

## Use Case 1 (A. Rauch)

# APPLYING THE ICF CORE SET FOR PATIENTS WITH MUSCULOSKELETAL CONDITIONS FOR ACUTE CARE

## Documentation Form (Comprehensive Version)

ICF categories marked in dark grey belong to the Generic Set and are included in all documentation forms

∞ Category from the Generic Set not included in the ICF Core Set for Musculoskeletal Conditions for Acute Care

\* Category selected from the ICF Core Set for Chronic Ischaemic Heart Disease

<b>BODY FUNCTIONS</b> = physiological functions of body systems (including psychological functions)  <i>How much impairment does the person have in...</i>		No impairment	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	Not specified	Not applicable
<b>b110</b>	<b>Consciousness functions</b>	0	1	2	3	4	8	9
	<b>General mental functions of the state of awareness and alertness, including the clarity and continuity of the wakeful state.</b> <i>Inclusions: functions of the state, continuity and quality of consciousness; loss of consciousness, coma, vegetative states, fugues, trance states, possession states, drug-induced altered consciousness, delirium, stupor</i> <i>Exclusions: orientation functions (b114); energy and drive functions (b130); sleep functions (b134)</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b> <i>Completely conscious</i>							
<b>b130</b>	<b>Energy and drive functions</b>	0	1	2	3	4	8	9
	<b>General mental functions of physiological and psychological mechanisms that cause the individual to move towards satisfying specific needs and general goals in a persistent manner.</b> <i>Inclusions: functions of energy level, motivation, appetite, craving (including craving for substances that can be abused) and impulse control</i> <i>Exclusions: consciousness functions (b110); temperament and personality functions (b126); sleep functions (b134); psychomotor functions (b147); emotional functions (b152)</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b> <i>Has a lot of energy and motivation to participate in treatment and therapy, is performing exercises on his own.</i>							
<b>b134</b>	<b>Sleep functions</b>	0	1	2	3	4	8	9
	<b>General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes.</b> <i>Inclusions: functions of amount of sleeping, and onset, maintenance and quality of sleep; functions involving the sleep cycle, such as in insomnia, hypersomnia and narcolepsy</i> <i>Exclusions: consciousness functions (b110); energy and drive functions (b130); attention functions (b140); psychomotor functions (b147)</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b> <i>Is not able to sleep continuously at night since he is not tired</i>							
<b>b152</b>	<b>Emotional functions</b>	0	1	2	3	4	8	9
	<b>Specific mental functions related to the feeling and affective components of the processes of the mind.</b> <i>Inclusions: functions of appropriateness of emotion, regulation and range of emotion; affect; sadness, happiness, love, fear, anger, hate, tension, anxiety, joy, sorrow; lability of emotion; flattening of affect</i> <i>Exclusions: temperament and personality functions (b126); energy and drive functions (b130)</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b> <i>Is coping with his actual health condition appropriately, no abnormal sadness or emotional instability</i>							

<b>b180</b>	<b>Experience of self and time functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Specific mental functions related to the awareness of one's identity, one's body, one's position in the reality of one's environment and of time.</b> <i>Inclusions: functions of experience of self, body image and time</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b> <i>Has sometimes (rarely) phantom pain in the right lower leg</i>							
<b>b260</b>	<b>Proprioceptive functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Sensory functions of sensing the relative position of body parts.</b> <i>Inclusions: functions of statesthesia and kinaesthesia</i> <i>Exclusions: vestibular functions (b235); sensations related to muscles and movement functions (b780)</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b> <i>Able to sense joint position in the left leg</i>							
<b>b280</b>	<b>Sensation of pain</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Sensation of unpleasant feeling indicating potential or actual damage to some body structure.</b> <i>Inclusions: sensations of generalized or localized pain in one or more body part, pain in a dermatome, stabbing pain, burning pain, dull pain, aching pain; impairments such as myalgia, analgesia and hyperalgesia</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b> <i>Visual Analog Scale (VAS, 0-10): 2 in rest and movement; Pain is located in wound area</i>							
<b>b410<sup>+</sup></b>	<b>Heart functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of pumping the blood in adequate or required amounts and pressure throughout the body.</b> <i>Inclusions: functions of heart rate, rhythm and output; contraction force of ventricular muscles; functions of heart valves; pumping the blood through the pulmonary circuit; dynamics of circulation to the heart; impairments such as tachycardia, bradycardia and irregular heart beat and as in heart failure, cardiomyopathy, myocarditis and coronary insufficiency, Exclusions: blood vessel functions (b415); blood pressure functions (b420); exercise tolerance functions (b455)</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b> <i>Insufficiency of artificial aortic and mitral valves (grade 1)</i>							
<b>b415</b>	<b>Blood vessel functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of transporting blood throughout the body.</b> <i>Inclusions: functions of arteries, capillaries and veins; vasomotor function; functions of pulmonary arteries, capillaries and veins; functions of valves of veins; impairments such as in blockage or constriction of arteries; atherosclerosis, arteriosclerosis, thromboembolism and varicose veins</i> <i>Exclusions: heart functions (b410); blood pressure functions (b420); haematological system functions (b430); exercise tolerance functions (b455)</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input checked="" type="checkbox"/> Technical investigation <b>Description of the problem:</b> <i>Complains of pain in the left lower leg when walking, pain disappears when resting; Ultrasonic pulsed Doppler analysis: Reduced blood circulation in the lower leg.</i>							
<b>b420<sup>+</sup></b>	<b>Blood pressure functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of maintaining the pressure of blood within the arteries.</b> <i>Inclusions: functions of maintenance of blood pressure; increased and decreased blood pressure; impairments such as in hypotension, hypertension and postural hypotension</i> <i>Exclusions: heart functions (b410); blood vessel functions (b415); exercise tolerance functions (b455)</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b> <i>Blood pressure measure: 160/90 in rest, Hypertension</i>							
<b>b440</b>	<b>Respiration functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Functions of inhaling air into the lungs, the exchange of gases between air and blood, and exhaling air.</b> <i>Inclusions: functions of respiration rate, rhythm and depth; impairments such as apnoea, hyperventilation, irregular respiration, paradoxical respiration and bronchial spasm and as in pulmonary emphysema.</i> <i>Exclusions: respiratory muscle functions (b445); additional respiratory functions (b450); exercise tolerance functions (b455)</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b> <i>Respiration rate: 14/min, normal rhythm and movement, no secretion or other abnormally</i>							

<b>b445</b>	<b>Exercise tolerance functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>																		
<b>Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion.</b> <i>Inclusions: functions of physical endurance, aerobic capacity, stamina and fatigability</i> <i>Exclusions: functions of the cardiovascular system (b410-b429); haematological system functions (b430); respiration functions (b440); respiratory muscle functions (b445); additional respiratory functions (b450)</i>																										
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation																										
<b>Description of the problem:</b> <i>Inspection: Normal respiratory movements, deep breathing and coughing possible</i>																										
<b>b525</b>	<b>Defecation functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>																		
<b>Functions of elimination of wastes and undigested food as faeces and related functions.</b> <i>Inclusions: functions of elimination, faecal consistency, frequency of defecation; faecal continence, flatulence; impairments such as constipation, diarrhoea, watery stool and anal sphincter incompetence or incontinence</i> <i>Exclusions: digestive functions (b515); assimilation functions (b520); sensations associated with the digestive system (b535)</i>																										
<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation																										
<b>Description of the problem: -</b>																										
<b>b620</b>	<b>Urination functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>																		
<b>Functions of discharge of urine from the urinary bladder.</b> <i>Inclusions: functions of urination, frequency of urination, urinary continence; impairments such as in stress, urge, reflex, overflow, continuous incontinence, dribbling, automatic bladder, polyuria, urinary retention and urinary urgency</i> <i>Exclusions: urinary excretory functions (b610); sensations associated with urinary functions (b630)</i>																										
<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation																										
<b>Description of the problem: -</b>																										
<b>b710</b>	<b>Mobility of joint functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>																		
<b>Functions of the range and ease of movement of a joint.</b> <i>Inclusions: functions of mobility of single or several joints, vertebral, shoulder, elbow, wrist, hip, knee, ankle, small joints of hands and feet; mobility of joints generalized; impairments such as in hypermobility of joints, frozen joints, frozen shoulder, arthritis</i> <i>Exclusions: stability of joint functions (b715); control of voluntary movement functions (b760)</i>																										
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation																										
<b>Description of the problem:</b> <i>Measurement of joint mobility with goniometer:</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">left</th> <th style="text-align: center;">right</th> </tr> </thead> <tbody> <tr> <td><i>Hip joint Abd-Add</i></td> <td style="text-align: center;">40 - 0 - 20</td> <td style="text-align: center;">20 - 0 - 20</td> </tr> <tr> <td><i>Hip joint Ext-Flex</i></td> <td style="text-align: center;">0 - 0 - 110</td> <td style="text-align: center;">0 - 0 - 70</td> </tr> </tbody> </table>										left	right	<i>Hip joint Abd-Add</i>	40 - 0 - 20	20 - 0 - 20	<i>Hip joint Ext-Flex</i>	0 - 0 - 110	0 - 0 - 70									
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<b>b715</b>	<b>Stability of joint functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>																		
<b>Functions of the maintenance of structural integrity of the joints.</b> <i>Inclusions: functions of the stability of a single joint, several joints, and joints generalized; impairments such as in unstable shoulder joint, dislocation of a joint, dislocation of shoulder and hip</i> <i>Exclusion: mobility of joint functions (b710)</i>																										
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation																										
<b>Description of the problem:</b> <i>No need for measurement of joint stability</i>																										
<b>b730</b>	<b>Muscle power functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>																		
<b>Functions related to the force generated by the contraction of a muscle or muscle groups.</b> <i>Inclusions: functions associated with the power of specific muscles and muscle groups, muscles of one limb, one side of the body, the lower half of the body, all limbs, the trunk and the body as a whole; impairments such as weakness of small muscles in feet and hands, muscle paresis, muscle paralysis, monoplegia, hemiplegia, paraplegia, quadriplegia and akinetic mutism</i> <i>Exclusions: functions of structures adjoining the eye (b215); muscle tone functions (b735); muscle endurance functions (b740)</i>																										
<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation																										
<b>Description of the problem:</b> <i>Manual muscle testing:</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">left</th> <th style="text-align: center;">right</th> </tr> </thead> <tbody> <tr> <td><b>M. Iliopsoas</b></td> <td style="text-align: center;"><b>5</b></td> <td style="text-align: center;"><b>3</b></td> </tr> <tr> <td><b>M. gluteus maximus</b></td> <td style="text-align: center;"><b>4</b></td> <td style="text-align: center;"><b>3</b></td> </tr> <tr> <td><b>Mm. glutei med./min.</b></td> <td style="text-align: center;"><b>3</b></td> <td style="text-align: center;"><b>2</b></td> </tr> <tr> <td><b>Mm. ischiocrurale</b></td> <td style="text-align: center;"><b>4</b></td> <td style="text-align: center;">-</td> </tr> <tr> <td><b>M. quadriceps</b></td> <td style="text-align: center;"><b>4</b></td> <td style="text-align: center;">-</td> </tr> </tbody> </table>										left	right	<b>M. Iliopsoas</b>	<b>5</b>	<b>3</b>	<b>M. gluteus maximus</b>	<b>4</b>	<b>3</b>	<b>Mm. glutei med./min.</b>	<b>3</b>	<b>2</b>	<b>Mm. ischiocrurale</b>	<b>4</b>	-	<b>M. quadriceps</b>	<b>4</b>	-
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<b>M. quadriceps</b>	<b>4</b>	-																								

<b>b735</b>	<b>Muscle tone functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions related to the tension present in the resting muscles and the resistance offered when trying to move the muscles passively.</b>  <i>Inclusions: functions associated with the tension of isolated muscles and muscle groups, muscles of one limb, one side of the body and the lower half of the body, muscles of all limbs, muscles of the trunk, and all muscles of the body; impairments such as hypotonia, hypertonia and muscle spasticity</i>  <i>Exclusions: muscle power functions (</i></p>							
	<p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input checked="" type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p>							
	<p><b>Description of the problem:</b>  <i>Test of muscle elasticity: Increased muscle tone in Mm. adductors (right); Mm. ischiocrurale, Mm. adductors and M. tricipes surae (left)</i></p>							
<b>b820</b>	<b>Repair functions of the skin</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p><b>Functions of the skin for repairing breaks and other damage to the skin.</b>  <i>Inclusions: functions of scab formation, healing, scarring; bruising and keloid formation</i>  <i>Exclusions: protective functions of the skin (b810); other functions of the skin (b830)</i></p>							
	<p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input checked="" type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p>							
	<p><b>Description of the problem:</b>  <i>Inspection: Wound still wet, scarring delayed</i></p>							

<b>BODY STRUCTURES</b> = anatomical parts of the body such as organs, limbs and their components  <i>How much impairment does the person have in the...</i>			No impairment	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	Not specified	Not applicable			
s410	Structure of cardiovascular system	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input checked="" type="checkbox"/> Technical investigation												
<b>Description of the problem:</b> <i>Vascular impairments in the heart and lower legs. Artificial aortic and mitral valves.</i>												
s430	Structure of respiratory system	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the problem: -</b>												
s710	Structure of head and neck region	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the problem: -</b>												
s720	Structure of shoulder region	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the problem: -</b>												
s730	Structure of upper extremity	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the problem: -</b>												
s740	Structure of pelvic region	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the problem: -</b>												
s750	Structure of lower extremity	Extent	0	1	2	3	4	8	9			
		Nature*	0	1	2	3	4	5	6	7	8	9
		Location**	0	1	2	3	4	5	6	7	8	9
<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation												
<b>Description of the problem:</b> <i>Femoral amputation above knee joint (right)</i>												

<b>s760</b>	<b>Structure of trunk</b>	<b>Extent</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>			
		<b>Nature*</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
		<b>Location**</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
	<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	<b>Description of the problem: -</b>											
<b>s810</b>	<b>Structure of areas of skin</b>	<b>Extent</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>			
		<b>Nature*</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
		<b>Location**</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
	<b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation											
	<b>Description of the problem:</b>											
	<i>Inspection: Wound due to amputation not healed yet.</i>											

\* Rating of the *nature of the impairment* in body structures: 0 = no change in structure, 1 = total absence, 2 = partial absence, 3 = additional part, 4 = aberrant dimension, 5 = discontinuity, 6 = deviating position, 7 = qualitative changes in structure, 8 = not specified, 9 = not applicable

\*\* Rating of the *location of the impairment* in body structures: 0 = more than one region, 1 = right, 2 = left, 3 = both sides, 4 = front, 5 = back, 6 = proximal, 7 = distal, 8 = not specified, 9 = not applicable

ACTIVITIES AND PARTICIPATION			No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Complete difficulty	Not specified	Not applicable
= execution of a task or action by an individual and involvement in a life situation  <b>How much difficulty does the person have in the...</b> <b>P = performance of...</b> <b>C = capacity in...</b>									
d230 <sup>∞</sup>	Carrying out daily routine	P 0 1 2 3 4 8 9 C 0 1 2 3 4 8 9							
Carrying out simple or complex and coordinated actions in order to plan, manage and complete the requirements of day-to-day procedures or duties, such as budgeting time and making plans for separate activities throughout the day. <i>Inclusions: managing and completing the daily routine; managing one's own activity level</i> <i>Exclusion: undertaking multiple tasks (d220)</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem</b> P: - C: -									
d240	Handling stress and other psychological demands	P 0 1 2 3 4 8 9 C 0 1 2 3 4 8 9							
Carrying out simple or complex and coordinated actions to manage and control the psychological demands required to carry out tasks demanding significant responsibilities and involving stress, distraction, or crises, such as driving a vehicle during heavy traffic or taking care of many children. <i>Inclusions: handling responsibilities; handling stress and crisis</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem</b> P: - C: -									
d410	Changing basic body position	P 0 1 2 3 4 8 9 C 0 1 2 3 4 8 9							
Getting into and out of a body position and moving from one location to another, such as getting up out of a chair to lie down on a bed, and getting into and out of positions of kneeling or squatting. <i>Inclusion: changing body position from lying down, from squatting or kneeling, from sitting or standing, bending and shifting the body's centre of gravity</i> <i>Exclusion: transferring oneself (d420)</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem</b> P: With the walking frame no problem in changing the body position from sitting to standing. C: To get into a standing position without an assistive device is quite instable and leads to an increased risk for falling. A walking frame is essential.									
d415	Maintaining a body position	P 0 1 2 3 4 8 9 C 0 1 2 3 4 8 9							
Staying in the same body position as required, such as remaining seated or remaining standing for work or school. <i>Inclusions: maintaining a lying, squatting, kneeling, sitting and standing position</i> <b>Sources of information:</b> <input type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem</b> P: With a walking frame no problems in standing C: To maintain a standing position without devices is possible only for some seconds and severely instable. High risk for falling.									

d420	Transferring oneself	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p><b>Moving from one surface to another, such as sliding along a bench or moving from a bed to a chair, without changing body position.</b>  <i>Inclusion: transferring oneself while sitting or lying</i>  <i>Exclusion: changing basic body position (d410)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input checked="" type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b>  <b>P:</b> -  <b>C:</b> -</p>									
d450	Walking	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p><b>Moving along a surface on foot, step by step, so that one foot is always on the ground, such as when strolling, sauntering, walking forwards, backwards or sideways.</b>  <i>Inclusions: walking short or long distances; walking on different surfaces; walking around obstacles</i>  <i>Exclusions: transferring oneself (d420); moving around (d455)</i></p> <p><b>Sources of information:</b>  <input type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input checked="" type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b>  <b>P:</b> Within devices, walking distance is severely reduced due to lack of muscle endurance in the upper body and left leg: with walking frame 50m, with crutches 15m.  <b>C:</b> Without devices walking is impossible.</p>									
d455 <sup>∞</sup>	Moving around	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p><b>Moving the whole body from one place to another by means other than walking, such as climbing over a rock or running down a street, skipping, scampering, jumping, somersaulting or running around obstacles.</b>  <i>Inclusions: crawling, climbing, running, jogging, jumping and swimming</i>  <i>Exclusions: transferring oneself (d420); walking (d450)</i></p> <p><b>Sources of information:</b>  <input checked="" type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input checked="" type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b>  <b>P:</b> Is not able to move around in any other way than walking with devices.  <b>C:</b> Is not able to move around in any other way than walking with devices.</p>									
d510	Washing oneself	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p><b>Washing and drying one's whole body, or body parts, using water and appropriate cleaning and drying materials or methods, such as bathing, showering, washing hands and feet, face and hair, and drying with a towel.</b>  <i>Inclusions: washing body parts, the whole body; and drying oneself</i>  <i>Exclusions: caring for body parts (d520); toileting (d530)</i></p> <p><b>Sources of information:</b>  <input checked="" type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input checked="" type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b>  <b>P:</b> -  <b>C:</b> -</p>									
d520	Caring for body parts	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p><b>Looking after those parts of the body, such as skin, face, teeth, scalp, nails and genitals, that requires more than washing and drying.</b>  <i>Inclusions: caring for skin, teeth, hair, finger and toe nails</i>  <i>Exclusions: washing oneself (d510); toileting (d530)</i></p> <p><b>Sources of information:</b>  <input checked="" type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input checked="" type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the problem</b>  <b>P:</b> -  <b>C:</b> -</p>									



d530	Toileting	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<b>Planning and carrying out the elimination of human waste (menstruation, urination and defecation), and cleaning oneself afterwards.</b> <i>Inclusions: regulating urination, defecation and menstrual care</i> <i>Exclusions: washing oneself (d510); caring for body parts (d520)</i>									
<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
<b>Description of the problem</b> <b>P:</b> - <b>C:</b> -									
d550	Eating	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<b>Carrying out the coordinated tasks and actions of eating food that has been served, bringing it to the mouth and consuming it in culturally acceptable ways, cutting or breaking food into pieces, opening bottles and cans, using eating implements, having meals, feasting or dining.</b> <i>Exclusion: drinking (d560)</i>									
<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
<b>Description of the problem</b> <b>P:</b> - <b>C:</b> -									
d760	Family relationships	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<b>Creating and maintaining kinship relationships, such as with members of the nuclear family, extended family, foster and adopted family and step-relationships, more distant relationships such as second cousins or legal guardians.</b> <i>Inclusions: parent-child and child-parent relationships, sibling and extended family relationships</i>									
<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
<b>Description of the problem</b> <b>P:</b> <i>Wife passed away two years ago. Is maintaining a good relationship to his two children and his brother, also from the hospital</i> <b>C:</b> -									
d850 <sup>∞</sup>	Remunerative employment	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<b>Engaging in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee, full or part time, or self-employed, such as seeking employment and getting a job, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised, and performing required tasks alone or in groups.</b> <i>Inclusions: self-employment, part-time and full-time employment</i>									
<b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation									
<b>Description of the problem</b> <b>P:</b> <i>Patient is already retired</i> <b>C:</b> -									

ENVIRONMENTAL FACTORS		Complete facilitator	Substantial facilitator	Moderate facilitator	Mild facilitator	No barrier/facilitator	Mild barrier	Moderate barrier	Severe barrier	Complete barrier	Not specified	Not applicable
= make up the physical, social and attitudinal environment in which people live and conduct their lives  <b>How much of a facilitator or barrier does the person experience with respect to...</b>												
e110	<b>Products or substances for personal consumption</b> Any natural or human-made object or substance gathered, processed or manufactured for ingestion. <i>Inclusions: food, drink and drugs</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b> <i>Receives medication, adapted to his condition: Ibuprofen, Novalgin, Diovam, Aspirin, Mono Embolex 8000</i>	+4	+3	+2	+1	0	1	2	3	4	8	9
e115	<b>Products and technology for personal use in daily living</b> Equipment, products and technologies used by people in daily activities, including those adapted or specially designed, located in, on or near the person using them. <i>Inclusions: general and assistive products and technology for personal use</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b> <i>Wears glasses to optimize his visual functions. Provision of prosthesis is clarified but not performed. Will be done as soon as amputation stump is ready for fitting, according measurements have already been performed</i>	+4	+3	+2	+1	0	1	2	3	4	8	9
e120	<b>Products and technology for personal indoor and outdoor mobility and transportation</b> Equipment, products and technologies used by people in activities of moving inside and outside buildings, including those adapted or specially designed, located in, on or near the person using them. <i>Inclusions: general and assistive products and technology for personal indoor and outdoor mobility and transportation</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b> <i>Walking frame and crutches have been adapted. Toilet chair on loan.</i>	+4	+3	+2	+1	0	1	2	3	4	8	9
e310	<b>Immediate family</b> Individuals related by birth, marriage or other relationship recognized by the culture as immediate family, such as spouses, partners, parents, siblings, children, foster parents, adoptive parents and grandparents. <i>Exclusions: extended family (e315); personal care providers and personal assistants (e340)</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b> <i>Is widowed, however, children and brother care for him. Sometimes lack of time.</i>	+4	+3	+2	+1	0	1	2	3	4	8	9
e320	<b>Friends</b> Individuals who are close and ongoing participants in relationships characterized by trust and mutual support. <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b> <i>Has a huge circle of friends, receives a lot of visits and support from them, however, sometimes they do not have time.</i>	+4	+3	+2	+1	0	1	2	3	4	8	9
e355	<b>Health professionals</b> All service providers working within the context of the health system, such as doctors, nurses, physiotherapists, occupational therapists, speech therapists, audiologists, orthotist-prosthetists, medical social workers. <i>Exclusion: other professionals (e360)</i> <b>Sources of information:</b> <input checked="" type="checkbox"/> Case history <input type="checkbox"/> Patient-reported questionnaire <input type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the facilitator/barrier:</b> <i>Receives support from medical doctor, nurse, physical therapist, orthopedic technician and social worker</i>	+4	+3	+2	+1	0	1	2	3	4	8	9

e410	Individual attitudes of immediate family members	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>General or specific opinions and beliefs of immediate family members about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p><b>Sources of information:</b>  <input checked="" type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b>  <i>Children and brother show a very positive attitude towards his situation and future needs</i></p>											
e420	Individual attitude of friends	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>General or specific opinions and beliefs of friends about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p><b>Sources of information:</b>  <input checked="" type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b>  <i>Friends are very positive and willing to support him whenever required</i></p>											
e450	Individual attitudes of health professionals	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>General or specific opinions and beliefs of health professionals about the person or about other matters (e.g. social, political and economic issues) that influence individual behaviour and actions.</p> <p><b>Sources of information:</b>  <input checked="" type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b>  <i>Experiences health professionals as very supportive, however, medical doctors are sometimes short with him</i></p>											
e580	Health services, systems and policies	+4	+3	+2	+1	0	1	2	3	4	8	9
	<p>Services, systems and policies for preventing and treating health problems, providing medical rehabilitation and promoting a healthy lifestyle.  <i>Exclusion: general social support services, systems and policies (e575)</i></p> <p><b>Sources of information:</b>  <input checked="" type="checkbox"/> Case history    <input type="checkbox"/> Patient-reported questionnaire    <input type="checkbox"/> Clinical examination    <input type="checkbox"/> Technical investigation</p> <p><b>Description of the facilitator/barrier:</b>  <i>Treatment, hospital stay and subsequent rehabilitation is being paid completely by his health insurance</i></p>											

## Functioning Profile (Comprehensive Version)

BODY FUNCTIONS		Impairment					
		0 1 2 3 4					
b110	Consciousness functions						
b130	Energy and drive functions						
b134	Sleep functions						
b152	Emotional functions						
b180	Experience of self and time						
b260	Proprioceptive functions						
b280	Sensation of pain						
b410 <sup>+</sup>	Heart functions						
b415	Blood vessel functions						
b420 <sup>+</sup>	Blood pressure functions						
b440	Respiration functions						
b445	Respiratory muscle functions						
b525	Defecation functions						
b620	Urination functions						
b710	Mobility of joint functions						
b715	Stability of joint functions						
b730	Muscle power functions						
b735	Muscle tone functions						
b820	Repair functions of the skin						
BODY STRUCTURES		Impairment					
		0 1 2 3 4					
s410	Structure of cardiovascular system						
s430	Structure of respiratory system						
s710	Structure of head and neck region						
s720	Structure of shoulder region						
s730	Structure of upper extremity						
s740	Structure of pelvis						
s750	Structure of lower extremity						
s760	Structure of trunk						
s810	Structure of areas of the skin						
ACTIVITY AND PARTICIPATION		Difficulty					
		0 1 2 3 4					
d230 <sup>∞</sup>	Carrying out daily routine	P					
		C					
d240	Handling stress and other psychological demands	P					
		C					
d410	Changing basic body position	P					
		C					
d415	Maintaining a body position	P					
		C					
d420	Transferring oneself	P					
		C					
d445	Hand and arm use	P					
		C					
d450	Walking	P					
		C					
d455 <sup>∞</sup>	Moving around	P					
		C					
d510	Washing oneself	P					
		C					
d520	Caring for body parts	P					
		C					
d530	Toileting	P					
		C					
d550	Eating	P					
		C					
d760	Family relationships	P					
		C					
d850 <sup>∞</sup>	Remunerative employment	P					
		C					

ENVIRONMENTAL FACTORS		Facilitator					Barrier			
		+4	+3	+2	+1	0	1	2	3	4
e110	Products or substances for personal consumption									
e115	Products and technology for personal use in daily living									
e120	Products and techn. for pers. indoor and outdoor mobility and transportation									
e310	Immediate family									
e320	Friends									
e355	Health professionals									
e410	Individual attitudes of immediate family members									
e420	Individual attitudes of friends									
e455	Individual attitudes of health-related professionals									
e580	Health services, systems and policies									

In Body Functions, Body Structures, Activities and Participation: 0 = no problem, 1 = mild problem, 2 = moderate problem, 3 = severe problem, 4 = complete problem; In Environmental Factors: 0 = no barrier/facilitator, 1 = mild barrier, 2 = moderate barrier, 3 = severe barrier, 4 = complete barrier, +1 = mild facilitator, +2 = moderate facilitator, +3 = substantial facilitator, +4 = complete facilitator, 8 = not specified, 9 = not applicable.

P = Performance, C = Capacity

∞ ICF Category from the Generic Set not included in the ICF Core Set for Musculoskeletal Conditions for Acute Care

+ ICF Category selected from the ICF Core Set for Chronic Ischaemic Heart Disease