

9. Newsletter

ICF Core Sets Validation Study & EULAR ICF Core Sets Validation Study

December 2006



Receive from all of us warm Season's Greetings!

Dear Partners and Friends,

The year is coming to an end and many goals have been reached in the different ICF Core Sets projects. The team of the ICF Research Branch would like to send you our best greetings for the Season and to inform you on the progress achieved during the last months.

An update on the status of the EULAR and the International ICF Core Sets Validation Studies is provided. At this point we would like to inform you that the data collection deadline for both studies has been extended until the end of 2006. We are also delighted to communicate to you that the ICF Core Sets database currently contains data from over 5000 patients. Once more we extend our gratitude to all of you for your valuable collaboration.

The ICF Research Branch team is planning on having two workshops in Asia to train collaboration partners in that region in the data collection for the International ICF Core Sets Validation Studies. The information regarding these workshops is contained on page 3. The Italian network team as well as the Norwegian network team report on the stand of the ICF Core Sets Validation Study at their sites on pages 3 and 4.

This issue provides information on the progress made in the validation studies from the health professional perspective (page 5) and from the patient perspective (page 6).

Three new ICF Core Sets development projects have been launched. Namely, for patients with malignant tumors of the upper aero-digestive-tract, with sleep disorders and with multiplesclerosis, respectively. A brief description on the standard procedures approved by the WHO for all ICF Core Sets development projects is contained on page 7. This is followed by specific information on each project on pages 8, 9 and 10, respectively.

Monika Scheuringer from the ICF Research Branch and Will Taylor from the Wellington School of Medicine and Health Sciences provide an update on the progress of the development of the ICF Core Sets for Spinal Core Injury (page 10) and the ICF Core Sets in patients with Psoriasis or Psoriatic Arthritis (page 14), respectively. An update on the validation study of the ICF Core sets for Early Rehabilitation is on page 15.

A report on the progress of the Measuring Health and Disability in Europe project (MHADIE) is included on page 16.

The 6th Mediterranean Congress of PMR was held in Algarve. Gerold Stucki and Alarcos Cieza were there to give a talk on the ICF. A briefing of this meeting is to be found on page 17. Nenad Kostanjsek reports on the WHO FIC Network Meeting 2006 on page 18.

As usual, this newsletter also gives an overview of all actual ICF Core Sets projects and international meetings and includes a list of all new publications and a list of all study centers participating in the on going studies.

All best wishes from Munich,
Your ICF Core Set Development Team

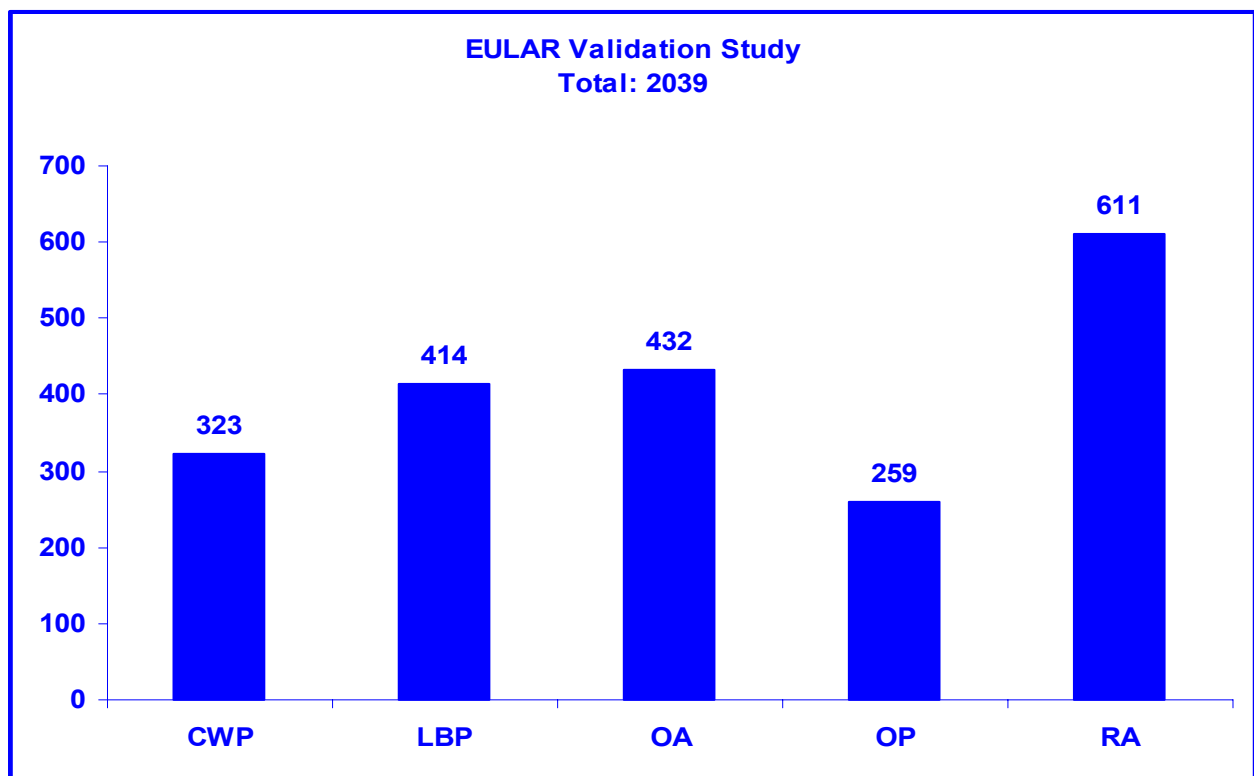
1. EULAR and International ICF Core Sets Validation Study: Project Status

1.1. Data Collection

Up to now we have received a total of **5011** Case Record Forms:

	International	Germany	Total
Breast Cancer	48	156	204
Chronic Ischaemic Heart Disease	76	50	126
Chronic Widespread Pain	153	235	388
Depression	62	33	95
Diabetes Mellitus	136	2	138
Low Back Pain	450	113	563
Obesity	497	40	537
Obstructive Pulmonary Diseases	77	42	119
Osteoarthritis	782	49	831
Osteoporosis	337	23	360
Rheumatoid Arthritis	809	12	821
Stroke	582	247	829
Total	4009	1002	5011

1.2. Data collected up to 20.10.06 on patients with musculoskeletal conditions within the EULAR ICF Core Sets Validation Study



CWP: chronic widespread pain; LBP: low back pain; OA: osteoarthritis; OP: osteoporosis and RA: rheumatoid arthritis.

1.3. Training of Health Professionals

Training of German study centers

Our ICF Training team organized three workshops for the EULAR and the international ICF Core Sets validation studies in 2006. Presumably there will be no further national training workshops for the validation studies.

Nevertheless, ICF workshops, not related to the project, will be periodically offered within the scope of the obligatory further education program for physicians. The topic of the workshops is: "Further training to obtain the qualification certificate according to the Rehabilitation Medicine's regulation in account of the compulsory health insurance (gesetzliche Krankenversicherung, GKV). The next workshop will take place on November 18th, 2006 at the Rehazentrum Wöhrder Wiese in Nuremberg, Germany. For further information please contact Dr. Andreas Winkelmann (awinkelm@med.uni-muenchen.de).

Moreover, ICF workshops for physical therapists will be organized at regular intervals. For information please contact Michaela Kirschneck (Michaela.Kirschneck@med.uni-muenchen.de).

Training of International study centers

Asia

To strengthen the collaboration between the participating study centers in Asia and the ICF Research Branch, Prof. Gerold Stucki and Dr. Alarcos Cieza will make a trip to Wuhan, Bangkok and Kuala Lumpur at the beginning of February 2007. Two training workshops on the ICF Core Sets validation studies and on the use of the ICF in Rehabilitation Medicine are planned to be held. The first workshop will be held in Wuhan, China on February 1st and 2nd. The second workshop will take place in Kuala Lumpur, Malaysia, on February 8th and 9th. If you are interested in participating, please contact: alicia.garza@med.uni-muenchen.de.

1.4. ICF Core Sets Validation Study in Italy: update after 18 months

Giuseppina Majani^o, Maurizio Maini^{*}, Anna Prevedini^o, Anna Giardini^o

Servizio di Psicologia and Unità Operativa di Riabilitazione Specialistica Neuromotoria, Fondazione S. Maugeri (Italy).

The Italian network of the ICF Core Set International Validation Study, involves eleven Italian study centers. The study, partially financed by the Italian Ministry of Health, started in January 2005 with the aim of validating four ICF Core Sets on the Italian population, namely: stroke, osteoporosis, obstructive pulmonary diseases, and chronic widespread pain.

All study centers received the training material including a training video provided by the ICF Research Branch. Dr. Maini - the coordinator of the Italian Project - and his collaborators organized two meetings on January and February 2005 at the Scientific Institute of Montescano – Fondazione S. Maugeri (PV, Italy) to further train the health professionals who were going to fill in case record forms (CRFs). Issues and difficulties connected to the implementation of the ICF and

ICF Core Sets were also discussed. An official document containing information to assure the homogeneity of the data collection was written and distributed to all the participants after the meeting.

The data collection started in April 2005 and will end in November 2006. The data of 259 Italian patients have been collected so far (tab. 1).

Tab. 1 ICF Case Record Forms filled in by the Italian study centres.

Health condition	Total N	Males (N)	Females (N)
Stroke	106	72	34
Osteoporosis	36	1	35
Obstructive pulmonary diseases	64	52	12
Chronic widespread pain	53	15	38
Total	259	140	119

We received the first database containing the data collected in Italy from the ICF Research Branch at the end of May 2006.

The article in Italian language “ICF in ambito neuromotorio e implicazioni psicologiche” (Giardini A. et al) containing the first qualitative considerations about 51 patients with Stroke is now in press in the *Giornale Italiano di Medicina del Lavoro ed Ergonomia*. The potentialities and the limitations related to the implementation of the ICF model in neurorehabilitation with particular regard to the psychological intervention are discussed in this paper. In addition, the usefulness of the ICF model in facilitating the team work and in connecting the different professionals’ perspectives is stressed.

1.5. *The ICF Core Set validation study, report from Norway on low back pain and stroke*

Erik Bautz-Holter (Oslo, Norway)

The Norwegian contribution to the International ICF Core Sets Validation Study initiated by the ICF Research Branch in Munich and WHO comprised the Core Sets for low back pain and stroke. Besides from contributing to the international validation study, the aim of the multicentric study performed in Norway was to evaluate the internal consistency, validity and clinical feasibility of the ICF Core Sets in a Norwegian population and Norwegian health-care settings.

The study was funded by grants from the Directory of Health and Social Affairs. All five health regions in the country participated. Six and four study centres contributed to the data collection of stroke and low-back-pain patients, respectively. The data collection in stroke patients was mainly performed by occupational therapists, physicians, nurses and physiotherapists. The data collection in low-back-pain patients was done by physicians or nurses together with physiotherapists or by exclusively physicians.

Before the data collection started, all health professionals involved attended a conference to obtain information about the ICF, the aims, methods of the study and the procedures regarding

the data collection. Methodological issues, such as the content and meaning of different ICF categories and the use of qualifiers, were discussed during that conference. An additional conference was held at the end of 2005 to exchange experiences and to discuss several methodological issues.

The phase of the data collection is coming to an end. The data of 84 patients with stroke and 99 with low back pain have been collected so far. The mean age of the population with low back was 47 (SD 11) years, with equal gender distribution. The quantification of the problems as mild was the dominating pattern. However, there was considerable variation between the items. The mean age of the stroke population was 62 (SD 12) years, with 2/3 of males. The scoring pattern revealed that many subjects had problems in sensory, muscular and emotional functions. The use of the ICF Core Sets appeared to be quite time-consuming, especially in stroke patients.

The preliminary results of the study were presented to all the persons involved during a final conference on October 23rd, 2006.

A final report will then be written and the results presented on a national conference about the ICF organised by the Directory of Health and Social affairs on November 23rd. Further analyses of the data collected during the study will be considered in cooperation with the ICF Research Branch in Munich.

1.6. Validation of the ICF Core Sets from the perspective of health professionals

The question behind these studies is whether the interventions applied to patients with a specific health condition by different health professions and the intervention-related effects on the patients' functioning and well-being are represented in the ICF categories selected for the corresponding ICF Core Sets. Surveys with experts (physicians, physical and occupational therapists, nurses, psychologists and social workers) according to the Delphi method have been performed during 2005 and 2006. The following Delphi studies have been performed or are in process:

Tab. 2 ICF Core Sets. Surveys with experts:

	Physician	Psychologists	Nurses	Occupational therapists	Physical therapists	Social Worker+
Breast Cancer						√
Chronic Ischaemic Heart Disease						
Chronic Widespread Pain						
Depression						
Diabetes Mellitus	*					
Low Back Pain	*				*	
Obesity						
Obstructive Pulmonary Diseases	*			√		
Osteoarthritis						
Osteoporosis						
Rheumatoid Arthritis	√	√	√	√	√	
Stroke	*			√	√	

√ = process completed; * = process initiated

+ = the validation of the ICF Core Sets from the perspective of social workers have been performed in general without referring to a specific health condition.

For more information please contact Inge Kirchberger (Inge.Kirchberger@med.uni-muenchen.de).

1.7. *Validation of the Comprehensive ICF Core Sets from the Patient Perspective*

Michaela Coenen (Munich, Germany)

One essential key aspect within the process of the validation of Comprehensive ICF Core Sets for chronic conditions is the patient perspective. While the patient perspective has been included implicitly in the ICF (e.g. limitations of activities, restriction of participation, personal factors) and in the development of the ICF Core Sets, the patients are now explicitly involved in the validation process. As standards of functioning and health in research and clinical practice, the ICF Core Sets should address the perspective of those who experience the disease.

To validate the Comprehensive ICF Core Sets for chronic health conditions two of the most broadly used methods in qualitative research - focus groups and individual interviews - are used.

The process of validating the *Comprehensive ICF Core Set for rheumatoid arthritis (RA)** from the patient perspective has already been finalized.

The *Comprehensive ICF Core Set for Chronic Widespread Pain (CWP)** is now in process of being validated from the patient perspective. For this validation study, focus groups with patients with fibromyalgia are currently being performed at the Clinic of Physical Medicine and Rehabilitation at the Ludwig-Maximilian University, Munich, Germany. The validation of the Comprehensive ICF Core Set for DM** will be performed at the Diabetes Centre of Clinic for Internal Medicine at the Ludwig-Maximilian University in collaboration with the ICF Research Branch. This validation study will be initiated within the next few weeks.

To motivate collaboration partners to take the lead of a validation study from the patient professional perspective, the ICF Research Branch performed an international training workshop at the Ludwig-Maximilian University in Munich on September 28 and 29, 2006. Participants from four different countries were present at the workshop. As a result of this workshop further validation studies from the patient perspective are planned for two health conditions. The study on the ICF Core Set for low back pain by Dr. Geza Balint and Agnes Fincziczki from Hungary and the study on the ICF Core Set for stroke will be performed by Markku Paanalanti from Sweden. Dr. Dr. Jürgen Knörzer from Germany will carry out individual interviews with the ICF Core Set for stroke.



From left to right: T. Hale (Australia), A. Cieza (Germany), F. Khan (Australia), T. Stamm (Austria), J. Knörzer (Germany), C. Hipler (Germany), T. Bossmann (Germany), S. Pauló (Hungary), A. Finciczki (Hungary), M. Paanalahti (Sweden), and M. Coenen (Germany).

Participants in the training workshop Validation of ICF Core Sets from the patient perspective, September 28-29, 2006.

* partially funded by the Bundesverband der Deutschen Rheuma-Liga e.V.

** partially funded by the Deutsche Diabetes-Stiftung

2. Report on further ICF Core Sets projects

2.1. *Standard Procedures for the Development of ICF Core Sets*

All ICF Core Sets development projects follow the standard procedures approved by the WHO, which can be summarized as follow:

Background

The International Classification of Functioning, Disability and Health (ICF) offers a framework for a comprehensive understanding of the components of health. The ICF is based on the bio-psycho-social model covering functioning and disability with its components Body Structures and Functions, Activities and Participation as well as Personal and Environmental Factors.

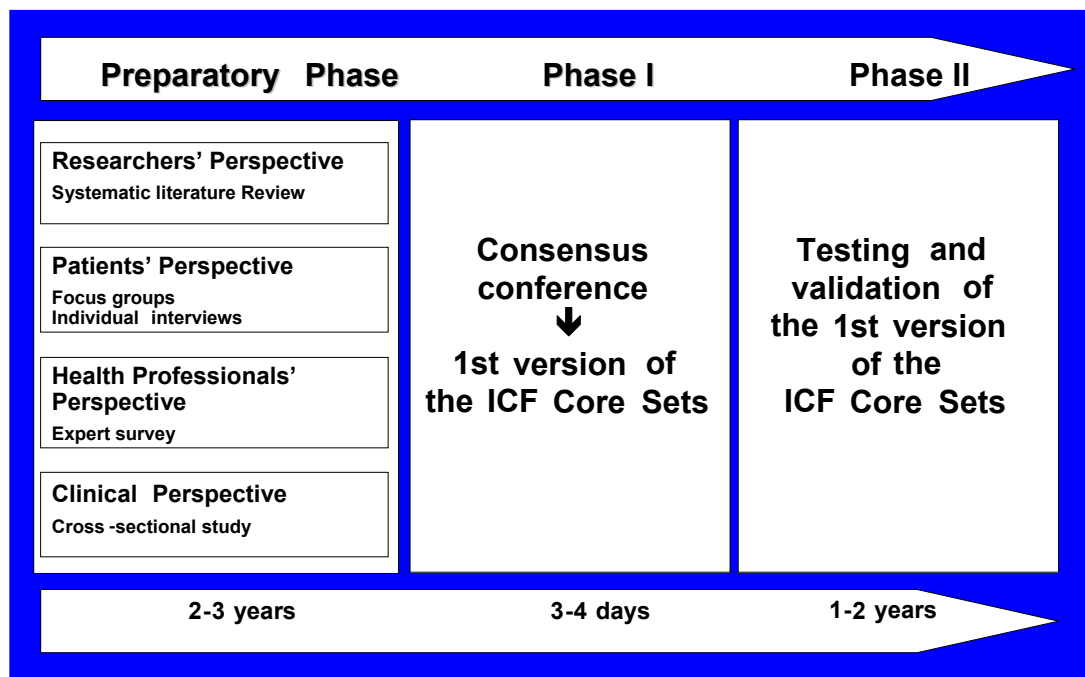
The ICF is intended for use in multiple sectors that include, besides health, education, insurance, labor, health and disability policy, and statistics. All member states of the World Health Assembly are called upon to implement the ICF in all these fields. However, since the ICF is a very comprehensive classification with more than 1400 so-called ICF categories, it has to be tailored to suit these specific applications.

In the clinical context, ICF Core Sets are being developed to make the ICF classification practical for clinical encounters.

Methods

ICF Core Sets are defined during a consensus conference, based on the evidence from preliminary studies, namely: a) a systematic literature review regarding the outcomes used in clinical trials and selected observational studies, b) focus groups/individual interviews involving patients in different world regions, c) an expert survey with involvement of international clinical experts in the field and d) a cross-sectional study involving patients in different world regions (see Figure 1).

Fig. 1 Project Phases and time table: the Development of ICF Core Sets



Importance

ICF Core Sets are useful standards for research, clinical practice and teaching. They are useful for the description of patient's problems, resources and needs, the assignment to professional interventions and the evaluation of treatment outcome. They facilitate the multi- and interdisciplinary team work. Finally, they may be used for the prediction of resource utilization and the development of reimbursement algorithms.

2.1.1. Development of ICF Core Sets for patients with malignant tumors of the upper aero-digestive-tract

Uta Tschiesner, MD (Munich, Germany)

Most malignant tumors of the upper aero-digestive-tract are located in the oral cavity, the oro- and hypopharynx and the larynx. Symptoms depend on the localization and size of the tumor. Common problems in functioning of the patients suffering from this cancer are hoarseness and other speech deficiencies, inspiratory dyspnoe, decreased mouth opening, trouble with food

intake including social eating and even a complete incompatibility of swallowing, as well as localized pain, paresthesia and paretic muscle function. Bleeding may occur due to erosion of the great arteries in the anterior neck region. Indolent nodules arise at the head and neck due to primary tumor growth or nodal metastasis. The patients who survive frequently have altered appearances and/or disabilities associated with treatment.

Despite all these manifestations, problems in functioning related to tumors of the upper aero-digestive-tract are often not comprehensively considered in clinical practice and research. To change this situation, the ICF Core Sets for malignant tumors of the upper aero-digestive-tract are being developed.

The project is being performed in collaboration among the Department of Otorhinolaryngology and the ICF Research Branch at the Ludwig-Maximilian University in Munich and the Classification, Assessment and Surveys (CAS) team at WHO. The project is being funded by the Deutsche Krebshilfe e.V., a German well-known non-profit organization against cancer.

The development of ICF Core Sets for patients with malignant tumors of the upper aero-digestive-tract follows the standard protocol described above and will be an inclusive and open process involving patients and different kinds of health-care professionals, namely, surgeons, radiotherapists, oncologists, psychologists, nurses, speech and swallowing rehabilitation therapists and social workers. Health professionals and patients are invited to actively participate. For further information please contact: [Elisabeth Linseisen](#) or [Uta Tschiesner](#).

2.1.2. Development of ICF Core Sets for sleep disorders

Christine Boldt, Felix Gradinger (Nottwil, Switzerland) and Armin Stucki (Bern, Switzerland)

The recognition of the importance of systematically assessing symptoms, functional limitations and quality of life to optimise the management of patients with sleep disorders is influencing the clinical practice and research in the field of sleep medicine. Sleep disorders may be the main and solely clinical presentation in a patient or a symptom or sign of another health condition like spinal cord injury, chronic widespread pain and depression. Patients in all different health care situations – acute, rehabilitation and community – may suffer from sleep disorders. Irrespective of the clinical context and health-care situation in which sleep disorders manifest, an in-depth understanding, systematic consideration and solid description of the problems associated to sleep disorders are necessary. To reach this aim ICF Core Sets for sleep disorders are being developed.

The project is being developed in cooperation with the ICF Research Branch at the Ludwig-Maximilian University in Munich, the Classification, Assessment and Surveys (CAS) team and the Disability and Rehabilitation (DAR) team at the WHO, the World Association of Sleep Medicine

(WASM) and the International Society of Physical Medicine and Rehabilitation (ISPRM) and partner institutions across the world.

The development of ICF Core Sets for Sleep for sleep disorders is partially funded by the Swiss Paraplegic Foundation and is coordinated by the Swiss Paraplegic Research.

The development of ICF Core Sets for sleep disorders is an inclusive and open process. Anyone interested to participate actively in this process is invited to contact the project coordinator Felix Gradinger (felix.gradinger@paranet.ch) from the Swiss Paraplegic Research. Individuals, institutions and associations can be formally associated as partners of the project.

2.1.3. Development of ICF Core Sets for Multiple Sclerosis

Jürg Kesselring (Valens, Switzerland), Michaela Coenen (Munich, Germany)

Multiple sclerosis (MS) can follow a variety of clinical courses and is unpredictable in terms of prognosis. Problems in functioning in MS can vary widely from time to time in a given individual and from individual to individual. Among the most common problems, with varying degrees of severity, are fatigue, weakness, impaired balance and gait, spasticity, tremor and ataxia, problems with vision, compromised cognition, bladder, bowel and sexual dysfunction, and sensory impairment, especially numbness or parasthesias. These manifestations, in various combinations, can have significant impact on independence, employability, activities of daily living and overall quality of life.

Since functioning is an important outcome for individuals with MS, the ICF Core Sets for MS are being developed to link this health condition to salient ICF categories of functioning.

The project is being funded by the Hertie Foundation and is a cooperative effort of the Department of Neurorehabilitation at the Valens Rehabilitation Centre in Switzerland, the ICF Research Branch of the WHO at the Ludwig-Maximilian University in Munich, the Classification, Assessment and Surveys (CAS) team at WHO, the Swiss MS Society, the Multiple Sclerosis International Federation (MSIF), the International Society of Physical Medicine and Rehabilitation (ISPRM) and partner institutions across the world.

To perform the preparatory studies, we are looking for collaboration partners regarding the data collection for the empirical cross-sectional study and/or the qualitative study using focus groups and individual interviews. If you are interested to participate in this project please contact: michaela.coenen@med.uni-muenchen.de

2.2. *Update on the Development of ICF Core Sets for Spinal Cord Injury (SCI)*

Monika Scheuringer (Munich, Germany) monika.scheuringer@med.uni-muenchen.de

It is our pleasure to inform you that the Empirical Study, the Focus Groups/Semi-structured Interviews, the Systematic Review and the Expert Survey are under way. We would like to thank all the people involved in this project for their enthusiasm.

Gerold Stucki and Monika Scheuringer introduced the project in the workshop 'From Theory to Practice: Development of ICF Core Sets for SCI and Practical Tools based on the International Classification of Functioning (ICF)' to attendees of the 2nd joint meeting of ISCoS and ASIA in June 2006. Luc Noreau from the Centre interdisciplinaire de recherche en réadaptation et intégration sociale (Université Laval) initiated this workshop and we would like to thank him for giving us the opportunity to present our work at this meeting.

Please notice that the article describing the methods applied in this project was published in Spinal Cord in September 2006 (<http://www.nature.com/sc/journal/v44/n9/index.html>). It was decided that the International ICF Consensus Conference will be held at the Swiss Paraplegic Research Nottwil (Switzerland) on November 15th to 18th, 2007.

2.2.1. *Systematic Review*

Marcel Post and Marieke Wollaars from the Revalidatiecentrum De Hoogstraat, The Netherlands, perform the Systematic Review. The objective of the Systematic Review is to explore relevant problems of individuals with spinal cord injury based on the outcomes used in studies involving individuals with SCI.

A workshop on the principles of systematic literature reviews performed within ICF Core Set development took place at the Swiss Paraplegic Research from 10th to 12th October 2006. The lecturers were Szilvia Geyh and Monika Scheuringer from the ICF Research Branch in Munich. Marcel Post and Marieke Wollaars as well as participants from other ongoing ICF Core Set projects attended the workshop. The fruitful discussions among the participants resulted in a preliminary definition of the eligibility criteria for the literature search as



From left to right on the back row: Marcel Post, Marieke Wollaars, Jan Reinhardt, Michaela Coenen, Alexandra Rauch; front row: Christine Boldt, Monika Scheuringer and Szilvia Geyh.

Participants of the workshop 'Systematic Review' at Nottwil, Switzerland, 11th October 2006.

well as in a preliminary consensus of which information should be extracted from the included studies. In a next step, Marcel Post and Marieke Wollaars will start developing the search strategy in November 2006 and it is expected the data analysis to be finished by June 2007.

2.2.2. Expert Survey

In May 2006 we started with the recruitment of health professionals experienced in the care for individuals with SCI. Over 450 health professionals with different professional backgrounds from over 25 countries agreed to participate in the Expert Survey. We randomly selected 236 people out of them and asked them to fill in the questionnaire consisting of six open-ended questions. This internet survey was conducted from August to October 2006. We would like to thank all people who agreed to participate as well as who filled in the questionnaire for their commitment to this important study.

The data analysis is under way and we intent to complete it in March 2007. Students from the Universities for Applied Sciences Hildesheim and Freiburg as well as researchers from further ongoing ICF Core Set projects attended a workshop in August 2006. The aim of the workshop was to introduce to the analysis of the responses retrieved from the Expert Survey. Totally, 8 participants were at the ICF Research Branch in Munich from June 31st to August 3rd 2006. We thank all of them for the enthusiastic atmosphere during the workshop and their extremely valuable support in the analysis of the participants' responses.



Figure2: Participants of the workshop 'Expert Survey' at Munich, Germany, 2nd August 2006 (from left to right, back row: Michaela Coenen, Sara Mai Nguyen, Annegret Stach, Karin Forberger, Christian Müller, Jovita Faedi, Sven Becker; front row: Schrader Silke, Monika Scheuringer, Andrea Glaessl, Bettina Bauernfeind)

2.2.3. Empirical Study & Focus Groups/Semi-structured Individual Interviews

The African world region is from now on represented in the project through the collaboration with Rob Campbell who was assigned Regional Project Coordinator of this region in September 2007. All parties involved in the project are proud that all six world regions are now represented in the project.

A workshop will be held by Monika Scheuringer and Gerold Stucki in Port Elizabeth/South Africa in December 2006. The aim of the workshop is to train the health professionals involved in the data collection in the principles of the ICF and the data collection procedures of the Empirical Study and the Focus Groups/Semi-structured Interviews. For further information, please contact Monika Scheuringer (monika.scheuringer@med.uni-muenchen.de).

In June 2006, Monika Scheuringer performed a workshop to train the health professionals who are involved in the data collection process in Israel, Germany and Denmark. Totally, five participants were at the Swiss Paraplegic Research in Nottwil from June 2nd to 3rd 2006.



Figure3: Participants of the ICF training course and members of the Swiss Paraplegic Centre team at Nottwil, Switzerland, 2nd June 2006 (from left to right: Katja Hagemann Nielsen, Janni Sleimann Steen, Franz Michel, Dörte Hegemann, Manuel Zwecker, Irma Stierle, Michael Baumberger)



Figure4: Participants of the ICF training course at Sao Paulo, Brazil, July 2006 (from left to right: Júlia Maria D'Andréa Greve, Daniel Rubios de Souza, Susan Charlifue, Anita Castro)

Susie Charlifue, the Regional Project Coordinator of the world region The Americas, performed one workshop at the University Hospital of Sao Paulo (Brazil) and at the GF Strong Rehab Centre Vancouver (Canada). Apichana Kovindha, the Regional Project Coordinator of the South East Asian Region, performed one workshop at the Indian Spinal Injuries Centre (ISIC) in New Delhi (India). Nazirah Hasnan, who is the study director of the empirical study at the University Malaya Medical Center (Kuala Lumpur/Malaysia), joined this workshop.

Anne Sinnott, performed one workshop at the Auckland Spinal Rehabilitation Centre (New Zealand). She plans to perform a further workshop at the Victorian Spinal Cord Service in Melbourne (Australia) in autumn 2006. The purpose of these workshops is to train the interviewers of the study centres in the principles of the ICF and the data collection procedures of the Empirical Study.

The data collection within the Empirical Study and the focus groups/semi-structured individual interviews is under way and it is expected the data collection to be finished in May 2007. Many thanks to all people involved in the data collection within these two studies for the great job they have done so far.

2.3. Update on development of an ICF Core Set in patients with Psoriasis or Psoriatic Arthritis

Dr. Will Taylor (Wellington, New Zealand)

The Core Sets project for psoriasis and psoriatic arthritis has been proceeding steadily. To date, the following studies have been completed: Delphi consensus exercise for health professionals (psoriasis and psoriatic arthritis), focus groups of patients with the health conditions (psoriasis and psoriatic arthritis), and literature reviews of outcome measures (psoriasis and psoriatic arthritis). However, full reports of the results are not yet prepared. Data collection for the empiric study using an extended ICF checklist is shortly commencing for psoriatic arthritis in 5 centres across UK, NZ, North America and Australia. Presentations relating to these studies have been made at the following meetings: OMERACT 8 (May 2006), PsA - a therapeutic update (August 2006), Canadian Association of Occupational Therapists Conference (June 2006). The focus

groups study in psoriatic arthritis was conducted by Tanja Stamm in Vienna, and this work has been accepted for publication by Arthritis Care and Research: Stamm TA, Nell V, Mathis M, Coenen M, Aletaha D, Cieza A, Stucki G, Taylor W, Smolen JS, Machold KP. Concepts Important to People with Psoriatic Arthritis are not Adequately Covered by Standard Measures of Functioning. Arthritis Care Res 2006 (in press). A further paper describing the development process for this ICF Core Sets project has been prepared but not yet accepted for publication.

2.4. Update on the validation study of the ICF Core sets for the acute hospital and early post-acute rehabilitation facilities

Martin Müller (Munich, Germany)

A multicentre study with study centres in Austria, Switzerland and Germany is being carried out by the ICF Research Branch team led by Dr. Eva Grill to validate the first version of the ICF Core Sets for the acute hospital and early post-acute rehabilitation facilities adopted at the consensus conference on the autumn of 2003. Data from almost 1000 patients treated in acute hospitals and early post-acute rehabilitation facilities have been collected. Half of the 14 study centres involved have already finalized the corresponding data collection.

At this point, we would like to express our sincere thanks to the following study centres for their valuable collaboration:

- Allgemeines Krankenhaus der Stadt Wien, Universitätsklinik für Physikalische Medizin und Rehabilitation, *Austria*
- Geriatrie Klinik Rosenheim, *Germany*
- Geriatriische Klinik Würzburg, *Germany*
- Kaiser-Franz-Josef-Spital Wien, Institut für Physikalische Medizin, *Austria*
- Klinikum der Universität München, Klinik und Poliklinik für Physikalische Medizin und Rehabilitation, *Germany*
- Klinikum Ingolstadt, Institut für Physikalische und Rehabilitative Medizin, *Germany*
- Klinikum Nürnberg, Klinik für Physikalische Medizin und Rehabilitation, *Germany*
- Krankenhaus München-Schwabing, Klinik und Poliklinik für Physikalische Medizin und Rehabilitation, *Germany*
- Malteser Krankenhaus Bonn-Hardtberg, *Germany*
- Medizinische Hochschule Hannover, Klinik und Poliklinik für Physikalische Medizin und Rehabilitation, *Germany*
- Orthopädische Universitätsklinik Heidelberg, *Germany*
- Sophienspital Wien, Institut für interdisziplinäre Rehabilitation in der Geriatrie, *Austria*
- Universitätsspital Zürich, Rheumaklinik und Institut für Physikalische Medizin, *Switzerland*

The ICF continuously gains importance within the health care professionals in the German-speaking countries and is often a theme of discussion. A paper on “The Use of the ICF in Health Care” has been published in German language with the involvement of scientists from the ICF Research Branch: Batholomeyczik, S., C. Boldt, E. Grill und P. König (2006): Entwicklung und Anwendung der ICF aus der Perspektive der Pflege – Positionspapier der deutschsprachigen Arbeitsgruppe „ICF und Pflege“. Pflegezeitschrift 59. Jahrg. 9/2006

3. Update on the “Measuring Health and Disability in Europe” (MHADIE) project

All sixteen partners of the MHADIE project met in Ljubljana, Slovenia, from November 22nd to 25th 2006. The meeting was organized and hosted by Prof. Crt Marincek from the Institute for Rehabilitation in Ljubljana. During the meeting all the partners reported on the milestones accomplished during 2006 and discussed the next steps.



Partners and participants of the MHADIE Meeting from November 22nd to 25th.

This meeting in Ljubljana was also the frame of a half-day conference on *Health and Disability Policy Development* with representatives of the Slovenian Ministry of Labour, Family and Social Affairs and outstanding speakers from WHO, the EU Commission and the Patients with Disabilities Organization.

For further information on the project and the meeting please visit www.mhadie.it

4. International Meetings

4.1. *Report from the meeting of the European Mediterranean Forum in collaboration with the meeting of the International Society of Physical and Rehabilitation Medicine (ISPRM) in Vilamoura, Portugal. From October 18-21, 06 by Gerold Stucki*

The ICF is relevant across the different sectors including health and medicine, education, labour and social affairs. The ICF Core Sets are mainly being developed to serve as standards for clinical practice, research and statistics within the health sector and medicine. However, the ICF Core Sets will also be relevant for users across the other sectors. This is particularly true for professionals, researchers and governmental officials who are focusing on the rehabilitation strategy which complements the preventive, curative and supportive strategies.



It comes, therefore, as no surprise that professional scientific societies committed to rehabilitation have been among the most active in the application and further development of the ICF for their clinical work, research and statistics.

Among the many committed societies working with WHO and more specifically, with the ICF Research Branch in Munich, in the development of practical tools for clinical practice, research and statistics, the international Society of Physical and Rehabilitation Medicine stands out since it has been the first to be involved in the process and since the beginning has been a main contributor. At all its meetings over the last years, ISPRM has had a focus on the ICF. In its recent meeting in collaboration with the Mediterranean forum, Dr. Alarcos Cieza held a workshop on the ICF and the ICF Core Sets Project. The Mediterranean forum under the leadership of Prof. Haim Ring discussed the application of the ICF across the Mediterranean countries in an interesting session with presenters from different professional backgrounds. I myself was honoured by being given an honouree membership of the Portuguese Society and being elected into the president's cabinet of ISPRM as vice-president. I and the team at the ICF Research Branch in Munich consider these honours as a motivation for continue working together with all of you who are part of the ICF Core Set Collaborating Network in the further development of practical tools to facilitate practice, research and health statistics.

The meeting in Vilamoura was also most fruitful with regard to our publication efforts. The International Society of Physical and Rehabilitation Medicine (ISPRM) has decided to nominate the *Journal of Rehabilitation Medicine* as its second official journal in addition to the well established collaboration with the *Journal of Disability and Rehabilitation* under the leadership of

Dave Müller. The ICF Research Branch in Munich is most pleased about this development since Professor Gunnar Grimby, the editor of the Journal of Rehabilitation Medicine, has made the Journal of Rehabilitation Medicine a journal which does not only cover professional science, but also human functioning science and integrative rehabilitation science. Both editors, Dave Müller and Gunnar Grimby, were participating in an interesting session with other editors including Dr. Stefano Negrini from Europa Medicophysica. Among the many discussed issues I would like to mention the progress of Europa Medicophysica which is also the official journal of the Mediterranean forum. It is now listed on the journal index and will hopefully soon have an impact factor. Dr. Stefano Negrini expressed his interest in ICF related publications, particularly from the Mediterranean region, obviously from any other world region as well.

The last point brings me to an important encouragement. I myself and the team at the ICF Research Branch in Munich strongly encourage and support publications reporting setting and country-specific data from the testing and validation studies. Regional journals such as the Europa Medicophysica would be most appropriate journals for the reporting and discussion of the country-specific experiences. Please do not hesitate contacting us regarding envisioned publications and to discuss the suggestion of a potentially interesting journals.

Finally, I would like to thank our friends from the Portuguese Society under the leadership of Dr. George Lains, Pedro Cantista and Catarina Branco for their hosting of the Vilamoura congress and their friendship.

5. Report on WHO FIC Network Meeting 2006, Tunis **Nenad Kostanjsek, CAS Group, WHO (Geneva, Switzerland)**

The meeting reviewed the progress on the following four strategic directions for ICF implementation:

Health and Disability Statistics: The WHO/ United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) project on improving disability statistics was completed. The project involved 20 countries from the Asia-Pacific region and provided the following results:

- An ICF based set of questions for use in census and surveys was recommended for the UNESCAP region. This set of questions has been developed and tested in five pilot countries.
- An ICF Disability Statistics Training Manual has been published.
- United Nations Statistical Institute for Asia and the Pacific (UNSIAP) established a 5-day Training Course on Disability Statistics based on the ICF framework.



ICF implementation and statistics: the use of the ICF has improved the availability, quality and comparability of statistics on functioning and disability, and also strengthened the measurement of functioning and disability in health statistics.

Health outcome measurement: The ICF based WHO Disability Assessment Schedule II (WHO DAS II) have been adopted as outcome measure in the WHO Projects such as Global Programme to Eliminate Lymphatic Filariasis and in the Tsunami Recovery Impact Assessment and Monitoring System.

In collaboration with the Occupational Health Unit in WHO the establishment of a Health and Productivity data consortium using the WHO Health and Productivity Questionnaire (WHO HPQ) is explored.

Disability Evaluation: Progress in aligning the disability certification process with the ICF framework was reported from ongoing projects in Greece, Germany, Tunisia and the US.

Beyond it progress was also reported from ICF applications in the areas of education as well as labour and employment.

Support of ICF implementation:

The meeting recommended the review and further improvement of the ICF INFO database. The final version of the database will be hosted on the WHO FIC website with linkages to a mirror website in each of the Collaborating Centres. In a second step criteria and an approach will be developed to identify lessons learned and best practice in implementation of ICF.

ICF Children and Youth version (ICF CY)

After finalization of the review process, the meeting recommended the adoption of ICF-CY as a derived classification to the WHO-FIC family. The meeting thanked the Working Group for the development of the ICF-CY.

The following features of ICF-CY were highlighted:

- It has specific extensions for application to children and youth
- It captures developmental aspects of health and disability
- It is a derived classification and therefore can be “rolled up back” to the original ICF
- It has identified features that have to be addressed in the original ICF

Functioning and Disability Reference Group (FDRG)

Ros Madden and Gerold Stucki were elected co-chairs of the FDRG. The purpose of this group is to promote the use and improve international comparability of functioning and disability data by establishing standardised application of the ICF, make suggestions on the coding guidelines, linkages to the assessment strategies and creating a unifying strategy for common applications.

The group elaborated the following areas of work:

1. Development of principles, guidelines and coding rules for the use of the ICF
2. Recommendations on the update of the ICF (see below)
3. Development of the implications of the ICF for the ICD-11
4. Further develop the principles for the use of the ICF in measurement and statistics
5. Education materials (see below)
6. Ethical implications of the ICF
7. Operationalisation of the environmental factors
8. Terminologies

ICF Updating

Within the FDRG, an ICF update task group was established. Under the leadership of the WHO Classification Assessment and Terminology (CAT) group, the task group will create a platform for starting the ICF update and perform proposals for the update of the ICF-CY within the next year.

ICF Training and Education:

The FDRG recommended the creation of an inventory of ICF training and education initiatives that should be hosted at the WHO FIC website and to develop a generic ICF training application in conjunction with the WHO FIC education tool

6. Actual projects overview

Name	Associations involved	Contact person
Branch Projects:		
ICF Core Sets multicenter international validation study	Partners to be found under: http://www.inif.org/aboutus/partners.htm	Alicia Garza Michaela Kirschneck
EULAR - European validation of the ICF Core Sets for five musculoskeletal diseases	The European League Against Rheumatism EULAR	Alicia Garza Till Uhlig Annelies Boonen, MD, PhD Tanja Stamm, MPH, MBA Valerie Nell
Validation of the Comprehensive ICF Core Set from the Patient Perspective		Michaela Coenen, MPH
Validation of the ICF Comprehensive Core Set from the perspective of Health Professionals		Dr. Inge Kirchberger, MPH
Development of ICF Core Sets for Multiple Sclerosis (MC)	Multiple Sclerosis International Federation	Michaela Coenen, MPH
Development of ICF Core Sets for Manual Medicine	Swiss Association of Manual Medicine (SAMM)	Dr. Inge Kirchberger, MPH
Development of ICF Core Sets for Spinal Cord Injury (SCI)	International Spinal Cord Society (ISCoS) Swiss Paraplegic Research	Monika Scheuringer, MPH
Cooperation Projects:		
Development of an ICF Core Set in patients with Psoriasis or Psoriatic Arthritis	GRAPPA	Dr William Taylor
Development of the ICF Core Sets for Ankylosing Spondylitis	ASessment in Ankylosing Spondylitis (ASAS)	Annelies Boonen, MD, PhD
Development of the ICF Core Sets for Bipolar Disorders	International Society for Bipolar Disorders (ISBP)	Prof. Eduard Vieta
Development of ICF Core Sets for Sleep	Swiss Paraplegic Research	Felix Gradinger
Development of the ICF Core Sets for Lupus Erythematoses (SLE) and Systemic Sclerosis (SSc)	EUSTAR	Tanja Stamm, MPH, MBA
Development of ICF core Sets for patients with malignant tumors of the upper aero-digestive-tract	Deutsche Krebshilfe	Elisabeth Linseisen Uta Tschiesner, MD
Development of ICF Core Sets for Vision	Augenklinik LMU München The International Society for Low-vision Research and Rehabilitation	Dr. Stephan Fröhlich
Measuring Health and Disability in Europe: supporting policy development (MHADIE)	MHADIE	Dr. Alarcos Cieza, MPH Andrea Glaessel (BSc.PT)

For more information visit our website: www.icf-research-branch.org

7. New Publications of members of the ICF Research Branch

Bartholomeyczik S, Boldt C, Grill E, König P.

Entwicklung und Anwendung der ICF aus der Perspektive der Pflege - Positionspapier der deutschsprachigen Arbeitsgruppe „ICF und Pflege“.

[Development and use of the ICF from the nursing point of view - a position statement of the German speaking working group „ICF and nursing“]

Pflege Z. 2006. 59(9): p. 1-7. German.

[Biering-Sorensen F, Scheuringer M, Baumberger M, Charlifue SW, Post MW, Montero F, Kostanjsek N, Stucki G.](#)

Developing core sets for persons with spinal cord injuries based on the International Classification of Functioning, Disability and Health as a way to specify functioning.

Spinal Cord. 2006 Sep;44(9):541-6.

PMID: 16955074 [PubMed - in process]

[Cieza A, Geyh S, Chatterji S, Kostanjsek N, Ustun BT, Stucki G.](#)

Identification of candidate categories of the International Classification of Functioning Disability and Health (ICF) for a Generic ICF Core Set based on regression modelling.

BMC Med Res Methodol. 2006 Jul 27;6:36.

PMID: 16872536 [PubMed - indexed for MEDLINE]

[Finger ME, Cieza A, Stoll J, Stucki G, Huber EO.](#)

Identification of intervention categories for physical therapy, based on the international classification of functioning, disability and health: a delphi exercise.

Phys Ther. 2006 Sep;86(9):1203-20.

PMID: 16959669 [PubMed - in process]

[Grill E, Stucki G, Scheuringer M, Melvin J.](#)

Validation of International Classification of Functioning, Disability, and Health (ICF) Core Sets for early postacute rehabilitation facilities: comparisons with three other functional measures.

Am J Phys Med Rehabil. 2006 Aug;85(8):640-9.

PMID: 16865018 [PubMed - indexed for MEDLINE]

[Schonrich S, Brockow T, Franke T, Dembski R, Resch KL, Cieza A.](#)

Analyzing the content of outcome measures in clinical trials on irritable bowel syndrome using the international classification of functioning, disability and health as a reference.

Rehabilitation (Stuttg). 2006 Jun;45(3):172-80.

PMID: 16755436 [PubMed - indexed for MEDLINE]

Stucki Gerold, Boonen Annelies, Cieza Alarcos, Boers Maarten

The World Health Organisation International Classification of Fuctioning, Disability and Halth (ICF): a conceptual model and interface for the OMERACT process

van Echteld I, Cieza A, Boonen A, Stucki G, Zochling J, Braun J, van der Heijde D.

Identification of the Most Common Problems by Patients with Ankylosing Spondylitis Using the International Classification of Functioning, Disability and Health.

J Rheumatol. 2006 Oct 1; [Epub ahead of print]

PMID: 17013999 [PubMed - as supplied by publisher]

[Zochling J, Grill E, Scheuringer M, Liman W, Stucki G, Braun J.](#)

Identification of health problems in patients with acute inflammatory arthritis, using the International Classification of Functioning, Disability and Health (ICF).

Clin Exp Rheumatol. 2006 May-Jun;24(3):239-46.

PMID: 16870089 [PubMed - in process]

8. Study Centers International ICF Core Sets Validation Study

New Study Centers are grey shadowed.

EULAR Study Centers are marked with a thick blue frame.

Argentina	
Hospital San Juan Bautista Calle Dr. Julio Herrera 432 Barrio Judicial 4700, Catamarca <i>Dr. Sergio Miguel Toloza</i>	
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Donauspital Physical Medicine & Rehabilitation Langobarelenstrasse 122 A-1220 Wien <i>Dr. Christine Prager</i>	Kaiser-Franz-Josef-Spital/ SMZ Süd Institut für Physikalische Medizin Kundratstrasse 3 1100 Vienna <i>Prof. Dr. Michael Quittan</i>
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Bone and Cartilage Metabolism Unit CHU Centre – Ville <i>Prof. Jean-Yves Reginster</i>	Kuleuven Department of Rheumatology <i>Prof. Frank Luyten</i> <i>René Westhofen</i>
University of Liege Department of Public Health, Epidemiology and Health Economics <i>Prof. Olivier Bruyère</i>	
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Al Azhar University Department of Rheumatology <i>Prof. Hammoud Hesham Salah</i>	
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<p>Klinikum Bremen-Ost Institut für Physikalische und Rehabilitationsmedizin Züricher Str. 40 28325 Bremen <i>Dr. Rudolf Siegert</i></p>	<p>Landeslinik Teupitz Buchholzer Str. 21 15755 Teupitz <i>A. Hamann</i></p>
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<p>Medizinische Hochschule Hannover Institut für Balneologie und Medizinische Klimatologie Carl-Neuberg Str. 1 30625 Hannover <i>Univ.-Prof. Dr. med. Gutenbrunner</i></p>	<p>Medical Park St. Hubertus Sonnenfeldweg 29 83707 Bad Wiessee <i>Dr. med. K. Botchen</i></p>
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Kocatepe University Physical Medicine and Rehabilitation Afyon <i>Dr. Deniz Evcik</i> <i>Prof. Vural Kavuncu</i>	Marmara University Hospital Physical Medicine & Rehabilitation Tophancioğlu Cad. 13/15 81190 Altunizade, Istanbul <i>Prof. Gülseren Akyüz</i>
Validebag Ogretmenler Hastanesi Physical Medicine & Rehabilitation Istanbul <i>Dr. Yildiz Kardas</i>	
UK	
Brunel University School of Health Science and Social Care Osterly Campus, Borough Road, Isleworth TW7 5DU Middx <i>Ms Stephanie Tempest</i>	King's College London Department of Rheumatology <i>Prof. David Scott</i>
Manchester Metropolitan University Physiotherapy Hatersage Road, Elizabeth Gaskell Campus, Manchester M13 0JA North West <i>Dr. Yohannes Abebaw</i>	Royal Cornwall Hospital Rheumatology TR1 3 LJ Truro, Cornwall <i>Prof. Anthony D. Woolf</i>
University of Leeds Academic Unit of Musculoskeletal and ... <i>Prof. Philip Helliwell</i>	University of Manchester Epidemiology and Health Sciences <i>Prof. Gerry J. Macfarlane</i>

UK	
University of Southampton School of Health professions and rehabilitation Sciences Highfield SO17 1BJ Southampton, Hants <i>Ms. Joanna Adams</i>	
USA	
Albert Einstein Healthcare Network MossRehab Outpatient Center 9892 Bustleton Avenue PA 19115 Philadelphia <i>Dr. Leonard B. Kamen</i>	Foundation for Chiropractic Education and Research Research and Education 1330 Beacon Street, Suite 315 02446-3202 Brookline, Massachusetts <i>Dr. Anthony L. Rosner</i>
Osteoporosis Medical Center 8641 Wilshire Blvd. Suite 301 CA 90211 Beverly Hills <i>Dr. Stuart Silverman</i>	

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9. Study Centers ICF Core Sets for Early Rehabilitation Validation Study

Austria	
Allgemeines Krankenhaus der Stadt Wien Klinik für Physikalische Medizin und Rehabilitation Währinger Gürtel 18-20 1090 Wien <i>Prof. Dr. Veronika Fialka-Moser</i>	Kaiser-Franz-Josef-Spital/ SMZ Süd Institut für Physikalische Medizin Kundratstrasse 3 1100 Wien <i>Prof. Dr. Michael Quittan</i>
LBI f. Interdisziplinäre Rehabilitation in der Geriatrie Apollogasse 19 A-1070 Wien <i>Prim. Dr. Katharina Pils</i>	
Germany	
Geriatrie Klinik Rosenheim Droste-Hülshoffs-Straße 4 83024 Rosenheim <i>Dr. Markus Gosch, MSc</i>	Geriatrische Klinik Würzburg Kantstr. 45 97074 Würzburg <i>Dr. Walter Swoboda</i>
Klinikum Ingolstadt Institut für physikalische und rehabilitative Medizin Krumenauerstr. 25 85049 Ingolstadt <i>Dr. Beate Berleth</i>	Klinikum der Universität München Klinik für Physikalische Medizin und Rehabilitation Marchioninstr. 15 81377 München <i>Prof. Dr. Stucki</i>
Krankenhaus München-Schwabing Klinik und Poliklinik für Physikalische Medizin und Rehabilitation Kölner Platz 1 80804 München <i>Dr. Andreas Römer</i>	Klinikum Nürnberg Klinik für Physikalische Medizin und Rehabilitation Breslauerstr. 210 90471 Nürnberg <i>Dr. Gabriele Lichti</i>
Malteser Krankenhaus Bonn-Hardtberg Bereichspflegedienstleiter Innere Med/Geriatrie Von-Hompesch-Str. 1 53123 BONN <i>Dr. Helge Güldenzoph</i> <i>Rainer Kickingeder</i>	Medizinische Hochschule Hannover Klinik und Poliklinik für Physikalische Medizin und Rehabilitation, Balneologie und Medizinische Klimatologie Carl-Neuberg-Str. 1 30625 Hannover <i>Prof. Dr. Christoph Gutenbrunner</i>
Orthopädische Universitätsklinik Heidelberg Schlierbacher Landstr. 200a 69118 Heidelberg <i>Prof. Dr. Hans Jürgen Gerner</i> <i>Anne Kenkenberg</i>	
Switzerland	
Universitätsspital Zürich Rheumaklinik und Institut für Physikalische Medizin Gloriastr. 25 8091 Zürich <i>Prof. Dr. Michel</i> <i>Erika Omega Huber</i>	

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10. Study Centers involved in the data collection of the *Development of ICF Core Sets for spinal cord injury*

Name of WHO region	
Eastern Mediterranean Region:	
Regional Project Coordinator	Haim Ring
Countries	Israel
Study Centers:	Loewenstein Rehab Center Israel Study director: A. Catz
	Department of Neurological Rehabilitation The Chaim Sheba Medical Center Israel Study director: G. Zeilig
South East Asia Region:	
Regional Project Coordinator	Apichana Kovindha
Countries	Thailand Malaya India
Study Centers	Department of Rehabilitation Medicine Chiangmai Hospital Thailand Study director: A. Kovindha
	Indian Spinal Injuries Centre (ISIC) India Study director: H.S. Chhabra
	University Malaya Medical Center Pusat Perubatan Universiti Kuala Lumpur Malaya Study director: N. Hasnan
Western Pacific Region:	
Regional Project Coordinator	Anne Sinnott
Countries	New Zealand Australia
Study Centers	Burwood Spinal Unit Burwood Hospital Private Bag 4708 Christchurch, New Zealand Study director: A. Sinnott
	Auckland Spinal Rehabilitation Centre Auckland, New Zealand Study director: S. Atresh
	Victorian Spinal Cord Service Melbourne, Australia Study director: D. Brown
Region of the Americas:	
Regional Project Coordinator	Susan Charlifue
Countries	Canada USA Brazil
Study Centers	ICORD GF Strong Rehab Centre 4255 Laurel Street Vancouver, BC V5Z 2G9 Canada Study director: A. Townson

	Craig Hospital 3425 S. Clarkson St. Englewood, CO 80113 Denver, USA Study director: S. Charlifue
	University Hospital of Sao Paulo Sao Paulo Brasil Study director: J. Greve
European Region:	
Regional Project Coordinator	Michael Baumbergert
Countries	Switzerland Denmark Germany Italy
Study Centers	Swiss Paraplegic Centre Nottwil Switzerland Study director: M. Baumberger
	REHAB Basel Switzerland Study director: M. Mäder
	Paraplegic Center Balgrist University Hospital Balgrist Switzerland Study director: V. Dietz
	Clinic for Spinal Cord Injuries Rigshospitalet Denmark Study director: F. Biering-Sørensen
	Orthopädische Universitätsklinik Heidelberg Study director: HJ Gerner
	Unità Spinale Azienda Ospedaliera Careggi Firenze, Italy Study director: S. Aito
African Region:	
Regional Project Coordinator	Robert Campbell
Countries	South Africa
Study Centers	Aurora Hospital South Africa Study director: R. Campbell

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11. Study Centers “Measuring Health and Disability in Europe” (MHADIE) project

Germany	
Rehabilitationszentrum München GmbH Carl-Wery-Straße 26 81739 München-Neuperlach <i>Matthias Burkert</i>	Physioklinik im Aitrachtal Am Bräugraben 2 84152 Mengkofen <i>Dr. med. Rolf K. Meier</i> <i>Tanja Bossmann</i>
Asklepios Klinikum Bad Abbach Zentrum für orthopädische und rheumatologische Rehabilitation <u>Abteilung Orthopädie</u> Stinkelbrunnstraße 10 93077 Bad Abbach <i>CA Dr. med. S. Marr</i>	Asklepios Klinikum Bad Abbach Zentrum für orthopädische und rheumatologische Rehabilitation <u>Abteilung Rheumatologie</u> Stinkelbrunnstraße 10 93077 Bad Abbach <i>CA Dr. med. J. Seidl</i>

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