Priority Topic: **DISABILITY**

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<th>Key Features:</th>
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<td><strong>Disability Assessment AAFP 2015</strong></td>
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**REMEMBER:** *this topic is not only about elderly patients*
- reversible and nonreversible disability
- disability from mental health problems
- disability from developmental/intellectual delays
- physical disability

1. Determine whether a specific *decline in functioning* (e.g., social, physical, emotional) *is a disability* for that specific patient.

**What you should study:**
- Disability Assessment AAFP 2015  **Focus on Definitions**
  Functional Assessment Tools are also useful

  - Functional Decline in Older Adults AAFP 2013

2. Screen elderly patients for *disability risks* (e.g., falls, cognitive impairment, immobilization, decreased vision) on an ongoing basis.

**What you should study:**
- Clinical Frailty Scale
- ADLs and IADLs
- MoCA
- MMSE
- Vision Screening over 65 CMAJ 2018
3. In patients with **chronic physical problems** (e.g., arthritis, multiple sclerosis) or **mental problems** (e.g., depression), assess for and diagnose disability when it is present.

**What you should study:**

✓ Disability Assessment AAFP 2015  
✓ Hearing Impairment in Young People RCP 2018

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(Exam Tip: use this for SOOs!)

4. In a disabled patient, **assess all spheres of function** (emotional, physical, and social, the last of which includes finances, employment, and family).

The mnemonic FIFERS is useful:  

5. For disabled patients, offer a **multi-faceted approach** (e.g., orthotics, lifestyle modification, time off work, community support) to **minimize the impact** of the disability and **prevent further functional deterioration**.

**What you should study:**

✓ Adults with Developmental Disability CFP Guideline 2018 ... but remember this applies to all patients with disability
6. In patients at **risk for disability** (e.g., those who do manual labour, the elderly, those with mental illness), recommend **primary prevention** strategies (e.g., exercises, braces, counselling, work modification).

**What you should study:**

- Predicting Disability in Old Age BMJ 2014
- WHO Disability Prevention 2003

7. Do not limit treatment of disabling conditions to a short-term disability leave (i.e., **time off is only part of the plan**).

**See Key Feature 5**

The point of this key feature is to make sure you have a treatment plan for patients with disability caused by MSK issues or mental health problems who are off work for a short period of time.

**Articles on Specific Disabilities:**

- Cognitive Impairment BC Guideline
- Hearing Loss NEJM 2017
- Down Syndrome Health Watch Checklist CFCP 2011
- Vision Loss in Older Adults AAFP 2016