

ICF-Based Practice Guidelines for Common Musculoskeletal Conditions

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In this issue of the *Journal of Orthopaedic & Sports Physical Therapy* you will find the first of a series of evidence-based practice guidelines that are being developed using the International Classification of Functioning, Disability, and Health (ICF) as the basis for describing and classifying care provided by physical therapists to patients with a variety of musculoskeletal conditions. The Orthopaedic Section of the American Physical Therapy Association began the process to develop these practice guidelines in 2006.

In creating these evidence-based practice guidelines, the Orthopaedic Section adopted the ICF model of functioning and disability, which was developed in 2001 by the World Health Organization (WHO). The ICF is a companion to the WHO's International Statistical Classification of Diseases and Related Health Problems (ICD), which forms the basis for coding and classifying medical conditions in the United States and throughout the world. As a companion to the ICD, the ICF provides a basis for classifying and coding human functioning. The aims of the ICF are to...

- Provide a scientific basis for consequences of health conditions
- Establish a common language to improve communications among health care providers
- Permit comparison of data across

countries, health care disciplines, services, and time

- Provide a systematic coding scheme for health information systems

The ICF is a universal, interactive, and integrative model for describing human functioning. It is intended to improve upon previous WHO models for classifying disablement. The ICF intends to capture the interaction of body structure and function (impairments) with activities (limitations) and participation (restrictions) in the context of an individual's environmental and personal factors and health condition.

The body functions that are described in the ICF include...

- Mental functions
- Sensory functions and pain
- Voice and speech functions
- Functions of the cardiovascular, he-

matological, 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

The associated body structures that are described in the ICF include...

- Structures of the nervous system
- The eye, ear, and related structures
- Structures involved in voice and speech
- Structures of the cardiovascular, immunological, and respiratory systems
- Structures related to the digestive, metabolic, and endocrine systems
- Structures related to the genitourinary and reproductive systems
- Structures related to movement
- Skin and related structures

The practice guidelines being developed by the Orthopaedic Section will focus primarily on the structures related to movement and the neuromusculoskeletal and movement-related functions and sensory functions and pain categories within the ICF. These body structures and body

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functions will be linked with their associated health conditions from the ICD.

For example, the Heel Pain-Plantar Fasciitis Guidelines, published in this issue of *JOSPT*, link the ICF body structures (Ligaments and fascia of ankle and foot, and Neural structures of lower leg) and the ICF body functions (Pain in lower limb, and Radiating pain in a segment or region) with the ICD health condition (Plantar fascia fibromatosis/Plantar fasciitis). Furthermore, the impairments in body structure and function are linked to activity limitations and participation restrictions experienced by the individual.

The purpose of these practice guidelines is to describe evidence-based orthopaedic physical therapy clinical practice and provide recommendations for (1) examination and diagnostic classification based on body functions and body structures, activity limitations, and participation restrictions, (2) prognosis, (3) interventions provided by physical therapists, and (4) assessment of outcome for common musculoskeletal disorders.

The Orthopaedic Section plans to publish 4 to 5 evidence-based practice guidelines each year in *JOSPT* over the next 4 years. These guidelines will cover the most common musculoskeletal conditions treated by physical therapists. For example, look for the practice guidelines for the following conditions in future issues of *JOSPT*:

- Neck Pain: Cervicalgia, Cervical Sprains and Strains, and Radiculopathy
- Hip Mobility Impairments: Coxarthrosis
- Shoulder Mobility Impairments: Adhesive Capsulitis
- Shoulder Muscle Power Impairments: Rotator Cuff Syndrome
- Shoulder Movement Coordination Impairments: Shoulder Ligament Sprain
- Ankle and Foot Muscle Power Impairments: Achilles Tendinitis
- Ankle and Foot Muscle Coordination Impairments: Ankle Ligament Sprain

- Low Back Pain: Lumbago, Lumbar Sprains and Strains, and Sciatica

Each evidence-based practice guideline will provide recommendations on procedures for examination, diagnosis/classification, intervention, and methods to assess outcomes for the condition. The strength of the recommendations will be based on the level of evidence in the peer-reviewed scientific literature related to the conditions. The practice guidelines will be considered for review and revision every 5 years; or sooner if substantial new evidence becomes available. Any updates to the guidelines in the interim period will be noted on the Orthopaedic Section website (www.orthopt.org).

It is believed that publication of these clinical guidelines will help advance orthopaedic physical therapy practice and could be used to guide professional and postprofessional education, and to establish an agenda for future clinical research. We welcome your feedback on these guidelines. ●