

# artevelde hogeschool

LID VAN DE ASSOCIATIE UNIVERSITEIT GENT

# Measures within the framework of the International Classification of Functioning, Disability and Health (ICF)

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# Patricia and Dominique

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- § Both:
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# Nowadays healthcare systems are confronted with important challenges

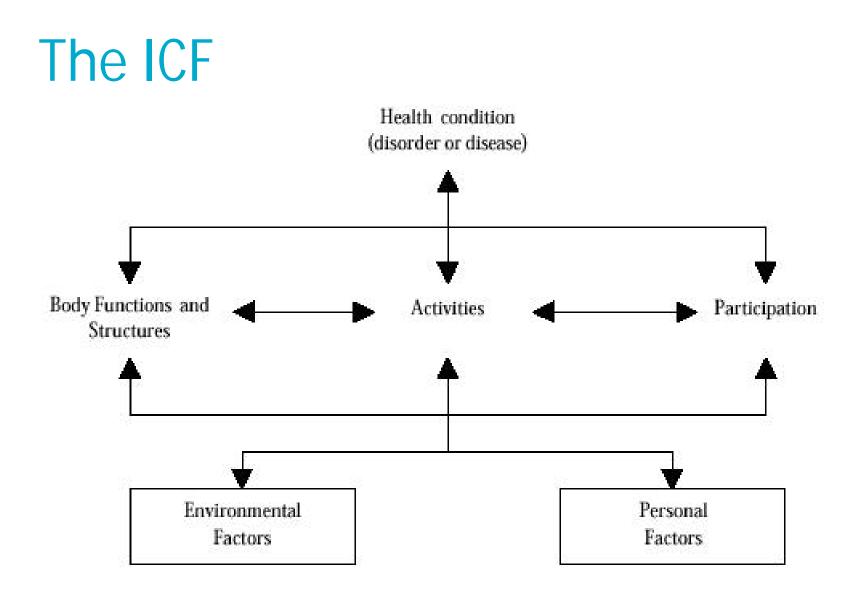
- § the emerging problem of chronic conditions, with a growing group of patients with multimorbidity and
- § an increasing older population
- § cure should be replaced by care

# There is a need for an approach to health,

- § where health is not seen as merely determined by biomedical,
- § but also by a range of economic, psychological, environmental and social factors
- § Less etiology and more emphasis on the consequences
- § Focus on the ability to adapt and self manage (Huber, 2014)

# 'The International Classification of Functioning, disability and Health'

- § represents an inclusive approach that contributes to this bio-psycho-social understanding of health
- § to rate the magnitude of the level of health or to rate the severity of a health problem
- § the advantage to provide
  - § a global language for health, illness and disability
  - § facilitate communication





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# 2 examples of working with the ICF Ø Measuring performance of activities in the diagnosis of (mild) dementia Ø Measuring participation

# The advanced Activities of Daily Living tool a- ADL tool

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ODC Innovation in Health Care Arteveldehogeschool Gent





Vrije Universiteit Brussel

# Diagnostic differentiation between mild and severe forms of cognitive decline based on ADL

#### Dementia Ø Cognitive and functional decline

Ø Neuropsychological and behavioural problems

#### MCI

Ø Cognitive deterioration more than expected for age but not severe enough to warrant diagnosis of dementia

Ø Loss of independency	Ø b-ADL should remain intact, i-ADL minimal impaired
	Ø Growing evidence for subtle performance problems in complex ADL

#### Criteria Petersen et al.; National Institute of Ageing; DSM V

#### Evaluation of ADL is problematic ...

#### Table 2

The Frequency of Use of the Included Questionnaires in the	Elderly
--	---------

Abbreviation of Questionnaire	Number of Records
BI	2562
LB-IADL	1787
KI	534
FAI	156
NEADL	72
FSQ	62
LHS	51
PSMS	49
SMAF	37
LLFDI	35
TMIG-IC	31
GARS	27
WHODAS 2.0 (full version)	26
WDRS-2	25
WHODAS 2.0 (short version)	24
BDQ	23
PAT-D	15
OLDQ	13
TDS	11
LDSQ	10
SF-LLFDI	9
RBFHS	7
EARRS	6
SELF	3

BI, Barthel Index; BDQ, brief disability questionnaire; EARRS, Elderly At Risk Rating Scale; FAI, Frenchay Activities Index; FSQ, Functional Status Questionnaire; GARS, Groningen Activities of Daily Living Scale; ILB-IADL, Lawton and Brody Instrumental Activities of Daily Living Scale; LISQ, Lambeth Disability Screening Questionnaire; LHS, London Handicap Scale; LLFDI, Late Life Function and Disability Instrument; NEADL, Nottingham Extended Activities of Daily Living scale; OLDQ, Organization for Economic Cooperation and Development Long-Term Disability Questionnaire; PAT-D, Pepper Assessment Tool for Disability; PSMS, Physical Selfevaluation of life function Scale; SF-LLFDI, Short Form of the Late-Life Function and Disability Instrument; SMAF, Functional Autonomy Measurement System; TMIG-IC, Tokyo Metropolitan Institute of Gerontology Index of Competence; TDS, Townsend Disability Scale; WDRS-2, Winchester Disability Rating Scale-2; WHODAS, World Health Organization Disability Assessment Schedule. § Variety of tools

- § But Barthel Index, Lawton and Brody iADL, Katz Index of ADL most often used
- § Shortcomings: no normative data, no concensus level of impairment, poor psychometric properties, no diagnostic accuracy ..
- § But ecological validity and feasable (Sikkes, 2012; Yang, et al. 2014)

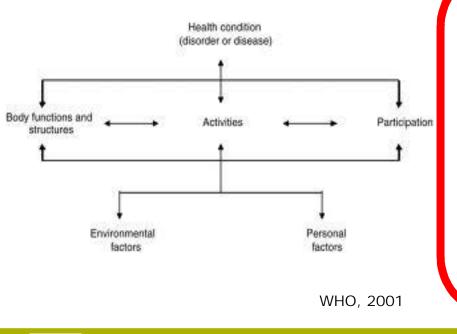


# a-ADL tool (De Vriendt et al, 2012; 2013; 2014; 2015) Rationale

International Classification of Functioning, Disability and Health (ICF)

• Framework

016



 ADL-triade (b-, i-, a-ADL) stratified according to complexity and cognitive organization (Reuben, 1989)

- Person as his own reference
- Differentiation in underlying reasons of impairments
  - Severity of the impairment (ICFqualifiers 0-4)

Stepwise development of a measurement tool

### ØLiterature study

ØQualitative study to involve target population -> relevant activities -> scoring -> tool 1° draft ØPilot study for reliability ØMore data Ø Discriminative study Ø Convergent validity StepByStep..... ØLongitudinal study

#### Basic ADL needed to stay alive (Reuben, 1989)













#### Instrumental ADL needed to stay independent @home (Reuben, 1989)













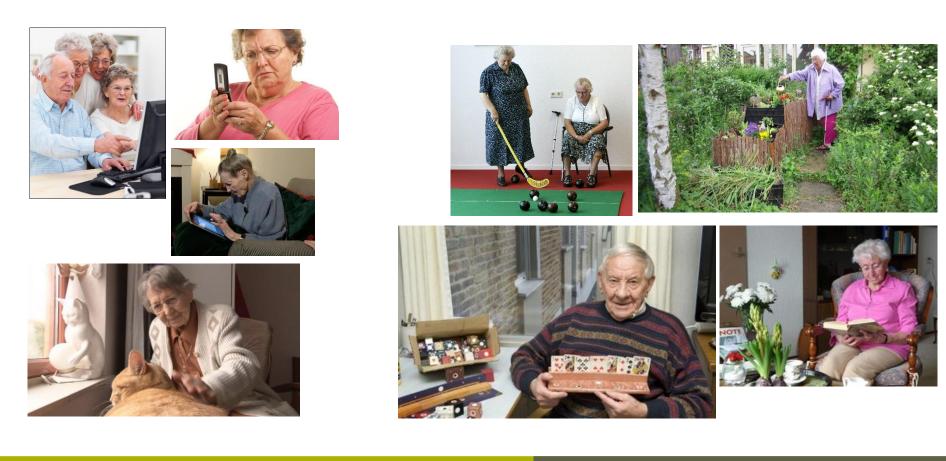








#### Advanced ADL the 'luxury' items (Reuben, 1989)





Cluster	Activity nr.	Activities	Performance 0/1	Quality of performance	Ur	nderlying cause	of limited perform	ance
			0/1	ICF 0/1/2/3/4	Cognitive	Physical	Intrapersonal	Environmental
1	E.	le state a distance a state	1					
1	1	Sophisticated kitchen activities freezing or pickling vegetables	1	1		-		
-	2	baking bread, cakes	1	0				
	3	cooking complex meals	1	0				
8	4	try out new dishes	1	0		0		
-	5	making jam	1	0		0		
2		Household appliance and daily technology						
80	6	using magnetron			2			
-	7	using dish washer using oven	1	1	3			
2	9	using coffee machine	-	1	-			
3	10	using kitchen aid	1	0	0			
3	11	using washing machine						
2	12	using drying machine	1	1	1		9	
-	13	playing radio/cd						
8	14	playing TV	1	1	1			
÷	15	using video/dvd using a camera	1	1	1			
5	10	using a camera using a lawn mower	1	1				
	18	using a electric saw	1	1		-		
	19	using a high pressure cleaner						
	20	using manuals explaining daily technology						
3		High level gardening						
	21	high level gardening	1	1	1			
4		Cognitive stimulating and intellectual activities						
-	22 23	playing puzzles and brainteasers using PC programs	1	1				
5	23	using internet	1	1	1			
	25	using an agenda	1	1	1			
2	26	reading books		100				
	27	reading educational or professional literature, reading in other languages	1	1	1			
	28	writing books, poems, articles	1	1	1			
5		Craftwork and arts	-					
3	29 30	making crafts playing music instrument	1	1		1		
-	31	practicing arts	1	1				
6		Complex economic activities and transactions						
	32	electronically banking, paying electronically, using money out of the wall system						
	33	complex adminstration and banking						
7		Communication activities by using devices or techniques						
-	34	using a cell phone	1	4	4	4		
	35	writing a mail or a letter						
8	36	Sports practicing sports	1	4	4	4		
-	37	riding bycicle	-		-			
9	-	Transportation by motorised vehicles	6		1			
3	38	transportation by motorised vehicles	9			8		
10		Self development, self realization or self educational activities						
-	39	self development, self realization or self educational activities	1	4	4	4		
11	40	Going on a holiday	-					
12	40	going on a holiday Caring for or assisting others	-					
12	41	helping (in the business of) the children						
1	42	taking care of partner						
	43	taking care of (great) grand children	1	4	4	4		
	44	taking care of pets						
13		Caring for household objects						
-	45	caring for household objects						
14		Semi professional work						
15	46	semi professional work Engagement in organised social activities or leisure activities	ies and the second s					
15	47	organising events						
2	48	making and keeping appointments	1	3	3	3		
	49	taking part in meetings, conversations						
80	1							
		Total number of activities relevant for the person: TNA	25		10			
		a-ADL Disability Index: a-ADL DI		34		1		

31

21

a-ADL Disability Index: a-ADL DI a-ADL Cognitive Disability Index: a-ADL CDI a-ADL Physical Disability Index: a-ADL PDI

#### 15 clusters – 49 activities

	Arthony or	Astrologi		Quelty of performance		e of hosted performance	*	
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	1	Bailing breed, cabes		-	3			1 Sophisticated kitchen activities (d6301)
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		ing out news-dollers medding (per-						1 Freezing or pickling vegetables
2		phanerical appliance and daily behindingy						
	8	uang magnetiren uang dati asadasi						2 Baking bread
-	8	a Trai - Andri		1	1			•
	8	Large colfees outstates						3
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	52	oning drying manifest		1				
	2.8	paping rainchd paping 72						
	128	and a second sec						2 Household application and doily
	18	uning à l'anner a	1		1			2 Household appliance and daily
	18	uning a best monet uning a electric same						
	28	uning a fagh pre-source cleancer						technology (d6403)
		uning manuak explaining daily technology MgN least gerdenting						
	21	righ level gardening	1	1	5			6 using magnetron
		Cognitive attractating and interlexitual activities okrying (scores and interlexitor)						
	28	entre Millerenen er en en energen.						7 using dish washer
	.34	using Videonet						
	25	paring an agentia pearding broks		1				8
	23	reading educational or professional Benature, relating in other languages	1		5			8
		witting books, powers, witeless			5			
	29	Craftwork, and arts making crafts		1		-		15 Engagement in organised social
	-	steyling model instrument	1			1		
	81	practicing arts Compress economic authorities and transactions						activities or leisure activities
	83	electronically banking, paying electronically, using money out of the wall system						
		complex adordestration and barrielog						(d910, d9250)
	54.	Constructionations and infinite by using devices or backet-space using a red phone				-		(4710, 47230)
	85	writing a road or a letter						
	55	iporta practicing opera	-					
	87	etiling byclicke						10 toling a part in production
9		Transportation by instanteed vehicles						49 taking part in meetings,
20		tering of a sol of residence denotes						
	39	eel development, eel realization or cell educational activities.		6		-		conversations.
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53		Carling for or assisting others						
	61	helping (jo the business of the children failing care of partner						
	51	failing care of Arrentherand children			1			
	68	taking care of period						
		Caring for household objects caring for household objects						
54		Sens professional work						
	- 25	and polesticial and						
	67	Regagement in organized social activities or laters activities organizing events						
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			20					
		and St. Dirachimpi maman and St. 20						

Cluster	Activity nr.	Activities	Performance 0/1	Quality of performance Underlying cause of limited performance		nance					
			0/1	ICF 0/1/2/3/4	Cognitive	Physical	Intrapersonal	Environmental			
1	ř.	Sophisticated kitchen activities	1 1								
-	1	freezing or pickling vegetables	1		1						
	2	baking bread, cakes	1		0 0						
3	3	cooking complex meals	1		0 0						
2	4	try out new dishes	1		0	(					
-	5	making jam	1		0	(	0				
2	6	Household appliance and daily technology					-				
	6	using magnetron using dish washer			S	_					
	8	using oven									
2	9	using coffee machine									
	10	using kitchen aid									
2	11	using washing machine									
	12	using drying machine									
§	13	playing radio/cd					بالريا مر				
3	14 15	playing TV	=== d1	Learnii	nd an	a ac	DDIVID	na			
3	15	using video/dvd using a camera			<u> </u>		J	3			
8	17	using a lawn mower		knowle	ndao						
	18	using a lectric saw		<b>NI IOVVIE</b>	uye						
	19	using a high pressure cleaner			Ŭ						
<u>.</u>	20	using manuals explaining daily technology		0							
3		High level gardening	d2	(aenera	ai tasi	ุ เร ล	nd de	lemands			
-	21	high level gardening		Contere		u		Jernanas			
4	22	Cognitive stimulating and intellectual activities									
-	22	playing puzzles and brainteasers using PC programs		Communication							
8	24	using internet	+ 03								
	25	using an agenda									
20	26	reading books									
3 /	27	reading educational or professional literature, reading in other languages		N / a la ! ! ! +							
	28	writing books, poems, articles	💳 d4	Mobility							
5		Craftwork and arts		······································							
8	29	making crafts									
-	30 31	playing music instrument practicing arts		Self-care							
6	51	Complex economic activities and transactions	💳 d5		ll e						
-	32	electronically banking, paying electronically, using money out of the wall system									
	33	complex adminstration and banking									
7		Communication activities by using devices or techniques	d6	Domes	tic lif	$\sim$					
	34	using a cell phone	uo	Dumes	SUC III	E					
-	35	writing a mail or a letter									
8	-	Sports									
	36	practicing sports	d7	Intorn	arcon	al ir	itora	ction	c		
9	3/	riding bycicle Transportation by motorised vehicles	- u/	Interpe			וכומי	CHOIL	3		
	38	transportation by motorised vehicles									
10		Self development, self realization or self educational activities		and re	lation	S					
	39	self development, self realization or self educational activities			anon	3					
11		Going on a holiday									
-	40	going on a holiday		Major	lifo or	000					
12		Caring for or assisting others	d8 ====	Major		E92					
	41 42	helping (in the business of) the children taking care of partner		<b>,</b>							
3 <u>-</u>	42	taking care of partner taking care of (great) grand children									
	44	taking care of pets	d9	Comm	unity	and		~ lifo			
13		Caring for household objects	u9	COITIII	unity	anu					
	45	caring for household objects			<u> </u>						
14		Semi professional work									
5	46	semi professional work					-				
15		Engagement in organised social activities or leisure activities					-				
-	47	organising events			2 3		2				
3. 7	48	making and keeping appointments taking part in meetings, conversations	1		3 3		2				
(h)	49	taking part in meetings, conversations									
		Total number of activities relevant for the person: TNA	25								
		a-ADL Disability Index: a-ADL DI			34						
		a-ADL Cognitive Disability Index: a-ADL CDI			31	-	_				
		a-ADL Physical Disability Index: a-ADL PDI			-	21	3				
			18.				14				

#### The ICF Scores

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	88	complex administration and banking						
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	. HE	transportation by motorised wellstee						
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		Total number of activities relevant for the persons 753.	-	r .				
		a-ADL Disability thelas. a-ADL DI			21			

Performance: 0/1

*O No Problem Completely independently, no help, adequate, flexible, inventive, creative* 

1 Mild Problem Completely independently, no help, mild limitations: less frequent, more simplified

2 Moderate Problem Independently, sometimes help, less adequate, less result oriented, faults in performance

*3 Severe Problem Completely dependent, continuous help (guiding, support, effective help)* 

> 4 Complete Problem No active performance at all

#### Underlying causes of limitation

Code!	Authority of	. Activities	Performance 5/1	Quality of performance	1	hotertying anaw	of traffed perform	4003			
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	25	song an agenta			1						
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	40	Weyling Prodel Endinances1			1						
	31	practicing arts				1					
8		Complex economic authities and transactions									
	83	electrocically backing, paying electrocically, using money out of the east system									
	88	complex administration and banking	S S								
7		Consequences activities by adog devices or techniques									
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8		eeriting a mad on a lettee Saosta				-					
	36		-		-	1					
	47	practicing sports									
8		falling bysicle Transportation by motorized exteriors									
	82	Naroportation by motorized welfabes									
55		he'f development, self readiaction or ant' educational activities									
	.89	ant development, self realization or self educational activities.	1		4	4. 1					
		Goring on a herikbep									
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23		Carlog for or assisting other's									
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58		Regispensent in unpaviewel social activities or analysise									
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	42	making and keeping appointments	1		- 1	1					
	45	taking part to intertings, conversations				1					
							S. S. S.				
		Total number of activities relevant for the persons that	25								
		a-d25 Disability takes a d25 25			20						
		ar ADL Capitilities Standolling Index: ar ADL CDI			83	1					

#### The a-ADL indices expressed as %

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	. 17	Lucing a beam coorder			1			
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8		prigris la seci gandanning						
	.21	bigh more producing					1	
	23	Engrethes at each story and interfectual activities	-				1	
		panying pulpike and indicaters					1	
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	28	aning scherole					1	
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	23	reacting educational or professional Banature, reacting in other languages			1 .		1	
	38.	ariting lands, press, articles	1	1	1		1	
<u>ii</u> .		Cathaonis and arts						
	338	enabling eraf te	1					
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	.81	x 2/12 /2 g 2/12						
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			3					

TNA Total Number of Activities a-ADL-DI Advanced Activities of Daily Living Disability Index a-ADL-CDI Advanced Activities of Daily Living Cognitive Disability Index a-ADL-PDI Advanced Activities of Daily Living Physical Disability Index

#### Interpretation results a- ADL

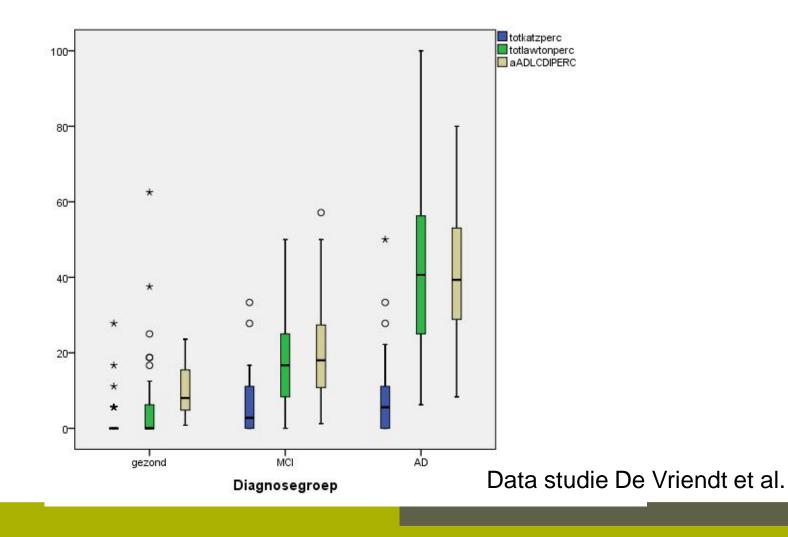
a-ADL-DI: 68% a-ADL-CDI: 66,66% a-ADL-PDI: 9,27%

- the a-ADL-CDI showes clearly functional impairment due to cognitive causes
- No physical causes of impairment as shown by the Physical Disability Index

	GROUPS	OPTIMAL CUT-OFF	SENSITIVITY	SPECIFICITY	AUC	PPV	NPV
Indices							
a-ADL-DI	C vs. MCI	27.2	75%	80.0%	0.814	79.3%	75.7%
	MCI vs.	47.9	71.2%	70.8%	0.802	72.4%	62.6%
	AD						
	C vs. AD	36.2	94.2%	90.0%	0.949	90.4%	94.2%
a-ADL-CDI	C vs. MCI	14.1	75%	70.0%	0.791	69.4%	75.7%
	MCI vs. AD	27.4	80.8%	70.8%	0.804	72.4%	79.6%
	C vs. AD	22.5	86.5%	94.0%	0.960	94.2%	86.0%
a-ADL-PDI	C vs. MCI	6.1	60.4%	6.0%	0.600	54.5%	61.3%
	MCI vs. AD	9.3	61.5%	64.2%	0.580	65.2%	59.6%
	C vs. AD	7.1	67.3%	72.0%	0.666	72.8%	66.4%

Table 2. Discriminative validity of the a-ADL indices between controls, patients with MCI and AD

#### Hypothesis of functional continuum



#### Clinimetric properties: methods & results

Psychometric properties							
Feasibility	Time use (n=30) Comprehensibility (n=30)	ü					
Face validity	Qualitative study, involvement of patients (n=38)						
Content validity	Prevalence of the a-ADL items (n=68)	ü					
Reliability of the scoring system	Distribution of the scores among groups (n=68) Inter rater agreement/reliability (n=28) Agreement patient/proxy (n=24)	ü					
Construct validity	Hypothesis correlations with other measures $(n=68)$ Expected differences between groups $(n=68)$	ü					
Discriminative validity	ROC's & Sensitivity and specificity (n=157) Positive and negative predicative values (n=157)	ü					
Convergent validity	Compared with Natural Action Test (n=30)	ü					

#### Predictive value a-ADL-tool

Group	Indices	Overall hit ratio	Sens	Spec	Neg pred value	Pos pred value	AUC
HC/ MCI	TNA a-ADL- CDI	80%	77.5%	82%	82%	77.5%	.877
MCI/ AD	a-ADL- CDI	79.3%	82.7%	75%	77%	81%	.836
HC/A D	TNA a-ADL- CDI	92.2%	92.3%	92%	92%	96%	.982

Logistic regression (n=150)

De Vriendt et al., a-ADL schaal



# Measuring participation as defined by the WHO in the ICF

Dominique Van de Velde, Phd. Helsinki – international Week – April 2016

# Introduction Defining Participation?

- The WHO's definition of Participation
  - Involvement in a life situation (wнo, 2001, p10)

Domains of participation		
d1	Learning and applying knowledge	
d2	General tasks and demands	
d3	Communication	
d4	Mobility	
d5	Self-care	
d6	Domestic life	
d7	Interpersonal interactions and rel	
d8	Major life areas	
d9	Community and civic life	



# Research questions

- Optimal participation is considered as the ultimate goal of a rehabilitation process (Stucki, 2003).
- Research questions:
  - How is participation measured?
  - How is it operationalized?
  - Are the measurement instruments psychometrically sound?



# Results:

## 10 Measurement Instruments

- Community Integration Measure CIM (McColl et al, 2001)
- The Keel Assessment of Participation KAP (Wilkie et al, 2005)
- Community Integration Questionnaire 2 CIQ2 (Johnston et al, 2005)
- Impact on Participation and Autonomy IPA(Q) (Cardol et al, 1999)
- Late Life Function and Disability Instrument LLFDI (Haley et al, 2002)
- Measure of home and community participation PAR-PRO (Ostir et al, 2006)
- Participation Measure for Post Acute Care PM-PAC (Gandek et al, 2007)
- Participation Objective, Participation Subjective POPS (Brown et al, 2004)
- PARTicipation Survey/Mobility PARTS/M (Gay et al, 2006)
- Participation Scale P-Scale (Van Brakel et al, 2006).
- Utrecht Scale for Evaluation of rehabilitation Participation (Post et al, 2012)



Instrument	Aspects measured	Domains of the ICF covered
CIM	Performance	Not based on the ICF domains
КАР	Frequency	5 domains (4.6.7.8.9)
CIQ2	Performance, Satisfaction and Importance	Not based on the ICF domains
IPA	Autonomy, Limitations	Not based on the ICF domains
LLFDI	Frequency, limitations	Not based on the ICF domains
PAR-PRO	Frequency	5 domains (4.6.7.8.9)
PM-PAC	Limitations, duration, satisfaction	8 domains (1.3.4.5.6.7.8.9)
POPS	Frequency, satisfaction and importance	5 domains (4.6.7.8.9)
PARTS/M	Frequency	6 domains (4.5.6.7.8.9)
P-Scale	Limitation	8 domains (1.3.4.5.6.7.8.9)
USER	Frequency, satisfaction, restrictions	Not based in the ICF domains

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#### Results: How is Participation Operationalized?

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	Content Validity	Internal Consisteny	Criterion Validity	Construct Vaidity	Reproducbility Agrreement	Reproducibility reliability	Responsiveness	Floor-Ceiling effects	Interpretability	Overall score
CIM	+	+	-	-	+	0	-	+	+	4
КАР	?	na	+	na	-	-	0	-	+	2
CIQ2	+	+	-	-	+	+	0	+	+	6
IPA	+	+	-	+	+	+	+	-	+	7
LLFDI	+	+	-	0	-	+	-	-	+	4
PAR-PRO	-	+	0	-	0	-	0	+	-	2
PM-PAC	?	+	-	+	+	+	+	-	+	6
POPS	+	0	0	0	0	0	0	0	+	1
PARTS/M	+	+	?	-	?	?	0	0	-	2
P-scale	?	+	0	+	+	+	+	-	+	6

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CIM	+	+	-	-	+	0	-	+	+	4
КАР	?	na	+	na	-	-	0	-	+	2
CIQ2	+	+	-	-	+	+	0	+	+	6
IPA	+	+	-	+	+	+	+	-	+	7
LLFDI	+	+	-	0	-	+	-	-	+	4
PAR-PRO	-	+	0	-	0	-	0	+	-	2
PM-PAC	?	+	-	+	+	+	+	-	+	6
POPS	+	0	0	0	0	0	0	0	+	1
PARTS/M	+	+	?	-	?	?	0	0	-	2
P-scale	?	+	0	+	+	+	+	-	+	6

	Content Validity	Internal Consisteny	Criterion Validity	Construct Vaidity	Reproducbility Agrreement	Reproducibility reliability	Responsiveness	Floor-Ceiling effects	Interpretability	Overall score
CIM	+	+	-	-	+	0	-	+	+	4
КАР	?	na	+	na	-	-	0	-	+	2
CIQ2	+	+	-	-	+	+	0	+	+	6
IPA	+	+	-	+	+	+	+	-	+	7
LLFDI	+	+	-	0	-	+	-	-	+	4
PAR-PRO	-	+	0	-	0	-	0	+	-	2
PM-PAC	?	+	-	+	+	+	+	-	+	6
POPS	+	0	0	0	0	0	0	0	+	1
PARTS/M	+	+	?	-	?	?	0	0	-	2
P-scale	?	+	0	+	+	+	+	-	+	6

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КАР	?	na	+	na	-	-	0	-	+	2
CIQ2	+	+	-	-	+	+	0	+	+	6
IPA	+	+	-	+	+	+	+	-	+	7
LLFDI	+	+	-	0	-	+	-	-	+	4
PAR-PRO	-	+	0	-	0	-	0	+	-	2
PM-PAC	?	+	-	+	+	+	+	-	+	6
POPS	+	0	0	0	0	0	0	0	+	1
PARTS/M	+	+	?	-	?	?	0	0	-	2
P-scale	?	+	0	+	+	+	+	-	+	6

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CIQ2	+	+	-	-	+	+	0	+	+	6
IPA	+	+	-	+	+	+	+	-	+	7
LLFDI	+	+	-	0	-	+	-	-	+	4
PAR-PRO	-	+	0	-	0	-	0	+	-	2
PM-PAC	?	+	-	+	+	+	+	-	+	6
POPS	+	0	0	0	0	0	0	0	+	1
PARTS/M	+	+	?	-	?	?	0	0	-	2
P-scale	?	+	0	+	+	+	+	-	+	6

	Content Validity	Internal Consisteny	Criterion Validity	Construct Vaidity	Reproducbility Agrreement	Reproducibility reliability	Responsiveness	Floor-Ceiling effects	Interpretability	Overall score
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IPA	+	+	-	+	+	+	+	-	+	7
LLFDI	+	+	-	0	-	+	-	-	+	4
PAR-PRO	-	+	0	-	0	-	0	+	-	2
PM-PAC	?	+	-	+	+	+	+	-	+	6
POPS	+	0	0	0	0	0	0	0	+	1
PARTS/M	+	+	?	-	?	?	0	0	-	2
P-scale	?	+	0	+	+	+	+	-	+	6
USER	+	?	+	?	+	+	0	+	+	6

## Challenge?

To develop a participation measurement-instrument that

- includes both subjective and objective variables,
- covers all the domains of participation
- is based on the ICF qualifier scale leading to 1 participation score.



- 1 Mild participation problem
- 2 Moderate participation problem
- 3 Severe participation problem
- 4 Complete participation problem



## Step 1: Item derivation.

- Qualitative research
- How is participation perceived by individuals?



#### Results: the determinants

- 1. The ability to choose a seemingly meaningless occupation
- 2. The fact that there are other options
- 3. Being able to perform activities in line with previous experiences
- 4. Being able to perform activities related to one's own identity
- 5. Being able to perform activities in order to enhance personal growth
- 6. Having a feeling or trust in the familiar community
- 7. The fact that people unconditionally take over necessary tasks
- 8. The feeling that relatives and other important persons are doing well
- 9. Experiencing a sense of control by acting
- 10. Feeling endorsed or valuated by acting
- 11. Experiencing a sense of importance by acting
- 12. Experiencing the appeal of one's capacities
- 13. Finding equal identities through acting
- 14. ...
- 15. ...



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Int J Rehabil Res. 2010 Dec;33(4):346-55. doi: 10.1097/MRR.0b013e32833cdf2a.	Full text links
Perceived participation, experiences from persons with spinal cord injury in their transition period from hospital to home.	Wolters Kluwer
Van de Veldea D <sup>1</sup> , Bracke P, Van Hove G, Josephsson S, Vanderstraeten G.	Save items
Author information	☆ Add to Favorites ▼
Abstract It is suggested that participation should be achieved at the end of the rehabilitation process. However, there is a lack of consensus on the definition, the conceptualization and the measurement of participation. This study aims to add to the existing body of knowledge of participation by exploring the 'person perceived participation' in individuals with spinal cord injury (SCI). On the basis of the 'grounded theory' approach, in-depth, semistructured interviews were conducted with 11 SCI patients from a rehabilitation cohort in their transition period from hospital to home, to gain an insider perspective on the concept of participation. Results identified three different categories of participation: social participation, occupational participation and socio occupational participation. The participants conceptualize participation as a set of values, including experiencing free choice to perform activities, performing according to the person's identity, experiencing personal growth, belonging by experiencing trust and security, feeling validated, having a sense of control, experiencing a sense of importance and finding equal identities. In conclusion, from a client perspective, participation is a complex, multidimensional construct and can be considered asa dyad between the individual's social interactions and his specific activities performed. Participation was not experienced by the SCI patients as an objective way of performing activities within a societal context or as frequencies of activities performed, but rather as an internal process of negotiation that seemed to be based on balancing personal and societal values. PMID: 20679902 [PubMed - indexed for MEDLINE] <b>MID:</b> 20679902 [PubMed - indexed for MEDLINE]	Similar articles The illusion and the paradox of being autonomous, experiences [Disabil Rehabil. 2012] Self-perceived participation among adults with spinal cord injury: a grounded [Spinal Cord. 2012] Patients' perspectives of a spinal cord injury unit. [SCI Nurs. 1990] Review Participation after spinal cord injury: the evolution of conceptue [J Neurol Phys Ther. 2005] Review Social participation post stroke: a meta- ethnographic review of the [Disabil Rehabil. 2014] See reviews
MeSH Terms 🗧	566 all
LinkOut - more resources	Related information  MedGen
PubMed Commons home	
O comments     How to join PubMed Commons	Recent Activity <u>Turn Off</u> <u>Clear</u> Perceived participation, experiences from persons with spinal cord injury in thePubMed
	The illusion and the paradox of being
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## Step 2: Development of the scale.

#### • Survey: 350 individuals

1. What are the five most important activities that you have performed during the last week?

2. How many time did you spent in each of these activities?

3. Give an appreciation from 1 to 5 for the following statements (from 1 totally agree to 5 totally disagree)

 $S_1$ : it was completely my choice to engage in this activity.

S<sub>2</sub>: I performed this activity (or I was part of it) completely as I wished.

 $S_3$ : during this activity I was completely able to be myself.

S<sub>4</sub>: this activity was completely self-fulfilling.

 $S_5$ : during this activity, I experienced a feeling of complete control  $S_6$ : ...



## Step 3: Structure of the scale.

- Exploratory Factor Analysis
  - 3 subscales:
    - Activities leading social appreciation
    - Activities according to choices and wishes
    - Delegated activities
- Internal consistency:
  - Cronbach's Alpha: α: 0,79 0,83
  - Item total correlation: 0,57 0,80



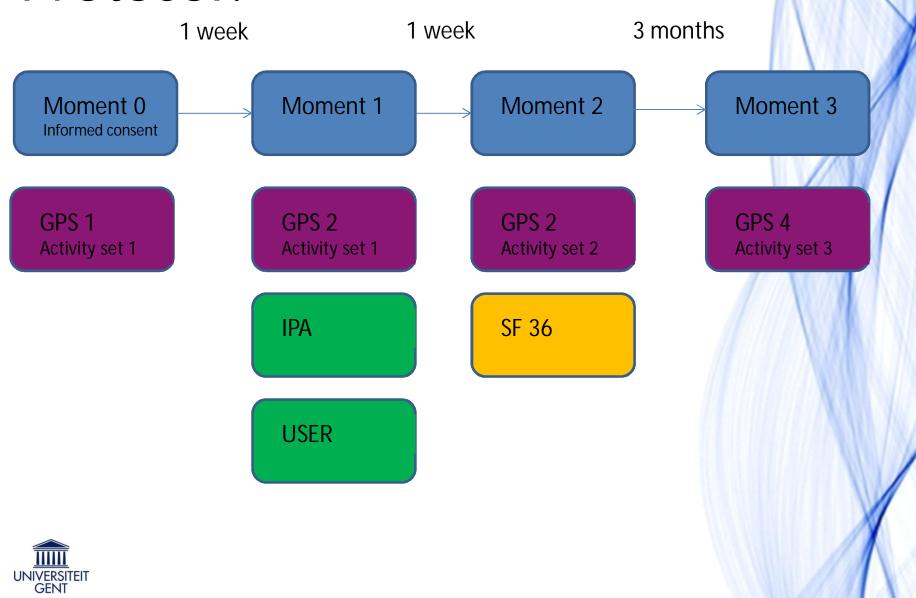
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Dominic	que Van de Velde - Outlo	ook Web App		Measuring participat	ion when combining subje	ctive and objective variables; the	development of the Ghent	
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Abstract -					Send to: -	Full text links		
Eur J Phys Rehabil Med. 2015	Nov 27. [Epub ahead of p	print]				FREE FULL TEXT article at minervamedica.it		
Measuring participa Participation Scale		ining subjective a	nd objective variabl	es; the development	of the Ghent	minervamedica.it		
Van de Velde D <sup>1</sup> , Bracke P,	Van Hove G, Josephsse	on S, Viaene A, De Boeve	er E, Coorevits P, Vanderstra	ieten G.		Save items		
Author information						Add to Favorites	•	
participation is in the ICF t	the manifestation of a bjective and/or a limite	bio- psycho-social reas ed set of subjective varia	oning. Different participation ables, but keeping them as	atients rehabilitation setting on measures have already s separate concepts. There one participation score.	been developed and wer			
	Additionally it was the	e aim to explore whethe		ects and leading to one fina ernal validity by means of fa		Development and psychometric properties of a scale for measuring [BMC Health Serv Res. 201		
on qualitative research. Th	ne participants admini	stered the GPS in the th	nird week after discharge f	s conditions. Item derivation rom the Ghent University H pressed in both item-total co	ospital. An exploratory	Review [Caregiver burden in relatives of persons with schizophrenia: ar [Encephale. 2003 Development of a social inclusion index to capture subjective [Health Technol Assess. 2012		
RESULTS: An exploratory and wishes, (2) social app	reciation and accepta	nce by performing activ	ities and (3) the need to de	erforming activities accordir elegate activities explaining nd a strong internal consiste	55.8% of the total	Review [Psychometric cha questionnaires designed to	as: [Encephale. 2004] See reviews	
				be a valid measure to rate p nonse models are needed to			See all	
psychometrically sound in	strument.		18 A.			Related information		
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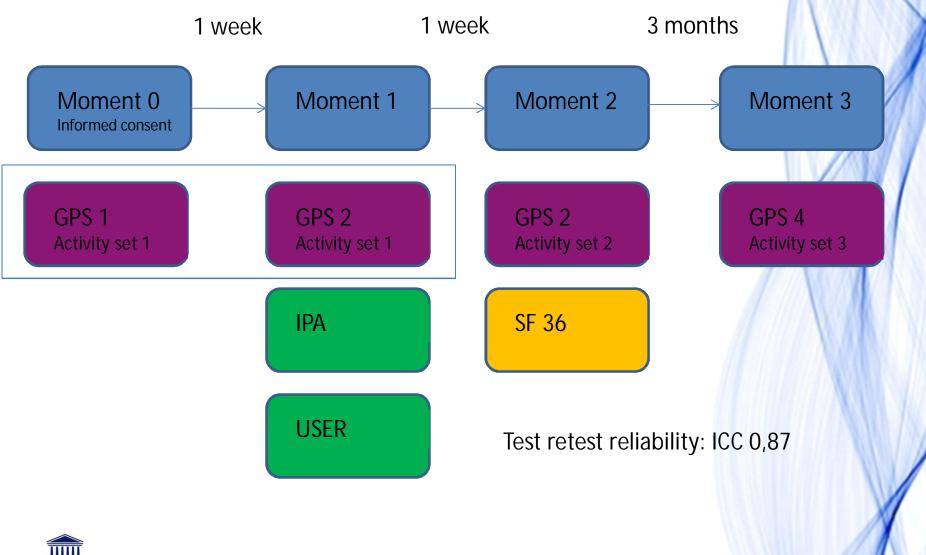
## Step 4: testing the Psychometrics

Participants: 365 individuals from 6 rehab centers, with different health conditions

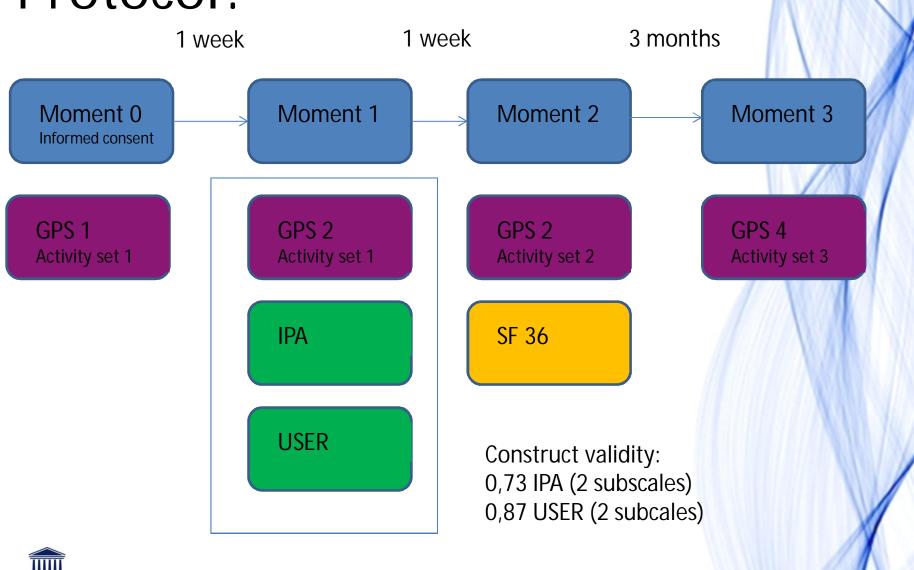
- Test-retest reliability
- Construct validity
- Discriminative validity
- Responsiveness
- Interpretability



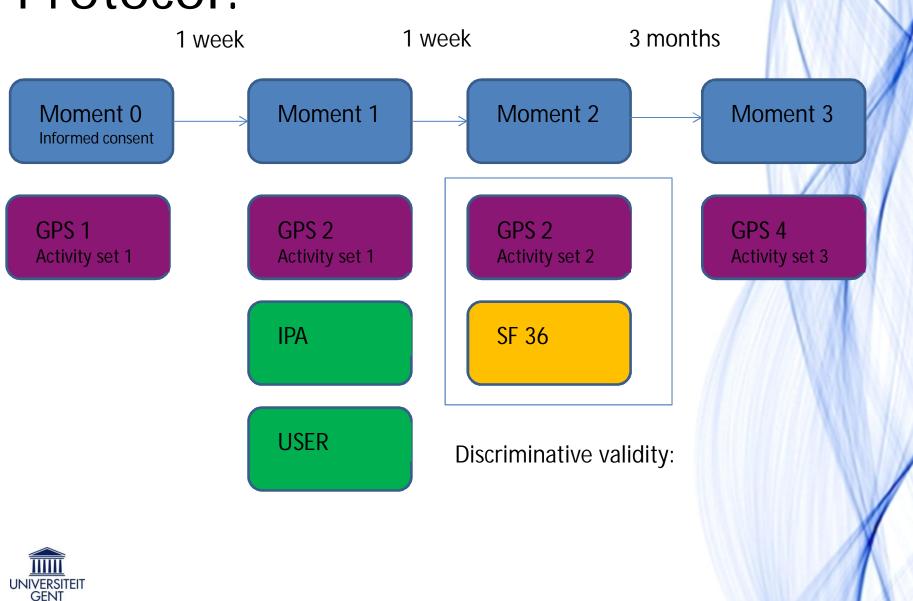




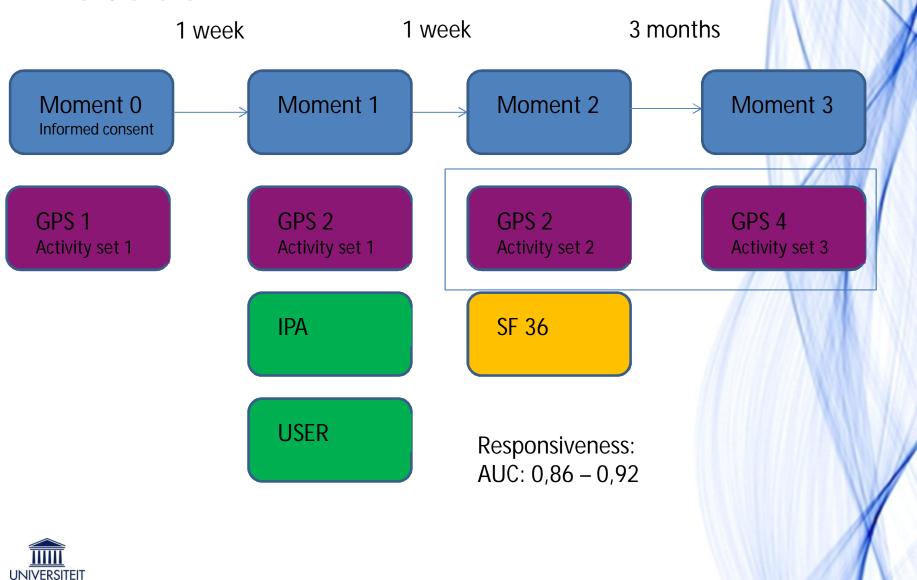








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## Interpretability:

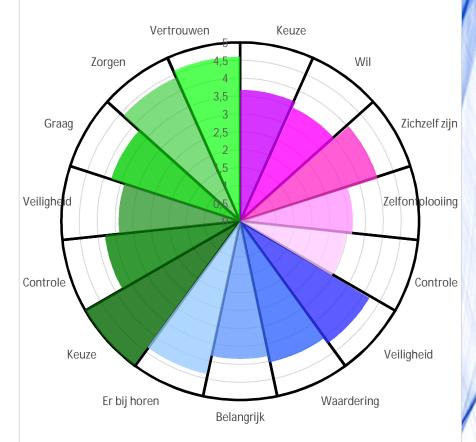
**One Participation score:** 65,50%

#### According to the ICF Qualifier: 2

• Moderate participation problem.

## Conclusion:

The study resulted in a **generic participation measure**, the GPS. The GPS has **strong psychometric properties** and is **easy to interpret**. The GPS enhances the ability for practitioners to **evaluate the effectiveness of their interventions** regarding participation.





Artcile Accepted : Clinical Rehabilitation February 2016.

#### To conclude

#### § It is possible

- § To measure within the ICF:
  - § Wit less emphasis on the etiology but more emphasis on the consequences
  - § On both levels of activities and participation.

§ It depends on the way you operationalize the concepts.



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# Who wants to join us in our scientific work?

## Process of translation and adaptation of instruments

- § WHO guidelines: focus on cross-cultural and conceptual, rather than on linguistic/literal equivalence
- § Following steps:
  - § Forward translation
  - § Expert panel Back-translation
  - § Pre-testing and cognitive interviewing
  - § Final version
  - § Documentation

#### Questions?

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