Author's response to reviews

Title: Evaluation of work disability and the International Classification of Functioning, Disability and Health: What to expect and what not

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Author's response to reviews: see over
Dear Editor

In the following letter, we listed the reviewers and editor comments plus our statements. With these helpful comments we have carefully revised the article, make the manuscript easier to read, more accurate, and more consistent.

Point by point revision of reviewer Solli’s remarks

Background:

- Comment 1: The aim, without using the term, is clearly stated. I feel that the presentations of the three sections of the article could be deleted. The logic of the article is clear enough.

  Answer: We agreed and deleted the three section descriptions.

Comparing the output of disability evaluation across Europe:

- Comment 2) The text presenting the “handicapped role’ (or disability role)” is not clear. The authors define “the handicapped role”. Generally I think that it is problematic to speak of a “handicapped role” in to-day’s society. I have not found to-day’s medical sociologists using this concept. But as the authors define it, it is OK to use it in this article. When the ‘disability role’ is concerned, the authors seem to refer to Waddell and Aylward 2005. These authors write that the disability role “is about the right to work” (p. 48). The handicapped role, however, is defined without the “right to work” aspect. The handicapped role and the disability role are therefore two different concepts. I think the authors should use only the concept they define, ‘the handicapped role’.

  Answer: To avoid confusion we deleted the disability role.

- Comment 3: From which report are the core features of table 1 taken? This is necessary information

  Answer: We inserted the Reference

The International Classification of Functioning, Disability and Health

- Comment 4) The presentation of ICF is OK, as far as it goes. But the authors have left out dynamic properties of the ICF, that are important in the third section: the qualifiers “capacity”, “performance”, “facilitators” and “barriers”. In a disability evaluation, that has rehabilitation in mind, these concepts are basic. I am surprised that the authors do not mention this part of the ICF framework.

  Answer: We included the aspects mentioned by reviewer Solli.

Evaluation of work disability and the ICF: bringing the two together
Comment 5): The first half of the page is OK. The authors then say correctly: “Disability is a process rather than a state.” But I do not think it is correct to say that the “ICF framework does not address the process aspect explicitly”. How can this be true when ICF has the qualifiers performance, capacity, facilitators and barriers? Reasons have to be given. Or perhaps they will modify this statement?

Answer: We agree with Margnus Solli’s statement, and deleted this part.

Comment 6) The authors are right that the time perspective is missing in the ICF. But it is not completely absent. I would say that the personal factors “social background”, “education”, “past and current experience”, “overall behaviour pattern and character style” (ICF manual p. 17) can easily be defined also historically. The authors are on to this point in the text, but then they write that these factors “are not history”. I do not understand the meaning of this expression. I agree in the next sentence saying that “there are no means to express the future and thereby prognosis”. I think it is clearer to write in the following sentence “The lack of a time perspective (not “trajectory”) limits the usefulness of the framework” Or, perhaps better: The present ICF framework should be supplemented by an explicit time dimension.

Answer: We deleted The first part. In the second part we changed the time perspective and time trajectory to dynamic aspects…As we miss the possibility to record the dynamic process.

Comment 7) The authors comment the holism of ICF and a restricted causal concept of disability evaluations. It seems clear that the implicit causal concept of ICF is a multifactorial concept. But I do not understand that it is correct to say that the insurance physician generally “discount the non-medical factors from the overall judgement of disability” (p. 13). At least in Norway, they do not do that. The evaluator should here to some extent also evaluate non-medical (social) factors. I therefore think that the authors could at least recognize that social insurance medicine has internationally different causal concepts.

Answer: We clarified the sub sentence “discount the non-medical factors from the overall judgement of disability” that some countries (page 9 and table 1) discount non-medical factors.

Comment 8) The section “The definitions” is interesting, including table 3, but has some problems. I do not understand the first subsection. A problem is a very long second sentence. The second subsection is mostly a description of ICF components. What is new here is an explanation which components are essential for ‘functional capacity’. That’s OK. The third subsection is clearly written and has a good point, but its place in the logic of the section is not clear. The last subsection is OK. This whole section has to be rewritten, so that it can be clearly understood.

Answer: We deleted the long sentence and rewrote the whole section to make it more understandable.
Comment 9) I think it is not correct to state in 5) in table 3 that ICF has no parts about “feasibility of intervention and rehabilitation”. It has the important qualifiers performance, capacity, facilitators and barriers. The statement in 5) in table 3 should be changed, either deleted, or the reasons for it should be given, with some kind of a short discussion of the qualifiers mentioned above.

Answer: We agreed and therefore we changed the content of the table.

Point by point revision of reviewer Joost van der Gulden’s remarks

- **Comment 1)** The authors have chosen to use three heads: background, discussion and summary. ‘Results and discussion’ might be a better description for the second part of this paper.

Answer: We changed the title “discussion” in “results and discussion”.

- **Comment 2)** The authors argue that the ICF have some limitations: lack of temporal perspective, missing definitions for personal factors and failure to describe causality and consistency.
In my opinion it has serious advantages to use the ICF to describe the status quo in social insurance. It is possible to describe patient’s history and prognosis in words to overcome the lack of time perspective. The same solution might be chosen to describe relevant personal factors and the aspect of causality and consistency (which is as yet only required in Switzerland, Denmark and the Netherlands – see Table 1).

Answer: We included this point in the paper.

- **Comment 3)** A major advantage of the ICF schedule is that it can be used to explain the claimant (and his employer) why ‘being ill’ is not the same as ‘work disability’. This might prevent misunderstanding and irritation. It is therefore important to evaluate this application of the ICF (patient education) in further research.

Answer: We agree with this advantage, see among others (p 12). The aspect of patient education is somewhat beyond the scope of our article.

Point by point revision to the Editor’s remarks:

- **Furthermore, after reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further.**

Answer: We improved the quality of the written English, using a native speaker’s comments.

- **Please also ensure that your revised manuscript conforms to the journal style. It is important that your files are correctly formatted.**

We formatted our files according to (http://www.biomedcentral.com/info/ifora/medicine_journals)