Disability and Rehabilitation

ISSN: 0963-8288 (Print) 1464-5165 (Online) Journal homepage: informahealthcare.com/journals/idre20

Systematic literature review on ICF from 2001 to 2009: its use, implementation and operationalisation

Milda Cerniauskaite, Rui Quintas, Christine Boldt, Alberto Raggi, Alarcos Cieza, Jerome Edmond Bickenbach & Matilde Leonardi

To cite this article: Milda Cerniauskaite, Rui Quintas, Christine Boldt, Alberto Raggi, Alarcos Cieza, Jerome Edmond Bickenbach & Matilde Leonardi (2011) Systematic literature review on ICF from 2001 to 2009: its use, implementation and operationalisation, Disability and Rehabilitation, 33:4, 281-309, DOI: 10.3109/09638288.2010.529235

To link to this article: https://doi.org/10.3109/09638288.2010.529235

Published online: 13 Nov 2010.

Disability and Rehabilitation, 2011; 33(4): 281–309

REVIEW

Systematic literature review on ICF from 2001 to 2009: its use, implementation and operationalisation

MILDA CERNIAUSKAITE[1], RUI QUINTAS[1], CHRISTINE BOLDT[2], ALBERTO RAGGI[1], ALARCOS CIEZA[2,3], JEROME EDMOND BICKENBACH[2], & MATILDE LEONARDI[1]

[1]*Neurology, Public Health and Disability Unit – Scientific Directorate, Neurological Institute C. Besta IRCCS Foundation, Milan, Italy,* [2]*Swiss Paraplegic Research, Nottwil, Switzerland, and* [3]*Institute for Health and Rehabilitation Sciences, Research Unit for Biopsychosocial Health, Ludwig-Maximilians-University, Munich, Germany*

Accepted September 2010

Abstract

Purpose. To present a systematic literature review on the state of the art of the utilisation of the International Classification of Functioning, Disability and Health (ICF) since its release in 2001.

Method. The search was conducted through EMBASE, MEDLINE and PsychInfo covering the period between 2001 and December 2009. Papers were included if ICF was mentioned in title or abstract. Papers focussing on the ICF-CY and clinical research on children and youth only were excluded. Papers were assigned to six different groups covering the wide scenario of ICF application.

Results. A total of 672 papers, coming from 34 countries and 211 different journals, were included in the analysis. The majority of publications (30.8%) were conceptual papers or papers reporting clinical and rehabilitation studies (25.9%). One-third of the papers were published in 2008 and 2009.

Conclusions. The ICF contributed to the development of research on functioning and on disability in clinical, rehabilitation as well as in several other contexts, such as disability eligibility and employment. Diffusion of ICF research and use in a great variety of fields and scientific journals is a proof that a cultural change and a new conceptualisation of functioning and disability is happening.

Keywords: *ICF, disability, functioning, health*

Introduction

The International Classification of Functioning, Disability and Health (ICF) was formally endorsed by the World Health Organization in 2001 [1]. With this classification, the WHO intended to complement purely health condition-related information, provided by the International Classification of Diseases, 10th revision (ICD-10) [2], that is used to report mortality and morbidity data, with information on health and health-related outcomes in terms of functioning. Together, information on diagnosis plus information on functioning provides a broader picture of the health of individuals and populations. In fact, morbidity and mortality data, although useful for calculating life expectancy, are not sufficient to capture the overall health status of populations, since information about non-fatal health outcomes is becoming more and more relevant because of to the so-called epidemiological transition – the shift from infectious diseases to increased prevalence of chronic non-communicable diseases. Since the early 1990s, WHO has also been involved in the Global Burden of Disease (GBD) study which, in its last update [3], reported the growing burden of non-communicable diseases, which now account for nearly half of the total GBD. In fact, almost 45% of the adult disease burden in low- and middle-income countries is now attributable to non-communicable diseases, and population ageing and changes in the distribution of risk factors have accelerated the non-communicable disease share of total disease burden in many developing countries. Therefore, collecting information on health state and

Correspondence: Dr. Matilde Leonardi, Neurology, Public Health and Disability Unit – Scientific Directorate, Neurological Institute C. Besta IRCCS Foundation, Milan, Italy. E-mail: leonardi@istituto-besta.it

ISSN 0963-8288 print/ISSN 1464-5165 online © 2011 Informa UK, Ltd.
DOI: 10.3109/09638288.2010.529235

health outcomes is of primary interest for all countries.

Unfortunately, data are not consistently gathered worldwide, and the same is true across Europe. As a report from Brunel University showed some years ago, there is no common measurement and definitions of disability across EU countries [4]. Different definitions of disability are relevant to different policies and the necessity of using a plurality of definitions to ensure relevance raises a problem of coherence in disability policy: people may be designated as disabled for one policy and not for another, and sometimes they encounter gaps in provision as a result.

If, on one side it is acceptable for policies to use different definitions of disability, the same is not acceptable for generating prevalence information: what is needed is a common framework for defining and describing disability and health. From the public health perspective, the usefulness of ICF goes beyond that of measuring population health: with ICF it is possible to identify those environmental factors that, having an impact on areas of participation such as education, transportation, or housing, may be determinants of health [5]. The ICF can plausibly claim to be a universal tool for classifying states of functioning since its underlying model reflects our best understanding of the complex phenomena of functioning and of disability, which is herein intended as a decrement of functioning of a person with a health condition in a hindering environment. Heretofore, disability has been construed as an all or nothing phenomenon: a distinct category to which an individual either belongs or not. The ICF presents functioning as a continuum, relevant to the lives of all people to different degrees and at different times in their lives: therefore, disability is not a category that applies only to a minority of people. Decrements in functioning may be the result of decrements in intrinsic capacity or problems with body functions or structures; or they can result from features of the person's physical, human-built or social environment that lead to problems in performance over and above decrements in capacity. Very likely, decrements in functioning are the result of both processes, and viewing disability as an interaction between health condition and environmental factors is the key to how disability can be measured, and how interventions to reduce it can be evaluated.

To this point in time, considerable research has focussed on the implementation and utilisation of the ICF in several contexts: clinical, education, statistics, policy development and policy support. However, we lack precise information about the impact the ICF has had on research. In 2009, Jennifer Jelsma produced a literature survey on the utilisation of the ICF [6]. She concluded that the ICF has already made a major impact on the way in which data concerning disability are conceptualised, collected and processed. She stressed that the classification is being used across disciplines, health conditions, sectors and settings, and that utilisation in developing countries must be encouraged. Her paper, however, had major shortcomings as the papers she analysed represented a convenience sample and not all papers published up to and during the period between ICF's release and the publication of the literature survey were included; therefore, the results of the paper should be carefully interpreted.

The aim of this article is to present an updated systematic literature review on the state of the art on the utilisation, operationalisation and interpretation of the ICF in a variety of settings since its release in 2001–2009. Specifically, we aim to evaluate the extent of implementation in different countries, in different years, and the extent to which, and the manner in which the ICF has been used in different settings and research fields.

Methods

The search was conducted using three electronic databases: EMBASE, MEDLINE and PsychInfo, covering the period between ICF release in 2001 and December 2009. The search strategies were developed for all the databases with slight differences between them due to the particularities of each database. In all the cases advanced search methods were used with different combinations of the following keywords: 'ICF', 'international classification functioning disability health', 'classification functioning', 'classification disability', 'classification handicap' and 'classification health'.

In the selection process, papers were included if they met the following inclusion criteria: date of publication from 2001 till December 2009; ICF or International Classification of Functioning, Disability and Health mentioned in the title or abstract; the language of the abstract was English. Book chapters were excluded. Papers were excluded if they mentioned ICIDH or ICIDH-2 only, if they were on ICF-CY only or if they were on persons aged <18 years only. The rationale for these exclusions is that studies connected to the description of functioning and disability in children and youth with the ICF suffered from the lack of specific categories able to capture the specificity of the development in children and youth. In fact, limitations that in an adult can be seen as a problem, in children could be due to an incomplete stage of development, both for physiologic and pathologic reasons. The increase in children and youth competence, participation and independence should be measured with the ICF-CY, which contains several age-specific categories. Furthermore,

due to its recent publication (2007), we preferred to limit our selection to the adult population measured with ICF when considering papers reporting on clinical issues.

After the selection, all the abstracts were read independently by two researchers (MC, RQ) and assigned to one of the six categories, which were created and defined consulting the literature and using the expertise in the field of ICF.

The *Conceptual papers* category contains articles that discuss the concepts included and used in the ICF and that describe the biopsychosocial model of functioning and disability. Also in this group are articles that compare ICF with other classifications and the biopsychosocial model with other health and disability models, as well as comments and editorials relevant to the concepts of the ICF. The *Development of ICF and of ICF related instruments* category contains articles on the development of the ICF and ICF-related instruments and is divided into subcategories: ICF core sets, ICF-based instruments, ICF checklist, development of the personal factors classification for ICF, comments and editorials on the development of ICF. The third category *Clinical contexts* includes theoretical and practical discussions about ICF implementation or operationalisation in clinical sector, including rehabilitation, in specific health conditions or groups of health conditions. The category *Non-clinical contexts* includes articles about the ICF in areas other than clinical, such as education, labour, legislation, support to technology development and support to policy. It is divided in theoretical discussion on possible applications of the ICF in non-clinical contexts, and in practical applications of ICF as well as commentaries and editorials. This group was left quite broad because the choice of search databases kept the researchers aware of possible trends of findings. The fifth category is *Linking papers* which includes work of linking instruments to ICF categories. The sixth category of the systematic review includes articles in which the ICF is only mentioned.

When the information in an abstract was not sufficient in order to categorise the paper, then the full text of the papers was read. In case of disagreement between the two researchers (MC, RQ) the third researcher (AR) who was blind to the decisions of the first two, read and categorised. In case of further disagreement the final agreement was found through discussion among three researchers.

Results

The searches yielded 5086 citations and 670 were eligible in the analysis (Figure 1). They came from 34 countries and 211 different journals. Four authors

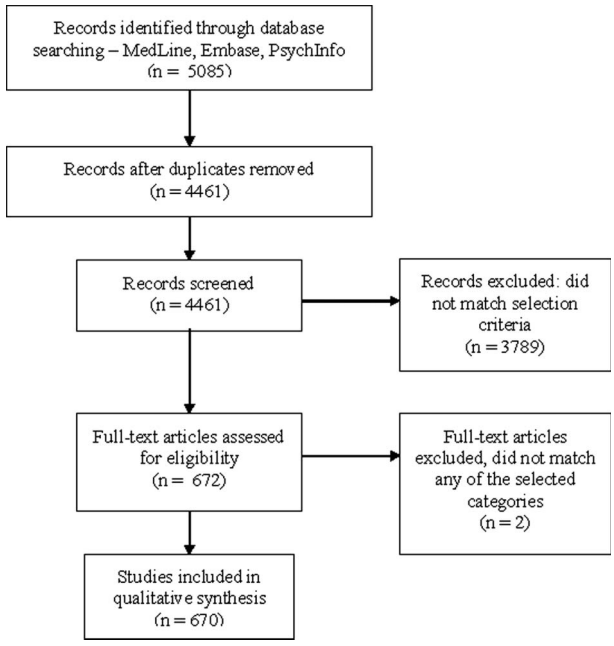

Figure 1. Process of inclusion of studies in the systematic review.

appeared at least ten times as first authors: A. Cieza (15), G. Stucki (14), E. Grill (12) and M. Leonardi (11). Information on frequencies of publication year and prevalence of the categories is reported in Table I. The majority of publications were categorised as *conceptual papers* (30.8%) or papers reporting experiences from *clinical contexts* (25.9%). A decrease in publication rate was observed in 2008, accompanied by a growth in 2009, which was the year with the largest number of published papers.

Figure 2a reports the distribution of papers divided by country of origin, limiting the inclusion at the threshold of 10 papers; Figure 2b reports the distribution of papers divided by journal, limiting the inclusion at the threshold of 10 papers. The majority of selected publications are from the US (21.9%), Germany (14.7%) and The Netherlands (10%). Those publications included in Figure 2a constitute 91.4% of total publications. *Disability and Rehabilitation* and the *Journal of Rehabilitation Medicine* are the two journals in which the majority of papers were published (18.3% and 8.3%, respectively) and journals with at least 10 publications (Figure 2b) constitute 42.4% of total publications.

Considering the region of origin of papers according to WHO's regional division of the world (Figure 3), it is evident that the majority of published research is from American and European countries.

Conceptual papers

A total of 206 papers were included in this category. The majority of these papers were published in

Table I. Year of publication and categories distribution of selected papers.

	Year of publication									
SLR Categories	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total (%)
Conceptual papers		11	21	22	36	42	24	21	29	206 (30.8)
Development of ICF and of ICF related instruments		1	1	16	19	12	16	13	25	103 (15.3)
Clinical and/or rehabilitation contexts	1	2	9	17	28	20	36	14	46	173 (25.9)
Non clinical contexts		1	9	3	7	7	10	10	15	62 (9.2)
Linking papers		1	2	8	8	15	15	6	18	73 (10.9)
ICF only mentioned	1	3	8	4	7	5	9	5	11	53 (7.9)
Total (%)	2 (0.3)	19 (2.8)	50 (7.4)	70 (10.4)	105 (15.8)	101 (15.2)	110 (16.4)	69 (10.3)	144 (21.4)	670 (100)

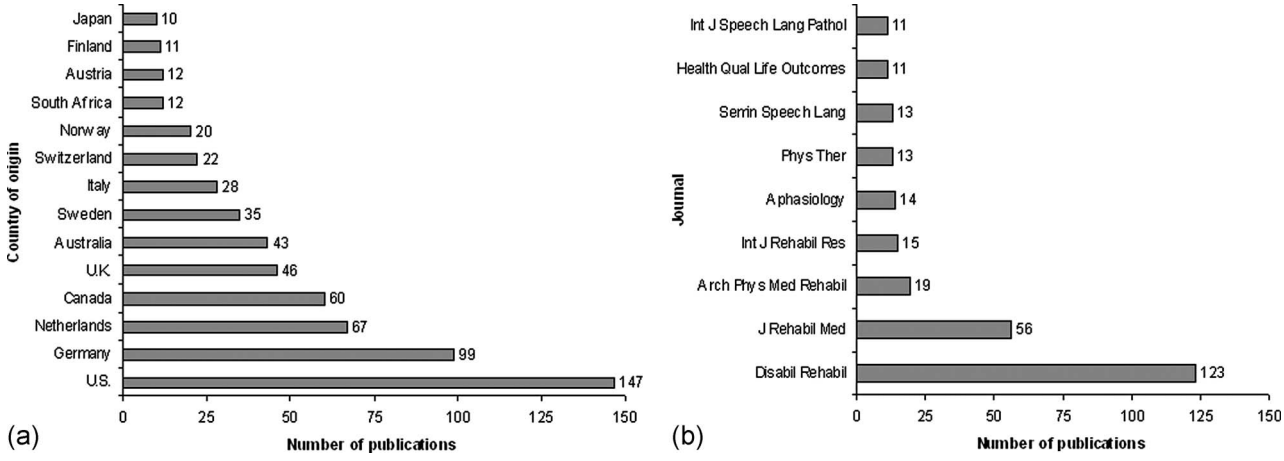

Figure 2. (a) Number of studies by most frequent country of origin, years 2001–2009. (b) Number of studies by most frequent journal of publication, years 2001–2009.

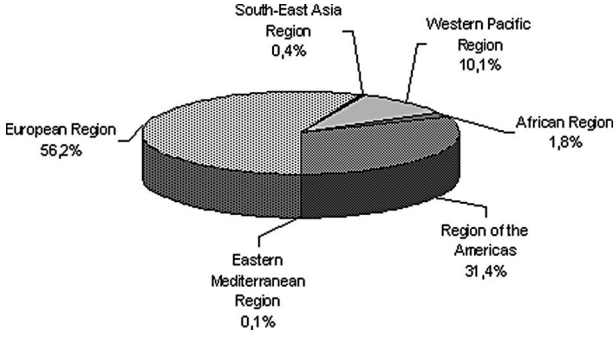

Figure 3. Number of studies by WHO region of origin, years 2001–2009.

Disability and Rehabilitation (39 papers), *Aphasiology* (10 papers) and the *International Journal of Speech Language Pathology* (9 papers), but the vast majority of papers included in this category (126 out of 207) were from journals that had less than 10 papers included in this systematic review. Articles in this category group were mostly North-American (60 from the US and 26 from Canada, corresponding to 41.6% of the total) or European (75 from different EU countries, corresponding to 40.5% of the total). Descriptive statistics for subcategories are reported in Table II. Most of the papers have been published in 2005 and 2006.

The majority of papers from this group (171 out of 206) describe the concepts underlying the ICF classification [5,7–176]. Included here were articles that explained the biopsychosocial model of disability and functioning provided by the ICF, its components – body functions, body structures, activity and participation, environmental factors, barriers, facilitators, capacity, performance and qualifiers in general – but without the practical application or theoretical description of possible application or operationalisation.

A few papers [177–182] were theoretical papers focussing on the comparison between the ICF and other classifications or between the biopsychosocial

and other health and disability models. Among these models were a nursing diagnosis classification, assistive technology models, the Disability Creation Process model and capability-based theory.

Some papers [183–209] were theoretical papers, included in supplement or special issues of different journals, reporting comments or editorial notes on the utilisation or implementation of the ICF.

Finally, two papers were included in the category 'other': Jelsma's literature review [6] and a paper by Schuntermann on the experience with ICF in Germany [210].

Development of ICF and of ICF related instruments

A total of 103 papers were included in this category. The majority of these papers have been published in *Disability and Rehabilitation* (23 papers) and in the *Journal of Rehabilitation Medicine* (19 papers), and were mostly from Germany (41 papers). In general, European countries produced 76.7% and North America 15.5% of all the literature in this field. Descriptive statistics for subcategories are reported in Table III. Most of the papers were published in 2005 and 2009.

This category contains articles on the development of the ICF and ICF-related instruments and is divided into subcategories: ICF core sets, ICF-based instruments, ICF checklist, development of the personal factors classification for ICF, comments and editorials on the development of ICF.

A total of 54 papers [211–264] described the development and validation of disease-specific ICF core sets. Only some studies refer to a theoretical application of core sets in clinical contexts and were included in this category due to their relevance as operationalisation of these ICF-derived instruments. Some of the articles on core sets' development for specific diseases or health conditions report list of ICF categories relevant for patients in specific settings, such as acute or post-acute settings. The majority of these papers were published between 2004 and 2005 and the number of them has decreased in the last years.

A total of 45 papers [265–308] were on the development of other ICF-based tools or on the validation of existing ICF-based tools, such as the WHO-DAS II. The majority of tools are for neurological and musculoskeletal diseases. The development of these tools is a new development that has received researchers' attention principally from 2007 onwards. The measures developed or validated using the ICF classification covered areas for evaluation in the field of rehabilitation and clinical settings: functioning in general and physical functioning in specific as well as self-care and domestic life; distress; activities and participation with different health conditions; home and community participation; community reintegration; wheelchair outcomes; impact of disease; perception of disability; perceived impact of problem. Articles in which ICF was used for developing data collection protocols were also included in this category.

Four papers [309–312] were included in the category 'other'. They focused on the codification of rehabilitation discharge information, data sets on spinal cord injury, a screening tool for risk factors in

Table II. Year of publication among the category 'conceptual papers'.

	Year of publication									
SLR categories	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total (%)
Concept beyond ICF		9	20	16	24	32	22	21	27	171 (83.1)
Comparison with other classifications		1	1		1		2		1	6 (2.9)
Comments or editorials		1		6	10	10				27 (13)
Other					1				1	2 (1)
Total (%)		11 (5.3)	21 (10.1)	22 (10.6)	36 (17.9)	42 (20.3)	24 (11.6)	21 (10.1)	29 (14.1)	206 (100)

Table III. Year of publication among the category 'Development of ICF and of ICF related instruments'.

	Year of publication									
SLR categories	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total (%)
ICF core Sets				14	13	6	7	5	9	54 (52.4)
ICF-based instruments		1	1	2	4	4	9	8	16	45 (43.7)
Other					2	2				4 (3.9)
Total (%)		1 (1)	1 (1)	16 (15.5)	19 (18.4)	12 (11.6)	16 (15.5)	13 (12.6)	25 (24.4)	103 (100)

leprosy and a paper describing the utilisation of natural language processing for automated functional status information coding.

No papers were found to be included into the subcategories created to describe the development of the ICF checklist, the development of the ICF personal factors classification and comments or editorials.

Clinical contexts

A total of 173 papers were assigned to the category describing studies focussing on the description of disability of patients in clinical contexts. *Disability and Rehabilitation* contributed to this category with 27, the *Journal of Rehabilitation Medicine* with 13 and the *Seminars in Speech and Language* with 10 papers. The vast majority of clinical papers included in this category (101 out of 176), were found in journals that had less than 10 papers included in this systematic review. Most of papers were from the US and from the Netherlands (37 and 22, respectively). European countries produced 56.3% and North America 28.7% of all the literature in this field. Descriptive statistics for subcategories are reported in Table IV. Most of the papers were published in 2007 and 2009.

A total of 91 papers [313–404] focused on theoretical descriptions of how the ICF could be applied in clinical contexts.

A total of 32 papers [405–436] described practical applications of the ICF in clinical contexts but not in specific health conditions. They include the development of methodologies and application of tools for health professionals [409,413,425,428,434], and the description of disability of diverse groups of patients from different clinical settings [338,405,419, 423,427–431], and the identification of relevant categories of ICF [407,410,411,414,417,418,420, 422,424].

A total of 47 papers [437–483] described the use of ICF in the contexts of a specific health condition, the most frequent being stroke [439,469,470,472,473], multiple sclerosis [444,464,465,467,477], rheumatoid arthritis [440,443,449,454,474], traumatic brain injury [455,457,459] and HIV/AIDS [441,446,447].

Two papers [484,485] were comments on the spread of core sets and use of ICF framework for interpreting hand function outcomes. One paper [486] was included in the category 'other' reporting the validity and reliability of a questionnaire for the assessment of symptoms and functional limitations in low back pain.

Non-clinical contexts

A total of 62 papers dealt with theoretical descriptions or practical applications of the ICF in contexts other than health were included here. They are mostly concerned issues of disability eligibility, employment, education, ICF training. *Disability and Rehabilitation* contributed to this category with 16, the *Journal of Rehabilitation Medicine* with 5 and the *International Journal of Rehabilitation Research* with 4 papers. Approximately half of the papers included in this category (34 out of 62) were from those journals that had less than 10 publications included in this systematic review. The majority of papers were from the US and Italy (22 and 7, respectively). European countries produced 48.3% and American countries 40.3% of all the literature in this field. Descriptive statistics for subcategories are reported in Table V. Most of the papers were published between 2007 and 2009.

A total of 36 papers [487–522] reported theoretical descriptions of how the ICF could be applied in

Table IV. Year of publication among the category 'Application of ICF in clinical or rehabilitation contexts'.

	Year of publication									
SLR categories	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total (%)
Theoretical description of ICF in clinical or rehabilitation context		1	5	11	19	13	23	2	18	92 (52.9)
Practical application of ICF in clinical or rehabilitation context		1	3	3	8	1	3	4	9	32 (18.4)
Use of ICF in the context of some specific health conditions	1		1	2	1	7	8	8	19	47 (27)
Comments or editorials				1			1			2 (1.1)
Other							1			1 (0.6)
Total (%)	1 (0.6)	2 (1.1)	9 (5.2)	17 (9.7)	28 (16.1)	21 (12.1)	36 (20.7)	14 (8.1)	46 (26.4)	174 (100)

Table V. Year of publication among the category 'Application of ICF in non clinical contexts'.

	Year of publication									
SLR categories	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total (%)
Theoretical description of ICF in other context		1	6	2	5	4	7	5	6	36 (58.1)
Practical application of ICF in other context			3	1	2	2	3	5	9	25 (40.3)
Other						1				1 (1.6)
Total (%)		1 (1.6)	9 (14.6)	3 (4.8)	7 (11.3)	7 (11.3)	10 (16.1)	10 (16.1)	15 (24.2)	62 (100)

contexts different from health, such as disability eligibility, education, employment or statistics. Themes covered the theoretical reasoning on how ICF could be implemented in the national legal systems, issues on national data collection using the ICF, teaching of ICF in different disciplines and fields, ICF and services for people with disabilities and theoretical description focussing on the provision of assistive technologies in sectors like education and employment.

A total of 25 papers [523–547] described practical applications of the ICF in contexts such as disability eligibility, education, employment or statistics. There is a big diversity of themes and areas of ICF applications in this subcategory: education, legal issues, employment, data collection, participation in community life, urban planning and assistive technologies.

One paper [548] was included in the category 'other' and it explained the development of a medical English-Swedish dictionary.

No publications were found to be included in the categories referred to comments or editorials on the use of ICF in contexts such as disability eligibility, education, employment or statistics.

Linking papers

A total of 73 papers [549–621] were included in the category dedicated to papers describing the content of established assessment tools or research protocols by means of a linking exercise to ICF categories. The majority of these papers have been published in 2006–2007 (15 out of 73 each year) and in 2009 (18 out of 73). *Disability and Rehabilitation* contributed to this category with 11 and the *Journal of Rehabilitation Medicine* with 10 papers. The vast majority of papers included in this category (44 out of 73) were from those journals that had less than 10 papers included in this systematic review. The majority of papers were from Germany and Canada (24 and 10, respectively). In general, European countries produced 65.7% and American countries 24.6% of all the literature in this field.

Most of linking papers followed the structured process based on the ICF linking rules developed by Cieza et al. [598] and updated in 2005 [582]. The linking exercise was primarily used for content comparison and analysis of different measures, most often health-related quality of life measures for different health conditions, disease-specific instruments measuring physical functional abilities and functional outcome measures.

ICF only mentioned

A total of 53 papers [622–674] were included in the *ICF only mentioned* category describing those papers in which the ICF was mentioned in the background or in the discussion, but no operationalisation of its concepts was carried out in research methods, and therefore findings of papers were not based on the ICF. The majority of these papers were published in 2009 (11 out of 53) and 2007 (9 out of 53). The vast majority of papers included in this category (36 out of 53) were from those journals which had less than 10 papers included in this systematic review. Most of papers were from the US and from Germany (12 and 6, respectively). European countries produced 66.2% and American countries 28.4% of all the literature included in this category. The majority of them were from the field of rehabilitation.

Discussion

Our aim was to report the most accurate and up-to-date review of the state of the art of ICF in scientific literature in the last nine years. We found that the majority of published research on the ICF use, operationalisation and implementation is from North America and European countries. The US produced the highest number of publications but more than half of papers are from European countries. While North America produced a great number of theoretical articles, European researchers have been working more extensively on practical applications of the ICF, both in clinical and in other contexts. This may

be the result of common initiatives undertaken by European governments, as well as research centres and, most importantly, by research supported by the European Commission. In fact a classification like the ICF, and particularly its innovative approach to functioning, health and disability, is not only expected to be implemented in health and other sectors, such as education or employment, but it is also expected to influence policy-making and culture more generally.

Clinical applications of the ICF are, in a sense, the widest context in which literature has been produced. In this broad category, we include both direct applications of the ICF aimed at describing functioning and disability in selected groups of patients, as well as the development of ICF-based tools and papers linking of assessment tools to the ICF. Taken together, they constitute 52% of all the publications included in this literature review. What is interesting to note is that there is a trend towards the development of ICF-based assessment tools. This is the result of some years of ICF application aimed at the description of disability in selected diseases, through the identification of relevant categories and the development of disease-specific ICF core-sets. However, in the last 2 years this research field seems to be less relevant, but we believe that this was the base of knowledge that was needed to launch the development of ICF-based assessment tools.

Similar considerations are applicable to the implementation of ICF-based protocols and application experience outside the clinical context. In fact, we observed a growing number of papers related to non-clinical issues, in particular in disability eligibility criteria, as well as education, legal issues, employment, data collection, participation in community life, urban planning, and provision of assistive technologies. We reported that 62 papers, representing approximately 9% of all publications, focused on a practical application or theoretical description of ICF use in such fields, and most of them were published after 2007. This means that the ICF is starting to be implemented outside clinical settings. We also have to acknowledge that the results of this systematic research are mainly coming from medical and psychological databases, so the use of other data sources might yield to even larger variety of applications and different trends on the use of ICF in different contexts. However, what is clear is that these recent developments on the use of ICF are the result of years of scientific work, in which the ICF model has been presented in a variety of contexts and different ways for its use, operationalisation and implementation have been proposed. In conclusion, this kind of implementation in clinical settings, research, surveillance and reporting of the ICF was both aimed for and expected by the WHO when ICF was released.

We found that approximately one-third of selected papers were on the description of ICF basic principles, and were equally distributed during the period 2001–2009. Approximately, 60% of them were not published in the most common journals. Our opinion is that the ICF is reaching the interest of a large number of disciplines, and is not specific to the field of rehabilitation, or to those interested in disability. In a sense, a cultural change is happening: disability associated with chronic condition is the outcome of improved healthcare and population ageing, and therefore researchers, clinicians, social workers, policy makers and administrators need a framework to improve their understanding of this phenomenon. The fact that ICF is nowadays diffused in so many scientific journals, even if in many cases it is only mentioned in the background, is evidence of the cultural change that is happening.

On the basis of these considerations, we believe that the data from this literature review are the most important evidence that can be brought to bear on the theoretical and practical advantage of using the ICF. Disability can be measured using a variety of assessment tools that are generally specific to a disease, or for a restricted number of functions or activities. Yet, when decision makers need to allocate funds, plan social services and pathways for their implementation, they need to rely on a most comprehensive description of disability and to have a broader definition than just a body function, a body structure or some activity problem. ICF, in our opinion, represents the most comprehensive classification system, since it makes it possible to describe disability at the level of the body, in terms of impairments, at the level of the person, in terms of activity limitation and at the societal level, in terms of participation restrictions. Moreover, it makes it possible to report on the presence and effectiveness of environmental factors. The ICF's biopsychosocial model of disability thus provides the common language needed for evidence-based policy development.

Future research should also consider how low and medium-resource countries might be supported in the development of research or implementation programmes that include an ICF-based data collection. The rationale for this is that WHO's GBD data [3] clearly shows that prevalence of non-communicable diseases is rising more quickly in these countries. Therefore, it is likely that in few years these countries will have to face the same situation as European and North America, in which increased life expectancy, matched with increased prevalence of chronic diseases, make it difficult to manage health and social systems. In addition, researchers should continue to plan ICF-based research through the development of ICF-based assessment tools.

This will make it possible to produce international reports on the health state of populations based on more than merely mortality rates. Given the trend towards longer lives and presence of chronic and disabling health conditions, this approach is preferable.

We decided to exclude papers focussing on use of ICF in children and youth only (aged less than 18), since the ICF is lacking some age-specific categories that are able to describe issue specific of children and youth's development. WHO requested to an international ICF-CY working group to update ICF so as to capture children and youth's functioning better. A 5 years work of amending ICF with international field trials resulted in the modification of existing ICF categories, in the attribution of new contents to unused ICF categories, in the modification of inclusion and exclusion criteria and, finally, in the expansion of qualifiers. However, few years have passed since ICF-CY's release: information on its operationalisation deserves a separate literature review.

Future research should also consider the need to develop and implement a classification of personal factors. The need for a classification of personal factors has been recognised by several authors and lists of personal factors have been proposed in the ICF core sets. Personal factors are features of the individual that are not part of a health condition or health state, or otherwise classified in the ICF – including for example gender, race, age, lifestyle, social background, education and occupation. Though there is no personal factor classification in the ICF they are included in the conceptual model. There is a need to define the notion of personal factors and to develop a list of these factors, which might be considered risk factors for the development of a disease, or factors that can either improve or worsen an individual's functioning status.

We have to acknowledge some limitations in the approach we have taken that might be improved in future research. The defined categories sometimes overlapped and since the methodology required us to assign articles to only one category some of the categorisation decisions may be debatable. Moreover, our categories were created on the basis of the main trends of ICF use according to the literature and the research experience in the use of ICF: therefore, some categories could be added in future research or divided in sub-categories for providing more detailed information. Particularly, if the trends that we observed can be confirmed, the fourth category 'ICF in other contexts', might be split into more categories, to better describe applications in the field of disability eligibility as well as employment of persons with disability.

As was mentioned before, the choice of databases was prevalently health and medical and it would be important to include more data from other fields, such as social and economic policy, law, health systems research, public administration, geography, architecture, urban planning, employment, transportation, communication, education and other areas, where the ICF is finding its place. This study gives an overview that is not a complete or includes all ICF publication, but it can serve as the basis for further work and a starting point to look at, not only what is done in future research, but also how it should be done.

Conclusions

Most of the papers included in the systematic literature review came from European and North American contexts and mostly from clinical and rehabilitation. There is a constant scientific activity in the diffusion of ICF by means of theoretical papers, which are published in a wide variety of journals from a wide variety of disciplines. The ICF is now being applied outside the health sectors, such as in education, disability eligibility and labour sectors. On the basis of the identified research trends, it is likely that these relatively new areas will continue to expand. When more ICF-based assessment tools will be available, a more accurate reporting on the health state of population will be possible.

An ICF application that will become very important is the ICF use for the monitoring of UN Convention on the Rights of Persons with Disability [675,676] where ICF should be seen in the wider context of description and measurement that is ultimately demanded by policy-makers who are called up to address social inequalities and inequities experienced by more fragile and sometimes marginalised members of society.

The application of United Nation's Convention on the Rights of Persons with Disabilities [675], which enumerates rights in terms of fundamental areas ranging from family life, legal capacity and education, to political participation, employment and access to fundamental services, such as health and rehabilitation, will need a common metrix and a common monitor instrument. Persons with disabilities require, as the UN Convention clearly acknowledges, not merely declarations of human rights, but evidence-based monitoring mechanisms for the implementation of policy changes that address the violations of rights and other inequities.

For the UN Convention to move beyond political rhetoric into concrete action, in short, it too requires the preliminary steps of describing the disability experience in a manner that can assist policy-makers in fulfilling the obligations under the Convention and

ICF, with its bio-psychosocial model, and can be the instrument for this [677].

Acknowledgements

This paper is part of the research activities carried out during MURINET project, Multidisciplinary Research Network on Health and Disability in Europe, funded by the European Commission, Sixth Framework Programme. Contract Number: MRTN-CT-2006-035794 (MURINET).

References

1. World Health Organization. The International Classification of Functioning, Disability and Health: ICF. Geneva: WHO; 2001.
2. World Health Organization. International Statistical Classification of Diseases and Related Health Problems. 10th Revision. Geneva: WHO; 1992–1994.
3. World Health Organization. The global burden of disease: 2004 update. Geneva: WHO; 2008.
4. European Commission. Definition of disability in Europe: a comparative analysis – study prepared by Brunel University. Bruxelles: European Commission, Directorate-General for Employment and Social Affairs, Unit E.4. Internet. 2002. Electronic Citation. europa.eu.int/comm/employment-social/index. Last accessed 22 September 2010.
5. Ustun TB, Chatterji S, Kostanjsek N, Bickenbach J. WHO's ICF and Functional Status Information in Health Records. Health Care Financ Rev 2003;24:77–88.
6. Jelsma J. Use of the International Classification of Functioning, Disability and Health: a literature survey. J Rehabil Med 2009;41:1–12.
7. Thomas B, Connelly D, Laliberte-Rudman D. The impact and use of walkers among older adults: a pilot. Phys Occup Ther Geriatr 2008;27:36–72.
8. O'Halloran R, Worrall L, Hickson L. A psychometric investigation of speech, language and cognitive communicative rating scales for adults with acquired neurogenic communication disorders in the acute hospital setting. Int J Speech Lang Pathol 2009;11:206–219.
9. Verna A, Davidson B, Rose T. Speech–language pathology services for people with aphasia: a survey of current practice in Australia. Int J Speech Lang Pathol 2009;11:191–205.
10. Dalemans RJP, De Witte LP, Wade DT, Van den Heuvel WJA. A description of social participation in working-age persons with aphasia: a review of the literature. Aphasiology 2008;22:1071–1091.
11. Kaminsky TA. Perceived environmental barriers and supports for people with low vision due to diabetic retinopathy. Diss Abstr 2008;69:3550.
12. Williams BC. Transition from college to work: lived employment experiences and perceptions of college seniors and recent college graduates with physical disabilities seeking employment opportunities. Diss Abstr 2008;69:144.
13. Haak P, Lenski M, Hidecker MJC, Li M, Paneth N. Cerebral palsy and aging. Dev Med Child Neurol 2009;51:16–23.
14. Stamm T, van der Giesen F, Thorstensson C, Steen E, Birrell F, Bauernfeind B, Marshall N, Prodinger B, Machold K, Smolen J, Kloppenburg M. Patient perspective of hand osteoarthritis in relation to concepts covered by instruments measuring functioning: a qualitative European multicentre study. Ann Rheum Dis 2009;68:1453–1460.
15. Schreuer N. Accommodation outcomes and the ICF framework. Assistive Technol 2009;21:94–104.
16. Langerak NG, Lamberts RP, Fieggen AG, Peter JC, Peacock WJ, Vaughan CL. Functional status of patients with cerebral palsy according to the International Classification of Functioning, Disability and Health model: a 20-year follow-up study after selective dorsal rhizotomy. Arch Phys Med Rehabil 2009;90:994–1003.
17. Daniel K, Wolfe CDA, Busch MA, McKevitt C. What are the social consequences of stroke for working-aged adults? A systematic review. Stroke 2009;40:431–440.
18. Botha-Scheepers S, Watt I, Rosendaal FR, Breedveld FC, Hellio le Graverand M, Kloppenburg M. Changes in outcome measures for impairment, activity limitation, and participation restriction over two years in osteoarthritis of the lower extremities. Arthritis Rheum 2008;59:1750–1755.
19. Bowden MG, Hannold EM, Nair PM, Fuller LB, Behrman AL. Beyond gait speed: a case report of a multidimensional approach to locomotor rehabilitation outcomes in incomplete spinal cord injury. J Neurol Phys Ther 2008;32:129–138.
20. Bonetti D, Johnston M. Perceived control predicting the recovery of individual-specific walking behaviours following stroke: testing psychological models and constructs. Br J Health Psychol 2008;13:463–478.
21. Tobin C, Hevey D, Horgan NF, Coen RF, Cunningham CJ. Health-related quality of life of stroke survivors attending the volunteer stroke scheme. Ir J Med Sci 2008;177:43–47.
22. Froehlich-Grobe K, Andresen EM, Caburnay C, White GW. Measuring health-related quality of life for persons with mobility impairments: an enabled version of the short-form 36 (SF-36E). Qual Life Res 2008;17:751–770.
23. Velozo CA, Wang Y, Lehman L, Wang J. Utilizing Rasch measurement models to develop a computer adaptive self-report of walking, climbing, and running. Disabil Rehabil 2008;30:458–467.
24. Dixon D, Johnston M. Cognitive representations of disability behaviours in people with mobility limitations: consistency with theoretical constructs. Disabil Rehabil 2008;30:126–133.
25. Khan F, Ng L, Gonzalez S, Hale T, Turner-Stokes L. Multidisciplinary rehabilitation programmes following joint replacement at the hip and knee in chronic arthropathy. Cochrane Database Syst Rev 2008;2:CD004957
26. Liptak GS. Health and well being of adults with cerebral palsy. Curr Opin Neurol 2008;21:136–142.
27. Avent J, Patterson J, Lu A, Small K. Reciprocal scaffolding treatment: a person with aphasia as clinical teacher. Aphasiology 2009;23:110–119.
28. Beninato M, Portney LG, Sullivan PE. Using the international classification of functioning, disability and health as a framework to examine the association between falls and clinical assessment tools in people with stroke. Phys Ther 2009;89:816–825.
29. Liu J, Chi I, Chen G, Song X, Zheng X. Prevalence and correlates of functional disability in Chinese older adults. Geriatr Gerontol Int 2009;9:253–261.
30. Sinnott A, Brander P, Siegert R, Rothwell A, De Jong G. Life impacts following reconstructive hand surgery for tetraplegia. Top Spinal Cord Inj Rehabil 2009;15:90–97.
31. Kramer SE. Hearing impairment, work, and vocational enablement. Int J Audiol 2008;47:S124–S130.
32. Buist-Bouwman MA, De Jonge P, Van Sonderen E, Vollebergh WAM, Alonso J, Angermeyer M, Bernert S, Bruffaerts R, Brugha TS, De Girolamo G, De Graaf R, Demyttenaere K, Gasquet I, Haro JM, Katz SJ, Kessler RC, Kovess V, Lepine JP, Ormel J, Polidori G. Mediators of the

association between depression and role functioning. Acta Psychiatr Scand 2008;118:451–458.
33. Greig CA, Harper R, Hirst T, Howe T, Davidson B. Barriers and facilitators to mobile phone use for people with aphasia. Top Stroke Rehabil 2008;15:307–324.
34. Daremo A, Haglund L. Activity and participation in psychiatric institutional care. Scand J Occup Ther 2008;15: 131–142.
35. Jones GC, Sinclair LB. Multiple health disparities among minority adults with mobility limitations: an application of the ICF framework and codes. Disabil Rehabil 2008;30:901–915.
36. Juhakoski R, Tenhonen S, Anttonen T, Kauppinen T, Arokoski JP. Factors affecting self-reported pain and physical function in patients with hip osteoarthritis. Arch Phys Med Rehabil 2008;89:1066–1073.
37. Tonack M, Hitzig SL, Craven BC, Campbell KA, Boschen KA, McGillivray CF. Predicting life satisfaction after spinal cord injury in a Canadian sample. Spinal Cord 2008;46:380–385.
38. Verbunt JA, Seelen HAM, Ramos FP, Michielsen BHM, Wetzelaer WL, Moennekens M. Mental practice-based rehabilitation training to improve arm function and daily activity performance in stroke patients: a randomized clinical trial. BMC Neurol 2008;8:1–10.
39. Rosenbaum P, Stewart D. Perspectives on transitions: rethinking services for children and youth with developmental disabilities. Arch Phys Med Rehabil 2007;88:1080–1082.
40. Van Naarden Braun K, Yeargin-Allsopp M, Lollar D. Factors associated with leisure activity among young adults with developmental disabilities. Res Dev Disabil 2006;27: 567–583.
41. Van Naarden Braun K, Yeargin-Allsopp M, Lollar D. A multi-dimensional approach to the transition of children with developmental disabilities into young adulthood: the acquisition of adult social roles. Disabil Rehabil 2006;28:915–928.
42. Schroder C, Johnston M, Morrison V, Teunissen L, Notermans N, van Meeteren N. Health condition, impairment, activity limitations: relationships with emotions and control cognitions in people with disabling conditions. Rehabil Psychol 2007;52:280–289.
43. Wilkie R, Peat G, Thomas E, Croft P. Factors associated with participation restriction in community-dwelling adults aged 50 years and over. Qual Life Res 2007;16:1147–1156.
44. Atijosan O, Kuper H, Rischewski D, Simms V, Lavy C. Musculoskeletal impairment survey in Rwanda: design of survey tool, survey methodology, and results of the pilot study (a cross sectional survey). BMC Musuloskeletal Disord 2007;8:30.
45. Smeets VMJ, van Lierop BAG, Vanhoutvin JPG, Aldenkamp AP, Nijhuis FJN. Epilepsy and employment: literature review. Epilepsy Behav 2007;10:354–362.
46. Pennington L, Marshall J, Goldbart J. Describing participants in AAC research and their communicative environments: guidelines for research and practice. Disabil Rehabil 2007;29:521–535.
47. Wade DT. Psychiatric aspects of head injury management. Psychiatry 2006;5:69–72.
48. Ohnabe H. Current trends in rehabilitation engineering in Japan. Assist Technol 2006;18:220–232.
49. Darrah J, Loomis J, Manns P, Norton B, May L. Role of conceptual models in a physical therapy curriculum: application of an integrated model of theory, research, and clinical practice. Physiother Theory Pract 2006;22: 239–250.
50. Irrgang JJ. Clinical outcomes after cartilage injury and repair. Oper Tech Orthop 2006;16:286–291.
51. Schiemanck SK, Kwakkel G, Post MWM, Prevo AJH. Predictive value of ischemic lesion volume assessed with magnetic resonance imaging for neurological deficits and functional outcome poststroke: a critical review of the literature. Neurorehabil Neural Repair 2006;20:492–502.
52. Harichandrakumar KT, Krishnamoorthy K, Kumari AK, Das LK. Health status of lymphatic filariasis assessed from patients using seven domains five levels (7D5L) instrument. Acta Trop 2006;99:137–143.
53. Botha Scheepers S, Riyazi N, Kroon HM, Scharloo M, Houwing Duistermaat JJ, Slagboom E, Rosendaal FR, Breedveld FC, Kloppenburg M. Activity limitations in the lower extremities in patients with osteoarthritis: the modifying effects of illness perceptions and mental health. Osteoarthritis Cartilage 2006;14:1104–1110.
54. Bartlett DJ, Macnab J, MacArthur C, Mandich A, Magill Evans J, Young NL, Beal D, Conti Becker A, Polatajko HJ. Advancing rehabilitation research: an interactionist perspective to guide question and design. Disabil Rehabil 2006;28:1169–1176.
55. Barak S, Duncan PW. Issues in selecting outcome measures to assess functional recovery after stroke. NeuroRx 2006;3:505–524.
56. Manns PJ, Darrah J. Linking research and clinical practice in physical therapy: strategies for integration. Physiotherapy 2006;92:88–94.
57. Pollard B, Johnston M. The assessment of disability associated with osteoarthritis. Curr Opin Rheumatol 2006;18:531–536.
58. Morris ME, Perry A, Bilney B, Curran A, Dodd K, Wittwer JE, Dalton GW. Outcomes of physical therapy, speech pathology, and occupational therapy for people with motor neuron disease: a systematic review. Neurorehabil Neural Repair 2006;20:424–434.
59. Arkela Kautiainen M, Haapasaari J, Kautiainen H, Leppanen L, Vilkkumaa I, Malkia E, Leirisalo Repo M. Functioning and preferences for improvement of health among patients with juvenile idiopathic arthritis in early adulthood using the WHO ICF model. J Rheumatol 2006;33:1369–1376.
60. Allan CM, Campbell WN, Guptill CA, Stephenson FF, Campbell KE. A conceptual model for interprofessional education: the International Classification of Functioning, Disability and Health (ICF). J Interprof Care 2006;20:235–245.
61. Brown K, McGahan L, Alkhaledi M, Seah D, Howe T, Worrall L. Environmental factors that influence the community participation of adults with aphasia: the perspective of service industry workers. Aphasiology 2006;20:595–615.
62. Yaruss JS, Quesal RW. Overall assessment of the speaker's experience of stuttering (OASES): documenting multiple outcomes in stuttering treatment. J Fluency Disord 2006;31:90–115.
63. Barker DJ, Reid D, Cott C. The experience of senior stroke survivors: factors in community participation among wheelchair users. Can J Occup Ther 2006;73:18–25.
64. Kuijer W, Brouwer S, Schiphorst Preuper HR, Groothoff J W, Geertzen JHB, Dijkstra PU. Work status and chronic low back pain: exploring the International Classification of Functioning, Disability and Health. Disabil Rehabil 2006;28:379–388.
65. Wang PP, Badley EM, Gignac M. Exploring the role of contextual factors in disability models. Disabil Rehabil 2006;28:135–140.
66. Worrall L, Rose T, Howe T, Brennan A, Egan J, Oxenham D, McKenna K. Access to written information for people with aphasia. Aphasiology 2005;19:923–929.
67. Leonardi M, Steiner TJ, Scher AT, Lipton RB. The global burden of migraine: measuring disability in headache

disorders with WHO's Classification of Functioning, Disability and Health (ICF). J Headache Pain 2005;6:429–440.
68. Jette AM, Haley S. Contemporary measurement techniques for rehabilitation outcomes assessment. J Rehabil Med 2005;37:339–345.
69. Wade DT. Describing rehabilitation interventions. Clin Rehabil 2005;19:811–818.
70. Stucki G, Sigl T. Assessment of the impact of disease on the individual. Best Pract Res Clin Rheumatol 2003;17:451–473.
71. Reed GM, Lux JB, Bufka LF, Peterson DB, Threats TT, Trask C, Stark S, Jacobson JW, Hawley JA. Operationalizing the International Classification of Functioning, Disability and Health in clinical settings. Rehabil Psychol 2005;50: 122–113.
72. Bruyere SM, Van Looy SA, Peterson DB. The International Classification of Functioning, Disability and Health: contemporary literature overview. Rehabil Psychol 2005;50:113–121.
73. Peterson DB. International Classification of Functioning, Disability and Health: an introduction for rehabilitation psychologists. Rehabil Psychol 2005;50:105–112.
74. Bruyere SM, Peterson DB. Introduction to the special section on the International Classification of Functioning, Disability and Health: implications for rehabilitation psychology. Rehabil Psychol 2005;50:103–104.
75. Fucetola R, Tucker F, Blank K, Corbetta M. A process for translating evidence-based aphasia treatment into clinical practice. Aphasiology 2005;19:411–422.
76. Stucki G, Stier Jarmer M, Grill E, Melvin J. Rationale and principles of early rehabilitation care after an acute injury or illness. Disabil-Rehabil 2005;27:353–359.
77. Worthington C, Myers T, O'Brien K, Nixon S, Cockerill R. Rehabilitation in HIV/AIDS: development of an expanded conceptual framework. AIDS Patient Care 2005;19:258–271.
78. Vrkljan BH. Dispelling the disability stereotype: embracing a universalistic perspective of disablement. Can J Occup Ther 2005;72:57–59.
79. Cieza A, Stucki G. Understanding functioning, disability, and health in rheumatoid arthritis: the basis for rehabilitation care. Curr Opin Rheumatol 2005;17:183–189.
80. de Kleijn P, Gilbert M, Roosendaal G, Poonnose PM, Narayan PM, Tahir N. Functional recovery after bleeding episodes in haemophilia. Haemophilia 2004;10:157–160.
81. Parsons JA, Davis AM. Rehabilitation and quality-of-life issues in patients with extremity soft tissue sarcoma. Curr Treat Options Oncol 2004;5:477–488.
82. Fitzpatrick N, Presnell S. Can occupational therapists be hand therapists? Br J Occup Ther 2004;67:508–510.
83. Van Der Ploeg HP, Van Der Beek AJ, Van Der Woude LHV, Van Mechelen W. Physical activity for people with a disability: a conceptual model. Sports Med 2004;34:639–649.
84. Walsh NE. Global initiatives in rehabilitation medicine. Arch Phys Med Rehabil 2004;85:1395–1402.
85. Shaw L, Mackinnon J. A multidimensional view of health. Educ Health 2004;17:213–222.
86. Broekman TG, Schippers GM, Koeter MWJ, van den Brink W. Standardized assessment in substance abuse treatment in the Netherlands: the case of the addiction severity index and new developments. J Subst Use 2004;9:147–155.
87. McCooey O'Halloran R, Worrall L, Hickson L. Evaluating the role of speech-language pathology with patients with communication disability in the acute care hospital setting using the ICF. J Med Speech Lang Pathol 2004;12:49–58.
88. Wessels RD, de Witte LP, Jedeloo S, van den Heuvel WPM, van den Heuvel WJA. Effectiveness of provision of outdoor mobility services and devices in the Netherlands. Clin Rehabil 2004;18:371–378.
89. Nijs J, Vaes P, McGregor N, Lambrecht L, Van Hoof E, De Meirleir K. Comparison of activity limitations/participation restrictions among fibromyalgia and chronic fatigue syndrome patients. J Chronic Fatigue Syndr 2003;11:3–18.
90. Bornman J. The World Health Organisation's terminology and classification: application to severe disability. Disabil Rehabil 2004;26:182–188.
91. Nordenfelt L. Action theory, disability and ICF. Disabil Rehabil 2003;25:1075–1079.
92. Barbier O, Penta M, Thonnard JL. Outcome evaluation of the hand and wrist according to the International Classification of Functioning, Disability, and Health. Hand Clin 2003;19:371–378.
93. Harris MR, Ruggieri AP, Chute CG. From clinical records to regulatory reporting: formal terminologies as foundation. Health Care Financ Rev 2003;24:103–120.
94. Roussel P, Barral C. Reference to ICIDH in French surveys on disability. Disabil Rehabil 2003;25:659–664.
95. Stucki G, Ewert T, Cieza A. Value and application of the ICF in rehabilitation medicine. Disabil Rehabil 2003;25: 628–634.
96. Kennedy C. Functioning and disability associated with mental disorders: the evolution since ICIDH. Disabil Rehabil 2003;25:611–619.
97. Ueda S, Okawa Y. The subjective dimension of functioning and disability: what is it and what is it for? Disabil Rehabil 2003;25:596–601.
98. Schneidert M, Hurst R, Miller J, Ustun B. The role of environment in the International Classification of Functioning, Disability and Health (ICF). Disabil Rehabil 2003;25: 588–595.
99. Hurst R. The international disability rights movement and the ICF. Disabil Rehabil 2003;25:572–576.
100. Ustun TB, Chatterji S, Bickenbach J, Kostanjsek N, Schneider M. The International Classification of Functioning, Disability and Health: a new tool for understanding disability and health. Disabil Rehabil 2003;25:565–571.
101. Gibson L, Strong J. A conceptual framework of functional capacity evaluation for occupational therapy in work rehabilitation. Aust Occup Ther J 2003;50:64–71.
102. Wade DT, Halligan P. New wine in old bottles: the WHO ICF as an explanatory model of human behaviour. Clin Rehabil 2003;17:349–354.
103. Kuipers P, Foster MM, Bellamy N. Incorporation of environmental factors into outcomes research. Expert Rev Pharmacoecon Outcomes Res 2003;3:125–129.
104. Leonardi M. Migraine and disability: WHO's work to measure functioning, disability and health and the global burden of diseases study. J Headache Pain 2003;4:S12–S17.
105. Threats TT. Evidence-based practice research using a WHO framework. J Med Speech Lang Pathol 2002;10:49–58.
106. Svestkova O. Conceptual framework for rehabilitation in the Czech Republic: a proposal. Disabil Rehabil 2002;24:798–801.
107. Lollar DJ. Public health and disability: emerging opportunities. Public Health Rep 2002;117:131–136.
108. Dahl TH. International Classification of Functioning, Disability and Health: an introduction and discussion of its potential impact on rehabilitation services and research. J Rehabil Med 2002;34:201–204.
109. Leonardi M, Ustun TB. The global burden of epilepsy. Epilepsia 2002;43:21–25.
110. Willems H, De Kleijn de Vrankrijker M. Work disability in the Netherlands: data, conceptual aspects, and perspectives. J Occup Environ Med 2002;44:510–515.

111. Sjogren Ronka T, Ojanen MT, Leskinen EK, Mustalampi ST, Malkia EA. Physical and psychosocial prerequisites of functioning in relation to work ability and general subjective well-being among office workers. Scand J Work Environ Health 2002;28:184–190.
112. Royeen CB. Occupation reconsidered. Occup Ther Int 2002;9:111–120.
113. Tweedy SM. Taxonomic theory and the ICF: foundations for a unified disability athletics classification. Adapt Phys Act Q 2002;19:220–237.
114. Giannangelo K, Bowman S, Dougherty M, Fenton S. ICF: representing the patient beyond a medical classification of diagnoses. Perspect Health Inf Manag 2005;2:7.
115. Hutzler Y. A systematic ecological model for adapting physical activities: theoretical foundations and practical examples. Adapt Phys Act Q 2007;24:287–304.
116. Wasiak R, Young AE, Roessler RT, McPherson KM, van-Poppel MN, Anema JR. Measuring return to work. J Occup Rehabil 2007;17:766–781.
117. Stucki G, Reinhardt JD, Grimby G, Melvin J. Developing ''Human Functioning and Rehabilitation Research'' from the comprehensive perspective. J Rehabil Med 2007;39:665–671.
118. Raghavendra P, Bornman J, Granlund M, Bjorck-Akesson E. The World Health Organization's international classification of functioning, disability and health: implications for clinical and research practice in the field of augmentative and alternative communication. Augment Altern Commun 2007;23:349–361.
119. Welch-Saleeby P. Applications of a capability approach to disability and the International Classification of Functioning, Disability and Health (ICF) in social work practice. J Soc Work Disabil Rehabil 2006;6:217–232.
120. Cup EH, Pieterse AJ, Ten-Broek-Pastoor JM, Munneke M, van-Engelen BG, Hendricks H.T, van-der-Wilt GJ, Oostendorp RA. Exercise therapy and other types of physical therapy for patients with neuromuscular diseases: a systematic review. Arch Phys Med Rehabil 2007;88:1452–1464.
121. Metcalf C, Adams J, Burridge J, Yule V, Chappell P. A review of clinical upper limb assessments within the framework of the WHO ICF. Musculoskeletal Care 2007;5:160–173.
122. Chen JJ. Functional capacity evaluation & disability. Iowa Orthop J 2007;27:121–127.
123. Scherer M. The cognition of geographic space and cognitive mapping in disabled persons. Cogn Process 2006;7:S166.
124. Scherer M. Selecting the most appropriate technology: the need to assess the match of person and device. Cogn Process 2006;7:S171.
125. Stucki G, Cieza A, Melvin J. The International Classification of Functioning, Disability and Health (ICF): a unifying model for the conceptual description of the rehabilitation strategy. J Rehabil Med 2007;39:279–285.
126. Stucki G, Melvin J. The International Classification of Functioning, Disability and Health: a unifying model for the conceptual description of physical and rehabilitation medicine. J Rehabil Med 2007;39:286–292.
127. Stucki G, Grimby G. Organizing human functioning and rehabilitation research into distinct scientific fields. I. Developing a comprehensive structure from the cell to society. J Rehabil Med 2007; 39:293–298.
128. Wade DT, Halligan PW. Social roles and long-term illness: is it time to rehabilitate convalescence? Clin Rehabil 2007; 21:291–298.
129. Stucki G, Maksimovic M, Davidovic D, Jorga J. New International Classification of Functioning, Disability and Health. Srp Arh Celok Lek 2007;135:371–375.
130. Butler A, Blanton S, Rowe V, Wolf S. Attempting to improve function and quality of life using the FTM protocol: case report. J Neurol Phys Ther 2006;30:148–156.
131. Centers for Disease Control and Prevention (CDC). Environmental barriers to health care among persons with disabilities: Los Angeles County, California, 2002–2003. MMWR Morb Mortal Wkly Rep 2006;55:1300–1303.
132. Roaldsen KS, Rollman O, Torebjork E, Olsson E, Stanghelle JK. Functional ability in female leg ulcer patients: a challenge for physiotherapy. Physiother Res Int 2006;11:191–203.
133. Wang TJ, Chern HL, Chiou YE. A theoretical model for preventing osteoarthritis-related disability. Rehabil Nurs 2005;30:62–67.
134. McPherson KM, Levack W, Kersten P. A new classification for outcomes in illness and injury. Hosp Med 2005;66:210–214.
135. Paltamaa J, West H, Sarasoja T, Wikstrom J, Malkia E. Reliability of physical functioning measures in ambulatory subjects with MS. Physiother Res Int 2005;10:93–109.
136. Leahy MM. Changing perspectives for practice in stuttering: echoes from a Celtic past, when wordlessness was entitled to time. Am J Speech Lang Pathol 2005;14:274–283.
137. Imrie R. Demystifying disability: a review of the International Classification of Functioning, Disability and Health. Sociol Health Illn 2004;24:287–305.
138. Chan J, Spencer J. Adaptation to hand injury: an evolving experience. Am J Occup Ther 2004;58:128–139.
139. Pryor J, Forbes R, Hall-Pullin L. Is there evidence of the International Classification of Functioning, Disability and Health in undergraduate nursing students' patient assessments? Int J Nurs Pract 2004;10:134–141.
140. Mu K, Royeen CB. Facilitating participation of students with severe disabilities: aligning school based occupational therapy practice with best practices in severe disabilities. Phys Occup Ther Pediatr 2004;24:5–21.
141. von-Wild KR. New development of functional neurorehabilitation in neurosurgery. Acta Neurochir 2003;87:S43–S47.
142. Lehman CA. Idiopathic intracranial hypertension within the ICF model: a review of the literature. J Neurosci Nurs 2003;35:263–269.
143. Peterson DB, Rosenthal DA. The International Classification of Functioning, Disability and Health (ICF): a primer for rehabilitation educators. Rehabil Educ 2005;19:81–94.
144. Shaffer SW. The impact of diabetes and peripheral neuropathy on fall risk and function in adults. Diss Abst 2007;68:3002.
145. Kagan A, Simmons-Mackie N. Beginning with the end: outcome-driven assessment and intervention with life participation in mind. Top Lang Disord 2007;27:309–317.
146. Jonsson H. Participation and disability – where occupational therapy should be in the midst of the debate: a Swedish call to action. OTJR Occup Part Heal 2007;27:122–123.
147. Garcia LJ, Rebolledo M, Metthe L, Lefebvre, R. The potential of virtual reality to assess functional communication in aphasia. Top Lang Disord 2007;27:272–288.
148. Leonardi M, Bickenbach J, Ustun TB, Kostanjsek N, Chatterji S. The definition of disability: what is in a name? Lancet 2006;368:1219–1221.
149. Bornman J, Murphy J. Using the ICF in goal setting: clinical application using Talking MatsReg. Disabil Rehabil;1:145–154.
150. dos-Santos-Zingale M, McColl MA. Disability and participation in post-conflict situations: the case of Sierra Leone. Disabil Soc 2006;21:243–257.
151. Imms C. The International Classification of Functioning, Disability and Health: they're talking our language. Aust Occup Ther J 2006;53:65–66.

152. Mitra S. The capability approach and disability. J Disabil Policy Stud 2006;16:236–247.
153. Hickson L, Worrall L, Wilson J, Tilse C, Setterlund D. Evaluating communication for resident participation in an aged care facility. Int J Speech Lang Pathol 2005;7:245–257.
154. Byrne K, Orange JB. Conceptualizing communication enhancement in dementia for family caregivers using the WHO-ICF framework. Int J Speech Lang Pathol 2005;7: 187–202.
155. Chapireau F. The environment in the international classification of functioning, disability and health. J Appl Res Intellect Disabil 2005;18:305–311.
156. Desrosiers J. Participation and occupation. Can J Occup Ther 2005;72:195–203.
157. Sable J, Gravink J. The PATH to community health care for people with disabilities: a community-based therapeutic recreation service. Ther Recreation J 2005;39:78–87.
158. Threats TT, Worrall L. Classifying communication disability using the ICF. Int J Speech Lang Pathol 2004;6:53–62.
159. Hammell KW. Deviating from the norm: a sceptical interrogation of the classificatory practices of the ICF. Br J Occup Ther 2004;67:408–411.
160. Bickenbach JE. ICF and the environment: prospects for universal social policy. Cogn Process 2003;4:S7.
161. Bricker-Katz G, Lincoln M, McCabe P. A life-time of stuttering: how emotional reactions to stuttering impact activities and participation in older people. Disabil Rehabil 2009;31:1742–1752.
162. Campbell KE. A new model to identify shared risk factors for pressure ulcers and frailty in older adults. Rehabil Nurs 2009;34:242–247.
163. Cooper R, Harrison A. The exposure to and health effects of antimony. Indian J Occup Environ Med 2009;13:3–10.
164. Cooper RG, Harrison AP. The uses and adverse effects of beryllium on health. Indian J Occup Environ Med 2009;13:65–76.
165. Fleming J, Kuipers P, Foster M, Smith S, Doig E. Evaluation of an outpatient, peer group intervention for people with acquired brain injury based on the ICF 'Environment' dimension. Disabil Rehabil 2009;31:1666–1675.
166. Harris JL, Fleming VB, Toward model-driven interventions for african americans with cognitive-communicative disorders. Semin Speech Lang 2009;30:207–216.
167. Koerts J, Leenders KL, Brouwer WH. Cognitive dysfunction in non-demented Parkinson's disease patients: controlled and automatic behaviour. Cortex 2009;45:922–929.
168. Krahn GL, Fujiura G, Drum CE, Cardinal BJ, Nosek MA. The dilemma of measuring perceived health status in the context of disability. Disabil Health J 2009:2:49–56.
169. Levin MF, Kleim JA, Wolf SL. What do motor ''recovery'' and ''compensation'' mean in patients following stroke? Neurorehabil Neural Repair 2009;23:313–319.
170. Ravenek MJ, Schneider MA. Social support for physical activity and perceptions of control in early Parkinson's disease. Disabil Rehabil 2009;31:1925–1936.
171. Verbunt JA, Huijnen IPJ, Köke A. Assessment of physical activity in daily life in patients with musculoskeletal pain. Eur J Pain 2009:13:231–242.
172. Verdonschot MML, de Witte LP, Reichrath E, Buntinx WHE, Curfs LMG. Community participation of people with an intellectual disability: a review of empirical findings. J Intellect Disabil Res 2009;53:303–318.
173. Verdonschot MML, de Witte LP, Reichrath E, Buntinx WHE, Curfs LMG. Impact of environmental factors on community participation of persons with an intellectual disability: a systematic review. Intellect Disabil Res 2009;53:54–64.
174. Walton D. A review of the definitions of 'recovery' used in prognostic studies on whiplash using an ICF framework. Disabil Rehabil 2009;31:943–957.
175. Westby C. Considerations in working successfully with culturally/linguistically diverse families in assessment and intervention of communication disorders. Semin Speech Lang 2009;30:279–289.
176. Whiteneck G, Dijkers MP. Difficult to measure constructs: conceptual and methodological issues concerning participation and environmental factors. Arch Phys Med Rehabil 2009;90:S22–S35.
177. Levasseur M, Desrosiers J, Tribble DSC. Comparing the disability creation process and international classification of functioning, disability and health models. Can J Occup Ther 2007;74:233.
178. Scherer MJ. Assessing the benefits of using assistive technologies and other supports for thinking, remembering and learning. Disabil Rehabil 2005;27:731–739.
179. Lenker JA, Paquet VL. A review of conceptual models for assistive technology outcomes research and practice. Assist Technol 2003;15:1–15.
180. Hays RD, Hahn H, Marshall G. Use of the SF-36 and other health-related quality of life measures to assess persons with disabilities. Arch Phys Med Rehabil 2002;83:S4–S9.
181. Muller-Staub M, Lavin MA, Needham I, van-Achterberg T. Meeting the criteria of a nursing diagnosis classification: evaluation of ICNP, ICF, NANDA and ZEFP. Int J Nurs Stud 2007;44:702–713.
182. Reindal SM. Disability, capability, and special education: towards a capability-based theory. Eur J Special Needs Educ 2009;24:155–168.
183. Nordenfelt L. On health, ability and activity: comments on some basic notions in the ICF. Disabil Rehabil 2006;28: 1461–1465.
184. Lettinga AT, van Twillert S, Poels BJJ, Postema K. Distinguishing theories of dysfunction, treatment and care. Reflections on 'describing rehabilitation interventions'. Clin Rehabil 2006;20:369–374.
185. Wade DT. Why physical medicine, physical disability and physical rehabilitation? We should abandon Cartesian dualism. Clin Rehabil 2006;20:185–190.
186. Ross KB, Wertz RT. Who's for the WHO and who's not. Aphasiology 2005;19:893–900.
187. Nordenfelt L. On health, ability and activity: comments on some basic notions in the ICF: reply to the commentaries. Disabil Rehabil 2006;28:1487–1489.
188. Reinhardt JD, Cieza A, Stamm T, Stucki G. Commentary on Nordenfelt's 'on health, ability and activity: comments on some basic notions in the ICF'. Disabil Rehabil 2006;28:1483–1485.
189. Verbeke M. On health, ability and activity: comments on some basic notions in the ICF: comments on Nordenfelt. Disabil Rehabil 2006;28:1481–1482.
190. Nieuwenhuijsen ER. On health, ability and activity: comments on some basic notions in the ICF commentary. Disabil Rehabil 2006;28:1477–1479.
191. de-Kleijn-de-Vrankrijker MW. On health, ability and activity: comments on some basic notions in the ICF. Response on some issues raised by Nordenfelt. Disabil Rehabil 2006;28:1475–1476.
192. McPherson K. What are the boundaries of health and functioning and who should say what they are? Disabil Rehabil 2006;28:1473–1474.
193. Scherer MJ, McAnaney D, Sax C. Opportunity is possibility; performance is action: measuring participation. Disabil Rehabil 2006;28:1467–1471.
194. Worrall L, Cruice M. Why the WHO ICF and QOL constructs do not lend themselves to programmatic appraisal

for planning therapy for aphasia. A commentary on Ross and Wertz, ''Advancing appraisal: aphasia and the WHO''. Aphasiology 2005;19:885–893.
195. Threats TT. Exploring all aspects of the ICF framework with aphasia: a commentary on Ross and Wertz, ''Advancing appraisal: aphasia and the WHO''. Aphasiology 2005;19: 879–885.
196. Penn C. Who's tired of the WHO? A commentary on Ross and Wertz, ''Advancing appraisal: aphasia and the WHO''. Aphasiology 2005;19:875–879.
197. Hilari K. Choosing relevant outcomes for aphasia: a commentary on Ross and Wertz, ''Advancing appraisal: aphasia and the WHO''. Aphasiology 2005;19: 870–875.
198. Siegert RJ, McPherson KM, Dean SG. Theory development and a science of rehabilitation: authors' response to commentaries. Disabil Rehabil 2005;27:1517–1519.
199. Worrall L. Unifying rehabilitation through theory development. Disabil Rehabil 2005;27:1515–1516.
200. Stam HJ. Response to: theory development and a science of rehabilitation (Siegert RJ, McPherson KM, Dean SG). Disabil Rehabil 2005;27:1513.
201. McLeod S. Editorial: advancing into 2005. Int J Speech Lang Pathol 2005;7:47–48.
202. Jagger C, Barberger-Gateau P, Robine JM. Disability in older people – indicators, process and outcomes. Disabil Rehabil 2005;27:209–212.
203. Boles L. Commentary: the ICF language of numeric adjectives. Int J Speech Lang Pathol 2004;6:71–73.
204. Simmons-Mackie N. Commentary: cautiously embracing the ICF. Int J Speech Lang Pathol 2004;6:67–70.
205. Duchan JF. Commentary: where is the person in the ICF? Int J Speech Lang Pathol 2004;6:63–65.
206. Hammell KW. ''Deviating from the norm: a response from Pakistan'': response. Br J Occup Ther 2004;67:515–516.
207. Kramer-Roy D. Deviating from the norm: a response from Pakistan. Br J Occup Ther 2004;67:515.
208. Coyle C, Shank J. Guest editors' introduction to the special issue on health and health promotion: do we care! Ther Recreation J 2004:38:112–115.
209. Pfeiffer D. Too late, too little, or both? Disabil Rehabil 2002;24:985–986.
210. Schuntermann MF. The implementation of the international classification of functioning, disability and health in Germany: experiences and problems. Int J Rehabil Res 2005;28:93–102.
211. Kirchberger I, Cieza A, Stucki G. Validation of the comprehensive ICF core set for rheumatoid arthritis: the perspective of psychologists. Psychol Health 2008;23:639–659.
212. 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;14:147–166.
213. Roe C, Sveen U, Geyh S, Cieza A, Bautz-Holter E. Construct dimensionality and properties of the categories in the ICF Core Set for low back pain. J Rehabil Med 2009;41:429–437.
214. Bautz-Holter E, Sveen U, Cieza A, Geyh S, Roe C. Does the International Classification of Functioning, Disability and Health (ICF) core set for low back pain cover the patients' problems? A cross-sectional content-validity study with a Norwegian population. Eur J Phys Rehabil Med 2008;44: 387–397.
215. Xie F, Lo NN, Lee HP, Cieza A, Li SC. Validation of the International Classification of Functioning, Disability, and Health (ICF) Brief Core Set for osteoarthritis. Scand J Rheumatol 2008;37:450–461.
216. Starrost K, Geyh S, Trautwein A, Grunow J, Ceballos-Baumann A, Prosiegel M, Stucki G, Cieza, A. Interrater reliability of the extended ICF core set for stroke applied by physical therapists. Phys Ther 2008;88:841–851.
217. Kirchberger I, Glaessel A, Stucki G, Cieza A. Validation of the comprehensive international classification of functioning, disability and health core set for rheumatoid arthritis: the perspective of physical therapists. Phys Ther 2007;87:368–384.
218. Kirchberger I, Coenen M, Hierl FX, Dieterle C, Seissler J, Stucki G, Cieza A. Validation of the International classification of Functioning, disability and health (ICF) core set for diabetes mellitus from the patient perspective using focus groups. Diabet Med 2009;26:700–707.
219. Hieblinger R, Coenen M, Stucki G, Winkelmann A, Cieza A. Validation of the international classification of functioning, disability and health core set for chronic widespread pain from the perspective of fibromyalgia patients. Arthritis Res Ther 2009;11:R67.
220. Khan F, Pallant JF. Use of the International Classification of Functioning, Disability and Health (ICF) to identify preliminary comprehensive and brief core sets for multiple sclerosis. Disabil Rehabil 2007;29:205–213.
221. Uhlig T, Lillemo S, Moe RH, Stamm T, Cieza A, Boonen A, Mowinckel P, Kvien TK, Stucki G. Reliability of the ICF Core Set for rheumatoid arthritis. Ann Rheum Dis 2007;66:1078–1084.
222. Grill E, Zochling J, Stucki G, Mittrach R, Scheuringer M, Liman W, Kostanjsek N, Braun J. International classification of functioning, disability and health (ICF) core set for patients with acute arthritis. Clin Exp Rheumatol 2007;25: 252–258.
223. Vieta E, Cieza A, Stucki G, Chatterji S, Nieto M, Sanchez Moreno J, Jaeger J, Grunze H, Ayuso Mateos JL. Developing core sets for persons with bipolar disorder based on the International Classification of Functioning, Disability and Health. Bipolar Disord 2007;9:16–24.
224. 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;6:36.
225. Biering Sorensen F, Scheuringer M, Baumberger M, Charlifue SW, Post MWM, 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;44:541–546.
226. 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;24:239–246.
227. Aringer M, Stamm TA, Pisetsky DS, Yarboro CH, Cieza A, Smolen JS, Stucki G. ICF Core Sets: How to specify impairment and function in systemic lupus erythematosus. Lupus 2006;15:248–253.
228. De Kleijn P, Van Genderen FR, Van Meeteren NLU. Assessing functional health status in adults with haemophilia: Towards a preliminary core set of clinimetric instruments based on a literature search in rheumatoid arthritis and osteoarthritis. Haemophilia 2005;11:308–318.
229. Stamm TA, Cieza A, Coenen M, Machold KP, Nell VPK, Smolen JS, Stucki G. Validating the International Classification of Functioning, Disability and Health Comprehensive Core Set for rheumatoid arthritis from the patient perspective: a qualitative study. Arthritis Care Res 2005;53:431–439.

230. Grill E, Stucki G, Boldt C, Joisten S, Swoboda W. Identification of relevant ICF categories by geriatric patients in an early post-acute rehabilitation facility. Disabil Rehabil 2005;27:467–473.
231. Grill E, Lipp B, Boldt C, Stucki G, Koenig E. Identification of relevant ICF categories by patients with neurological conditions in early post-acute rehabilitation facilities. Disabil Rehabil 2005;27:459–465.
232. Grill E, Huber EO, Stucki G, Herceg M, Fialka Moser V, Quittan M. Identification of relevant ICF categories by patients in the acute hospital. Disabil Rehabil 2005;27:447–458.
233. Grill E, Hermes R, Swoboda W, Uzarewicz C, Kostanjsek N, Stucki G. ICF Core Set for geriatric patients in early post-acute rehabilitation facilities. Disabil Rehabil 2005;27:411–417.
234. Scheuringer M, Stucki G, Huber EO, Brach M, Schwarzkopf SR, Kostanjsek N, Stoll T. ICF Core Set for patients with musculoskeletal conditions in early post-acute rehabilitation facilities. Disabil Rehabil 2005;27:405–410.
235. Wildner M, Quittan M, Portenier L, Wilke S, Boldt C, Stucki G, Kostanjsek N, Grill E. ICF Core Set for patients with cardiopulmonary conditions in early post-acute rehabilitation facilities. Disabil Rehabil 2005;27:397–404.
236. Stier Jarmer M, Grill E, Ewert T, Bartholomeyczik S, Finger M, Mokrusch T, Kostanjsek N, Stucki G. ICF Core Set for patients with neurological conditions in early post-acute rehabilitation facilities. Disabil Rehabil 2005;27:389–395.
237. Stoll T, Brach M, Huber EO, Scheuringer M, Schwarzkopf SR, Konstanjsek N, Stucki G. ICF Core Set for patients with musculoskeletal conditions in the acute hospital. Disabil Rehabil 2005;27:381–387.
238. Boldt C, Grill E, Wildner M, Portenier L, Wilke S, Stucki G, Kostanjsek N, Quittan M. ICF Core Set for patients with cardiopulmonary conditions in the acute hospital. Disabil Rehabil 2005;27:375–380.
239. Ewert T, Grill E, Bartholomeyczik S, Finger M, Mokrusch T, Kostanjsek N, Stucki G. ICF Core Set for patients with neurological conditions in the acute hospital. Disabil Rehabil 2005;27:367–373.
240. Grill E, Ewert T, Chatterji S, Kostanjsek N, Stucki G. ICF core sets development for the acute hospital and early post-acute rehabilitation facilities. Disabil Rehabil 2005;27:361–366.
241. Dreinhofer K, Stucki G, Ewert T, Huber E, Ebenbichler G, Gutenbrunner C, Kostanjsek N, Cieza A. ICF Core Sets for osteoarthritis. J Rehabil Med 2004;(Suppl 44):75–80.
242. Geyh S, Cieza A, Schouten J, Dickson H, Frommelt P, Omar Z, Kostanjsek N, Ring H, Stucki G. ICF Core Sets for stroke. J Rehabil Med 2004;(Suppl 44):135–141.
243. Cieza A, Chatterji S, Andersen C, Cantista P, Herceg M, Melvin J, Stucki G, de Bie R. ICF Core Sets for depression. J Rehabil Med 2004;(Suppl 44):128–134.
244. Brach M, Cieza A, Stucki G, Fussl M, Cole A, Ellerin BE, Fialka Moser V, Kostanjsek N, Melvin J. ICF Core Sets for breast cancer. J Rehabil Med 2004;(Suppl 44):121–127.
245. Stucki A, Stoll T, Cieza A, Weigl M, Giardini A, Wever D, Kostanjsek N, Stucki G. ICF Core Sets for obstructive pulmonary diseases. J Rehabil Med 2004;(Suppl 44):114–120.
246. Stucki A, Daansen P, Fuessl M, Cieza A, Huber E, Atkinson R, Kostanjsek N, Stucki G, Ruof J. ICF Core Sets for obesity. J Rehabil Med 2004;(Suppl 44):107–113.
247. Ruof J, Cieza A, Wolff B, Angst F, Ergeletzis D, Omar Z, Kostanjsek N, Stucki G. ICF Core Sets for diabetes mellitus. J Rehabil Med 2004;(Suppl 44):100–106.
248. Cieza A, Stucki A, Geyh S, Berteanu M, Quittan M, Simon A, Kostanjsek N, Stucki G, Walsh N. ICF Core Sets for chronic ischaemic heart disease. J Rehabil Med 2004;(Suppl 44):94–99.
249. Stucki G, Cieza A, Geyh S, Battistella L, Lloyd J, Symmons D, Kostanjsek N, Schouten J. ICF Core Sets for rheumatoid arthritis. J Rehabil Med 2004;(Suppl 44):87–93.
250. Cieza A, Schwarzkopf SR, Sigl T, Stucki G, Melvin J, Stoll T, Woolf AD, Kostanjsek N, Walsh N. ICF Core Sets for osteoporosis. J Rehabil Med 2004;(Suppl 44):81–86.
251. Cieza A, Stucki G, Weigl M, Disler P, Jackel W, van der Linden S, Kostanjsek N de Bie R. ICF Core Sets for low back pain. J Rehabil Med 2004;(Suppl 44):69–74.
252. Cieza A, Stucki G, Weigl M, Kullmann L, Stoll T, Kamen L, Kostanjsek N, Walsh N. ICF Core Sets for chronic widespread pain. J Rehabil Med 2004;(Suppl 44):63–68.
253. Weigl M, Cieza A, Andersen C, Kollerits B, Amann E, Stucki G. Identification of relevant ICF categories in patient with chronic health conditions: a Delphi exercise. J Rehabil Med 2004;(Suppl 44):12–21.
254. Cieza A, Ewert T, Ustun TB, Chatterji S, Kostanjsek N, Stucki G. Development of ICF Core Sets for patients with chronic conditions. J Rehabil Med 2004;(Suppl 44):9–11.
255. Stucki A, Cieza A, Michel F, Stucki G, Bentley A, Culebras A, Tufik S, Kotchabhakdi N, Tachibana N, Ustun B, Partinen M. Developing ICF Core Sets for persons with sleep disorders based on the International Classification of Functioning, Disability and Health. Sleep Med 2008;9:191–198.
256. Xie F, Lo NN, Lee HP, Cieza A, Li SC. Validation of the Comprehensive ICF Core Set for osteoarthritis (OA) in patients with knee OA: a Singaporean perspective. J Rheumatol 2007;34:2301–2307.
257. Tschiesner U, Cieza A, Rogers SN, Piccirillo J, Funk G, Stucki G, Berghaus A. Developing core sets for patients with head and neck cancer based on the International Classification of Functioning, Disability and Health (ICF). Eur Arch Otorhinolaryngol 2007;264:1215–1222.
258. Morita E, Weigl M, Schuh A, Stucki G. Identification of relevant ICF categories for indication, intervention planning and evaluation of health resort programs: a Delphi exercise. Int J Biometeorol 2006;50:183–191.
259. Coenen M, Cieza A, Stamm TA, Amann E, Kollerits B, Stucki G. Validation of the International Classification of Functioning, Disability and Health (ICF) Core Set for rheumatoid arthritis from the patient perspective using focus groups. Arthritis Res Ther 2006;8:R84.
260. Bernabeu M, Laxe S, Lopez R, Stucki G, Ward A, Barnes M, Kostanjsek N, Reed G, Tate R, Whyte J, Zasler N, Cieza A. Developing core sets for persons with traumatic brain injury based on the international classification of functioning, disability, and health. Neurorehabil Neural Repair 2009;23:464–467.
261. Kohler F, Cieza A, Stucki G, Geertzen J, Burger H, Dillon MP, Schiappacasse C, Esquenazi A, Kistenberg RS, Kostanjsek N. Developing Core Sets for persons following amputation based on the International Classification of Functioning, Disability and Health as a way to specify functioning. Prosthet Orthot Int 2009;33:117–129.
262. Rauch A, Kirchberger I, Stucki G, Cieza A. Validation of the Comprehensive ICF Core Set for obstructive pulmonary diseases from the perspective of physiotherapists. Physiother Res Int 2009;14:242–259.
263. Rauch A, Kirchberger I, Boldt C, Cieza A, Stucki G. Does the Comprehensive International Classification of Functioning, Disability and Health (ICF) Core Set for rheumatoid arthritis capture nursing practice? A Delphi survey. Int J Nurs Stud 2009;46:1320–1334.
264. Røe C, Sveen U, Cieza A, Geyh S, Bautz-Holter E. Validation of the Brief ICF core set for low back pain from

the Norwegian perspective. Eur J Phys Rehabil Med 2009;45:403–414.
265. Riches VC, Parmenter TR, Llewellyn G, Hindmarsh G, Chan J. I-CAN: a new instrument to classify support needs for people with disability. I. J Appl Res Intellect Disabil 2009;22:326–339.
266. De Vriendt P, Lambert M, Mets T. Integrating the International Classification of Functioning, Disability and Health (ICF) in the Geriatric Minimum Data Set-25 (GMDS-25) for intervention studies in older people. J Nutr Health Aging 2009;13:128–134.
267. Wynia K, Middel B, De Ruiter H, Van Dijk JP, Lok WS, De Keyser JHA, Reijneveld SA. Adding a subjective dimension to an ICF-based disability measure for people with multiple sclerosis: development and use of a measure for perception of disabilities. Disabil Rehabil 2009;31:1008–1017.
268. Farin E, Fleitz A. The development of an ICF-oriented, adaptive physician assessment instrument of mobility, self-care, and domestic life. Int J Rehabil Res 2009;32:98–107.
269. Pallant JF, Keenan AM, Misajon R, Conaghan PG, Tennant A. Measuring the impact and distress of osteoarthritis from the patients' perspective. Health Qual Life Outcomes 2009;7:37.
270. Federici S, Meloni F, Mancini A, Lauriola M, Olivetti Belardinelli M. World Health Organisation Disability Assessment Schedule II: contribution to the Italian validation. Disabil Rehabil 2009;31:553–564.
271. Cieza A, Hilfiker R, Boonen A, van der Heijde D, Braun J, Stucki G. Towards an ICF-based clinical measure of functioning in people with ankylosing spondylitis: a methodological exploration. Disabil Rehabil 2009;31:528–537.
272. 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 Rehabil Med 2008;40:836–843.
273. Wynia K, Middel B, de Ruiter H, van Dijk JP, de Keyser JHA, Reijneveld SA. Stability and relative validity of the Multiple Sclerosis Impact Profile (MSIP). Disabil Rehabil 2008;30:1027–1038.
274. Wynia K, Middel B, van Dijk JP, de Ruiter Han, de Keyser J, Reijneveld SA. The Multiple Sclerosis impact Profile (MSIP). Development and testing psychometric properties of an ICF-based health measure. Disabil Rehabil 2008;30:261–274.
275. Veillette N, Demers L, Dutil E, McCusker J. Development of a functional status assessment of seniors visiting emergency department. Arch Gerontol Geriatr 2009;48:205–212.
276. Pollard B, Dixon D, Dieppe P, Johnston M. Measuring the ICF components of impairment, activity limitation and participation restriction: an item analysis using classical test theory and item response theory. Health Qual Life Outcomes 2009;7:41.
277. Cieza A, Hilfiker R, Chatterji S, Kostanjsek N, Ustun BT, Stucki G. The International Classification of Functioning, Disability, and Health could be used to measure functioning. J Clin Epidemiol 2009;62:899–911.
278. Grill E, Stucki G. Scales could be developed based on simple clinical ratings of International Classification of Functioning, Disability and Health Core Set categories. J Clin Epidemiol 2009;62:891–898.
279. Finch LE, Higgins J, Wood-Dauphinee SL, Mayo NE. A measure of physical functioning to define stroke recovery at 3 months: preliminary results. Arch Phys Med Rehabil 2009;90:1584–1595.
280. Resnik L, Plow M, Jette A. Development of CRIS: measure of community reintegration of injured service members. J Rehabil Res Dev 2009;46:469–480.
281. Post MWM, de Witte LP, Reichrath E, Verdonschot MM, Wijlhuizen GJ, Perenboom RJM. Development and validation of impact-s, an ICF-based questionnaire to measure activities and participation. J Rehabil Med 2008;40:620–627.
282. Pieterse AJ, Cup EHC, Knuijt S, Hendricks HT, van Engelen BGM, van der Wilt GJ, Oostendorp RAB. Development of a tool to guide referral of patients with neuromuscular disorders to allied health services. Part 1. Disabil Rehabil 2008;30:855–862.
283. Finch LE, Higgins J, Wood-Dauphinee S, Mayo NE. A measure of early physical functioning (EPF) post-stroke. J Rehabil Med 2008;40:508–517.
284. Osteras N, Gulbrandsen P, Garratt A, Benth JS, Dahl FA, Natvig B, Brage S. A randomised comparison of a four- and a five-point scale version of the Norwegian Function Assessment Scale. Health Qual Life Outcomes 2008;6:14.
285. Misajon RA, Pallant JF, Manderson L, Chirawatkul S. Measuring the impact of health problems among adults with limited mobility in Thailand: further validation of the Perceived Impact of Problem Profile. Health Qual Life Outcomes 2008;6:6.
286. Farin E, Fleitz A, Frey C. Psychometric properties of an International Classification of Functioning, Disability and Health (ICF)-oriented, adaptive questionnaire for the assessment of mobility, self-care and domestic life. J Rehabil Med 2007;39:537–546.
287. Seekins T, Ipsen C, Arnold NL. Using ecological momentary assessment to measure participation: a preliminary study. Rehabil Psychol 2007;52:319–330.
288. Verhoef J, Toussaint PJ, Zwetsloot Schonk JHM, Breedveld FC, Putter H, Vlieland TPMV. Effectiveness of the introduction of an international classification of functioning, disability and health-based rehabilitation tool in multidisciplinary team care in patients with rheumatoid arthritis. Arthritis Care Res 2007;57:240–248.
289. Gandek B, Sinclair SJ, Jette AM, Ware JE Jr. Development and initial psychometric evaluation of the Participation Measure for Post-Acute Care (PM-PAC). Am J Phys Med Rehabil 2007;86:57–71.
290. Pallant JF, Misajon R, Bennett E, Manderson L. Measuring the impact and distress of health problems from the individual's perspective: development of the Perceived Impact of Problem Profile (PIPP). Health Qual Life Outcomes 2006;4:36.
291. Ostir GV, Granger CV, Black T, Roberts P, Burgos L, Martinkewiz P, Ottenbacher KJ. Preliminary results for the PAR-PRO: a measure of home and community participation. Arch Phys Med Rehabil 2006;87:1043–1051.
292. Van Brakel WH, Anderson AM, Mutatkar RK, Bakirtzief Z, Nicholls PG, Raju MS, Das Pattanayak RK. The Participation Scale: measuring a key concept in public health. Disabil Rehabil 2006;28:193–203.
293. Gray DB, Hollingsworth HH, Stark SL, Morgan KA. Participation survey/mobility: psychometric properties of a measure of participation for people with mobility impairments and limitations. Arch Phys Med Rehabil 2006;87:189–197.
294. Pathak DS, Chisolm DJ, Weis KA. Functional Assessment in Migraine (FAIM) questionnaire: development of an instrument based upon the WHO's International Classification of Functioning, Disability, and Health. Value Health 2005;8:591–600.
295. Chisolm TH, Abrams HB, McArdle R, Wilson RH, Doyle PJ. The WHO-DAS II: psychometric properties in the measurement of functional health status in adults with acquired hearing loss. Trends Amplif 2005;9:111–126.

296. Andriesse H, Hagglund G, Jarnlo GB. The clubfoot assessment protocol (CAP); description and reliability of a structured multi-level instrument for follow-up. BMC Musuloskeletal Disord 2005;6:40.
297. Akai M, Doi T, Fujino K, Iwaya T, Kurosawa H, Nasu T. An outcome measure for Japanese people with knee osteoarthritis. J Rheumatol 2005;32:1524–1532.
298. Coster WJ, Haley SM, Ludlow LH, Andres PL, Ni PS. Development of an applied cognition scale to measure rehabilitation outcomes. Arch Phys Med Rehabil 2004;85:2030–2035.
299. Heerkens Y, Engels J, Kuiper C, Van der Gulden J, Oostendorp R. The use of the ICF to describe work related factors influencing the health of employees. Disabil Rehabil 2004;26:1060–1066.
300. Steiner WA, Ryser L, Huber E, Uebelhart D, Aeschlimann A, Stucki G. Use of the ICF model as a clinical problem-solving tool in physical therapy and rehabilitation medicine. Phys Ther 2002;82:1098–1107.
301. Osteras N, Brage S, Garratt A, Benth JS, Natvig B, Gulbrandsen P. Functional ability in a population: normative survey data and reliability for the ICF based Norwegian Function Assessment Scale. BMC Public-Health 2007;7:278.
302. Daly JJ, Ruff RL. Construction of efficacious gait and upper limb functional interventions based on brain plasticity evidence and model-based measures for stroke patients. Scientific World J 2007;7:2031–2045.
303. Allet L, Cieza A, Burge E, Finger M, Stucki G, Huber EO. Intervention categories for physiotherapists treating patients with musculoskeletal conditions on the basis of the International Classification of Functioning, Disability and Health. Int J Rehabil Res 2007;30:273–280.
304. Sandstrom M, Lundin-Olsson L. Development and evaluation of a new questionnaire for rating perceived participation. Clin Rehabil 2007;21:833–845.
305. Nijs J, Vaes P, McGregor N, Van-Hoof E, De-Meirleir K. Psychometric properties of the Dutch Chronic Fatigue Syndrome – Activities and Participation Questionnaire (CFS-APQ). Phys Ther 2003;83:444–454.
306. Mortenson WB, Miller WC, Miller-Pogar J. Measuring wheelchair intervention outcomes: development of the Wheelchair Outcome Measure. Disabil Rehabil Assist Technol 2007;2:275–285.
307. Conclave M, Fusaro G, Sala M, Martinuzzi A, Russo E, Frare M, Gorini G, Leonardi M, Raggi A. The ICF and Labour Policies Project: the first Italian nation-wide experience of ICF implementation in the labour sector. Disabil Rehabil 2009;31:S16–S21.
308. Francescutti C, Frattura L, Troiano R, Gongolo F, Martinuzzi A, Sala M, Meucci P, Raggi A, Russo E, Buffoni M, Gorini G, Conclave M, Petrangeli A, Solipaca A, Leonardi M. Towards a common disability assessment framework: theoretical and methodological issues for providing public services and benefits using ICF. Disabil Rehabil 2009;31:S8–S15.
309. Kirchberger I, Stucki G, Böhni UW, Cieza A, Kirschneck M, Dvorak J. Towards an outcome documentation in manual medicine: a first proposal of the International Classification of Functioning, Disability and Health (ICF) intervention categories for manual medicine based on a Delphi survey. Eur J Phys Rehabil Med 2009;45:415–425.
310. Kukafka R, Bales ME, Burkhardt A, Friedman C. Human and automated coding of rehabilitation discharge summaries according to the International Classification of Functioning, Disability, and Health. J Am Med Informatics Assoc 2006;13:508–515.
311. Biering Sorensen F, Charlifue S, DeVivo M, Noonan V, Post M, Stripling T, Wing P. International spinal cord injury data sets. Spinal Cord 2006;44:530–534.
312. Nicholls PG, Bakirtzief Z, Van Brakel WH, Das Pattanaya RK, Raju MS, Norman G, Mutatkar RK. Risk factors for participation restriction in leprosy and development of a screening tool to identify individuals at risk. Lepr Rev 2005;76:305–315.
313. Bales M, Kukafka R, Burkhardt A, Friedman C. Extending a medical language processing system to the functional status domain. AMIA Annu Symp Proc 2005:888.
314. Chamberlain MA, Fialka Moser V, Schuldt Ekholm K, O'Connor RJ, Herceg M, Ekholm J. Vocational rehabilitation: an educational review. J Rehabil Med 2009;41:856–869.
315. Kuipers P, Foster M, Smith S, Fleming J. Using ICF-Environment factors to enhance the continuum of outpatient ABI rehabilitation: an exploratory study. Disabil Rehabil 2009;31:144–151.
316. Van Naarden Braun K, Yeargin-Allsopp M, Lollar D. Activity limitations among young adults with developmental disabilities: a population-based follow-up study. Res Dev Disabil 2009;30:179–191.
317. Rundell SD, Davenport TE, Wagner T. Physical therapist management of acute and chronic low back pain using the World Health Organization's International Classification of Functioning, Disability and Health. Phys Ther 2009;89:82–90.
318. Sanchez K, Papelard A, Nguyen C, Jousse M, Rannou F, Revel M, Poiraudeau S. Patient-preference disability assessment for disabling chronic low back pain: a cross-sectional survey. Spine 2009;34:1052–1059.
319. Paul B, Leitner C, Vacariu G, Wick F, Zehetmayer S, Matzner M, Mittermaier C, Vanecek E, Ebenbichler G. Low-back pain assessment based on the brief ICF core sets diagnostic relevance of motor performance and psychological tests. Am J Phys Med Rehabil 2008;87:452–460.
320. Kennedy V, Stephens D, Fitzmaurice P. The impact of cochlear implants from the perspective of significant others of adult cochlear implant users. Otol Neurotol 2008;29:607–614.
321. Mudge S, Stott NS. Outcome measures to assess walking ability following stroke: a systematic review of the literature. Physiotherapy 2007;93:189–200.
322. Alexanderson H, Lundberg IE. Inflammatory muscle disease: clinical presentation and assessment of patients. Curr Rheumatol Rep 2007;9:273–279.
323. Karlamangla AS, Tinetti M, Guralnik J, Studenski S, Wetle T, Reuben D. Comorbidity in older adults: nosology of impairment, diseases, and conditions. J Gerontol A Biol Sci Med Sci 2007;62:296–300.
324. Swinkels RAHM. The ICF classification as a system for structuring outcome measurement. Physiother Singapore 2004;7:7–13.
325. Stucki G, Boonen A, Tugwell P, Cieza A, Boers M. The World Health Organisation International Classification of Functioning, Disability and Health: a conceptual model and interface for the OMERACT process. J Rheumatol 2007;34:600–606.
326. Weigl M, Cieza A, Cantista P, Stucki G. Physical disability due to musculoskeletal conditions. Best Pract Res Clin Rheumatol 2007;21:167–190.
327. Kanervisto M, Kaistila T, Paavilainen E. Severe chronic obstructive pulmonary disease in a family's everyday life in Finland: Perceptions of people with chronic obstructive pulmonary disease and their spouses. Nurs Health Sci 2007;9:40–47.

328. Stamm T, Machold K. The International Classification of Functioning, Disability and Health in practice in rheumatological care and research. Curr Opin Rheumatol 2007;19:184–189.
329. Ustun TB. Using the International Classification of Functioning, Disease and Health in attention-deficit/hyperactivity disorder: separating the disease from its epiphenomena. Ambul Pediatr 2007;7:S132–S139.
330. Jerosch Herold C, De Carvalho Leite JC, Song F. A systematic review of outcomes assessed in randomized controlled trials of surgical interventions for carpal tunnel syndrome using the International Classification of Functioning, Disability and Health (ICF) as a reference tool. BMC Musuloskeletal Disord 2006;7:96.
331. Threats T. Access for persons with neurogenic communication disorders: influences of personal and environmental factors of the ICF. Aphasiology 2007;21:67–80.
332. Appleby H, Tempest S. Using change management theory to implement the International Classification of Functioning, Disability and Health (ICF) in clinical practice. Br J Occup Ther 2006;69:477–480.
333. Morris ME. Locomotor training in people with Parkinson disease. Phys Ther 2006;86:1426–1435.
334. 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;86:1203–1220.
335. Rimmer JH. Use of the ICF in identifying factors that impact participation in physical activity/rehabilitation among people with disabilities. Disabil Rehabil 2006;28:1087–1095.
336. Tempest S, McIntyre A. Using the ICF to clarify team roles and demonstrate clinical reasoning in stroke rehabilitation. Disabil Rehabil 2006;28:663–667.
337. Jette AM. Toward a common language for function, disability, and health. Phys Ther 2006;86:726–734.
338. Post RB, Keizer HJE, Leferink VJM, Van Der Sluis CK. Functional outcome 5 years after non-operative treatment of type A spinal fractures. Eur Spine J 2006;15:472–478.
339. Taal E, Bobietinska E, Lloyd J, Veehof M, Rasker WJM, Oosterveld FGJ, Rasker JJ. Successfully living with chronic arthritis: the role of the allied health professionals. Clin Rheumatol 2006;25:189–197.
340. Van Baar ME, Essink Bot ML, Oen IMMH, Dokter J, Boxma H, Van Beeck EF. Functional outcome after burns: a review. Burns 2006;32:1–9.
341. Harris JE, MacDermid JC, Roth J. The international classification of functioning as an explanatory model of health after distal radius fracture: a cohort study. Health Qual Life Outcomes 2005;3:73.
342. Sieradzki A, Kiejna A, Wiersma D. Social disability and social functioning measurement in Polish psychiatric research. Arch Psychiatry Psychother 2005;7:19–24.
343. Ross KB, Wertz RT. Advancing appraisal: aphasia and the WHO. Aphasiology 2005;19:860–970.
344. Florin J, Ehnfors M, Ostlinder G. Developing a national integrated classification of health care interventions in Sweden. Int J Med Informatics 2005;74:973–979.
345. Kjeken I, Dagfinrud H, Slatkowsky Christensen B, Mowinckel P, Uhlig T, Kvien TK, Finset A. Activity limitations and participation restrictions in women with hand osteoarthritis: patients' descriptions and associations between dimensions of functioning. Ann Rheum Dis 2005;64:1633–1638.
346. Tannenbaum C, Mayo N, Ducharme F. Older women's health priorities and perceptions of care delivery: results of the WOW health survey. CMAJ 2005;173:153–159.
347. Salter K, Jutai JW, Teasell R, Foley NC, Bitensky J, Bayley M. Issues for selection of outcome measures in stroke rehabilitation: ICF activity. Disabil Rehabil 2005;27:315–340.
348. Stucki G, Ewert T. How to assess the impact of arthritis on the individual patient: the WHO ICF. Ann Rheum Dis 2005;64:664–668.
349. Salter K, Jutai JW, Teasell R, Foley NC, Bitensky J. Issues for selection of outcome measures in stroke rehabilitation: ICF Body Functions. Disabil Rehabil 2005;27:191–207.
350. Dagfinrud H, Kjeken I, Mowinckel P, Hagen KB, Kvien TK. Impact of functional impairment in ankylosing spondylitis: impairment, activity limitation, and participation restrictions. J Rheumatol 2005;32:516–523.
351. Scott DL, Smith C, Kingsley G. What are the consequences of early rheumatoid arthritis for the individual? Best Pract Res Clin Rheumatol 2005;19:117–136.
352. Howe TJ, Worall LE, Hickson LMH. What is an aphasia-friendly environment? Aphasiology 2004;18:1015–1037.
353. Gummesson C, Atroshi I, Ekdahl C. The quality of reporting and outcome measures in randomized clinical trials related to upper-extremity disorders. J Hand Surg Am 2004;29:727–734.
354. Cieza A, Stucki G. New approaches to understanding the impact of musculoskeletal conditions. Best Pract Res Clin Rheumatol 2004;18:141–154.
355. Schlosser RW. Goal attainment scaling as a clinical measurement technique in communication disorders: a critical review. J Commun Disord 2004;37:217–239.
356. Ball LJ, Beukelman DR, Pattee GL. Communication effectiveness of individuals with amyotrophic lateral sclerosis. J Commun Disord 2004;37:197–215.
357. Arthanat S, Nochajski SM, Stone J. The international classification of functioning, disability and health and its application to cognitive disorders. Disabil Rehabil 2004;26:235–245.
358. Bilbao A, Kennedy C, Chatterji S, Ustun B, Vasquez Barquero JL, Barth JT. The ICF: applications of the WHO model of functioning, disability and health to brain injury rehabilitation. NeuroRehabilitation 2003;18:239–250.
359. Brush JA, Threats TT, Calkins MP. Influences on perceived function of a nursing home resident. J Commun Disord 2003;36:379–393.
360. Heerkens Y, Van Der Brug Y, Napel HT, Van Ravensberg D. Past and future use of the ICF (former ICIDH) by nursing and allied health professionals. Disabil Rehabil 2003;25:620–627.
361. De Kleijn P, Heijnen L, Van Meeteren NLU. Clinimetric instruments to assess functional health status in patients with haemophilia: a literature review. Haemophilia 2002;8:419–427.
362. Jordhoy MS, Inger-Ringdal G, Helbostad JL, Oldervoll L, Loge JH, Kaasa S. Assessing physical functioning: a systematic review of quality of life measures developed for use in palliative care. Palliat Med 2007;21:673–682.
363. Simmons-Mackie N, Kagan A. Application of the ICF in aphasia. Semin Speech Lang 2007;28:244–253.
364. Hopper T. The ICF and dementia. Semin Speech Lang 2007;28:273–282.
365. Hickson L, Scarinci N. Older adults with acquired hearing impairment: applying the ICF in rehabilitation. Semin Speech Lang 2007;28:283–290.
366. Eadie TL. Application of the ICF in communication after total laryngectomy. Semin Speech Lang 2007;28:291–300.
367. Dykstra AD, Hakel ME, Adams SG. Application of the ICF in reduced speech intelligibility in dysarthria. Semin Speech Lang 2007;28:301–311.

368. Yaruss JS. Application of the ICF in fluency disorders. Semin Speech Lang 2007;28:312–322.
369. Threats TT. Use of the ICF in dysphagia management. Semin Speech Lang 2007;28:323–333.
370. Larkins B. The application of the ICF in cognitive-communication disorders following traumatic brain injury. Semin Speech Lang 2007;28:334–342.
371. Ma EP, Yiu EM, Abbott KV. Application of the ICF in voice disorders. Semin Speech Lang 2007;28:343–350.
372. Geuskens GA, Burdorf A, Hazes JM. Consequences of rheumatoid arthritis for performance of social roles – a literature review. J Rheumatol 2007;34:1248–1260.
373. MacEntee MI. An existential model of oral health from evolving views on health, function and disability. Community Dent Health 2006;23:5–14.
374. Threats TT. Towards an international framework for communication disorders: use of the ICF. J Commun Disord 2006;39:251–265.
375. Van-Achterberg T, Holleman G, Heijnen-Kaales Y, Vander-Brug Y, Roodbol G, Stallinga HA, Hellema F, Frederiks CM. Using a multidisciplinary classification in nursing: the International Classification of Functioning Disability and Health. J Adv Nurs 2005;49:432–441.
376. Hemmingsson H, Jonsson H. An occupational perspective on the concept of participation in the International Classification of Functioning, Disability and Health – some critical remarks. Am J Occup Ther 2005;59:569–576.
377. Mayo NE, Nadeau L, Levesque L, Miller S, Poissant L, Tamblyn R. Does the addition of functional status indicators to case-mix adjustment indices improve prediction of hospitalization, institutionalization, and death in the elderly? Med Care 2005;43:1194–1202.
378. Saunders GH, Chisolm TH, Abrams HB. Measuring hearing aid outcomes – not as easy as it seems. J Rehabil Res Dev 2005;42:S157–S168.
379. Haley SM, Coster WJ, Andres PL, Ludlow LH, Ni P, Bond TL, Sinclair SJ, Jette AM. Activity outcome measurement for postacute care. Med Care 2004;42:I49–I61.
380. Yaruss JS, Quesal RW. Stuttering and the International Classification of Functioning, Disability, and Health: an update. J Commun Disord 2004;37:35–52.
381. Kearney PM, Pryor J. The International Classification of Functioning, Disability and Health (ICF) and nursing. J Adv Nurs 2004;46:162–170.
382. Walsh NE. The Walter J. Zeiter lecture. Global initiatives in rehabilitation medicine. Arch Phys Med Rehabil 2004;85: 1395–1402.
383. Eadie TL. The ICF: a proposed framework for comprehensive rehabilitation of individuals who use alaryngeal speech. Am J Speech Lang Pathol 2003;12:189–197.
384. Scherer MJ, Sax CL, Glueckauf RL. Activities and participation: the need to include assistive technology in rehabiltation counselor education. Rehabil Educ 2005;19:177–190.
385. MacDonald-Wilson KL, Nemec PB. The International Classification of Functioning, Disability and Health (ICF) in psychiatric rehabilitation. Rehabil Educ 2005;19:159–176.
386. Smiley DF, Threats TM, Mowry RL, Peterson DB. The International Classification of Functioning, Disability and Health (ICF): implications for deafness rehabilitation education. Rehabil Educ 2005;19:139–158.
387. Ma EPM, Worrall L, Threats TT. The International Classification of Functioning, Disability and Health (ICF) in clinical practice. Semin Speech Lang 2007;28:241–243.
388. Howard D, Browning C, Lee Y. The International Classification of Functioning, Disability, and Health: therapeutic recreation code sets and salient diagnostic core sets. Ther Recreation J 2007;41:61–81.
389. Porter HR, VanPuymbroeck M. Utilization of the international classification of functioning, disability, and health within therapeutic recreation practice. Ther Recreation J 2007;41:47–60.
390. Wittink H. Functional capacity testing in patients with chronic pain. Clin J Pain 2005;21:197–199.
391. Rentsch HP, Bucher P, Nyffeler I, Dommen WC, Hefti H, Fluri E, Wenger U, Walti C, Boyer I. The implementation of the 'International Classification of Functioning, Disability and Health' (ICF) in daily practice neurorehabilitation: an interdisciplinary project at the Kantonsspital of Lucerne, Switzerland. Disabil Rehabil 2003;25:411–421.
392. Bernd T, Van Der Pijl D, De Witte LP. Existing models and instruments for the selection of assistive technology in rehabilitation practice. Scand J Occup Ther 2009;16:146–158.
393. Chen SY, Winstein CJ. A systematic review of voluntary arm recovery in hemiparetic stroke: critical predictors for meaningful outcomes using the international classification of functioning, disability, and health. J Neurol Phys Ther 2009;33:2–13.
394. Dean E. Physical therapy in the 21st century (Part I): toward practice informed by epidemiology and the crisis of lifestyle conditions. Physiother Theory Pract 2009;25:330–353.
395. Dibble LE, Addison O, Papa E. The effects of exercise on balance in persons with Parkinson's disease: a systematic review across the disability spectrum. J Neurol Phys Ther 2009;33:14–26.
396. Dunn J, Sinnott AK, Nunnerley J, Scheuringer M. Utilisation of patient perspective to validate clinical measures of outcome following spinal cord injury. Disabil Rehabil 2009;31:967–975.
397. Gilchrist LS, Galantino ML, Wampler M, Marchese VG, Morris GS, Ness KK. A framework for assessment in oncology rehabilitation. Phys Ther 2009;89:286–306.
398. Leonardi M, Martinuzzi A. ICF and ICF-CY for an innovative holistic approach to persons with chronic conditions. Disabil Rehabil 2009;31:S83–S87.
399. Minis MA, Heerkens Y, Engels J, Oostendorp R, Van Engelen B. Classification of employment factors according to the International Classification of Functioning, Disability and Health in patients with neuromuscular diseases: a systematic review. Disabil Rehabil 2009;31:2150–2163.
400. Reed GM, Spaulding WD, Bufka LF. The relevance of the International Classification of Functioning, Disability and Health (ICF) to mental disorders and their treatment. Alter 2009;3:340–359.
401. Sandberg MA, Bush SS, Martin T. Beyond diagnosis: understanding the healthcare challenges of injured veterans through the application of the International Classification of Functioning, Disability and Health (ICF). Clin Neuropsychol 2009;23:1416–1432.
402. Scarponi F, Sattin D, Leonardi M, Raggi A, Zampolini M. The description of severe traumatic brain injury in light of the ICF classification. Disabil Rehabil 2009;31:S134–S143.
403. Spooren AIF, Janssen-Potten YJM, Kerckhofs E, Seelen HAM. Outcome of motor training programmes on arm and hand functioning in patients with cervical spinal cord injury according to different levels of the ICF: a systematic review. J Rehabil Med 2009;41:497–505.
404. Stier-Jarmer M, Cieza A, Borchers M, Stucki G. How to apply the ICF and ICF core sets for low back pain. Clin J Pain 2009;25:29–38.
405. Stocks R, Dacakis G, Phyland D, Rose M. The effect of smooth speech on the speech production of an individual with ataxic dysarthria. Brain Inj 2009;23:820–829.
406. Bertisch Meir R. Changing one's life story: a retrospective multiple case study. Diss Abstr 2005;66:2805.

407. Tsutsui H, Koike T, Yamazaki C, Ito A, Kato F, Sato H, Tawada H, Oshida Y. Identification of hemodialysis patients' common problems using the International Classification of Functioning, Disability and Health. Ther Apher Dial 2009;13:186–192.
408. Baron S, Linden M. Disorders of functions and disorders of capacity in relation to sick leave in mental disorders. Int J Soc Psychiatry 2009;55:57–63.
409. Pisoni C, Giardini A, Majani G, Maini M. International Classification of Functioning, Disability and Health (ICF) core sets for osteoarthritis. Aa useful tool in the follow-up of patients after joint arthroplasty. Eur J Phys Rehabil Med 2008;44:377–385.
410. Tenorio-Martinez R, de Carmen Lara-Munoz M, Medina-Mora ME. Measurement of problems in activities and participation in patients with anxiety, depression and schizophrenia using the ICF checklist. Soc Psychiatry Psychiatr Epidemiol 2009;44:377–384.
411. Tschiesner U, Linseisen E, Coenen M, Rogers S, Harreus U, Berghaus A, Cieza A. Evaluating sequelae after head and neck cancer from the patient perspective with the help of the International Classification of Functioning, Disability and Health. Eur Arch Otorhinolaryngol 2009;266:425–436.
412. Okawa Y, Nakamura S, Kudo M, Ueda S. An evidence-based construction of the models of decline of functioning. Part 1: two major models of decline of functioning. Int J Rehabil Res 2009;32:189–192.
413. Mittrach R, Grill E, Walchner-Bonjean M, Scheuringer M, Boldt C, Huber EO, Stucki G. Goals of physiotherapy interventions can be described using the International Classification of Functioning, Disability and Health. Physiotherapy 2008;94:150–157.
414. Chan SC, Chan AP. User satisfaction, community participation and quality of life among Chinese wheelchair users with spinal cord injury: a preliminary study. Occup Ther Int 2007;14:123–143.
415. Stephens D, Vetter N, Lewis P. Investigating lifestyle factors affecting hearing aid candidature in the elderly. Int J Audiol 2003;42:2S33–2S38.
416. Okochi J, Utsunomiya S, Takahashi T. Health measurement using the ICF: test-retest reliability study of ICF codes and qualifiers in geriatric care. Health Qual Life Outcomes 2005;3:46.
417. Grill E, Harder M, Fischbacher L, Boldt C, Mittrach R, Stucki G. Identification of relevant ICF categories by patients in early post-acute rehabilitation facilities. Phys Rehab Kur Med 2005;15:168–173.
418. Grill E, Quittan M, Huber EO, Boldt C, Stucki G. Identification of relevant ICF categories by health professionals in the acute hospital. Disabil Rehabil 2005;27:437–445.
419. Maeda S, Kita F, Miyawaki T, Takeuchi K, Ishida R, Egusa M, Shimada M. Assessment of patients with intellectual disability using the International Classification of Functioning, Disability and Health to evaluate dental treatment tolerability. J Intellect Disabil Res 2005;49:253–259.
420. Lomax CL, Brown RG, Howard RJ. Measuring disability in patients with neurodegenerative disease using the 'Yesterday Interview'. Int J Geriatr Psychiatry 2004;19:1058–1064.
421. Ewert T, Fuessl M, Cieza A, Andersen C, Chatterji S, Kostanjsek N, Stucki G. Identification of the most common patient problems in patients with chronic conditions using the ICF checklist. J Rehabil Med 2004;(Suppl 44):22–29.
422. Chopra PK, Couper JW, Herrman H. The assessment of patients with long-term psychotic disorders: application of the WHO Disability Assessment Schedule II. Aust N Z J Psychiatry 2004;38:753–759.
423. Schindler A, Manassero A, Dao M, Giraudo E, Grosso E, Tiddia C, Schindler O. The β- 2 draft of the international classification of impairment, disabilities and handicap: application to communication disorders. Eur Medicophys 2002;38:123–129.
424. Soberg HL, Sandvik L, Ostensjo S. Reliability and applicability of the ICF in coding problems, resources and goals of persons with multiple injuries. Disabil Rehabil 2008;30:98–106.
425. Verhoef J, Toussaint PJ, Putter H, Zwetsloot-Schonk JH, Vliet-Vlieland TP. The impact of introducing an ICF-based rehabilitation tool on staff satisfaction with multidisciplinary team care in rheumatology: an exploratory study. Clin Rehabil 2008;22:23–37.
426. Grill E, Joisten S, Swoboda W, Stucki, G. Early-stage impairments and limitations of functioning from the geriatric ICF core set as determinants of independent living in older patients after discharge from post-acute rehabilitation. J Rehabil Med 2007;39:591–597.
427. Wormgoor ME, Indahl A, van-Tulder MW, Kemper, HC. Functioning description according to the ICF model in chronic back pain: disablement appears even more complex with decreasing symptom-specificity. J Rehabil Med 2006;38:93–99.
428. Heinen MM, van-Achterberg T, Roodbol G, Frederiks CM. Applying ICF in nursing practice: classifying elements of nursing diagnoses. Int Nurs Rev 2005;52:304–312.
429. Moller K. Deafblindness: a challenge for assessment – is the ICF a useful tool? Int J Audiol 2003;42:S140–S142.
430. Douglas G, Corcoran C, Pavey S. The role of the WHO ICF as a framework to interpret barriers and to inclusion: visually impaired people's views and experiences of personal computers. Br J Visual Impairment 2007;25:32–50.
431. Macdonald-Wilson KL. Feasibility of a self-report interview of Mental Functions in the International Classification of Functioning, Disability and Health (ICF): cognitive interviewing with persons with work disabilities due to psychiatric conditions. Diss Abstr 2005;66:2029.
432. Cruice M, Worrall L, Hickson L. Personal factors, communication and vision predict social participation in older adults. Int J Speech Lang Pathol 2005;7:220–232.
433. Hendershot GE. Mobility limitations and complementary and alternative medicine: are people with disabilities more likely to pray? Am J Public Health 2003;93:1079–1080.
434. Albanesi F, Invernizzi V, Meucci P, Leonardi M, Caspani G, Pessina A, Brayda-Bruno M. Role of disability-case manager for chronic diseases: using the ICF as a practical background. Disabil Rehabil 2009;31:S50–S54.
435. Nilsagård Y, Denison E, Gunnarsson LG, Boström K. Factors perceived as being related to accidental falls by persons with multiple sclerosis. Disabil Rehabil 2009;31:1301–1310.
436. Van Der Schaaf M, Beelen A, Dongelmans DA, Vroom MB, Nollet F. Poor functional recovery after a critical illness: a longitudinal study. J Rehabil Med 2009;41:1041–1048.
437. Leonardi M, Raggi A, Antozzi C, Confalonieri P, Maggi L, Cornelio F, Mantegazza R. Disability and functional profiles of patients with myasthenia gravis measured with ICF classification. Int J Rehabil Res 2009;32:167–172.
438. Snogren M, Sunnerhagen KS. Description of functional disability among younger stroke patients: exploration of activity and participation and environmental factors. Int J Rehabil Res 2009;32:124–131.
439. Kierkegaard M, Harms-Ringdahl K, Widen Holmqvist L, Tollback A. Perceived functioning and disability in adults with myotonic dystrophy type 1: a survey according to the International Classification of Functioning, Disability and Health. J Rehabil Med 2009;41:512–520.

440. Hakkinen A, Arkela-Kautiainen M, Sokka T, Hannonen P, Kautiainen H. Self-report functioning according to the ICF model in elderly patients with rheumatoid arthritis and in population controls using the multidimensional health assessment questionnaire. J Rheumatol 2009;36:246–253.
441. Rastogi R, Chesworth BM, Davis AM. Change in patient concerns following total knee arthroplasty described with the International Classification of Functioning, Disability and Health: a repeated measures design. Health Qual Life Outcomes 2008;6:112.
442. Gaidhane AM, Zahiruddin QS, Waghmare L, Zodpey S, Goyal RC, Johrapurkar SR. Assessing self-care component of activities and participation domain of the international classification of functioning, disability and health (ICF) among people living with HIV/AIDS. AIDS Care 2008;20:1098–1104.
443. Schneider M, Manabile E, Tikly M. Social aspects of living with rheumatoid arthritis: a qualitative descriptive study in Soweto, South Africa – a low resource context. Health Qual Life Outcomes 2008;6:54.
444. Wynia K, Middel B, van Dijk JP, De Keyser JHA, Reijneveld SA. The impact of disabilities on quality of life in people with multiple sclerosis. Mult Scler 2008;14:972–980.
445. Helgeson K, Smith AR Jr. Process for applying the international classification of functioning, disability and health model to a patient with patellar dislocation. Phys Ther 2008;88:956–964.
446. Vissers M, van den Berg-Emons R, Sluis T, Bergen M, Stam H, Bussmann H. Barriers to and facilitators of everyday physical activity in persons with a spinal cord injury after discharge from the rehabilitation centre. J Rehabil Med 2008;40:461–467.
447. Myezwa H, Stewart A, Musenge E, Nesara P. Assessment of HIV-positive in-patients using the International Classification of Functioning, Disability and Health (ICF) at Chris Hani Baragwanath Hospital, Johannesburg. Afr J AIDS Res 2009;8:93–105.
448. Myezwa H, Stewart A, Maleka D, Musenge E. The International Classification of Function, Disability and Health (ICF) in adults visiting the HIV outpatient clinic at a regional hospital in Johannesburg, South Africa. AIDS Care 2009;21:50–58.
449. Uhlig T, Moe R, Reinsberg S, Kvien TK, Cieza A, Stucki G. Responsiveness of the International Classification of Functioning, Disability and Health (ICF) Core Set for rheumatoid arthritis. Ann Rheum Dis 2009;68:879–884.
450. Tschiesner U, Linseisen E, Baumann S, Siedek V, Stelter K, Berghaus A, Cieza A. Assessment of functioning in patients with head and neck cancer according to the International Classification of Functioning, Disability, and Health (ICF): a multicenter study. Laryngoscope 2009;119:915–923.
451. Jonsson G, Ekholm J, Schult ML. The International Classification of Functioning, Disability and Health environmental factors as facilitators or barriers used in describing personal and social networks: a pilot study of adults with cerebral palsy. Int J Rehabil Res 2008;31:119–129.
452. Gagnon C, Mathieu J, Noreau L. Life habits in myotonic dystrophy type 1. J Rehabil Med 2007;39:560–566.
453. Lysack C, Komanecky M, Kabel A, Cross K, Neufeld S. Environmental factors and their role in community integration after spinal cord injury. Can J Occup Ther 2007;74:S243–S254.
454. Zochling J, Grill E, Alten R, Ernst J, Stucki G, Braun J. Identification of relevant functional issues for the care of patients with acute arthritis by health professionals, using the ICF framework and a multi disciplinary focus group approach. Clin Exp Rheumatol 2007;25:354–360.
455. Koskinen S, Hokkinen EM, Sarajuuri J, Alaranta H. Applicability of the ICF checklist to traumatically brain-injured patients in post-acute rehabilitation settings. J Rehabil Med 2007;39:467–472.
456. Echteld I, Cieza A, Boonen A, Stucki G, Zochling J, Braun J, 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;33:2475–2483.
457. Pierce CA, Hanks RA. Life satisfaction after traumatic brain injury and the World Health Organization model of disability. Am J Phys Med Rehabil 2006;85:889–898.
458. Holtslag H, Buskens E, Rommers C, Prevo A, Werken C. Long-term outcome after lower extremity injuries in severely injured patients. Eur J Trauma 2006;32:365–373.
459. Corrigan JD, Bogner J. Latent factors in measures of rehabilitation outcomes after traumatic brain injury. J Head Trauma Rehabil 2004;19:445–458.
460. Muo R, Schindler A, Vernero I, Schindler O, Ferrario E, Frisoni GB. Alzheimer's disease-associated disability: an ICF approach. Disabil Rehabil 2005;27:1405–1413.
461. Bostrom K, Ahlstrom G. Living with a chronic deteriorating disease: the trajectory with muscular dystrophy over ten years. Disabil Rehabil 2004;26:1388–1398.
462. Harris Love MO. Physical activity and disablement in the idiopathic inflammatory myopathies. Curr Opin Rheumatol 2003;15:679–690.
463. Stephens D, Gianopoulos I, Kerr P. Determination and classification of the problems experienced by hearing-impaired elderly people. Audiology 2001;40:294–300.
464. Paltamaa J, Sarasoja T, Leskinen E, Wikstrom J, Malkia E. Measuring deteri ration in international classification of functioning domains of people with multiple sclerosis who are ambulatory. Phys Ther 2008;88:176–190.
465. Paltamaa J, Sarasoja T, Leskinen E, Wikstrom J, Malkia E. Measures of physical functioning predict self-reported performance in self-care, mobility, and domestic life in ambulatory persons with multiple sclerosis. Arch Phys Med Rehabil 2007;88:1649–1657.
466. Erdmann PG, Teunissen LL, van Genderen FR, Notermans NC, Lindeman E, Helders PJ, van Meeteren NL. Functioning of patients with chronic idiopathic axonal polyneuropathy (CIAP). J Neurol 2007;254:1204–1211.
467. Khan F, Pallant JF. Use of International Classification of Functioning, Disability and Health (ICF) to describe patient-reported disability in multiple sclerosis and identification of relevant environmental factors. J Rehabil Med 2007;39:63–70.
468. Mullis R, Barber J, Lewis M, Hay E. ICF core sets for low back pain: do they include what matters to patients? J Rehabil Med 2007;39:353–357.
469. Pajal CZ, Karlsson S, Westergren A. Functioning and subjective health among stroke survivors after discharge from hospital. J Adv Nurs 2006;54:457–466.
470. Patten C, Dozono J, Schmidt S, Jue M, Lum P. Combined functional task practice and dynamic high intensity resistance training promotes recovery of upper-extremity motor function in post-stroke hemiparesis: a case study. J Neurol Phys Ther 2006;30:99–115.
471. Nieto-Moreno M, Gimeno Blanco P, Adan J, Garcia-Olmos L, Valle J, Chatterji S, Leonardi M, Ayuso-Mateos JL. Applicability of the ICF in measuring functioning and disability in unipolar depression in primary care settings. Actas Esp Psiquiatr 2006;34:393–396.
472. Pettersson I, Tornquist K, Ahlstrom G. The effect of an outdoor powered wheelchair on activity and participation in users with stroke. Disabil Rehabil 2006;1:235–243.

473. Algurén B, Lundgren-Nilsson Å, Sunnerhagen KS. Facilitators and barriers of stroke survivors in the early post-stroke phase. Pettersson I, Tornquist K, Ahlstrom G. The effect of an outdoor powered wheelchair on activity and participation in users with stroke. Disabil Rehabil 2009;31: 1584–1591.
474. Areskoug-Josefsson K, Öberg U. A literature review of the sexual health of women with rheumatoid arthritis. Musculoskeletal Care 2009;7:219–226.
475. Boonen A, van Berkel M, Kirchberger I, Cieza A, Stucki G, van der Heijde D. Aspects relevant for functioning in patients with ankylosing spondylitis according to the health professionals: a Delphi study with the ICF as reference. Rheumatology (Oxford) 2009;48:997–1002.
476. Deathe AB, Wolfe DL, Devlin M, Hebert JS, Miller WC, Pallaveshi L. Selection of outcome measures in lower extremity amputation rehabilitation: ICF activities. Disabil Rehabil 2009;31:1455–1473.
477. Khan F, Pallant JF, Shea TL, Whishaw M. Multiple sclerosis: prevalence and factors impacting bladder and bowel function in an Australian community cohort. Disabil Rehabil 2009;31:1567–1576.
478. Leonardi M, Meucci P, Ajovalasit D, Albanesi F, Cerniauskaite M, Invernizzi V, Lembo R, Quintas R, Sattin D, Carella F, Romito L, Soliveri P, Bussone G, D'Amico D, Maggi L, Mantegazza R, Raggi A. ICF in neurology: functioning and disability in patients with migraine, myasthenia gravis and Parkinson's disease. Disabil Rehabil 2009;31:S88–S99.
479. Leonardi M, Sattin D, Raggi A, Frosi G, Pisoni C, Pistarini C, Compostini A, Manera M, Croci M, Guizzetti GB. Functioning and disability in the vegetative state: Results from a pilot study in Italy. Disabil Rehabil 2009;31:S128–S133.
480. Leonardi M, Raggi A, Antozzi C, Confalonieri P, Maggi L, Cornelio F, Mantegazza R. Identification of international classification of functioning, disability and health relevant categories to describe functioning and disability of patients with myasthenia gravis. Disabil Rehabil 2009;31:2041–2046.
481. Nieuwenhuijsen C, Donkervoort M, Nieuwstraten W, Stam HJ, Roebroeck ME. Experienced problems of young adults with cerebral palsy: targets for rehabilitation care. Arch Phys Med Rehabil 2009;90:1891–1897.
482. Raggi A, Sirtori A, Brunani A, Liuzzi A, Leonardi M. Use of the ICF to describe functioning and disability in obese patients. Disabil Rehabil 2009;31:S153–S158.
483. Wasiak R, Young AE, Dunn KM, Côté P, Gross DP, Heymans MW, Von Korff M. Back pain recurrence: an evaluation of existing indicators and direction for future research. Spine 2009;34:970–977.
484. McIntyre A, Tempest S. Two steps forward, one step back? A commentary on the disease-specific core sets of the International Classification of Functioning, Disability and Health (ICF). Disabil-Rehabil 2007;29:1475–1479.
485. Sinnott KA, Dunn JA, Rothwell AG. Use of the ICF conceptual framework to interpret hand function outcomes following tendon transfer surgery for tetraplegia. Spinal Cord 2004;42:396–400.
486. Bjorklund M, Hamberg J, Heiden M, Barnekow-Bergkvist M. The assessment of symptoms and functional limitations in low back pain patients: validity and reliability of a new questionnaire. Eur Spine J 2007;16:1799–1811.
487. Mulhorn KA, Threats TT. Speech, hearing, and communication across five national disability surveys: results of a DISTAB study using the ICF to compare prevalence patterns. Int J Speech Lang Pathol 2008;10:61–71.
488. Harris JL, Fleming VB. Toward model-driven interventions for African Americans with cognitive-communicative disorders. Semin Speech Lang 2009;30:207–216.
489. Rejeski WJ, Ip EH, Marsh AP, Miller ME, Farmer DF. Measuring disability in older adults: the International Classification System of Functioning, Disability and Health (ICF) framework. Geriatr Gerontol Int 2008;8:48–54.
490. Okawa Y, Ueda S, Shuto K, Mizoguchi T. Development of criteria for the qualifiers of activity and participation in the 'International Classification of Functioning, Disability and Health' based on the accumulated data of population surveys. Int J Rehabil Res 2008;31:97–103.
491. Shore SL. Use of an economical wheelchair in India and Peru: impact on health and function. Med Sci Monit 2008;14:71–79.
492. De Boer WEL, Donceel P, Brage S, Rus M, Willems JHBM. Medico-legal reasoning in disability assessment: a focus group and validation study. BMC Public Health 2008;8:335.
493. Farrell J, Anderson S, Hewitt K, Livingston MH, Stewart D. A survey of occupational therapists in Canada about their knowledge and use of the ICF. Can J Occup Ther 2007;74:S221–S232.
494. Slebus FG, Sluiter JK, Kuijer PPFM, Willems JHBM, Frings Dresen MHW. Work-ability evaluation: a piece of cake or a hard nut to crack? Disabil Rehabil 2007;29:1295–1300.
495. Schult ML, Ekholm J. Agreement of a work-capacity assessment with the World Health Organisation International Classification of Functioning, Disability and Health pain sets and back-to-work predictors. Int J Rehabil Res 2006;29:183–193.
496. Bales ME, Kukafka R, Burkhardt A, Friedman C. Qualitative assessment of the International Classification of Functioning, Disability, and Health with respect to the desiderata for controlled medical vocabularies. Int J Med Informatics 2006;75:384–395.
497. Swinkels RAHM, Bouter LM, Oostendorp RAB, Swinkels Meewisse IJCM, Dijkstra PU, de Vet HCW. Construct validity of instruments meas ring impairments in body structures and function in rheumatic disorders: which constructs are selected for validation? A systematic review. Clin Exp Rheumatol 2006;24:93–102.
498. Scherer MJ, Glueckauf R. Assessing the benefits of assistive technologies for activities and participation. Rehabil Psychol 2005;50:132–141.
499. Salter K, Jutai JW, Teasell R, Foley NC, Bitensky J, Bayley M. Issues for selection of outcome measures in stroke rehabilitation: ICF Participation. DisabilRehabil 2005;27: 507–528.
500. Gotherstrom UC, Persson J, Jonsson D. A socioeconomic model for evaluation of postal and telecommunication services for disabled persons. Technol Disabil 2004;16:91–99.
501. Crews JE, Campbell VA. Vision impairment and hearing loss among community-dwelling older Americans: implications for health and functioning. Am J Public Health 2004;94: 823–829.
502. Svestkova O. Rehabilitation Law in the Czech Republic: (using International Classification of Functioning, Disability and Health, ICF WHO). Eurorehab 2003;4:198–201.
503. Iezzoni LI, Greenberg MS. Capturing and classifying functional status information in administrative databases. Health Care Financ Rev 2003;24:61–76.
504. Madden R, Choi C, Sykes C. The ICF as a framework for national data: the introduction of ICF into Australian data dictionaries. Disabil Rehabil 2003;25:676–682.

505. Mbogoni M. On the application of the ICIDH and ICF in developing countries: evidence from the United Nations Disability Statistics Database (DISTAT). Disabil Rehabil 2003;25:644–658.
506. Perenboom RJM, Chorus AMJ. Measuring participation according to the International Classification of Functioning Disability and Health (ICF). Disabil Rehabil 2003;25:577–587.
507. Jette AM, Haley SM, Kooyoomjian JT. Are the ICF activity and participation dimensions distinct? J Rehabil Med 2003;35:145–149.
508. Worrall L, McCooey R, Davidson B, Larkins B, Hickson L. The validity of functional assessments of communication and the Activity/Participation components of the ICIDH-2: do they reflect what really happens in real-life? J Commun Disord 2002;35:107–137.
509. Homa DB. Using the International Classification of Functioning, Disability and Health (ICF) in job placement. Work 2007;29:277–286.
510. Jette AM, Tao W, Haley SM. Blending activity and participation sub-domains of the ICF. Disabil Rehabil 2007;29:1742–1750.
511. Stucki G. Developing human functioning and rehabilitation research. I. Academic training programs. J Rehabil Med 2007;39:323–333.
512. Peterson DB, Threats TT. Ethical and clinical implications of the International Classification of Functioning, Disability and Health (ICF) in rehabilitation education. Rehabil Educ 2005;19:129–137.
513. Homa DB, Peterson DB. Using the International Classification of Functioning, Disability and Health (ICF) in teaching rehabilitation client assessment. Rehabil Educ 2005;19:119–128.
514. Bruyere SM. Using the International Classification of Functioning, Disability and Health (ICF) to promote employment and community integration in rehabilitation. Rehabil Educ 2005;19:105–117.
515. Glista SO, Pollens RD. Educating clinicians for meaningful, relevant, and purposeful aphasia group therapy. Top Lang Disord 2007;27:351–371.
516. Harris F. Conceptual issues in the measurement of participation among wheeled mobility device users. Disabil Rehabil 2007;29:137–148.
517. Hendershot GE, Placek PJ, Goodman N. Taming the beast: measuring vision-related disability using the International Classification of Functioning. J Vis Impair Blind 2006;100:S806–S823.
518. De Boer WE, Wind H, Van Dijk FJ, Willems HH. Interviews for the assessment of long-term incapacity for work: a study on adherence to protocols and principles. BMC Public Health 2009;9:169.
519. Francescutti C, Fusaro G, Leonardi M, Martinuzzi A, Sala M, Russo E, Frare M, Pradal M, Zampogna D, Cosentino A, Raggi A. Italian ICF training programs: describing and promoting human functioning and research. Disabil Rehabil 2009;31:S46–S49.
520. Francescutti C, Martinuzzi A, Leonardi M, Kostanjsek NFI. Eight years of ICF in Italy: principles, results and future perspectives Disabil Rehabil 2009;31:S4–S7.
521. Gustafsson S, Edberg AK, Johansson B, Dahlin-Ivanoff S. Multi-component health promotion and disease prevention for community-dwelling frail elderly persons: a systematic review. Eur J Ageing 2009;6:315–329.
522. Solipaca A, Battisti A, De Palma E, Sicuro L. Revision of Italian disability statistics according to the ICF conceptual and semantic framework. Disabil Rehabil 2009;31:S22–S39.
523. Reed GM, Dilfer K, Bufka LF, Scherer MJ, Kotze P, Tshivhase M, Stark L. Three model curricula for teaching clinicians to use the ICF. Disabil Rehabil 2008;30:927–941.
524. Federici S, Caggiano S, Belardinelli M. Personal and environmental factors interacting with disability: application of the ICF-Checklist on a group of Guatemala street urchins. Cogn Process 2003;4:S58–S59.
525. Pless M, Ibragimova N, Adolfsson M, Bjorck-Akesson E, Granlund M. Evaluation of in-service training in using the ICF and ICF version for children and youth. J Rehabil Med 2009;41:451–458.
526. Jelsma J, Maart S, Eide A, Toni M, Loeb M. Who gets the disability grant in South Africa? An analysis of the characteristics of recipients in urban and rural areas. Disabil Rehabil 2008;30:1139–1145.
527. Okawa Y, Ueda S. Implementation of the International Classification of Functioning, Disability and Health in national legislation and policy in Japan. Int J Rehabil Res 2008;31:73–77.
528. Strobl R, Stucki G, Grill E, Muller M, Mansmann U. Graphical models illustrated complex associations between variables describing human functioning. J Clin Epidemiol 2009;62:922–933.
529. Govender T, Mji G. The profile of disability grant applicants in Bishop Lavis, Cape Town. S Afr Fam Pract 2009;51:228–236.
530. Eide AH, Jelsma J, Loeb M, Maart S, Toni MK. Exploring ICF components in a survey among Xhosa speakers in Eastern & Western Cape, South Africa. Disabil Rehabil 2008;30:819–829.
531. Dixon D, Johnston M, Rowley D, Pollard B. Using the ICF and psychological models of behavior to predict mobility limitations. Rehabil Psychol 2008;53:191–200.
532. Aas RW, Grotle M. Clients using community occupational therapy services: sociodemographic factors and the occurrence of diseases and disabilities. Scand J Occup Ther 2007;14:150–159.
533. Wilkie R, Peat G, Thomas E, Croft P. The prevalence of person-perceived participation restriction in community-dwelling older adults. Qual Life Res 2006;15:1471–1479.
534. Harward DH, Tresolini CP, Davis WA. Can participation in a health affairs interdisciplinary case conference improve medical students' knowledge and attitudes? Acad Med 2006;81:257–261.
535. Leonardi M, Bickenbach J, Raggi A, Sala M, Guzzon P, Valsecchi MR, Fusaro G, Russo E, Francescutti C, Nocentini U, Martinuzzi A. Training on the International Classification of Functioning, Disability and Health (ICF): the ICF-DIN Basic and the ICF-DIN Advanced Course developed by the Disability Italian Network. J Headache Pain 2005;6:159–164.
536. Kim JM, Stewart R, Glozier N, Prince M, Kim SW, Yang SJ, Shin IS, Yoon JS. Physical health, depression and cognitive function as correlates of disability in an older Korean population. Int J Geriatr Psychiatry 2005;20:160–167.
537. Granlund M, Eriksson L, Ylven R. Utility of international classification of functioning, disability and health's participation dimension in assigning ICF codes to items from extant rating instruments. J Rehabil Med 2004;36:130–137.
538. Seltser R, Dicowden MA, Hendershot GE. Terrorism and the International Classification of Functioning, Disability and Health: a speculative case study based on the terrorist attacks on New York and Washington. Disabil Rehabil 2003;25:635–643.
539. Resnik LJ, Allen SM. Using International Classification of Functioning, Disability and Health to understand challenges in community reintegration of injured veterans. J Rehabil Res Dev 2007;44:991–1006.

540. Grill E, Mansmann U, Cieza A, Stucki G. Assessing observer agreement when describing and classifying functioning with the International Classification of Functioning, Disability and Health. J Rehabil Med 2007;39:71–76.
541. Micangeli A, Flumeri F, Federici S, Belardinelli M. User satisfaction with assistive technologies: application of the ICF-Checklist and QUEST on a group of Afghan disabled. Cogn Process 2003;4:S57.
542. Agger I, Raghuvanshi L, Shabana S, Polatin P, Laursen LK. Testimonial therapy. A pilot project to improve psychological wellbeing among survivors of torture in India. Torture 2009;19:204–217.
543. Boyce WF, Davies D, Raman SR, Tynjälä J, Välimaa R, King M, Gallupe O, Kannas L. Emotional health of Canadian and Finnish students with disabilities or chronic conditions. Int J Rehabil Res 2009;32:154–161.
544. Braithwaite J, Mont D. Disability and poverty: a survey of World Bank Poverty Assessments and implications. Alter 2009;3:219–232.
545. Leonardi M, Meucci P, Albanesi F, Invernizzi V, Raggi A, Lembo R, Franco MG, Genetti B. The White Book on disability in Italy: an ICF-based Italian survey. Disabil Rehabil 2009;31:S40–S45.
546. Meesters JJL, Verhoef J, Liem ISL, Putter H, Vlieland TPMV. Validity and responsiveness of the World Health Organization Disability Assessment Schedule II to assess disability in rheumatoid arthritis patients. Rheumatology (Oxford) 2009;49:326–333.
547. O'Donovan MA, Doyle A, Gallagher P. Barriers, activities and participation: incorporating ICF into service planning datasets. Disabil Rehabil 2009;31:2073–2080.
548. Nystrom M, Merkel M, Ahrenberg L, Zweigenbaum P, Petersson H, Ahlfeldt H. Creating a medical English-Swedish dictionary using interactive word alignment. BMC Med Informatics Decis Mak 2006;6:35.
549. Maart S, Eide AH, Jelsma J, Loeb ME, Toni MK. Environmental barriers experienced by urban and rural disabled people in South Africa. Disabil Soc 2007;22:357–369.
550. Moller K, Eriksson K, Sadeghi AM, Moller C, Danermark B. Long-term ophthalmic health care in Usher syndrome type I from an ICF perspective. Disabil Rehabil 2009;31:1283–1292.
551. Raggi A, Leonardi M. Assessing activity limitations in patients with neuromuscular diseases: is the ACTIVLIM questionnaire linked to ICF and ICF-CY? Int J Rehabil Res 2009;32:148–153.
552. Turner-Stokes L, Williams H, Johnson J. Goal attainment scaling: does it provide added value as a person-centred measure for evaluation of outcome in neurorehabilitation following acquired brain injury? J Rehabil Med 2009;41:528–535.
553. Duggan CH, Albright KJ, Lequerica A. Using the ICF to code and analyse women's disability narratives. Disabil Rehabil 2008;30:978–990.
554. Bauernfeind B, Aringer M, Prodinger B, Kirchberger I, Machold K, Smolen J, Stamm T. Identification of relevant concepts of functioning in daily life in people with systemic lupus erythematosus: a patient Delphi exercise. Arthritis Care Res 2009;61:21–28.
555. Wilhite B, Shank J. In praise of sport: promoting sport participation as a mechanism of health among persons with a disability. Disabil Health J 2009;2:116–127.
556. Cieza A, Hilfiker R, Boonen A, Chatterji S, Kostanjsek N, Ustun BT, Stucki G. Items from patient-oriented instruments can be integrated into interval scales to operationalize categories of the International Classification of Functioning, Disability and Health. J Clin Epidemiol 2009;62:912–921.
557. Puolakka K, Kautiainen H, Mottonen T, Hannonen P, Korpela M, Hakala M, Viikari-Juntura E, Solovieva S, Arkela-Kautiainen M, Leirisalo-Repo M. A mismatch between self-reported physical work load and the HAQ: early identification of rheumatoid arthritis patients at risk for loss of work productivity. Clin Exp Rheumatol 2009;27:422–429.
558. Sanderson K, Nicholson J, Graves N, Tilse E, Oldenburg B. Mental health in the workplace: using the ICF to model the prospective associations between symptoms, activities, participation and environmental factors. Disabil Rehabil 2008;30:1289–1297.
559. Soberg HL, Finset A, Roise O, Bautz-Holter E. Identification and comparison of rehabilitation goals after multiple injuries: an analysis of the patients', physiotherapists' and other allied professionals' reported goals. J Rehabil Med 2008;40:340–346.
560. Moriello C, Byrne K, Cieza A, Nash C, Stolee P, Mayo N. Mapping the Stroke Impact Scale (SIS-16) to the International Classification of Functioning, Disability and Health. J Rehabil Med 2008;40:102–106.
561. Stamm TA, Bauernfeind B, Coenen M, Feierl E, Mathis M, Stucki G, Smolen JS, Machold KP, Aringer M. Concepts important to persons with systemic lupus erythematosus and their coverage by standard measures of disease activity and health status. Arthritis Care Res 2007;57:1287–1295.
562. Offenbacher M, Cieza A, Brockow T, Amann E, Kollerits B, Stucki, G. Are the contents of treatment outcomes in fibromyalgia trials represented in the international classification of functioning, disability, and health? Clin J Pain 2007;23:691–701.
563. Conti Becker A, Doralp S, Fayed N, Kean C, Lencucha R, Leyshon R, Mersich J, Robbins S, Doyle PC. A comparison of the International Classification of Functioning, Disability, and Health to the Disability Tax Credit. Can J Occup Ther 2007;74:S281–S287.
564. Kirchberger I, Stamm T, Cieza A, Stucki G. Does the Comprehensive ICF Core Set for Rheumatoid Arthritis capture occupational therapy practice? A content-validity study. Can J Occup Ther 2007;74:S267–S280.
565. Shaw L, Leyshon R, Liu M. Validating the potential of the International Classification of Functioning, Disability and Health to identify barriers to and facilitators of consumer participation. Can J Occup Ther 2007;74:S255–S266.
566. Schepers VPM, Ketelaar M, van de Port IGL, Visser Meily JMA, Lindeman, E. Comparing contents of functional outcome measures in stroke rehabilitation using the International Classification of Functioning, Disability and Health. Disabil Rehabil 2007;29:221–230.
567. Dixon D, Pollard B, Johnston M. What does the chronic pain grade questionnaire measure? Pain 2007;130:249–253.
568. Stamm TA, Nell V, Mathis M, Coenen M, Aletaha D, Cieza A, Stucki G, Taylor W, Smolen JS, Machold KP. Concepts important to patients with psoriatic arthritis are not adequately covered by standard measures of functioning. Arthritis Care Res 2007;57:487–494.
569. Stucki A, Stucki G, Cieza A, Schuurmans MM, Kostanjsek N, Ruof J. Content comparison of health-related quality of life instruments for COPD. Respir Med 2007;101:1113–1122.
570. Geyh S, Cieza A, Kollerits B, Grimby G, Stucki G. Content comparison of health-related quality of life measures used in stroke based on the international classification of functioning, disability and health (ICF): a systematic review. Qual Life Res 2007;16:833–851.
571. 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.
572. Wynia K, Middel B, Van Dijk JP, De Ruiter H, Lok W, Ha De Keyser J, Reijneveld SA. Broadening the scope on health problems among the chronically neurologically ill with the International Classification of Functioning (ICF). Disabil Rehabil 2006;28:1445–1454.
573. Weigl M, Cieza A, Kostanjsek N, Kirschneck M, Stucki G. The ICF comprehensively covers the spectrum of health problems encountered by health professionals in patients with musculoskeletal conditions. Rheumatology (Oxford) 2006;45:1247–1254.
574. Zochling J, Bonjean M, Grill E, Scheuringer M, Stucki G, Braun J. Systematic review of measures and their concepts used in published studies focusing on the treatment of acute inflammatory arthritis. Clin Rheumatol 2006;25:807–813.
575. Sigl T, Cieza A, Brockow T, Chatterji S, Kostanjsek N, Stucki G. Content comparison of low back pain-specific measures based on the International Classification of Functioning, Disability and Health (ICF). Clin J Pain 2006;22:147–153.
576. Xie F, Thumboo J, Fong KY, Lo NN, Yeo SJ, Yang KY, Li SC. Are they relevant? A critical evaluation of the international classification of functioning, disability, and health core sets for osteoarthritis from the perspective of patients with knee osteoarthritis in Singapore. Ann Rheum Dis 2006;65:1067–1073.
577. 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;85:640–649.
578. Puolakka K, Kautiainen H, Pekurinen M, Mottonen T, Hannonen P, Korpela M, Hakala M, Arkela Kautiainen M, Luukkainen R, Leirisalo Repo M. Monetary value of lost productivity over a five year follow up in early rheumatoid arthritis estimated on the basis of official register data on patients' sickness absence and gross income: experience from the FIN-RACo trial. Ann Rheum Dis 2006;65:899–904.
579. Pollard B, Johnston M, Dieppe P. What do osteoarthritis health outcome instruments measure? Impairment, activity limitation, or participation restriction? J Rheumatol 2006;33:757–763.
580. Stamm TA, Cieza A, Machold K, Smolen JS, Stucki G. Exploration of the link between conceptual occupational therapy models and the International Classification of Functioning, Disability and Health. Aust Occup Ther J 2006;53:9–17.
581. Sigl T, Cieza A, Van Der Heijde D, Stucki G. ICF based comparison of disease specific instruments measuring physical functional ability in ankylosing spondylitis. Ann Rheum Dis 2005;64:1576–1581.
582. Cieza A, Geyh S, Chatterji S, Kostanjsek N, Ustun B, Stucki G. ICF linking rules: an update based on lessons learned. J Rehabil Med 2005;37:212–218.
583. Cieza A, Stucki G. Content comparison of health-related quality of life (HRQOL) instruments based on the international classification of functioning, disability and health (ICF). Qual Life Res 2005;14:1225–1237.
584. Boldt C, Brach M, Grill E, Berthou A, Meister K, Scheuringer M, Stucki G. The ICF categories identified in nursing interventions administered to neurological patients with post-acute rehabilitation needs. Disabil Rehabil 2005;27:431–436.
585. Scheuringer M, Grill E, Boldt C, Mittrach R, Mullner P, Stucki G. Systematic review of measures and their concepts used in published studies focusing on rehabilitation in the acute hospital and in early post-acute rehabilitation facilities. Disabil Rehabil 2005;27:419–429.
586. Borchers M, Cieza A, Sigl T, Kollerits B, Kostanjsek N, Stucki G. Content comparison of osteoporosis-targeted health status measures in relation to the International Classification of Functioning, Disability and Health (ICF). Clin Rheumatol 2005;24:139–144.
587. Grotle M, Brox JI, Vollestad NK. Functional status and disability questionnaires: what do they assess? A systematic review of back-specific outcome questionnaires. Spine 2005;30:130–140.
588. Stamm TA, Cieza A, Machold KP, Smolen JS, Stucki G. Content comparison of occupation-based instruments in adult rheumatology and musculoskeletal rehabilitation based on the international classification of functioning, disability and health. Arthritis Care Res 2004;51:917–924.
589. Stucki G, Cieza A. The International Classification of Functioning, Disability and Health (ICF) core sets for rheumatoid arthritis: a way to specify functioning. Ann Rheum Dis 2004;63:Sii40–Sii45.
590. Mayo NE, Poissant L, Ahmed S, Finch L, Higgins J, Salbach NM, Soicher J, Jaglal S. Incorporating the International Classification of Functioning, Disability, and Health (ICF) into an electronic health record to create indicators of function: proof of concept using the SF-12. J Am Med Informatics 2004;11:514–522.
591. Geyh S, Kurt T, Brockow T, Cieza A, Ewert T, Omar Z, Resch KL. Identifying the concepts contained in outcome measures of clinical trials on stroke using the International Classification of Functioning, Disability and Health as a reference. J Rehabil Med Suppl 2004;44:56–62.
592. Brockow TT, Wohlfahrt K, Hillert A, Geyh S, Weigl M, Franke T, Resch KL, Cieza A. Identifying the concepts contained in outcome measures of clinical trials on depressive disorders using the International Classification of Functioning, Disability and Health as a reference. J Rehabil Med Suppl 2004;44:49–55.
593. Brockow T, Duddeck K, Geyh S, Schwarzkopf SR, Weigl M, Franke T, Brach M. Identifying the concepts contained in outcome measures of clinical trials on breast cancer using the International Classification of Functioning, Disability and Health as a reference. J Rehabil Med Suppl 2004;44:43–48.
594. Wolff B, Cieza A, Parentin A, Rauch A, Sigl T, Brockow T, Stucki A. Identifying the concepts contained in outcome measures of clinical trials on four internal disorders using the International Classification of Functioning, Disability and Health as a reference. J Rehabil Med Suppl 2004;44:37–42.
595. Brockow T, Cieza A, Kuhlow H, Sigl T, Franke T, Harder M, Stucki G. Identifying the concepts contained in outcome measures of clinical trials on musculoskeletal disorders and chronic widespread pain using the International Classification of Functioning, Disability and Health as a reference. J Rehabil Med Suppl 2004;44:30–36.
596. Swanson G, Carrothers L, Mulhorn KA. Comparing disability survey questions in five countries: a study using ICF to guide comparisons. Disabil Rehabil 2003;25:665–675.
597. Weigl M, Cieza A, Harder M, Geyh S, Amann E, Kostanjsek N, Stucki G. Linking osteoarthritis-specific health-status measures to the international classification of functioning, disability, and health (ICF). Osteoarthritis Cartilage 2003;11:519–523.
598. Cieza A, Brockow T, Ewert T, Amman E, Kollerits B, Chatterji S, Ustun TB, Stucki G. Linking health-status measurements to the International Classification of Functioning, Disability and Health. J Rehabil Med 2002;34:205–210.

599. Stucki A, Cieza A, Schuurmans MM, Ustun B, Stucki G, Gradinger F, Partinen M. Content comparison of health-related quality of life instruments for obstructive sleep apnea. Sleep Med 2008;9:199–206.
600. Jelsma J, Mkoka S, Amosun SL. Health-related quality of life (HRQoL) domains most valued by urban isiXhosa-speaking people. Qual Life Res 2008;17:137–145.
601. Thonnard JL, Penta M. Functional assessment in physiotherapy. A literature review. Eur Medicophys 2007;43:525–541.
602. Salter KL, Foley NC, Jutai JW, Teasell RW. Assessment of participation outcomes in randomized controlled trials of stroke rehabilitation interventions. Int J Rehabil Res 2007;30:339–342.
603. Silva-Drummond A, Ferreira-Sampaio R, Cotta-Mancini M, Noce-Kirkwood R, Stamm TA. Linking the Disabilities of Arm, Shoulder, and Hand to the International Classification of Functioning, Disability, and Health. J Hand Ther 2007;20:336–343.
604. Rastogi R, Davis AM, Chesworth BM. A cross-sectional look at patient concerns in the first six weeks following primary total knee arthroplasty. Health Qual Life Outcomes 2007;5:48.
605. 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;45:172–180.
606. Van-Grunsven A, Bindels R, Coenen C, de-Bel E. Developing an integrated electronic nursing record based on standards. Stud Health Technol Inform 2006;122:294–297.
607. Stamm T, Geyh S, Cieza A, Machold K, Kollerits B, Kloppenburg M, Smolen J, Stucki G. Measuring functioning in patients with hand osteoarthritis – content comparison of questionnaires based on the International Classification of Functioning, Disability and Health (ICF). Rheumatology (Oxford) 2006;45:1534–1541.
608. Savova G, Harris M, Pakhomov S, Chute CG. Frame semantics and the domain of functioning, disability and health. AMIA Annu Symp Proc 2005:1106.
609. Guscia R, Ekberg S, Harries J, Kirby N. Measurement of environmental constructs in disability assessment instruments. J Policy Pract In Intell Disabil 2006;3:173–180.
610. Hendershot GE, Crews JE. Toward International Comparability of Survey Statistics on Visual Impairment: The DISTAB Project. J Vis Impair Blind 2006;100:11–25.
611. Berg K, Finne-Soveri H, Gray L, Henrard JC, Hirdes J, Ikegami N, Ljunggren G, Morris JN, Paquay L, Resnik L, Teare G. Relationship between interRAI HC and the ICF: opportunity for operationalizing the ICF. BMC Health Serv Res 2009;9:47.
612. Escorpizo R, Cieza A, Beaton D, Boonen A. Content comparison of worker productivity questionnaires in arthritis and musculoskeletal conditions using the international classification of functioning, disability, and health framework. J Occup Rehabil 2009;19:382–397.
613. Fava L, Muehlan H, Bullinger M. Linking the DISABKIDS modules for health-related quality of life assessment with the International Classification of Functioning, Disability and Health (ICF). Disabil Rehabil 2009;31:1943–1954.
614. George S, May E, Crotty M. Exploration of the links between concepts of theoretical driving models and the international classification of functioning, disability, and health. J Allied Health 2009;38:113–120.
615. Hebert JS, Wolfe DL, Miller WC, Deathe AB, Devlin M, Pallaveshi L. Outcome measures in amputation rehabilitation: ICF body functions. Disabil Rehabil 2009;31:1541–1554.
616. Noonan VK, Kopec JA, Noreau L, Singer J, Chan A, Mâsse LC, Dvorak MF. Comparing the content of participation instruments using the International Classification of Functioning, Disability and Health. Health Qual Life Outcomes 2009;7:93.
617. Resnik L, Plow MA. Measuring Participation as Defined by the International Classification of Functioning, Disability and Health: an evaluation of existing measures. Arch Phys Med Rehabil 2009;90:856–866.
618. Scarinci N, Worrall L, Hickson L. The ICF and third-party disability: its application to spouses of older people with hearing impairment. Disabil Rehabil 2009;31:2088–2100.
619. Street J, Berven S, Fisher C, Ryken T. Health related quality of life assessment in metastatic disease of the spine: a systematic review. Spine 2009;34:S128–S134.
620. Teixeira-Salmela LF, Neto MG, Magalhães LC, Lima RC, Faria CDCM. Content comparisons of stroke-specific quality of life based upon the international classification of functioning, disability, and health. Qual Life Res 2009; 18:765–773.
621. Tschiesner UM, Rogers SN, Harreus U, Berghaus A, Cieza A. Comparison of outcome measures in head and neck cancer-literature review 2000–2006. Head Neck 2009, 31:251–259.
622. Ryan CA, Stiell KM, Gailey GF, Makinen JA. Evaluating a family centered approach to leisure education and community reintegration following a stroke. Ther Recreation J 2008;42:119–131.
623. Atijosan O, Rischewski D, Simms V, Kuper H, Linganwa B, Nuhi A, Foster A, Lavy C. A national survey of musculoskeletal impairment in Rwanda: prevalence, causes and service implications. PLoS One 2008;3:e2851.
624. Berger S, Porell F. The association between low vision and function. J Aging Health 2008;20:504–525.
625. Wirtz MA, Voigt-Radloff S. The International Classification of Functioning, Disability and Health-orientated occupational therapy assessment: a Rasch analysis of its domains. Int J Rehabil Res 2008;31:23–32.
626. Posl M, Cieza A, Stucki G. Psychometric properties of the WHODASII in rehabilitation patients. Qual Life Res 2007;16:1521–1531.
627. Nordby PA, Staalesen Strumse YA, Froslie KF, Stanghelle JK. Patients with neuromuscular diseases benefit from treatment in a warm climate. J Rehabil Med 2007;39:554–559.
628. Vaarbakken K, Ljunggren AE. Superior effect of forceful compared with standard traction mobilizations in hip disability? Adv Physiother 2007;9:117–128.
629. Ratzon NZ, Jarus T, Catz A. The relationship between work function and low back pain history in occupationally active individuals. Disabil Rehabil 2007;29:791–796.
630. Guzman J, Hayden J, Furlan AD, Cassidy JD, Loisel P, Flannery J, Gibson J, Frank JW. Key factors in back disability prevention: a consensus panel on their impact and modifiability. Spine 2007;32:807–815.
631. Skumlien S, Skogedal EA, Bjortuft O, Ryg MS. Four weeks' intensive rehabilitation generates significant health effects in COPD patients. Chronic Respir Dis 2007;4:5–13.
632. Van der Woude LHV, de Groot S, Janssen TWJ. Manual wheelchairs: research and innovation in sports and daily life. Sci Sports 2006;21:226–235.
633. Ebersbach G, Baas H, Csoti I, Mungersdorf M, Deuschl G. Scales in Parkinson's disease. J Neurol 2006;253:S32–S35.
634. Scott KM, McGee MA, Wells JE, Oakley Browne MA. Disability in Te Rau Hinengaro: the New Zealand Mental Health Survey. Aust N Z J Psychiatry 2006;40:889–895.

635. Van der Woude LHV, de Groot S, Janssen TWJ. Manual wheelchairs: research and innovation in rehabilitation, sports, daily life and health. Med Eng Phys 2006;28:905–915.
636. Bergemalm PO, Borg E. Peripheral and central audiological sequelae of closed head injury: function, activity, participation and quality of life. Audiol Med 2005;3:185–198.
637. Klein Hofmeijer MAJ. Long-term handicap after traumatic brain injury: its relationship to quality of life. Acta Neuropsychol 2005;3:2–12.
638. Petersson IF. Evolution of team care and evaluation of effectiveness. Curr Opin Rheumatol 2005;17:160–163.
639. Nienhuis WA, Van Brakel WH, Butlin CR, Van Der Werf TS. Measuring impairment caused by leprosy: inter-tester reliability of the WHO disability grading system. Lepr Rev 2004;75:221–232.
640. Wilkerson DL. Individual, science, and society: ACRM's mission and the body politic. Arch Phys Med Rehabil 2004;85:527–530.
641. Noreau L, Desrosiers J, Robichaud L, Fougeyrollas P, Rochette A, Viscogliosi C. Measuring social participation: reliability of the LIFE-H in older adults with disabilities. Disabil Rehabil 2004;26:346–352.
642. Haglund L, Henriksson C. Concepts in occupational therapy in relation to the ICF. Occup Ther Int 2003;10:253–268.
643. Kisioglu AN, Uskun E, Ozturk M. Socio-demographical examinations on disability prevalence and rehabilitation status in southwest of Turkey. Disabil Rehabil 2003;25: 1381–1385.
644. Ferguson A, Worrall L, McPhee J, Buskell R, Armstrong E, Togher L. Testamentary capacity and aphasia: a descriptive case report with implications for clinical practice. Aphasiology 2003;17:965–980.
645. De Lepeleire J, Heyrman J. Is everyone with a chronic disease also chronically ill? Arch Public Health 2003;61:161–176.
646. Pap G, Angst F, Herren D, Schwyzer HK, Simmen BR. Evaluation of wrist and hand handicap and postoperative outcome in rheumatoid arthritis. Hand Clin 2003;19:471–481.
647. Zampa A, Zacquini S, Rosin C, Bizzarrini E, Magrin P, Saccavini M. Relationship between neurological level and functional recovery in spinal cord injury patients after rehabilitation. Eur Medicophys 2003;39:69–78.
648. Stineman MG, Ross RN, Fiedler R, Granger CV, Maislin G. Functional independence staging: conceptual foundation, face validity, and empirical derivation. Arch Phys Med Rehabil 2003;84:29–37.
649. Wunderlin BW, Ferster M, Schneider W. Is global outcome predictable in the rehabilitation of patients with musculoskeletal disorders? A pilot study. Int J Rehabil Res 2002;25: 103–117.
650. Stiens SA, Kirshblum SC, Groah SL, McKinley WO, Gittler MS. Spinal cord injury medicine. 4. Optimal participation in life after spinal cord injury: physical, psychosocial, and economic reintegration into the environment. Arch Phys Med Rehabil 2002;83:S72–S81.
651. Caty GD, Arnould C, Stoquart GG, Thonnard JL, Lejeune TM. ABILOCO: a Rasch-built 13-item questionnaire to assess locomotion ability in stroke patients. Arch Phys Med Rehabil 2008:89:284–290.
652. Wilkie R, Peat G, Thomas E, Croft P. Factors associated with restricted mobility outside the home in community-dwelling adults ages fifty years and older with knee pain: an example of use of the International Classification of Functioning to investigate participation restriction. Arthritis Rheum 2007;57:1381–1389.
653. Gzil F, Lefeve C, Cammelli M, Pachoud B, Ravaud JF, Leplege A. Why is rehabilitation not yet fully person-centred and should it be more person-centred? Disabil Rehabil 2007;29:1616–1624.
654. Hagberg M, Violante FS. Current issues in case definitions for common musculoskeletal disorders in workers for clinical practice and research. Med Lav 2007;98:89–93.
655. Bakker RH, Bronsema J, Brouwer S, Dijkstra GJ, Haselager JJ, Groothoff JW. Disability insurance: can underwriting criteria for the self-employed be based on predictors used for disability amongst employees? J Insur Med 2006;38:259–270.
656. Von Wild KR. Functional neurorehabilitation in locked-in syndrome following C0-C1 decompression. Acta Neurochir Suppl 2005;93:169–175.
657. Hollar D. Risk behaviors for varying categories of disability in NELS:88. J Sch Health 2005;75:350–358.
658. Friesner D, Neufelder D, Raisor J, Khayum M. Benchmarking patient improvement in physical therapy with data envelopment analysis. Int J Health Care Qual Assur Inc Leadersh Health Serv 2005;18:441–457.
659. Fabian ES, McLnerney M, dos-Santos-Rodrigues P. International education in rehabilitation: a collaborative approach. Rehabil Educ 2005;19:15–24.
660. Welch TR. Factors influencing competence of students with spina bifida. Diss Abstr 2004;65:1583.
661. Micangeli A, Benedetti M, Federici S. Enabling Manager Technology: The approach of the International Classification of Functioning and Health in school environment. Cogn Process 2003;4:S50–S51.
662. Baum CM. Creating partnerships: constructing our future. Aust Occup Ther J 2002;49:58–62.
663. Crews JE, Campbell VA. Health conditions, activity limitations, and participation restrictions among older people with visual impairments. J Vis Impair Blind 2001;95:453–467.
664. De Korvin G, Delarque A. Physical and rehabilitation medicine section and board of the European union of medical specialists. Community context; history of European medical organizations; actions under way. Ann Phys Rehabil Med 2009;52:594–607.
665. Eklund E, Svensson E, Häger-Ross C. Hand function and disability of the arm, shoulder and hand in Charcot-Marie-Tooth disease. Disabil Rehabil 2009;31:1955–1962.
666. Geertzen JHB, Van Es CG, Dijkstra PU. Sexuality and amputation: a systematic literature review. Disabil Rehabil 2009;31:522–527.
667. Keilani MY, Gleiss A, Marosi C, Zöchbauer-Müller S, Kornek G, Fialka-Moser V, Crevenna R. Comparison of three pain assessment tools in oncological patients during palliative chemotherapy-Implications for clinical practice. Phys Rehab Kur Med 2009;19:326–332.
668. Koufaki P, Mercer T. Assessment and monitoring of physical function for people with CKD. Adv Chronic Kidney Dis 2009;16:410–419.
669. Linden M, Gehrke G, Geiselmann B. Profiles of recreational activities of daily living (RADL) in patients with mental disorders. Psychiatr Danub 2009;21:490–496.
670. Lykke Hindhede A, Parving A. The field of Danish audiology: a historical perspective. Audiol Med 2009;7:84–92.
671. Nieuwenhuijsen ER. An insider's view on person-centred rehabilitation: a case study. Disabil Rehabil 2009;31:1529–1539.
672. Papavasiliou AS. Management of motor problems in cerebral palsy: a critical update for the clinician. Eur J Paediatr Neurol 2009;13:387–396.

673. Rauscher L, Greenfield BH. Advancements in contemporary physical therapy research: use of mixed methods designs. Phys Ther 2009;89:91–100.
674. Stucki G, von Groote PM, DeLisa JA, Imamura M, Melvin JL, Haig AJ, Li LS, Reinhardt JD. Chapter 6: the policy agenda of ISPRM. J Rehabil Med 2009;41:843–852.
675. United Nations. Convention on the rights of persons with disabilities. . New York: United Nations; 2006.
676. Griffo G, Leonardi M, Martinuzzi A, Francescutti C, Raggi A, Kosic V, Barbieri PV. Moving towards ICF use for monitoring the UN Convention on the rights of persons with disabilities: the Italian experience. Disabil Rehabil 2009;31:S74–S77.
677. Leonardi M, Chatterji S, Newton A, Bjorck-Akesson E, Hollenweger J, Francescutti C, Alonso J, Matucci M, Samoilescu A, Good A, Ayuso JL, Cieza A, Svestkova O, Bullinger M, Marincek C, Raggi A, Bickenbach J. Integrating research into policy planning: MHADIE policy recommendations. Disabil Rehabil;32:S139–S147.