**User’s Guide for Clinical Decision Making within the ICF Framework**

**Purpose**

The purpose of this chart is to guide students in identifying relationships between clinical decisions that are made during the physical therapy examination, evaluation/diagnosis, prognosis, intervention, and outcomes assessment. Students will learn a standard approach to clinical decision making based on the International Classification of Functioning, Disability, and Health (ICF) framework that can be applied across all practice settings and populations. With practice, students should be able to apply this framework in their daily clinical practice efficiently and without formally documenting each step in the reasoning process.

**Conceptual Summary of the ICF Framework**

The ICF framework was developed from a biopsychosocial perspective that views disability and functioning as the result of interactions between ***health conditions*** (e.g. the disease or injury) **and** ***contextual factors***(e.g. the person and their environment).

Disability can be caused by dysfunction at the level of the ***body*** (e.g. impairments), the ***whole person*** (e.g. activities or tasks), and/or the ***person within their social context*** (e.g. participation). Patient-centered care considers all potential levels of dysfunction, and the relationships between them.

**ICF Definitions**

1. **Health condition –** medical disease, disorder, syndrome, or injury
2. **Body functions** – physiological and psychological functions of body systems
3. **Body structures** – anatomical parts of the body
4. **Impairments** – problems in **body** structure(s) and/or function(s)
5. **Activity limitation** – difficulty with execution of a task or action by an **individual**
6. **Participation restriction** – difficulty with involvement in a life situation or **social** **role**
7. **Personal factors** – any identifiable element **intrinsic** to a person (including physical and psychological co-morbidities) that influences the way that person conducts his or her life
8. **Environmental factors** – any identifiable element **extrinsic** to a person (including physical, personal, and socioeconomic environment) that influences the way that person conducts his or her life

**How to use the ICF Chart**

The ICF Clinical Decision Making Chart is designed to be a ***concise*** summary of key information used to make clinical decisions with an individual patient. In most cases, you should be able to document your decision making process using only the space provided. All clinical decisions should be supported by a combination of the highest available **evidence**, **clinical expertise**, and **patient values**.

The first page of the chart provides an overview of the health condition, participation restrictions, activity limitations, and impairments, as well as the personal and environmental factors that are most relevant to your clinical decision making. This information is gathered during the physical therapy examination. Note that although many problems may exist for a given individual, the chart should only include those that are *most likely* *contributing* to major limitations in functional activities or participation (e.g. what the patient wants or needs to do that they can’t do now).

The second page of the chart evaluates information gathered during the physical therapy examination to develop a plan of care. The relationship between **participation restrictions, activity limitations, and impairments** will be synthesized into a succinct clinical impression in the physical therapy **evaluation**. This information will be used to identify appropriate tests and measures (T/M) for the physicaltherapy **examination** and **outcomes assessment**, and to develop the **intervention** and **goals** that together comprise the plan of care**.** Information about the **health condition** along with **personal** and **environmental** **factors** will be used to determine a **prognosis** which is used to help set realistic goals.

**Health Condition**

Identify the primary health condition for which the patient was referred or which led them to seek professional health care. This is typically the medical diagnosis. (Examples: congestive heart failure, spinal stenosis, stroke)

**Natural History**: State whether the typical course of the health condition *without* treatment is:

**Self-limiting** – likely to resolve on its own given enough time

**Progressive** – likely to worsen over time

**Chronic or recurrent** – not likely to get much better or worse over time

**Precautions/Contraindications:** Identify any consequences of the primary health condition that will require monitoring (precautions) or modification (contraindications) of the plan of care

**Participation Restrictions**

Identify the most relevant participation restrictions in order of highest to lowest priority for the *patient*

**Participation**: List key difficulties with involvement in life situations or social roles (Examples: participation in job, as a family member or caretaker, or in social events and leisure activities)

**T/M**: List the tests or measures that will be used to identify and assess changes in each participation restriction. Note that these may include self-report, clinical observation, and/or standardized outcome measures

**Activity/Task Limitations**

Identify the activity limitations that are *most likely contributing* to participation restrictions in order of highest to lowest priority

**Activity**: List key contributing difficulties with executing specific tasks or activities by the individual (Examples: sleeping, walking, grooming, climbing stairs, eating)

**T/M**: List the tests or measures that will be used to identify and assess changes in each activity limitation. Note that these may include self-report, clinical observation, and/or standardized outcome measures

**Impact or Intervention:** Identify the primary intervention that will be used to address each activity limitation in the plan of care. If an activity limitation cannot be addressed through remediation, compensation, or prevention, then state how this limitation will impact the patient’s overall prognosis and/or plan of care.

**Impairments in Body Structure & Function**

Identify the impairments in body structure and function that are directly related to the health condition and *most likely contributing* to activity limitations in order of highest to lowest priority (Examples: pain, fatigue, tremor, shortness of breath, range of motion, strength, balance, sensation).

 **Impairment**: List key contributing problems with body structure(s) and/or function(s)

**T/M**: List the tests or measures that will be used to identify and assess changes in each impairment. Note that these may include self-report, clinical observation, and/or standardized outcome measures

**Impact or Intervention:** Identify the primary intervention that will be used to address each impairment in the plan of care. If an impairment cannot be addressed through remediation, compensation, or prevention, then state how this impairment will impact the patient’s overall prognosis and/or plan of care.

**Personal Factors**

Identify factors *intrinsic to the person* that are not directly related to the health condition but are likely to impact the overall prognosis (i.e., personal prognostic indicators) and/or plan of care. These typically include psychological (Examples: depression, dementia) or physical (Examples: age, gender, obesity, secondary health conditions) characteristics and co-morbidities.

**Positive**: List personal factors that are likely to have a positive impact (i.e., increase the rate or extent of recovery) on the prognosis and/or plan of care

**Negative**: List personal factors that are likely to have a negative impact (i.e., reduce the rate or extent of recovery) on the prognosis and/or plan of care

**Impact or Intervention**: Identify the primary intervention that will be used to address each personal factor in the plan of care. If a personal factor cannot be addressed through remediation, compensation, or prevention, then state how this factor will impact the patient’s overall prognosis and/or plan of care.

**Environmental Factors**

Identify factors *extrinsic to the person* that are likely to impact the overall prognosis (i.e., environmental prognostic indicators) and/or plan of care. These typically include characteristics of the physical (Examples: work or sporting equipment, home floor plan), personal (Examples: support from family, friends, or co-workers), or socioeconomic (Examples: cultural expectations, financial resources) environment.

**Positive**: List environmental factors that are likely to have a positive impact (i.e., increase the rate or extent of recovery) on the prognosis and/or plan of care

**Negative**: List environmental factors that are likely to have a negative impact (i.e., reduce the rate or extent of recovery) on the prognosis and/or plan of care

**Impact or Intervention**: Identify the primary intervention that will be used to address each environmental factor in the plan of care. If an environmental factor cannot be addressed through remediation, compensation, or prevention, then state how this factor will impact the patient’s overall prognosis and/or plan of care.

**Intervention Key**

Use this key to identify which of the following objective(s) each intervention in the ICF chart is intended to achieve. Note that a comprehensive plan of care should consider all 3 objectives:

**Remediation** – Reversing or improving (i.e., “fixing”) impairments, activity limitations, or personal/environmental factors that **can be changed** in order to improve participation.

**Compensation** – Altering the environment or task to compensate (e.g. find an alternative strategy) for impairments, activity limitations, or personal factors that **cannot be changed** in order to improve participation.

**Prevention** – Proactively managing anticipated problems that the patient may encounter **in the future** as a result of their current health condition, impairments, activity limitations, and/or personal/environmental factors.

**Exercise Prescription Key**

The American College of Sports Medicine (ACSM) has categorized exercise into the following 4 domains, which each address a unique training objective. Use this key to identify which of the following objective(s) each **exercise** intervention in the ICF chart is intended to achieve.

**Cardiorespiratory** – aerobic exercise prescribed to increase endurance through adaptations in the cardiovascular, respiratory, and metabolic systems

**Resistance** – weighted exercise prescribed to increase muscle/connective tissue strength

**Neuromotor** – motor skill training prescribed to improve functional movement, static postures, balance, agility, and/or coordination through adaptations in the neuromuscular system

**Flexibility** – stretching exercise prescribed to increase joint range of motion through adaptations in muscle/connective tissue compliance and/or length

**EVALUATION**

**Clinical Impression**

Succinctly summarize (1-3 sentences max) the relationship between participation restrictions and major contributing activity limitations, impairments, and/or health conditions that will be addressed in the plan of care. State the prognosis, which must include the type and dosage of skilled physical therapy that will allow the patient to achieve specific outcomes. Avoid vague terminology such as “poor”, “guarded”, “fair”, “good”, and “excellent” when documenting the patient’s prognosis, and be prepared to defend your choice of timeframes and outcomes for recovery.

**Recommended format for Clinical Impression:**

The patient is unable to participate in [insert key participation restrictions] due to limitations in [insert key contributing activity limitations and impairments] secondary to [insert underlying health condition]. The patient will benefit from [insert key interventions from plan of care that will be used to address the identified limitations] for [insert frequency and duration of PT intervention] to achieve [insert key anticipated outcome(s) of treatment].

**Patient-centered participation goals**

List up to four participation restrictions in order of highest to lowest priority **for the patient**. For each participation restriction, develop a corresponding goal that will help improve the patient’s participation. Goals may address the participation restriction directly, or contributing activity limitations and impairments. Each goal must include a specific ***measurable*** ***outcome***, the ***magnitude* of expected improvement** in that outcome and the expected ***time*** required to achieve that outcome.

**PLAN OF CARE**

Identify key activity limitation(s) and/or impairment(s) contributing to each participation restriction listed in the goals. Note that the same activity limitation or impairment may relate to more than one goal, and should only be listed once. A comprehensive plan of care will typically include a combination of interventions that address both activity **and** impairments.

List the primary intervention that will be used to address each of the contributing activity limitations and impairments.

For each intervention, identify the following initial treatment parameters (FITT):

 **F**requency – How often the intervention will occur (typically reported in days/week)

**I**ntensity – Magnitude of the intervention (typically reported in percent of maximum capacity (for weight, range of motion, heart rate, etc.) or perceived effort rating)

**T**ime – Duration of the intervention (typically reported in min/day or week)

 **T**ype – Name of specific intervention or mode of exercise

\*Note that some FITT parameters may not apply to all types of interventions (e.g., patient education). In these cases, write N/A (not applicable).

For each intervention, identify the **outcome measure(s)** that will be used to periodically re-assess the patient’s response to treatment. These are typically the same outcome measures previously identified in patient-centered goals.

For each intervention, identify **the criteria and plan for progression**:

**Criteria for progression** - a measurable level of change in the outcome measure that the patient must achieve before the intervention is progressed to the next level

**Plan for progression** – a change in one or more of the FITT parameters and/or task complexity to progressively increase physical demands on the body necessary to stimulate an adaptive response and achieve the long term goal