What problems did the researchers set out to study, and why?
The International Classification of Functioning, Disability and Health (ICF) provides a recognized framework and classification system that can be used to describe the impact of health and health conditions on functioning and disability. The components of functioning and disability include body functions and structures and activities and participation. The ICF also considers contextual factors, including environmental and personal factors, that interact with health conditions to influence functioning and disability.

As the authors emphasize, patho-anatomic diagnoses, such as those based on the International Classification of Diseases, do not meet the needs of physical therapists, who require a more function-oriented framework as a basis for intervention. The authors hypothesized that the ICF can be used to identify patient problems commonly managed by physical therapists in a common and standardized language. Such a description could lead to lists of ICF categories that describe physical therapist practice.

The purpose of this study was to identify the ICF categories that describe the most common functional problems related to musculoskeletal, neurological, and internal medicine conditions in patients treated by physical therapists in acute, rehabilitation, and community health care settings.

Who participated in this study?
Physical therapists from the German-, French- and Italian-speaking areas of Switzerland who practiced in acute, rehabilitation, and community health care settings and who treated patients with musculoskeletal, neurological, or internal medicine problems. A total of 263 physical therapists participated in at least 1 of the 3 rounds of Delphi exercises. Subjects were divided into 9 groups based on work setting and type of patient problems that they most typically manage.

What new information does this study offer?
The results indicate the areas of functioning and disability that are most commonly targeted by physical therapists when managing patients with musculoskeletal, neurological, or internal medicine problems. Across all groups, the greatest consensus was found in the areas of body functions and activities and participation. In most groups, the highest consensus was reached in categories related to movement. For neuromusculoskeletal and movement-related functions and sensation of pain, there was a consensus of 80% or higher in all 9 groups.

There were also differences among the groups. Mental functions, sensory functions, function of the digestive, metabolic, and endocrine systems, learning and applying knowledge, and self-care were areas of important problems for patients with neurological conditions across all settings. Important problems for patients with musculoskeletal conditions were in categories similar to those for patients with neurological involvement, with the addition of the category “acquiring, keeping, and terminating a job.” For internal medicine conditions, problem areas for which there was consensus included functions of the cardiovascular, hematological, immunological, and respiratory systems. These findings indicate that there were ICF categories that were common to all 3 patient groups as well as categories that were condition specific.

How did the researchers go about the study?
Participating physical therapists were identified by contacting all members of the Swiss Association of Physical Therapy Department Heads and all members of the Swiss Association of Physiotherapy. The authors used a Delphi procedure to conduct a consensus-building 3-round electronic mail survey. In the first round, physical therapists completed open-ended questionnaires to determine the body functions, body structures, activities and participation, and environmental factors that were influenced by physical therapy intervention. Participants were not requested to use ICF language in this round. The participants’ answers then were linked to the ICF using standardized procedures.

For the second round, the ICF categories generated after the first round were listed on a closed-ended questionnaire. Information on whether the participant had named the ICF category in the prior round and the percentage of all participants who had endorsed the ICF category also were provided. Participants were asked to take into consideration their own response and the answers from the group to determine whether the ICF category was treated by physical therapists in patients with problems related to one of the diagnostic areas within a given practice setting. The third round was conducted in a manner similar to the second round. After each round, the percentage of participants who endorsed each ICF category was determined. Consensus was defined as endorsement of a category by 80% or more of the participants.

How might the results of the study apply to the practice of physical therapy?
These findings can be used to develop a profile of functioning for individual patients, which could enable physical therapists to tailor their interventions to the patient. By identifying important categories of interventions for homogeneous groups of patients, it may be possible to develop treatment guidelines that are related to particular impairments of body function and structure and to activity limitations and participation restrictions. This may enable physical therapists to develop treatment-based classification systems that can be subjected to further research to develop evidence-based practice guidelines.

The results could help define physical therapist practice and could be used to develop competencies for entry-level practice and for practice within defined specialty and subspecialty areas. This in turn may be useful for defining clinical education experiences for professional training and for clinical residencies and fellowships. Finally, the results could be used to define relevant outcome measures for specific patient groups in specific practice settings.

What are the limitations of the study, and what further research is needed?
The results of this study can be generalized to physical therapists working in Switzerland with patients who have musculoskeletal, neurologic, or internal medicine conditions in acute, rehabilitation, and community health settings. Research is needed to validate these findings in different countries and settings and with different patient groups. Research also will be needed to determine the influence that the ICF categories will have on future physical therapist practice.