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# Knowledge And Use Of International Classification Of Functioning, Disability And Health (ICF) Checklist For Assessment And Rehabilitation By Clinical Physiotherapists In Pune Region Using Questionnaire: An Observational Study.

***AN OBSERVATIONAL STUDY.***

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**Abstract:**

Background: The International Classification of Functioning, Disability and Health (ICF) checklist is a standardized tool designed to assess and document a patient's functional status, helping in comprehensive rehabilitation planning. While it is included in physiotherapy education, its practical implementation remains inconsistent. The study evaluates the knowledge and application of the ICF checklist among clinical physiotherapists in Pune to identify the gaps between awareness and usage in rehabilitation.

Objective: To check the prevalence of using ICF checklist for assessment and rehabilitation among clinical physiotherapists in Pune using self-made questionnaire.

Methodology: This observational study was conducted over six months in Pune, with 170 physiotherapists selected using convenience sampling. A Google form questionnaire was distributed via Whatsapp and online consent was obtained. Data collection was done through self-reported responses curated with self-made questionnaire and materials used included pen, paper and mobile phones.

Results: out of 170 participants, the majority (137) were aged 26-30 years. 85.3% reported having ICF in their curriculum, and 99.4% were aware of the ICF checklist. However, 57.4% do not use it rehabilitation planning, and 48.4% do not consider it important. 79.3% were aware of ICF codes and 66.5% found all components of the ICF checklist important. Additionally, 80.6% recognized the importance of assessing mental functions, 78.2% acknowledged the impact of interpersonal interactions on patients. 64.7% believed community, social, and civic life should be considered in rehabilitation.

Conclusion: The study concluded that 99.4% of clinical physiotherapists in Pune are aware of the ICF checklist, however, it's application in rehabilitation planning is limited, with 57.4% not using it and 48.4% not considering it important. This highlights a critical gap between awareness and practical use.

Index terms- ICF checklist, physiotherapists, rehabilitation, functional assessment, clinical practice, awareness.

## I. INTRODUCTION

Physiotherapists are an integral component of healthcare settings, treating not only those with injuries, but also chronic disease, and provide rehabilitation in a variety of settings, for example, cardiorespiratory, disability, aged care, paediatrics, stroke rehabilitation, pain management, and women's health. (1)

According to World Confederation of Physical Therapy, "Physical therapy is concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation.

This encompasses physical, psychological, emotional and social well- being. Physical therapy involves the interaction between the physical therapist and patients/ clients, other health professionals, families, care givers and communities in a process where movement potential is assessed and goals are agreed upon, using knowledge and skills unique to physical therapists" (2)

In the past, the biomedical model was used which predominantly focused on the anatomical and pathological conditions as justification of medical conditions. The subsequent failure of many treatment approaches, amongst other factors, highlighted the limitations of the biomedical model in the treatment of patients [3]

Psychosocial factors, such as cognitive, emotional, behavioral and social factors, are broadly recognized to influence chronic pain [4]. Clinical practice guidelines recommend a biopsychosocial (BPS) approach to musculoskeletal conditions [5,6]. Personalized pain medicine emphasizes the importance of viewing pain as a dynamic interaction between and within the biological, psychological, and social factors unique to each individual patient, with the goal of optimizing treatment outcomes [7,8].

A biopsychosocial model of health was first proposed by George Engel (1977), to promote a more humanistic perspective of healthcare, one which acknowledges the interactions between biological processes, social contexts and subjective, psychological experiences. The model has progressively been adopted within healthcare settings. [9]

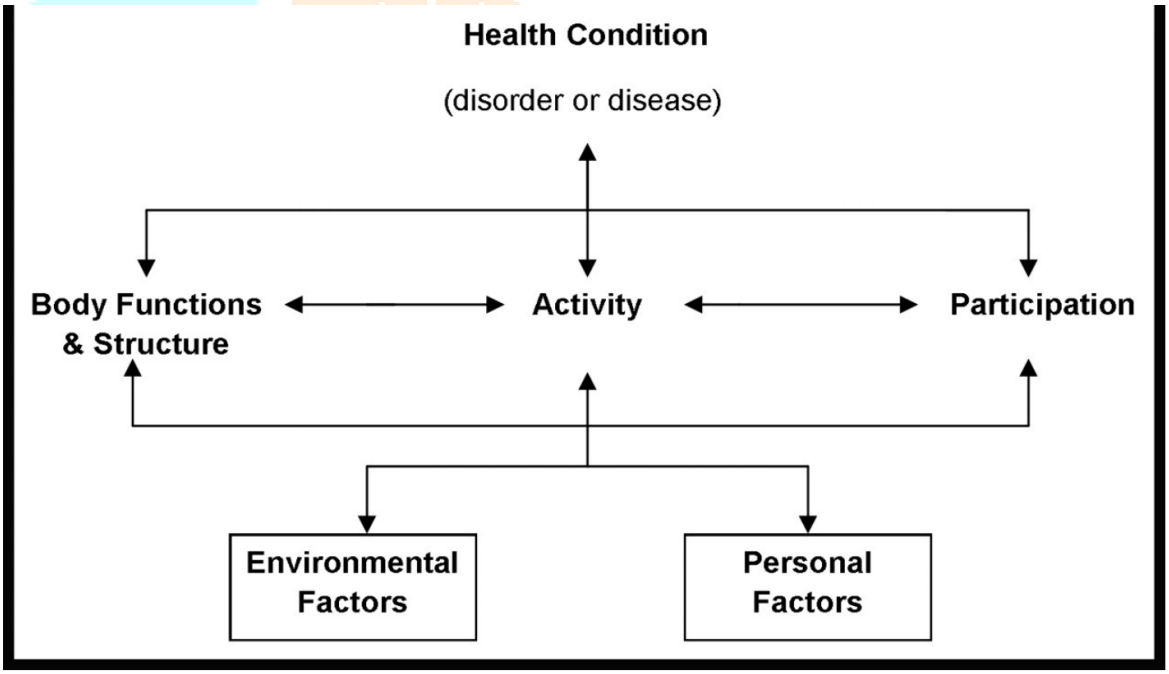
The primary tasks for clinicians are: first to identify correctly the pathogen or nature of the injury or other disease process, and second to administer the appropriate treatment for that particular condition [10]

The World Health Organization's International Classification of Functioning, Disability and Health (ICF) [10] is the only viable system that can be used to provide clinicians and health systems with the information they need regarding functional status in order to plan and direct treatment appropriately. [11]
The International Classification of Functioning, Disability and Health (ICF) is an instrument that describes health and health-related states of people and populations in a unified and standardized manner [12,13]. The ICF was established by the World Health Organization (WHO) in December 2000 after a long revision process of the International Classification of Impairments, Disabilities and Handicaps (ICIDH), initiated in 1993. In May 2001, during the 54th World Health Assembly, the ICF was approved and has been, ever since, a component of the WHO international classifications family, who's best-known and used member by health professionals is the International Statistical Classification of Diseases and Related Health Problems –10th Revision – (ICD-10) (12,14)

Despite being a classification tool, the ICF is not restricted to this purpose, since its multidimensional and multidirectional model, based on the biopsychosocial approach, represents a new way of thinking about human functionality and disability (14,15,16). In addition, the ICF has recognized the importance, not only in the field of Health, but also in the fields of Education, Research, Sociology, Pedagogy, Politics, Labor, Social Security, among others (12,16,17).

The ICF is didactically organized in two sections. The first section is called: "Components of Functionality and Incapacity" and encompasses the Body Components (classification for body functions and classification for body structures) and the Components of Activity and Participation (for classification and activities and classification for participation). All components of the first section can be expressed in negative or neutral terms. The second section is called: "Components of Contextual Factors" and involves the Environmental Factors and Personal Factors, which can be expressed in positive or negative terms [14]. Note that all these constructs interact with each other [18]. In clinical practice, the data classified by the ICF can guide the clinical thought and the decision making done by health professionals, especially when considering that the integrative model proposed by the ICF comprises equivalently the biological, social and individual perspectives that can interfere with the health/disease process [18,19]. For professionals involved with the rehabilitation process, such as, physiotherapists, and occupational therapists, ICF use is even more important, after all these professions historically deal with functionality and its dysfunctions [15]. For physiotherapists and occupational therapists, the ICF use is very important, since it can contribute to the adoption of a holistic practice focused on the functional potentialities of the individual [15,17,18]. The adoption of ICF in practice can also contribute to better clinical management, solvability and humanization, based on the real needs of patients, as determined by WHO [13,20].

ICF use is the main gateway to health care based on the biopsychosocial model and the needs of patients, as determined by WHO [12]. The universal and standardized language can provide support for more individualized, assertive, resolutive and holistic decision making and thus improve patients' adherence to the proposed treatments [12,14]. It can also allow the comparison of the activities carried out in different services, helping the adequacy of the services provided [12,14]




Model of functionality, according to the ICF Source: WHO (2002)

## NEED OF STUDY

The International Classification of Functioning, Disability & Health (ICF)is a framework used to describe and classify health and health-related states.

The ICF allows physiotherapists to assess patients holistically, considering not only their physical impairments but also social and environmental factors that impact functioning (WHO 2001)

It provides a standardized framework for measuring outcomes, enabling physiotherapists to track changes in patients' functioning overtime. [21]

Utilizing ICF can help physiotherapists to establish patient centred goals, aiding in the creation of tailored interventions that target specific facets of a patient's functioning and fostering a personalized approach for rehabilitation. [22]

Clinical physiotherapists are likely to have direct experience with the practical application of ICF checklist in patient assessments, treatment planning, and rehabilitation, making their insights valuable for understanding the real-world challenges and benefits linked with ICF checklist.

Clinical physiotherapists can utilize ICF checklist to ensure comprehensive coverage; if any component is initially omitted or left out by the physiotherapist, employing the checklist enables the inclusion of those components. This approach may facilitate effective patient rehabilitation planning aligned with the checklist components.

It will assess the number of clinical physiotherapists using ICF checklist and its corporation within the biopsychosocial model by using the self-made questionnaire. This study will also help us to explore the frequency and consistency of using ICF Checklist in clinical physiotherapy settings.

Hence, it's needed to understand the current status, opportunities related to the application of ICF checklist among clinical physiotherapists in Pune district.

## II. METHODOLOGY:

This observational study was conducted over a period of 6 months in the Pune region to assess the knowledge and use of the International Classification of Functioning, Disability, and Health (ICF) checklist among clinical physiotherapists in the same region. A self-made questionnaire was designed as the primary outcome measure to evaluate various aspects, including awareness of the ICF checklist, its use in rehabilitation planning, perceived importance in clinical practice, knowledge of ICF components and the coding system and perspectives on assessing mental functions and social factors in rehabilitation. The questionnaire was distributed via a Google Form Link shared through WhatsApp, allowing for convenient participation. Online consent was obtained through the Google Form before participants could proceed with the questionnaire. The study followed a convenient sampling method, with a total of 170 clinical physiotherapists participating. The sample size was calculated using the Epi Info software (version 7.2.5.0), with the expected frequency of 50% and acceptable margin of error of 6% and confidence level of 95%. The collected data were self-reported responses curated through the self-made questionnaire. The study was conducted using minimal resources with pen and paper for documentation, mobile phone for distributing the questionnaire and collecting the responses and google forms for compiling and analyzing the data. This approach provided a clear understanding of the gap between awareness and practical use of the ICF checklist in physiotherapy assessment and rehabilitation.

| IIA. Inclusion Criteria | IIB. Exclusion Criteria |
|---|---|
| Clinical physiotherapists practicing in Pune with minimum 5 years of experience | 1.Not willing to participate. |
| | 2.Academicians |

## IIC. OUTCOME MEASURE:

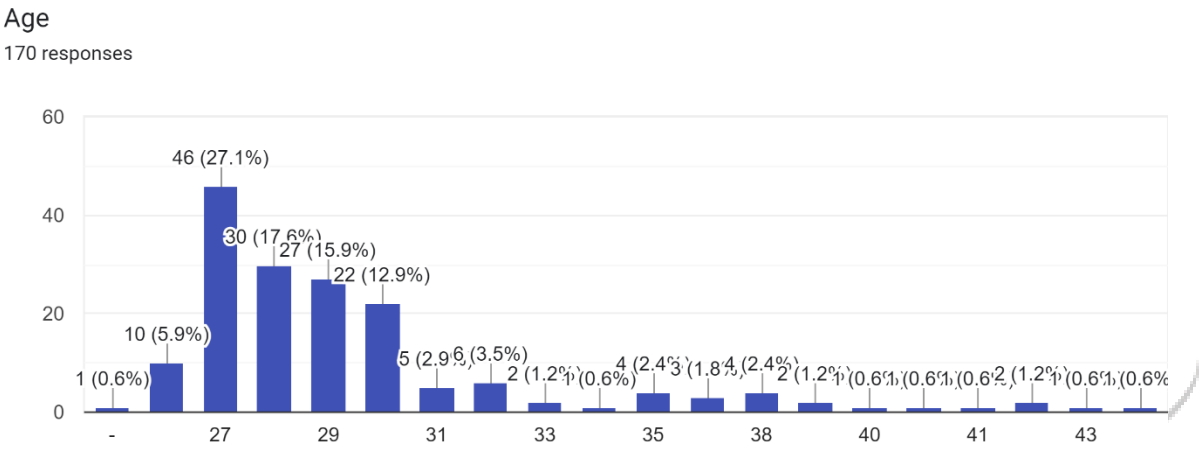
The primary outcome measure was a self-made questionnaire to assess clinical physiotherapists' awareness, knowledge and use of the ICF checklist in assessment and rehabilitation planning. The questionnaire covered key aspects such as its inclusion in the academic curricula, perceived importance, frequency of usage in clinical practice, understanding of the various components and the codes used and views on assessing mental and social factors. To ensure credibility, the questionnaire was validated through face validation method by senior experts. Data was collected using Google Forms for easy access and participation.

## III. STATISTICAL ANALYSIS AND RESULTS.

The collected data were analyzed using descriptive statistics. Frequencies and percentages were used to summarize categorical variables. The results were presented in the form of graphs to illustrate the distribution of responses effectively. The statistical analysis was conducted using Microsoft Excel, ensuring accurate representation of trends and patterns in the data.

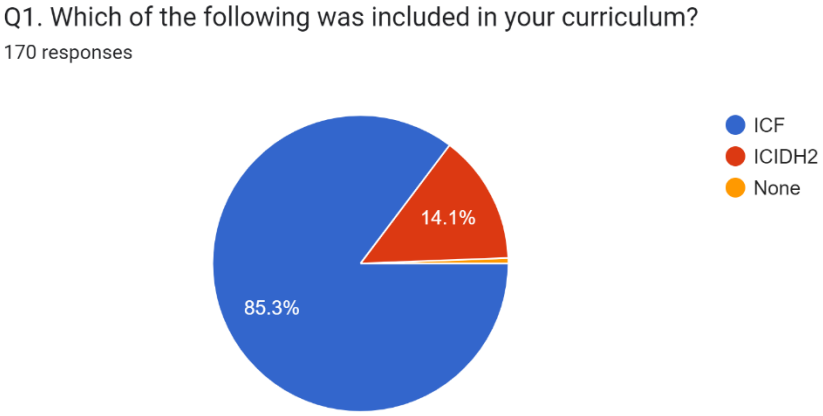
**GRAPH 1.**
**AGE GROUP OF PARTICIPANTS.**

| AGE DISTRIBUTION | NO. OF PARTICIPANTS |
|---|---|
| 26-30 | 137 |
| 31-34 | 14 |
| 35-40 | 15 |
| 40-44 | 5 |
| NOT MENTIONED | 1 |




**GRAPH 2. Which of the following was included in your curriculum?**

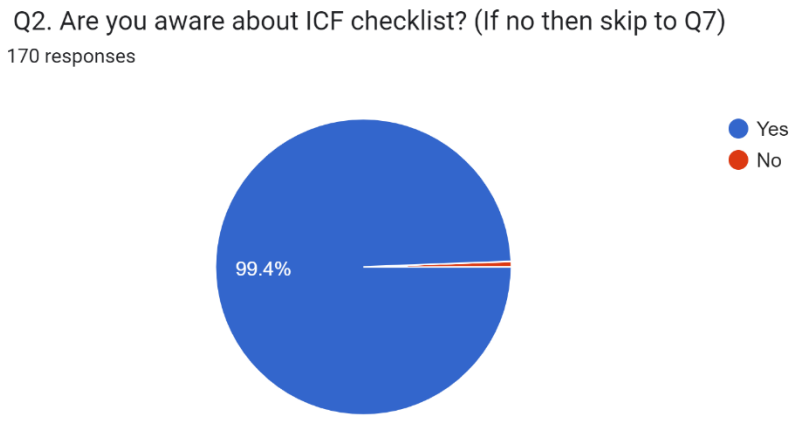
| RESPONSE | NO. OF PARTICIPANTS | PERCENTAGE % |
|---|---|---|
| ICF | 145 | 85.3% |
| ICIDH2 | 24 | 14.1% |
| NONE | 1 | 0.1% |




**INTERPRETATION:** Out of total 170 participants, 85.3% (145) people report having ICF in their curriculum whereas 14.1% (24) had ICIDH2 and 0.6% (1) had none.

**GRAPH 3: Are you aware about the ICF checklist?**

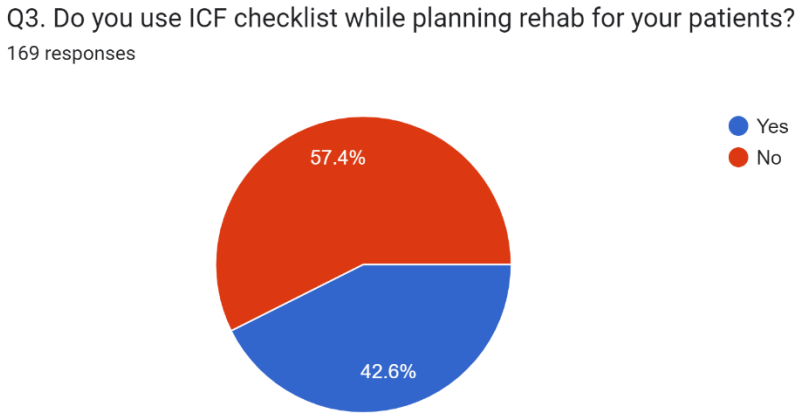
| RESPONSE | NO. OF PARTICIPANTS | PERCENTAGE % |
|---|---|---|
| YES | 169 | 99.4% |
| NO | 1 | 0.6% |




**INTERPRETATION:** Out of total 170 participants, 99.4% (169) people are aware about the ICF checklist while 0.6% (1) are not aware.

**GRAPH 4- Do you use ICF checklist while planning rehab for your patients?**

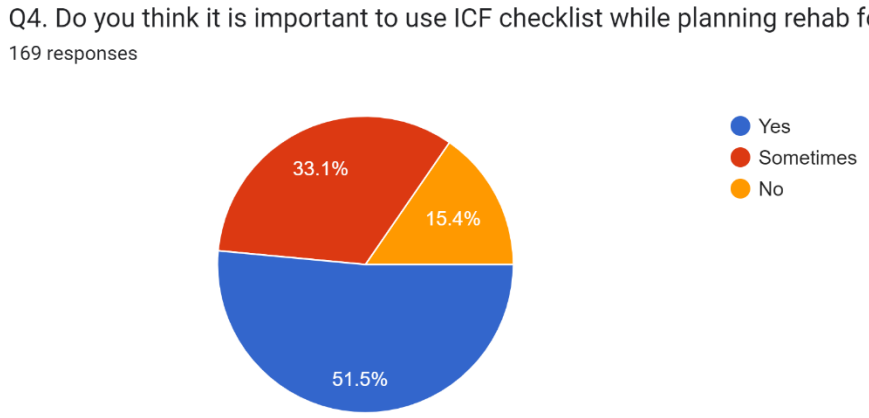
| RESPONSE | NO. OF PARTICIPANTS | PERCENTAGE% |
|---|---|---|
| YES | 72 | 42.6% |
| NO | 97 | 57.4% |




**INTERPRETATION:** Out of 170 participants, 57.4 % (97) participants do not use the ICF checklist while planning the rehab and only 42.6% (72) use the ICF checklist while planning the rehab for their patients.

**GRAPH 5: Do you think it is important to use ICF checklist while planning rehab for your patients?**

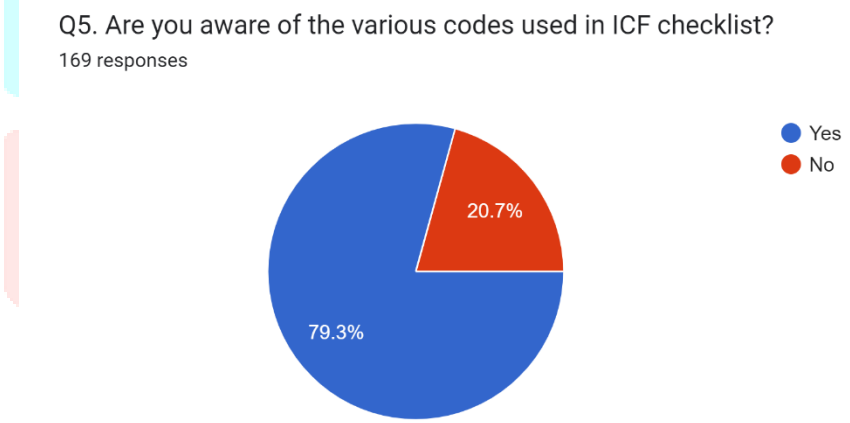
| RESPONSE | NO. OF PARTICIPANTS | PERCENTAGE % |
|---|---|---|
| YES | 87 | 51.5% |
| SOMETIMES | 56 | 33.1% |
| NO | 26 | 15.4% |




**INTERPRETATION:** Out of 169 participants, 51.5% (87) think it is important to use the ICF checklist while planning rehab whereas 33.1% (56) think it is sometimes important to use the ICF checklist while planning the rehab and 15.4% (26) think it is not important to use the ICF checklist.

**GRAPH 6: Are you aware of the various codes used in ICF checklist?**

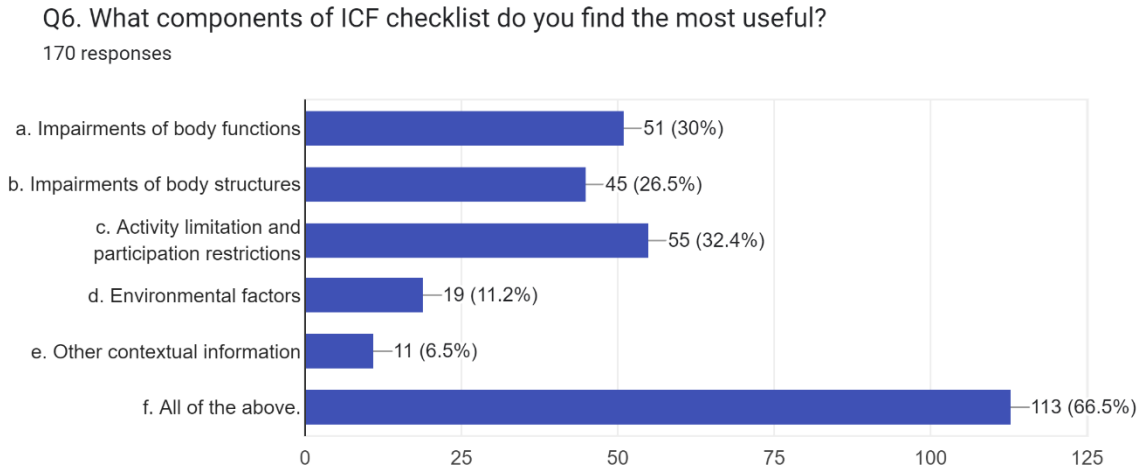
| RESPONSE | NO. OF PARTICIPANTS | PERCENTAGE % |
|---|---|---|
| YES | 134 | 79.3% |
| NO | 35 | 20.7% |




**INTERPRETATION:** Out of 169 participants,79.3% (134) participants are aware about the various codes used in the ICF checklist whereas 20.7% (35) participants are not aware.

**GRAPH 7: What components of the ICF checklist do you find the most useful?**

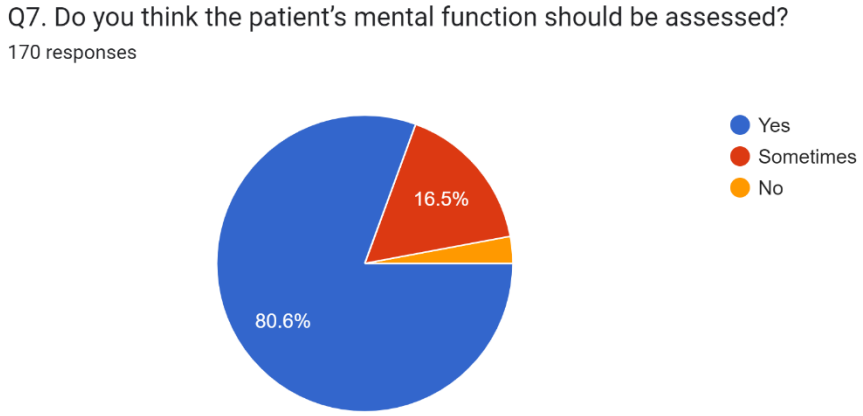
| RESPONSE | NO. OF PARTICIPANTS | PERCENTAGE % |
|---|---|---|
| Impairments of body functions | 51 | 30% |
| Impairments of body structures | 45 | 26.5% |
| Activity limitations and participation restrictions | 55 | 32.4% |
| Environmental factors | 19 | 11.2% |
| Other contextual factors | 11 | 6.5% |
| All of the above | 113 | 66.5% |




**INTERPRETATION:** Out of 170 participants, 30% (51) find the impairments of body function component to be the most useful.
**26.**5% (45) find the impairments of body functions to be the most useful component.
32.4% (55) find the activity limitations and participation restrictions to be the most the useful component.
11.2% (19) find the environmental factors to be the most useful component
66.5% (113) find that all the components of the ICF checklist are useful.

**GRAPH 8: Do you think the patient's mental function should be assessed?**

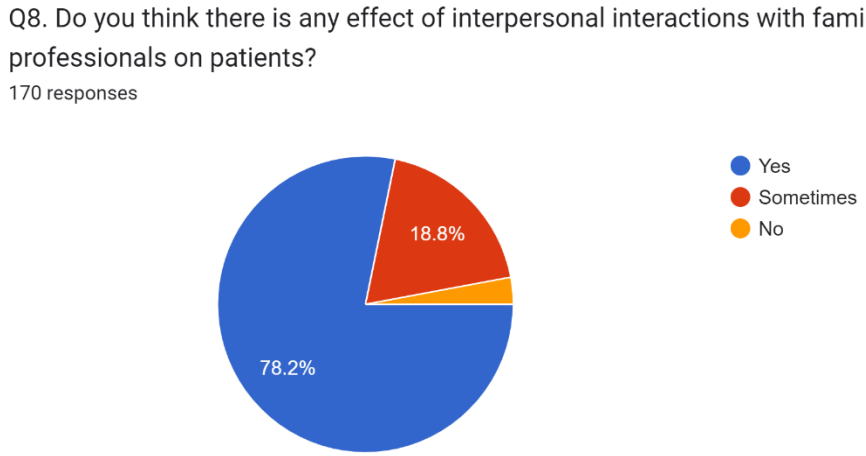
| RESPONSES | NO. OF PARTICIPANTS | PERCENTAGE % |
|---|---|---|
| YES | 137 | 80.6% |
| SOMETIMES | 28 | 16.5% |
| NO | 5 | 2.9% |




**INTERPRETATION:** Out of 170 participants, 80.6% (137) participants feel the need to assess the mental functions.
**16.**5% (28) participants feel the need to assess the mental functions sometimes.
**2.**9% (5) participants do not feel the need to assess the patient's mental functions.

**GRAPH 9: Do you think there is any effect of interpersonal interactions with family, friends and professionals on patients?**

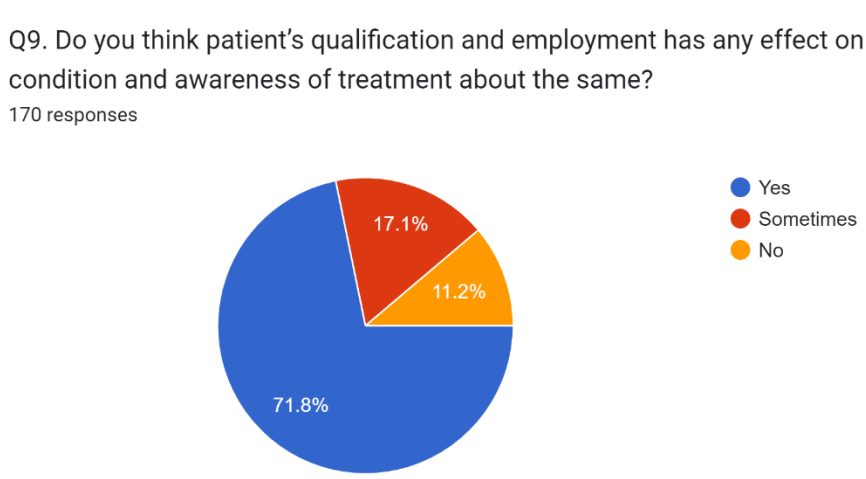
| RESPONSES | NO. OF PARTICIPANTS | PERCENTAGE % |
|---|---|---|
| YES | 133 | 78.2% |
| SOMETIMES | 32 | 18.8% |
| NO | 5 | 2.9% |




**INTERPRETATION:** Out of 170 participants, **78.2%** (133) participants think that there's any effect of interpersonal interactions on patients
18.8% (32) think that sometimes there's an effect of interpersonal interactions on patients.
2.9% (5) think there's no effect of interpersonal interactions on patients.

**GRAPH 10: Do you think patient's qualification and employment has any effect on perception of their condition and awareness of treatment about the same?**

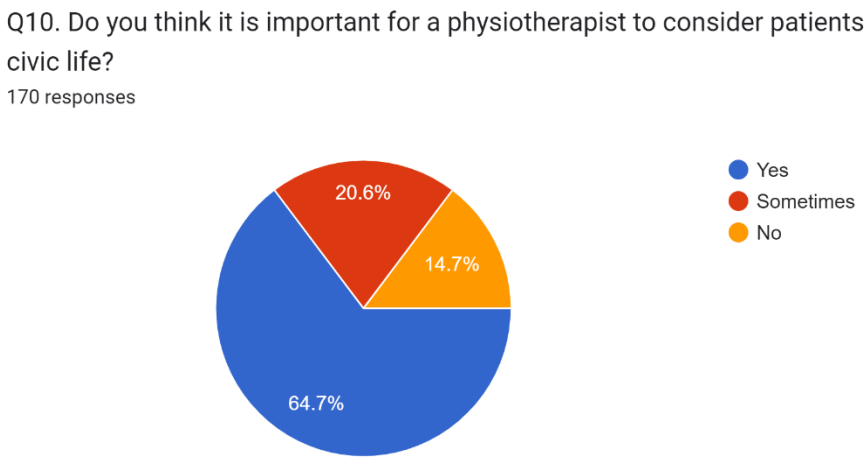
| RESPONSES | NO. OF PARTICIPANTS | PERCENTAGE % |
|---|---|---|
| YES | 122 | 71.8% |
| SOMETIMES | 29 | 17.1% |
| NO | 19 | 11.2% |




**INTERPRETATION:** Out of 170 participants, **71.8% (122)** participants think that there is an effect of patient's qualification and employment on their perception of their condition and awareness of treatment.
**17.1%** (29) participants think sometimes there's an effect.
**11.2%** (19) participants think there's no effect.

**GRAPH 11: Do you think it is important for a physiotherapist to consider patients community, social and civic life?**

| RESPONSES | NO. OF PARTICIPANTS | PERCENTAGE % |
|---|---|---|
| YES | 110 | 64.7% |
| SOMETIMES | 35 | 20.6% |
| NO | 25 | 14.7% |




**INTERPRETATION:** Out of 170 participants, **64.7% (110)** participants think that it is important to consider patient's community, social and civic life. **20.6% (35)** participants think that sometimes it is important. **14.7% (25)** participants think that it is not important.

## IV. DISCUSSION

Physiotherapists are a vital part of the healthcare environments, treating not only individuals with injuries but also those with chronic diseases, and they provide rehabilitation across settings, such as cardiorespiratory, disability, aged care, paediatrics, stroke rehabilitation, pain management and women's health.

According to the World Confederation of Physical Therapy, "Physical therapy focuses on recognizing and enhancing quality of life and movement potential within the areas of promotion and prevention, treatment/intervention, habilitation and rehabilitation. This includes physical, psychological, emotional and emotional well-being. Physical therapy entails with the interaction among the physical therapist and patients/clients, other health professionals, families, care-givers and communities in a process where m movement potential is evaluated and shared goals are established, applying knowledge and skills specific to physical therapists" (2) Based on existing research, there is no evidence of studies on the knowledge and application of the international classification of functioning, disability, and health (ICF) checklist for assessment and rehabilitation by clinical physiotherapists in the Pune region using a questionnaire. Therefore, this study was undertaken to assess the knowledge and application of the ICF checklist by clinical physiotherapists in Pune district. The study involved a convenient sample of 170 participants who possess a minimum of 5 years of clinical experience, representing the clinical physiotherapist population from Pune district. Physiotherapists who received training in both ICIDH2 and ICF were included, although the majority (85. 3%) had ICF included in their curriculum. Even though it is a classification tool, the ICF is not limited to this function, as its multidimensional and multidirectional model, grounded in the biopsychosocial approach, presents a novel perspective on human functionality and disability (14,15,16). A study conducted by Jacob et al. in Israel regarding the implementation of the ICF within Israeli rehabilitation centers revealed that most were familiar with the ICF, and nearly two-thirds indicated partial implementation in their facilities. The primary focus of implementation was on embracing the biopsychosocial concepts and utilizing ICF terminology. The ICF was not employed for evaluating patients, nor for reporting or encoding patient information. Physiotherapists, who serve as directors of most Israeli PT departments in rehabilitation

units, are acquainted with the ICF; however, its clinical utilization remains quite restricted. [24] The ICF is systematically organized into two sections. The first section is titled: “Components of Functionality and Incapacity” and includes the Body Components (classification of body functions and classification of body structures) and the Components of Activity and Participation (classification of activities and classification of participation). All elements of the first section can be articulated in negative or neutral language. The second section is named: “Components of Contextual Factors” and comprises the Environmental Factors and Personal Factors, which can be articulated in positive or negative terms (14).

This research indicates that the awareness of the ICF checklist among clinical physiotherapists is elevated in Pune district (99. 4%), but the practical use of the ICF checklist is moderate (42. 6%). 51. 6% of physiotherapists in Pune believe it is feasible to utilize the ICF checklist consistently when planning rehabilitation, while 33. 1% consider it occasionally important to reference the ICF checklist during rehabilitation planning, and 15. 4% deem it unimportant to employ the ICF checklist. This result implies that high knowledge does not necessarily lead to imple mentation, highlighting a significant gap in the incorporation of the checklist into everyday practice. Another factor is that the physiotherapists are adhering to the ICF model but are not applying the ICF checklist, which encompasses multiple domains and sub-domains. This may be related to the extensive number of sub-domains in the ICF checklist, which can be time-consuming for physiotherapists. Given that the ICF checklist may not always be available, it becomes challenging for therapists to recall all the codes associated with various domains.

Another key finding is that 80. 6% of participants believe that evaluating mental function is vital for patient care, showcasing a comprehensive approach to rehabilitation that is consistent with the principles of the ICF framework. Moreover, the impact of interpersonal relationships, such as family and social support, was acknowledged by 78. 2% of participants, further emphasizing the significance of the ICF framework, which promotes a biopsychosocial perspective to rehabilitation

For physiotherapists, utilizing the ICF is highly important, as it can aid in fostering a holistic practice centered on the functional capabilities of the individual (15,17,18). Nonetheless, despite recognizing these elements and their perceived advantages, the actual application of the checklist continues to be inadequate. Issues such as time limitations, lack of familiarity with the coding system, or the perceived intricacy of the checklist may be contributing factors to this insufficient use.

Thus, it is advised that physiotherapists utilize the ICF checklist, as each patient has unique requirements and necessitates care tailored to their individual needs, even if the condition is similar for two individuals.mentation, highlighting a significant gap in the incorporation of the checklist into everyday practice. Another factor is that the physiotherapists are adhering to the ICF model but are not applying the ICF checklist, which encompasses multiple domains and sub-domains. This may be related to the extensive number of sub-domains in the ICF checklist, which can be time-consuming for physiotherapists. Given that the ICF checklist may not always be available, it becomes challenging for therapists to recall all the codes associated with various domains.

Another key finding is that 80. 6% of participants believe that evaluating mental function is vital for patient care, showcasing a comprehensive approach to rehabilitation that is consistent with the principles of the ICF framework. Moreover, the impact of interpersonal relationships, such as family and social support, was acknowledged by 78. 2% of participants, further emphasizing the significance of the ICF framework, which promotes a biopsychosocial perspective to rehabilitation.

For physiotherapists, utilizing the ICF is highly important, as it can aid in fostering a holistic practice centered on the functional capabilities of the individual (15,17,18). Nonetheless, despite recognizing these elements and their perceived advantages, the actual application of the checklist continues to be inadequate. Issues such as time limitations, lack of familiarity with the coding system, or the perceived intricacy of the checklist may be contributing factors to this insufficient use.

Thus, it is advised that physiotherapists utilize the ICF checklist, as each patient has unique requirements and necessitates care tailored to their individual needs, even if the condition is similar for two individuals.

## V. CONCLUSION

The study concluded that 99.4% of clinical physiotherapists in Pune are aware of the ICF checklist, however, it's application in rehabilitation planning is limited, with 57.4% not using it and 48.4% not considering it important. This highlights a critical gap between awareness and practical use.

## VI. LIMITATION OF THE STUDY:

1.There remains a possibility that the participants might have responded in a socially desirable manner, particularly regarding their knowledge and use of the ICF checklist which could affect the accuracy of the findings.

2.Since majority of the questions were close ended, the study has not captured the full-range of physiotherapists' opinions, attitude or challenges related to using the ICF checklist in practice**.**

## VII. FUTURE SCOPE OF STUDY

1. Study can be revised including larger sample size.

2. Sample can be revised from other districts or states.

3. The findings suggest a need for ongoing efforts to bridge this gap and enhance the practical integration of the ICF checklist into clinical practice.

## VIII. CLINICAL IMPLICATION

1. The result of this study can be used to plan and encourage awareness and importance of using the ICF checklist for assessment and rehabilitation for their patients.

**2.** The study can foster collaboration among healthcare professionals, promoting a more integrated and multidisciplinary approach to patient care.

**3.**

## SELF MADE QUESTIONNAIRE.

Self-made questionnaire – "Knowledge and Use of International Classification Of Functioning, Disability And Health (ICF) Checklist For Assessment And Rehabilitation By Clinical Physiotherapists In Pune Region Using Questionnaire: An Observational Study."

Please answer the following questions on the next page.

**Demographic data:**

Name:

Age:

Date:

Place:

Email:

Phone number:

**QUESTIONS:**

Q1. Which of the following was included in your curriculum?

ICF ICIDH2 None

Q2. Are you aware about ICF checklist? (If no then skip to Q7)

Yes No

Q3. Do you use ICF checklist while planning rehab for your patients?

Yes No

Q4. Do you think it is important to use ICF checklist while planning rehab for your patients?

Yes Sometimes No

Q5. Are you aware of the various codes used in ICF checklist?

Yes No

Q6. What components of ICF checklist do you find the most useful?

a. Impairments of body functions

b. Impairments of body structures

c. Activity limitation and participation restrictions

d. Environmental factors

e. Other contextual information

f. All of the above

Q7. Do you think the patient's mental function should be assessed?

Yes Sometimes No

Q8. Do you think there is any effect of interpersonal interactions with family, friends and professionals on patients?

Yes Sometimes No

Q9. Do you think patient's qualification and employment has any effect on perception of their condition and awareness of treatment about the same?

Yes Sometimes No

Q10. Do you think it is important for a physiotherapist to consider patients community, social and civic life?

Yes Sometimes No

## IX. ACKNOWLEDGEMENT

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