

LETTER TO EDITOR

Utilization of Extended International Classification of Functioning Core Set for Stroke Patients

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Dear Editor,

Today, in the era of quality health care services, physical therapy plays paramount role in reducing sufferings of patients and maximizing their movement potential¹. As a physical therapist, one should possess sound clinical decision-making skills, is able to incorporate patient management model and can use latest evidence-based strategies during therapist patient interface. Therefore, a classification system or common terminology is required which is reliable and clinically pragmatic¹. International Classification of Function (ICF) model has been endorsed by World health assembly in 2001 and by American Physical Therapy Association in 2005 not only as a system of classification but also as a standardized assessment tool but since ICF model is very comprehensive as it contains more than 1400 categories. ICF core sets for specific health conditions have been established which are concise practicable catalogue that expresses efficiently different aspects of functioning and dysfunctioning and are currently being used internationally at many platforms².

In Pakistan, Shaheen Pasha was the first one to introduce ICF in the special education to address the special demands of children with disabilities, as she believed the categories of function explained by ICF are of utmost importance in meeting the needs of Special pediatric population according to their level of function and dysfunction³. She brought into notice the unavailability of regiment protocols or methods in Pakistan to assess any child's level of disability and their functioning. She appealed to the government authorities to take some steps in introducing international classification of function in our health care system especially in special education department in order to improve the quality of services they provide to the children with special needs³.

When it comes to the neurological rehabilitation, much has been done internationally on ICF core sets implementation for various neurological conditions like cerebral palsy and stroke⁴. As we all know stroke places huge disease burden and the incidence of Stroke especially in the people, belonging to age group of 45 to 65 years is up to ten times greatest in south Asian countries like Pakistan, India, and China compared to the European countries⁵. The ICF Core Sets for stroke have been widely used in assessment and measuring outcomes of rehabilitation internationally and are validated for their responsiveness in a large number of studies. Unfortunately, in our settings, our knowledge regarding ICF categories and core set is limited therefore; we need to validate these core sets in our setting to determine their applicability.

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CONFLICT OF INTEREST

The authors declare no conflict of interest

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AUTHORS' CONTRIBUTION

All authors contributed equally in the manuscript writing.

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