

THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF) OF THE WHO AS AN ASSESSMENT TOOL

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The major goal of incontinence treatment is to reduce symptom burden and ensure that patients' resources are supported as helpfully as possible. This goal requires standardized assessment that will represent the typical spectrum of problems and resources, as well as positive and negative influencing factors.

Current level-A recommended questionnaires provide valid assessment of urinary (UI) or fecal incontinence (FI), but do not cover all aspects of the burden of the disease in the holistic view of the biopsychosocial model of the World Health Organization (WHO), which limits the value of these assessments^(1,2). The International Classification of Functioning, Disability and Health (ICF) offers an international scientific tool for the paradigm shift from the purely medical model to an integrated biopsychosocial model of human functioning and disability^(2,3). It is a valuable tool in research regarding disability in all its dimensions: impairments of the body structures and body functions, personal activity limitations, restrictions in societal participation, and influencing environmental factors. The ICF is an essential and global basis for the standardization of data concerning all aspects of human functioning and disability. The ICF looks like a simple health-status classification, but it can be used for a number of purposes⁽⁴⁾. One of the most important aspects is the use as a planning and evaluation tool for the cooperation in multi-professional healthcare settings. It is expected that the ICF will become the world standard for disability data and social policy modelling and will be introduced in the legal framework of many countries around the globe^(2,3).

The ICF as a whole is composed of 1454 categories, making it a highly comprehensive assessment tool. To facilitate the implementation of the ICF into clinical practice, so-called "ICF Core Sets" have been developed for more than 30 health conditions, not, however, including Core Sets for incontinence. The development and validation process of ICF Core Sets follows standardized rules which have been described elsewhere⁽⁵⁾.

There is a need for a validated short and simple instrument to quantify UI and FI impact to support health status assessment and communication between patients and all involved health

professionals^(4,5). To address this need an ICF-Incontinence Assessment Form (ICF-IAF) is under construction. In this project the physiotherapy departments of two Universities of Applied Sciences Health in Zurich and Bern (Switzerland) are presently collaborating. Researchers from both universities as well as post-graduate students completing sub-projects are working on this project. In addition corresponding physiotherapy associations in German-speaking countries (Germany, Austria, Switzerland, Liechtenstein and Luxembourg) are involved. Once the success of this project is confirmed in the German-speaking countries an international and multi-professional validation of the ICF-IAF is planned as a next step from the end of 2016 to 2018. This procedure will enable the dissemination of this short and simple questionnaire for assessing and monitoring UI and FI within the international community of all related health professions managing patients with those conditions. Currently, the more than 90 translations of the ICF and serially numbered coding system allow world-wide use and will help to standardize therapy and research protocols⁽⁶⁾.

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