An Introduction to the International Classification of Functioning, Disability and Health (ICF)
Figure 1: Developing an Interprofessional Treatment Plan

1. GATHER DATA

2. ANALYZE DATA
   SWOT analysis
   Strengths, Weaknesses, Opportunities, Threats

3. CREATE GOALS
   Collaborative Goals
   (Long term goals, Short term objectives)

4. PROVIDE INTERVENTIONS

5. ASSESS OUTCOMES
   REVISIT the process if desired effect is not achieved.
Developing an interprofessional treatment plan may seem like a complex process but it can be broken down into several actionable steps described in Figure 1 on page 20. 1) Gathering Data, 2) Analyzing Data, 3) Creating Goals, 4) Providing Interventions and 5) Assessing Outcomes.

As part of the two-year Health Mentor Program, your team will follow Steps 1-3 with your health mentor and ultimately create a set of team-based, collaborative goals directed at improving your mentor’s overall health and wellness. Since your Health Mentor is not your patient, we will not perform Steps 4 and 5 as part of this program. However, we hope that by going through each of these initial steps with your Health Mentor that you will be better prepared to provide effective, collaborative care and interventions (Steps 1-5) for your future patients.

Overview

1. Introduction
2. Health Condition - pathology, disorder, disease, injury
3. Impairments of body function and structure - manifestation of health condition in body function and structure
4. Disability – 2 components
   - Activity Limitation (basic activities)
   - Participation Restriction (social and societal roles)
5. Contextual Factors that affect Health Condition, Impairments, and Disability
   - Environmental Factors
   - Personal Factors
6. References
1. Introduction

We present the essentials of this classification to you because it gives you a good way to think about health, disability and its impact on life’s activities. The ICF shifts the focus away from the cause of a disorder to the impact of the disorder. This shift is important because diagnosis alone is not a good predictor of service needs, length of hospitalization, level of care, or functional outcomes. Also, presence of a disease is not a predictor of receipt of disability benefits, work performance, return to work or likelihood of social integration.

The ICF also provides a model for assessing and treating disability using a common language within an interprofessional team. In a clinical setting, the ICF is used for functional assessment, goal setting, treatment planning and monitoring, as well as for measuring outcomes.

2. Health Condition (Disease, Disorder, Injury, Pathology)

1) Definition –
   a. Any deviation from or interruption of the normal structure or function of any part, organ, or system of the body that is manifested by a characteristic set of symptoms and signs and whose etiology, pathology and prognosis may be known or unknown. (Definition of disease-Dorland)

2) Examples –
   a. Ischemic cardiomyopathy, severe peripheral vascular disease, polymyositis, herniated lumbar disc.

3) Explanatory Statements Regarding Health Conditions
   a. Classified by the WHO International Classification of Diseases (ICD-9)
   b. Primarily by etiology and structure involved

3. Impairment of Body Function or Structure

1) Definition –
   a. Impairment is a problem in body function (including psychological functions) or body structure such as significant deviation or loss. (ICF)

2) Examples -
   a. Fatigue and shortness of breath caused by ischemic cardiomyopathy, amputation of a limb caused by severe peripheral vascular disease, weakness caused by polymyositis, pain caused by a herniated lumbar disc.

3) Explanatory Statements Regarding Impairments:
   a. Impairments are not the same as underlying pathology, but are the manifestations of that pathology.
   b. Impairments are not contingent on etiology or how they are caused.
   c. Impairments may be from any of various diseases, disorders or pathologic states.
   d. The presence of impairments does not necessarily indicate a disease is present or that an individual should be considered sick.
   e. Impairments should generally be detectable by direct observation or inference from observation.

4. Disability

1) Definition –
   a. Disability is an umbrella term that refers to the limitations that the impairments place on the ability for the person to perform activities or participate in life. This includes roles such as being a parent or employee. The effect of the impairments is mitigated or exacerbated by social, financial, emotional, vocational, and other environmental factors.
   b. Disability is also used to describe a person’s basic life activity limitations such as a self-care, shopping, and travel disability. Disability can also be used to describe restrictions of social and societal roles such as employee, parent, student, husband, and wife

2) Components of Disability (see Table 1)
   a. Activity (which can be limited)
      i. Activities refer to tasks that are executed by the person.
      ii. Activities can be as simple as changing body position, to something as complex as reading.
b. **Participation** (which can be restricted)
   i. Participation refers to involvement in life situations and community activities.
   ii. Includes societal roles and social roles a person must take part in to participate in life.

### Table 1. Sample ICF Synthesis: Health Conditions and Associated Level of Functioning

<table>
<thead>
<tr>
<th>Health Condition (disease or disorder)</th>
<th>Impairment (body function and structure)</th>
<th>Activity (current activities and any limitations)</th>
<th>Participation (current life roles and any restrictions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leprosy</td>
<td>Loss of sensation of extremities</td>
<td>Difficulties in grasping objects</td>
<td>Unemployment as a result of stigma of leprosy</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>Anxiety</td>
<td>Incapable of going out alone</td>
<td>Lack of social relationships due to people's reactions</td>
</tr>
<tr>
<td>Spinal Injury</td>
<td>Paralysis</td>
<td>Incapable of accessing &amp; using public transportation</td>
<td>Unable to participate in religious activities due to lack of accommodations in public transportation</td>
</tr>
<tr>
<td>Juvenile diabetes</td>
<td>Pancreatic dysfunction</td>
<td>None (impairment controlled by medication)</td>
<td>Misses school because of stereotypes about disease</td>
</tr>
<tr>
<td>Vitiligo</td>
<td>Facial disfigurement</td>
<td>None</td>
<td>Unable to play with peer group due to others’ fears of contagion</td>
</tr>
<tr>
<td>Person with h/o mental health problem and was treated for a psychotic disorder</td>
<td>None</td>
<td>None</td>
<td>Unemployment because of employer's prejudice. Affordable, safe housing options are limited due to little/no income.</td>
</tr>
</tbody>
</table>

*Adapted from: ICF Beginner’s Guide*

### 5. Contextual Factors

1) **Environmental Factors**
   a. Physical, social and attitudinal (social-emotional) environment where people live and conduct their lives
   b. Barriers and Facilitators (strengths and weaknesses)
      i. Products and technology
         1. For personal use in daily living, transportation, communication, etc
      ii. Natural environment and human made changes to environment
         1. Climate, light, sound
      iii. Support & relationships
         1. Family, friends, people of authority, health care professionals
      iv. Attitudes of family, friends, health providers, and societal attitudes and norms
      v. Services, systems, and policies
         1. Housing, transportation, legal, health, education, labor systems, etc

2) **Personal Factors**
   a. General sketch of the individual
   b. Level of education, lifestyle habits, life events, race, ethnicity, sexual orientation, etc.
   c. A person’s life experiences and habits influence their experience of their health condition, and need to be taken into account when developing a treatment plan.
      i. Some life experiences can be **strengths**
      ii. And others are **weaknesses**
Reference: