

## **ROLE OF THE ICF IN THE FUTURE (5-10 YEARS)**

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Rehabilitation medicine can be defined as the medicine of human functioning. Therefore, the international classification of functioning, disability and health (ICF) as approved by WHO in 2001 is of utmost importance for our specialty. The ICF is the basis for the conceptualisation of the rehabilitation strategy completing the curative, preventive and supportive health strategies. The ICF and the ICF-based conceptualisation of the rehabilitation strategy are again the basis for the conceptualisation of our specialty, the organisation of human functioning and rehabilitation research in distinct scientific fields and the development of research capacity with respect to academic training programs, interdisciplinary university centres and national/international collaboration networks. The conceptualisation, organisation and development of human functioning in rehabilitation based on the ICF are discussed in a special issue of the Journal of Rehabilitation Medicine [1]. All articles are open access [<http://jrm.medicaljournals.se/issue/39/4>]. Clinicians and researchers worldwide are now encouraged to write to the editor of the Journal of Rehabilitation Medicine to express their views on the published concepts and ideas.

Next to these conceptual developments, there is now a wide range of activities throughout the world of rehabilitation in the development of practice tools and applications of the ICF. First of all, the ICF can serve as reference for the comparison, selection and further development of existing measures of human functioning. The mapping of the world of measures can now rely on established linkage rules [2]. The development of minimal standards for the assessment and reporting of functioning based on the ICF as a reference has made progress over the last years in cooperation between ISPRM, the ICF Research Branch WHO CC FIC (DIMDI), Germany, and WHO. The Brief ICF Core Sets are the standards for reporting and planning of studies as well as for clinical encounters. The Comprehensive ICF Core Sets are the standards for multi-disciplinary assessments for example in the context of rehabilitation medicine. ICF Core Sets have now been developed to cover functioning for the acute hospital and early post-acute

rehabilitation facilities [2] and for an increasing number of chronic conditions [2]. In addition to the ICF Core Sets published in two supplements, there are currently a number of ICF Core Sets under development for spinal cord injury [2] and a number of other health conditions including ankylosing spondylitis, psoriasis and psoriasis arthritis, multiple sclerosis, bipolar disorders, upper airway cancer, headache, vision and manual medicine in cooperation with partner associations specialised in these conditions. The first versions of the ICF Core Sets for chronic conditions relevant for the community context have undergone extensive international testing and validation in 51 countries in more than 300 centers. These data will serve as basis for the identification of categories relevant for a Generic ICF Core Set.

Another most important development in relation to the ICF in clinical practice and research is the operationalization of the ICF qualifiers as a means to directly apply the ICF in practice and research. Under the leadership of a newly formed functioning and disability reference group of the WHO FIC network, a task force is therefore coordinating the further development of coding rules and specific measurements in relation to one ICF or more ICF categories. This reference group chaired by Ros Madden (Australia) and Gerold Stucki (Germany) is also advising WHO about the upcoming update of the ICF, the development of electronic tools, educational materials and the operationalization of environmental factors. In cooperation with WHO the Munich team at the ICF Research Branch is also embarking on the development of ICF Core Sets for children and the developing of a personal factor approach for the classification in the context of the ICF [3]. Rehabilitation Medicine with its international organization (International Society of Physical and Rehabilitation Medicine - ISPRM) and its regional societies (the European Society of Physical and Rehabilitation Medicine - ESPRM) are now encouraged to broadly implement the ICF in rehabilitation practice [4].

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**References:**

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2. Stucki G, Cieza A. The International Classification of Functioning, Disability and Health (ICF) in physical and rehabilitation medicine. Editorial. *Eur J Phys Rehab Med* 2008; 44(3): 299-302.
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