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WHO Family of International Classifications (FIC)

N E W S L E T T E R

Editorial Board

Dr Coen H. van Gool
Dr Willem M. Hirs
Dr Marijke W. de Kleijn-de Vrankrijker
Drs Huib Ten Napel

Realization and Design

A.C. Alta, Studio RIVM

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Address

WHO-FIC Collaborating Centre
Centre for Public Health Forecasting
National Institute for Public Health and the
Environment (RIVM), P.O.Box 1,
3720 BA Bilthoven, The Netherlands.
Telephone: 0031 30 274 2039/4276
Fax: 0031 30 274 4450
Website: <http://www.rivm.nl/who-fic>
E-mail secretariate: Lummy.Blomer@rivm.nl
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**World Health Organization
Family of International Classifications**

WHO-FIC Network Annual Meeting 2010: 16-22 October

The 2010 Annual meeting of the WHO Network of Collaborating Centres for the Family of International Classifications will be held in Toronto, Ontario in Canada, at the Marriott Downtown Eaton Centre Hotel.

At <http://www.who.int/classifications/network/meeting2010/en/index.html> a provisional timetable and meeting agenda is available. Other meeting documents, such as papers, posters, and meeting reports will be available on the website in due course.

The meeting will be hosted by the members of the North American Collaborating Centre (NACC) – the Canadian Institute for Health Information (CIHI), the National Center for Health Statistics (NCHS), and Statistics Canada. CIHI is an independent, Canadian, not-for-profit organization, and one of Canada’s premiere sources of high-quality, reliable and timely health information. NCHS is the principal health statistics agency of the U.S., and compiles statistical information to guide actions and policies to improve the health of the U.S. population. Statistics Canada is Canada’s national statistical

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agency, and is mandated to collect, compile, analyze and publish information on Canada's economy, institutions and population.

The theme of the meeting is: Data Makes a Difference. During the first four days of the meeting the Committee & Reference Groups convene. On Thursday October 21st the meeting will be opened officially.

For information:

<http://www.who.int/classifications/network/meeting2010/en/index.html>.

Editorial

You will see a lot of ICF related contributions in this newsletter. During the NACC meeting last June several applications of ICF(CY) in the North American area including Canada have been presented but in other countries such as Taiwan as well. Interested persons are recommended to visit <http://www.ncvhs.hhs.gov/icf/index.html>. A lot of new ICF related references are included at the back of this newsletter.

We wonder where the ICD people are. Confronted with the development of ICD-11 it must be an item of discussion within the countries why one should implement ICD-10 now (as we do in The Netherlands in all hospitals). Is there anybody who can tell us about those kinds of discussions and the solutions to respond to this kind of discussions and questions?

Related to the ICD we included a message concerning the International Classification of External Causes of Injury (ICECI) and the related chapter of the ICD within the work on ICD-11.

For your information a message concerning the cooperation between WHO and the International Health Terminology Standards Development Organization (IHTSDO) is included. The cooperative arrangement enables harmonization of WHO classifications and SNOMED CT. We expect this to be of great help and prevention of confusion.

In the Netherlands the ministry of health started a discussion about the public utility, applications and necessity of international classifications at country level. We prepared a report (an abstract is included in this newsletter) in order to enable them to make their decisions about tasks and budget for our centre. Is this kind of questions at stake in other countries as well?

For information:

Marijke de Kleijn-de Vrankrijker, WHO-FIC Collaborating Centre in the Netherlands.

e-mail: marijke.de.kleijn@rivm.nl

International Organizations

International Health Terminology Standards Development Organization (IHTSDO)

WHO and IHTSDO sign Collaborative Arrangement

July 2010 a Collaborative Arrangement between the International Health Terminology Standards Development Organization (IHTSDO) and the World Health Organization was signed.

The Collaborative Arrangement enables harmonization - as complementary tools - of WHO Classifications and SNOMED CT for the benefit of citizens around the world. When used together appropriately, they make it easier to summarize information from individual patients' health records into aggregated results needed for health policy, health services management, and research. WHO and IHTSDO aim to increase collaboration in order to create and maintain jointly usable and integrated classification and terminology systems to make efficient and effective use of public resources and avoid duplication of effort. This is essential to create health information's standards as a common language worldwide.

WHO Classifications are used to capture key information on diseases, disability, interventions and other indicators of population's health. Main classifications such as the International Classification of Diseases (ICD), in use for more than 100 years worldwide, provide data on life expectancy, causes of death, and inform the plans and decisions of health authorities in many countries.

SNOMED CT is a standardized health terminology that represents clinical concepts in a consistent and comprehensive way in health records. Managed by the IHTSDO, it is used for this purpose and others in countries around the world. Given the emergence of Electronic Health Records (EHRs), the use of standardized terminologies has become more important for meaningful exchange of data in health information systems.

This collaboration arrangement will be used to build maps and linkages between ICD and SNOMED CT for automated processing of data to improve coding and information exchange. It will also enhance the work on the revision of the ICD for its 11th revision.

This new arrangement supports the aims of WHO and IHTSDO to enhance health through better health information. Synergies between WHO classifications and SNOMED CT have the potential, through better information, to improve the accuracy, the reliability, and the quality of health and health care; to eliminate gaps in information; and to control costs.

Health information systems will benefit from this Collaborative Arrangement and will play a key role with WHO and IHTSDO to produce the international public goods resulting from this joint work.

Dr Najeeb Al Shorbaji, Acting Assistant Director-General Information, Evidence and Research, WHO

For information:

Bedirhan Ustun, WHO Geneva

e-mail: ustunb@who.int

Jennifer Zelmer, IHTSDO

e-mail: ceo@ihtsdo.org

Washington Group on Disability Statistics

Update on the work

The Washington Group on Disability Statistics (WG) operates under the auspices of the United Nations and provides to promote and coordinate international cooperation in the area of health statistics focusing on disability measures suitable for censuses and national surveys. The group's major objective is to provide basic necessary information on disability that is comparable throughout the world. In addition to guiding the development of a short set of disability census measures that can inform policy on equalization of opportunities; a second priority of the WG is to recommend one or more related extended sets of survey items to measure more detailed aspects of disability to be used as components of population surveys or as supplements to specialty surveys. The World Health Organization (WHO) International Classification of Functioning, Disability, and Health (ICF) has been accepted as the basic framework for the development of the sets. The WG disseminates its work products globally through scientific publications and the internet: <http://www.cdc.gov/nchs/citygroup.htm>.

Recent activities and major achievements

Since 2001, the WG has developed, tested and adopted the short question set of disability questions. In addition, training has been provided to countries in conducting the WG tests and, more generally, on disability data collection methods. Documentation has been produced covering the background and rationale for the development of the short set of questions, guidelines for understanding and interpreting disability using the set of questions, recommendations on reporting disability in the current round of censuses, and information on how the questions can be used to monitor the UN Convention on the Rights of Persons with Disabilities.

Developing extended question sets

Work has begun on the development of extended question sets to be used as components of population surveys, as supplements to surveys, or as the core of a disability survey. In collaboration with the Economic and Social Commission

for Asia and the Pacific (ESCAP), the WG conducted standardized cognitive testing of the first extended question set in nine countries (Cambodia, Canada, Kazakhstan, Maldives, Mongolia, the Philippines, South Africa, Sri Lanka and the United States); and standardized field testing of the extended question sets in six countries (Cambodia, Kazakhstan, Maldives, Mongolia, the Philippines and Sri Lanka). Cognitive and field test results have been analyzed and a report is being prepared.

Cognitive testing

Cognitive testing of a modified version of the first extended set of questions is currently underway in Europe in association with the Budapest Initiative and the Granada Group (France, Italy, Portugal, Spain, Germany and Switzerland). In addition, the United States has also added the extended set of disability questions to the National Health Interview Survey (NHIS).

Fostering international cooperation

The WG has worked with the UN Statistics Division, WHO, ESCAP, Economic and Social Commission for Western Asia (ESCWA), Economic Commission for Europe (ECE), the International Labour Organization (ILO), the Organization for Economic Cooperation and Development (OECD), the Inter-American Development Bank, the World Bank, Eurostat, the Budapest Initiative, the Foundation for Scientific and Industrial Research at the Norwegian Institute of Technology (SINTEF) and other entities to promote a unified approach to disability measurement. Several World Bank data instruments have been heavily influenced by the work of the WG (in India and Uzbekistan), and SINTEF has conducted surveys in Africa using the WG questions.

Tenth meeting of the WG

The tenth meeting of the WG will be held in November 2010 in Luxembourg. This meeting will present the results of the current testing activities on the extended set of questions in the Asia-Pacific region, Europe and the United States. Also discussions will begin on issues related to the measurement of child disability and environmental factors.

For information:

Jennifer H. Madans,

National Center for Health Statistics, USA

Washington Group on Disability Statistics

e-mail: JMadans@cdc.gov

International Organization for Standardization

New Features in the 2011 Version of ISO 9999

A revised version of ISO 9999, *Assistive products for persons with disability – Classification and terminology*, will be published in April 2011 should it be approved by a final vote. The 2011 edition has about 980 titles of which 90

are new and 510 are changed, including minor editorial and grammatical revisions. As in earlier versions, a conversion table will be available detailing the differences between the 2007 and 2011 versions.

The major change in the 2011 edition is the addition of Class 28, “Assistive Products for Employment and Vocational Training.” The new class includes assistive products that exclusively fulfil the requirements of the workplace and vocational training. There is a growing demand for these products, especially in countries where the working population is declining. In the past, people with participation restrictions often were offered disability pensions; however, they are now increasingly encouraged to work. The integration of assistive products into the workplace is often crucial to their ability to be employed. Class 28 includes several new categories in addition to categories that were formerly in classes 05, 24 and 27.

The definition of “assistive product” used by ISO 9999 has been revised to align it with the terminology of the International Classification of Functioning, Disability and Health (ICF). ISO 9999 now defines “assistive product” as any product (including devices, equipment, instruments and software), especially produced or generally available, used by or for persons with disability –

- for participation;
- to protect, support, train, measure or substitute for body functions / structures and activities; or
- to prevent impairments, activity limitations or participation restrictions.

While developing the 2011 edition, the ISO 9999 Working Group adopted a new policy that all titles of new or revised subclasses and divisions clearly reflect the content of the category regardless of whether it is displayed with any of its parent or sibling terms. In previous editions, division and subclass titles were supposed to minimize any duplication of wording found in the title of the parent subclass or class to prevent unnecessary repetition. The use of ISO 9999 in the digital environment creates a new paradigm that requires that the title and description of each category be understood without the context provided by its parent class or subclass and the other categories under that parent.

New divisions have been added to several subclasses, including:

- 06 33 Orthopedic footwear
- 09 30 Incontinence products
- 12 07 Accessories for walking aids
- 30 09 Assistive products for sports.

For information:

Tuula Hurnasti, convenor of ISO/TG 173/WG 11
e-mail: Tuula.Hurnasti@thl.fi

International Classification of External Causes of Injuries (ICECI)

Structural revision of the external causes chapter in the ICD update

As part of the International Classification of Diseases (ICD) update, a key challenge of the Injury and External Causes Topic Advisory Group (TAG) is the structural revision of the external causes chapter. A working group has been established to review previous work and issues for consideration in the revision, and make recommendations for restructuring the external causes chapter in ICD-11. The structural revision is a work in progress, subject to change with the feedback received from internal and external stakeholders.

Some aspects of the revision approach should come as no surprise. In particular, it should be no surprise that the foundation of the approach is multidimensional. We are genuinely and seriously working towards an approach that embodies technical and conceptual improvements and remains workable. The precise mechanics of our approach to chapter 20 should not intrude unacceptably into the familiar use-case versions of the ICD, when they are finished.

The ICD-11 revision is also to rely heavily upon a software tool being developed by Stanford University academics, termed iCAT. The iCAT tool is to be a repository of all ICD-11 concepts from which distinct use-cases will be then be electronically extracted. At this stage of development of the tool the mechanisms of our approach to structural revision presents some challenges and we are working with the iCAT development group in order to find a way that will allow the iCAT tool to be used to work on the external causes chapter. It is important to recognize and respect the processes and the checks and balances that are necessary if ICD-11 is to embody an appropriate balance of continuity and change. Our discussions with the iCAT team are taking place within that context.

We expect and look forward to a lot of to-and-fro with colleagues in the Revision Steering Group (RSG), Health Information Management-TAG and the TAG-like groups responsible for the mortality and hospital morbidity use-cases as well as the broader community of injury researchers and data users as this work proceeds over coming months.

James Harrison, Chair Injury and External Causes TAG,
Research Centre for Injury Studies

For information:

Adam Harrison, TAG Managing Editor
e-mail: adam.harrison@flinders.edu.au

FIC around the World

Taiwan

Application of ICF/ICF-CY in the disability eligibility system in Taiwan

The International Classification of Functioning, Disability and Health (ICF) and its children and youth version (ICF-CY) have changed the medical and social welfare service systems in Taiwan tremendously. Current applications of ICF/ICF-CY in Taiwan including policy design, clinical practice, publication and education. Among those activities and applications, the most notable one was the promulgation of the People with Disabilities Rights Protection Act. The Act not only provided a whole new perspective of disability, but also changed the eligibility determination process for more than one million people with special needs in Taiwan.

The People with Disabilities Rights Protection Act

The People with Disabilities Rights Protection Act were promulgated in 2007, based on the framework of ICF/ICF-CY. In the Act, eight new malfunction categories corresponding to the eight chapters of Body Functions and Structures were classified: 1). mental functions and structures of the nervous system; 2). sensory functions and pain; the eye, ear and related structures; 3). functions and structures of/involvement in voice and speech; 4). functions and structures of/related to the cardiovascular, haematological, immunological and respiratory systems; 5). functions and structures of/related to the digestive, metabolic and endocrine systems; 6). functions and structures of/related to the genitourinary and reproductive systems; 7). neuromusculoskeletal and movement related functions and structures; 8). functions and related structures of the skin. The eight malfunction categories were chosen because they were similar to the ICD system and could match the previous thirteen categories of disabilities in Taiwan.

Besides new classification of malfunction categories, the responsibilities and qualifications of personnel were defined in the Act. The article 2 defined that: “the competent authorities in charge of health are responsible for the planning, implementation and supervision of the affairs/issues concerning the related rights and interests in favor of people with disabilities...” The article 6 and 7 clearly described the qualifications of professionals, and how to proceed the judgment of disability and needs assessment. “The municipal and county (city) competent authorities in charge of application and judgment of health condition/status shall assemble assessment teams... to render the assessment services and complete appraising and ascertaining/verification reports on the disability...” The evaluation of the living need “shall be rendered according to the category of disability, family economic condition/status,

care service need, family living demand/need, social participation demand/need, etc...”.

Eligibility determination procedure based on ICF/ICF-CY

As the Act scheduled for full implementation in Taiwan in July 2012, the classifications of disability will no longer depend on the patterns of diseases; but based on the results of assessments of functional status. The plan for running the eligibility determination might be a three-step procedure: Medical Examination, Functional Assessment and Needs Assessment. First, the client receives the Medical Examination and Functional Assessment. After the assessment, a disability certificate can be issued by the health authority with the whole picture of the functioning and environmental information based on ICF/ICF-CY. Then the professionals in the social welfare system do Needs Assessment in order to provide the services.

To implement the Act, a series of preparatory work inside the government system, nongovernment organization, and academic society has begun since 2008. The preparatory activities include: founding “Taiwan Society of International Classification of Functioning, Disability and Health (TSICF)”, funding for researches, measurement tool designing, translation, oversea learning, systems collaboration, building informatics technology system, procedure establishment, the staff training, international conference of ICF, and the development of core sets etc. Several teams composed of experts from different professions were organized to design assessment tools in order to complete the Medical Examination and Functional Assessment.

The assessment tool in Medical Examination incorporated categories of body functions and structures in ICF (b/s), and mainly assessed by physicians. For Functional Assessment, the assessment tools incorporated categories of Activities and Participation and Environmental Factors (d/e), in order to understand the influencing factors in those components; and the assessment mainly assessed by health-related professionals after proper training. To give the readers a clearer picture of the assessment development, an example of measure of Mobility (d4) in Functional Assessment was given to describe the developing process.

Measures in disability eligibility system for adults- d4 (mobility) as an example

The coordinator invited related professionals who have some basic knowledge of ICF, including psychiatrists, family doctors, physical therapists, occupational therapists, clinical psychologists; and a representative of the Disability Alliance of the Republic of China to organize the group. The whole group was asked to complete the task within two months. Four meetings were held; and continuously information changing in small groups (within d4 group) and large group (such as other d/e groups or b/s groups) also occurred during the period. The measure was composed of ten 2nd level categories of d4 selected from the ICF

checklist: d410, d415, d420, d430, d440, d445, d450, d460, d470, and d475. The operational definitions and items of each category were given through group discussions. Each item had to be assessed by interview, observation or directly examination; performance and capacity qualifiers were assigned separately for each item to understand the difference between standard environment and real life situation.

Although under time pressure, the manual may not be perfect; but it is still acceptable in clinical setting. A one-year pilot testing now is ongoing in four sites in Taiwan for totally 500 subjects with variety of disabilities. The goals of the pilot testing were to examine clinical feasibility and if the measure can clearly describe the characteristics and needs of people with disabilities. For the successful implementation, carefully designed programs, trainings of personnel as well as education for the public to facilitate the understanding of ICF/ICF-CY should be done in advance. With this new procedure, people need resources can be viewed by their strength and get more appropriate services by analyzing the interaction between functional status and contextual factors; thus maximize their participation in response to the ICF perspective.



Photo: Members of measures in disability eligibility system for adults- ICF d4 (mobility) group in Taiwan, 2009

Based on work presented at the 2010 North American Collaborating Center (NACC) Conference on The ICF, June 23–24 2010, Bethesda, MD. Hua-Fang Liao, Yi-Ling Pan, Ai-Wen Hwang, Tsan-Hon Liou, Wen-Ta Chiu. Application of ICF / ICF-CY on the Disability Eligibility System in Taiwan.

For information:

Hua-Fang Liao, School and Graduate Institute of Physical Therapy, College of Medicine, National Taiwan University, Taipei, Taiwan.
e-mail: hfliao@ntu.edu.tw

The Netherlands

International classifications in the Netherlands: Public utility, application and necessity

The Dutch WHO-FIC Collaborating Centre has edited a report under the abovementioned title at request of the Ministry of Health, Welfare and Sports in the Netherlands.

Which *utility* do the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and the International Classification of Functioning, Disability and Health (ICF) have? Is there a *necessity* for their *application* in the Netherlands? How does one improve the development and implementation of international classifications in the Netherlands?

International classifications have advantages and disadvantages, due to their capability to aggregate and integrate different kinds of health data, according to international standards. The advantage of having comparable data is also a disadvantage: these data cannot cover all relevant and detailed data, both for client and professional.

The report describes structure, basic rules, utility and main applications of the WHO-FIC. International classifications distinguish from often monodisciplinary terminologies and in subject restricted measurement instruments by their different purposes, diversity and frequent use. In this way data from different origin can be joined into relevant health information. The necessity of international classifications is often sanctioned by its applicability for social laws and its use in administration and statistics. These conclusions are also confirmed by different stakeholders in the Netherlands.

The task demands for the performance of different activities, such as information and support to classification users (their applications, education and training), translation of international classifications and representing the experiences and deeds of the users in the international development of revisions and updates of international classifications.

For information:

Willem Hirs, WHO-FIC Collaborating Centre in the Netherlands
e-mail: willem.hirs@rivm.nl

North America

North American Collaborating Center resumes ICF Conference series

The North American Collaborating Center (NACC) for the WHO Family of International Classifications hosted the 2010 North American Collaborating Center Conference on the International Classification of Functioning, Disability and Health. It was held on Wednesday and Thursday, June 23 and 24, 2010, at the William H. Natcher Conference Center on the campus of the U.S. National Institutes of Health (NIH) in Bethesda, MD.

Since the mid-1990s, the NACC has sponsored a series of Conferences about the ICF and functional status classification, in both Canada and the U.S. The theme for this year's NACC ICF conference was "Enhancing Our

<i>Presentations day 1</i>	
Justine Carr	The ICF and the U.S. National Committee on Vital and Health Statistics: Building on a Partnership
John Hough	Introduction to the ICF and ICF Coding
Catherine Sykes	Introduction to the WHO ICF eLearning Tool
Rosalyn Correa-de-Aurajo	The ICF and contemporary disability research
Alan Jette, Judith Kasper, Luigi Ferrucci, & Jack Guralnik	Toward A Common Language of Disablement (Roundtable Discussion)
David Howard & John Hough	ICF in Vocational Rehabilitation Eligibility Determinations
Lynn Bufka	Health Professions Manual for the ICF
Tammy Hopper & Travis Threats	Applications of the ICF in Speech-Language Pathology
<i>Presentations day 2</i>	
Diane Caulfeild	Update on ICF activities in Canada
Donald Lollar & Rune Simeonsson	ICF-CY: Theory and practice
Janette McDougall	ICF-CY: Applications
Anita Bemis-Dougherty & Harry Feliciano	Going Beyond Diagnosis® in a Learning Healthcare System Incorporating ICF into Physical Therapy Practice
Allen Tien	ICF and Biomedical Informatics: Part 1
Vivian Auld & Daniel Vreeman	ICF and Biomedical Informatics: Part 2
<i>Poster presentations</i>	
Alia Alghwiri et al.	Content comparison of vestibular rehabilitation quality of life measures based on the International Classification of Functioning, Disability, and Health (ICF)
Kai-Yu Chu	Chinese translation of the Preschool Activity Card Sort (PACS) – An assessment tool for participation
Marie A. DiCowden	Using the International Classification of Functioning to track interdisciplinary health outcomes for the whole person
Ruth S. Farber et al.	The Relationship of Health-Promoting Behaviors and Participation for Women with Multiple Sclerosis: Application of the CE for Rehabilitation Practitioners
John Hough	You've Got A Friend: Using ICF and ICF-CY Concepts and Codes in the Unified Medical Language System (UMLS)
Ai-Wen Hwang	Establishing Hypothetical Models Based on 'International Classification of Functioning, Disability, and Health— Children and Youth Version' (ICF-CY) in Infants and Todd with Motor Delays—with Mobility (d4) as the Motor Outcome
Rene I. Jahiel	ICF, Self, and Others: A Conceptual Framework
Arun Karpur et al.	Integrating Core ICF Measures of Functioning, Environment, and Social Capital in Vocational Rehabilitation Counseling
Hua-Fang Liao et al.	Application of ICF / ICF-CY on the Disability Eligibility System in Taiwan
Donald J. Lollar et al.	Using the ICF-CY to Guide Communication Instruction for Augmentative and Alternative Communication (AAC) Learners
Patricia Saleeby	Applications of the ICF in Social Work
Fern Silverman	Linking ICF with Occupational Therapy to Enhance the Participation of Children in a Community Setting
Catherine Sykes	ICF Activities by the World Confederation for Physical Therapy and its Member Organizations
Vivienne Temple	The ICF as a Lens to Examine Objectively Measured Physical Activity of People with Intellectual Disability (ID)
Akio Tokunaga et al.	The Visibility and Perspective of ICF and ICF-CY on Special Needs Education in Japan
Coen H. van Gool et al.	ICF Applications in the Netherlands and Future Directions
Debra Farmer Warrick	Consumer's Perspective on the Necessity for ICF Coding in Personal Health Records

Table: overview of presentations during the 2010 NACC ICF conference

Understanding of the ICF." Also, this year's ICF conference was a component of a series of events commemorating the 60th Anniversary of the establishment of the U.S. National Committee on Vital and Health Statistics (NCVHS). Featured elements of the conference were the keynote address of dr. Rosaly Correa-de-Aurajo (Office on Disability), and a roundtable discussion between drs. Alan Jette, Judith Kasper, Luigi Ferrucci, and Jack Guralnik on 'a common language of disablement'. In addition, there were close to 20 other oral presentations and approximately as many poster presentations, all relating to the ICF (see table on page 7).

In encouraging people to attend the ICF Conference either 'in person or virtually' the NACC videocasted portions of the ICF Conference, direct from the conference room in Bethesda. Participants in the videocast audience were able to submit questions electronically by e-mail during presentations. These videocasts can be viewed at the NIH videocast website:

<http://videocast.nih.gov/launch.asp?15986> for June 23 and <http://videocast.nih.gov/launch.asp?15985> for June 24. In addition, conference proceedings are forthcoming in due course, containing the slides of the oral and poster presentations.

For information:

<http://www.ncvhs.hhs.gov/icf/index.html>

Canadian ICF Knowledge Sharing Collaborative 2010 summary report

The Canadian Institute for Health Information (CIHI) brought a group of thirty Canadians from all geographic regions together for two days of discussions on the International Classification of Disability, Functioning and Health (ICF) and ICF-CY (Children and Youth). This meeting was called the ICF Knowledge Sharing Collaborative 2010 and was held on March 10 and 11 in Toronto, Ontario.

The objectives of this meeting were to identify:

- How ICF or ICF-CY is being used in Canada;
- What ICF and ICF-CY activities / projects have been undertaken in various regions and fields of practice;
- The potential for new ICF and ICF-CY activities/projects;
- How CIHI may be of assistance.

Participants were organized into panels according to themes. There were six panels:

- 1: Outcome measures and minimum datasets
- 2: Mapping to other tools/models
- 3: Chronic conditions and participation
- 4: Knowledge and uses of ICF
- 5: Pediatrics and children's rehabilitation
- 6: Adult rehabilitation

Each participant provided a brief description of their ICF activity / project identified key lessons learned and described future directions. Throughout the different panels the lessons learned pertained to five major areas: ICF/ICF-CY, Collaboration, Communication, Knowledge Transfer/Training, and Political Environment. Additionally, five key themes were identified for future directions: Advocacy, Broaden use, Collaboration, Grow the tool, and Knowledge transfer.

The meeting's summary report is available on the internet at the CIHI website:

http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=coding_class_e

For information:

Coen van Gool, WHO-FIC Collaborating Centre in the Netherlands

e-mail: coen.van.gool@rivm.nl

ICF References

2704 Achterberg T van, Frederiks C, Thien N, Coenen C, Persoon A. Using ICDH-2 in the classification of nursing diagnoses: results from two pilot studies. *Journal of Advanced Nursing*, 2002 37 135-144

2686 Barker TL, Puckett TL. Rheumatoid arthritis: Coping with disability. *Rehabilitation Nursing*, 2010 35(2) 75-79

2760 Bemis-Dougherty A. Practice Matters: What is the ICF? *Magazine of Physical Therapy*, 2009 17(1)

2705 Boomsma LJ, Lakerveld-Heyl K, Gorter KJ, Postma R, Laar van de FA, Verbeek W et al. LESA Landelijke Eerstelijns Samenwerkings Afspraak Diabetes mellitus type 2. *Huisarts & Wetenschap*, 2006 49(8) 418-424

2669 Bos J, Dijcks B, Janssen N, Luten A, Witte L. De Meerkosten in Kaart. Een onderzoek naar de financiële positie van chronisch zieken en gehandicapten. *Utrecht*, 2007

2635 Bouffioulx E, Arnould C, Thonnard JL. Satis-Stroke: a satisfaction measure of activities and participation in the actual environment experienced by patients with chronic stroke. *J Rehab Med*, 2008 40 836-843

2687 Boyd R, Sakzewski L, Ziviani J, Abbott DF, Badawy R, Gilmore R, Provan K et al. INCITE: A randomised trial comparing constraint induced movement therapy and bimanual training in children with congenital hemiplegia. *BMC Neurology*, 2010 10 art. no. 4

2706 Brandsma JW, Heerkens YF, Ravenberg CD van. Impairments and disabilities in hand therapy: the necessity of a uniform terminology for communications en research purpose. *American Journal of Hand Therapy*, 1993 6(4) 252-258

- 2688 Brasileiro IC, Moreira TM, Jorge MS, Queiroz MV, Mont'Alverne DG.** Activities and participation of children with cerebral palsy according to the International Classification of Functioning, Disability, and Health. *Revista brasileira de enfermagem*, 2009 62 (4) 503-511
- 2678 Brendle M, Kuhlow H, Rauch A, Weigl M.** Multidisciplinary intervention in osteoarthritis based on the ICF - A case example. *Physikalische Medizin Rehabilitationsmedizin Kurortmedizin*, 2009 19(1) 22-28
- 2650 Brunani A, Liuzzi A, Sirtori A, Raggi A, Berselli ME, Villa V, Ceriani F, Tacchini E, Vicari V, Parisio C, Vismara L, Zanini A, Vinci C, Contini F, Braga E, Ricappi A et al.** Mapping an obesity clinical evaluation protocol to the International Classification of Functioning, Disability and Health (ICF). *Disabil Rehabil*, 2009
- 2689 Chacon LF, Lopez ML, Frechero NM.** Prevalence of dental fluorosis and consumption of hidden fluoride in school children in the municipality of Nezahualcoyotl. *Gaceta medica de Mexico*, 2009 145(4) 263-267
- 2702 Cieza A, Kirchberger I, Biering-Sørensen F, Baumberger M, Charlifue S, Post MW, Campbell R et al.** ICF Core Sets for individuals with spinal cord injury in the long term context. *Spinal Cord*, 2010 48(4) 305-312
- 2683 CIZ.** Gebruikershandleiding Beslisboom Hulp bij het Huishouden. 2007
- 2690 Danermark B, Cieza A, Gangé JP, Gimigliano F, Granberg S, Hickson L, Kramer SE et al.** International classification of functioning, disability and health core sets for hearing loss: A discussion paper and invitation. *International Journal of Audiology*, 2010 49(4) 256-262
- 2638 Department of Health and Human Services.** Disability and Health in the United States, 2001-2005. Hyattsville, Maryland, 2008
- 2707 Detaille SI, Heerkens YF, Engels JA, Gulden JW van der, Dijk FJ van.** Common prognostic factors of work disability among employees with a chronic somatic disease: a systematic review of cohort studies. *Scan J Work Environ Health*, 2009 35(4) 267-281
- 2708 Dijk GM van.** Course of limitations in activities in elderly patients with osteoarthritis of the hip or knee. Utrecht, 2009
- 2666 Donkervoort M, Roebroek M, Wiegerink D, Heijden-Maessen H van der, Stam H.** The Transition Research Group South West Netherlands. Determinants of functioning of adolescents and young adult with cerebral palsy. *Disabil Rehabil*, 2007 29 453-463
- 2637 Drum CE.** Models and Approaches to Disability. In: *Disability and Public Health (27-44)*. Washington, 2009
- 2641 Dufour SP, Lucy SD.** Situating Primary Health Care within the International Classification of Functioning, Disability and Health: Enabling the Canadian Family Health Team. *Int J Interprof Care*, 2010
- 2709 Dungen L van den.** Taaltherapie voor kinderen met taalontwikkelingsstoornissen. Bussum, 2007
- 2668 Eisenberg N, Fabes RA, Murphy B, Maszk P, Smith M, Karbon M.** The role of emotionality and regulation in children's social functioning: A longitudinal study. *Child Development*, 1995 66 1360-1384
- 2644 Ewert T, Allen DD, Wilson M, Ustun B, Stucki G.** Validation of the International Classification of Functioning, Disability and Health framework using multidimensional item response modeling. *Disabil Rehabil*, 2010
- 2682 Federici S, Meloni F.** A note on the theoretical framework of World Health Organization Disability Assessment Schedule II. *Disability and Rehabilitation*, 2010 32(8) 687-691
- 2674 Ferreira FR, Cesar CC, Camargos VP, Lima-Costa MF, Proietti FS.** Aging and urbanization: The neighbourhood perception and functional performance of elderly persons in belo horizonte metropolitan area-Brazil. *Journal of Urban Health*, 2010 87(1) 54-66
- 2643 Ferreira ML, Borges BM, Rezende IL, Carvalho LP, Soares LP, Dabes RA, Carvalho G, Drummond AS, Machado GC, Ferreira PH.** Are neck pain scales and questionnaires compatible with the international classification of functioning, disability and health? A systematic review. *Disabil Rehabil*, 2010
- 2659 Florian L, Hollenweger J, Simeonsson RJ, Wedell K, Riddell S, Terzi, Holland A.** Cross-cultural perspectives on the classification of children with disabilities: Part 1. Issues in the classification of children with disabilities. *J Spec Educ*, 2006 4 36-45
- 2710 Forchheimer MB.** Objective and subjective measures: Assessment of three measures of participation among people with spinal cord injuries. *Spinal Cord Injury Rehabilitation*, 2010 15(4) 16-25
- 2648 Forhan M.** An analysis of disability models and the application of the ICF to obesity. *Disabil Rehabil*, 2009 31 1382-1388
- 2755 Freedman VA.** Adopting the ICF Language for Studying Late-life Disability: A Field of Dreams? *J Gerontol A Biol Sci Med Sci*, 2009 64A(11) 1172-1174
- 2711 Gezondheidsraad.** Beoordelen, behandelen en begeleiden: Medisch handelen bij ziekteverzuim en arbeidsongeschiktheid. Den Haag, 2005
- 2634 Gorter JW, Tol E van, Schie P van, Ketelaar M.** De herziene en uitgebreide versie van de Gross Motor Function Classification System (GMFCS-E&R). *Revalidata*, 2009 31(150) 2-5

- 2712 Graetz PAM, Timmermans H, Broekhuizen AC.** Eindrapport Project Logopedie Informatie Systeem. Utrecht, 1995
- 2754 Guralnik JM, Ferrucci L.** The Challenge of Understanding the Disablement Process in Older Persons. *J Gerontol A Biol Sci Med Sci*, 2009 64A(11) 1169-1171
- 2679 Gutenbrunner C, Fialka-Moser V, Grill E, Stucki G.** ICF-Core-Sets in acute settings and early rehabilitation for patients with musculo-skeletal conditions. *Physikalische Medizin Rehabilitations-mezizin Kurortmedizin*, 2009 19(1) 14-21
- 2691 Gutenbrunner C, Schiller J, Schwarze M, Fischer V, Paulmann V, Haller H, Küther G.** Hannover model for the implementation of physical and rehabilitation medicine teaching in undergraduate medical training. *Journal of Rehabilitation Medicine*, 2010 42(3) 206-213
- 2692 Hardt J, Muche-Borowski C, Conrad S, Balzer K, Bokemeyer B, Raspe H.** Inflammatory bowel diseases as multifocal disorders: Results from a multi-regional survey on bodily and psychosocial problems in IBD patients. *Zeitschrift für Gastroenterologie*, 2010 48(3) 381-391
- 2665 Hebbeler K, Spiker D, Bailey D, Scarborough A, Mallik S, Simeonsson R, Singer M, Nelson L.** Early intervention outcomes for infants and toddlers with disabilities and their families: Participants, services, and outcomes. Final report of NEILS. SRI International, 2007
- 2715 Heerkens YF, Beer J de.** International Classification of Functioning Disability and Health. Gebruik van de ICF in de logopedie. *Logopedie en Foniatrie*, 2007 4 112-119
- 2716 Heerkens YF, Dekkers CA.** Classificaties voor de huidtherapie. Gorinchem/Amersfoort, 2007
- 2717 Heerkens YF, Engels JA, Gulden JWJ van der.** Een pleidooi voor het gebruik van de ICF in de arbozorg: Eenheid van taal bevordert arbocuratieve samenwerking. *TSG*, 2006 84(6) 333-341
- 2713 Heerkens YF, Ras O de.** De ICF en de toepassing daarvan bij een patient met WAD. Bijlage I bij WERken met WAD. Een multidisciplinaire visie op belastbaarheid en re-integratie van mensen met Whiplash Associated Disorder I en II. Kwaliteitsbureau. Utrecht, 2010
- 2719 Heerkens YF, Ravensberg CD van.** Implementatie van de ICF in de klinische praktijk (72-80). In: *Jaarboek voor kinesitherapeuten 2006-2007*. Antwerpen, 2006
- 2720 Heerkens YF, Ravensberg CD van.** Toepassingsmogelijkheden van de multiprofessionele International Classification of Functioning, Disability and Health (ICF) in de paramedische zorg. Amersfoort, 2007
- 2721 Heerkens YF, Rijken M, Dekker J, Wams HWA, Oostendorp RAB.** Inventarisatie van paramedische zorg voor chronisch zieken. Amersfoort/Utrecht, 1997
- 2722 Heerkens YF, Spijker MC, Klein A, Ravensberg CD van.** Ontwerpclassificatie Gezondheidstoestand voor de Logopedie (Ontwerp ICIDH-logopedie). Amersfoort, 1998
- 2714 Heerkens YF.** Moves towards a common professional language in the Netherlands. *WCPT News*, 2009 6
- 2723 Hilfiker R, Obrist S, Christen G, Lorenz T, Cieza A.** The use of the comprehensive International Classification of Functioning, Disability and Health Core Set for low back pain in clinical practice: a reliability study. *Physiother Res Int*, 2009 14(3) 147-166
- 2661 Hobbs, N.** Issues in the classification of children: A sourcebook on categories, labels, and their consequences. San Francisco, 1975
- 2724 Hoogvliet H, Visser W.** Het Elektronisch Diëtetiek Dossier in de praktijk. *Zorg ICT-congres*. 2003
- 2700 Hoy DG, Rickart KT, Durham J, Puntumetakul R, Mansoor GF, Muijlwijk A, Bounnaphoi S.** Working together to address disability in a culturally-appropriate and sustainable manner. *Disability and Rehabilitation*, 2010 32(16) 1373-5
- 2759 Howard D, Nieuwenhuijsen E, Saleeby P.** Health promotion and education: Application of the ICF in the US and Canada using an ecological perspective. *Disability and Rehabilitation*, 2008 30 (12-13) 942-954
- 2662 Ibragimova N, Granlund M, Björk-Åkesson E.** Field trial of ICF version for children and youth (ICF-CY) in Sweden: Logical coherence, developmental issues and clinical use. *Developmental Neurorehabilitation*, 2009 12 3-12
- 2731 Nationaal ICT Instituut in de Zorg/Nederlands Paramedisch instituut.** Informatievoorziening in de paramedische zorg: Een analyse van de huidige situatie, de wensen en behoeften. Nationaal ICT Instituut in de Zorg/Nederlands Paramedisch instituut, 2009
- 2758 Irrgang JJ, Godges JJ.** ICF-based Practice Guidelines for Common Musculoskeletal Conditions. *J Orthop Sports Phys Ther*, 2008 38(4) 167-168
- 2725 Jelles F, Bennekom CAM van.** Rehabilitation activities profile: the ICIDH as a framework for a problem-oriented assessment method in rehabilitation medicine. Amsterdam, 1995
- 2753 Jette AM.** Beyond Dueling Models. *J Gerontol A Biol Sci Med Sci*, 2009 64A(11) 1175-1176
- 2752 Jette AM.** Toward a Common Language of Disablement. *J Gerontol A Biol Sci Med Sci*, 2009 64A(11) 1165-1168
- 2732 Kaemingk M, Esch M van, Horstink M, Rood B, Smeets C, Spaendock K van, Swart B de, Tinselboer L.** Multidisciplinaire zorgplannen Parkinson. Nijmegen, 2003
- 2693 Kalisch M, Fellinghauer BA, Grill E, Maathuis MH,**

Mansmann U, Bühlmann P, Stucki G. Understanding human functioning using graphica models. BMC Medical Research Methodology, 2010 10 art.nr. 14

2694 Kirchberger I, Biering-Sørensen F, Charlifue S, Baumberger M, Campbell R, Kovindha A, Ring H, Sinnott A, Scheuringe M, Stucki G. Identification of the most common problems in functioning of individuals with spinal cord injury using the international classification of functioning, disability and health. Spinal Cord, 2010 48(3) 221-229

2701 Kirchberger I, Cieza A, Biering-Sørensen F, Baumberger M, Charlifue S, Post MW, Campbell R et al. ICF Core Sets for individuals with spinal cord injury in the early post-acute context. Spinal Cord, 2010 48(4) 297-304

2718 Kuiper C, Heerkens YF, Balm MFK, Bieleman A, Nauta A. Arbeid en gezondheid: preventie, behandeling en reïntegratie. Een handboek voor paramedici. Houten, 2005

2726 Lakerveld-Heyl K, Ravensberg CD van, Wams HWA. Project PACK. Paramedische zorg voor patienten met COPD. Informatie voor huisartsen. Deel 1 Mogelijke indicaties voor paramedische zorg (Schema en Tabel). NPi, NHG, CG-Raad 2005

2703 Laxe S, Bernabeu N, Lopez R, Garcia A, Tormos JM. The international classification of functioning, disability and health in rehabilitation: From the theory to the practice. Rehabilitation, 2010 44(2) 152-157

2695 Lefton- Greif MA, Arvedson JC, Hielscher-Fastabend M. Pediatric feeding and swallowing disorders: State of health, population trends, and application of the international classification of functioning, disability, and health. Sprache Stimme Gehör, 2010 34(1) 8-11

2649 Leonardi M, Bickenbach J, Raggi A, Sala M, Guzzon P, Valsecchi MR et al. Training on the International Classification of Functioning, Disability and Health (ICF): the ICF-DIN Basic and ICF-DIN Advanced Course developed by the Disability Italian Network. J Headache Pain, 2005 6 159-164

2660 Leonardi M, Bickenbach J, Ustun TB, Kostansjek N, Chatterji S. The definition of disability: What is in a name? The Lancet, 2006 368 1219-1221

2670 Looijestijn PL. Visueel profiel: observatielijst visueel functioneren behorende bij de programma's 'Inzicht in slechthoortendheid' voor ouders, gezinsleden, partners enz. Visio, 1995 95-4

2729 Maij E, Visser W. Op weg naar een papierloze Diëtietiek status: Het Elektronisch Diëtietiek Dossier. Informatie & Zorg, 2002 31(2) 34-39

2651 Maozorati D, Liuzzi A, Brunani A. La metodologia dei PDT applicata alla definizione e gestione dei protocolli riabilitativi per l' obesita grave e complicata. Mecosan, 2003 47 125-134

2730 Minis MAH, Heerkens YF, Engels JA, Engelen BGM

van, Oostendorp RAB. Classification of employment factors according tot the International Classification of Functioning, Disability and Hesth (ICF) in patients with neuromuscular diseases: a systematic review. Disability and Rehabilitation, 2009 31(26) 2150-2163

2756 Nat. Committee on Vital and Health Statistic/Department of Health and Human Services. Classifying and Reporting Functional Status. Hyatsville, Maryland

2750 Nationale Raad voor de Volksgezondheid / Werkgroep Classificaties en Coderingen. Rapport vooronderzoek fysiotherapie. Den Haag, 1987

2734 Nederlandse Vereniging voor Logopedie en Foniatrie. Beroepsprofiel Logopedist. Gouda, 2003

2735 Nederlandse Vereniging voor Logopedie en Foniatrie. Bureaulegger met ICIDH-coderingen. Gouda, 2003

2675 Nurnberg W, Breuer K. Applications for medical rehabilitation in the field of dermatology. Hautarzt, 2010 61(1) 47-54

2696 Öhlinger S, Mairhofer H. Longterm rehabilitation in no man's land. Neurologie und Rehabilitation, 2010 2(3-4) 28-34

2667 Ostensjo S, Carlberg EB, Vollestad NK. Motor impairments in young children with cerebral palsy: relationship to gross motor function and every day activities. Dev Med Child Neurol, 2004 46 580-589

2697 Peterson DB, Paul H. Using the international classification of functioning, disability and health (ICF) to conceptualize disability and functioning in psychological injury and law. Psychological Injury and Law, 2009 2(3-4) 205-214

2684 Pijnakker P. Homeopathie en ICF: Een verkenning van toepassings-mogelijkheden van de Internaional Classification of Functioning, Disability and Health (ICF) in de homeopathie Leeuwarden, 2008

2640 Raggi A, Leonardi M, Ajovalasdit D, Damico D, Bussone G. Disability and functional profiles of patients with migraine measured with ICF classification. Int J Rehabil Res, 2010

2652 Raggi A, Sirtori A, Brunani A, Liuzzi A, Leonardi M. ICF Classification to describe functioning and disability in patients with obesity. Disabil Rehabil, 2009

2736 Rauch A, Bickenbach JD, Reinhardt J, Geyh S, Stucki G. The utility of the ICF to identify and evaluate problems and needs in participation in spinal cord injury rehabilitation. Spinal Cord Injury Rehabilitation, 2010 15(4) 72-86

2737 Ravensberg CD van, Heerkens YF, Brandsma JW. Bewerking van de ICIDH. Stoornissen en Beperkingen. Amersfoort, 1995

2738 Ravensberg CD van, Oostendorp RAB, Elvers JWH.

Inventarisatie van de zorg in de eerstelijns fysiotherapie. *Nederlands Tijdschrift voor Fysiotherapie*, 1995 105(2) 2-24

2739 Ravensberg CD van, Oude Engberink KM. Verpleeghuizen op weg naar verantwoorde zorg. Helpen bij implementatie loont. Amersfoort, 2004

2740 Ravensberg CD van, Riet AM van, Visser JJW, Berkel DM van. Kinderfysiotherapie in de eerstelijns: indicaties en behandeling. Amersfoort, 2004

2741 Ravensberg CD van. Groepsprogramma's 'FLITS'. Ook mannelijke migranten willen gezond leven. Issue 2009 4 8-9

2743 Regionaal Genootschap Fysiotherapie Amsterdam. Het Amsterdams dienstenmodel: handboek voor fysiotherapeuten en oefentherapeuten Cesar/Mensendieck. Amsterdam, 1999

2742 Reinhardt JD, Post MWM. Measurement and evidence of environmental determinants of participation in spinal cord injury: A systematic review of the literature. *Spinal Cord Injury Rehabilitation*, 2010 15(4) 26-48

2653 Rhimmer J. Use of the ICF in identifying factors that impact participation in physical activity/rehabilitation among people with disabilities. *Disabil Rehabil*, 2006 28 1087-1095

2744 Rigby PJ. Assistive Technology for Persons with Physical Disabilities: Evaluation and Outcomes. Utrecht, 2009

2745 Schiemanck SK. Long-term functional outcome after stroke: the impact of MRI-detected lesion characteristics. Utrecht, 2010

2746 Schmitt MA. Understanding functioning and health in patients with whiplash-associated disorders. Utrecht, 2010

2747 Scholten-Peeters GGM. Whiplash and its treatment. Nijmegen, 2004

2658 Simeonsson RJ, Bailey DB, Smith T, Buysse V. Children with disabilities: functional assessment by teachers. *J Phys Dev Disabil*, 1995 7 267-284

2748 Sinnott KA, Cassidy B, Nunnerley JL, Bourke J, Kunowski T. Commentary on community participation following spinal cord injury in New Zealand. *Spinal Cord Injury Rehabilitation*, 2010 15(4) 63-71

2698 Slavin MD, Kisala PA, Jette AM, Tulsy DS. Developing a contemporary functional outcome measure for spinal cord injury research. *Spinal Cord*, 2010 48(3) 262-267

2636 Stucki G. Implementation of the ICF in the health sector. *Revalidata*, 2009 31(151) 12

2655 Stucki A, Daansen P, Fuessl M, Cieza A, Huber E, Atkinson R, Kostansjek N, Stucki G, Ruof J. ICF Corre sets for obesity. *J Rehabil Med*, 2004 44 (suppl) 107-113

2654 Stucki A, Borchers M, Stucki G, Cieza A, Amann E, Ruof J. Content comparison of health status measures for obesity based on the international classification of functioning, disability and health. *Int J Obes*, 2006 30 1791-1799

2664 Thomas-Stonell N, Oddson B, Robertson B, Rosenbaum P. Predicted and observed outcomes in preschool children following speech and language treatment: parent and clinician perspectives. *J Commun Disord*, 2009 42 29-42

2751 Threats TT. The ICF and speech-language pathology: Aspiring to a fuller realization of ethical and moral issues. *Int. Journal of Speech-Language Pathology*, 2010 12 87-93

2749 Thuis IM, Swets-Cronert FA. Eindrapport 'Bijstelling van de ICIDH voor de Logopedie. Utrecht, 1997

2672 Velema JP, Cornielje H. Backbone principles of the CBR guidelines and their application in the field of leprosy. *Asia Pacific Disability Rehabilitation Journal*, 2010

2676 Verna A, Davidson B, Rose T. Speech-language pathology services for people with aphasia: A survey of current practice in Australia. *Int Journal of Speech-Language Pathology*, 2009 11(3) 191-205

2681 Wallesch CW, Schlote A. WHODAS II - Practical and theoretical issues. *Disability and Rehabilitation*, 2010 32(8) 685-6

2685 Wei LI, Wang, N, Xie, B. Initial study of the Chinese version of brief ICF core sets for diabetes mellitus. *Chinese Journal of Rehabilitation Medicine*, 2010 25 (3) 215-222

2657 Weigl M, Cieza A, Andersen C, Kolleritis B, Amann E, Stucki G. Identification of relevant ICF categories in patients with chronic health conditions: a Delphi exercise. *J Rehabil Med*, 2004 44 (suppl) 12-21

2680 White DK, Jette Am, Felson DT Lavalley MP, Lewis CE, Tomer JC, Nevitt MC, Keysor JJ. Are features of the neighbourhood associated with disability in older adults? *Disability and Rehabilitation*, 2010 32(8) 639-645

2733 Winkelman JCG, Bettman W, Gennep MR van, Rozier HCM, Heerkens YF. Functieprofiel Fysiotherapeut in de Geriatrie. Amersfoort, 2003

2656 Wolff B, Cieza A, Parentin A, Rauch A, Sigl T, Brockow T, Stucki G. Identifying the concepts contained in outcome measures of clinical trials on four internal disorders using the International Classification of Functioning. *J Rehabil Med*, 2004 44 (suppl) 37-42

2639 Zee CA van der, Priesterbach AR, Dussen L van der, Kap A, Schepers VPM, Visser-Meily JMA, Post MWM. Reproduceerbaarheid van drie meetinstrumenten voor het meten van participatie: de ICF Maat van Participatie en Activiteiten Screener, de Participaties. *Revalidata*, 2010 32(153) 12-15