

# THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (WHO) - A NEW CONCEPTUAL FRAMEWORK OF MEDICAL REHABILITATION

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**Keywords:** Medical Rehabilitation, functioning, disability, functional status, health condition

**Abstract:** The new international classification of Functioning, Disability and Health (ICF) adopted by WHO is useful for individual management for every Rehabilitation Program and replaces the old (1980) classification of ICIDH (International Classification of Impairment, Disability and Handicap). New classification ICF systematically associates functional status with different modifications in health's condition (disease, trauma, lesion, disorder etc.) and creates an adequate framework to describe the functionality and disability as some important elements in health status. This classification covers every disorder in term of "functional status" associated with changed health conditions of the organisms at the individual and society level.

**Cuvinte cheie:** Reabilitare medicală, funcționalitate, dizabilitate, statut funcțional, condiție de sănătate

**Rezumat:** Noua clasificare internațională a Funcționării, Dizabilității și Sănătății (CIF), aprobată de OMS este utilă de fi folosită pentru managementul individual al fiecărui program de Reabilitare. Clasificarea Internațională a Funcționalității înlocuiește clasificarea precedentă (ICIDH) din 1980. CIF asociază statutul funcțional cu diferite schimbări ai condițiilor de sănătate (boală, traumă, leziuni, tulburări etc.) și crează un nou concept de percepere a funcționalității și dizabilității ca elemente importante în starea de sănătate. Noua clasificare acoperă orice tulburare prin termenul de "Statut funcțional" asociat cu condițiile de sănătate modificate ale organismului la nivel individual și social.

Medical Rehabilitation is considered to be a part of medicine that becomes relevant when prevention methods were not efficient or when was present an incomplete rejuvenation after a disease or injury. An obvious delimitation between curative medical care and the rehabilitation one is actually achieved, therefore more frequently is used definition of Early Rehabilitation, which starts at the same time of initial treatment. (1) Medical Rehabilitation is a continuous process that starts in hospital's curative department – *Early Rehabilitation*, and ends at sanatoriums and ambulatory – *Community Based Rehabilitation*. (3)

Patient's recuperation after disease or after trauma depends not only from an adequate medical treatment started from the beginning, but also depends of early and appropriate measures of Rehabilitation. Therefore, functional "future" for the patient starts at curative department, in most cases in Intensive Therapy ones. (1) Rehabilitation is a medical specialty that observes multilateral a patient, from perspective of his physical, psychological and social functionality, preventing and/or lower functional restrictions for as long as possible time.

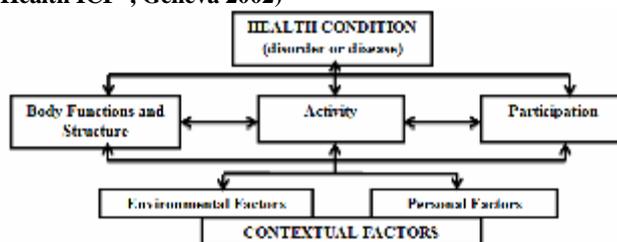
Situations that require early Medical Rehabilitation are very different: cardiovascular, neurological, trauma, burn injury, etc. Medical Rehabilitation role is to prevent the aggravation of physical and cognitive deterioration, to ameliorate the function and to prevent complications. (1)

According to International Health Organization, Rehabilitation represents use of all sources to reduce the effect of generated conditions of disability and handicap and to allow persons with disabilities to succeed an optimal integration in society (5).

There are well known two conceptual models of

disabilities, presented earlier. **Medical model** that sees disability as a problem of an individual directly caused by a disease, and requires an adequate medical treatment. **Social model** treats disabilities as a social problem, and not only of an individual. Therefore, this kind of approach requests an implication of some social policies. Nowadays is considered that disability is a complex phenomenon and in this sequence of ideas, International Health Organization has determined the **Biopsychosocial model**, which represents the base for International Classification of Functioning, Disability and Health approved by the International Health Meeting in 2001 year (9) (fig.1).

**Figure no. 1. Conceptual model for International Classification of Functioning, Disability and Health (WHO "Towards a Common Language for Functioning, Disability Health ICF", Geneva 2002)**



Medical Rehabilitation is an independent medical speciality preoccupied with physical and cognitive (inclusively behavior) functionality improvement, social participation, inclusively life's quality and modification of personal and environment factors. Therefore, it is responsible for prevention, diagnosis, treatment and management of rehabilitation.

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Article received on 28.02.2011 and accepted for publication on 21.07.2011  
ACTA MEDICA TRANSILVANICA September 2011; 2(3)2264-265

Notion of “**Body Functions and Structure status**” and “**Social Participation**” represents, along with “**Contextual factors**” – of environment (climate, habitat conditions, social attitudes etc.) and personal (age, education, experience etc.) – base elements of every Medical Rehabilitation process.

International classification of functionality (ICF), disability and health, can be used not only to describe and to compare population’s health in international plan, to develop a common semantic language between all preoccupied sectors of human’s health, but can have a list of practical applications. The most important is a planning and policy tool for decision-specialist in different medical fields. (4, 5, 6)

It is important to understand that ICF is a classification, that doesn’t tend to be a practice tool. To obtain a useful practice instrument there was necessary to extract the optimal information from ICF for to use it in daily practice. (2)

Therefore for ICF implementation in rehabilitation medical practice, starting with 2001 when it was adopted and approved by the WHO, it was initiated the elaboration of core sets for Rehabilitation (Guides) of ICF. The main objective of these activities was to select from a large number of ICF’s categories an applicable standard for a concise clinical use (Concise set of ICF) or complex multiprofessional (Comprehensive set of ICF) of different functional and health status. (2)

The existence of these Sets determines the “link” between ICF and ICD (International Classification of Diseases) that classifies different diseases, disorders and lesions in function of etiology. These both WHO classifications – ICF and ICD are complementary, they complete each other but can’t substitute.

Nowadays, WHO with other international organizations (ICF Research Branch, WHO FIC Collaborating Center, Institute for Health and Rehabilitation Sciences, Ludwig-Maximilian University in Munich) have elaborated more forms that can be used as a practice instruments, designed to make a connection between ICF and rehabilitation medical practice (2):

- ICF Assessment Sheet;
- ICF Categorical Profile;
- ICF Intervention Table;
- ICF Evaluation Display.

These ICF forms represent conceptual stages of Rehabilitation process, having the following sequence. (8)

- **The Qualifiers of ICF** represents the results of health and functionality appreciations of an individual. The chart contains description for Body Functions (b), Body Structure (s), Activity and Participation (d), Environmental Factors (e). For the description of this data is used technical terminology of clinical appreciation, promoted by ICF. In the chart are emphasized those performance, abilities and environmental factors, that are essential for the patient. (9)
- **The Domains of ICF** contains necessary categories to describe the current status of the patient. In this chart, among categories are defined interventional goal and the main objective. They are reflected in the coding. (9)
- **ICF Interventions chart** is formed on the basis of exposed information in Domains of ICF and Evaluation Qualifiers of ICF. Also it is provided for Rehabilitation (intervention) programs and for documentation of specific measurements results from the beginning of the Rehabilitation program till the end. (7,9)
- **ICF Evaluation Display** allows appreciating data about the intervention results. The schedule reveals evolution values of categories after the effectuation of Rehabilitation program. It is a document, which is followed to be

discussed in a team of professionals. As a result of the discussions would be chosen the best possible variants of activity: to begin a new course of Rehabilitation or to finalize the Rehabilitation. (2)

ICF’s structures and content allow professionals in Rehabilitation activity to determine and observe the efficiency of Rehabilitation interventional strategies. Having the opportunity to use a variety of details at different levels of ICF we can compare the patient’s functionality from the beginning till the end of the Rehabilitation Program. At the same time, taking in consideration the major innovation of ICF to include a full-scale classification of environment, users can identify and observe, and then to interfere and to make changes in the patients environment.

### CONCLUSIONS

1. ICF is a possibility of functions and disabilities appreciation under a biopsychosocial aspect and not just medical or social.
2. ICF is the essential base that allows standardizing the data concerning functionality and disability aspects around the world.
3. ICF can serve for medical services quality evaluation provided by institutions that deal with medical rehabilitation.

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