Why Is AOTA Not Using the ICIDH Terminology?

I read with great interest the policies and standards for practice recently endorsed by the American Occupational Therapy Association (AOTA) in the November/December 1994 issue of AJOT. I was surprised to learn, however, that none of the policies or standards referred to the International Classification of Impairments, Disabilities and Handicaps (ICIDH), its framework, concepts, or terminology.

As you probably know, the ICIDH is a tool for the classification of the consequences of disease, injuries, or disorders, published by the World Health Organization (WHO, 1980, 1993). The ICIDH presents three distinct levels of health-experiences: the impairment (the organ/body structure), the disability (functional performance), and the handicap (social/advantage/disadvantage) level. The framework has been applied successfully in many different countries by a wide variety of professionals.

AOTA is to be commended for taking a leading role in the dissemination of the ICIDH in the United States. Training manuals for the first ICIDH introductory workshops have been developed in collaboration with AOTA representatives Ruth A. Hansen and Scott D. McPhee under the auspices of Tim Evans, of the Harvard Center for Population and Development Studies. Furthermore, we are honored that Ruth Hansen is the official liaison between the AOTA and the WHO Collaborating Center for the Classification of Diseases and Related Classifications for North America.

Cognizant about these activities, I was particularly surprised to learn that AOTA did not incorporate the ICIDH terminology in its recent policies. Why should AOTA “create a common terminology for the profession and capture the essence of occupational therapy succinctly for others” (AOTA, 1994a, p. 1047), when international interdisciplinary standards are already in place? Why not join worldwide efforts in the refinement of uniform terminology? Instead, AOTA develops its own framework and terminology. AOTA could have incorporated the impairments, disabilities, and handicap levels and ICIDH classification items in the Uniform Terminology Grid (AOTA, 1994b, pp. 1056–1058). In doing so, AOTA would have been a role model for other professional organizations and for the World Federation of Occupational Therapists. As far as I have been able to identify, there is no professional association in the United States yet that is taking this type of leading position.

AOTA also missed a golden opportunity to invite its members to join the ICIDH revision process. One reason not to support the ICIDH may be that currently the ICIDH is undergoing its first official revision. However, the ICIDH revision will be an ongoing process and there is a critical need now for occupational therapists to participate in this process. In fact, AOTA could have already made a significant contribution by indicating items listed in the above-mentioned grid that are not yet recorded in the ICIDH, such as “medication routine” and “health maintenance” (1994b, pp. 1056–1058).

Understanding and applying the ICIDH, however, takes time. My experiences with introducing the ICIDH to members of the American Public Health Association (APHA) have revealed that it takes open communication, exchange of many different viewpoints, and creative thinking to fully understand the impact and utility of the ICIDH. After several years of hard work and discussing the ICIDH with key policymakers, APHA has now adopted a policy statement based on the ICIDH framework.

I urge AOTA to seriously consider endorsing the ICIDH framework for occupational therapy standards of practice and uniform terminology. I also urge AOTA to encourage its members, occupational therapy schools, and occupational therapy students to review, apply, and critique the ICIDH, and to publish their findings in AJOT. Let us all join WHO efforts to reduce and better manage the impact of diseases, disorders, and injury. To achieve this goal, we need to focus on the prevention of impairments, the early identification and treatment of disabilities and the elimination of handicaps (disadvantages, barriers). The ICIDH is a unique vehicle toward this goal.

References


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Author’s Response

In 1989, the Representative Assembly of AOTA adopted a policy requiring that all documents of the Association use the terms impairment, handicap, and disability according to the International Classification of Impairment, Disabilities, and Handicaps (ICIDH) definitions (World Health Organization [WHO], 1980). This action prompted the Association to review the current approved terminology for occupational therapy.

During the 1991–1992 year, the Commission on Practice (COP) developed a task force to examine the use of terminology. This task force was asked to examine Uniform Terminology for Occupational Therapy—Second Edition (AOTA, 1989); ICIDH (WHO, 1980); and the Americans With Disabilities Act of 1990 (ADA) (Public Law 101-