

December 2011 Issue

## Announcements

ICF Workshop 31 Jan.-1 Feb. 2012  
in Nottwil, Switzerland. See page 2

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

## About us

### What's new in the ICF Research Branch?

Dedicated to the promotion and further development of the International Classification of Functioning, Disability and Health (ICF) as well as to its implementation in the health, educational, social and policy sectors worldwide, the ICF Research Branch was established in 2003 at the Institute for Health and Rehabilitation Sciences (IHRS) at the Ludwig-Maximilians University in Munich, Germany. For the last several years, it has been hosted by the Swiss Paraplegic Research (SPF) in Nottwil, Switzerland and has been a partner of the World Health Organization (WHO) Family of International Classifications (FIC) in Germany hosted by German Institute for Medical Documentation and Information (DIMDI).

Since 2010, the ICF Research Branch has been officially run by an international Steering Committee, a group of renowned experts in ICF. Its research and implementation efforts continue to be powered by a multi-professional and international group of scientists both in Nottwil and Munich.

For any questions about the ICF Research Branch or its activities, please feel free to contact [Melissa Selb](mailto:Melissa.Selb@paranet.ch), the ICF Research Branch Coordinator since August 2009.

## Online with the Branch

### The *new* website

Those who have accessed the ICF Research Branch website in the past get quite surprised and even wonder if they may have pulled up the wrong website. *Why?* Even though the internet address [www.icf-research-branch.org](http://www.icf-research-branch.org) has remained the same, the website looks totally different. The *new* ICF Research Branch website was launched in 2010!

What's new...The layout has been updated and its navigation has been simplified. On the homepage, the quick links help users find information on the ICF Core Sets and the ICF case studies more easily. And with a click, users can access the latest publications. There is even a link to the ICF Browser on the WHO website!

A special feature of the new ICF Research Branch website is the search function. Users can enter a word, and voila! a list of items that include this word pops up on the right-hand side. Clicking on the item brings the user directly to that item on the website.

The website is regularly being improved. If you have any suggestions for making it better, please let Melissa Selb know. Many thanks.

Check out the website for yourself...  
[www.icf-research-branch.org](http://www.icf-research-branch.org).

## ICF Research Branch Steering Committee



Gerold Stucki



Alarcos Cieza



Jerome Bickenbach



Judith Hollenweger

# ICF Education/Training

## ICF Workshop

The ICF Research Branch has always provided ICF training worldwide in different forms and languages. However, since 2010, a specially developed two-day interactive ICF workshop that comprises of modules including lectures and exercises (single and group work) is now being offered twice a year (Jan/Feb. and Sept/Oct.) in Nottwil, Switzerland. This workshop, that is also a train-the-trainer workshop, is aimed at training participants with no or little knowledge of the ICF in the theoretical concept of the ICF and its potential application in practice, and at teaching and providing participants, who already have ICF experience and are interested in giving ICF training themselves, a structured workshop that includes a CD with all the presentations and workshop materials.

The ICF workshop covers but not limited to the following topics:

- Integrative bio-psycho-social model of the ICF
- Structure and codes of the classification including the ICF qualifiers
- Linking rules
- Needs for and aims of the ICF
- ICF Core Sets
- Areas of use of the ICF (rehabilitation management, research, education, etc)

The ICF workshop can also be customized depending on the interest and needs of the registered participants. For more information, go to the [education/training section](#) of the ICF Research Branch website.

## e-Learning Tool

In the Decemer 2008 ICF Research Branch Newsletter, Alicia Garza introduced the project to develop the ICF e-Learning tool spearheaded by WHO and the ICF Research Branch. Since then, the first part of this long-term project has been completed and the basic ICF training module is now online.

This online ICF training available in English and Spanish (and soon in other languages) is aimed at providing a standardized, interactive ICF training available to anybody in the world who has access to the internet. The basic training module is intended to raise general interest and awareness about the ICF and provide a basic overview about the ICF model, its components and structure and possible areas of application.

The further development of the e-Learning tool i.e. the advanced and masters training modules are currently being explored by the WHO-FIC Education and Implementation Committee.

# ICF Core Set Updates

## ICF Core Sets for hand conditions

Since the last report in the April 2009 Newsletter, all the preliminary studies (systematic literature review, qualitative study/focus groups, expert survey and cross-sectional empirical study) were completed and the first version of the ICF Core Sets for hand conditions have been developed.

At the May 2009 international ICF consensus conference, a multi-stage, iterative, decision-making and consensus process, 23 multi-professional hand conditions experts from 22 countries selected 117 ICF categories to be included in the Comprehensive ICF Core for hand conditions. Out of the 117 Comprehensive ICF Core Set categories, 23 ICF categories were selected for the Brief ICF Core Set. See Rudolf et. al. Report on the International ICF Consensus Conference on the ICF Core Sets for Hand Conditions. *Hand Therapy*, 2010; 15: 73-76 for a short report on the results of the consensus conference. The full report will soon be published in *Disability & Rehabilitation*.

In 2010 a cross-sectional multi-centre study was conducted to validate the Comprehensive ICF Core Set for Hand Conditions. To investigate whether all of its categories are necessary to describe patients' functioning, structured interviews with 260 patients with hand conditions were performed using the Comprehensive ICF Core Set for Hand Conditions,. See Kus et. al. Validation of the Comprehensive International Classification of Functioning, Disability and Health (ICF) Core Set for Hand Conditions. *Hand Therapy* 2011; 16: 58-66 for more information regarding this validation study.

The project was supported by the German Social Accident Insurance (DGUV).

For more information, please go to the [ICF Research Branch website](#) or contact [sandra.kus@med.lmu.de](mailto:sandra.kus@med.lmu.de).

Access the e-Learning tool at: <http://p.ideaday.de/104.2/icf/>.

## ICF eLearning Tool



# ICF Core Set Updates continued...

## ICF Core Sets for sleep disorders

*Problems with sleeping?* Sleep disorders are medical disorders that have a significant negative impact on the daily lives of people and their families. Finding a practical tool that helps to describe the spectrum of symptoms and limitations in the functioning of persons with sleep disorders, taking into account the environment in which they live, would be valuable. For this reason, the ICF Core Sets for sleep disorders were developed.

At the May 2009 international ICF consensus conference, 26 experts from 22 countries with varying professional backgrounds selected 120 ICF categories to be included in the Comprehensive ICF Core for sleep disorders. Out of the 120 Comprehensive ICF Core Set categories, 15 were selected for the Brief ICF Core Set.

See the section "ICF in Black and White" for the publications on the results of the preliminary studies and the consensus conference.

For more information, please go to the [ICF Research Branch website](#).

## ICF Core Sets for traumatic brain injury (TBI)

As reported in the April 2009 issue of the ICF Research Branch Newsletter, the Brain Injury Unit at Guttmann Institute (Barcelona, Spain), in close partnership with the ICF Research Branch, took on the enormous task of completing 4 preliminary studies and organizing the international consensus conference at which the first version of ICF Core Sets for traumatic brain injury (TBI) was finalized.

Of the many valuable contributors to the preliminary studies, the Italian Brain Injury Network Group at the S. Maugeri Foundation IRCCS, who conducted many of the focus groups and participated in the empirical study, published the Italian perspective in developing the ICF Core Sets for TBI. See the section "ICF in Black and White" for the reference.

At the international consensus conference that took place in Barcelona/Badelona from 26-28 March 2010, 23 TBI experts from 9 countries with varying professional backgrounds selected 139 ICF categories to be included in the Comprehensive ICF Core and 23 in the Brief ICF Core Set for TBI.

The paper on the results of the preliminary studies and the consensus conference will be submitted for publication in the beginning of 2012.

For more information, check out the [ICF Research Branch website](#).

## ICF Core Sets for inflammatory bowel diseases (IBD)

About 1.4 million persons in the United States and 2.2 million persons in Europe may suffer from inflammatory bowel diseases (IBD). No curative treatment is currently available for this lifelong and complex disorder, and IBD is known to influence physical, psychological, familial, and social dimensions of life. Thus, understanding IBD, its accompanying health issues and its impact on people with IBD is of utmost importance. For this reason, the IPNIC group (International Program to develop New Indexes for Crohn's Disease) in collaboration with the ICF Research Branch, the International Society of Physical Rehabilitation Medicine (ISPRM) and the International Organization on Inflammatory Bowel Disease (IOIBD) developed the first version of the ICF Core Sets for IBD.

At the June 2010 international consensus conference, 20 IBD experts from 17 countries worldwide selected 36 ICF categories to be included in the Comprehensive ICF Core Set and 19 ICF categories in the Brief ICF Core for IBD.

For more information about the preliminary studies, please go to the ICF Research Branch website or contact [michaela.coenen@med.lmu.de](mailto:michaela.coenen@med.lmu.de).

The IPNIC group took a further step and developed the first disability index for IBD based on the 19 categories of the Brief ICF Core Set. The index can be used to evaluate the long-term effect of IBD on patient functional status and will serve as a new endpoint in disease-modification trials (Peyrin-Biroulet; 2011). For more information and to get the IBD disability index, please contact [CDScore@margauxorange.com](mailto:CDScore@margauxorange.com).

## ICF Core Sets for bipolar disorders

Since the last report in the December 2008 Newsletter on the project to develop ICF Core Sets for bipolar disorders, the International consensus conference took place 13-15 May 2010 at the Autónoma University of Madrid, Spain.

## ICF Core Set Updates continued...

Considering the results of the 4 preliminary studies (systematic literature review, qualitative study, expert survey and cross-sectional empirical study) and based on their expertise and experience working with persons with bipolar disorders, 21 experts from 14 countries decided to include 38 ICF categories in the Comprehensive ICF Core for bipolar disorders. Out of the 38 Comprehensive ICF Core Set categories, 19 ICF categories were selected for the Brief ICF Core.

Unique to this project is the fact that the qualitative study was conducted using individual interviews (with 15 participants with bipolar I and II) rather than holding focus groups as in the other ICF Core Set projects. This was done to accommodate the nature of the health condition.

The paper discussing the results of the consensus conference is expected to be published soon. For more information, contact [melissa.selb@paranet.ch](mailto:melissa.selb@paranet.ch).

### ICF Core Sets for vocational rehabilitation

Work plays a major role in the lives of people with and without a health condition. Work disability not only impacts individuals negatively, it also poses a major burden on society. To mitigate this, vocational rehabilitation (VR) has been pro-active in facilitating work participation. Aimed at finding a universally-accepted description of functioning of persons who participate in VR, the ICF Research Branch initiated, with the financial support of the Swiss Accident Insurance (SUVA), the project to develop ICF Core Sets for VR.

Since the April 2009 Newsletter report on the project, the 4 preliminary studies have been completed, culminating in the international consensus conference held in May 2010.

At the consensus conference, it was clear that proceeding with the decision-making and consensus process necessitated a conceptual definition of VR. As a result, the participants agreed to base their decision on the ICF Core Sets for VR on the following definition: *VR refers to a multi-professional approach that is provided to individuals of working age with health-related impairments, limitations, or restrictions with work functioning and whose primary aim is to optimize work participation.* The rationale for this definition was published in Journal of Occupational Rehabilitation special section on advancing the field of VR with the ICF. This special section also included the publications outlining the results of the preliminary studies. See the section "ICF in Black and White" for the references.

23 VR experts from 15 countries with varying professional backgrounds selected 90 ICF categories to be included in the Comprehensive ICF Core and 13 in the Brief ICF Core Set for VR.

To operationalize the ICF categories of the Brief ICF Core Set for VR, the Functioning Questionnaire in VR (FQVR) is being developed in a project lead by Monika Finger and supported by a supplementary grant from the SUVA. Further details will be reported in the next Newsletter.

For more information, please contact [reuben.escorpizo@paranet.ch](mailto:reuben.escorpizo@paranet.ch).



### Development and evaluation of an ICF-based patient education program for stroke patients

Supported by the German Federal Ministry of Education and Research (BMBF), researchers of the ICF Research Branch at IHRS initiated a project to develop a patient education program targeted at enhancing stroke patients' perceived self-efficacy in relation to their functioning using the ICF as its framework.

The pilot test that was completed in August 2008 verified the feasibility and acceptability of the program, and a final version of the patient education program was developed. The results of the pilot test is published in Neubert et al. 2011. See the section "ICF in Black and White" for the citation.

The effectiveness of the finalized 3-module program was evaluated in a prospective, single-blinded, randomised multicentre trial (RCT). The RCT with 2 follow ups, at discharge and 6 months after discharge, included 213 stroke survivors undergoing inpatient rehabilitation in 7 neurological rehabilitation clinics in Germany. The data is currently being analyzed and the results of the RCT will be published in due time.

This patient education program for stroke has shown that the ICF can serve as an effective framework for capturing a patient's perceived self-efficacy with regards to functioning. In addition, due to the universality of the ICF and availability of the ICF Core Sets, it is possible to adapt the patient education program as an intervention in different chronic conditions.

For more information and to get the patient education material, contact [carla.sabariego@med.uni-muenchen.de](mailto:carla.sabariego@med.uni-muenchen.de).

## Development of the ICF-based treatment guidelines for head and neck cancer (HNC)

Since the development of the first version of the ICF Core Sets for head and neck cancer (HNC) in November 2007, there have been several validation studies conducted. Search for "Tschiesner" in the publications section of the [ICF Research Branch website](#) to get the references.

Thanks to the collaboration with the Clinic for Head, Nose and Throat Medicine at the Ludwig-Maximilians University and the financial support of the Deutsche Krebshilfe e.V., there have also been efforts to operationalize the ICF Core Sets for HNC; one such endeavour is the project to develop ICF-based guidelines for treating persons with HNC. The goal of this project is to identify the appropriate measurement instruments that assess the goals of interdisciplinary aftercare for patients with HNC that is based on the ICF Core Sets for HNC.

The project is organized in three parts. Part 1: The preliminary studies (i.e. systematic literature review, health professional-specific Delphi study, patient interviews) have been completed. Part 2: A consensus conference took place in October 2011 with 21 multidisciplinary health professionals treating patients with HNC, who discussed and decided on the appropriate instruments and approve the guidelines. See the next Newsletter for results. Finally, part 3 is the implementation of the guidelines in at least three of the clinics that have participated in the project.

For more information, please contact [uta.tschiesner@med.uni-muenchen.de](mailto:uta.tschiesner@med.uni-muenchen.de).

## What's up at the WHO-FIC

### Joint use of ICF and ICD / fTAG

Everyday many people experience the impact of health conditions on their daily lives. Obtaining a full understanding of this experience requires comprehensive information about the impact of the health condition on the person. The ICF has always professed the joint use of both the ICF and the International Classification of Diseases (ICD), the international standard diagnostic classification for general epidemiological, health management purposes and clinical use. This thinking is the driving force behind WHO's initiative to include functioning as one of the properties to consider in the 11th revision of the ICD currently underway. For this task, a working group called functioning Topic Advisory Group or fTAG has been set up. The co-chairs, Cille Kennedy and Gerold Stucki, have the valuable support of a distinguished group of ICF-ICD experts. More details to come in the next Newsletter in 2012. For more information, see the two publications by Kostanjsek in section "ICF in Black and White."

## ICF Updates

Since 1970, WHO has designated a number of country collaborating centres (CC) to work in the development, maintenance and use of the family of international (health) classifications (WHO-FIC) like the ICF. Increasingly the CC and WHO have been progressing in their work through committees and reference groups that now make up the WHO-FIC Network. Two of these committees and reference groups, the Update and Revision Committee (URC) and the Functioning and Disability Reference Group (FDRG) initiated the process of updating the ICF, building on the policies and procedures set up for updating the ICD. According to [Kostanjsek \(2011\)](#), "as a classification the ICF is meant to be a "living document" and therefore has to be kept up-to-date and developed further."

The ICF update process is carried out using the ICF update platform, a web-based system created by WHO that allows users to enter structured proposals for ICF updates and facilitates the communication among expert workgroups involved in the review and approval of ICF update proposals. Since 2009, there have been over 200 proposals submitted to the ICF update platform that have partly been reviewed on a regular schedule occurring on an annual rotation. Thirty-seven proposals have been approved for implementation so far.

## Conference News

### ICF Vocational Rehabilitation Team at the WCPT Congress

From 20-23 June 2011 Amsterdam was buzzing with over 5'000 physical therapists who attended the 16<sup>th</sup> international congress of the World Confederation for Physical Therapy (WCPT), an event that takes place only every four years.

The ICF Research Branch was well-represented with three researcher-clinicians from the ICF Core Set VR team. Dr. Reuben Escorpizo, leader of the VR team, gave a talk entitled "Moving physical therapy forward using the ICF", and also presented in an educational session on the topic of education as a global issue that address the ICF in curriculum planning and development. Monika Finger gave an oral presentation entitled „Describing functioning in vocational rehabilitation using the ICF: Comparison of PT experts' perspective and results of a cross-sectional study," and Andrea Glässel presented two posters entitled "Validation of the extended ICF Core Set for stroke: A comparison between physical and occupational therapist perspectives" and "Development of ICF Core Set for Vocational Rehabilitation. Are patients saying what physical therapists are thinking?"

# ICF in Black and White

## Special issues/sections...

*Congratulations* to the editors and all the dedicated researchers and clinicians who contributed to the realisation of the following special issues:

Guest editors: Matilde Leonardi, José Luis Ayuso-Mateos and Jerome Edmond Bickenbach. From functioning and disability measurement to policy development: the experience of the EU-MHADIE project (Measuring Health and Disability in Europe: supporting policy development). *Disability and Rehabilitation*. 2010; 32 (Suppl.1): S1-S147.

Guest editors: Eva Grill, Gunnar Grimby and Gerold Stucki. The testing and validation of the ICF Core Sets for acute hospital and post-acute rehabilitation facilities - Towards brief versions. *Journal of Rehabilitation Medicine*. 2011; 43 (2): 81-180.

Guest editors: Reuben Escorpizo, Hans Peter Gmünder and Gerold Stucki. Advancing the field of vocational rehabilitation with the International Classification of Functioning, Disability and Health. *Journal of Occupational Rehabilitation*. 2011; 21(2): 121-286.

## New publications

Algurén B, Bostan C, Christensson L, Fridlund B and Cieza A. A multidisciplinary cross-cultural measurement of functioning after stroke: Rasch analysis of the Brief ICF Core Set for stroke. *Top Stroke Rehabil* 2011; 18(6): 573-586.

Becker S, Strobl R, Cieza A, Grill E, Harréus U and Tschiesner U. Graphical modeling can be used to illustrate associations between variables describing functioning in head and neck cancer patients. *J Clin Epidemiol*. 2011; 64(8): 885-892.

Bossmann T, Kirchberger I, Glaessel A, Stucki G and Cieza A. Validation of the comprehensive ICF core set for osteoarthritis: the perspective of physical therapists. *Physiotherapy*. 2011; 97(1): 3-16.

Coenen M, Basedow-Rajwicz B, König N, Kesselring J and Cieza A. Functioning and disability in multiple sclerosis from the patient perspective. *Chronic Illness* 2011; 7(4): 291–310.

Coenen M, Cieza A, Freeman J, Khan F, Miller D, Weise A, Kesselring J and the members of the Consensus Conference. The development of ICF Core Sets for multiple sclerosis: results of the International Consensus Conference. *J Neurol*. 2011; 258(8):1477-1488.

Coenen M, Stamm T, Stucki G and Cieza A. Individual interviews and focus groups in patients with rheumatoid arthritis: a comparison of two qualitative methods. *Qual Life Res*. 2011 June 25. [Epub ahead of print]

Escorpizo R, Boers M, Stucki G and Boonen A. Examining the similarities and differences of OMERACT core sets using the ICF: First step towards an improved domain specification and development of an item pool to measure functioning and health. *J Rheumatol*. 2011; 38(8): 1739-1744.

Escorpizo R, Finger ME, Glässel A and Cieza A. An international expert survey on functioning in vocational rehabilitation using the international classification of functioning, disability and health. *J Occup Rehabil*. 2011; 21(2): 147-155.

Escorpizo R, Finger ME, Glässel A, Gradinger F, Lückenkemper M and Cieza A. A systematic review of functioning in vocational rehabilitation using the international classification of functioning, disability and health. *J Occup Rehabil*. 2011; 21(2): 134-146.

Escorpizo R, Gmünder HP and Stucki G. Introduction to special section: advancing the field of vocational rehabilitation with the international classification of functioning, disability and health (ICF). *J Occup Rehabil*. 2011; 21(2): 121-125.

Escorpizo R, Reneman MF, Ekholm J, Fritz J, Krupa T, Marnetoft SU, Maroun CE, Guzman JR, Suzuki Y, Stucki G and Chan CC. A conceptual definition of vocational rehabilitation based on the ICF: building a shared global model. *J Occup Rehabil*. 2011; 21(2): 126-133.

Fayed N, Cieza A and Bickenbach JE. Linking health and health-related information to the ICF: a systematic review of the literature from 2001 to 2008. *Disabil Rehabil*. 2011; 33(21-22):1 941-51.

Fayed N, Schiariti V, Bostan C, Cieza A and Klassen A. Health status and QOL instruments used in childhood cancer research: deciphering conceptual content using World Health Organization definitions. *Qual Life Res*. 2011; 20(8): 1247-1258.

Finger ME, Glässel A, Erhart P, Gradinger F, Klipstein A, Rivier G, Schröer M, Wenk C, Gmünder HP, Stucki G and Escorpizo R. Identification of relevant ICF categories in vocational rehabilitation: a cross sectional study evaluating the clinical perspective. *J Occup Rehabil*. 2011; 21(2): 156-166.

# ICF in Black and White

## New publications continued...

Finger ME, Escorpizo R, Glässer A, Gmünder HP, Lückenkemper M, Chan C, Fritz J, Studer U, Ekholm J, Kostanjsek N, Stucki G and Cieza A. ICF Core Set for vocational rehabilitation: results of an international consensus conference. *Disabil Rehabil.* 2011 Oct 10. [Epub ahead of print].

Glässer A, Finger ME, Cieza A, Treitler C, Coenen M and Escorpizo R. Vocational rehabilitation from the client's perspective using the international classification of functioning, disability and health (ICF) as a reference. *J Occup Rehabil.* 2011; 21(2): 167-178.

Glässer A, Kirchberger I, Kollerits B, Amann E and Cieza A. Content Validity of the Extended ICF Core Set for Stroke: an International Delphi Survey of Physical Therapists. *Phys Ther.* 2011; 91(8):1211-1222.

Glässer A, Kirchberger I, Stucki G and Cieza A. Does the Comprehensive International Classification of Functioning, Disability and Health (ICF) Core Set for Breast Cancer capture the problems in functioning treated by physiotherapists in women with breast cancer? *Physiotherapy.* 2011; 97(1): 33-46.

Gradinger F, Boldt C, Högl B and Cieza A. Part 2. Identification of problems in functioning of persons with sleep disorders from the health professional perspective using the International Classification of Functioning, Disability and Health (ICF) as a reference: a worldwide expert survey. *Sleep Med.* 2011; 12(1): 97-101.

Gradinger F, Cieza A, Stucki A, Michel F, Bentley A, Oksenberg A, Rogers AE, Stucki G and Partinen M. Part 1. International Classification of Functioning, Disability and Health (ICF) Core Sets for persons with sleep disorders: results of the consensus process integrating evidence from preparatory studies. *Sleep Med.* 2011; 12(1): 92-96.

Gradinger F, Glässer A, Bentley A and Stucki A. Content comparison of 115 health status measures in sleep medicine using the International Classification of Functioning, Disability and Health (ICF) as a reference. *Medicine Sleep Reviews.* 2011; 15(1): 33-40.

Gradinger F, Glässer A, Gugger M, Cieza A, Braun N, Khatami R, Schmitt W and Mathis J. Identification of problems in functioning of people with sleep disorders in a clinical setting using the International Classification of Functioning Disability and Health (ICF) Checklist. *J Sleep Res.* 2011; 20(3): 445-453.

Gradinger F, Köhler B, Khatami R, Mathis J, Cieza A, Bassetti C. Problems in functioning from the patient perspective using the International Classification of Functioning, Disability and Health (ICF) as a reference. *J Sleep Res.* 2011; 20(1 Pt 2): 171-182.

Grill E, Gloor-Juzi T, Huber EO and Stucki G. Operationalization and reliability testing of ICF categories relevant for physiotherapists' interventions in the acute hospital. *J Rehabil Med. Special Issue.* 2011; 43(2): 162-173. (Note that the title in pubmed is slightly different from the published version)

Grill E, Müller M, Quittan M, Strobl R, Kostanjsek N and Stucki G. Brief ICF Core Set for patients in geriatric post-acute rehabilitation facilities. *J Rehabil Med. Special Issue.* 2011; 43(2):139-144.

Grill E, Quittan M, Fialka-Moser V, Müller M, Strobl M, Kostanjsek N and Stucki G. Brief ICF Core Sets for the acute hospital. *J Rehabil Med. Special Issue.* 2011; 43(2): 123-130.

Grill E, Strobl M, Müller M, Quittan M, Kostanjsek N and Stucki G. ICF Core Sets for early post-acute rehabilitation facilities. *J Rehabil Med. Special Issue.* 2011; 43(2): 131-138.

Grill E and Stucki G. Criteria for validating the comprehensive ICF Core Sets and developing brief ICF Core Set versions. *J Rehabil Med. Special Issue.* 2011; 43(2): 87-91.

Herrmann KH, Kirchberger I, Biering-Sorensen F and Cieza A. Differences in functioning of individuals with tetraplegia and paraplegia according to the International Classification of Functioning, Disability and Health (ICF). *Spinal Cord* 2011; 49(4):534-543.

Herrmann KH, Kirchberger I, Stucki G and Cieza A. The Comprehensive ICF core sets for spinal cord injury from the perspective of physical therapists: a worldwide validation study using the Delphi technique. *Spinal Cord.* 2011; 49(4): 502-514.

Herrmann KH, Kirchberger I, Stucki G and Cieza A. The comprehensive ICF core sets for spinal cord injury from the perspective of occupational therapists: a worldwide validation study using the Delphi technique. *Spinal Cord.* 2011; 49(5): 600-613.

Hieblinger R, Coenen M, Stucki G, Winkelmann A and Cieza A. Identification of essential elements of functioning in chronic widespread pain based on a statistical approach. *Am J Phys Med Rehabil.* 2011; 90(12): 979-991.

# ICF in Black and White

## New publications continued...

Huber EO, Tobler A, Gloor-Juzi T, Grill E, Gut B. The ICF as a way to specify goals and to assess the outcome of physiotherapeutic interventions in the acute hospital. *J Rehabil Med. Special Issue.* 2011; 43(2): 174-177.

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Kohler F. Special edition: the International Classification of Functioning, Disability and Health (ICF). *Prosthet Orthot Int.* 2011; 35(3): 259-61.

Kohler F, Xu J, Silva-Withmory C and Arockiam J. Feasibility of using a checklist based on the international classification of functioning, disability and health as an outcome measure in individuals following lower limb amputation. *Prosthet Orthot Int.* 2011; 35(3): 294-301.

Kostanjsek N, Escorpizo R, Boonen A, Walsh NE, Üstün TB, Stucki G. Assessing the impact of musculoskeletal health conditions using the ICF. *Disabil Rehabil.* 2011; 33(13-14): 1281-1297.

Kostansjek N, Rubinelli S, Escorpizo R, Cieza A, Kennedy C, Stucki G, Üstün B. Assessing the impact of health conditions using the ICF. *Disabil Rehabil.* 2011; 33(15-16): 1475-1482

Kus S, Dereskewitz C, Wickert M, Schwab M, Eisenschenk A, Steen M and Rudolf KD. Validation of the Comprehensive International Classification of Functioning, Disability and Health (ICF) Core Set for Hand Conditions. *Hand Therapy.* 2011; 16: 58-66.

Kus S, Müller M, Strobl R and Grill E. Patient goals in post-acute geriatric rehabilitation: Goal attainment is an indicator for improved functioning. *J Rehabil Med. Special Issue.* 2011; 43(2): 156-161.

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