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FAMILIARIDADE, CONFIANÇA E VALIDADE DO CÁLCULO ÚNICO PARA USO DA CIF

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Summary

This propositional study, based on evidence-based practice, aimed to analyze the acceptability of the use of classification instruments based on the ICF, associating qualitative and quantitative techniques of data collection, divided into three stages. The instruments analyzed were: (1) Primary Care form, (2) ESC Table, (3) BASEP Method and the model form for inclusion reports. From the sample of 41 participants, selected for convenience, the participation of 15 judges was considered, representing 06 professional categories. In the quantitative analysis stage, the judges reported full agreement that the instrument helps to understand the biopsychosocial model (86.67%), in conclusions and decision-making (80%); directs the use of the ICF for a specific purpose and achieves the objectives (86.67%); its application time is adequate (66.67%), agree to use the instrument in their professional practice (80%). In the qualitative analysis of the data, the judges ratified their acceptance of the instruments and their intention to use them in their professional routine; they pointed out that the instruments stimulate biopsychosocial thinking; that they support decision making, as they facilitate the collection of data on functioning. They emphasized that there is still a lack of knowledge about the ICF and that is necessary to use standardized assessment tools in association.

Keywords: functioning, confidence, validity.

Resumo

Este estudo propositivo, baseado na prática baseada em evidências, teve como objetivo analisar a aceitabilidade da utilização de instrumentos de classificação baseados na CIF, associando técnicas qualitativas e quantitativas de coleta de dados, divididas em três etapas. Os instrumentos analisados foram: (1) Formulário de Atenção Básica, (2) Tabela ESC, (3) Método BASEP e o formulário modelo para relatórios de inclusão. Da amostra de 41 participantes, selecionados por conveniência, foi considerada a participação de 15 juízes, representando 06 categorias profissionais. Na etapa de análise quantitativa, os juízes relataram plena concordância de que o instrumento

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auxilia na compreensão do modelo biopsicossocial (86,67%), nas conclusões e na tomada de decisão (80%); direciona o uso da CIF para uma finalidade específica e atinge os objetivos (86,67%); seu tempo de aplicação é adequado (66,67%), concordam em utilizar o instrumento em sua prática profissional (80%). Na análise qualitativa dos dados, os juízes ratificaram a aceitação dos instrumentos e a intenção de utilizá-los no seu cotidiano profissional; apontaram que os instrumentos estimulam o pensamento biopsicossocial; que apoiam a tomada de decisões, pois facilitam a coleta de dados sobre o funcionalidade. Enfatizaram que ainda há falta de conhecimento sobre a CIF e que é necessário utilizar instrumentos de avaliação padronizados em associação.

***Palavras-chave**: funcionalidade, confiança, validade.*

Introduction

The International Classification of Functioning, Disability and Health (ICF) has recognized importance in the academic environment, especially in the area of Health. However, even after more than 20 years of its publication[1], it still seems necessary to better prepare professionals from different areas of knowledge, which includes the responsibility of university faculty[2], in order to facilitate the continuity of its practical implementation. The ICF[3] was published by the World Health Organization (WHO) in 2001 and is a reference classification, alongside the International Statistical Classification of Diseases and Related Health Problems (ICD) and the *International Classification of Health Interventions* (ICHI) .

In Brazil, some legal tools have gradually introduced the content of the ICF and related instruments, such as Law No. 13.146/2015 and Resolution No. 452/2012 of the National Health Council, which adopted the ICF for the Unified Health System, including the Supplementary System.

However, health professionals from all sectors need to be familiar and confident with the use of the ICF, putting into practice all its benefits to support people and contribute to the protection of functionality

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at population level, successfully and with good quality. The literature indicates that at least three aspects are needed to achieve this goal: the insertion of the WHO conceptual model of functionality and disability in (1) clinical practice, (2) statistical and policy practice, and (3) academic practice[4]. Current health education in Brazil is generally still based on a linear model of reasoning about functionality and disability[5]. That is, the disease is considered as the starting point, and all other limitations and restrictions as its exclusive consequences. This has happened even in studies with the ICF, which is the major misconception of the so-called disease- based *core sets*[6]. The dynamic and interactive model published in the ICF is different from this perspective and needs to be included in undergraduate and postgraduate education, which has already been worked on in other lines of research.[7]

In order to fulfill the prerogative of the constant and increasingly strengthened use of the ICF in health systems, it is prudent that the existing curricular matrices are constantly updated according to the most recent versions of the WHO Family of International Classifications, a fact that has already begun in the process of changing the Curricular Guidelines of Speech Therapy, through Resolution MS/CNS No. 618/2018. Therefore, the curricular guidelines legally defined by the National Education Council and the Ministry of Education must ensure the dissemination of the ICF in the health area as a whole, contributing to the training of clinicians, teachers, managers and researchers. In addition, having the ICF as a content of permanent education in public health services, including induced by active methods, can feed knowledge into the implementation strategy in health policies, systems and services.

There are educational materials on the ICF provided by the WHO, however, other education and practice tools have also been developed in order to facilitate the integration of knowledge[8]. These include electronic medical record simulators, distance learning courses and repositories of teaching materials, such as the website http://www.icfeducation.org, called the ICF International Educational Portal, among others. It is then demonstrated that there are already resources in the scope of teaching and learning of the ICF, but there is still a lack of improvement of facilities for its practical use, both from the point of view

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of care and from the point of view of health management. Other contributions are the result of efforts by scientific groups that sought to develop tools to organize the use of the ICF and document functionality data, such as the form for Primary Care developed within the Brazilian Unified Health System by the municipalities of Barueri and Santo André[9], both in the State of São Paulo, the (2) ESC Table[10], the (3) BASEP Method[11] and the (4) model form for inclusion reports recommended by the Ministry of Economy in 2021[12].

In this research, we seek to understand how users of these 04 instruments react to the use, in order to evaluate the acceptability of the application of these instruments, by these professionals.

Methods

The present article is related to part of the results of a postdoctoral project entitled "Development and application of the ICF in integrated and person-centered biopsychosocial care in primary care and workers' health" approved by the ethics committee of the Centro de Saúde Escola Dr. Joel Domingos Machado of the University of São Paulo, under No. 53579221.1.0000.5414.

This work had an evaluative, propositional character and was supported by evidence-based practice[13], with a view to the production of ICF application technologies, encompassing collaborative field research to analyze the acceptability of the use of classificatory instruments. Qualitative and quantitative data collection, recording and analysis techniques were used.

The study was conducted in the practical context of the use of the classification by professionals working in primary care and occupational health. Experts from different areas of knowledge were invited to act as judges after getting to know the 04 selected instruments, answering the structured questionnaire (Annex 01) and participating in the focus groups. The participants invited to the research were graduates of one of the events related to the research project entitled "Development and

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application of the ICF in integrated and person-centered biopsychosocial care in primary care and workers' health": the 7th International Symposium on ICF Teaching, held in 2021 and the 11th National Meeting on ICF, held in 2023.

The research had an intentional maximum variation sampling strategy that offered the best opportunity to reach or at least approach data saturation[14]. Thus, the sample of professionals was delineated through the invitation and agreement of participation by them, considering the following professional categories: Social Work, Nursing, Physiotherapy, Speech Therapy, Medicine, Psychology and Occupational Therapy.

Inclusion criteria:

- Professional with knowledge of the ICF proven with a course completion certificate;
- Professional with proven performance in the academic, clinical or social area, either in primary health care or in occupational health;
- Professional with at least one publication that includes the ICF approach at any scientific or academic level.

After the selection of potential participants, the implementation of the project was divided into three stages:

- ***Stage 1*** - in the first phase, the project was presented to the invited participants who, after agreeing, signed a term of authorization and intention to effectively participate in the research (Annex 02). Then, they were presented with the classification instruments with the respective guidelines for use, at which point they all began to act as judges.
- ***Stage 2*** - in the second stage, judges were invited to answer the structured questionnaire regarding the instrument used for at least 30 days after the preliminary guidance, for further quantitative analysis.
- ***Stage 3*** - in the third phase, judges were invited to participate in focus groups, held on three different days, based on a conduction script (Annex 03), for subsequent qualitative analysis.

In order to avoid the effects of possible subjectivity , more

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than one data collection technique was used in this study, allowing data triangulation, i.e., the combination and crossing of different points of view and different techniques as a way to contribute to the rigor of the research and reliability of the results.[15]

Although quantitative and qualitative research have different natures, these two methodologies can be complementary. While the former aims to bring to light observable data, indicators and trends, the latter seeks to understand meanings, values, beliefs, representations, habits, attitudes and opinions, both from an individual and collective point of view, understanding that the meanings that people give to a phenomenon will organize their professional daily lives.[16 17]

The structured questionnaire of step 02 was distributed electronically via *Google Forms* , consisting of 05 questions to assess the judge's general perception of the instrument. The user was allowed to choose the instrument on which he would like to respond, since he could adopt more than one of the classificatory instruments. The response options ranged from "strongly agree" to "strongly disagree".[18] In this questionnaire, it was also necessary to identify oneself, to inform the profession and to ratify the authorship of scientific publication with themes related to ICF.

Focus groups were the third stage of the research, understood as discussion groups on the specific topic. Focus group is a technique used to obtain detailed and in-depth information about the opinions, perceptions, experiences and attitudes of the participants in relation to the subject of the study.[19] In the focus group, the researcher in charge guided the discussion, using as an instrument a script composed of 04 topics that served to foster the dialog between the group members. All meetings were recorded and transcribed for later analysis of the discourses.

The interpretation of the quantitative data of stage 02 was carried out based on the organization of the results in tables and indicators. The interpretation of the qualitative data of stage 03 was carried out through discourse analysis, a methodological approach that

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allowed the understanding of the meanings underlying the participants' speeches. For the qualitative interpretation, the recurring themes and ideas were preliminarily identified. Subsequently, a deeper analysis was carried out in order to understand how users reacted to the use of the instruments developed to organize the use of ICF and document functionality data, especially regarding their acceptability, familiarity, mastery and confidence. The results were described from the World Health Organization's conceptual model of functionality and disability and its practical applications.

Results and Discussion

A total of 41 professionals participated in the study, preliminarily. However, not all completed all phases of the research, and those who abandoned participation after Stage 01 were discarded and considered as losses, as shown in Table 01.

TABLE 01 | RESEARCH PARTICIPANTS

PROFESSIONAL CATEGORY	STEP 01	STAGE 02	STEP 03
Social Workers	08	02	02
Nurses	06	01	01
Physiotherapists	11	03	01
Speech therapists	02	01	01
Doctors	07	06	03
Occupational Therapists	06	02	01
TOTAL	**41**	**15**	**09**

The analysis of quantitative and qualitative data was only possible from the second stage, when participants became judges and could express their opinion on the instruments used. Therefore, only 15 judges representing 6 different professional categories participated. The judges met the requirements of the research and, even with losses, added up to a number still adequate for conducting the focus group in the final stage.

It is important to emphasize the judges' knowledge of the ICF, especially with regard to the concept of it being a classification and not an assessment instrument. The international classifications that relate to the

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diagnostic process offer a common, standardized language and are also expressed by an alphanumeric system, without the intention of becoming detailed assessment tools, but to allow statistical treatment, the generation of indicators and the monitoring of health status at the population level.

The 15 judges initially answered the objective questions regarding the use of the classification tools. There was no partial or complete disagreement with any of the statements. Table 02 presents the results.

TABLE 02 | DEGREE OF AGREEMENT WITH THE STATEMENTS REGARDING THE CLASSIFICATION TOOLS

THEMES OF THE STATEMENTS	I FULLY AGREE	PARTIALLY AGREE	I CAN'T GIVE AN OPINION	PARTIALLY DISAGREE	STRONGLY DISAGREE
1- Practical use	12	03	-	-	-
2 - Aid in understanding	13	02	-	-	-
3 - Time of application	10	03	02	-	-
4 - Decision- making	12	02	01	-	-
5 - Objectives	13	02	-	-	-

In relation to full agreement, all the alternatives presented high percentages according to the judges' attribution:

- ***AFFIRMATIVE 01***, with 80% full agreement - I would use this tool in my professional practice.
- ***AFFIRMATIVE 02***, with 86.67% of full agreement - This instrument helps to understand the biopsychosocial model.
- ***AFFIRMATIVE 03***, 66.67% of full agreement - The application time of this instrument is adequate.
- ***AFFIRMATIVE 04***, with 80% full agreement - This tool helps in conclusions and decision making.
- ***AFFIRMATIVE 05***, with 86.67% of full agreement - This instrument directs the use of the ICF for a specific purpose and achieves the objectives.

The application time of biopsychosocial diagnostic instruments is usually an obstacle, since the functionality approach naturally requires a longer individual survey. Thus, 02 judges could not give their opinion on the subject.

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Qualitative results were obtained in the third stage. The focus groups were able to identify the meaning effects of the sentences and the interdiscourse of each participant. We considered that all judges were already part of an interdiscursive network containing the ICF. Therefore, we tried to focus on the 4 topics of the pre-established script for the activity and selected expressions most strongly evidenced by the participants:

1. Describe the feeling when you came across the ICF-based classification tool chosen for use.

- "curiosity and fear";
- "I found it interesting";
- "we run the risk of having a very unlimited look";
- "something has arrived to solve my problem";
- "perplexity and despair";
- "I was completely lost and appalled";
- "I felt completely perplexed and wanted to dominate";
- "my feeling is like this: it motivated to understand the thing better in practice";
- "I was confused to use the codes";
- "I thought it was quite complex and would take a long time";
- "I felt comfortable".

2. After using the ICF-based classification tool, please tell us what you think about using it and what you think about it.

- "facilitates the issue of activities";
- "this way of organizing helps to broaden the vision";
- "has higher quality and quantity";
- "will contribute to maturation";
- "stays compatible with the table";
- "needs knowledge and study";
- "it is not intuitive";
- "the report is very complete";
- "the use of this model was clear";
- "the model is insufficient";

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- "it makes my thinking easier";
- "guides the writing of the report, but is not a data collection tool".

3. The use of the classification tool will generate a final report that is intended to reach an audience, be it a legal practitioner, an administrative professional or another health professional. Please comment on how you believe this report will be received by that audience.

- "they are still amazed";
- "strangeness";
- "they no longer understood";
- "are indifferent";
- "they will not understand anything";
- "they will realize that it is a differentiated document";
- "difficult to counter";
- "people are very satisfied";
- "the expert praised";
- "it also had the guy to give a despise";
- "I don't have a lot of *feedback* from the public who received it".

4. Topic 4 - After this experience of knowledge and use of the instrument, please report what you decide to do from this moment on. Say, for example, if you intend to continue using it, if you intend to improve or even abandon its use.

- "I will do it exactly as it is";
- "I intend to continue using it especially for people who experience disability, as is the case with fibromyalgics."
- "I can no longer stop using CIF";
- "I can no longer see it any other way...crazy";
- "publishing articles in occupational health";
- "it is a model that I would use in my work";
- "there has to be a parameter there".

It is understood that the discourses align with pre-established and hegemonic ideologies for the group that preliminarily have similarities. Even so, it was possible to study the relationships they had with the

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instruments and the intentions behind their words, so that it was possible to identify what image the interlocutors made of the practice of using the instruments.

Although at first many identified some degree of insecurity, they felt encouraged and committed to the use and, after the experience of use, they realized that the instruments in fact facilitated the biopsychosocial assessment and the application of the ICF. They all understood that the final product (i.e. the report) is quite complete, complex and consistent, and may not find easy understanding by the recipients, but that they would, at the same time, find it difficult to argue against it.

An interesting result was the bond created: after approaching the ICF and related tools, the judges admitted that there is no way they can go back to thinking, speaking or writing as before.

Usability is a term widely used to define the degree of ease that people have when using, for example, tools, websites or even products. Its goal is to understand if the user can locate the functions and understand how everything works quickly and, if any problems are identified, the errors are studied and corrected.

Applicability means the quality of what is applicable. In the legal sense, it is said of the norm that has the possibility of being applied, that is, of the norm that has the capacity to produce legal effects. It is not a question of whether it actually produces these effects. That would already be a sociological perspective, and concerns its social effectiveness, while our subject is in the field of legal science, not legal sociology.

Thus, through content analysis, we verified some aspects that are presented in Table 03.

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TABLE 03 | APPLICABILITY, ACCEPTABILITY AND USABILITY

Acceptability of judges "... (when) I came across the report I felt comfortable... I found the inversion interesting... starting with environmental factors .....implies thinking differently will change the model but we have this risk of taking and creating a "little pattern" on the side and changing one little thing there. We have to be careful to individualize more. So it's laborious because it's a psychosocial report you have to stick your head in the person's situation and be able to describe the real situation of that specific person eu I think that's the differential on this side". P, MALE, DOCTOR. "At first, after the curiosity, a certain fear of doing it wrong but it was curiosity and now we see how much this language is very different " E. FEMALE, SOCIAL WORKER "Something arrived to solve my problem at last I can no longer stop using CIF. I use it!" M, FEMALE, NURSE. "The biopsychosocial model, in general, I already use but when I went to transcribe for the reports, which at first I thought would be quiet, I was confused to use the codes. In fact, I found it a bit laborious to have to look for and when we are going to put performance and capacity I was also in doubt ..... I still have difficulty coding these questions so I think it is the part that most hinders the report is this coding. For the rest I find it easy" C, FEMALE, DOCTOR. "it (ESC table) has a very good presentation. It's easy for you to feed the data and generate the result I think it makes it easier to use and lighter." L, FEMALE, SOCIAL WORKER	The judges showed acceptance of the instruments. They judged that the instruments may generate curiosity and fear at first, but that they caused a change in the model of thinking, moving away from the biomedical model towards the biopsychosocial model. One of the judges pointed out difficulties in using the ICF coding, despite familiarity with the biopsychosocial model. Another pointed out the risk of automation of the process, emphasizing the need to maintain a person-centred assessment, as envisaged in the biopsychosocial model.
Audience acceptability "Initially with strangeness is something new, that they are not used to. On the other hand I think they will feel a greater amount of information in the report that it has greater quality and quantity of information.... describes in more detail all the environmental factors, the restrictions for activity and participation, the changes in body structures and functions in relation to coding, I think that this will still be a mystery because the number of people who have the mastery of coding". FFTC. FEMALE, PHYSIOTHERAPIST, 48 YEARS OLD "Here in Brazil people don't understand... they don't understand the codes because they don't know I even had feedback from a diversity and inclusion consultant and she said that the auditors are not very resistant." CAROL, OCCUPATIONAL PHYSICIAN, YEARS FFTC. FEMALE, PHYSIOTHERAPIST, 48 YEARS OLD "With the language of the ICF it carries much more weight with the arguments. It transfers security. The document for the purposes of official documents, with clarity, with support. It has a much greater weight. It is an excellent document. Of quality. I can trust it. It is more difficult to counter-argue." Y.SEX: FEMALE, PROFESSION: AGE "Who I deliver to, the experiences are these, right, to talk to a lawyer or to the judge they are indifferent" MALOU, PROFESSION, AGE	In relation to the people who will receive the reports based on the ICF, the Judges believe that these people will present an initial strangeness, sometimes resistance, indifference or lack of understanding, especially of the ICF and its codification. However, they believe that they will realize the depth and quality of the information described, which can even serve to support their decisions and conduct.
Usability by judges "I found it interesting to use it in my daily life..... and I used it, a few times, not many.... applying the instrument is not difficult, it is something feasible" FFTC. FEMALE, PHYSIOTHERAPIST, 48 YEARS OLD "After this experience I believe that it is possible ... to use this standard it is a model that I would use in my work. I believe it requires training: How to use the ICF, according to the codes, understand ...each category of the classification. So, for me, it is something that we need to expand the use and dissemination" . Y, FEMALE, DOCTOR.	All judges stated that they intend to use the tools in their routine, but highlighted the need to master the ICF.
Applicability and validity by judges " it was quite clear how useful this model is. It becomes easier where the person will fit makes the information more organized. reminds me what I would not remember. quite useful" Y, FEMALE, DOCTOR. " can greatly help many people who really need it contributes to social inclusion" F, FEMALE, SPEECH THERAPIST "Quantify ... because the people I did most of them had a moderate degree of commitment " M, FEMALE, NURSE. " we were trying to make some criteria that must be met in the description of the person's situation in order to configure a situation of incapacity that justifies the right to legal reserves. So, I think we need two types of instruments to qualify the information brought in the report I talked about helping to elaborate, refine some instrument to provide this information that is prerequisite for making the report according to the model we have to stick our face in the literature and see what there is already a scale ready for us to use " P, MALE, DOCTOR.	Regarding applicability and validity, the judges believe that the instruments will facilitate standardized data collection, as well as the production of information on the degree of functionality and disability, which can favor social inclusion. However, they also perceive the need to use standardized assessment instruments in association with the classification to favor the appropriate use of ICF qualifiers.

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Conclusion

The use of classification tools based on the ICF assists in the shift to biopsychosocial thinking as well as its consolidation. Professionals using these instruments feel more familiar with the coding system and more confident to describe functionality in clear, organized and objective terms.

Acceptability and validity is reflected in the intention of these professional users to continue using the instruments, in addition to awakening interest in improving them in aspects of content, validation and increasingly viable and automated means of application.

References

1. Leonardi M, Lee H, Kostanjsek N, Fornari A, Raggi A, Martinuzzi A, et al. 20 Years of ICF - International Classification of Functioning, Disability and Health: Uses and Applications around the World. Int. J. Environ. Res. Public Health. 2022; 19(18):1-16. https://doi.org/10.3390/ijerph191811321
2. Fernandes JA, Gomes MM, Sousa BS, Romão JF, Pinho DL, Marães VR. The ICF in the pedagogical projects of Physiotherapy courses in Midwest Brazil. Fisioter. mov. [Internet]. 2020 [cited 2021 Jan 21] ; 33: e003344. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103- 51502020000100240&lng=en. Epub July 24, 2020. https://doi.org/10.1590/1980-5918.033.ao44.
3. Organização Mundial da Saúde. International Classification of Functioning, Disability and Health (ICF).1 ed. Geneva: WHO, 2001.
4. Cordeiro ES, Biz MC. Implantando a CIF: o que acontece na prática? 1.ed.: Wak; 2017.
5. Ruaro JA, Ruaro MB, Souza DE, Frez AR, Guerra RO. Uma visão geral e perfil de uso da CIF no Brasil - uma década de história. Braz.j.phys.ther. 2012; 16 (6): 454-62.
6. Vasconcelos CC. Modelo de formação em fisioterapia na perspectiva discente [master's thesis]. Maceió: Faculdade de Medicina, Programa de Pós-Graduação em Ensino na Saúde, Universidade Federal de Alagoas; 2019. 122 f.

7. Araújo, ES. A Classificação Internacional de Funcionalidade, Incapacidade e Saúde (CIF) em Fisioterapia: uma revisão bibliográfica [master's thesis]. São Paulo: Faculdade de Saúde Pública, Universidade de São Paulo; 2008. http://doi.org/10.11606/D.6.2008.tde-03102008-112435
8. Negreiros IS, Silveira JA. Sistema Digital de Avaliação através da Classificação Internacional de Funcionalidade, Incapacidade e Saúde - CIF [undergraduate thesis]. Fortaleza: Centro de Tecnologia, Departamento de Engenharia de Teleinformática, Universidade Federal do Ceará; 2010. 43p.
9. Araujo ES, Neves SF. A Classificação Internacional de Funcionalidade, Incapacidade e Saúde, e-SUS e Tabwin: as experiências de Barueri e Santo André/SP. Rev. baiana saúde pública. 2015;39(2):470-477. DOI: https://doi.org/10.22278/2318-2660.2015.v39.n2.a1029.
10. Bramante IC, Cordeiro ES. Funcionalidade para o trabalho e perícias biopsicossociais. Revista Síntese Trabalhista e Previdenciária. 2019;29(360):206- 211.
11. Cordeiro ES. CIF-basep. Revista CIF Brasil. 2020;12(2):42-43.
12. Ministério da Economia. Orientações para fins de cumprimento do art. 93 da Lei no 8.213/91. 2021.
13. Flick U. Introdução à pesquisa qualitativa.3.ed. Porto Alegre: Artmed, 2009. 405p.
14. Saunders B, Sim J, Kingstone T, Baker S, Waterfield J, Bartlam B, et al. Saturation in qualitative research: exploring its conceptualization and operationalization. Qual Quant. 2018;52(4):1893–1907. pmid:29937585.
15. Pope C. Mays N. Pesquisa Qualitativa na atenção à saúde. 3.ed.: Artmed, 2009, 120p.
16. Minayo MC, Sanches O. Quantitativo-qualitativo: oposição ou complementaridade? Cad. Saúde Públ. 1993; 9(3): 239-262.
17. Minayo, MC. (org.). Pesquisa social: teoria, método e criatividade. 26.ed. Petrópolis: Vozes, 2009.108p.
18. Appolinário, F. Dicionário de metodologia científica.: Atlas, 2007
19. Leny AB. Grupos focais: conceitos, procedimentos e reflexões baseadas em experiências com o uso da técnica em pesquisa de saúde. Rev saúde colet. 2019;19(3):777-796.
20. ICF Education. 6th International Symposium. Revista CIF Brasil. 2020;12(3):01- 35.

21. Cordeiro ES, Bramante IC. Funcionalidade para o Trabalho e perícias biopsicossociais: a nova Tabela Esc. Revista Síntese trabalhista e previdenciária. 2019;29(360):206-211.
22. Silveira C, Parpinelli MA, Pacagnella RC, Andreucci CB, Angelini CR, Ferreira EC, et al. Validação da versão de 36 itens do Who Disability Assessment Schedule
2.0 (whodas 2.0) para a avaliação da Incapacidade e Funcionalidade da mulher associada à morbidade materna. Rev. Bras. Ginecol. obstet. 2017; 39(2):44-52. http://doi.org/10.1055/s-0037-1598599
24. Araujo ES. Health Indicators about Functioning and Disability. Revista CIF Brasil. 2014;1(1):27-33.

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