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Assessment 2

When working with the person, the domains of WHO-ICF that could be modified to improve participation and positive outcome include manual therapy, exercise and educating the patient on these interventions. Jensen Neilson, a fifteen years old boy is diagnosed with cerebral palsy, the severity classified as level II according to the Gross Motor Function Classification System. WHO-ICF model provides an effective framework for understanding patient's experiences and disablement and helps therapists in prioritizing appropriate treatment. WHO-ICF criteria suggest the adoption of some effective models such as rehabilitative cycle, Edward’s and Colleagues clinical reasoning model and Sackett’s principles. Healthcare professionals can utilize specific domains of the WHO ICF model and apply to practice and research for attaining better outcomes. ICF permit them to stress on impairments and limitations in functioning linked to the health conditions. Adoption of the universal taxonomy makes it time efficient for healthcare professionals to conduct thorough examination of the patients undergoing physical disability (Munk & Harrison, 2010).

The affected body functions include impaired communication, impaired motor functioning, abnormal brain functioning, abnormal gait, impaired balancing, seizures, poor speech, and hearing. The condition of Jensen depicts the need for developing evaluative process and goals for helping him to return to activities that will prevent him from further dislocations. The body functions and structure reveals the physical limitations of the patient. The overall assessment according to the WHO ICF model depicts that Jensen feels pain on his lower calf, bicep and wrist flexor (Gómez-Salgado, Jacobsohn, Frade, Romero-Martin, & Ruiz-Frutos, 2018).

Healthcare professionals can also utilize the WHO ICF model for conducting an assessment of the communications and speech ability of Jensen. Examination reveals that that Jensen had developed dysarthria that is a sensorimotor speech disorder linked to the damaged cerebellum or its pathways. The disease is commonly considered as a motor disorder resulting from the uncoordinated hypotonic muscles. Difficulties at execution level lead to ataxic dysarthria while the processing abnormalities undermine the speech ability of Jensen. The cerebellum is the central causes that lead to the development of dysarthria. The impairment has a strong correlation in controlling the time and force of muscle contraction (Eigentler, Rhomberg, Nachbauer, & Ritzer, 2012). Therapists can rely on the model for setting goals in a hereditary condition and adopt effective intervention for positive results (Power, Anderson, & Togher, 2011).

The healthcare professionals are capable of influencing specific areas of WHO-ICF such as by taking actions related to the environmental adaptation, assisting the patient to cope with the illness. Healthcare professionals can improve the chances of recovery by adopting appropriate examination procedure. The physical therapists must consider the social and environmental factors for the prognosis. Accurate level of disability can be determined by finding the patient's participation in physical activities and daily life. By relying on WHO ICF model the therapists and physicians can identify disability according to the contextual and environmental factors (Rundell, Davenport, & Wagner, 2013).

The environmental contextual factors uncovered in case of Jensen include his difficulties to adjust in school, complexities in maintaining social interaction with other students, the non-supportive role of parents and lack of aids such as wheelchairs. Personal contextual factors identified by healthcare professionals include lack of confidence, fears of non-understanding behavior of friends and absence of amenities. Taking these factors into consideration will allow the professionals to address the needs of Jensen more appropriately. They would focus not only on improving his physical condition but also emphasize on promoting his social relationships. Healthcare professionals can thus bring change by contributing to the overall development of the patient (Gómez-Salgado, Jacobsohn, Frade, Romero-Martin, & Ruiz-Frutos, 2018).

Conducting a close examination of the physical constraints permit healthcare professionals to provide intensive care and rehabilitation opportunities. They will examine what cause limited physical mobility and constraints the patient from lifting or maintaining balance. The healthcare professionals can conduct analysis on how strain and muscle weakness affects involvement of Jensen in leisure activities. A critical examination with theoretical evidence will allow them to propose solutions for coping with the physical disability (Eigentler, Rhomberg, Nachbauer, & Ritzer, 2012).

Healthcare professions can bring change by motivating patients to build self-efficacy and self-care qualities. They can educate them about the exercises, routine activities and diet that patient can manage himself. Therapists can adopt manipulative procedures for reducing pain and disability linked to mobility deficit and calf pain. The manipulative non-thrust techniques are also effective for lowering the pains of wrist flexor muscle and bicep. A useful intervention that therapists use for strengthening muscles includes endurance exercises. Trunk coordination will improve mobility and increase the potential of enduring pain. Therapists can also rely on the common interventions explained by the WHO ICF such as focusing on repeated movements, exercises and procedures for promoting centralization that lowers the pain in bicep and calf (Delitto et al., 2012).

The healthcare professionals by adopting the WHO ICF criteria would be able to improve the physical, social and communication aspects of Jensen. The WHO ICF model stresses encouraging patients with physical mobility to build better relationships with their friends and family. Therapists can use the intervention of interpersonal interactions for encouraging the patient to communicate with others. Improving social life of Jensen will assist him in overcoming his social problems of lack of confidence and, insecurities and fears. Healthcare professionals can provide a positive environment at school by helping child interacting with others. A supportive environment can also be created by the provision of adequate equipment such as a wheelchair or stick for walking at school.

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