Reviewer's report

**Title:** Health problems and impaired functioning in long-term sickness absence: ICF coding of medical certificates

**Version:** 1  **Date:** 14 July 2011

**Reviewer:** Jerome Bickenbach

**Reviewer's report:**

Minor essential revisions:

There is a persistent misuse of ICF terminology which is irritating because it indicates a somewhat causal understanding of what ICF is. In no particular order...

"Each component has 5-9 domains of impairments (i.e. chapters) that consist of up to 20 categories of impairments. ... e.g. described domain of impairment, 'Mental functions'..."

No, all domains in BF, BS and A&P are domains of functioning (not impairment), and EF are domains of environmental factors

"In all, ICF provides a system for classification of data at four levels of detail."

Only Bf and BS have four levels

"In addition, ICF provides a system of qualifiers that may be used to classify the degree of impairment/deviation (i.e. no, mild, moderate, severe or complete)."

Again, only for BF and BS

"...and impaired functioning (i.e. body functions, body structures, activities and participation)"

No, impairments, activity limitations and participation restrictions is the ICF terminology

"The aim of the study was to explore the panorama of health problems and impaired functioning (i.e. body functions, body structures, activities and participation) that cause work incapacity among men and women."

Again, there is no such thing in the ICF as 'impaired activities and participation', and also, the statement is confusing since work incapacity is not caused by, but is work participation restriction in the ICF.

"As mentioned above, such comorbidity (i.e. disease and impairment overlap) in
sickness absence has received little attention...

Impairment is not a co-morbidity it is a disability, which is entirely different.

Finally, ‘panorama’ is incorrectly used

Compulsory revisions

There is a well-known series of articles by Cieza et al on 'Linking Rules' connecting text with ICF categories for the kind of methodology used here; this literature needs to be read and cited.

"ICF classification thus seems to be a good complement to ICD-10 as it provides additional information. Our results are also in accord with earlier findings indicating that ICF might be of use to clinicians in communicating complex clinical assessments [20]."

I do not see anything in the result that support these claims. If nothing else the authors will have to link their results to these two conclusions somehow.

Finally, I found the discussion and conclusion somewhat uninteresting, in the sense that from what is said it does not seem that the study showed much of particular interest. That may not be true (it may be very interesting that mental health and musculoskeletal (both impairments and diseases) predominate), but that needs to be pulled out and explained.)

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.