In 2015, the Athletic Training Strategic Alliance members agreed to either adopt or endorse the International Classification of Functioning, Disability and Health (ICF) model as the standard disablement model for athletic trainers. NATA established a Disablement Model Workgroup to develop and compile resources explaining the benefit of the ICF model and best practices for implementation. These resources can now be found at www.nata.org/practice-patient-care/health-issues#healthIssues.

The goal behind this adoption is to recognize the unique needs of each patient by identifying the intersections of function and disability while utilizing internationally uniform language to streamline care. To better equip ATs to make this transition, the workgroup was created to curate content that informs ATs about the model while providing examples of practical use.

Kelly Stafford, MS, ATC, a member of the workgroup and athletic trainer at the University of Delaware, had a hand in creating infographics that illustrate the function of the ICF model and the factors to consider when working with patients.

When creating the three-page infographic, Stafford said it was important to break down the various domains of patient evaluation and care, staying cognizant of their goals to return to their previous physical activities. The ICF model is the framework for a recovery plan that permits this while prioritizing health and well-being.

“It has a great emphasis on function and disability,” Stafford said. “So, not just looking at if they can do something in a standard environment, but paying attention to function in their desired or required environment. For example, not just your ability to jump, but your ability to compete for a full basketball game.”

As Stafford was developing the infographics, she assessed the clinical application of the model and the ways it can aid clinicians during patient care.

“It helps you look at a patient and all of their needs, not necessarily just focusing on their structural impairment or function loss. It makes you look at if can they participate in the activities they find important,” Stafford said. “It gives the clinician a framework to recognize and address environmental and personal constraints that may impact how a person experiences their injury. In addition, it provides a language to communicate your findings and treatment plan to other health care professionals or the patient.

“You may choose to use the ICF model to map out your thoughts in your head or in writing, but regardless, it’s a tool to help you look at the athlete from all points of view … I’m not just looking at your knee; I’m looking at you as a whole person.”

In an effort to make a widespread impact, a strategic lecture series on the ICF model was developed in 2018. Disablement Model Workgroup Chair Carrie Meyer, EdD, ATC, was one of the speakers in the series, which was presented to all of the districts, beginning in 2018 and ending in January 2019. This lecture will also be recorded and made available on the NATA Disablement Model webpage.

“The lecture focused on looking specifically at the ICF model and how it fit within the paradigm of how we care for our patients,” Meyer said. “The biggest takeaway was that a lot of the components of the ICF we do already. We look at a variety of these areas for our patients. The ICF just sort of formalizes and helps us make sure we’re not missing any other components of our patient care. It helps us refocus and think about areas that we’ve forgotten about or maybe need to be emphasized a little bit more.”

In addition to the coming video of the lecture series and infographic, the webpage includes a compilation of articles that go more in depth about the ICF model.

For more information, visit www.nata.org/practice-patient-care/health-issues#healthIssues.
DISABLEMENT MODEL FOR THE ATHLETIC TRAINER

A Framework for Evaluating the Whole Person

Although many different versions of disablement models exist, the NATA adopted the International Classification of Function (ICF) Model. Transition to the disablement model helps develop a common language amongst practitioners and ensures whole person care to improve outcomes.

WORKING DIAGNOSIS

Body Function and Structural Deficits
Deficits at the cellular, organ, and/or system level
- Inflammation
- Broken, torn, stretched
- Muscle weakness
- Muscle atrophy
- ROM deficit

Activity Limitations
Limitations performing a task
- Walking
- Jumping
- Getting out of bed
- Squatting with correct mechanics
- Doing a lay-up
- Bending over

Participation Restrictions
Ability to take part in desired interests
- Go to work
- Go to school
- Compete
- Go out and socialize
- Finish practice

Environmental Factors
External things that may influence the patient’s experience
- Social stigma
- Family support
- Role/responsibilities on team
- Access to healthcare
- Transportation

Personal Factors
Internal things that influence how a person experiences the condition
- Personality characteristics
- Pain tolerance
- PMH
- Age
- Trust of healthcare provider

Characterize disability and function
Consider human performance
Validate participation restrictions
Outline treatment & management goals

NATA
National Athletic Trainers Association