a mark of a social minority group (or a label of a specific individual).

Principles of the ICF

Interactive model

Functioning and disability are outcomes of interactions between intrinsic features of the person and extrinsic features of the person's physical, human-built, social and attitudinal environment.

Principles of the ICF

Continuous

Functioning and disability are not 'yes' or 'no' or dichotomous issues, but rather a matter of degree.

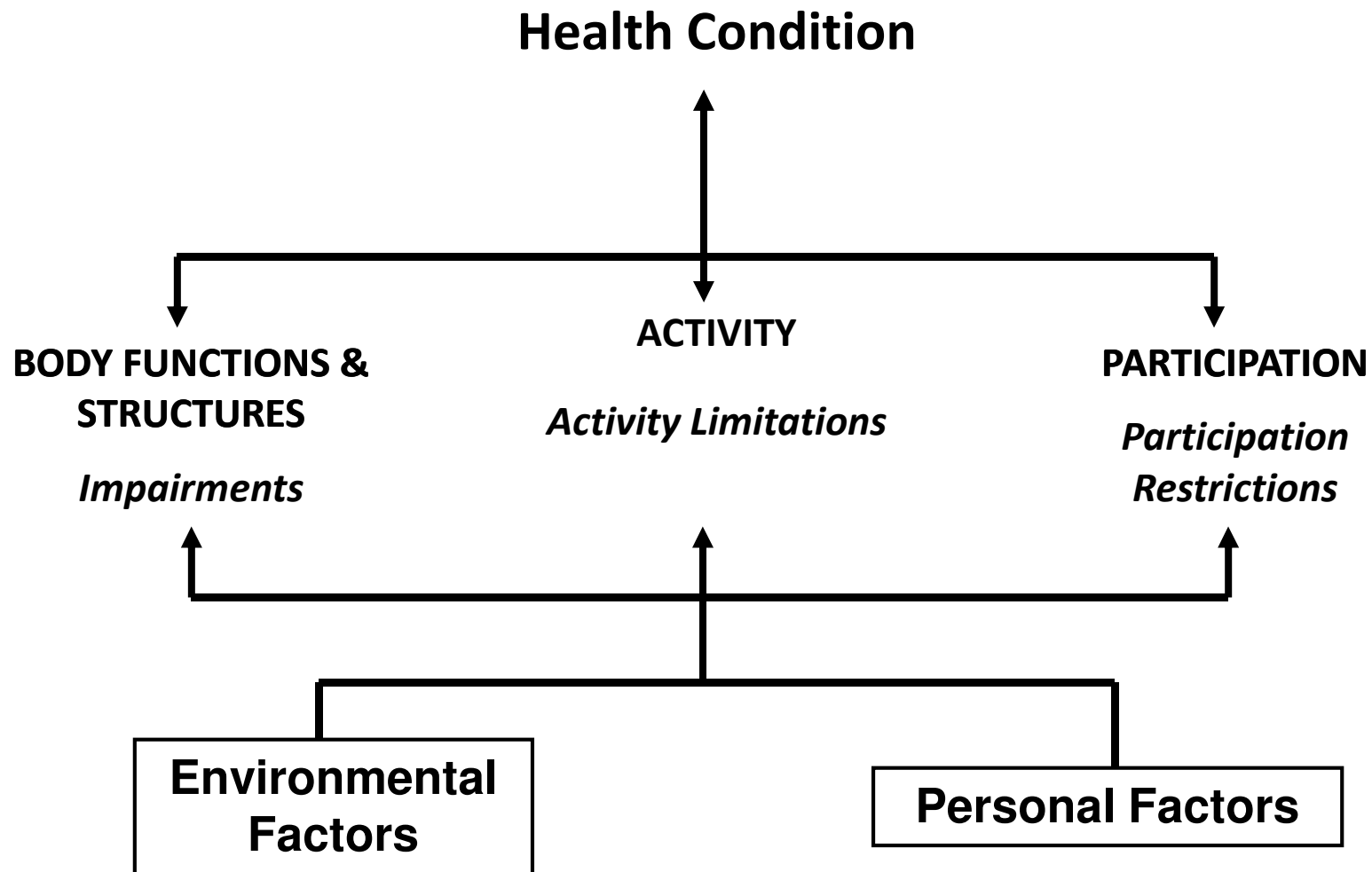
Principles of the ICF

Etiological Neutrality

States of functioning and disability are not determined by etiology or background health condition.

Structure

The **ICF** Model of Functioning and Disability



Body Functions and Structures

	Body Functions (b)	Body Structures (s)
Chapter 1	Mental functions	Structures of the nervous system
Chapter 2	Sensory functions and pain	The eye, ear and related structures
Chapter 3	Voice and speech functions	Structures involved in voice and speech
Chapter 4	Functions of the cardiovascular, haematological, immunological and respiratory systems	Structures of the cardiovascular, immunological and respiratory systems
Chapter 5	Functions of the digestive, metabolic and endocrine systems	Structures related to the digestive, metabolic and endocrine systems
Chapter 6	Genitourinary and reproductive functions	Structures related to the genitourinary and reproductive systems
Chapter 7	Neuromusculoskeletal and movement-related functions	Structures related to movement
Chapter 8	Functions of the skin and related structures	Skin and related structures

Activities and participation (d)

Chapter 1 Learning and applying knowledge

Chapter 2 General tasks and demands

Chapter 3 Communication

Chapter 4 Mobility

Chapter 5 Self-care

Chapter 6 Domestic life

Chapter 7 Interpersonal interactions and relationships

Chapter 8 Major life areas

Chapter 9 Community, social and civic life

Environmental Factors (e)

Chapter 1 Products and technology

**Chapter 2 Natural environment and human-made changes to
the environment**

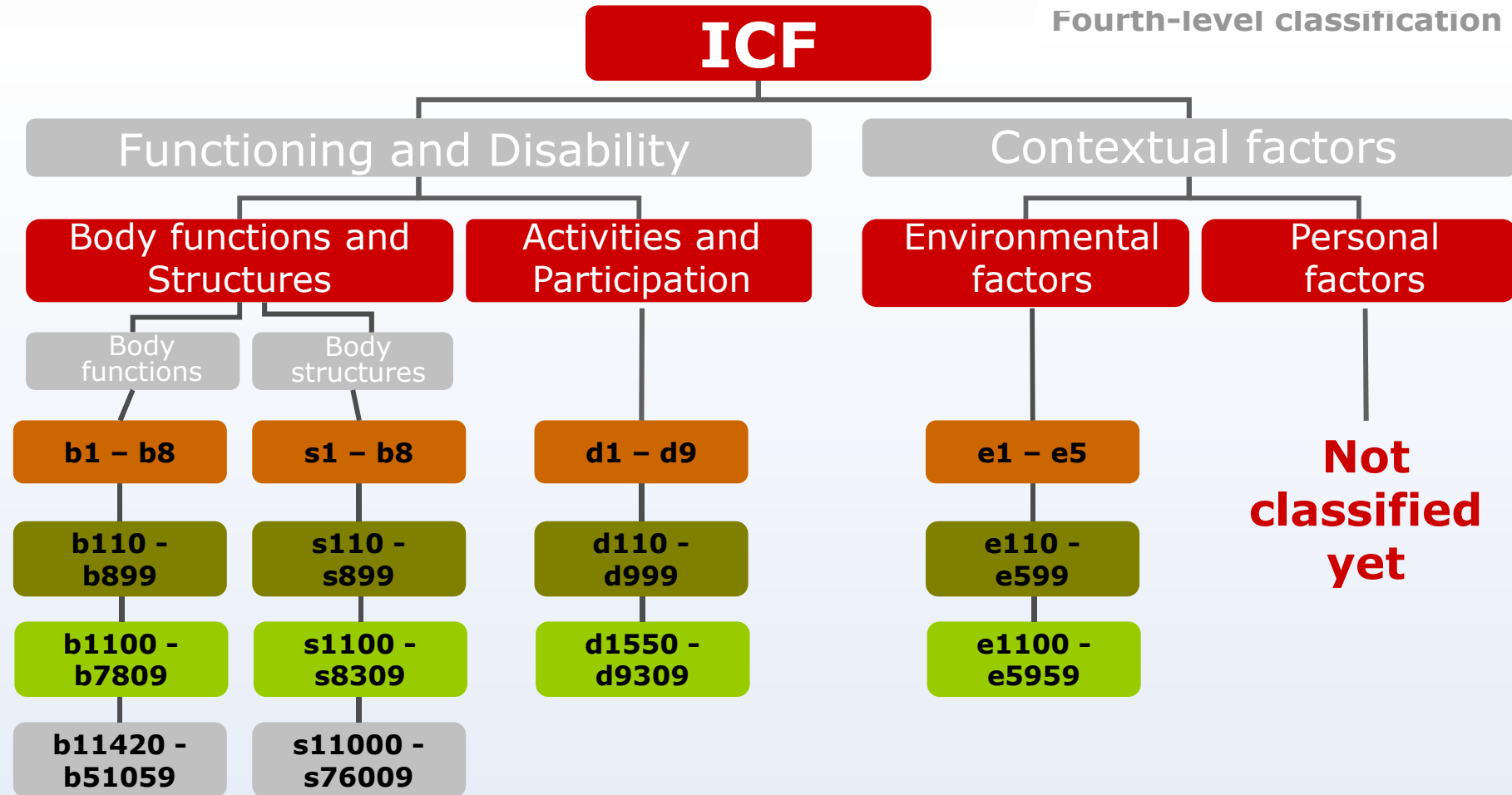
Chapter 3 Support and relationships

Chapter 4 Attitudes

Chapter 5 Services, systems and policies

2. The structure and codes of the ICF

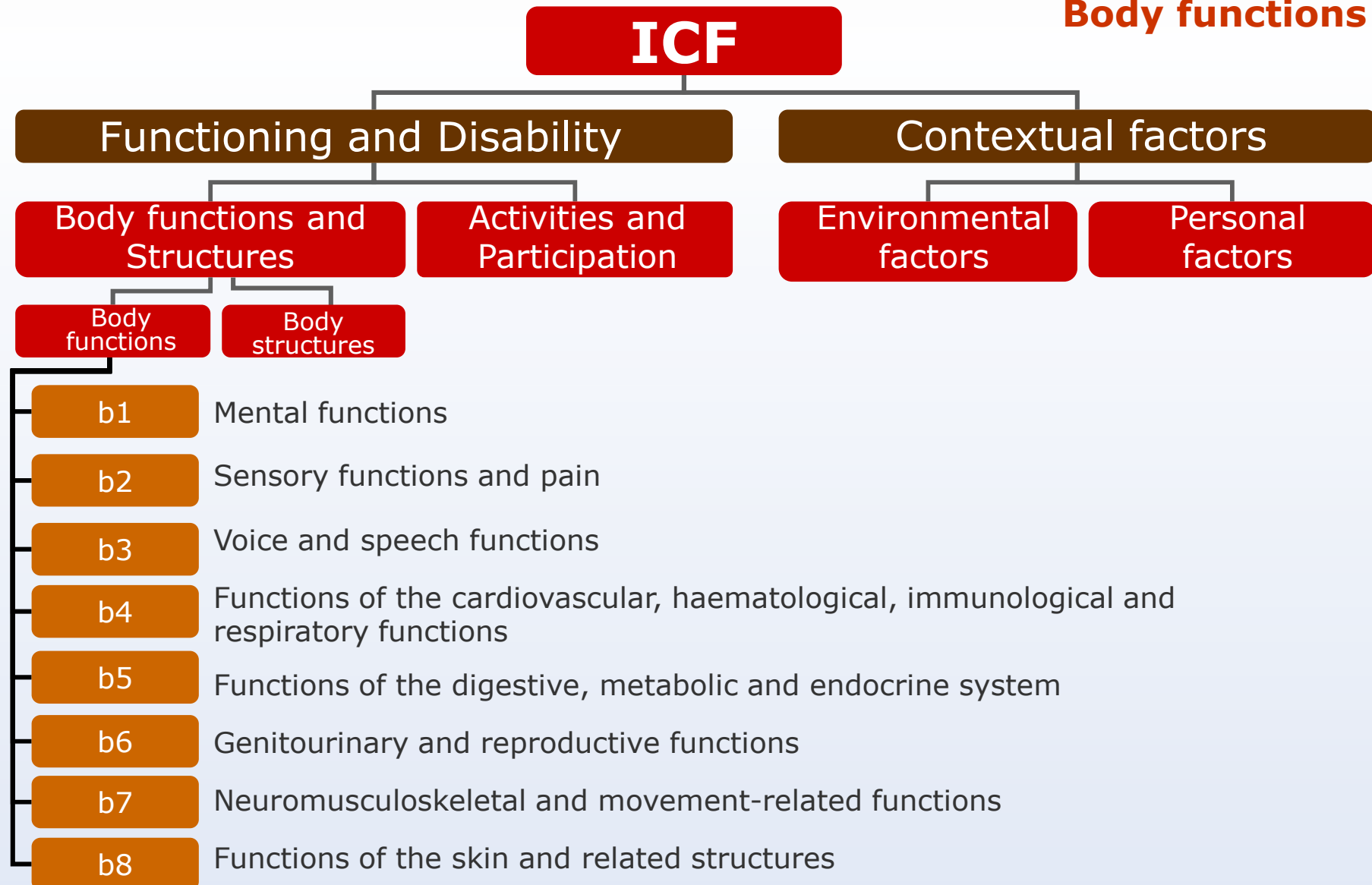
Parts
Components
Chapters
Second-level classification
Third-level classification
Fourth-level classification



2. The structure and codes of the ICF

Chapters

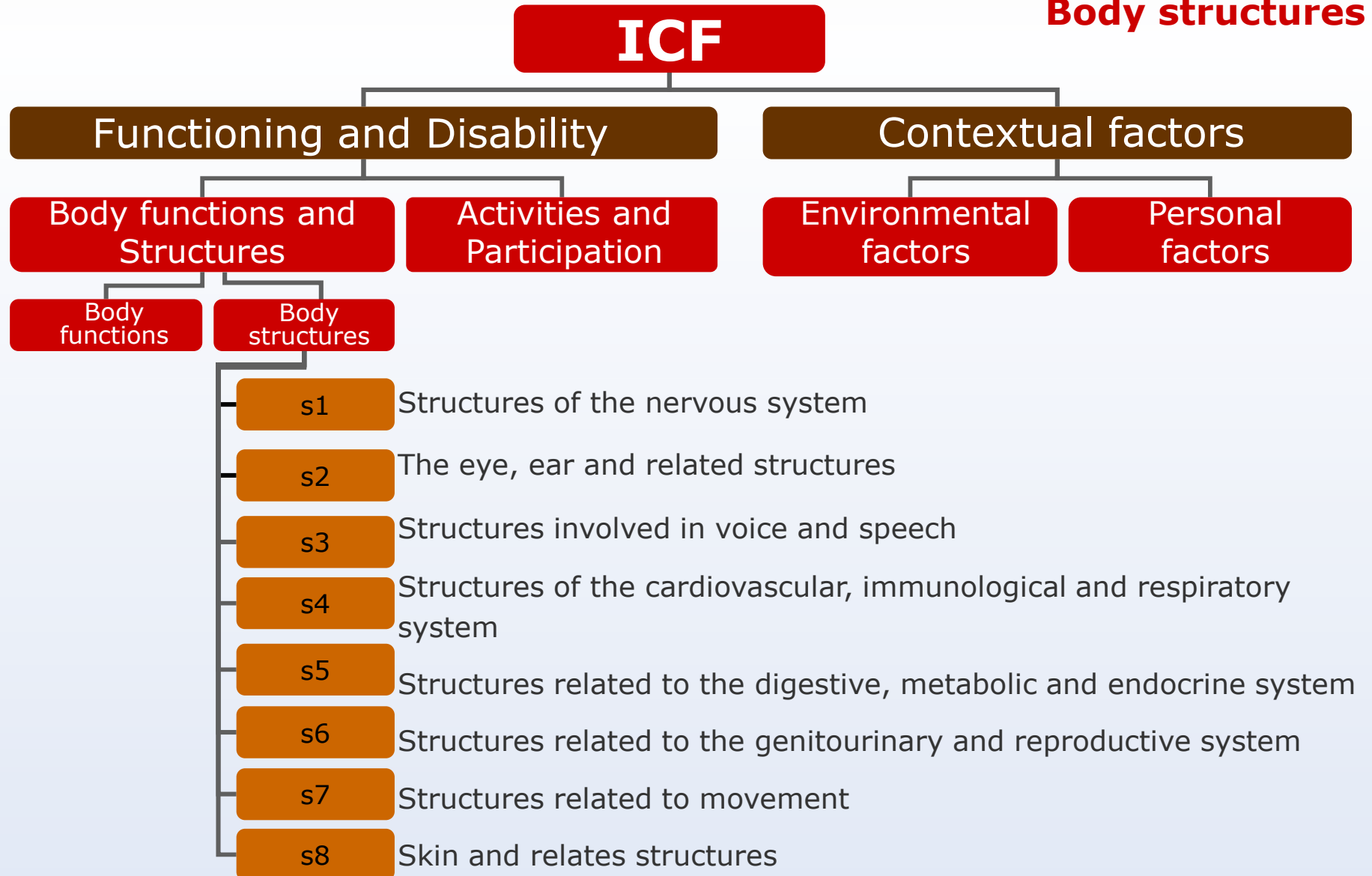
Body functions



The structure and codes of the classification

Chapters

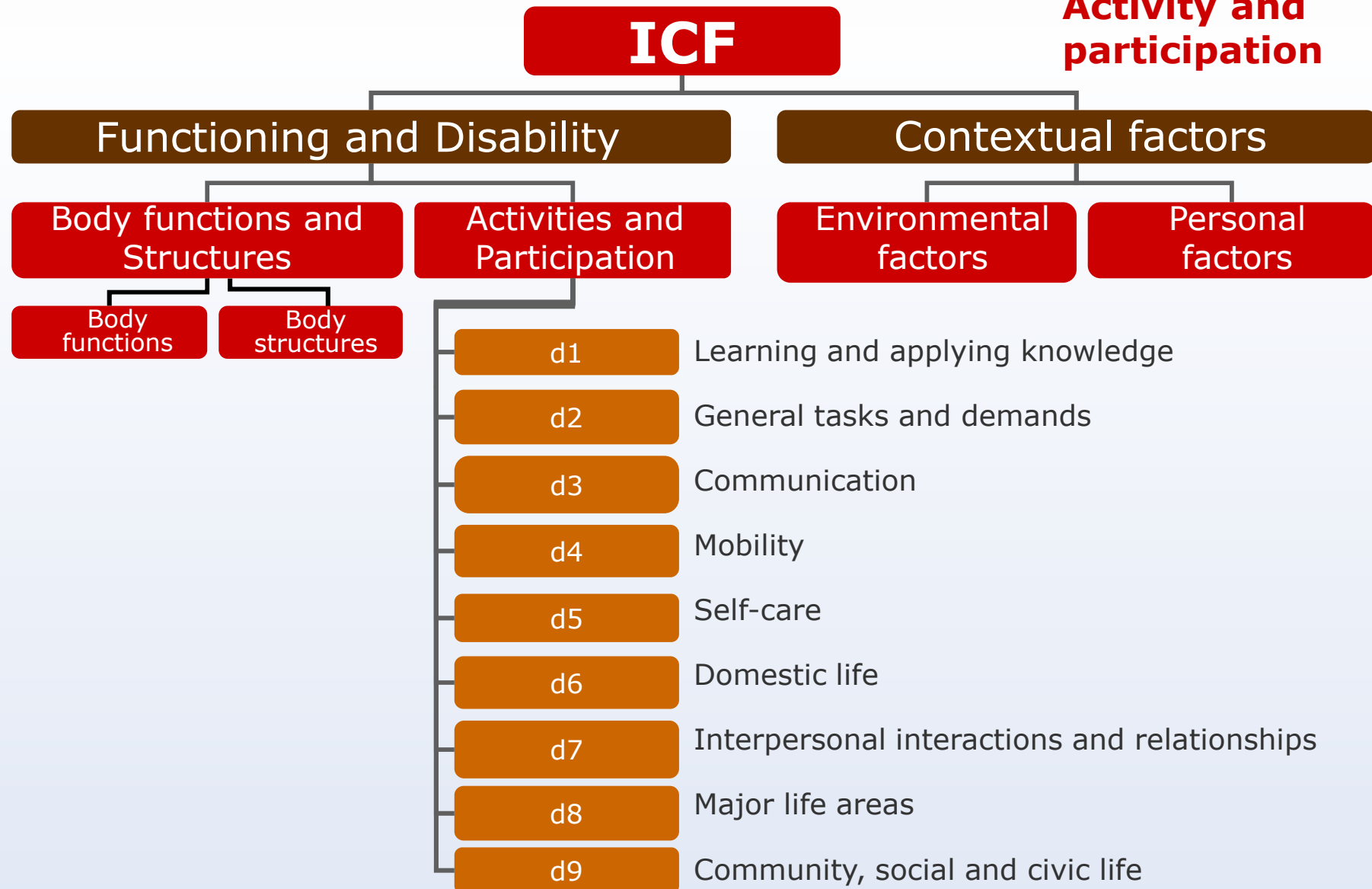
Body structures



2. The structure and codes of the ICF

Chapters

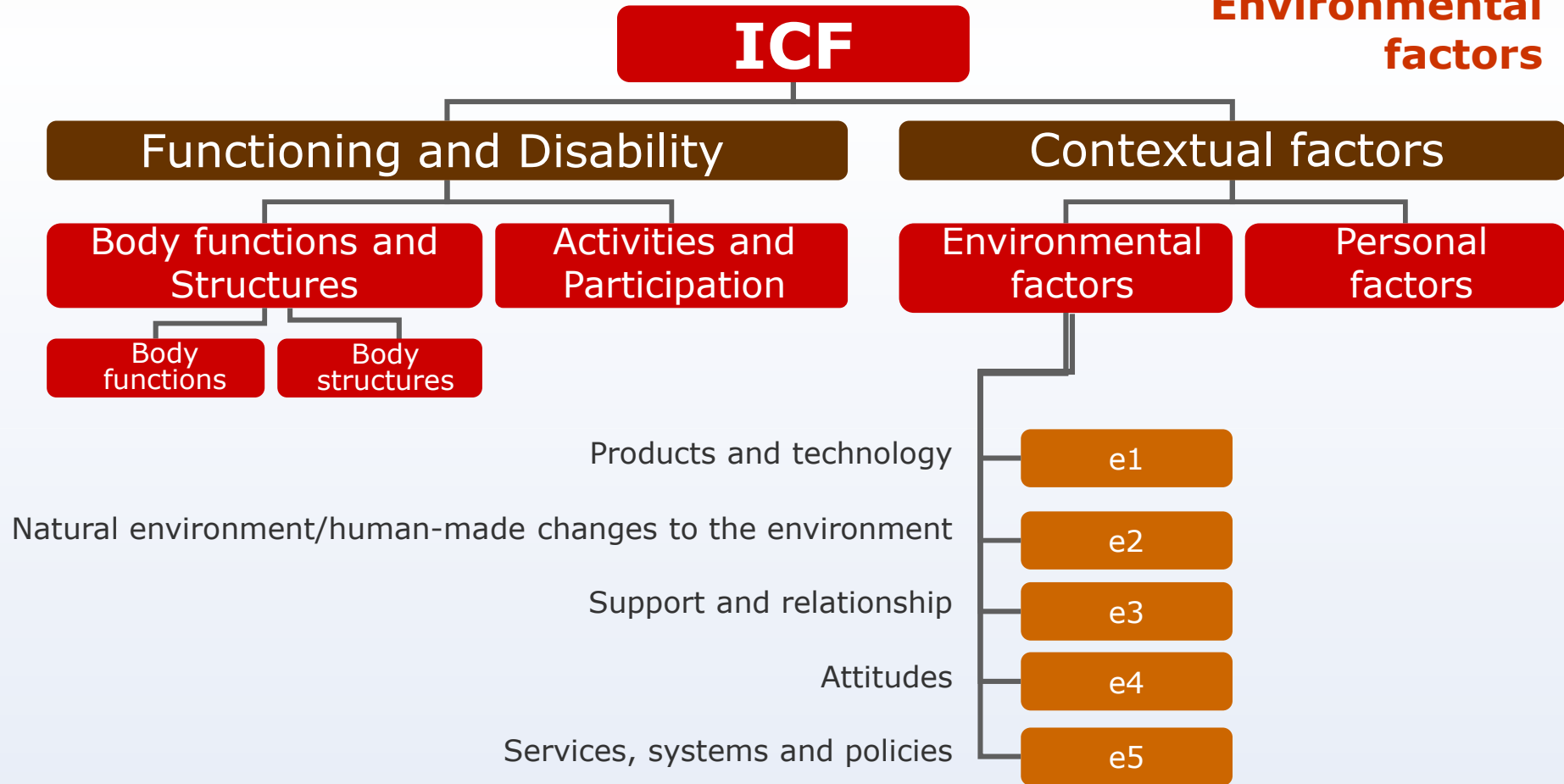
Activity and participation



2. The structure and codes of the ICF

Chapters

Environmental factors



Applications

Clinical, multidisciplinary documentation

Physician
diagnosis & interventions

Physician
documentation

Nurse
diagnosis & interventions

Nursing
documentation

Physiotherapist
diagnosis & interventions

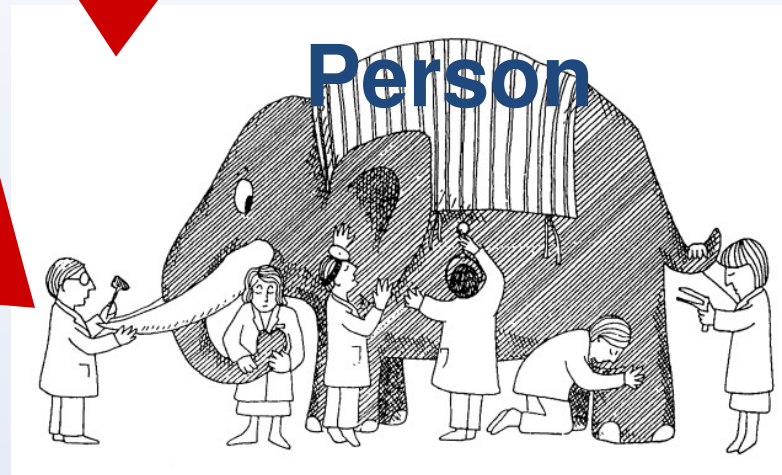
PT
documentation

Social worker
SW Interventions

PT
documentation

Occupational therapist
diagnosis & interventions

OT
documentation

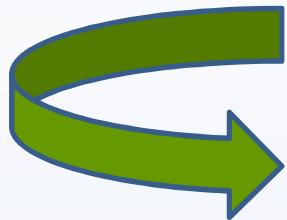


Health and disability information standard

Case
Based

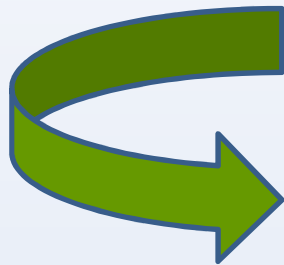
ICF for e-health information

- I. Consistency of health information collection process
(independent of who collects the information)**



Consistency of health information

- II. Comparability of information**



Communication between sectors

- III. Transparency**

- IV. Cost-savings**

ICF and the CRPD

CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD)

Article 31

Statistics and data collection

1. States Parties undertake to collect **appropriate information**, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention. The process of collecting and maintaining this information shall . . .

Disability Eligibility and ICF

Social Security Assistance

Social Security Allowance

Workers' Compensation

Disability Pensions

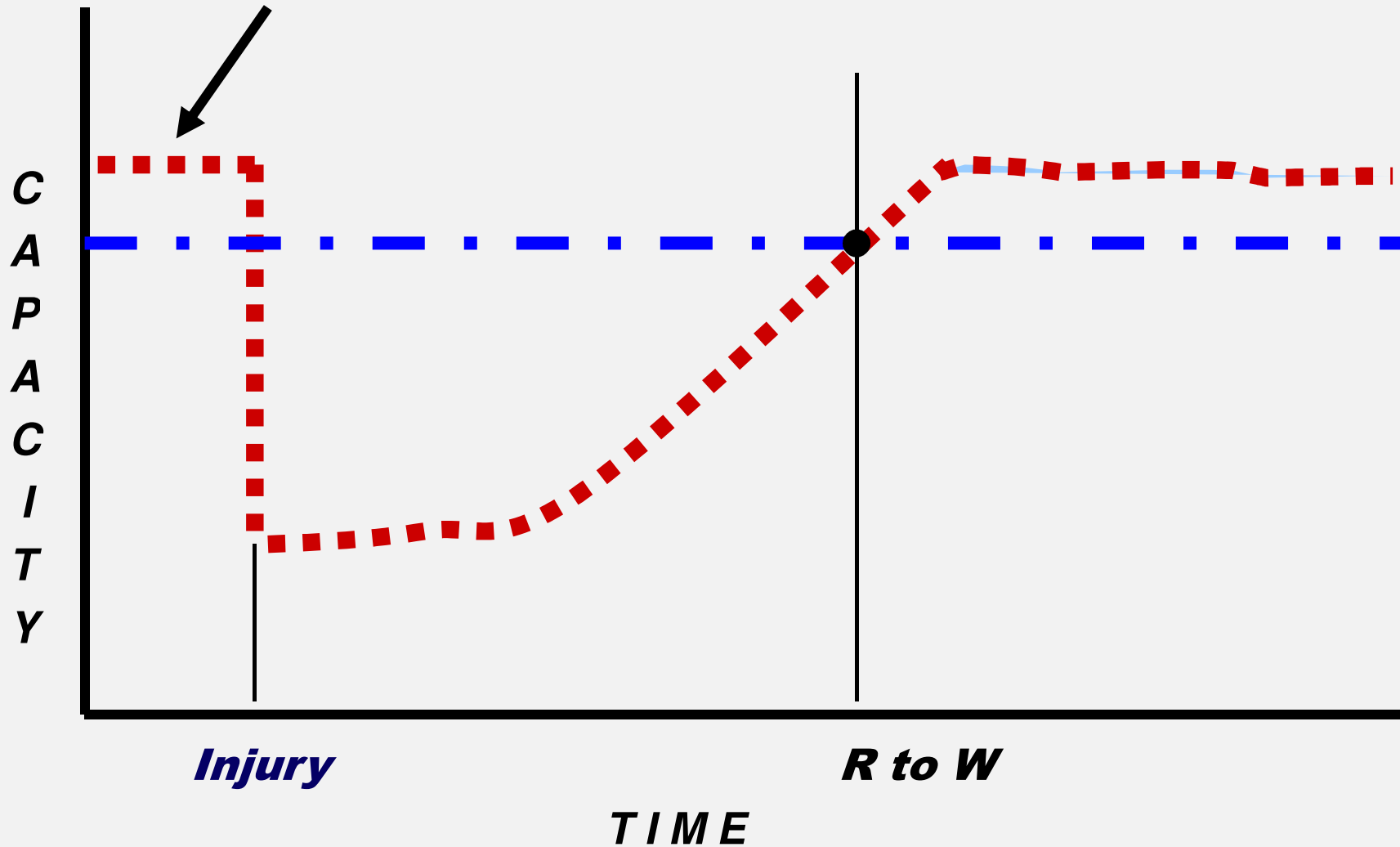
Disability Certification and the Capacity/Performance distinction

Capacity = intrinsic functioning state in a particular domain

Performance = experienced outcome in actual environment (facilitators or barriers)

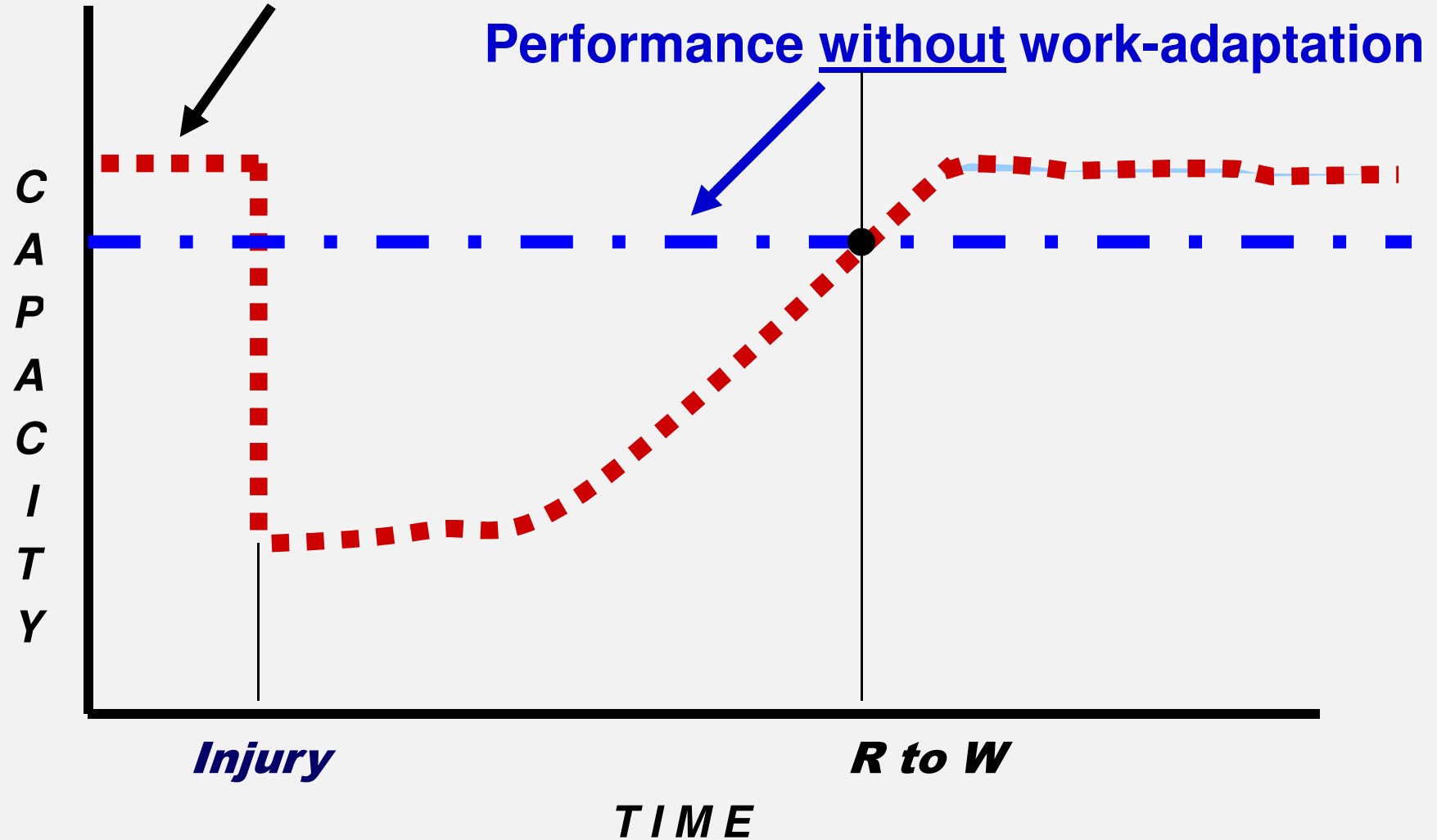
.Return to work trajectory

Pre-injury capacity

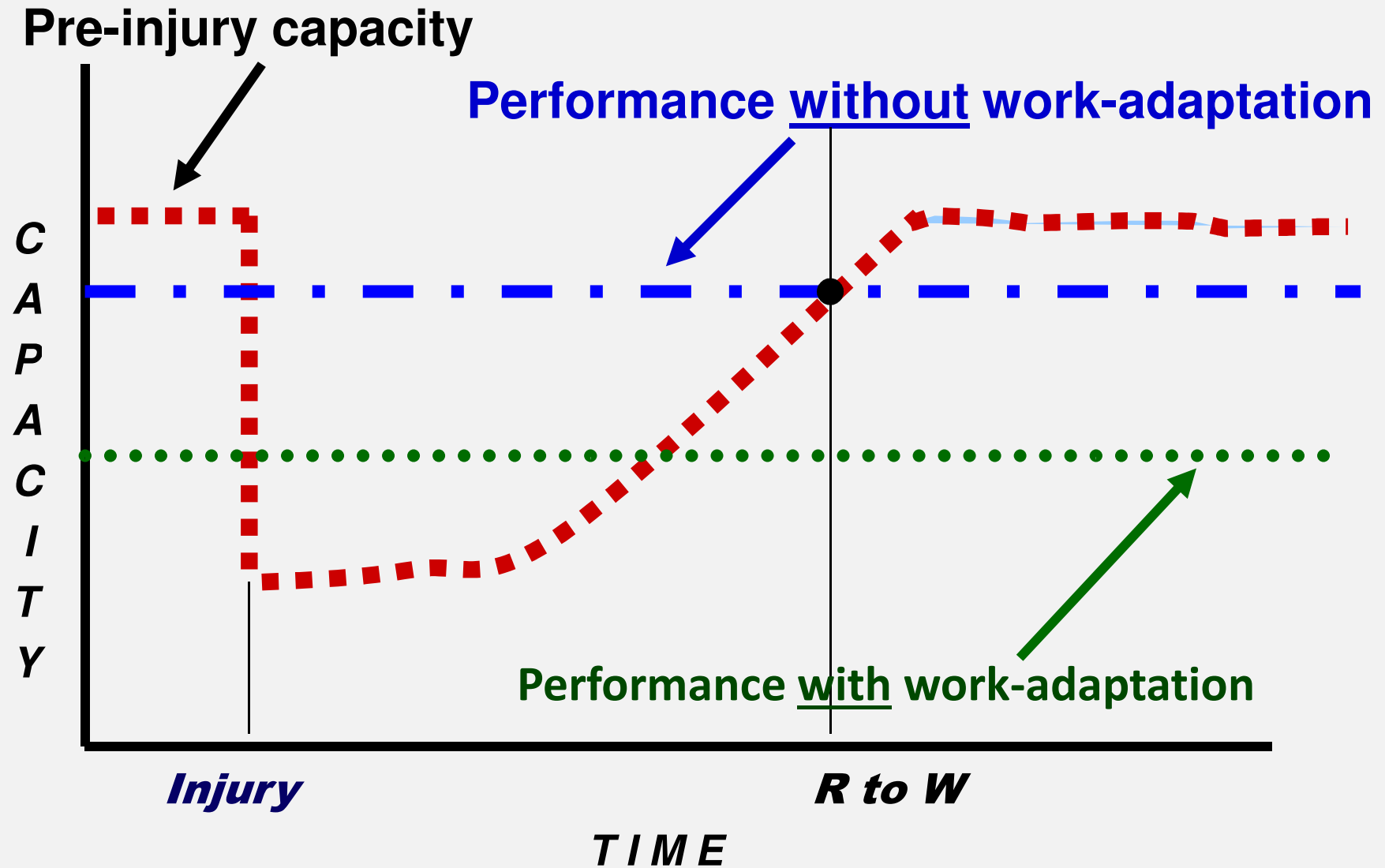


.Return to work trajectory

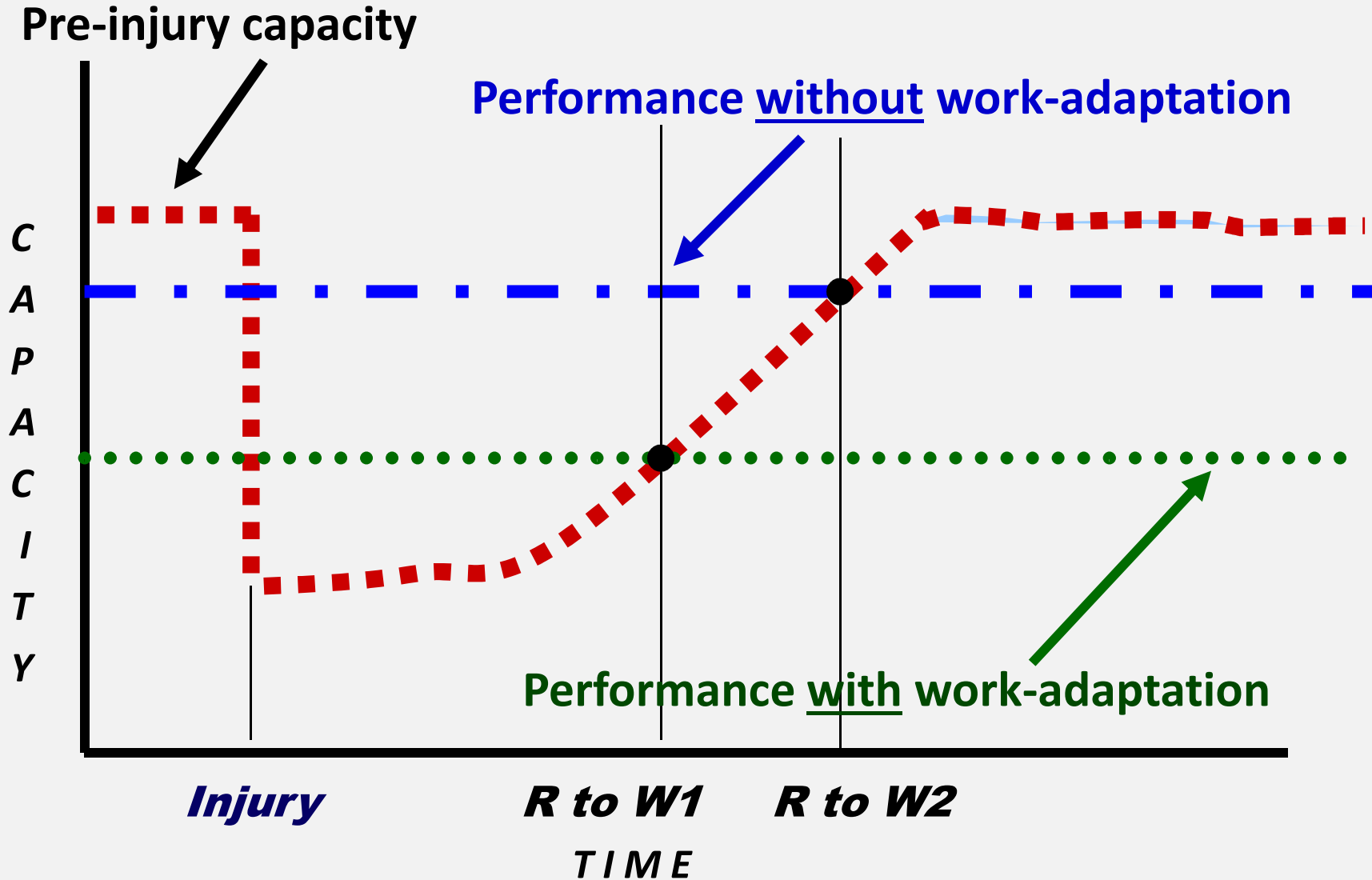
Pre-injury capacity



.Return to work trajectory

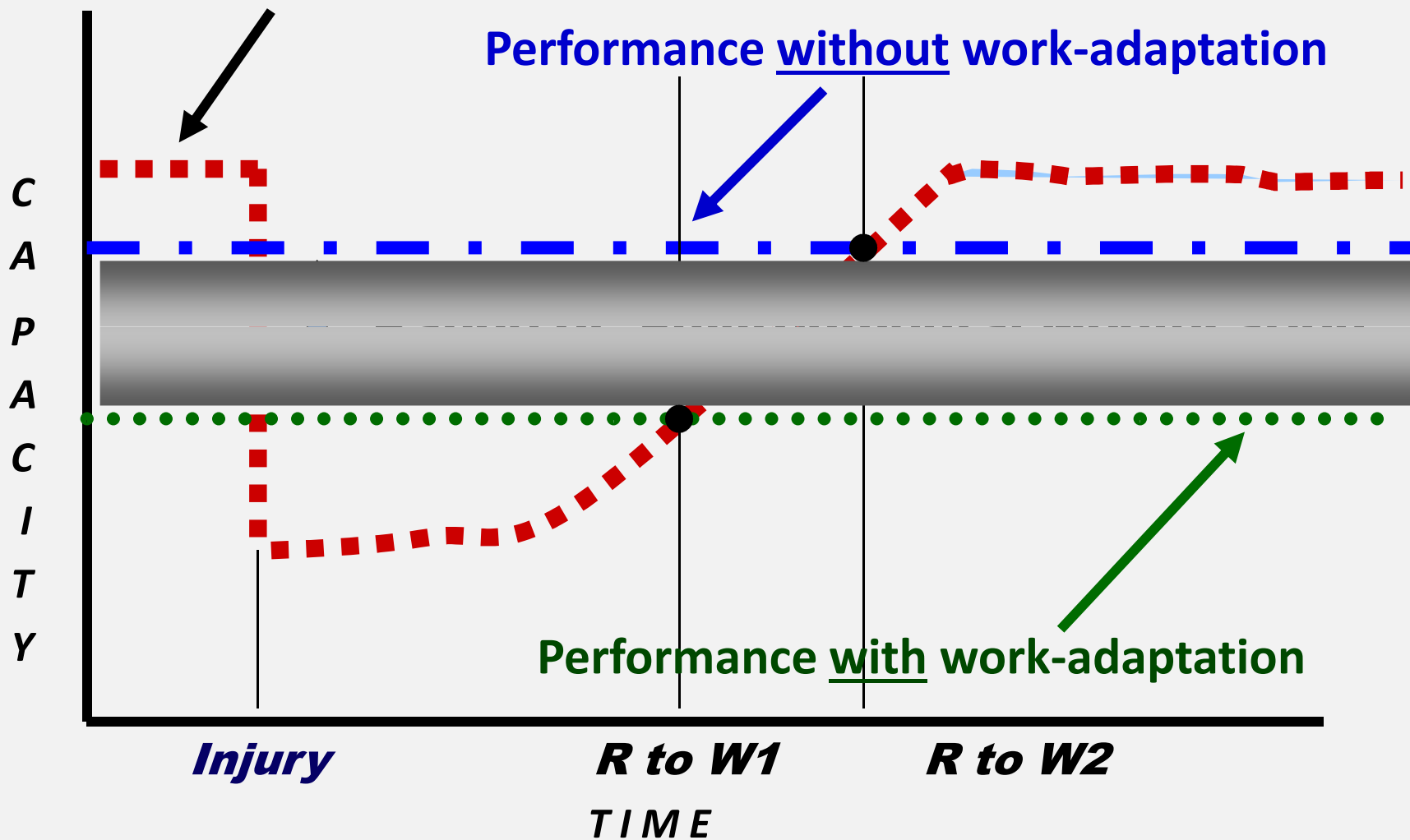


.Return to work trajectory



.Return to work trajectory

Pre-injury capacity





World Health
Organization

**MODEL
DISABILITY
SURVEY**



THE WORLD BANK

MODEL DISABILITY SURVEY

Household Questionnaire

Individual Questionnaire

