

Bridging the Participation Gap: An ICF-based model

Ton Roelofs PhD, clinical physicist
 Astrid Stijfs MSc, clinical physicist
 tonroelofs@visio.org / astridstijfs@visio.org
 Royal Dutch Visio

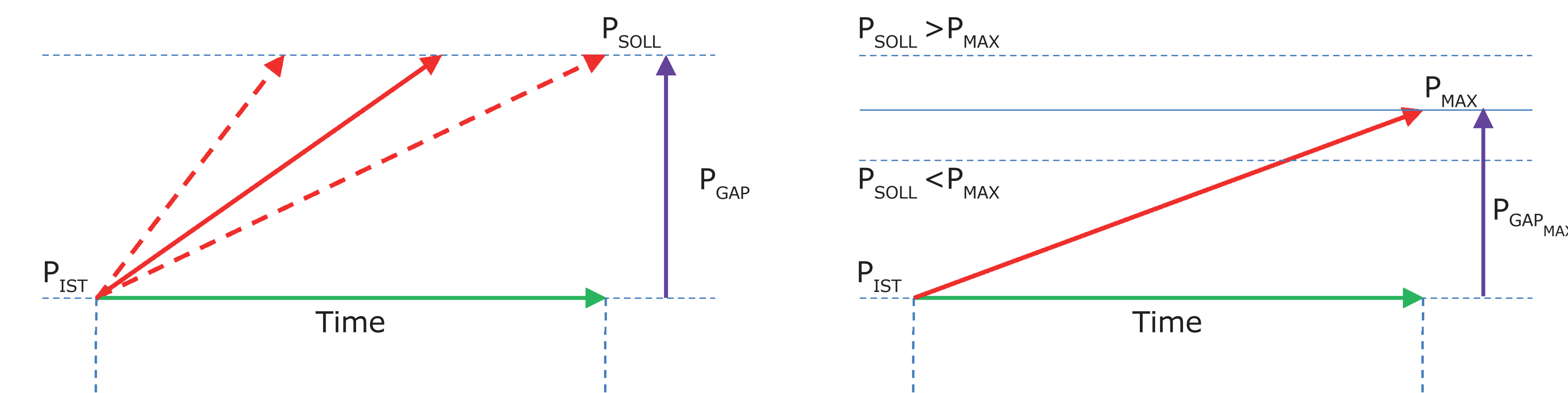


Background/aim

In order to provide efficient and effective visual rehabilitation from an individual client perspective, it is necessary to have insight in all aspects which characterize rehabilitation. At Royal Dutch Visio, centre of expertise for partially sighted and blind people, a new ICF-based model for individual visual rehabilitation was developed in which all relevant aspects can be included. Until now, there was no concept for visual rehabilitation available which includes all relevant aspects that provide insight in individual rehabilitation.

Model description

From a clients perspective, rehabilitation is working on reaching personal goals. These goals are set at the desired level of participation (P_{SOLL}) in the relevant social context. In other words, visual rehabilitation can be seen as bridging the participation gap (P_{GAP}). $P_{GAP} = P_{SOLL} - P_{IST}$

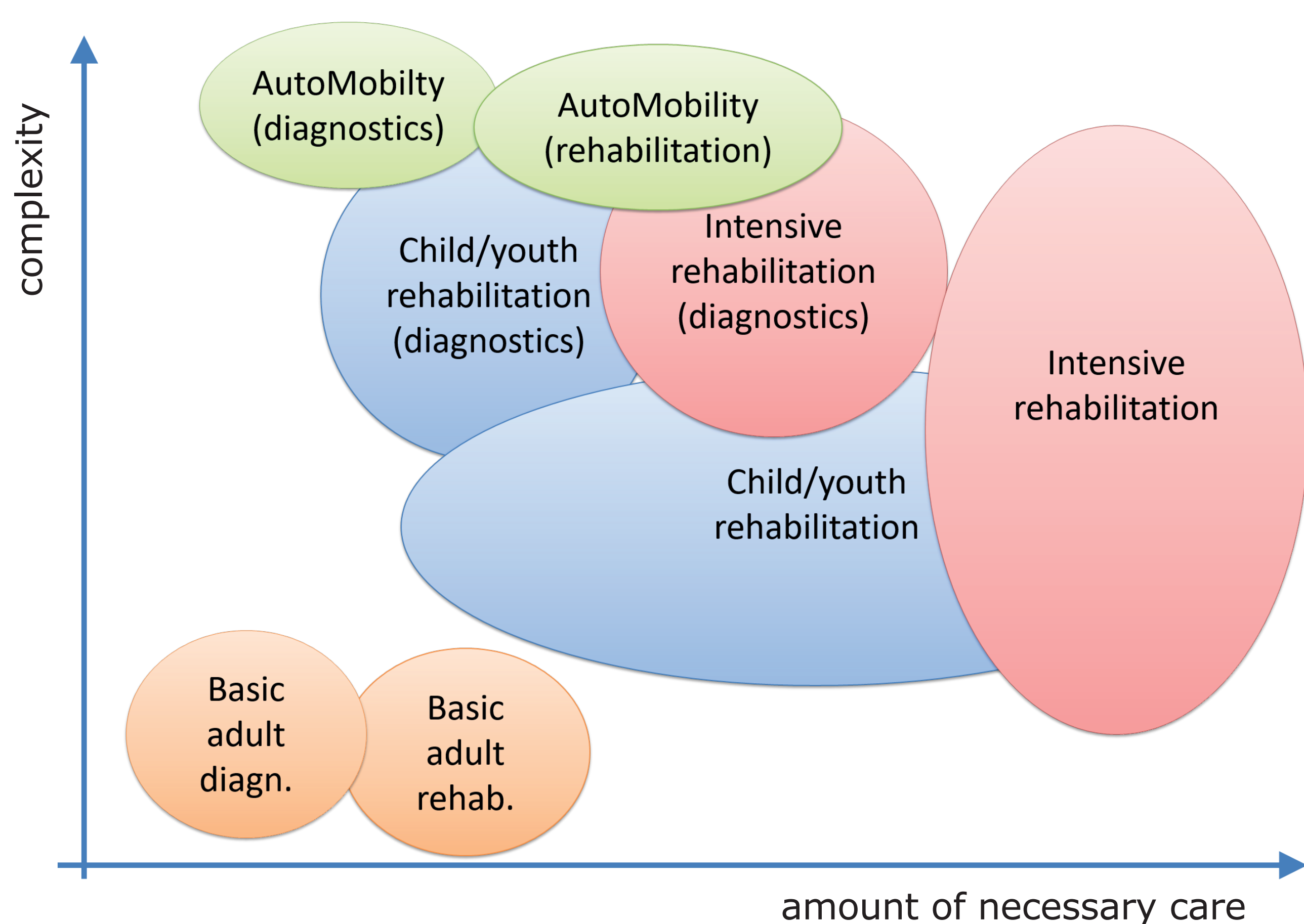


From a rehabilitation perspective (REV), bridging the participation gap can be characterized by two dimensions: complexity (C_{REV}) and the amount (I_{REV}) of necessary care. The complexity and amount of care both depend on external factors (client related and rehabilitation related), functions and personal factors. The rehabilitation related external factors are more extensive than the client related external factors. Thereby the model also takes the services, facilities and the policies of the society into account, as well as the local availability and level of visual rehabilitation opportunities.

Rehabilitation can potentially be complex or time consuming when there are special circumstances in the external factors, functions or personal factors. Consider, for example, acquired brain impairment, AutoMobility, visually mentally disabled, deafblindness, psychiatric disorders, conversion disorders, too high expectations, etc. To determine the impact of these factors, and for the successful completion of a complex rehabilitation program, specific high-specialist expertise is required, as well as shared decision-making with the client. Consider the possibility that the client's participation capacity (P_{MAX}) is insufficient for bridging the participation gap. In that case, personal participation goals need to be adjusted.

Our newly developed generic model can be used in a wide range of rehabilitation settings worldwide.

Examples



Conclusions

This model is useful to consider and describe individual visual rehabilitation (progress). It structures the dialogue between client and professional, and can be helpful for setting or adjusting personal goals.

This model provides a tool to systematically determine the necessary steps in individual visual rehabilitation programs. In complex visual rehabilitation, the different viewpoints in the model help to understand and prioritize the next step in the process.

This work was funded by the NOVUM Foundation, Huizen, the Netherlands.