

**WHO ICF AS AN ASSESSMENT TOOL FOR EVALUATION OF
SELFCARE ACTIVITIES OF THE CHILD WITH CEREBRAL PALSY**

DOI: 10.24234/se.2021.3.1.259

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ABSTRACT

The study was conducted in two stages. At the first stage, quantitative methods were chosen as methodologies, since the object that is studied by this method is a quantitative unit, which in the future allows to draw conclusions, based on the results, using certain numerical models to develop or confirm new hypotheses, or/and refute existing ones. At the second stage, a qualitative study was conducted on the basis of the results of the first stage, accordingly developing recommendations on ergotherapy for each code issue.

According to the study results, in today's Armenia, it is possible to issue all the problems that children with Cerebral Palsy face in self-care and life by using certain assessing tools of occupational therapy. In this case, the study shows that the evaluation of the World Health Organization International Classification of Functioning and Disability, Children and Youth (2008) allows to observe and issue the existing problems of this sphere in a more accurate and comprehensive way. It also provides an objective basis for identifying the problems in the field of children's self-service and life, which, in its turn, allows the occupational therapist to conduct a detailed assessment to find out which self-service actions are available to the child, to what extent the child's actions and personal roles are compatible with the current state of the disease, and to what extent the actions correspond to their age.

Keywords: Cerebral Palsy, Occupational therapy, assessment, self-care, lifestyle/living, children with Cerebral Palsy.

INTRODUCTION

The Government of the Republic of Armenia on January 9, 2013, approved the “Concept of multilateral personality assessment regarding the concept of implementing a model for assessing disability based on the International Classification of Functioning (ICF) of the World Health Organization (WHO)” (RA Government Decision No. 780-N, 2003). As a model of the CDM, WHO focuses on the strengths of a person, his protected capabilities, promoting more active participation in public life, including in the workplace. It provides an integrated and coordinated approach to policies that address human needs and requirements (WHO ICF, 2008). The WHO ICF provides a conceptual framework, common language, and terminology for birth, childhood, and adolescence, restrictions on participation, as well as important environmental factors for children and young people if properly applied. WHO ICF can be a reliable and realistic basis for the development and change of health, disability, public services, insurance, social security, employment, education, economics, social policy, legislation, and environmental standards (WHO ICF, 2008). A number of authors point out that due to movement disorders, children with Cerebral Palsy (CP) also suffer from daily self-care skills, which as a result of these children depend almost entirely on their environment - parents and carers (Semyonova, Klochkova, Korshikova-Morozova, Trukhachova, Zablockis, 2018). In this regard, it is necessary to conduct a thorough assessment of the problems of the region in detail, as well as to determine the goals and activities accordingly. Obstacles to participating in self-care activities for children with CP are related to their physical condition and environment. For this purpose, the evaluation of ergotherapy helps to determine the effect of a person and environmental factors that influence its implementation. When participating in self-catering activities, children as a participant are satisfied with their wishes, motives, and needs (Christiansen, Manville Baum & Haugen, 2005). In this regard, ICF can find its unique place for rehabilitation staff to conduct an appropriate assessment.

LITERATURE REVIEW

WHO ICF-Children and Youth (ICF-CY) was developed on the basis of the International Classification of Functionality, Disability, and Health (ICF) and is designed to record the characteristics of a growing child and his data on environmental impacts (WHO ICF, 2008). ICF-CY was developed because there is a need for an ICF version that would be possible for children

and young people in the areas of public health, education, and public life. The problems of disability and health in children and adolescents are characterized by their nature and influence on the problems of disability and adult health. Having a functional focus, ICF uses a common language that can be used in various fields, as well as in different countries, to develop services for children and young people, politics. WHO ICF-CY is designed to develop the characteristics of the child's environmental impact data. and participation and strengths for registration (WHO ICF, 2008). In this context, it can be mentioned that human participation is a fundamental and important prerequisite for ensuring the quality of life. WHO ICF's participation in the EU is defined as "human participation in various life situations", representing the public aspect of functionality. Based on this fact, WHO ICF-CY paid special attention to participation, since the nature and environment of the life situations of children and young people differ significantly from the nature of adult life and the environment (WHO ICF, 2008).

CP is currently considered one of the most common types of disability. A number of authors indicate that, due to movement disorders, children with CP also suffer from the child's daily self-care skills, and as a result, these children are almost completely dependent on their environment - parents, carers (Semyonova, Klochkova, Korshikova-Morozova, Trukhachova, Zablockis, 2018; Batishena, 2016). Here it is necessary to describe in detail what self-service is, the ability to take care of oneself, to take care of one's needs, without the independent existence of others, the ability to provide physical independence. Self-care includes meeting daily needs (physiological needs, personal hygiene, wear, eating) and a wider range of household needs (shopping, cooking, cleaning, bedding, laundry, large and small, heat accumulator, lock, switches, cranes, various household appliances, telephones, etc.) (Brentnall & Bundy, 2009). Underlining all this, the ICF represents the most appropriate tool that allows you to make multiple assessments for children with CP and allows them to see the effects CP in everyday life.

Moreover, there are no recommendations on the assessment and further intervention of children with CP, so there is a problem of choosing the best assessment tool (Bottari, Swaine & Dutil, 2007). And based on this fact, occupational therapists should take into account three main factors: the first factor is the best-applied assessment, which is also the basic idea of ergotherapy, namely: what do they want to do and what do they need to do in everyday life with children with CP (Blesedell, Cohn, & Schell, 2009). Christensen, Baum & Haugen (2005) notes in their workbook, Participation, and Prosperity, that barriers to the participation of children with a mental evaluation

of ergotherapy helps to determine the effect of a person and environmental factors that influence its implementation. When participating in self-catering activities, children as a participant are satisfied with their wishes, motives, and needs (Christensen, Baum & Haugen, 2005). Taking all this into account, the purpose of the study is to develop a tool for evaluating a diverse study of the qualitative and quantitative picture of the self-realization of a child with CP for further ergotherapy interventions. In this case, such a tool was chosen as a questionnaire developed on the basis of WHO ICF -CY, consisting of self-service operations and a life cycle.

METHODOLOGY

The methodology for collecting and analyzing data is based on quantitative and qualitative methods. The questionnaire was used to conduct a survey based on self-service codes and WHO ICF household units. The method of collecting information as method of collecting information during the survey was based on 9 codes selected from WHO ICF- CY for assessing the needs of children with CP, studying the functional state, and participating in daily activities. Monitoring was also carried out because the information obtained through therapeutic observation is the basis for informal and standardized assessments used to develop a therapeutic intervention plan (Brentnall & Bundy, 2009). The monitoring assessment tool is especially effective when working with visitors who do not have independent and precise self-management due to their own problems or are unable to answer the questions (Sturman, 1997). Performance-based assessment is often used to evaluate its functionality and security in the visitor environment (Christensen, Baum & Haugen, 2005). As a qualitative type of research, a case study was also chosen, which allows to consider and study individual cases. According to Sturman (1997), “case study is a general term for studying personality, group, or phenomena.” Accordingly, according to Mills, Direpos and Wiebe (2010), the case study is a comprehensive description of the individual case and its analysis. namely, a description of the subject, event, and event, as well as the research process (Mills, Durepos, & Wiebe, 2010).

Participants

Children from 3 to 18 years old were selected to be assessed while performing self-care activities. Before starting the assessment, parents and children were provided with the purpose of the study, as well as information about the privacy of study participants. Parents of children

participating in the survey gave their written consent and participated in the whole process. The importance of the parents' awareness of the assessment conducted with the child at the moment, as well as the establishment of mutual trust relationships with the children, was highly prioritized in the study and the parents were present throughout the whole assessment process. That is, participants in the study are children with 20 CP and their parents.

More detailed information about children with CP and their parents is presented in Tables 1 and 2.

Table 1.

Information about children

Children					City placement	
Gender distribution		Age distribution				
girl	boy	3-8	8-15	15-18	Gyumri "Emili Aregak" center	Yerevan "Full Life" NGO
8	12	4	15	1	10 children	10 children

Table 2.

Information about parents

Parent/caregiver		Age distribution		Education	
Mother	12	20-30	6	Secondary	10
Father	5	30-40	10	Vocational	6
Grandmother	3	40 and older	4	Higher	4

Ethical considerations

Taking into account the fact that currently in the Republic of Armenia there is nobody for scientific research, subject and procedural approvals, which will be responsible for establishing ethical labor standards, therefore the topic of the master's thesis was first discussed and agreed upon with the supervisor. Then it was confirmed by the Department of Speech Therapy and Rehabilitation Therapy. Before the start of the fieldwork, permission was obtained from parents

of children with disabilities who were informed in writing about the purpose of the study and the conditions for their participation. After the above processes were implemented, the original work began.

Data collection

Combined quantitative and qualitative methods are selected within the frame of this study.

To collect data, the questionnaires were based on 9 codes selected from ICF-CY, which were used to assess the needs of children with CP, their functional status, and degree of involvement in daily activities. When developing the questionnaires, ICF codes were selected from self-care and activity sections and were evaluated in accordance with the qualifications included in the activity, participation, and environmental factors in the age group 3-18 years old.

The codes contained in the questionnaire were evaluated by the ICF CY qualifiers:

- 0 – no problem, a person is able to complete the task without any difficulty;
- 1 - mild, a person can perform this operation independently, but with difficulty,
- 2 - moderate, a person can perform this action in case of certain support, in the presence of a suitable object or with the partial support of another person,
- 3 - severe, when the complexity/problem is serious, and a person can do it only with the help of another person,
- 4 - complete, when a person cannot perform an action at all or does not participate at all in the action, even in the case of assistance (WHO ICF, 2008).

To assess the self-care of children, the following codes of ICF-CY were selected from the part Self - care:

- d510: Washing oneself
- d520: Caring for body parts
- d530: Toileting
- d540: Dressing
- d550: Eating
- d560: Drinking

At the same time the mentioned below codes were selected from the part Domestic life:

- d630: Preparing meals
- d640: Doing housework
- d660: Assisting others

In general, the 9 codes mentioned above were chosen as they provide complete information about the child's self-care problems and difficulties, and through using these codes the specialist is able to observe and collect information about the child's daily activity, activity, and participation, functionality, and disability.

Data analysis

The data were analyzed on the basis of qualifications obtained from the 9 codes given in the questionnaire based on ICF- CY. As a result, the responses received from the questionnaire were included in the appropriate software - Microsoft Excel database, where the collected data were analyzed using the FX function in the program, with a choice of the method of obtaining digital and percentage ratios of the data and the corresponding numerical and percentage indicators. This analysis led to a clear set of problems related to childcare services provided for children with TA, which were clearly identified using codes. It was clear that daily activities (self-care, domestic life) of children with refueling complexes are organized and provided mainly by their parents or caregivers, which leads to restrictions on children's participation, and as Christensen, Baum, and Haugen (2005) "Participation and Prosperity" have declared it influences the participation in significant activities for children which has a clear and significant impact on their health and quality of life.

According to general data analysis non of 20 children participants of the study have 0 qualifiers in their activity performance.

RESULTS

Self - care activities

d 510 Washing oneself

While washing themselves children with CP mostly meet challenges connected with:

- difficulty while keeping balance and coordination;
- lack of concentration;
- lack of eye-to-hand coordination;
- difficulty while performing sequential actions;
- Inability to use both hands functionally.

According to the results of the assessment of the activities connected with washing it is possible to state that that one of the children has moderate difficulty (5%), seven children have severe difficulty (35%), twelve children have complete difficulty (60%). The child who has moderate difficulty is able to wash herself/himself, has difficulties while taking a bath but overcomes those ones on her/his own. Seven children that have severe difficulty can perform washing activity, have a bath themselves but with some additional support. They need supportive devices such as a special shower chair with a fixed height of the shower, slip-resistant flooring, or someone's assistance. Children who have complete difficulties (as a total of 12) can have a bath and wash only with assistance and with available assistive devices and a modified/adapted environment (Table 3).

d 520 Caring for body parts

Usually, children care for their bodies according to the habits developed since childhood. These individual habits are part of daily life, and as long as they do it independently, they become a part of their daily responsibilities, that are paid more or less attention to. Children with CP meet different difficulties while caring for body parts, because of their functional condition, participation, lack of keeping balance, motor disabilities, and so on.

According to the assessment of body care, seven children have severe difficulties (35%), 13 children have severe difficulties (65%). Those seven children need supportive devices such as customized toothbrush, nail cutting tool, comb and etc, or someone's assistance: 13 children that have complete difficulties can take care of their body parts only with the help of someone and partly with the help of supportive devices (Table 3).

d 530 Toileting

Toilet use is one of the self-services functions that requires knowledge and application of a number of skills. Having muscle tension or weakness, also low muscle tone, the child with CP has difficulty or is unable to take any steps for toilet use.

During the toileting, the child with CP meet difficulties such as:

- problems with body position while sitting on the toilet, which can be caused by muscle weakness or tension;
- problems with sitting on the toilet, motor disability;
- reflex disorders (a disorder can lead to urinary incontinence and urinary urgency);
- problems with maintaining the sequence of steps to use the toilet.

According to the assessment of toilet use one child has moderate difficulty (5%), five children have severe difficulty (25%), 14 children have complete difficulty (70%). The child that has moderate difficulty feels the need to remove the discharge, but after using the toilet, he spends more time following the rules of hygiene. Five children that have severe difficulty overcome discharge and the toilet use with hardship. Good positioning accommodations are needed, for example, the seat should be fixed at a height to suit the child's needs, also a handle should be installed in the wall near the toilet. 14 children that have complete difficulty could only let know about their need, but cannot overcome discharge. To use the toilet and follow the hygiene can only do with the assistance of a caregiver. Those children mostly use diapers (Table 3).

d 540 Dressing

In addition to the above mentioned, dressing is also considered one of the activities of daily living. Systematic actions aimed at wearing and taking off clothes and shoes for example wearing T-shirts, skirts, blouses, pants, underwear, tights, hats, gloves, coats, shoes and socks, boots, slippers are very difficult for children with cerebral palsy. Depending on the type and level of diagnosis severity of a child with CP, the difficulty for each child is determined by the specific area, such as:

- poor head and torso control;
- high muscle tension;
- uncontrollable, involuntary movements;
- non-functional use of hands;
- impaired balance.

According to the assessment of code dressing activities of 20 children having CP it turns that seven of them have severe difficulty (35%), 13 of them have complete difficulty (65%). The study shows that if there are supportive devices and/or customized clothing with wide, large buttons or chains in that case children can partially dress themselves (Table 3).

d 550 Eating and d 560 Drinking

While performing eating and drinking activities children with CP face a range of challenges such as:

- Unstable body position;
- Disorders of sensitivity and absorption act, jaw, lip, tongue, and cheek movements;
- Disorders of coordinated movements;

- Problems with emotional reactions;
- Lack of special eating utensils, table, chair and so on.

According to the results while assessing the eating process one child has moderate difficulty (5%), seven children have severe difficulty (35%),12 children have complete difficulty (60%). Seven children who have severe difficulty were able to eat on their own mostly in the case of special eating utensils such as a special spoon, plate. The last twelve children could eat or drink only with the assistance of others. The child who has moderate difficulty could eat on his/her own, but still has a hardship bringing food to his/her mouth because of muscle tremors, but if a special parcel to reduce muscle vibration is used that the child can eat on his own.

The analysis of drinking activities suggests that seven children who have severe difficulty in the case of supportive devices, for example, special cups, the bottle could drink on their own. The other 12 children could drink only with the support of a caregiver (Table 3).

Table 3.

Number of children in regards to severity while performing self-care activities

Number of children		
Moderate	Severe	Complete
d 510 Washing oneself		
1	7	12
d 520 Caring for body parts		
0	7	13
d 530 Toileting		
1	5	14
d 540 Dressing		
0	7	13
d 550 Eating and d 560 Drinking		
1	7	12

Domestic life

d 630 Preparing meal and d640 Doing housework

In the daily life of children with CP severe stiffness or uncontrolled muscle movements are an obstacle to prepare the meal (even sandwich), to do housework activities: to sweep, wipe the floor with a damp cloth, clean the kitchen table, collect and dump household waste, to put in order the rooms and shelves, collect, wash, dry, fold and iron the clothes, to use a vacuum cleaner and etc.

During meal preparation or doing housework activities children with CP have:

- complete or partial lack of eye-hand, hand-hand, hand-mouth coordination;
- problems keeping body positions;
- hand symmetrical condition, also complete or partial absence of functional use of the hands;
- disorders of being able to catch something, motor disability.

According to the results, four out of 20 children have moderate difficulty (20%), ten children have severe difficulty (50%), six children have complete difficulty (30%). The picture of the assessment of codes d630 and d640 was similar. It was clear that while performing these activities children with CP mostly need assistance. Those four children, who have moderate difficulty need guidance and can do simple activities partly, for example, to clean the dust or while making dishes to hold the knife and cut some vegetables (Table 4).

d 660 Helping other people

In the process of helping family members or others in self-service, moving around the house or outside, while worrying about the well-being of family members and others or paying attention to it children with CP are not active, have difficulties because of their psychological problems, sometimes they can only let us know about family members' situation when they feel bad saying to take medicine.

According to the results of the assessment five out of 20 children with CP - the participants of this study, can help others partly or with someone's assistance as they have moderate difficulty (25%), ten children have severe difficulty (50%), these children can help in the cases when the situation is simple and familiar to them but they can do it with support. Five children can not help their family members in any kind of activities as they have complete difficulty (25%) (Table 4).

Table 4.

Number of children in regards to severity while performing domestic activities

Number of children		
Moderate	Severe	Complete
d 630 Preparing meal and d640 Doing housework		
4	6	10
d 660 Helping other people		
5	10	5

According to the results, we can conclude that considering the frequency and severity of self-care activity performance level, it is noticed that children at the age of 3-18 with CP most of all have moderate degree restriction according to WHO ICF assessment. According to the above mentioned predominant part is moderate degree restriction, it is 53 %, then comes severe degree restriction 36 %, complete degree restriction is 9%, mild degree restriction is 2 %:

Examining the domestic life sphere it can be proved that children at the age of 8-18 with CP have also severe degree restriction in 9% of cases. Often parents prevent their 3-5 years old children from doing domestic activities not to take a risk for self-harm because they cannot do that activity or experience difficulties while involving in this kind of activity.

Consequently, WHO ICF assessment allows having a more comprehensive overview and identification of issues in this field and is an objective basis to identify self-care problems in a life span of children with CP. This tool helps occupational therapists to perform a detailed assessment to find out which self-care and domestic activities are available to the child, how much the child's activities and personal roles correspond to the current state, to what extent the performance of the activities corresponds to his/her age. After that occupational therapists have a chance to set a clear goal considering the child's problems in self-service and carry out full intervention and consultation.

It is necessary to mention that occupational therapy goals are to improve the life quality of people who have various restrictions, help them to take part in their daily activities, in self-service, and a social environment.

DISCUSSION

An important prerequisite for ensuring equal and affordable conditions for children with disabilities in Armenia is the process of introducing a social model into the process of determining disability, which has already been adopted by our state. According to Government Resolution No. 780-N, the definition of disability should not be limited to a disease that does not provide a comprehensive assessment of a person's needs (RA Government Decision No. 780-N, 2003). In addition, it is also necessary to develop a unified monitoring and evaluation system that will allow to monitor and evaluate the effectiveness of the services provided and to effectively manage the processes. From this perspective, still it is important to state that until now there is no systematic coordination between organizations that provide rehabilitation, educational and social services for people with disabilities in Armenia. All these structures work separately, without any consensus, using assessment methods that do not provide complete information about the self-actualization of a child with a CP.

In this regard, Harutyunyan and others (2018) have stated that the WHO ICF methodology is supportive to the implementation of such a common monitoring and evaluation system in the direction of updating information databases. policies and the ability to fully assess the process of children and adolescents with disabilities aged 2 to 18 years.

Semenovna, Klyuchkova, Botsarina, and Dutil (2007) in their research paper “Breakdowns in everyday life: Understanding the occupational therapist” stated that when working with people with disabilities, the occupational therapist begins his process through interviews and interviews, and also uses various types of questionnaires that give information on the functional and mental abilities of a person, psychological and personal characteristics. and also about the activities of visitors. The same approach is stated Bottari, Swaine, and Dutil, (2007) in their work. In this case, based on the results obtained, it can be argued that such kind of a questionnaire can definitely be used on the basis of codes selected from the WHO ICF-CY sections.

Occupational therapist deals with all actions that take time from people and determine the meaning of their lives. And taking into account that employment includes daily activities (self-care, productivity, leisure), it can be argued that ergotherapy is aimed at giving a person the opportunity to participate in daily activities, thereby reducing the role of a person and improving the quality of life, as well as the development of the personal ability to self-employment/self-service, work, and study, leisure, and entertainment (regardless of the limitations or shortcomings

available to a person to participate in social life (Rocke, Hays, Edwards & Berg, 2008). Authors assume that all of the above mentioned can be assessed on the basis of ICF.

Semyonova, Klochkova, Korshikova-Morozova, Trukhachova, Zablockis (2018) in their work "Rehabilitation of children with Cerebral Palsy" which emphasize the ICF-CY assessment, note that the WHO ICF principles are used to assess the condition of the child, through which it becomes possible to determine the purpose of the intervention: a rehabilitation program, and then overestimate. The conclusion of this work is related to the result of research conducted within the frame of this study.

Thus, the study leads to the conclusion that self-care and domestic activity performance assessment can be carried out using WHO ICF codes as a productive tool to conduct both qualitative and quantitative analysis. Such a comprehensive assessment and analysis is due to professional, in this case, further occupational therapy interventions, which involve individual interventions in self-care and domestic skill, as well as the ability to develop the skills and abilities necessary for personal participation, as well as the environmental adaptation and adaptation of devices clearly implemented only in the case of a qualitative and accurate assessment.

Brentnall and Bundy (2009) have defined the profession in the following way: "Occupational therapists value people using meaningful, meaningful actions to prevent incapacity and develop independent functionality" (p. 64). Thus, the core knowledge and ideology of occupational therapy is the occupation and importance of daily activities. Considering them from a specific point of view, further professional intervention is aimed at the formation of clear and accessible ways for a person based on the desires and needs of a person to ensure his / her active participation and self-employment in this work (Blesedell, Cohn, Boyt Schell, 2009) In this regard, it can be argued that the profession and the free and independent participation of a person in preferred occupations, in this case, are preferred for self-care activities.

LIMITATION OF THE STUDY AND FUTURE IMPLICATION FOR PRACTICE

The main limitation of the survey is the small number of participants - children with CP. From the perspective of WHO ICF more codes with broader fields also might be included. Along with environmental factors, the physical and social environment in which people live and lead

their lives, and the attitude of society towards people might be taken into account and included in the research as well. Still, only self-care and domestic activity codes were selected and assessed.

This study revealed and reiterated the importance of assessing WHO ICF-CY in Armenia and the existence of self-care and domestic activity performance difficulties and problems among children with CP. It is recommended to expand the scope of research and explore the problems and situational issues in the field of self-care of children living in urban, as well as in rural areas. The continues research in the field and survey will help the development of WHO ICF-CY programs in Armenia and support parents and caregivers who want to improve the quality of life of their children with CP, allowing them to have participation in self-care and domestic activities.

CONCLUSION

Summing up the research, the following conclusions are made:

- WHO ICF-CY as an assessment tool for evaluation of self-care activities of the child with CP considered to be productive.
- Daily self-care and domestic activities are a problem for children with CP. There is a problem of creating special conditions under which a child with CP will be able to independently perform the actions that he or she wants, but which are difficult to do on their own.
- Children with CP can independently carry out their self-care and domestic activities, and today this is one of the most urgent problems of rehabilitation work: proper assessment or posing of self-care and domestic problems for children aged 3 to 18, organization of effective work, and maximum intervention.
- The use of the WHO ICF-CY questionnaire and analysis of occupational therapy assessment in two different centers in Armenia may suggest that self-care and domestic activity related questionnaires developed on the basis of WHO ICF-CY evaluate the level of performance based on assessment codes and qualifications, which, in turn, contributes to occupational therapy intervention proper organization, clear definition of the goal, development of the child's intervention plan, and re-evaluation of the individual plan.

- The results of the study show that the practical use of WHO ICF-CY in accordance with the practical possibilities of using an individual questionnaire for children with CP provided detailed information on the self-care and domestic activity performance of children, on the basis of which a number of recommendations were made for parents and children.
- The WHO ICF is a common language and language that helps develop more targeted policies and targeted services, responding adequately to the needs of people with disabilities, allow various centers to communicate with occupational therapists in the same language, and easily transfer information from one rehabilitation center.
- Evaluation based on WHO ICF-CY can be the basis for professionals who describe the functional activity of a person in the current process, as it classifies functions, not the people.
- The WHO ICF-CY classifies health and health-related indicators and gives them the right choice to describe the child in a situation in which the specialist can clearly see the progress achieved.

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