

6. Newsletter

ICF Core Sets validation study & EULAR ICF Core Sets validation study

April - June 2005

Dear partners and friends of the ICF Core Set project,

Both the EULAR and the international ICF Core Sets validation studies are in full swing. This issue informs on the actual status of the validation studies followed by 3 updates on further ICF Core Sets validation projects and the stand point of the ICF Core Sets development on Psoriasis and Psoriatic Arthritis.

Under point 4. of this newsletter, there are two reports from two cooperation partners describing their experience working with the ICF Core Sets. Point 5. encloses three briefings on presentations being held during the past trimester.

As usual, this newsletter also provides an overview on all actual ICF Core Sets projects, includes a list of all new publications and a list with all participating study centers in the validation studies.

We wish you a pleasant summer!

Kind regards,

Your ICF Core Set Development Team

1. Project Status

1.1. Number of study centers per country

250 Study Centers in 46 Countries



There are study centers in all the countries marked in green.

No	Country	Study Centers	No	Country	Study Centers
1	Argentina	1	24	Malaysia	1
2	Australia	3	25	Mexico	3
3	Austria	5	26	Nigeria	1
4	Belgium	3	27	Norway	5
5	Brazil	2	28	Philippines	1
6	Canada	2	29	Poland	11
7	Chile	1	30	Portugal	7
8	China	4	31	Republic of Macedonia	1
9	Cyprus	1	32	Romania	3
10	Czech Republic	2	33	Russia	1
11	Egypt	1	34	Serbia	3
12	Finland	2	35	Slovakia	1
13	France	6	36	Singapore	1
14	Germany	83	37	South Africa	1
15	Greece	6	38	South Korea	2
16	Hungary	15	39	Spain	2
17	Ireland	1	40	Sweden	5
18	Italy	17	41	Switzerland	13
19	Japan	1	42	The Netherlands	7
20	Kenya	1	43	Tunisia	1
21	Kuwait	2	44	Turkey	6
22	Lebanon	1	45	UK	8
23	Lithuania	4	46	USA	3
Total					251

1.2. Training of Health Professionals

Coding Rules

In order to standardize and improve the data collection, coding rules have been developed. These rules are to be followed within the ICF Core Sets validation studies. A document including the coding rules is attached to this newsletter.

Training of German study centers

During the past trimester our ICF training team organized 3 workshops for the ICF Core Sets validation study. A total of 56 health professionals were trained. Two training workshops took place at the Ludwig-Maximilians-University in Munich on 25.04.05 and on 08.07.05. The external workshop took place at the Neurological Clinic in Munich where a reliability study for the ICF Core Set for stroke is being performed. The next external training workshops will take place at the Rehabilitationsklinik Küppelsmühle, Bad Orb on 29.07.2005 and at the Rehabilitationsklinik Friesenhörn on 28.10.2005, respectively.

Coming training workshops in German language are planned on:

- July 29th 2005 Rehabilitationsklinik Küppelsmühle
- September 9th 2005 Ludwig-Maximilians-University
- October 28th 2005 Rehabilitationsklinik Friesenhörn

Please find the registration form attached to this newsletter.

We would also like to inform you that Michaela Kirschneck, national study coordinator, will be back from her maternity leave on coming September. We take the opportunity to welcome her back and to thank Ms. Andrea Glässel for her excellent teamwork representing her.

Training of International study centers

In answer to the high demand for having an **English** training workshop, we have settled a date wishing many collaboration partners will be able to attend. The one-day workshop will take place at the Ludwig-Maximilians-University in Munich on **Friday 4th of November 2005** from 10:00 a.m. to 4:00 p.m.

Due to organizational reasons, this workshop will only take place if a minimum of 6 attendees register. Thank you for your understanding. Please find the registration form attached to this newsletter.

1.3. Extension of ICF Core Sets multicenter international validation study

The time frame of the validation study has been extended until November 2006.

1.4. Data Collection

1130 Case Record Forms (CRFs) have already been entered into the ICF Core Sets database.

Up to now we have received a total of **1568** Case Record Forms:

	International	National	Total
Breast Cancer	20	79	99
Chronic Ischaemic Heart Disease	5	17	22
Chronic Widespreadpain	30	142	172
Depression	0	13	13
Diabetes Mellitus	20	0	20
Low Back Pain	137	43	180
Obesity	116	4	120
Obstructive Pulmonary Diseases	6	18	24
Osteoarthritis	227	1	228
Osteoporosis	87	4	91
Rheumatoid Arthritis	318	0	318
Stroke	134	147	281
Total	1100	468	1568

At this point we would like to remind you to send us by regular mail all filled in CRFs.

1.5. Electronic Case Record Forms for the Health Professional

We have developed a electronic user-friendly version of the case record forms for the health professionals. We would like to encourage you all to use the electronic CRFs, since this does not only decreases the usage of paper, furthermore it reduces 60% of the postal charges and saves time both by collecting data and by the data entry. If you are interested in collecting data electronically, or you would like to try the electronic version, please don't hesitate to contact us.

2. Update on further ICF Core Sets validation studies

2.1. Validating the Comprehensive ICF Core Set for Rheumatoid Arthritis from the Patient Perspective

Tanja Stamm (Vienna, Austria), Michaela Coenen (Munich, Germany)

The objective of this qualitative study was to validate the Comprehensive ICF Core Set for RA from the patient perspective using two qualitative methodologies (individual interview and focus group).

Patients with RA were interviewed about their problems in daily functioning either individually or in a focus group. Individual interviews and focus groups were tape-recorded and transcribed verbatim. Interview texts were divided into meaning units. The concepts contained in these meaning units were linked to the ICF according to 10 established linking rules. 15% of the

transcribed data were analyzed and linked by a second health professional and the degree of agreement was calculated using kappa statistic.

Individual interviews with 21 patients with rheumatoid arthritis were performed in Vienna (Austria). 49 patients participated in ten focus groups which were performed in Munich (Germany). All ICF categories included in the Comprehensive ICF Core Set for RA were confirmed by the patients. 25 second-level categories which are not part of the current version of the Comprehensive ICF Core Set for RA were identified in the interviews; 66 additional second-level categories were identified in the focus groups. The results of the kappa statistic for agreement were .62 (95% bootstrapped CI .59 - .66) in the individual interviews and .66 (95% bootstrapped CI .61 - .73) in the focus groups, respectively.

The validity of the Comprehensive ICF Core Set for RA was supported by the perspective of individual patients. However, some additional issues that were named by the patients and are not covered in the current version of the Comprehensive ICF Core Set for RA need to be investigated further.

The results of the study were presented at the Annual European Congress of Rheumatology "EULAR 2005" in Vienna, 8-11 June 2005 (see point 5.2 of this newsletter).

The focus group study is funded by the "Bundesverband Deutsche Rheuma-Liga e.V." and will be completed in August 2005.

2.2. Validation of the ICF Comprehensive Core Set for Rheumatoid Arthritis from the perspective of Health Professionals

Dr. Inge Kirchberger (Munich, Germany)

The validity of the ICF Core Sets for **rheumatoid arthritis** has already been investigated in two international Delphi-studies including 82 physical therapists in 12 countries and 41 occupational therapists in 9 countries. The results were presented at the EULAR congress in Vienna in June 2005 and submitted for publication.

Furthermore, a study on the perspective of psychologists involving 20 psychologists in 5 countries has been finished recently. Currently, the validity of the ICF Core Sets for rheumatoid arthritis from the perspective of nurses is tested in a study including 52 nurses in 15 countries worldwide.

The ICF Core Sets for **stroke** are currently evaluated in a Delphi-study on 125 physical therapists in 20 countries worldwide.

2.3. Discriminative capacity of the ICF Core Set for RA (EULAR)

There have been to date no reports on how the Comprehensive Core Set for RA performs with respect to reliability and sensitivity to change. As a part of the EULAR validation project the a scientific group of the *National Resource Center for Rehabilitation in Rheumatology at the Diakonhjemmet Hospital in Oslo* is addressing these two issues.

The inter- and intra-rater reliability of the Comprehensive ICF Core Set for RA with respect to influence of the 5-point qualifier scale on inter-rater and intra-rater reliability in 25 patients has already been examined. The findings have been presented as a poster at the recent EULAR congress in Vienna. In addition, the feasibility of assessments has been examined in Oslo, also presented as a poster during the same congress.

As a conclusion, the inter-rater agreement in the Comprehensive ICF Core Set for RA was moderate for the individual categories, while intra-rater agreement was better. Application of a training manual could improve the reliability of the Comprehensive ICF Core Set for RA. However, Rasch analyses suggest that reduction of the number or response categories from five to three could improve both inter-rater and intra-rater reliability.

Presently we are examining the sensitivity to change of the Comprehensive ICF Core Set for RA in patients starting with a disease modifying anti-rheumatic drug (DMARD). 60 patients are assessed with the Comprehensive ICF Core Set for RA when starting with a DMARD and will be reassessed by a physiotherapist or by an occupational therapist after 6 months. This study will give an answer to the question to which extent improvement in the ICF categories is observed when disease activity is improved due to medical treatment.

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2.4. Cross-Sectional-Reliability Study using the Comprehensive ICF Core Set for Stroke

Klaus Starrost, Jutta Grunow, Anke Trautwein (Germany)

The objective of this study is to examine the reliability in each of the categories contained in the *Comprehensive ICF Core Set for Stroke*, when rated by two physiotherapists.

In this study 2 x 30 patients of the **Neurologisches Krankenhaus München, Tristanstraße**, will participate. After the first 30 patients, data will be analysed and in case of poor reliability the rating scale will be modified.

In analogy with the reliability study for low back pain [Newsletter 5, point 3.1] the therapists rate their confidence in their rating. The rating scale for the categories contained in the *ICF Core Set for Stroke* are the generic qualifiers.

The study initiation was in June 2005; its completion is planned for December 2005.

3. Report on further ICF Core Sets studies

3.1. Update on the development of an ICF Core Set in patients with Psoriasis or Psoriatic Arthritis

Psoriasis (PS) is a chronic inflammatory skin condition characterized by red, scaly plaques over extensor surfaces and elsewhere, with an unpredictable relapsing and remitting course. It is associated with significant physical and social problems. Psoriatic arthritis (PSA) is an inflammatory arthritis associated with psoriasis characterized by painful swollen joints, spinal involvement, enthesitis and dactylitis. It occurs in about 15% of people with PS and has significant functional and quality-of-life consequences.

The preliminary studies required to perform a pre-selection of relevant ICF categories commenced in early 2005. A Delphi consensus study amongst health-professionals regarding psoriatic arthritis has been completed and was presented to the GRAPPA meeting during the recent European Congress of Rheumatology in Vienna. A very large number of items were identified as being relevant, too many for an ICF Core Set, so it will be interesting to see how this list becomes refined with further studies. The Delphi exercise for psoriasis is still underway. A literature review has also been completed for outcome measures in psoriatic arthritis and how these map onto ICF categories.

Funding has been obtained for qualitative studies using focus group methodology to obtain the patients' perspective regarding the ICF in psoriasis and psoriatic arthritis. These studies are being led by Associate Professor Clare Hocking of the School of Occupational Therapy, Auckland University of Technology. A further study using the ICF-checklist to determine which categories are most commonly affected in people with psoriasis or psoriatic arthritis is being planned and we anticipate a successful funding application. Hopefully this study shall commence within the next 6 months.

Armed with all this background data, a consensus conference will be held sometime in 2005 or 2006. We still have some way to go before this can be planned properly, but we feel that we are making steady progress.

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4. Partner's experience with ICF Core sets

4.1. ICF core sets in Sweden

The work started with attending the second ICF Core Sets consensus conference from January 31 to February 3 2003 in Seon. Afterwards, we were invited to participate in the validation study of the ICF Core Sets and my group was interested in ICF core set for stroke. We do a lot of research on stroke rehabilitation and outcome analysis. I have also had the honor of being one of three persons responsible for the Swedish evidence based guidelines for stroke care (published by the Swedish national board of health and welfare "Socialstyrelsen"). In this guideline we have tried to follow the pathway and also use the ICF.

When I was due to report and apply for renewal of my grant from the Swedish Science Council (Vetenskapsrådet) where my former grant dealt with outcome analysis in rehabilitation, I included our collaboration in the validation study for the ICF core set for stroke in the new 3 years application. When we got the results last November (04) we were very happy. The grant was increased and one of the comments we received for becoming the grant was that the Sahlgrenska Academy was the only institution from the Swedish science council being involved with the ICF Core Sets and therefore the work should get funded (only around 20% of applicants get funded).

The work gathering data are up and running. Around 50 cases are gathered. The main responsible is a nurse, Maria Snögren, who coordinates the work with Germany. Getting the application approved from the ethics committee in Sweden took a while and it got more complicated since we were joined by a physiotherapist in northern Sweden, who helps gathering data from people living in nursing homes or having home nursing. Right now, two nurses, 2 physicians and 2 OT and 2 PT are involved. We have managed to get these people to work on a voluntary basis.

Maria Snögren will present a poster of the abstract entitled "ICF core sets for stroke" with the results of the data collected by us up to now at the Nordic Stroke Meeting in 13th Nordic Meeting on Cerebrovascular Diseases 22-24 September 2005 in Göteborg, Sweden.

We are planning now to start another project with Beatrix Söhnel from the ICF Research Branch Munich, to gather data with ICF core sets longitudinally.

Katharina Stibrant Sunnerhagen
Professor
Institute of Clinical Neuroscience - Rehabilitation Medicine
The Sahlgrenska Academy
Göteborg University, SWEDEN

4.2. Rehaklinik Bad Bentheim

In the Rehaklinik Bad Bentheim under the lead of PD Dr. med. J. Lohmann a closed, 4 week, multi model, small group program to treat chronic back pain is being carried out since March 2001. The treatment management is based on the experiences of the Göttinger-Back-Intensive-Program (Göttinger-Rücken-Intensiv-Programm; GRIP). In answer to the lack of an adequate assessment instrument, the Rehaklinik Bad Bentheim together with the faculty of health sciences at the University of Bielefeld developed an own procedure; the parameters and methods are shown on table 1. The publications of this work are in process.

Tab. 1 Correlation of the Parameters to the Components of the ICF.

ICF Component	ICF Category	Test procedure
Body Functions		
- Functions of the cardiovascular system	b410-b429	-Medical examination
-Additional functions and sensations of the cardiovascular and		- Astrand-Test
- respiratory system	b450-b469	- UKK-Walking-Test
- Muscle functions	b730-b749	-Biomechanics Function analysis of the spine
- Pain	b280-b289	- Questionary
Body Structures		
- General health		- Questionary
Activities and Participation		
- Carrying moving and handling objects,	d430-d449	- Pile-Test - Parcours-Test
- Interpersonal interactions and relationships	Cap. d 7	- Questionary
- Major life areas Education, work and employment	Cap. d 8	- Questionary
- Recreation and eisure	d 920	- Questionary
Environmental Factors		
- Products and technology	Cap. e 1	- Questionary
- Support and relationships	Cap. e 3	- Questionary

The ICF Core Sets proved to be very useful in the comparison of the results gathered based on the mentioned methods. For this reason, we decided to collaborate with the ICF Research Branch in Munich in the ICF Core Sets validation study for chronic widespread pain. The first experiences working with the ICF Core Sets are positive. We also see the importance of the validation study in order to reduce the number of categories included in the ICF Core Sets. The patients are interviewed in the third week of rehabilitation by a multidisciplinary team consisting of physicians, psychologists, social workers, occupational and physiotherapists.

90% of the patients are willing to participate in the study. This reflects a high acceptance of the ICF Core Sets from the patients' perspective. Even though our study center is in Germany, when patients are not fluent in German, the Case Record Forms are provided in their mother tongue if available. Patients most likely don't need assistance to fulfill the case record forms.

*Dr. Oliver Dienemann
Fachklinik Bad Bentheim
Germany*

5. Presentations

5.1. 3rd World Congress of the International Society of Physical and Rehabilitation Medicine - ISPRM

Prof. Gerold Stucki, MD, MS and Dr. Alarcos Cieza, MPH from the ICF Research Branch in Munich attended the ISPRM 2005 that took place in Sao Paulo, Brazil from April 10 to 15 this year. Dr. Alarcos Cieza held a 6 hours workshop course on the ICF with the aim of introducing the contents and structure of the ICF, as well as the biopsychosocial model, which is the basis of the classification and workshop on the “**Application of the International Classification of Functioning (ICF) for Physical and Rehabilitation Medicine**”.

During the Congress, an ICF Core Sets validation study meeting was held with 12 partners from diverse countries. The aim of the meeting was to encourage the personal contact among of the partners of the ICF Core Sets validation study that were attending the ISPRM 2005 and to discuss some issues regarding the country-specific perspective that can be adopted in the project. During the meeting, a relevant issue was discussed: the publications. All the collaboration partners are encourage publishing their own data addressing the country specific perspective. The papers addressing the worldwide perspective that will be written by the ICF Research Branch can thereby be used.

All the collaboration partners are encourage to perform data analyses beyond the frequencies with which the patients' problems are addressed and the regression analysis with external standards and to publish the results of those analyses. Useful protocols written by the ICF Research Branch can thereby be used.

At the Third World ISPRM Congress Prof. Gerold Stucki was recognized with the Sidney Licht Lectureship Award.

5.2. Eular Congress by Prof. Gerold Stucki, MD, MS

The European League Against Rheumatism (EULAR) is the organization which represents the patient, health professional and scientific societies of rheumatology of all the European nations. The aims of EULAR are to reduce the burden of rheumatic diseases on the individual and society and to improve the treatment, prevention and rehabilitation of musculoskeletal diseases. This year the **annual european congress took place** in Vienna from June 8th to 11th and was attended by 10.000 people. The ICF was main topic of one of the combined sessions involving the scientific community, health professionals and the social leagues. Dr. Bedirhan Üstün from the CAS Team in Geneva was personally present and gave an excellent introduction on the ICF as a universal

model. Dr. Bedirhan Üstün was able with his talk to reach the clinical community. Dr. Alarcos Cieza addressed the issue of mapping outcome measures to the ICF. Most importantly, she gave examples how the new updated linkage rules [1] are highly useful not only to link patient orientated outcome measures but also clinical tests and interventions. Niel Betteridge from the Social Leagues then gave a talk on the relevance of the environment and the social perspective. His talk clearly pointed out the usefulness of the ICF as universal model linking the biomedical and the social model. He also pointed to some most important new developments with regard to universal design for example the so-called “Rio Charter” (<http://siteresources.worldbank.org/DISABILITY/Resources/Accessibility/GGTSPU-hydra3.fw.med.uni-muenchen.de-10145-102819-DAT/CartadoRioENG.pdf>). Tanja Stamm then gave a talk on the patient perspective and hence provided insights regarding the usefulness of the ICF as a language not only for the expert but also patients and for the communication between health professionals and patients.

Other activities regarding the ICF at the Eular congress involved a presentation in the Standing Committee of Epidemiology and Health Services Research where the Eular project (testing and validation of ICF Core Sets for musculoskeletal conditions in the European perspective) was presented.

In addition, there was a meeting with current and future partners of the Eular testing and validation project. Some of the members of the core group of the Eular project (Dr. Annelies Boonen, Dr. Alarcos Cieza, Dr. Till Uhlig and Prof. Gerold Stucki) also met with Prof. Martin Boers from OMERACT regarding a possible involvement of the ICF perspective in the next Omeract meeting being held from May 10-14, 2006 in Malta.

The study by Michaela Coenen ***Validation of the Comprehensive ICF Core Set for Rheumatoid Arthritis from the Patient Perspective*** was selected as oral presentation. In this study Michaela Coenen eloquently presented the study and the results of comparing a structured individual interview versus a focus group approach to examine the patient perspective regarding the ICF Core Set. She concluded that focus groups and individual interviews are highly useful qualitative methods to validate the *Comprehensive ICF Core Set for rheumatoid arthritis* from the patient perspective. The focus group approach proved most effective regarding the comprehensiveness of the results while the individual interview approach was the most cost-effective and less time consuming way. In addition to this oral presentation, there were a number of other abstracts, which were being presented during the poster sessions.

Reference:

1. Cieza A, Geyh S, Chatterji S, Kostanjsek N, Üstün B, Stucki G. ICF linkage rules: an update based on lessons learned. *Journal of Rehabilitation Medicine* 2005;37(4):212-218

5.3. ICF Core Set Conference Bern

Initiated by Omega Huber, Chief Health Professional at the University Hospital in Zurich, and cooperation partner from the beginning in the ICF Core Set project, the Swiss Association for Rehabilitation (SAR) met in Bern for a one day workshop with the goal to provide attendants with indepth and up-to-date information on the ICF Core Set development and on the use of the ICF Core Sets in clinical practice. Different workshops on the specific areas neurology, musculoskeletal, cardiopulmonary, geriatric and stroke took place. The meeting was attended by more than 150 participants and, in accordance with the multidisciplinary perspective of the SAR, attendants came from all the different health professional backgrounds, but also including participants from the industry and insurance fields.

The success of the workshop was most motivating for the 9 members of the ICF Research Branch in Munich who usually exclusively teach in the context of the validation and testing studies but rarely have the experience to teach clinicians who directly apply the ICF in their practice. Indeed, the workshop hold in Bern may serve as an example for future similar activities, for the dissemination and implementation of the ICF not only in Switzerland but also in other countries.



6. Actual projects overview

Name	Stand	Contact person
<i>Branch Projects:</i>		
ICF Core Sets multicenter international validation study	International data collection for 12 chronic conditions is being performed for the validation of the first version of the ICF Core Sets.	Alicia Garza Alicia.Garza@med.uni-muenchen.de Andrea Glaessel (BSc.PT) Andrea.Glaessel@med.uni-muenchen.de Michaela Kirschneck Michaela.Kirschneck@med.uni-muenchen.de
EULAR - European validation of the ICF Core Sets for five musculoskeletal diseases	The study material has been sent to 25 European centers to begin the data collection.	Alicia Garza Alicia.Garza@med.uni-muenchen.de
Validation of the Comprehensive ICF Core Set for Rheumatoid Arthritis from the Patient Perspective	The focus groups with rheumatoid arthritis are concluded; analysis and publications are published.	Michaela Coenen, MPH Michaela.Coenen@med.uni-muenchen.de
Validation of the ICF Comprehensive Core Set for Rheumatoid Arthritis from the perspective of Health Professionals	The studies regarding the validation of the ICF Core Sets for Rheumatoid Arthritis from the perspective of physical therapists and occupational therapists have been concluded. The studies regarding the validation of the ICF Core Sets for Rheumatoid Arthritis from the perspective of psychologists, and nurses are currently being performed.	Dr. Inge Kirchberger, MPH Inge.Kirchberger@med.uni-muenchen.de
<i>Cooperation Projects:</i>		
Development of an International Classification of Functioning Disability and Health Core Set in patients with Psoriasis or Psoriatic Arthritis	The preliminary studies are in process.	Dr William Taylor wtaylor@wnmeds.ac.nz
Development of the ICF Core Sets for Ankylosing Spondylitis	The preliminary studies are in process.	Annelies Boonen, MD, PhD aboo@sint.azm.nl
Measuring Health and Disability in Europe: supporting policy development (MHADIE)	Project started on January 2005.	Dr. Alarcos Cieza, MPH Alarcos.Cieza@med.uni-muenchen.de

For more information visit our website: www.icf-research-branch.org

7. New Publications

Cieza A, Stucki G

Content comparison of Health Related Quality of Life (HRQOL) instruments based on the International Classification of Functioning, Disability and Health (ICF).

Quality of Life Research 2005; 14: 1225-1237.

Cieza A, Geyh S, Chatterji S, Kostanjsek N, Üstün B, Stucki G

ICF linking rules: an update based on lessons learned.

Journal of Rehabilitation Medicine 2005;37(4):212-218.

Coenen M, Stamm TA, Cieza A, Kollerits B, Amann E, Stucki G

Comparing two qualitative methods: Individual interviews and focus groups in patients with rheumatoid arthritis.

Annals of the Rheumatic Diseases 2005, 64, Suppl III:70.

Coenen M, Stamm TA, Cieza A, Amann E, Kollerits B, Stucki G

Validation of the Comprehensive ICF Core Set for rheumatoid arthritis from the patient's perspective using focus groups.

Annals of the Rheumatic Diseases 2005, 64, Suppl III:395.

Leistner K, Stier-Jarmer M, Berleth B, Braun J, Koenig E, Liman W, Luttje D, Meindl R, Pientka L, Weber G, Stucki G.

[Early Rehabilitation Care in the Acute Hospital Setting - Definition and Indication.]

Rehabilitation (Stuttg). 2005 Jun;44(3):165-175. German.

PMID: 15933953 [PubMed - as supplied by publisher]

Sigl T, Cieza A, van der Heijde D, Stucki G.

ICF-based comparison of disease-specific instruments measuring physical functional ability for ankylosing spondylitis.

Arthritis Rheum. 2005 Jun 2;53(3):431-439 [Epub ahead of print]

PMID: 15934102 [PubMed - as supplied by publisher]

Stamm TA, Cieza A, Coenen M, Machold KP, Nell VP, Smolen JS, Stucki G.

Validating the International Classification of Functioning, Disability and Health Comprehensive Core Set for Rheumatoid Arthritis from the patient perspective: A qualitative study.

Arthritis Rheum. 2005 Jun 2;53(3):431-439 [Epub ahead of print]

PMID: 15934102 [PubMed - as supplied by publisher]

Stucki G, Ewert T.

How to assess the impact of arthritis on the individual patient: the WHO ICF.

Ann Rheum Dis. 2005 May;64(5):664-8. Review.

PMID: 15834053 [PubMed - indexed for MEDLINE]

8. Study Centers

New Study Centers are grey shadowed.

EULAR Study Centers are marked with a thick blue frame.

Argentina	
Hospital San Juan Bautista Calle Dr. Julio Herrera 432 Barrio Judicial 4700, Catamarca <i>Dr. Sergio Miguel Toloza</i>	
Australia	
Braeside Hospital Rehabilitation Medicine Locked bag 82, Wetherill Park 2164 New South Wales <i>Dr. F. Köhler</i>	Lourdes Hospital, Health and Aged Care Services Rehabilitation Medicine NSW 2830 Dubbo <i>Dr. Jagdish Maharaj</i>
University of Melbourne Victorian Rehabilitation Research Institute Poplar Road 3052 Melbourne, Victoria <i>Prof. Dr. Peter Disler</i>	
Austria	
Donauspital Physical Medicine & Rehabilitation Langobarelenstrasse 122 A-1220 Wien <i>Dr. Christine Prager</i>	Kaiser-Franz-Josef-Spital/ SMZ Süd Institut für Physikalische Medizin Kundratstrasse 3 1100 Vienna <i>Prof. Dr. Michael Quittan</i>
Medical University of Innsbruck Clinical Department of Internal Medicine, Rheumatology Unit <i>Prof. Manfred Herold</i>	University Clinic for Physical Medicine and Rehabilitation Währinger Gürtel 18-20 1090 Wien <i>Prof. Dr. Veronika Fialka-Moser</i>
Univ. Klinik für Innere Medizin Physical Medicine Anichstr. 35 6020 Innsbruck <i>Doz. Dr. Erich Mur</i>	
Belgium	
Bone and Cartilage Metabolism Unit CHU Centre – Ville <i>Prof. Jean-Yves Reginster</i>	Kuleuven Department of Rheumatology <i>Prof. Frank Luyten</i> <i>René Westhofen</i>
University of Liege Department of Public Health, Epidemiology and Health Economics <i>Prof. Olivier Bruyère</i>	
Brazil	
Hospital das Clinicas, School of Medicine, University of Sao Paulo Rehabilitation Medicine Rua Diderot, 43 - Vila Mariana 04116-030 Sao Paulo <i>Prof. Dr. Linamara Rizzo Battistella</i>	Santa Casa de Sao Paulo Servico de Fisiatria Rua Domiciano Rossi 300 Ap. 32 09726-121 Sao Paulo <i>Dr. Eduardo de Melo Carvalho</i>

Canada	
Institute for Work & Health Health Services Research 481 University Ave Toronto M5G 2E9 Ontario <i>Dr. Jaime Guzman</i>	McGill University Health Centre (Royal Victoria Hospital) Clinical Epidemiology R4.29, 687 Pine Ave W. H3A 1A1 Montreal, Quebec <i>Prof. Nancy Mayo</i>
Chile	
Hospital Clinico, Universidad de Chile Physical Medicine and Rehabilitation Santos Dumont 999 <i>Dr. Carlo Paolinelli Grunert</i>	
China	
Peking Union Medical College Hospital, Chinese Academy of Medical Sciences Department of Endocrinology Wang-Fu-Jing St. 100730 Beijing <i>Prof. Dr. Heng Wang</i>	Sun Yat-sen University, The Second Affiliated Hospital Department of Rehabilitation Medicine No 107 Yan Jiang West Road 510120 Guangzhou <i>Prof. Dr. Tiebin Yan</i>
Tongji Hospital, Tongji Medical College Department of rehabilitation Medicine 1095 Jiefang Street 430030 Wuhan <i>Ass Prof. Dr. Tiecheng Guo</i>	Tung Wah Hospital, University of Hong Kong Division of Rehabilitation, Dept. Of Medicine 12 Po Yan Street Sheung Wan, Hong Kong <i>Dr. Leonard S.W. Li</i>
Cyprus	
Limassol Center of Physical & Rehabilitation Medicine Physical and Rehabilitation Medicine 43, Vassilis Michaelides Str. 3026 Limassol <i>Dr. Nicolas Christodoulou</i>	
Czech Republic	
Charles University in Prague Department of Rehabilitation Medicine First Faculty of Medicine Albertov 7 Prague 2, 12800 <i>Olga Svestkova M.D., Ph.D.</i> <i>Dr Jiri Votava</i>	Institute of Rheumatology Na Slupi 4 <i>Prof. Jiri Vencovsky</i> <i>Hana Jarosova</i>
Egypt	
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9. Links

If you would like to be linked to the ICF Research Branch's website, please contact us.

10. How to contact us

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11. Attachments

- Workshop Registration Form (German)
- Workshop Registration Form (English)
- Coding Rules

If you do not wish to receive this newsletter, please send us an e-mail.