

ICF Model

The ICF (International Classification of Functioning, Disability and Health) was developed by the World Health Organization to describe and organise information on functioning and disability.

It provides a standard language and a conceptual basis for the definition and measurement of health and disability.¹ It is designed to describe the function of any person related to their health and environment at a moment in time.

UNDERLYING PRINCIPLES OF THE ICF

- **Universality principle:** Applicable to all people across all physical, social and cultural contexts
- **Etiological neutrality:** Relevant to any health condition
- **Neutral language:** Neutral wording, reflecting positive and negative aspects of functioning and disability
- **Environmental factors:** Includes physical, social and attitudinal factors

Acknowledging the presence of a disease does not necessarily account for the way that disease is expressed in an individual. For this we need to consider the way a person functions.

Understanding how a person functions can assist with:

- prioritising and justifying clinical decisions or the level of support required
- evaluating the success or progress of an intervention
- understanding the impact on the person.

How is function defined?

“Functioning is an umbrella term for body function, body structures, activities and participation. It denotes the positive or neutral aspects of the interaction between a person’s health condition(s) and that individual’s contextual factors (environmental and personal factors)”.¹ – World Health Organization, *ICF*

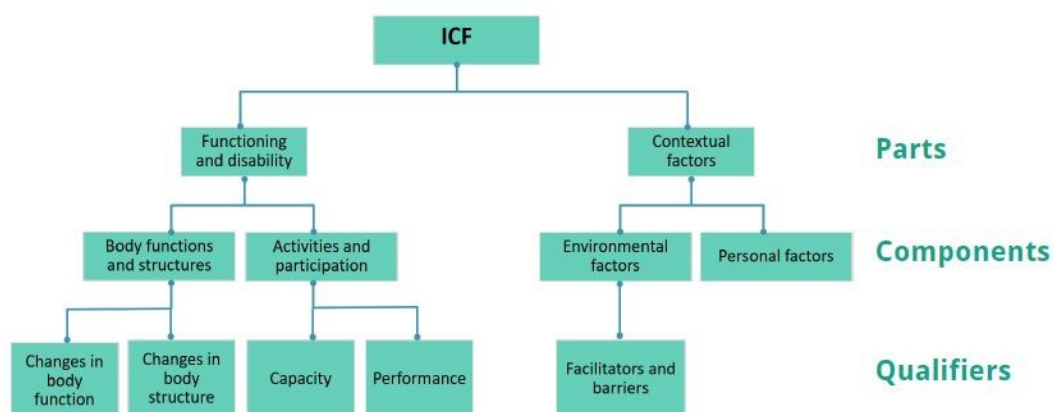
PURPOSE OF THE ICF

The ICF is new to most of us. Many of the ICF elements may feel familiar – as dietitians we’re in the business of behaviour change, so looking for facilitators and barriers is a common part of our consultations. But other parts, especially the wording, may feel quite new.

The purpose here is to support our thinking and move toward the biopsychosocial model of disability as we support our clients to achieve functional outcomes.

COMPONENTS OF THE ICF MODEL

The ICF describes a person's level of functioning as a dynamic interaction between their health conditions, environmental factors, and personal factors. Note: the ICF classifies health and health-related states, not people or diseases.



ICF structure parts

The ICF has two main parts: **Functioning and disability** & **Contextual factors**

Each part has two main components, and some of these components also have constructs/qualifiers. Each qualifier is divided into multiple domain/category levels (not shown on this flowchart).

Qualifiers in the ICF

Qualifiers in the ICF are numbers that indicate the level of impact on functioning in a particular area. To date, there have been limited use of qualifiers in dietetic practice due to limited availability of tools and statistical norms. Qualifiers may be used in some disciplines to generate evidence for the effectiveness of practice.

Table 1: ICF qualifiers

Rating	Qualifier for impact on functioning	Scale
xxx.0	NO difficulty (none, absent, negligible...)	0–4%
xxx.1	MILD difficulty (slight, low...)	5–24%
xxx.2	MODERATE difficulty (medium, fair...)	25–49%
xxx.3	SEVERE difficulty (high, extreme...)	50–95%
xxx.4	COMPLETE difficulty (total...)	96–100%
xxx.8	Not specified (i.e. is present, but there is insufficient information to specify a level)	
xxx.9	Not applicable (i.e. this category is not relevant to the person, e.g. work for an infant)	



ICF part 1: FUNCTIONING AND DISABILITY

Part	FUNCTIONING AND DISABILITY			
Component	<p>Body Functions and Structures</p> <p>‘Body structures’ are the anatomical parts of the body, such as organs, limbs and their components.</p> <p>‘Body functions’ are the physiological functions of body systems (including psychological functions).</p> <p>Both components are classified further, into eight domains. These are sets of related physiological functions, anatomical structures, actions, tasks, areas of life, and external influences.</p>		<p>Activities and participation</p> <p>‘Activities’ refers to the specific execution of a task, such as manipulating objects (e.g. holding a fork), focusing attention, or walking on different surfaces.</p> <p>‘Participation’, on the other hand, may include moving around within a facility, using transportation, or building interpersonal relationships.</p>	
Qualifier	Changes in body function	Changes in body structure	Capacity	Performance
Domain	<p>Domains of body function:</p> <ul style="list-style-type: none"> • Mental functions • Sensory functions and pain • Voice and speech functions • Functions of the cardiovascular, haematological, immunological and respiratory systems • Functions of the digestive, metabolic, and endocrine systems • Genitourinary and reproductive functions • Neuromusculoskeletal and movement-related functions • Functions of the skin and related structures 	<p>Domains of body structure:</p> <ul style="list-style-type: none"> • Structure of the nervous system • The eye, ear and related structures • Structures involved in voice and speech • Structure of the cardiovascular, immunological and respiratory systems • Structures related to the digestive, metabolic and endocrine systems • Structures related to genitourinary and reproductive systems • Structures related to movement 	<p>Domains of Activities and Participation</p> <ul style="list-style-type: none"> • Learning and applying knowledge • General tasks and demands • Communication • Mobility • Self-care • Domestic life • Interpersonal interactions and relationships • Major life areas • Community, social and civic life 	



		<ul style="list-style-type: none">• Skin and related structures	
<i>Notes</i>	<p>Changes in body structure and function</p> <p>A significant change or loss in body structure and function is termed an impairment.</p> <p>Changes are compared to statistical norms to determine if they are significant enough to be considered impairments. Clinical significance and cultural norms are also considered.</p> <p>Consider two examples:</p> <p>Surgery-related change E.g. Resection of a portion of the bowel results in an impairment of bowel structure.</p> <p>Disease-related change: E.g. A stroke affecting the muscles of the face may result in impairment of ingestion function.</p>	<p>Capacity is the highest probable level of functioning that a person may reach, measured in a standard/test environment.</p> <p>Performance is what individuals do in their current environment, including their home, school, work and community, as well as their involvement in life situations.</p> <p>The gap between capacity and performance may indicate what can be done in the environment to improve functioning.</p>	

ICF part 2: CONTEXTUAL FACTORS

Part	CONTEXTUAL FACTORS	
Component	Environmental factors	Personal factors
Qualifier	<p>Facilitators and barriers</p> <p>Facilitators = environmental factors that positively influence functioning (e.g. Family support, communication devices, healthcare access, funding)</p> <p>Barriers = environmental factors that negatively influence functioning (e.g. Noise, odour, number of choices, crowds)</p>	No Qualifiers
Domain	<p>Domains of environmental factors</p> <p>Organised into five domains, from the individual's most immediate environment (home, workplace, school) to the general environment (systems in the community that affect the individual).</p> <ul style="list-style-type: none"> • Products and technology • Natural environment and human-made changes to environment • Support and relationships • Attitudes • Services, systems and policies 	<p>Factors that influence who we are:</p> <ul style="list-style-type: none"> • Our gender • Race • Age • Health conditions • Fitness • Lifestyle • Habits • Upbringing • Coping styles • Social background • Education • Profession • Past and current experience • Behaviour patterns • Character
Notes	<p>As health professionals, we should always look at the environment and aim to introduce facilitators and remove barriers.</p> <p>All functioning is affected by the environment. For example, the function of drinking is affected by what the person is drinking from, how full it is, whether the content is hot or cold, and whether it tastes good.</p>	<p>The ICF recognises the importance of personal factors but has not classified them due to the large social and cultural variance.</p>

REFERENCES

1. World Health Organization Functioning and Disability Reference Group. The ICF: An overview. Center for Disease Control and Prevention website. 2010. Accessed October 24, 2023. https://www.cdc.gov/nchs/data/icd/icfoverview_finalforwho10sept.pdf

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