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### RESEARCH ARTICLE

#### USE OF ICF TO BUILD A COMMON LANGUAGE AMONG PROFESSIONALS IN DISABILITY MANAGEMENT AND REHABILITATION

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#### Abstract

Disability management and rehabilitation has achieved great strides over the past few decades. However, it has been seen that there is a lack of a common code of communication among professional working in the field of disability management. Absence of a common language regarding disability diagnosis can lead to gaps and redundancy often resulting in important information being missed from the diagnostic, assessment or evaluation reports. This further has an adverse impact on the intervention and training of such individuals. Hence, a strong need is felt to establish a mutual language of communication related to disability diagnosis and assessments. How to do so? The answer lies in using ICF codes and qualifiers for diagnosis and report writing in this field. The present study represents the benefits of using ICF towards establishing a common language for professionals in disability management and rehabilitation.

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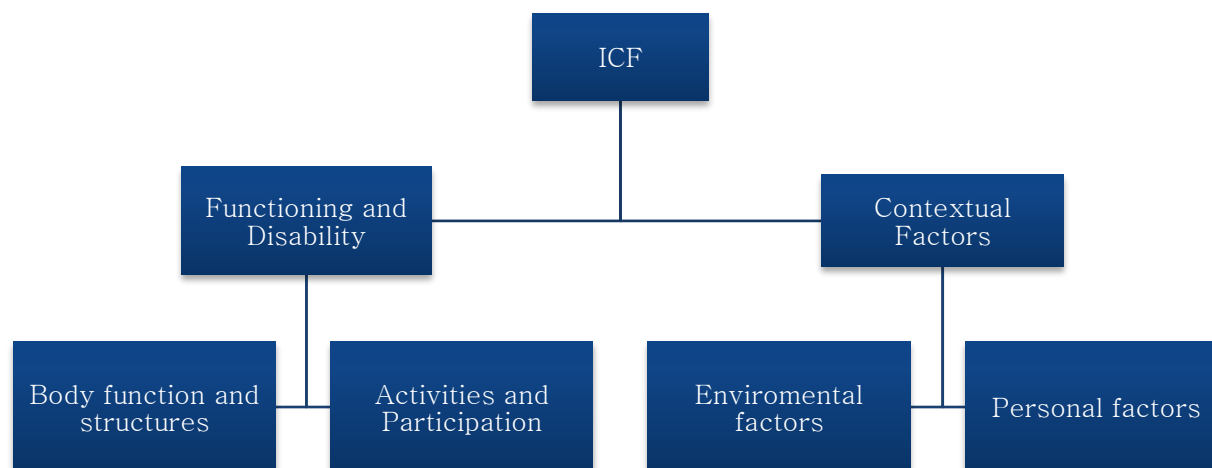
#### Introduction:-

International Classification of Functioning (ICF) will play a crucial role in supporting the care-giver, insurer, medical professionals, teaching fraternity, and health personnel by forming a shared language. This will allow better documentation and understanding of reports, and provide a common platform for diagnosis, intervention planning and discussion. It will also facilitate information sharing within and across sectors thereby truly benefiting the persons with disabilities. ICF offers a comprehensive framework to understand a person's biological, social, environmental and personal needs by understanding the body structure, functioning and activities that the person wants to perform, therefore going beyond diagnosis to a more detailed functional approach. It emphasizes on functioning, which is an umbrella term and includes the way we function within society, at home, in the workplace, at school, during tasks etc. Functioning is affected by several factors namely biological (impairments and organ level deformities, atrophies, loss of organ which can be partial or complete), individual (personalities, attitudes, belief, goals, aims, thinking), social (societal attitude, acceptance, need, social roles, customs, traditions etc.). Thus, the analysis of a person's ability to perform a task is a bio psychosocial analysis and it's important to go beyond health and disorders while making diagnosis. The use of ICF codes and classifiers will facilitate the development of a harmonized and integrated approach towards disability reporting and management. Even two individuals with same diagnosis may have different needs based on personal; social and environmental factor hence its important to use ICF codes for a uniform and detailed diagnosis. It can also allow data comparability based on international standards. The needs and health status of an individual or populations can be identified in accordance with international standards reducing data redundancy, gaps in diagnosis and profile development. This will lead to development of a holistic understanding of an individual's functioning and needs.

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**Figure 1**  
ICF Framework



The figure 1 represents the ICF framework which supports disability diagnosis, measurement in order to facilitate effective rehabilitation measures through the use of a multimodel framework at both the individual and population levels. It was adopted and approved by the WHO member states in 2001.

Thus, understanding the proper usage of ICF can enable its application in diverse areas like disability identification, diagnosis and management, health and disability staitistucs, surveys, social services etc helping in development of person oriented apapproach in educational, training and treatment programs. We hope that with training programs in form of workshops, seminars and conferences, more and more professionals will become aware about the ICF system of coding and support the development of a common language in disability management. The table 1 sheds light on the codes used in ICF:

**Table 1:-** ICF framework and corresponding codes.

ICF framework	Codes
body function	b1-b8
body structures	s1-s8
activities and participation	d1-d9
environmental factors	e1-e5
personal factors	Not classified

Table 1 represents the various codes in use for various components of the ICF framework namely for body functions and structures, activities and participation, environmental and personal factors.

#### Terminologies used in ICF:

**Body functions:** It represents the various bodily functions (physiological and psychological functions).

**Impairment:** It refers to an abnormality such as deformity or loss of a body organ or part.

**Body structures:** It refers to various body organs such as limbs, sense organs, etc.

**Activity:** It refers to the involvement of the individual in completion of a physical or social task, integral to living and social participation.

**Participation:** It refers to involvement in social situations occurring in daily life.

**Environmental Factors:** It includes the physical, natural and social surrounding of an individual alongwith the attitudinal factors. Example: products and technology, support and relationships, services, systems and policies like housing, communication, social security, education and training etc.

**Personal factors:** This includes race, gender, socio-economic background, education, life-eventsetc which affect an individual.

**Advantages of ICF framework:**

- It represents a global and international standard.
- Can be used in writing and summarizing case reports, medical records.
- It is a 'multi-purpose' classification that is meant for assisting various users to describe the changes in body structure and functioning, persons capacity and performance within
- Helps towards establishing a common language of diagnosis of disability, disease, and other health manifestations among professionals.
- It helps to determine the functioning, participation and limitation at individual level through use of primary, secondary classifiers and universal codes.

**Conclusion:-**

Research and rehabilitation professionals often face challenges in describing and diagnosing disabilities and the presence of universally accepted international standards such as ICF promote better rehabilitation management, through accurate and high standard prognosis, diagnosis and identification of conditions arising due to co-morbidities and impairment. The ICF checklist acts as a 'practical tool' to understand the functioning and disability of an individual in detail. ICF is the WHO framework which replaces the older and redundant models with its vibrant, multi-model outlook based on the belief that disability whether at the individual or population level is based on several factors inclusive of functioning and contextual factors.

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