

# Body functions cluster

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# Body functions cluster

## Identifying and definitional attributes

**Metadata item type:** Data Set Specification

**METEOR identifier:** 320117

**Registration status:** [Community Services \(retired\)](#), Standard 16/10/2006  
[Health!](#), Standard 29/11/2006  
[Disability](#), Standard 13/08/2015

**DSS type:** Data Element Cluster

**Scope:** This data cluster is one of four clusters that make up the Functioning and Disability DSS. To ensure a complete description of human functioning it is recommended that it be collected along with the following three clusters over time and by a range of health and community care providers:

1. Body Structures cluster
2. Activities and Participation cluster
3. Environmental factors cluster

Body functions are the physiological functions of body systems (including psychological functions). The term 'body' refers to the human organism as a whole; hence it includes the brain and its functions, that is, the mind.

The Body functions cluster collects information on the presence and extent of impairment of the eight body function domains listed below:

1. Mental functions
2. Sensory functions and pain
3. Voice and speech functions
4. Functions of the cardiovascular, haematological, immunological and respiratory systems
5. Functions of the digestive, metabolic and the endocrine system
6. Genitourinary and reproductive functions
7. Neuromusculoskeletal and movement-related functions
8. Functions of the skin and related structures

Impairments of body functions, as defined in the ICF, are problems in body functions such as a loss or significant departure from population standards or averages. The ICD uses impairment as 'signs and symptoms', a 'component of disease' or sometimes 'reason for contact with health services'.

Impairments are recorded in terms of their extent or magnitude, nature and/or location. Determination of impairment is undertaken primarily by those qualified to evaluate physical and mental functioning or structure according to these standards.

Impairments should be detectable or noticeable by others or the person by direct observation or by inference from indirect observation. Impairments are not the same as the underlying pathology, but are manifestations of that pathology.

Impairments can be temporary or permanent; progressive, regressive or static; intermittent or continuous. The deviation from the population norm may be slight or severe and may fluctuate over time. Impairments may result in other impairments.

Impairments may be part, or an expression of a health condition, but do not necessarily indicate that a disease is present or that the individual should be regarded as sick.

The use of this cluster to collect information on impairments of body functions should enhance data quality for medical purposes as well as for a range of purposes related to human functioning. This data cluster should be complementary to information on diseases.

The information collected in the Body functions cluster may also indicate the sorts of interventions that could result in improved functioning. This could be in the form of rehabilitation, health-related interventions, equipment, or support for example.

## Collection and usage attributes

**Collection methods:** The Person—body function, code (ICF 2001) AN[NNNN] data element is a neutral list of functions that can be used to record positive or neutral body function, as well as impairment of a specified body function when used in conjunction with Person—extent of impairment of body function, code (ICF 2001)N. For each body function code recorded there should be a code for impairment of body functions.

There are numerous possible methods for collecting body functions and impairments. A decision could be made to collect information:

- about every domain;
- on domains of particular relevance; or
- on a number of domains which are prioritised according to specified criteria.

See also the *ICF Australian User Guide* for further guidelines.

**Comments:** This cluster is based on the International Classification of Functioning, Disability and Health (ICF). The ICF was endorsed by the World Health Assembly in 2001 as a reference member of the WHO Family of International Classifications and of the Australian Family of Health and Related Classifications (endorsed by the National Health Information Management Group in 2002).

The ICF provides a framework for the description of human functioning and disability. The components of ICF are defined in relation to a health condition. A health condition is an 'umbrella term for disease (acute or chronic), disorder, injury or trauma' (WHO 2001). A health condition may be recorded, for example, as:

- Episode of care principal diagnosis, code (ICD-10-AM 5th Ed) ANN{.N[N]}
- Episode of care additional diagnosis, code (ICD-10-AM 5th Ed) ANN{.N[N]}.

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

## Relational attributes

**Implementation in Data Set Specifications:** [Disability and need for assistance cluster](#)  
[Community Services \(retired\)](#), Standard 10/04/2013  
[Disability](#), Standard 13/08/2015  
[Functioning and Disability DSS](#)  
[Community Services \(retired\)](#), Standard 16/10/2006  
[Disability](#), Standard 13/08/2015  
[Health!](#), Standard 29/11/2006

## Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Person—body function, code (ICF 2001) AN[NNNN]</a>	Mandatory	1
-	<a href="#">Person—extent of impairment of body function, code (ICF 2001) N</a>	Mandatory	1