

DISABILITY ASSESSMENTS

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SFP2014; 40(4): 5

This issue of the Singapore Family Physician and the Family Practice Skills Course (FPSC 60) are sponsored by Ministry of Health. There are two objectives in organising this FPSC. The first objective is the recruitment of family physicians and certification to be Eldershiel Accredited Assessors for disability assessment. The certification process is for new Assessors. The second objective is the continuing medical education to update Family Physicians in disability assessment, updating of concepts of disability namely, the International Classification of Functioning, Disability and Health (ICF), prevention, and interventions in the care of people with disability.

Unit 1 introduces the perspectives of classification of disability, disability financing, and the social perspective before dealing with the medical perspective of health conditions (disorders and diseases) that result in adult disability. Prevention of onset of disability remains the most important strategy, and failing that effective interventions and innovations are needed.

Unit 2 covers the subject of rehabilitation and coping with disabilities in adults, both in the acute setting as well as the intermediate and long term care (ILTC) setting. For the patient requiring ILTC rehabilitation, there are inpatient and outpatient facilities to meet the elderly patients' needs.

Unit 3 covers the assessment of the six activities of daily living in adults namely: feeding, dressing, bathing, toileting, transfers, and mobility. The ADL limitations required for Eldershiel insurance pay-outs are three or more ADL limitations.

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Unit 4 covers diseases that result in disability in infants and children. Disability in children can be broadly classified into physical and mental disabilities and there many conditions that result in this. Physical disability is often present in children with cerebral palsy or neuromuscular disorders. With mental disability, the children are not able to learn self help skills and remain dependent on their caregivers for most of the activities of living. An extension of this group would include those with moderate to severe autism.

Unit 5 covers rehabilitation and coping with disabilities in infants and children and this unit focuses on enhancing their abilities to perform tasks and participate meaningfully in everyday activities. The International Classification of Functioning, Disability and Health (ICF) provides a rehabilitative model which characterises the child's functioning and health in the context of relevant personal and environmental factors that can facilitate or hinder performance.

Unit 6 covers assessment of activities of daily living in infants and children with developmental disabilities. The functional assessment of ADL in infants and children with developmental disabilities has been distilled into the domains of washing/bathing, dressing, feeding, toileting, transferring and mobility. They reflect the activities that occur in the typical day in the life of a child. Common developmental disabilities and possible effects on acquisition of independent ADL are discussed.

In the original papers section there are three original papers in this issue: a narrative review paper on the patient-centred medical home; a literature review on factors influencing medical students' future career choice in Family Medicine; and a paper on managing mental illness in primary care from the GPs' perspective.

Finally, there is also a useful information section on the list of disability assistance schemes in Singapore. The policy owner/administrative agency include MOH, NTUC Income, Great Eastern, and Aviva, AIC, MSF, SNTC, HDB, SG Enable, MAS, MOF, and IRAS.