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Section: Physical Education, Sports and Rehabilitation

Application Of the International Classification of Functioning to Assess the Quality of Life in The Practice of Physical Therapy and Occupational Therapy

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Background. The modern paradigm of therapy and rehabilitation is oriented towards the biopsychosocial model of health, where the key criterion for the effectiveness of interventions is not only the restoration of biomechanical parameters but also the improvement of the patient's quality of life. The International Classification of Functioning, Disability and Health (ICF) serves as a universal tool that allows for a comprehensive assessment of the disease's impact on daily activity and participation in social life. However, in real clinical practice, the issue of fragmented care still persists due to the lack of standardized approaches to integrating the ICF into long-term recovery stages.

Objective: to theoretically substantiate the benefits of integrating ICF categories into the process of assessing the quality of life of patients during long-term rehabilitation stages.

Methods: analysis of scientific and methodological literature, systems approach, and comparative analysis of evidence-based rehabilitation strategies.

Results. Traditional clinical assessment tools often focus exclusively on the level of "body structures and functions" (e.g., range of motion, muscle strength). Conversely, occupational therapy and physical therapy management require a detailed analysis of the "activity" (performing tasks, self-care) and "participation" (involvement in life situations) domains.

It was found that using ICF Core Sets in synergy with specific quality-of-life questionnaires (such as SF-36, EQ-5D) allows to clearly identify environmental barriers and facilitators. It also enables the formulation of patient-centered rehabilitation goals using SMART criteria based on individual needs, as well as objective monitoring of recovery dynamics in both the motor sphere and socio-domestic independence.

Assessment via the ICF shifts the focus to Patient-Reported Outcome Measures (PROMs), where the patient’s subjective perception of their ability outweighs purely

anatomical or isolated instrumental metrics. Furthermore, the integration of ICF categories serves as a unified international language of communication within the multidisciplinary rehabilitation team, preventing fragmented efforts among specialists and ensuring seamless clinical management.

In this context, the occupational therapy component ensures not only the adaptation of the patient's activities to existing limitations but also the ergonomic modification of the physical environment (home, workplace). This directly reduces depressive symptoms and enhances the subjective perception of quality of life. Physical therapy builds a sustainable functional and biomechanical foundation for these activities through evidence-based movement interventions, neuroplastic retraining, and task-specific therapeutic exercises. The combination of these approaches provides a synergistic effect, transforming passive treatment into proactive recovery.

Conclusions. Integrating the ICF into physical therapy and occupational therapy practices shifts the focus from treating pathology to restoring the individual. The application of the biopsychosocial approach ensures the evidence-based nature of the rehabilitation process and provides a reliable framework for developing individualized programs aimed at maximizing the quality of life in patients of various profiles.

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