

**SEPTEMBER - OCTOBER 2006 ICF CLEARINGHOUSE NEWSLETTER**

(This Newsletter can also be viewed and downloaded from  
[http://www.cdc.gov/nchs/about/otheract/icd9/icfactivities\\_yr06.htm](http://www.cdc.gov/nchs/about/otheract/icd9/icfactivities_yr06.htm))

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- 1) **PROFESSOR JOHN STONE REPORTS PRELIMINARY PLANS FOR JUNE 5-7, 2007 NORTH AMERICAN COLLABORATING CENTER ICF CONFERENCE IN NIAGARA FALLS, NY**

During the regular monthly meeting of the U.S. Interagency Subcommittee on Disability Statistics (ISDS) on September 13, Professor John Stone from the University of Buffalo School of Public Health and Health Professions, who along with other colleagues from the University of Buffalo will serve as our Host for the upcoming 13th annual North American Collaborating Center (NACC) Conference on the ICF, presented preliminary plans for the conference, which will be held June 5-7, 2007 in Niagara Falls, NY. Although not yet formally determined, Dr. Stone mentioned a likely theme for the 2007 ICF Conference will be "Sharing Knowledge Through the ICF: Applying a Common Language."

Moreover, Dr. Stone reported the Planning Committee has invited Steven J. Tingus, M.S., C.Phil., Director of the National Institute on Disability and Rehabilitation Research within the Department of Education, to deliver a keynote address during the ICF Conference. Mr. Tingus also serves as the Chairman of the Interagency Committee on Disability Research, to which the ISDS reports on its activities. As reported previously in this Newsletter, NIDRR has incorporated the ICF into many components of its five-year Strategic Plan which provides guidance among the agency's professional staff and extramural grantees in their federally-sponsored activities. Therefore NIDRR represents an important participant in our collective efforts to implement the ICF more broadly throughout North America.

Dr. Stone also mentioned that plans are underway to present a full one-day tutorial on the ICF as a pre-Conference workshop on June 5; the conventional scientific sessions will be presented on June 6 and 7. Dr. Stone observed that preliminary negotiations had begun with Dr. Armando Vasquez, who serves as the Rehabilitation Regional Advisor for the Pan American Health Organization, on developing a concurrent session related to implementing the ICF in Latin American nations. This would be an important concurrent session for reviewing and aligning our respective ICF implementation efforts throughout the Americas.

Additionally, members of the Planning Committee had agreed to reserve one concurrent session for an extended discussion and review of the forthcoming edition of the Institute of Medicine's (IOM) book entitled Disability in America: A New Look, scheduled for publication in early 2007. That edition will probably incorporate a sizeable volume of material on the ICF, potentially including some suggestions for a prospective revision of the ICF. You can read a preliminary description of the IOM's activities in the revision of Disability in America at this website:  
<http://www8.nationalacademies.org/cp/projectview.aspx?key=HSPX-H-04-05-A>

Dr. Stone mentioned that the Call for Papers would be released shortly. He also reported that the 22-page Executive Summary from the June, 2006 NACC Conference on the ICF, held in Vancouver, had recently been posted on the ICF Conference website, at:  
[http://www.icfconference.com/ICF\\_Conference\\_Program.pdf](http://www.icfconference.com/ICF_Conference_Program.pdf).

The venue for the 2007 ICF Conference will be the Conference Center Niagara Falls, which began operations only in 2005. You can take a Virtual Tour of the new

Conference Center and read a roster of nearby attractions in the Niagara Falls area at this website:

<http://www.conferencecenterniagarafalls.com/Attractions.html>

The Conference Hotel for the NACC ICF Conference hotel will be the Holiday Inn Select Hotel, which is currently undergoing renovation, reopening in early 2007 as a Crowne Plaza Hotel property. You can see a current description of the hotel at this website:

[http://www.niagarafallslive.com/Holiday\\_Inn\\_Select\\_300\\_Third\\_Street\\_Niagara\\_Falls\\_NY.htm](http://www.niagarafallslive.com/Holiday_Inn_Select_300_Third_Street_Niagara_Falls_NY.htm).

The ever-popular Social Event at the ICF Conference will be held on the evening of Wednesday, June 6, 2007. Dr. Stone, Ms. Nancy Wisniewski, and other colleagues at the University of Buffalo and its Center for International Rehabilitation Research Information and Exchange (CIRRIE) have completed a round of site visiting among potential venues for the Social Event in the Niagara Falls area, primarily to review the degree of accessibility for our disabled conferees within each facility. The choice has been made, and it will be a good one: The Top of The Falls Restaurant, literally overlooking Niagara Falls and only a short walk or bus ride from the Conference Hotel. The NACC Planning Committee has also arranged for accessible bus transportation and a musical ensemble for that evening. Please plan on joining us! Here is the website for this outstanding restaurant selection:

<http://www.topofthefallsrestaurant.com/overview.html>

Thank you, Professor Stone and colleagues at the University of Buffalo, for all the hard work you have already invested on behalf of the NACC Planning Committee, in preparing for another successful ICF Conference in 2007. More details about the 2007 Conference will be reported in the forthcoming issues of this ICF Clearinghouse Newsletter.

## **2) . . . AND PLANNING IS ALREADY UNDERWAY FOR THE 2008 NACC CONFERENCE ON THE ICF, TO BE HELD IN QUÉBEC CITY**

Certainly, the 13th annual NACC Conference on the ICF, scheduled for June, 2007 and described above, should be the major topic of interest among subscribers to this ICF Clearinghouse Newsletter.

We also want to inform you that planning is also already underway for the *14th* annual NACC Conference on the ICF, tentatively scheduled for dates during August, *2008*. During 2006 the NACC Planning Committee has become aware of a very special opportunity for our Collaborating Center's ICF conference activities to coincide with the biennial meeting of the important worldwide organization known as Rehabilitation International (RI), whose next meeting in North America will be held in Québec City, Québec in August, 2008. As reported in our July-August, 2006 ICF Clearinghouse Newsletter, RI has already adopted an affirmative, forthright Policy Statement supporting broader application of the ICF, which you can review at this website:

[http://www.rehab-international.org/publications/IRR\\_Dec2005%201-17-06.pdf](http://www.rehab-international.org/publications/IRR_Dec2005%201-17-06.pdf) , specifically at pages 12-14.

Not only is it opportune to begin negotiations about the August, 2008 NACC Conference on the ICF, it is also necessary: Québec City is a popular tourist destination especially during mid-summer, therefore reserving adequate accommodation space and ensuring that our NACC Conference can be hosted in fully-accessible conference and hotel facilities during 2006 makes sense. We want to applaud our colleagues at the Canadian Institute for Health Information for spearheading these planning endeavors!

Preliminary negotiations are underway between the NACC Planning Committee and representatives from RI regarding the optimal dates for the ICF Conference, toward enabling as many conferees from both events to cross-register and attend as much of the interrelated content as possible during the two meetings.

Please continue reading this ICF Clearinghouse Newsletter for more developing details about both the 2007 and 2008 ICF Conferences.

### **3) PORTER AND BURLINGAME PUBLISH RECREATIONAL THERAPY TEXTBOOK BASED ON THE ICF**

Idyll Arbor, Inc., a small publishing house specializing in books and journals for Recreational Therapists, activity professionals, and chemical dependency counselors, has announced their publication of the textbook entitled Recreational Therapy Handbook for Practice: ICF-Based Diagnosis and Treatment (ISBN: 1-882883-53-5). The authors are Heather R. Porter and Joan Burlingame (whose legal name includes only lower-case letters). You can read a description of the new textbook, and view its full Table of Contents, at this website maintained by the publisher:

<http://www.idyllarbor.com/cgi-bin/SoftCart.exe/books/B420.HTM?L+scstore+bvym6789fff6caf6+1161109571>

Later in this ICF Clearinghouse Newsletter, be sure to read our "Spotlight" segment on Heather Porter. In our November, 2005 edition of this Newsletter, we also described an ICF-oriented lecture Ms. Porter delivered among members of the New Jersey – Eastern Pennsylvania Therapeutic Recreation Association during their annual conference last autumn.

This is the first commercially-available book with the all-important acronym "ICF" in the title that is not the ICF itself. This textbook represents a major milestone for both the ICF and the field of Recreational Therapy. Recreational Therapists and their professional associations have already exemplified great leadership in working on ICF applications, both generally and within the intricate details of the therapeutic practices pursued by these professionals. The book is large: it is 784 pages long, but because this book is essentially organized like the ICF, it helps to translate the ICF in relation to Recreational

Therapy, even for readers or practitioners from other clinical professions. It even incorporates the nearly 1,500 ICF codes in its Appendix A!

This textbook is divided into 4 broad sections, focusing respectively on an Introduction to both the textbook and the ICF, 30 Diagnoses commonly addressed by Recreational Therapists including chronic diseases and long-term disabilities, "Treatment and the ICF Model" in which the authors address all the ICF components in their treatment contexts, and "Recreational Therapy Treatment Issues," in which the authors focused on equipment, treatment techniques, and descriptions of ICF-oriented Assessments utilizing instruments familiar to Recreational Therapy practitioners.

Readers of this ICF Clearinghouse Newsletter might recall that we reported in our January-February, 2006 edition that, in October, 2005, the American Therapeutic Recreation Association (ATRA) affirmed its support for the ICF. At that time, ATRA President Bryan McCormick, Ph.D., C.T.R.S., from Indiana University, stated that "Our Association is pleased to endorse the International Classification of Functioning and see it as a valuable tool in our treatment services." Professor McCormick is one of the reviewers named on the jacket for the Recreational Therapy Handbook, and he wrote that "The depth of information is very good and will provide the profession with a good explanation of the relevance of the ICF to RT practice."

Your ICF Clearinghouse Newsletter's editor, Dr. Paul Placek, was honored to author the Foreword in the Porter and Burlingame book. Paul wrote that "This is a handbook for RT clinical application to implement the ICF now. It will standardize communication, research, and therapy in the RT field and allow clearer communication with other disciplines. I salute Heather Porter and Joan Burlingame for this excellent manual. It is a model for other professional groups to follow in their own fields, within the U.S. and internationally." Other reviewers whose comments appear on the book jacket include Jessica Rickard from Magee Rehabilitation Hospital in Philadelphia, Dr. Lynn Bufka from the American Psychological Association, and Professor David Howard from Indiana State University.

#### **4) CONSOLIDATED HEALTH INFORMATICS (CHI) INITIATIVE DISABILITY WORKING GROUP RECOMMENDS ICF AS A "CHI- ENDORSED" VOCABULARY**

After several years of work, on October 11, the Consolidated Health Informatics (CHI) Initiative's Disability Work Group (DWG) delivered to a subcommittee of the National Committee on Vital and Health Statistics (NCVHS) its recommendations related to standardizing the electronic exchange of functioning and disability content in the federal health enterprise, including functional information from patient or client assessments. The Work Group's recommendations were unanimously supported by the Subcommittee on Standards and Security, which reports to the full NCVHS. In turn, the Subcommittee

will transmit these recommendations to the full NCVHS during its November 28-29, 2006 meeting; if approved, the full Committee would transmit such recommendations to the Secretary of Health and Human Services for implementation throughout the Department. These recommendations would provide a substantial boost toward utilizing the ICF every day across populations and in electronic health record systems.

The CHI has been operating under the auspices of the Department of Health and Human Services' (DHHS) Office of the National Coordinator for Health Information Technology, and its activities stem from presidential Executive Orders stipulating that the DHHS, its agencies, and its benefit programs (e.g., Medicare, Medicaid) move rapidly toward eliciting systems in the U.S. in which electronic health records represent the norm, not the exception. During the CHI's deliberations in recent years, the domain of functional assessment and disability had been vexing because, unlike diagnostic information in which fixed, discrete data can be recognized and easily transmitted, data about functional status and disability are usually continuous, fluid, more difficult to ascertain with full accuracy, and represent health conditions that change frequently.

Throughout 2005 and 2006, the CHI's DWG endeavored to craft recommendations related to transmitting functional status data electronically, taking into account the fact that existing vocabularies poorly covered the full extent of the domain. The interagency DWG has been chaired by Laurence Desi, M.D. from the Social Security Administration and Ms. Jennie Harvell from the DHHS Office of the Assistant Secretary for Planning and Evaluation, and included representatives from about a dozen federal agencies, most within the DHHS itself. The degree of collaboration among the members of this interagency working group has been impressive, and our ICF community owes gratitude to these many professionals who contributed their efforts to this important task.

The DWG prepared the following Abstract to describe its overall activities and recommendations:

"To support implementation of a nationwide interoperable HIT [Health Information Technology] infrastructure, federally-required patient/client assessment and other functioning and disability content must be 'exchanged' and 're-used' by providers and the federal government in a standardized way. This[CHI DWG] recommendation supports HIT interoperability by: placing patient/client assessment questions and answers into a LOINC<sup>®</sup>-coded representation; linking assessment questions and answers with 'usefully-related' and exact and synonymous matches to CHI-endorsed vocabulary terms; and using HL7 messages to transmit the patient/client assessment and other functioning and disability content. Endorsing ICF as a CHI standard for the functioning and disability content facilitates (i) inclusion of ICF into the UMLS, (ii) mapping between ICF and SNOMED, (iii) expanding the coded disability content available for use, and (iv) making ICF available for use by the federal partners in standardizing patient assessments and other functioning and disability content. Linking patient/client assessment instruments with

HIT content and messaging standards removes known barriers to interoperability."

("LOINC" is the trademarked acronym for "Logical Observation Identifiers Names and Codes." It is a database and set of standards initially developed for identifying laboratory observations. LOINC has been developed and maintained by the Regenstrief Institute, Inc., a non-profit medical research organization. Since its inception, though, LOINC now includes not only medical and laboratory codes, but also codes for nursing diagnoses and interventions, outcomes classification, and patient-care data sets. "HL7" and "SNOMED" are described below. The "UMLS" is the Unified Medical Language System, designed and operated by the U.S. National Library of Medicine. It is a controlled compendium of many clinically oriented vocabularies, consisting of three main components, of which the "Metathesaurus" is of primary interest in this case. The Metathesaurus manifests broad concepts and then links to specific terms in one or more of the controlled vocabularies within the UMLS. Currently, the ICF is not one of those controlled vocabularies.)

The DWG provided 3 recommendations. The first pertains to LOINC, and specifically recommended collaboratively utilizing the LOINC hierarchy and newly-developed codes that reflect the actual content of both questions and answer sets within widely-used functional assessment instruments, for example the Social Security Administration's physical and mental Residual Functioning Capacity assessment forms, and the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home patients. If this part of the recommendation bears fruit, this means that the assessment forms completed by clinicians and reviewers would be matched in a one-to-one, discrete manner with "LOINC-ified" codes, which in turn would render those data more easily and compatibly matched, stored, and transmitted with the patient's own codified responses.

The second DWG recommendation called for the ICF to be recognized officially as a so-called "CHI-endorsed vocabulary." In the future, only CHI-endorsed vocabularies and transmittal standards would be recognized by the Department's agencies, and probably by many providers and insurers, as the conduits and tools for transmitting electronic health information. Therefore, procuring a "CHI-endorsement" is a necessary first step toward ensuring that any messaging procedure or health-related classification system would be utilized in the future when, presumably, Americans' health data would be transmitted only electronically in a standardized manner.

Specifically, the DWG recommended that federally-required patient or client assessments and other functioning and disability content (principally for clinical and administrative data exchange) should use CHI-endorsed vocabularies for exact and "usefully-related" content matches within the domain of functional assessment and disability.

An alternative CHI-endorsed vocabulary is SNOMED-CT, a commercial product whose acronym stems from "Systematized Nomenclature of Medicine – Clinical Terms." SNOMED-CT is extremely valuable for characterizing clinical or medical conditions,

procedures, and outcomes at a very granular level, including many outcomes related to functional status or disability. On the other hand, because of that sharp degree of discrete, one-to-one codified specificity, SNOMED-CT and similar vocabularies poorly accommodate the special characteristics of fluid, continuous data about disability. Another parallel vocabulary related solely to functional status and disability is needed to complement SNOMED-CT, and fortunately, the Disability Working Group agreed that the ICF could fit that complementary requirement nicely.

In that regard, within an electronic environment, if ICF terms could yield an "exact match" with the terms provided by a patient or clinician in accurately describing their functional status, no other vocabulary or terms would be needed: the ICF code would be transmitted as a representation of a patient's functional status in one or more areas. But in cases in which one or more ICF codes cannot yield an "exact match" with the patient's or provider's original words, a so-called "usefully-related content match" covering the concepts behind those original words but potentially derived from more than one vocabulary might be satisfactorily used and transmitted, according to the DWG. In that situation, "mapped" terms that link ICF codes to the words or concepts embodied in one or more parallel SNOMED-CT (or other endorsed vocabularies) codes would be necessary and could be transmitted. Therefore, more "mapping" and formal "cross-walking" will be required between and among functional assessment instruments (like the Residual Functional Capacity forms) and other CHI-endorsed vocabularies (like SNOMED-CT). This might have the effect of really energizing the "ICF mapping" activities occurring within our North American Collaborating Center, and around the world, which can only be judged to be a very positive outcome.

The third DWG recommendation pertained to the "wrapper" around an electronic datum or stream of data, and the Group focused on the commercial product known as "HL7," for Health Level Seven. "HL7" represents both the computer language product and the non-profit Standards Development Organization known as HL7 which developed and maintains the product. HL7 is a messaging standard for the interfacing of a wide variety of clinical data in most American health systems and facilities, and in many other countries. In a standardized manner, HL7 enables the exchange, integration, sharing and retrieval of electronic health information, including information transmitted in the form of "attachments" or clinical documents which also must be standardized in order to transmit efficiently. The important point is that HL7 is neither the data set nor a representation of it, but rather the "electronic wrapper" around a data set that enables its efficient transmittal. The DWG recommended that HL7 messaging products be adopted for exchanging information about patient assessments and "other standardized functioning and disability content."

There were several conditions associated with the DWG's recommendations, focusing on developing web-based tools for making "usefully-related" matches more efficient and understandable, creating a new knowledge base in the UMLS Metathesaurus that would essentially represent the information on assessment forms and the content matches, and moving toward incorporating the ICF fully into the UMLS, which will require additional negotiations between WHO and the National Library of Medicine.

In due course, the Disability Work Group's full report will be available on the NCVHS web site (<http://www.ncvhs.hhs.gov/>) following the anticipated approval of the Work Group's recommendations by the full NCVHS during its November, 2006 meeting, and its subsequent transmittal to the Secretary of DHHS.

We will keep you posted via this ICF Clearinghouse Newsletter about the next steps involved with the CHI DWG's recommendations. Crossing these important thresholds at this time means that using the ICF electronically might soon be common, and many contributors deserve commendations for moving us collectively closer toward that goal.

5) **WANTED: YOUR COMMENTS ON THE ICF COMMUNITY OF PRACTICE AT <http://cirrie.buffalo.edu/icf/cop/>**

On September 13, during his presentation to the Interagency Subcommittee on Disability Statistics entitled: "Update on ICF Community of Practice and Upcoming ICF Events," Professor John Stone from the University of Buffalo gave a brief update on the ICF Community of Practice (COP), which had been established earlier in 2006.

Participating in the COP is easy. Just click on <http://cirrie.buffalo.edu/icf/cop/>, register, and begin reading and commenting on topics of interest to you.

These are just a few of the current message threads:

- a) **Clinical applications with ICF-based assessment tools**, posted by Lise Poissant of University of Montreal.
- b) **Use of technology in processing electronic health records** including auto-coding technologies and other algorithms, posted by Carl Granger of the University at Buffalo.
- c) **Education:** Harry Feliciano of Palmetto GBA asked how can we best support the collection of ICF information while describing the intervening variables between "disease/injury" and "functioning."
- d) **Policy:** Corinne Kirchner of the American Foundation for the Blind raised three questions for discussion on mobility issues for visually -impaired persons, assistive mobility technology, and environmental descriptors at a neighborhood level.
- e) **Assistive Technology:** Marcia Scherer of the University of Rochester Medical Center asked: (1) How does the current ICF conceptualization of

AT fit with your perspective, and your experiences? and (2) How can we best address the importance of AT to the ICF components?

Professor Stone reported that there have been many viewings but surprisingly fewer postings of comments. There are currently 20 message threads that can accommodate responses, and a new threaded discussion will be soon be added related to the Porter and Burlingame Recreational Therapy textbook described above in this edition of the ICF Clearinghouse Newsletter. Dr. Paul Placek serves as the Moderator for the threaded discussions, therefore you can contact Paul if you would like to start a new topic thread (E-Mail address: [pjplacek@verizon.net](mailto:pjplacek@verizon.net)).

Pertinently, John added: "There are still other threads. Be sure to respond on the website, not directly to the experts, so that we can let everyone see your comments".

Contact John (E-Mail address: [jstone@buffalo.edu](mailto:jstone@buffalo.edu)) at the Center for International Rehabilitation Research Information and Exchange (CIRRIE) with your suggestions for expanding the COP and adapting it to your professional needs!

## 6) A NEW ICF-ORIENTED WEBSITE: [WWW.CARTUK.ORG](http://WWW.CARTUK.ORG)

Established by the British Center of Assistive and Rehabilitation Technology (CART-UK) in Southampton, England, this interesting website is worth a visit. It presents a rich repository of information and a large number of hypertext links to many other ICF documents from around the world. The CART-UK vision is described within the website as "To see people, with disability and otherwise, enjoying their lives in harmony to their full potential using Assistive and Rehabilitative Technologies."

The website is operated under the direction of Dr. M. A. Pasha, a computer scientist and CART Director, formerly of the University of the Punjab, in Lahore, Pakistan. Dr. Shaeen Pasha, a Special Education professor, is the CART-UK co-director, and she conducts the "ICF Global Awareness Campaign" whose goal is "to make the [ICF] a common language for health and disability."

The website went "live" on August 1, 2006 and has had hundreds of hits during its first few months of operations. It adheres to the WHO definition of disability, and provides links to CART-UK's ICF brochure, poster, and many documents that we suggest make good reading for ICF professionals.

For example, the Center's "ICF Global Awareness Campaign" bears the title "ICF: A Common Language for a Bright Future." Their description partially states that "CART-UK believes this campaign will bring a radical change globally and help people to use ICF at all levels."

Another interesting paper is entitled "WHO-ICF and [the] Current State of Affairs," which focuses on expanded implementation of the ICF coding structure rather than only its conceptual framework.

There also is a hypertext link to an online forum about the ICF conducted by the World Confederation for Physical Therapy (WCPT) on its own website, with an initial set of interesting posts by Ms. Catherine Sykes of the Australian Collaborating Centre. That WCPT forum is similar to the threaded discussions within the new ICF "Community of Practice" established in North America, with a specific focus on Physical Therapists and their professional practice, but dedicated to expanding the utilization of ICF in many professions and throughout the world. The CART-UK hypertext link leads to the WCPT Forums at this page maintained by the WCPT:  
<http://www.wcpt.org/smfforum/index.php/board,49.0.html>

Enjoy visiting the new CART-UK website!

## 7) **IN THE LITERATURE: "USE OF THE ICF IN IDENTIFYING FACTORS THAT IMPACT PARTICIPATION"**

The journals are alive with the sound of ICF music! Articles featuring or utilizing the ICF now appear frequently in medical and social science journals, and keeping abreast of all the new developments can be challenging. We try to bring you short updates on the ICF literature periodically within this ICF Clearinghouse Newsletter, and in this edition, we're pleased to focus on a recent publication by Professor James Rimmer from the University of Illinois at Chicago, Department of Disability and Human Development.

Jim's article is entitled "Use of the ICF in identifying factors that impact participation in physical activity/rehabilitation among people with disabilities." It was just published as a Clinical Commentary in the September edition of the popular journal *Disability and Rehabilitation* [2006; 28(17):1087-1095.]

Professor Rimmer's expertise in these topics has been developed during his long academic career investigating the relationships between health promotion interventions and the degree of successful, quantifiable outcomes among persons with disabilities who have been not only encouraged, but also enabled, to participate in regular aerobic exercise activities.

For example, Jim's Commentary includes a table with three columns, the first of which describes a set of ICF-oriented Activities according to their ICF Chapter number. The second column lists a variety of Activity Limitations that could be associated with the named Activity. Thus, the Activity of "learning and applying knowledge" (Chapter 1 in the Activities and Participation domain) can be associated with the Activity Limitation

referred to as "Difficulty learning new exercise routines, as in Alzheimer's disease." The third column provides a set of "Exercise Solutions" for those persons with such an Activity Limitation, such as "Limit the number of new exercise routines. Break exercise routines into small steps." In this depiction, there is a direct, virtually linear approach to linking an ICF-oriented Activity, its associated Activity Limitations, and a specific exercise regimen or therapeutic approach that addresses those limitations.

Additionally, Professor Rimmer focused on Environmental Factors and Personal Factors as *predictors* of the types of interventions that could yield successful behavioral or somatic changes. For example, for an illustrative woman with multiple sclerosis, Rimmer identified "climate" and "accessible fitness center" as relevant Environmental Factors, and "female" and "55 years old" as relevant Personal Factors. Stemming from each would be a set of specific exercise modifications, such as "Home exercises during inclement weather," and "Sensitive about body image --- provide private dressing area in locker room." Similarly, on a case-by-case basis as well as among populations, a long roster of environmental modifications exists in and around pool areas that could induce more activity-limited persons to engage in swimming and enjoy its aerobic benefits, such as "Monitor water temperature prior to entry (72 degrees F)."

We commend Jim for this outstanding contribution to the ICF literature, and recommend it for your reading enjoyment!

#### **8) DR. BOB JAEGER DEPARTS NIDRR FOR THE NATIONAL SCIENCE FOUNDATION**

On September 1, after nine years of service on behalf of the National Institute on Disability Rehabilitation and Research (NIDRR), Dr. Robert Jaeger began a new position as Program Director at the National Science Foundation (NSF) in Washington, D.C. His new E-Mail address is [RJaeger@nsf.gov](mailto:RJaeger@nsf.gov).

Readers of this ICF Clearinghouse Newsletter will recall that Bob had served as Executive Secretary to the federal Interagency Committee for Disability Research (ICDR), which is chaired by NIDRR Director Steven J. Tingus. Bob was instrumental in procuring substantial funding support for the ICDR's activities, including sponsoring various ICF-oriented meetings and for promoting the President's New Freedom Initiative in a manner consistent with the ICF conceptual framework. Bob is well versed in the "nuts and bolts" of the ICF, and exhibits an expansive knowledge about disability science and policy. Fortunately for those of us in the ICF community throughout North America, he expects to continue to work on disability and rehabilitative technology and engineering issues in his new position at NSF.

On October 2, NIDRR Director Tingus appointed Dr. Constance Pledger to serve as the Executive Secretary to the ICDR. In his appointment memorandum, Mr. Tingus wrote

that "Dr. Pledger has more than 20 years of experience in the public and private sector working on disability, rehabilitation, health concerns, and special needs population issues, including volunteer work." We welcome Dr. Pledger to this important appointment, and continue to thank Dr. Jaeger for his many contributions not only to the disability and rehabilitation research fields generally, but also our ICF community specifically.

## **9) NEW FREEDOM INITIATIVE ICF SUBCOMMITTEE LEARNS OF HRSA AND AUCD INTERESTS IN ICF**

On August 24, 2006, the ICDR's Subcommittee on the New Freedom Initiative, which also incorporates its Subcommittee on the ICF, held a special meeting in Washington to learn more about opportunities for broader interagency cooperation in implementing ICF. The New Freedom Initiative Subcommittee is chaired by Dr. Margaret Giannini, Director of the Office on Disability within the Department of Health and Human Services (DHHS), and Dr. Art Sherwood from NIDRR. Dr. Giannini chairs the ICF Subcommittee, and Dr. Paul Placek serves as a facilitator.

During the August 24 meeting, the ICF Subcommittee received several reports about the ICF and how it either is or can be utilized in government activities. About 20 persons from various DHHS agencies participated. Dr. George Jesien, Executive Director of the Association of University Centers on Disabilities (AUCD), also attended (E-Mail address: [gjesien@aucd.org](mailto:gjesien@aucd.org)). George recapped findings of AUCD's needs assessment survey related to the ICF; and also reported on the organizational structure of AUCD ([www.aucd.org](http://www.aucd.org)). In describing some of the Association's programs and their potential relationships to the ICF, Dr. Jesien referred to an array of opportunities, some large, others small. Those programs include the University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD), and the Leadership Education in Neurodevelopment and Related Disabilities (LEND) program, primarily funded by the DHHS Health Resources and Services Administration (HRSA).

Ms. Bonnie Strickland from HRSA (E-Mail address: [BStrickland@hrsa.gov](mailto:BStrickland@hrsa.gov)) recapped two recent HRSA-sponsored ICF training sessions. She also pointed out that ICF-compatible terms were used in the second round of its primary survey for determining the health of America's children with disabilities, the National Survey on Children with Special Health Care Needs, which HRSA conducts in partnership with the National Center for Health Statistics.

During the meeting, a dozen other participants gave brief updates or observations about the ICF and its potential applications. Dr. Giannini expressed her goal in which federal agencies would engage in specific partnerships for exchanging ideas about utilizing the ICF more frequently.

Dialogue will continue among these participants, and we will report future developments in this ICF Clearinghouse Newsletter. In the meantime, we want to express appreciation to Dr. Giannini, her deputy Ms. Eileen Elias, and their summer intern Ms. Jackie Webel from the Washington University Program in Occupational Therapy, for their abundant assistance in conducting this important meeting.

#### **10) REED AND STARK CONDUCT A 6-HOUR ICF WORKSHOP AT ACRM/ASNR JOINT MEETING IN BOSTON**

Dr. Geoffrey Reed (E-Mail addresses: [GMReed@apa.org](mailto:GMReed@apa.org) and [GMReed@mac.com](mailto:GMReed@mac.com)) and Professor Susan Stark (E-Mail address: [starksu@msnotes.wustl.edu](mailto:starksu@msnotes.wustl.edu)) served as instructors for a 6-hour ICF workshop on October 1, during the joint conference of the American Congress of Rehabilitation Medicine (ACRM) and the American Society of Neurorehabilitation (ASNR) in Boston. Professor John Stone from the University of Buffalo also attended the course, and reported that it had been thorough and challenging for the students --- mainly physicians --- who were able to attend.

The course identified conceptual origins of the ICF, reviewed the basic mechanism for coding clinical encounters, investigated conceptual issues that can hinder ICF utilization by clinicians, described the American Psychological Association's Procedural Manual and Guide for a Standardized Application of the ICF, and applied ICF codes to clinical case examples using both the ICF and the APA Manual. Reed and Stark also reported on their use of a new clinical coding video, currently under development.

We want to express thanks not only to Drs. Reed and Stark for conducting this valuable training program and developing others like it for presentation in the future, but also Professor Stone and CIRRIE for their roles in sponsoring the presentation of the ACRM/ANSR course. This ICF training activity and others like it are part of the CIRRIE scope of work under its agreements with NIDRR.

A description of the course content can be viewed on this website, on page 14 of the conference program document:  
<http://www.acrm.org/conference/Prelim%20Prog%202006%20web.pdf>.

#### **11) LET OTHERS KNOW ABOUT YOUR ICF ACTIVITIES**

Readers of this ICF Clearinghouse Newsletter are the best source for items that we report on for everyone's benefit. Please continue to share information about your ICF-oriented activities or programs with our Editor, Dr. Paul Placek.

Send news of your ICF activities to:  
Paul J. Placek, Ph.D.  
103 Big Holly Court  
Stevensville, MD 21666-3333  
Phone: (410) 643-2817  
E-Mail: [PJPLACEK@VERIZON.NET](mailto:PJPLACEK@VERIZON.NET)

We'll put it into the ICF Clearinghouse Newsletter to share it with our more than 900 subscribers. Remember that all previous ICF Clearinghouse Newsletters published since 2002 are archived on this website maintained by the National Center for Health Statistics: <http://www.cdc.gov/nchs/about/otheract/icd9/icfhome.htm>

## 12) SPOTLIGHT ON HEATHER PORTER

In each Clearinghouse message, we try to “Spotlight “someone who has made a difference with ICF. This month’s nominee is Heather R. Porter, CTRS, MS.

As noted in the earlier entry in this ICF Clearinghouse Newsletter, Heather is named as the first author of the first book about the ICF, which is not the ICF itself! The book is entitled Recreational Therapy Handbook of Practice: ICF-Based Diagnosis and Treatment, published in September, 2006 by Idyll Arbor, Inc. Heather's co-author is Joan Burlingame.

Heather has served as an Adjunct Instructor within the College of Health Professions, Department of Therapeutic Recreation, at Temple University in Philadelphia for the past six years. Heather has over 14 years of clinical recreational therapy experience in physical rehabilitation. She earned two bachelor degrees (therapeutic recreation and sport and recreation management), a Master's degree in counseling psychology with a certificate in marriage and family therapy, and is currently completing her Ph.D. in Health Studies. Heather serves as a field reviewer for the *Therapeutic Recreation Journal*, has spoken at national conferences, and serves on various professional committees, including the American Therapeutic Recreation Association’s ICF Committee.

In May, 2005, Porter and Burlingame presented a 3-hour ICF workshop about applications of the ICF in recreational therapy practice, in Ocean City, Maryland. In early November, 2006, Heather will present a similar course on applications of the ICF to recreational therapy practice at the New Jersey/Eastern Pennsylvania Therapeutic Recreation Association’s Fall Conference in Princeton, New Jersey.

Heather Porter's contact information is as follows:  
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Philadelphia, PA 19152

Phone: (215) 722-6292  
E-Mail: [HRPorter4@yahoo.com](mailto:HRPorter4@yahoo.com).

A nice photograph of Heather accompanies this "Spotlight." Thank you, Heather, for all your contributions to our ICF community, and please keep them coming!