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The responsibility of this publication lies with the ICF Research Branch.

## Online with the Branch\*

\*ICF Research Branch will be referred to “Branch” from now on.

Electronic ICF documentation tool [www.icf-core-sets.org](http://www.icf-core-sets.org).

To make the ICF applicable in practice, ICF Core Sets, shortlists of ICF categories relevant for a particular health condition or situation, are available. Since 2012, an open access web-based tool ([www.icf-core-sets.org](http://www.icf-core-sets.org)) that enables users to use selected ICF Core Sets and ICF qualifiers to develop a profile of a person's functioning has been available. Although intuitive and set up in a step-by-step fashion, detailed background information and instructions on how to use ICF Core Sets can be found in the book ICF Core Sets: Manual for Clinical Practice. See “ICF in Black and White”.

## New Cases Studies website

In 2006, the Swiss Paraplegic Research (SPF), the host of the ICF Research Branch\*, initiated a project to illustrate the use of the ICF in rehabilitation practice by conducting case studies to describe persons with spinal cord injury and their health care based on the ICF and the Rehab-Cycle. These ICF-based case studies are detailed in the website [www.icf-casestudies.org](http://www.icf-casestudies.org).

In Autumn 2014, a newly designed website will be available. Its navigation has been simplified, making it easier for users to find information on the Rehab-Cycle and ICF documentation sheets and maneuver within case studies. The launch of the new case studies website will be announced on the ICF Research Branch website as soon as it is online.

## ICF Education & Training

### ICF Workshops – Broadening perspectives worldwide

In addition to a 2-day ICF workshop held biannually at SPF (Nottwil, Switzerland), customized ICF trainings have also been conducted by the Branch worldwide – in China, Russia, Poland, Romania, Finland, India, Palestine. This reflects the increasing interest in finding a comprehensive and standardized approach to reporting functioning and disability in various application areas including rehabilitation/clinical practice, disability evaluation, eligibility determination/insurance, vocational rehabilitation and return-to-work programs.

This interactive training has also provided participants with expertise in various professional disciplines an opportunity for fruitful exchanges and for expanding their scientific and clinical networks.

Contact [melissa.selb@paraplegie.ch](mailto:melissa.selb@paraplegie.ch) for more information.

### ICF eLearning tool

The content of the ICF e-Learning tool, that has been online since 2009 has been revised and the tool itself is currently in the process of being re-designed using a new eLearning software. The revised ICF eLearning tool is expected to be available on the WHO website by the beginning of 2015. The launch will be announced on the Branch website [www.icf-research-branch.org](http://www.icf-research-branch.org).

The English and Spanish versions of the revised tool will be followed by versions in German, Finnish, Portuguese, French and Swedish and possibly Russian, Arabic and Japanese. ICF Core Set Updates

## ICF Core Sets for hearing loss

According to WHO (WHO website, Feb. 2014), over 5% of the world's population or 360 million people worldwide have disabling hearing loss i.e. hearing loss greater than 40dB in the better hearing ear in adults and a hearing loss greater than 30dB in the better hearing ear in children. As a first step toward developing a comprehensive instrument/questionnaire to be used to assess the impact of hearing loss on the lives of adults as well as treatment outcomes the Swedish Institute for Disability Research (SIDR) in collaboration with the Branch, the Nordic Audiological Society, the International Federation of Hard of Hearing People, the International Society of Audiology, the Classification, Terminology and Standards Team at WHO and the International Society for Physical and Rehabilitation Medicine (ISPRM) developed a Comprehensive ICF Core Set for hearing loss containing 117 ICF categories and a brief version containing 27 ICF categories in May 2012.

The results of 2 of the 4 preparatory studies i.e. systematic literature review and expert survey, as well as the ICF Core Sets themselves were published in 2014 and 2013 respectively. See "ICF in Black and White" for the references.

For more information, please go to the Branch website or contact Prof. Berth Danermark [berth.danermark@oru.se](mailto:berth.danermark@oru.se).

## ICF Core Sets for vertigo

Irrespective of whether the vertigo and dizziness is a consequence of a cardiovascular, infectious, neurological or otological disease, vertigo is potentially disabling and has a distinct impact on independence, employability, activities and participation and overall quality of life. To provide clinicians an international standard of what to assess and report on persons experiencing vertigo the ICF Core Set for vertigo was developed.

At the May 2012 international ICF consensus conference, 27 vertigo/vestibular disorders experts from 11 different countries (Australia, Germany, Italy, Netherlands, South Korea, Spain, Sweden, Switzerland, Luxembourg, UK and USA) decided to include 100 ICF categories in the Comprehensive ICF Core Sets and 29 ICF categories in the Brief ICF Core Sets for vertigo.

The project, led by Prof. Eva Grill and Dr. Martin Müller, Institute for Medical Information Processing, Biometrics and Epidemiology (IBE) at Ludwig-Maximilians-University Munich (LMU) in Germany, was conducted under the auspices of the Integrated Center for Research and Treatment of Vertigo, Balance and Ocular Motor Disorders (IFB-LMU), a centre sponsored by the German Federal Ministry of Education and Research.

The results have been published and will be applied in the US, Jordan, Saudi Arabia and Germany within an international project to develop an instrument for vertigo.

For more information feel free to contact [eva.grill@med.uni-muenchen.de](mailto:eva.grill@med.uni-muenchen.de) or [martin.mueller@med.uni-muenchen.de](mailto:martin.mueller@med.uni-muenchen.de).

## ICF Generic and Disability Sets

Unlike the approach used in developing the other ICF Core Sets, the ICF Generic Set (sometimes called Minimal Generic Set) was developed from a psychometric study. It is composed of seven 2nd level categories that have been statistically determined to be applicable across health conditions and contexts. Because of its general applicability, it is strongly recommended that the ICF Generic Set categories should be included every time an ICF Core Set is used.

- b130 Energy and drive functions
- b152 Emotional functions
- b280 Sensations of pain
- d230 Carrying out daily routine
- d450 Walking
- d455 Moving around
- d850 Remunerative employment

The ICF Generic Set is of importance for health statistics and public health. It can serve as a minimum standard to facilitate the comparison across health conditions, settings, contexts, countries and population groups using only a small number of categories. The ICF Generic Set is also valuable for clinical use in any care setting as it provides initial insight into a person's level of functioning and builds upon the unified language of the ICF that is commonly understood by any health or health-related professional.

The ICF Generic Set is included in a larger set called ICF Disability Set. The ICF Disability Set contains 32 categories: the 7 categories of the Generic Set and 15 additional categories related to body functions and activities and participation and 10 environmental factors that were found to be relevant solely in the clinical population. The Disability Set categories are recommended to be routinely applied for ICF-based reporting in clinical settings.

See "ICF in Black and White" for the publication on the development of the ICF Generic and Disability Sets

## ICF Core Sets for children and youth with cerebral palsy (CP)

The project to develop ICF Core Sets for children and youth (CY) with CP was the first of three projects addressing the pediatric population. It is also the first project to develop separate ICF Core Sets for specific age groups. In June 2013, 26 international experts with various professional and

personal experience with CY with CP decided on 5 ICF Core Sets:

- a comprehensive set covering all the developmental stages from birth up to 18 years of age consisting of 135 ICF categories
- a brief set consisting of 25 ICF categories that are common to describe CY with CP up to 18 years of age
- a 31-category brief set for CY with CP below 6 years of age
- a 35-category brief set for CY with CP ≥6 and <14 years of age
- a 37-category brief set for CY with CP ≥14 and 18 years of age

See the [Branch website](#) for details and “ICF in Black and White” for the publications.

## ICF Core Sets for Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a neurodevelopmental disorder that is generally defined by inattention, hyperactivity and impulsivity. With an estimated worldwide prevalence of 5.3%, ADHD is associated with specific learning disorders, school drop-out, low self-esteem, depression, anxiety, behaviour problems, substance abuse and underemployment. To enable a comprehensive functioning profile of a person with ADHD that goes beyond the diagnosis, Karolinska Institute (Sweden) and the Branch, in collaboration with an international, multiprofessional Steering Committee, have initiated a project to develop ICF Core Sets for persons with ADHD.

The project team has decided to use the ICF version for children and youth (ICF-CY) for the study, since the ICF-CY not only includes all of the categories of the ICF, it also captures the particular characteristics of the developing child into adulthood. See “What’s up at the WHO-FIC” for new information on the ICF-CY.

Regarding the preparatory studies, the systematic literature review was completed and a paper is being drafted. While the expert survey is expected to be completed by the end of the month, the qualitative study will begin the end of 2014 and the empirical, cross-sectional study in Spring 2015. The ICF Core Sets will be decided at a consensus conference planned for April 2016.

## ICF Core Sets for Autism Spectrum Disorder (ASD)

Parallel to conducting the project to develop an ICF Core Set for ADHD, Karolinska Institute and the Branch have also undertaken to develop an ICF Core Set for ASD. Both ADHD and ASD have similarities in terms of impact on a person’s social interaction, activities and participation and quality of life, and many of the experts invited to join the Steering Committee have expertise in both neurodevelopmental disorders.

Like the ADHD project, the ASD project will also use the ICF-CY. The preparatory studies of the ASD project reflects a similar timeline with a delay of 1-2 months.

For more detailed information on both projects, please go to the [Branch website](#) or contact Dr. Elles de Schipper [elles.de.schipper@ki.se](mailto:elles.de.schipper@ki.se).

## ICF Core Sets for schizophrenia

The mental health ICF Core Sets (for depression and bipolar disorders) will soon be complemented by an ICF Core Set for schizophrenia. The aim of the project to develop an ICF Core Set for schizophrenia is to identify indicators of functioning as represented by ICF categories that would enable us to better and more comprehensively understand schizophrenia. Having these “indicators” will provide the foundation for developing a valid and evidence-based questionnaire on functioning of persons with schizophrenia.

Spearheaded by the University of Barcelona and supported by the Branch, the project has progressed with the preparatory studies: The systematic literature review and the expert survey will be finished by October. Focus groups currently being conducted in Spain and in the United States will be completed by the end of 2014 and the multicentre study in February 2015.

The ICF Core Set for schizophrenia will be decided at an international consensus conference planned for May 2015.

For more detailed information, check out the [ICF Research Branch website](#) or contact Prof. Juana Gómez-Benito [juanagomez@ub.edu](mailto:juanagomez@ub.edu).

## WORQ rehabilitation questionnaire

Evolving from the ICF Core Set for vocational rehabilitation (VR) that was developed in 2010, the Work Rehabilitation Questionnaire (WORQ) offers an instrument that can be used to construct a comprehensive functioning profile of clients engaged in VR, and is easy to administer by both professionals and clients (self-report).

The image shows the WORQ questionnaire interface. At the top, there is a scale from 0 to 100, with 'No Problem' at 0 and 'Complete Problem' at 100. Below the scale, the text reads: 'Overall, in the past week, to what extent did you have problems with...'. The questionnaire consists of 13 items, each with two checkboxes: 'No Problem/Complete Problem' and 'Not Applicable'.

Item	No Problem/Complete Problem	Not Applicable
1 ...not feeling rested and refreshed during the day?	<input type="checkbox"/>	<input type="checkbox"/>
2 ...sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?	<input type="checkbox"/>	<input type="checkbox"/>
3 ...remembering to do important things?	<input type="checkbox"/>	<input type="checkbox"/>
4 ...your usual daily activities because you're sad or depressed?	<input type="checkbox"/>	<input type="checkbox"/>
5 ...your usual daily activities because you're worried or anxious?	<input type="checkbox"/>	<input type="checkbox"/>
6 ...losing interest?	<input type="checkbox"/>	<input type="checkbox"/>
7 ...your tempo?	<input type="checkbox"/>	<input type="checkbox"/>
8 ...your self-confidence?	<input type="checkbox"/>	<input type="checkbox"/>
9 ...feeling lonely?	<input type="checkbox"/>	<input type="checkbox"/>
10 ...finding and finding solutions to problems in day-to-day life?	<input type="checkbox"/>	<input type="checkbox"/>
11 ...learning?	<input type="checkbox"/>	<input type="checkbox"/>
12 ...keeping your interest while maintaining a position or doing recreation?	<input type="checkbox"/>	<input type="checkbox"/>
13 ...social activities (WORQ)?	<input type="checkbox"/>	<input type="checkbox"/>

Another reason for developing WORQ was to provide an instrument that could facilitate a biopsychosocial understanding of abilities and functioning problems experienced by VR clients that is shared by diverse stakeholders involved in the VR process.

The development of an initial, interviewer-administered version of WORQ was supported by a grant from suva, Swiss accident insurance, from 2011-2013. Based on knowledge gained in this first phase, a self-reported version of WORQ (WORQ-SR) was developed. The psychometric properties of WORQ-SR are currently being tested in a French version. This project is supported by a second grant from suva.

English and a German versions of WORQ and WORQ-Self can be accessed at [www.mywork.org](http://www.mywork.org).

*Interested in further testing WORQ and WORQ-Self? Kindly contact Dr. Monika Finger [monika.finger@paraplegie.ch](mailto:monika.finger@paraplegie.ch).*

## **Implementation and use of the ICF Core Sets for hand conditions in clinical practice, rehabilitation and research: Lighthouse Project Hand**

In January 2012, the Lighthouse Project Hand started as a cooperation project between the Department of Hand Surgery, Plastic- and Microsurgery, Trauma Hospital Hamburg (Germany) and the Research Unit for Biopsychosocial Health at LMU. The aim of this German Social Accident Insurance (DGUV)-funded project is to operationalize and implement the ICF Core Sets for hand conditions as a monitoring tool in the treatment and rehabilitation of persons with hand conditions along the continuum of care in the institutions of the statutory accident insurance in Germany.

Up to now systematic literature reviews and an expert survey to identify assessment instruments have been performed to operationalize the Brief ICF Core Set for hand conditions. With evidence provided in these studies a multi-step consensus process was carried out to determine instruments that capture the Brief ICF Core Set categories. Forty-one experts in the field of hand conditions determined a two-step ICF-based assessment procedure (screening and detailed clinical assessment).

Using this assessment procedure a multicenter cross-sectional study involving 294 patients at 11 study sites was carried out in 2013. Based on the data obtained an *ICF-based Hand Score* was developed aiming to quantify the functioning status of persons with hand conditions. Besides this, a decision-making process has been established to develop ICF-based treatment guidelines for selected injuries and diseases of the hand.

At the end of 2014 a multicenter longitudinal study will begin that will implement the ICF-based assessment procedure and the treatment guidelines along the continuum of care by employing an electronic data collection tool at selected hospitals.

A German-language website [www.leuchtturmprojekt-hand.de](http://www.leuchtturmprojekt-hand.de) has been created to provide detailed project information including teaching materials, manuals and an elearning tool for clinical practice and research. For English-language information see the [Branch website](#) or contact Dr. Michaela Coenen [michaela.coenen@med.lmu.de](mailto:michaela.coenen@med.lmu.de) directly.

## **Impact of joint contractures on functioning & social participation in older individuals – development of an ICF-based standard set and outcome measure**

Joint contractures are highly prevalent in persons in geriatric care settings. Because they restrict the full range of motion of a joint, joint contractures can have a distinct impact on the person's functioning and quality of life. For this reason joint contractures are defined as quality indicators in long-term-care settings by the German statutory health insurance. Nevertheless, there is neither a common definition of joint contractures nor an adequate body of research addressing its consequences.

To address this knowledge gap the IBE at LMU (Prof. Eva Grill, Dr. Martin Müller), and the Institute for Nursing and Health Sciences at Martin-Luther-University Halle-Wittenberg (Prof. Gabriele Meyer) initiated a 3-step project that was funded by the German Federal Ministry of Education and Research program "Health Services Research" (FKZ: 01GY1113A/B). First, using ICF Core Set development methodology a list of relevant ICF categories from the component of activities and participation was compiled that will serve as a blueprint for describing the impact of joint contractures and to monitor the success of potential interventions. The second step was to develop a standardized scale based on the selected ICF categories. This psychometrically sound scale will ensure quantitative evaluation of patient-relevant outcomes.

From 15-17 May 2014 twenty-four national experts on joint contractures came together to decide on the list of relevant ICF categories and participated in the item writing process. The resulting scale is currently standardized in the form of a questionnaire designed for self-assessment and will be tested in a subsequent validation study.

The research consortium was also successful in securing a second Health Services Research program research grant (FKZ: 01GY1327A/B) to actively use the scale as a primary outcome measure for the validation of a new complex intervention program.

For more information contact Dr. Martin Müller [martin.mueller@med.lmu.de](mailto:martin.mueller@med.lmu.de).

## ICF-based patient education program

In the December 2011 Newsletter a project to develop an ICF-based patient education program targeted at enhancing stroke patients' perceived self-efficacy related to their functioning was introduced. Since then the project has been completed and the results of the randomized multicentre trial were published in the British Journal of Health Psychology. See "ICF in Black and White". Currently, the program is being adapted for caregivers of persons with dementia in the UK and for persons after stroke who are receiving ambulatory rehabilitation in Brazil.

Contact Dr. Carla Sabariego [carla.sabariego@med.lmu.de](mailto:carla.sabariego@med.lmu.de) for more information or to get the patient education material.

## Implementation of the ICF

### Model Disability Survey (MDS) project

The primary motivation for WHO and the World Bank to initiate the MDS project arose from the recognition, clearly enunciated in the 2012 World Report on Disability, that there is a worldwide need to collect comprehensive, comparable and relevant disability information that countries can use with confidence. In addition, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) mandates that those countries who have ratified the CRPD "collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present CRPD".

The development of MDS is grounded in the conscious decision to go beyond the traditional disability data collection strategy of defining a population labelled as 'disabled' in terms of the health conditions or bodily dysfunctions and the difficulties they have as a consequence. Rather the MDS asks people – not previously identified in terms of a health conditions – what they do, or do not do, in their lives.

In preparation for an expert consensus conference an extensive search was carried out to identify disability and population health surveys from countries around the world and a link them to the ICF. This information is available in the web-based repository <http://disabilitysurvey.checkdesign.de/>

The MDS is currently being cognitively tested in Malawi and in the United States, and a first pilot study will take place in August 2014 in Cambodia. Further cognitive testing and pilot implementations are currently being planned in China, Nepal, Philippines, Sri Lanka and Oman.

For more information, see <http://www.maratoneproject.eu/> or contact Prof. Alarcos Cieza [a.cieza@soton.ac.uk](mailto:a.cieza@soton.ac.uk) or Dr. Carla Sabariego [carla.sabariego@med.lmu.de](mailto:carla.sabariego@med.lmu.de).

## Other related projects

### MARATONE (Mental Health Training through Research Network in Europe)

Launched in April 2013 MARATONE is a Marie Curie Initial Training Network project that addresses the need for high-level training and career pathways in mental health to increase the inter-sectorial and trans-national employability of young scientists in the academic, public and private sectors to meet the enormous challenge of the 2009 EU Parliament Resolution on Mental Health. The scientific dimension of MARATONE is composed of 4 research topics that reflect the priority areas set out in this resolution: 1) Mental Health Epidemiology across the Life Span, 2) Depression and Deliberate Self-Harm, 3) Mental Health and 4) Well-Being in Workplace Settings and Human Rights and Combating Stigma and Social Exclusion. The MARATONE outreach activities reflect the objective of increasing public awareness about mental health issues experienced by individuals as well as the impact of mental health on society in Europe.

MARATONE is coordinated by Prof. Alarcos Cieza of the University of Southampton and made up of a consortium of prominent research centres and universities across Europe. The 14 MARATONE early-stage researchers act as ambassadors to spread the word about the importance of mental health issues in Europe.

For more information, see <http://www.maratoneproject.eu> or contact [maratone@soton.ac.uk](mailto:maratone@soton.ac.uk).

## What's up at the WHO-FIC

### ICD-ICF joint use initiative / fTAG

As reported in the last Branch Newsletter, the Branch is involved in the 11th revision of the International Classification of Diseases (ICD-11) within the functioning Topic Advisory Group or fTAG. The ICD-11 revision process is expected to be finalized with its introduction at the World Health Assembly in 2017. In the meantime the work of the fTAG is progressing well. Specifically the task of facilitating the joint use of the ICD and ICF has reached several milestones.

- Publication of paper Towards the joint use of ICD and ICF: A call for contribution in J Rehabil Med. in 2012. See "ICF in Black and White".
- Functioning properties (FP) or ICF categories from the ICF component of activities & participation that were identified for 101 rehabilita-

tion-relevant health have been visible in the ICD-11 beta-browser since March 2014. Some adjustments still have to be made.

A paper following up on the 2012 publication and detailing the outcome of the ICD-ICF initiative will be submitted to a peer-review journal at the end of summer 2014.

## ICF Practical Manual

An exposure draft of the *ICF Practical Manual*, for which Branch Steering Committee member Prof. Judith Hollenweger served as member of the writing team, was presented at the 2013 WHO-FIC Annual Network Meeting in Beijing and has been available on the [WHO website](#) for commenting. Branch contributors sent WHO feedback and comments in May 2014. The final draft is expected to go online by the WHO-FIC annual meeting October 2014 in Barcelona.

## Merger of the ICF and ICF-CY

Available since 2007 the Children and Youth version of the ICF (ICF-CY) follows the same organization and structure as the ICF and as indicated earlier includes all of the ICF categories. Designed to reflect the specific characteristics of the developing child and influence of his/her environment.

“In the interest of a streamlined, comprehensive ICF which adequately addresses all aspects of functioning across the lifespan, the relevant stakeholders have agreed to merge the two classifications back into one while completing other updates and revisions” ([WHO website, 2014](#)). The merger of ICF-CY and ICF was recommended in the June 2010 FDRG mid-year meeting in Madrid and endorsed at the October 2014 WHO-FIC Meeting in Toronto. For details see [paper](#) on the WHO website – citation in “ICF in Black and White”.

## Mobile ICF – Optimizing its development

Increasingly mobile phone applications are used to collect and provide health information and to assist in facilitate decision making. Currently, no mobile applications incorporate the ICF.

The Functioning and Disability Reference Group (FDRG) of the WHO-FIC has initiated an ambitious project to develop a mobile application for ICF, dubbed "mICF" that will assist providers and users of health services in the front line (e.g. patients, parents, health service providers and teachers. It is intended to assist service providers to identify a service user's (e.g. patients, client, child) issues in terms of functioning, as well as personal and environmental factors that are influencing health. This information can then be used to assist service providers with person-centred decision-making. Depending on local legislation, the amalgamation of this data could be used centrally for analysis.

To optimize the development of the mICF, the FDRG is inviting service providers, service users and mHealth specialists to complete an online survey by 31 August 2014. The link to the survey is <http://tiny.cc/icfmobile>.

## ICF in German

Online since June 2012 on the website of DIMDI, the host of the German WHO-FIC collaborating centre, the German version of the ICF offers users a quick and easy way to search ICF categories by entering an ICF code in the given space. The German ICF browser is free to use.

To access the link, go to:

<http://www.dimdi.de/static/de/klassi/icf/kodesuche/index.htm>

## Conference News

### Indo-German Symposium: Innovating Translational Research for Neuro-rehabilitation and Pain Management

From 30 November to 1 December 2013, a symposium on translational research was held in Trivandrum (Kerala) in southern India at the Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), a leading medical and public health academic institution in India. The symposium, sponsored by the German House for Innovation and Research in New Delhi, was a joint effort by Prof. Eva Grill from LMU and Prof. Jagan Mohan Tharakan of SCTIMST.

During this symposium, the Branch Coordinator Melissa Selb, Dr. Alakananda Banerjee from Dharam Foundation of India and Dr. Martin Müller from LMU conducted a workshop entitled “The ICF: Standardizing patient-centered assessment”. The workshop comprised a mini-ICF workshop, a report on the results of the ICF Core Set project for acute care and a presentation on a project on active ageing in India that uses the ICF for documentation purposes. The workshop led to fruitful discussions among the participants about the possible use of the ICF in neurorehabilitation and epilepsy care, and may lead to further collaborations.

### Outcome measurements: Where do we stand, Where should we go?

One of only few presentations addressing a comprehensive perspective of functioning at the 19th Congress of the Federation of European Societies for Surgery of the Hand (FESSH) in Paris, the June 2014 talk given by Dr. Michaela Coenen from LMU during the symposium “Outcome measurements: Where do we stand, Where should we go?” was well received by several participants who were interested in the conceptualization of the ICF and its application and implementation in hand injuries. The talk presented the

project on developing and validating the ICF Core Sets for hand conditions.

## ICF in Black and White

### ICF Core Sets – Manual for Clinical Practice



ICF Core Sets have been facilitating the description of functioning of persons with health conditions in diverse application areas including clinical practice. Since its publication in summer 2012, the book *ICF Core Sets - Manual for Clinical Practice* edited by Alexandra Rauch and Branch Steering Committee members Professors Jerome Bickenbach, Alarcos Cieza and Gerold Stucki, has been translated into German, Italian, Chinese, Korean and Spanish. The Portuguese and Japanese versions will be published soon.

The manual (Bickenbach J, Cieza A, Rauch A, Stucki G. ed. *ICF Core Sets: Manual for Clinical Practice*: Göttingen: Hogrefe; 2012) provides an introduction to the ICF and the development of ICF Core Sets, outlines the types of ICF Core Sets and how to select the appropriate ICF Core Set (or combination thereof) for specific purposes, and contains case examples that highlight the selection and use of ICF Core Sets in 5 different clinical situations. A CD that comprises all of the ICF Core Sets (developed up to April 2012) with descriptions, corresponding documentation forms and the documentation forms used in the case examples is also provided with the book.

See the Branch website for details on accessing the book.

### New publications

Achleitner U, Coenen M, Colombel J-F, Peyrin-Biroulet L, Sahakyan N, Cieza A. Identification of areas of functioning and disability addressed in inflammatory bowel disease-specific patient reported outcome measures. *J Crohns Colitis*. 2012; 6(5): 507-517.

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Ávila C, Cieza A, Anaya C, Ayuso-Mateos JL. The patients' perspective on relevant areas and problems in the bipolar spectrum disorder: individual ICF Research Branch Newsletter / July 2014 Issue

ual interviews using the International Classification of Functioning, Disability and Health as a reference tool. *Am J Phys Med Rehabil* 2012; 91(13 Suppl 1):S181-188.

Ayuso-Mateos J, Ávila C, Anaya C, Cieza A, Vieta E, and the Bipolar Disorders Core Sets Expert Group. Development of the International Classification of Functioning, Disability and Health core sets for bipolar disorders: results of an international consensus process. *Disability and Rehabil.* 2013; 35(25):2138-46.

Ballert C, Oberhauser C, Biering-Sørensen F, Stucki G, Cieza A. Explanatory power does not equal clinical importance: study of the use of the Brief ICF Core Sets for Spinal Cord Injury with a purely statistical approach. *Spinal Cord* 2012; 50(10):734-739.

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