Reviewer’s report

**Title:** Evaluation of Work Disability and the International Classification of Functioning, Disability and Health: What to Expect and What not

**Version:** 2  **Date:** 20 April 2012

**Reviewer:** Hans Magnus Solli

**Reviewer’s report:**

The paper addresses important issues of social insurance.

1) p. 4. Background: 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.

Comparing the output of disability evaluation across Europe:

2) p. 6 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’.

3) p 7. From which report are the core features of table 1 taken? This is necessary information.

4) p. 9-11: The International Classification of Functioning, Disability and Health. 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.

Evaluation of work disability and the ICF: bringing the two together.

5) p. 12: 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?

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.

7) p. 12-13. 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.

8) p 13-15. 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.

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.

Conclusion:
Major compulsory revisions are 2, 3, 5, 8 and 9.
Discretionary revisions are 1, 4, 6, 7.
**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

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

**Declaration of competing interests:**

I declare that I have no competing interests.