

# ICF: International Classification of Functioning, Disability and Health

Prof. Dr. Eva-Maria Ulmer

# Table of Contents

- Introduction
- Structure of the ICF
- Application to Klaus Brecht (Case study)
- Conclusion

# Main Aims of the ICF (1)

- Towards an interdisciplinary language when talking about Functioning, Disability and Health
- Providing scientific and practical help for the
  - description and understanding,
  - assessment and evaluation

of different states of the functioning of a person.

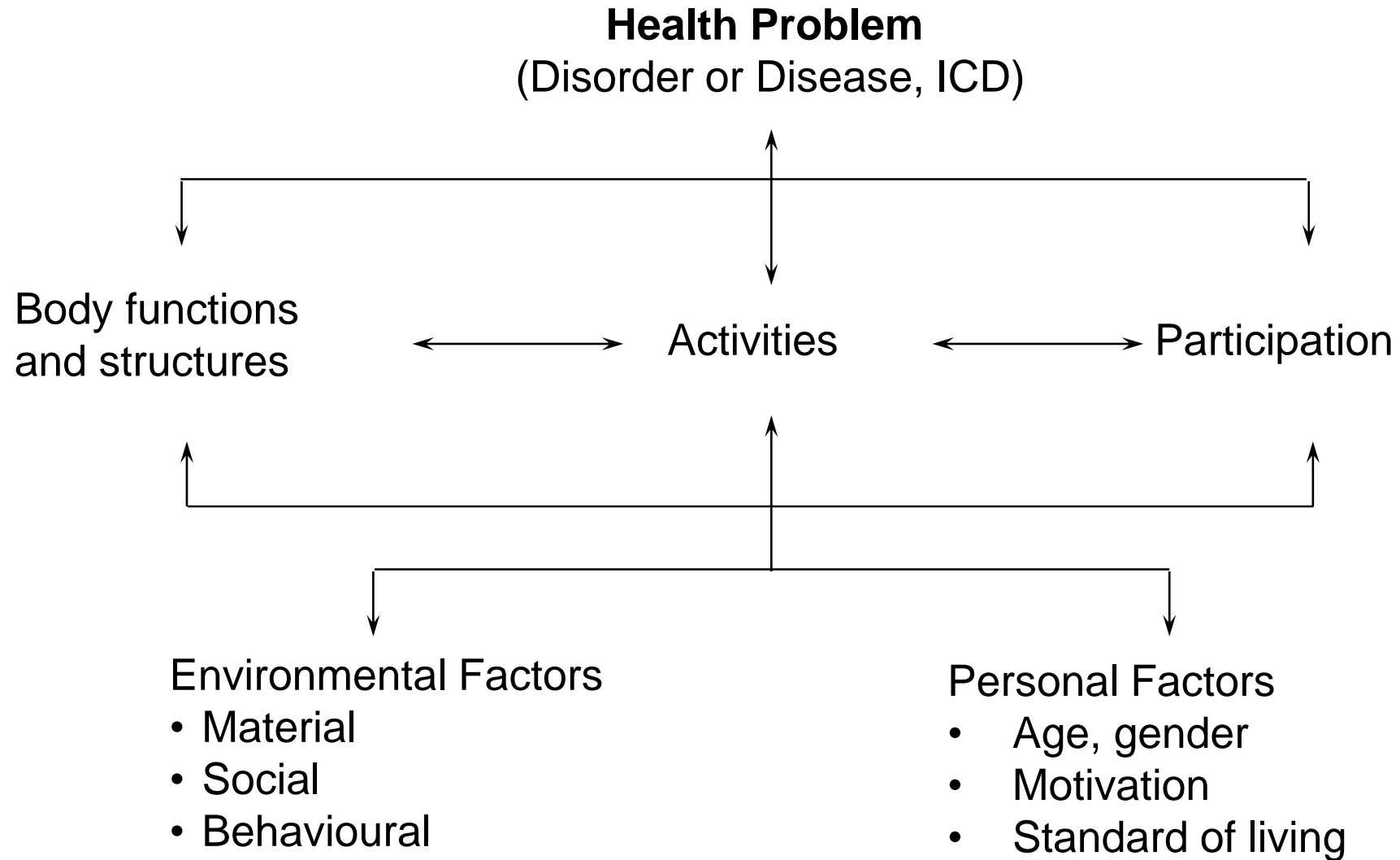
# Main Aims of the ICF (2)

- Building bridges between affected people, professions and institutions.
- Data comparisons between countries, health care and health services disciplines and over time.

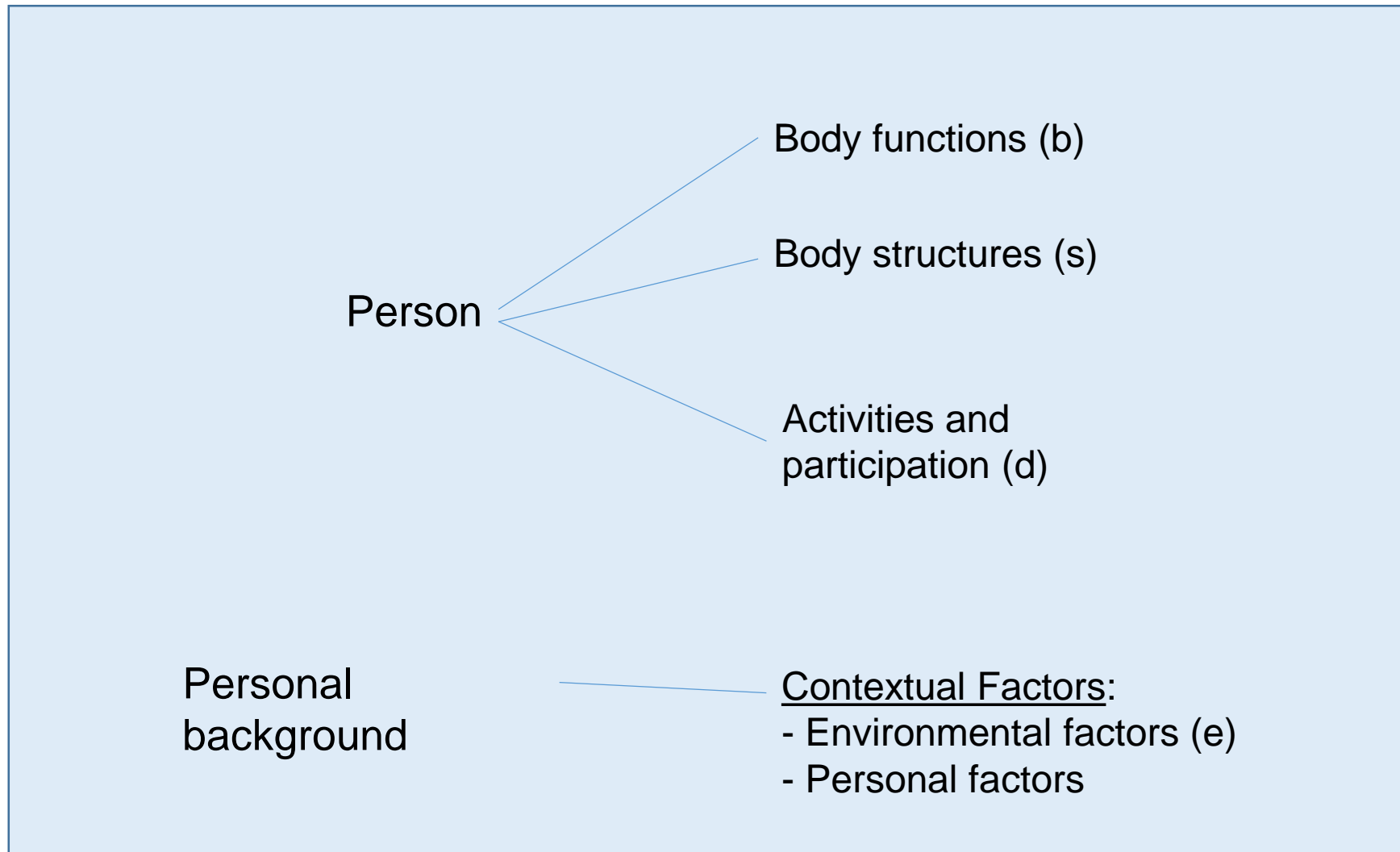
# Table of Contents

- Introduction
- **Structure of the ICF**
- Application to Klaus Brecht Brecht (Case study)
- Conclusion

# Bio-psychosocial Model of the ICF



# Defining the Situation of a Person



# Structure of the ICF

## Part 1

### Functioning and Disability

Body functions (b)  
and  
Body structures (s)

Activities (d)  
and  
participation (d)

## Part 2

### Contextual Factors

Environmental  
factors (e)

Personal  
Factors  
(without classification)



# Table of Contents

- Introduction
- Structure of the ICF
- Application to Klaus Brecht (Case study)
- Conclusion

# Classification of the Body Functions (b)

1. **Mental functions**
  - Overall mental functions: "energy and drive functions" (b130)
    - subdivision: „craving“ (b1303)
  - specific mental functions: "emotional functions" (b152)
2. Functions of the sensory organs and pain
3. Vocal and speech functions
4. Functions of the cardiovascular, hematological, immunological and respiratory systems
5. Functions of the digestive, metabolic and endocrine systems
6. Urogenital and reproductive functions
7. **Neuromusculoskeletal and Movement-related Functions**
  - mobility functions: "gait pattern functions" (b770)
8. **Functions of the skin and related structures**
  - Functions of the skin: "repair functions of the skin" (b820)

# Classification of the Body Structures (s)

1. Structures of the Nervous System
2. The eye, the ear and structures related to them
3. Structures involving voice and speech
4. Structures of the cardiovascular, hematological, immune and respiratory systems
5. Structures related to the digestive, metabolic and endocrine systems
6. Structures related to the urogenital and reproductive systems
7. Movement-related structures
8. Skin and related structures

# Classification of Activities/Participation (d) including Life Areas (1-9)

1. Learning and applying knowledge
  - "solving problems" (d175)
2. General Tasks and Requirements
  - "undertaking a single task" (d210)
3. Communication
4. Mobility
  - "walking" (d450)
5. Self-care
  - „looking after one's health" (d570)
6. Domestic Life
7. Interpersonal interactions and relationships
  - „basic interpersonal interactions“ (d710)
  - formal relationships (d740)
8. Important areas of life
9. Community, Social and Civic Life

# Contextual Factors

```
graph TD; A[Contextual Factors] --> B[Environmental Factors (classified, e)]; A --> C[Personal Factors (non-classified)];
```

Environmental Factors (classified, e)

1. Products and technologies: e.g. aids, rollator (e1201); medication (e1101)
2. Natural and man-made environments (e.g. buildings, roads, footpaths)

Personal Factors (non-classified)

Age

Gender

Character, Lifestyle, Coping

Social background

Education/training

## Environmental Factors (e)

### 3. Support and Relationships:

„immediate family" (e310), "extended family" (e315); „acquaintances, peers," (e325); "health professionals" (e355)

### 4. Attitudes, values, convictions of others:

family (e410); peers (e425); health professionals (e450); social attitudes (e460)

### 5. Services, systems, public policies:

inter alia services, systems, public policies of

- „social security services" (e570);
- "health services, systems and policies"(e580),
- „associations and organisational services, systems and policies" (e555)

## Personal Factors

Profession

Experience

Motivation

The will to act

Courage

Genetic Predisposition

# Conclusion

- ICF is a very complex classification system that makes it possible to map the complex world of a patient or client.
- Coding according to ICF rules is time-consuming and personnel-intensive.
- Component 5 "Personal factors" is not classified and is often not taken into account.
- As your clients age, the typical age changes add to the addiction, that means the complexity continues to increase.
- It remains to be seen to what extent ICF will achieve its goals. The ICF is meant to promote understanding between those affected, professions and institutions. A beginning has been made.