

## Unit One: Philosophical Framework and Overview

### International Classification of Function (ICF) (WHO, 2001)

The ICF recognizes that health and disablement can be viewed at a number of levels and that factors internal and external to the individual influence health and disablement. ASHA incorporates the ICF framework into the SLP Scope of Practice

#### Health

1. **Body structures** are the anatomical parts of the body such as organs, limbs, & their components
2. **Body functions** are the physiological functions of the body systems (including psychological functions)
3. **Activity** is the execution of a task or action
4. **Participation** is involvement in a life situation
5. **Environmental factors** make up the physical, social and attitudinal environment in which people live and conduct their lives
6. **Personal factors** are the internal influences on functioning including attributes on the individual (e.g., gender, race, age, fitness, lifestyle, habits, upbringing, coping styles, social background, education, profession, experience, character style, etc.)

#### Disablements

1. **Impairments** are problems in body function or structure such as a significant deviation or loss
2. **Activity limitations** are difficulties an individual may have in executing activities
3. **Participation restrictions** are problems an individual may have in involvement in life situations

#### ICF

- I. Components
  - A. Part I: Functioning & Disability
    1. body function & structures
    2. activities and participation
  - B. Part II: Contextual Factors
    1. environmental factors
    2. personal factors
- II. Describing conditions
  - A. Body functions (no problem, mild, moderate, severe, complete)
  - B. Body structure
    1. no problem, mild, moderate, severe, complete

2. no change, total absence, partial absence, additional part, aberrant dimension, discontinuity, deviating position, qualitative changes)
- C. Activities & Participation
  1. Performance
    - a. no problem, mild, moderate, severe, complete
    - b. refers to problem in the environment
  2. Capacity
    - a. no problem, mild, moderate, severe, complete
    - b. limitation of individual's ability
  3. Environmental factors (no problem, mild, moderate, severe, complete)
- III. Application to communication and swallowing
  - A. Body functions
    1. Specific mental functions of language
    2. voice and speech functions
    3. muscle and movement functions
    4. digestive functions
  - B. Body structures
    1. structures of the brain
    2. structures involved in voice and speech
  - C. Activities and participation
    1. communication
      - a. Receiving
        - (1) Spoken
        - (2) Nonverbal
        - (3) Formal sign language
        - (4) Written
        - (5) other
      - b. Producing
        - (1) speaking
        - (2) nonverbal
        - (3) formal sign language
        - (4) writing
        - (5) other
      - c. Conversation and use of communication devices and techniques
        - (1) conversation
        - (2) discussion
        - (3) communication devices and techniques (e.g., using a telephone)
    2. Self-care
      - a. Eating
      - b. Drinking
    3. Interpersonal interactions
      - a. General

- b. Particular (e.g., family, formal, social, intimate)
  - 4. Major life areas
    - a. Education
    - b. Work and employment
    - c. Economic life
  - 5. Community, Social and Civic Life
    - a. Community life
    - b. Recreation and leisure
    - c. Religion and spirituality
    - d. Human rights
    - e. Political life and citizenship
  - D. Environmental factors
    - 1. products and technology
    - 2. natural environment and human-made changes to the environment
    - 3. support and relationships
    - 4. attitudes
    - 5. services, systems, & policies
- IV. Application to diagnosis
- A. Body functions & structures (impairments)
    - 1. identifies any underlying anatomical or physiological limitations causing or contributing to communication/swallowing difficulties
  - B. Activity & Participation
    - 1. activity
      - a. identifies communication/swallowing behaviors & skills
      - b. historically, most SLP observations have been at this level
    - 2. participation: identifies the degree to which the individual participates in typical or unique life situations
  - C. Environmental & Personal Factors
    - 1. identifies the internal and external factors that facilitate or impede communication/swallowing
- V. Application to treatment
- A. Target impairments in structure and function in communication/swallowing structures and muscle and movement functions
  - B. Target communication and swallowing activity
  - C. Target participation in desired activities
  - D. Target environmental and personal factors impacting activity and participation

## Definitions

- Aphasia:** a multimodality disruption of language performance resulting from neurological insult. While some basic underlying cognitive processes such as attention may be impaired in aphasia, higher order processes such as intellect and personality are generally intact.
- Apraxia of speech:** neurogenic speech disorder resulting from impairment of the capacity to program sensorimotor commands for the positioning and movement of muscles for the volitional production of speech. It can occur without significant weakness or neuromuscular slowness, and in the absence of disturbances of conscious thought or language.
- Dysarthria** a collective name for a group of speech disorders resulting from disturbances in muscular control over the speech mechanism due to damage of the central or peripheral nervous system. It designates problems in oral communication due to paralysis, weakness, or incoordination of the speech musculature (Darley, Aronson, & Brown). Dysarthria is defined perceptually (heard, seen or felt), NOT instrumentally (McNeil, 1998)
- Dysphagia:** difficulty swallowing
- Motor Speech Disorders:** disorders of speech resulting from neurologic impairment affecting the motor programming or neuromuscular execution of speech (Duffy, 1995). Dysarthria and apraxia of speech are two motor speech disorders.
- Sign:** disruption of function or abnormal condition observed by a diagnostician as indicative of disease
- Symptom:** disruption of function or experience of discomfort as described by the affected individual