

## Use Case 3 (A. Glässel, M. Lückenkemper)

## APPLYING THE ICF CORE SET FOR MULTIPLE SCLEROSIS

## Documentation Form (Comprehensive Version)

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

<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>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>She was very motivated and engaged to participate in treatment and therapy, is performing exercises by herself.</i>							
<b>b140</b>	<b>Attention functions</b>	0	1	2	3	4	8	9
	<b>Specific mental functions of focusing on an external stimulus or internal experience for the required period of time.</b> <i>Inclusions: functions of sustaining attention, shifting attention, dividing attention, sharing attention; concentration; distractibility</i> <i>Exclusions: consciousness functions (b110); energy and drive functions (b130); sleep functions (b134); memory functions (b144); psychomotor functions (b147); perceptual functions (b156)</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>Sometimes patient is not able to focus her attention for a longer period of 20-30 minutes.</i>							
<b>b144</b>	<b>Memory functions</b>	0	1	2	3	4	8	9
	<b>Specific mental functions of registering and storing information and retrieving it as needed.</b> <i>Inclusions: functions of short-term and long-term memory, immediate, recent and remote memory; memory span; retrieval of memory; remembering; functions used in recalling and learning, such as in nominal, selective and dissociative amnesia</i> <i>Exclusions: consciousness functions (b110); orientation functions (b114); intellectual functions (b117); attention functions (b140); perceptual functions (b156); thought functions (b160); higher-level cognitive functions (b164); mental functions of language (b167); calculation functions (b172)</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>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>Sometimes she has mood fluctuations.</i>							

<b>b164</b>	<b>Higher-level cognitive 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>Specific mental functions especially dependent on the frontal lobes of the brain, including complex goal-directed behaviours such as decision-making, abstract thinking, planning and carrying out plans, mental flexibility, and deciding which behaviours are appropriate under what circumstances; often called executive functions.</b></p> <p><i>Inclusions: functions of abstraction and organization of ideas; time management, insight and judgement; concept formation, categorization and cognitive flexibility</i></p> <p><i>Exclusions: memory functions (b144); thought functions (b160); mental functions of language (b167); calculation functions (b172)</i></p> <p><b>Sources of information:</b></p> <p><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 problem: -</b></p>							
<b>b210</b>	<b>Seeing 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>Sensory functions relating to sensing the presence of light and sensing the form, size, shape and colour of the visual stimuli.</b></p> <p><i>Inclusions: visual acuity functions; visual field functions; quality of vision; functions of sensing light and colour, visual acuity of distant and near vision, monocular and binocular vision; visual picture quality; impairments such as myopia, hypermetropia, astigmatism, hemianopia, colour-blindness, tunnel vision, central and peripheral scotoma, diplopia, night blindness and impaired adaptability to light</i></p> <p><i>Exclusion: perceptual functions (b156)</i></p> <p><b>Sources of information:</b></p> <p><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 problem:</b></p> <p><i>Slight fuzziness in her vision (no diplopic images). Glasses are required for reading.</i></p>							
<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>
	<p><b>Sensation of unpleasant feeling indicating potential or actual damage to some body structure.</b></p> <p><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></p> <p><b>Sources of information:</b></p> <p><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></p> <p><i>VAS Score 4 emissive in low back pain and the right leg.</i></p>							
<b>b455</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>
	<p><b>Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion.</b></p> <p><i>Inclusions: functions of physical endurance, aerobic capacity, stamina and fatigability</i></p> <p><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></p> <p><b>Sources of information:</b></p> <p><input checked="" type="checkbox"/> Case history   <input type="checkbox"/> Patient-reported questionnaire   <input checked="" type="checkbox"/> Clinical examination   <input checked="" type="checkbox"/> Technical investigation</p> <p><b>Description of the problem:</b></p> <p><i>Borg scale: 16 (0-20) during walking with a walker less than 180 meters / treatment indicated.</i></p>							
<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>
	<p><b>Functions of elimination of wastes and undigested food as faeces and related functions.</b></p> <p><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></p> <p><i>Exclusions: digestive functions (b515); assimilation functions (b520); sensations associated with the digestive system (b535)</i></p> <p><b>Sources of information:</b></p> <p><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 problem:</b></p> <p><i>Often constipation (4 of 7 days a week).</i></p>							
<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>
	<p><b>Functions of discharge of urine from the urinary bladder.</b></p> <p><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></p> <p><i>Exclusions: urinary excretory functions (b610); sensations associated with urinary functions (b630)</i></p> <p><b>Sources of information:</b></p> <p><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></p> <p><i>Has problems in urination due to spastic bladder; patient is drinking too little liquid per day. Recurrent bladder infections connected with pain (not at present).</i></p>							

<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>																					
<p><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></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>  <i>Hyperextension in the right knee; club foot (pes equinus) right ankle measurement of joint mobility with goniometer:</i></p> <table border="1"> <thead> <tr> <th></th><th>left</th><th>right</th></tr> </thead> <tbody> <tr> <td><b>Knee joint Flex / Ext</b></td><td>150 - 0 - 10</td><td>150 - 0 - 20</td></tr> <tr> <td><b>Ankle joint Ext-Flex</b></td><td>20 - 0 - 70</td><td>0 - 10 - 50</td></tr> </tbody> </table>										left	right	<b>Knee joint Flex / Ext</b>	150 - 0 - 10	150 - 0 - 20	<b>Ankle joint Ext-Flex</b>	20 - 0 - 70	0 - 10 - 50												
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<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>																					
<p><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></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>  <i>Manual muscle testing (MMM) was performed for muscles relevant for gait patterns</i>  <i>Decreased force in her right femoral and hip muscles, especially by making squats for example sitting down on a chair.</i></p> <table border="1"> <thead> <tr> <th></th><th>left</th><th>right</th></tr> </thead> <tbody> <tr> <td><b>M. Iliopsoas</b></td><td>5</td><td>4</td></tr> <tr> <td><b>M. gluteus maximus</b></td><td>4</td><td>4</td></tr> <tr> <td><b>Mm. glutei med./min.</b></td><td>4</td><td>3</td></tr> <tr> <td><b>Mm. ischiocrurale</b></td><td>5</td><td>4</td></tr> <tr> <td><b>M. quadriceps</b></td><td>4</td><td>3</td></tr> <tr> <td><b>M. tibialis anterior</b></td><td>4</td><td>2</td></tr> </tbody> </table>										left	right	<b>M. Iliopsoas</b>	5	4	<b>M. gluteus maximus</b>	4	4	<b>Mm. glutei med./min.</b>	4	3	<b>Mm. ischiocrurale</b>	5	4	<b>M. quadriceps</b>	4	3	<b>M. tibialis anterior</b>	4	2
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<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 (b730); muscle endurance functions (b740)</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>  <i>Muscle tone in the right lower leg increased.</i></p>																													
<b>b740</b>	<b>Muscle endurance 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 sustaining muscle contraction for the required period of time.</b>  <i>Inclusions: functions associated with sustaining muscle contraction for isolated muscles and muscle groups, and all muscles of the body; impairments such as in myasthenia gravis</i>  <i>Exclusions: exercise tolerance functions (b455); muscle power functions (b730); muscle tone functions (b735)</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>  <i>Lower legs muscles weakened to walk longer than 100 meters.</i></p>																													
<b>b760</b>	<b>Control of voluntary movement 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 associated with control over and coordination of voluntary movements.</b>  <i>Inclusions: functions of control of simple voluntary movements and of complex voluntary movements, coordination of voluntary movements, supportive functions of arm or leg, right left motor coordination, eye hand coordination, eye foot coordination; impairments such as control and coordination problems, e.g. dysdiadochokinesia</i>  <i>Exclusions: muscle power functions (b730); involuntary movement functions (b765); gait pattern functions (b770)</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>  <i>Finger-finger-test shows increased symptoms of dysmetria.</i></p>																													

<b>b7650</b>	<b>Involuntary contractions of muscles</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 unintentional, non- or semi-purposive involuntary contractions of a muscle or group of muscles, such as those involved as part of a psychological dysfunction.</b> <i>Inclusions: impairments such as choreatic and athetotic movements; sleep-related movement disorders</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>Symptoms of tremor in the right leg.</i>							
<b>b770</b>	<b>Gait pattern 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 movement patterns associated with walking, running or other whole body movements.</b> <i>Inclusions: walking patterns and running patterns; impairments such as spastic gait, hemiplegic gait, paraplegic gait, asymmetric gait, limping and stiff gait pattern</i> <i>Exclusions: muscle power functions (b730); muscle tone functions (b735); control of voluntary movement functions (b760); involuntary movement functions (b765)</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>Hyperextending right knee during walking; club foot (pes equinus).</i>							
<b>b780</b>	<b>Sensations related to muscles and movement functions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<b>Sensations associated with the muscles or muscle groups of the body and their movement.</b> <i>Inclusions: sensations of muscle stiffness and tightness of muscles, muscle spasm or constriction, and heaviness of muscles</i> <i>Exclusion: sensation of pain (b280)</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>Muscle stiffness and muscle pain.</i>							

<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			
<b>s110</b>	<b>Structure of brain</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>X-ray not available.</i>												
<b>s120</b>	<b>Spinal cord and related structures</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>X-ray / MRI not available.</i>												
<b>s610</b>	<b>Structure of urinary system</b>	<b>Extent</b>	0	1	2	3	4	8	9			
		<b>Nature*</b>	0	1	2	3	4	5	6	7	8	9
		<b>Location**</b>	0	1	2	3	4	5	6	7	8	9
<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>X-ray / MRI not available.</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

<b>ACTIVITIES AND PARTICIPATION</b> = execution of a task or action by an individual and involvement in a life situation  <i>How much difficulty does the person have in the...</i> <b>P = performance of...</b> <b>C = capacity in...</b>		No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Complete difficulty	Not specified	Not applicable	
d160	Focusing attention	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Intentionally focusing on specific stimuli, such as by filtering out distracting noises. <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> Sometimes patient is not able to focus her attention for a longer period of 20-30 minutes. no treatment indicated. <b>C:</b> No standardized test performed.									
d170	Writing	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Using or producing symbols or language to convey information, such as producing a written record of events or ideas or drafting a letter. <i>Exclusion: learning to write (d145)</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> <b>P:</b> Problems in handwriting a letter or a longer text (need of a thicker pen). <b>C:</b> To sign a document or to make a notice is possible but shows is slightly changed.									
d175	Solving problems	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
Finding solutions to questions or situations by identifying and analysing issues, developing options and solutions, evaluating potential effects of solutions, and executing a chosen solution, such as in resolving a dispute between two people. <i>Inclusions: solving simple and complex problems</i> <i>Exclusions: thinking (d163); making decisions (d177)</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> No problems in adequately solving problems observed. <b>C:</b> No standard test setting used.									
d230	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 checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b> <b>P:</b> Managing daily routine at her own pace; patient takes more time / treatment indicated. (need of breaks). <b>C:</b> No standardized test available.									
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 checked="" type="checkbox"/> Clinical examination <input type="checkbox"/> Technical investigation <b>Description of the problem:</b> <b>P:</b> Good coping with stress. However, less stress resistance than before. <b>C:</b> No specific test performed									

d420	Transferring oneself	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Moving from one surface to another, such as sliding along a bench or moving from a bed to a chair, without changing body position.  <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 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>  <i>P: Is able to transfer at her own pace using a grip; However, requires more time and increased attention.</i>  <i>C: Transferring between different levels without grip is a little bit unsafe and requires more time and increased attention . FIM: 6.</i></p>									
d430	Lifting and carrying objects	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Raising up an object or taking something from one place to another, such as when lifting a cup or carrying a child from one room to another.  <i>Inclusions: lifting, carrying in the hands or arms, or on shoulders, hip, back or head; putting down</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>  <i>P: Lifting and carrying objects is possible with compensation in her own pace; takes longer time; she prefers the left side.</i>  <i>C: Functional capacity evaluation (FCE): Picking up things from the floor is not possible; Patient can only carry weighty things up to max. 6 kilo.</i></p>									
d440	Fine hand use	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Performing the coordinated actions of handling objects, picking up, manipulating and releasing them using one's hand, fingers and thumb, such as required to lift coins off a table or turn a dial or knob.  <i>Inclusions: picking up, grasping, manipulating and releasing</i>  <i>Exclusion: lifting and carrying objects (d430)</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>  <i>P: Problems in writing despite a thicker pen and in picking up small things (coin, button)</i>  <i>C: Nine-hole-peg-test right and left more than 45 sec.</i></p>									
d450	Walking	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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.  <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 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>  <i>P: walking short distances with walker and splints possible in her own pace; takes more time, increased attention; 100 meters</i>  <i>C: She is able to walk without assistive devices (splint and walker) 5-10 step. EDSS: 6.0</i></p>									
d455	Moving around	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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.  <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>  <i>P: Moving around in her own pace and with a walker and splint; takes more time and increased attention; outside with uneven floor is difficult for her; 100 meters with a walker and splint.</i>  <i>C: She is not able to walk outside without walker and splint.</i></p>									

d510	Washing oneself	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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.</p> <p><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>  <i>P: Washing herself in own pace using a chair and receiving supervision by OT or nurses; takes more time and requires increased attention</i>  <i>C: Washing herself without devices such as a chair and support by others is severely limited (FIM: 5).</i></p>									
d540	Dressing	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Carrying out the coordinated actions and tasks of putting on and taking off clothes and footwear in sequence and in keeping with climatic and social conditions, such as by putting on, adjusting and removing shirts, skirts, blouses, pants, undergarments, saris, kimono, tights, hats, gloves, coats, shoes, boots, sandals and slippers.</p> <p><i>Inclusions: putting on or taking off clothes and footwear and choosing appropriate clothing</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>  <i>P: Independent in dressing at home with increased time consumption and attention</i>  <i>C: Independent in dressing / is managing it in own pace; takes more time and needs attention. (FIM: 6)</i></p>									
d570	Looking after one's health	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Ensuring physical comfort, health and physical and mental well-being, such as by maintaining a balanced diet, and an appropriate level of physical activity, keeping warm or cool, avoiding harms to health, following safe sex practices, including using condoms, getting immunizations and regular physical examinations.</p> <p><i>Inclusions: ensuring one's physical comfort; managing diet and fitness; maintaining one's health</i></p> <p><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</p> <p><b>Description of the problem:</b>  <i>P: Due to problems with her spastic bladder patient is drinking too little liquid per day.</i>  <i>C: No standard test available</i></p>									
d640	Doing housework	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Managing a household by cleaning the house, washing clothes, using household appliances, storing food and disposing of garbage, such as by sweeping, mopping, washing counters, walls and other surfaces; collecting and disposing of household garbage; tidying rooms, closets and drawers; collecting, washing, drying, folding and ironing clothes; cleaning footwear; using brooms, brushes and vacuum cleaners; using washing machines, driers and irons.</p> <p><i>Inclusions: washing and drying clothes and garments; cleaning cooking area and utensils; cleaning living area; using household appliances, storing daily necessities and disposing of garbage</i>  <i>Exclusions: acquiring a place to live (d610); acquisition of goods and services (d620); preparing meals (d630); caring for household objects (d650); caring for others (d660)</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>  <i>P: Managing housework in her own pace; takes more time and needs attention; a caregiver gives her support at home (for example: doing laundry).</i>  <i>C: Without support not all household tasks can be carried out (e.g. doing laundry)</i></p>									
d760	Family relationships	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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.</p> <p><i>Inclusions: parent-child and child-parent relationships, sibling and extended family relationships</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>  <i>P: -</i>  <i>C: -</i></p>									



d850	Remunerative employment	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>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.  <i>Inclusions: self-employment, part-time and full-time employment</i></p> <p><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</p> <p><b>Description of the problem:</b>  <i>P+C: Patient is retired.</i></p>									
d920	Recreation and leisure	P	0	1	2	3	4	8	9
		C	0	1	2	3	4	8	9
<p>Engaging in any form of play, recreational or leisure activity, such as informal or organized play and sports, programmes of physical fitness, relaxation, amusement or diversion, going to art galleries, museums, cinemas or theatres; engaging in crafts or hobbies, reading for enjoyment, playing musical instruments; sightseeing, tourism and travelling for pleasure.  <i>Inclusions: play, sports, arts and culture, crafts, hobbies and socializing</i>  <i>Exclusions: riding animals for transportation (d480); remunerative and non-remunerative work (d850 and d855); religion and spirituality (d930); political life and citizenship (d950)</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 problem:</b>  <i>P: Problems in writing, drawing and long-time reading / OT treatment is indicated (handwriting).</i>  <i>C: Writing letters and drawing without aids is restricted</i></p>									

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  <i>How much of a facilitator or barrier does the person experience with respect to...</i>												
e1101	Drugs	+4	+3	+2	+1	+0	1	2	3	4	8	9
Any natural or human-made object or substance gathered, processed or manufactured for medicinal purposes, such as allopathic and naturopathic medication. <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 facilitator/barrier:</b> <i>Receives medication adapted to her condition: Baclofen by Lioresal.</i>												
e115	Products and technology for personal use in daily living	+4	+3	+2	+1	0	1	2	3	4	8	9
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>Glasses to optimize reading; she is using a chair for showering. thicker pens for writing.</i>												
e120	Products and technology for personal indoor and outdoor mobility and transportation	+4	+3	+2	+1	0	1	2	3	4	8	9
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>Is using a walker and a splint for her right foot.</i>												
e155	Design, construction and building products and technology of buildings for private use	+4	+3	+2	+1	0	1	2	3	4	8	9
Products and technology that constitute an individual's indoor and outdoor human-made environment that is planned, designed and constructed for private use, including those adapted or specially designed. <i>Inclusions: design, construction and building products and technology of entrances and exits, facilities and routing</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>At home she has stairs but also an elevator exists.</i>												
e310	Immediate family	+4	+3	+2	+1	0	1	2	3	4	8	9
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>Her husband is most important; he supports her any time she needs him.</i>												
e320	Friends	+4	+3	+2	+1	0	1	2	3	4	8	9
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>Few, but very close friends; they support her.</i>												

<b>e325</b>	<b>Acquaintances, peers, colleagues, neighbours and community members</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>+4</b>	<b>8</b>	<b>9</b>
	<p>Individuals who are familiar to each other as acquaintances, peers, colleagues, neighbours, and community members, in situations of work, school, recreation, or other aspects of life, and who share demographic features such as age, gender, religious creed or ethnicity or pursue common interests.  <i>Exclusions: associations and organizational services (e5550)</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>A neighbor supports her in daily life.</i></p>											
<b>e340</b>	<b>Personal care providers and personal assistants</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>Individuals who provide services as required to support individuals in their daily activities and maintenance of performance at work, education or other life situation, provided either through public or private funds, or else on a voluntary basis, such as providers of support for home-making and maintenance, personal assistants, transport assistants, paid help, nannies and others who function as primary caregivers.  <i>Exclusions: immediate family (e310); extended family (e315); friends (e320); general social support services (e5750); health professionals (e355)</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>A caregiver (nanny) supports her in household tasks.</i></p>											
<b>e355</b>	<b>Health professionals</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<p>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></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>Receives support from the medical doctor and gets outpatient treatment by a physical therapist.</i></p>											
<b>e410</b>	<b>Individual attitudes of immediate family members</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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 behavior 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>Positive attitudes of the family.</i></p>											
<b>e580</b>	<b>Health services, systems and policies</b>	<b>+4</b>	<b>+3</b>	<b>+2</b>	<b>+1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>
	<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>Rehabilitation stay was completely paid by the health insurance; outpatient treatment is fully covered by the health insurance.</i></p>											
<b>PERSONAL FACTORS</b>												
	<p>The patient had an optimistic and positive attitude in the future. She was very highly motivated to follow her training plan and work diligently with her therapists.</p> <p>She developed strategies to cope with her situation in the past.</p>											

## Functioning Profile (Comprehensive Version)

BODY FUNCTIONS		Impairment					
			0	1	2	3	4
b130	Energy and drive functions						
b140	Attention functions						
b144	Memory functions						
b152	Emotional functions						
b164	Higher-level cognitive functions						
b210	Seeing functions						
b280	Sensation of pain						
b455	Exercise tolerance functions						
b525	Defecation functions						
b620	Urination functions						
b710	Mobility of joint functions						
b730	Muscle power functions						
b735	Muscle tone functions						
b740	Muscle endurance functions						
b760	Control of voluntary movement functions						
b7650	Involuntary contractions of muscles						
b770	Gait pattern functions						
b780	Sensations related to muscles and movement functions						
BODY STRUCTURES		Impairment					
			0	1	2	3	4
s110	Structure of brain		8				
s120	Spinal cord and related structures		8				
s610	Structure of urinary system		8				
ACTIVITIES AND PARTICIPATION		Difficulty					
			0	1	2	3	4
d160	Focusing attention	P					
		C	8				
d170	Writing	P					
		C					
d175	Solving problems	P					
		C	8				
d230	Carrying out daily routine	P					
		C	8				
d240	Handling stress and other psychological demands	P					
		C	8				
d420	Transferring oneself	P					
		C					
d430	Lifting and carrying objects	P					
		C					
d440	Fine hand use	P					
		C					
d450	Walking	P					
		C					
d455	Moving around	P					
		C					
d510	Washing oneself	P					
		C					
d540	Dressing	P					
		C					
d570	Looking after one's health	P					
		C	8				
d640	Doing housework	P					
		C	8				
d760	Family relationships	P					
		C					
d850	Remunerative employment	P	9				
		C	9				
d920	Recreation and leisure	P					
		C					

ENVIRONMENTAL FACTORS		Facilitator					Barrier			
		+4	+3	+2	+1	0	1	2	3	4
e1101	Drugs									
e115	Products and technology for personal use in daily living									
e120	Products and techn. for pers. indoor and outdoor mobility and transportation									
e155	Design, construction and building prod. and techn. of buildings for private use									
e310	Immediate family									
e320	Friends									
e325	Acquaintances, peers, colleagues, neighbours and community members									
e340	Individual attitudes of immediate family members									
e355	Health professionals									
e410	Individual attitudes of immediate family members									
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