

Letter on “Validation of the Brief International Classification of Functioning, Disability, and Health (ICF) Core Set for Hand Conditions”

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Dear Editor

We read with great interest the recently published paper on content validation of a Brief Hand Core Set by Kus et al (2012).¹ This is one of 3 papers describing the development and validation of a Hand Core Set.¹⁻³ We commend the authors on the large body of work undertaken to develop and validate both a Comprehensive and Brief Hand Core Set that will provide a framework around which clinicians may base their assessment and treatment.

We would, however, welcome the author's thoughts on titling this a Hand Core Set and not an upper limb core set. In the second of the three papers the authors outlined the participant group used to evaluate both the Comprehensive and Brief Hand Core Set.² They did not define the region of the hand per-se, and include participants with injuries located directly at the hand (palm and digits), wrist and forearm as well as those with ‘*disease or hand injuries originating external to the hand but affecting the hand (such as rheumatoid arthritis, stroke, Parkinson's disease or brachial plexus injuries)*’.² (page 59)

Although the wrist is generally included in a medical definition of the hand, the forearm is not. In addition, the Brief Hand Core Set retained the upper limb categories s720 ‘structure of the shoulder region’ and s7300 ‘structure of the upper extremity’. To describe their sample, Kus et al^{1,2} used the Disability of the Arm, Shoulder and Hand, a generic upper limb outcome measure designed to measure disability in all regions of the upper limb.^{4,5} Further, Drummond (2007) linked 96% of the DASH items to the ICF categories contained within the Comprehensive Hand Core Set and 83% of items to the Brief Hand Core Set.⁶ These factors appear to be at odds with this being a specific Hand Core Set, and point to its potential use in any upper limb condition.

We concur with Kus et al's (2012) comments that the hand is primarily the effector organ of the upper limb.¹ However, without the other arm components the hand has limited function. For example, a C5/6 nerve root avulsion results in reasonable hand function but no ability to move or place the arm in space, i.e. limited day-to-day use of the hand. We would argue, therefore, that while the International Classification of Functioning, Disability and Health categories contained within the Comprehensive and Brief Hand Core Set are specific to the hand, they could also apply to the whole upper limb.

1. Kus S, Oberhauser C, Cieza A. Validation of the Brief International Classification of Functioning, Disability, and Health (ICF) Core Set for Hand Conditions. *Journal of Hand Therapy*. 2012. In press, corrected proof.
2. Kus S, Dereskewitz C, Wickert M, et al. Validation of the Comprehensive International Classification of Functioning, Disability and Health (ICF) Core Set for Hand Conditions *Hand Therapy*. 2011;16:58-66.
3. Rudolf KD, Kus S, Chung KC, Johnston M, Leblanc M, Cieza A. Development of the international classification of functioning, disability and health core sets for hand conditions results of the world health organization international consensus process. *Disability and Rehabilitation*. 2012;34(8):681-693.
4. Hudak PL, Amadio PC, Bombardier C. Development of an upper extremity outcome measure: The DASH (disabilities of the arm, shoulder, and hand). *American Journal of Industrial Medicine*. 1996;29(6):602-608.

5. Beaton DE, Katz JN, Fossel AH, Wright JG, Tarasuk V, Bombardier C. Measuring the whole or the parts? Validity, reliability, and responsiveness of the disabilities of the arm, shoulder and hand outcome measure in different regions of the upper extremity. *Journal of Hand Therapy*. 2001;14(2):128-146.
6. Drummond AS, Sampaio RF, Mancini MC, Kirkwood RN, Stamm TA. Linking the Disabilities of Arm, Shoulder, and Hand to the International Classification of Functioning, Disability, and Health. *Journal of Hand Therapy*. 2007;20(4):336-344.