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**DISTINGUISHED EDITORS-IN-CHIEF OF CODAS JOURNAL**

We sincerely compliment the Editors on the publication of the manuscript entitled “Language and functionality of post-stroke adults: Evaluation based on the International Classification of Functioning, Disability and Health (ICF)”<sup>(1)</sup>. We would also like to make a few comments on this article, which was published in Number 1, Volume 29, pages 1-8 of CoDAS.

The purpose of this study was to evaluate and classify language aspects, functioning, and participation of 50 post-stroke individuals based on the concepts of the ICF. This study presents important data on the functioning of individuals with sequelae resulting from stroke, emphasizing associations between changes in language and impairments in the activities and participation component that enable orientation and approach to health care from a biopsychosocial perspective.

According to the World Health Organization (WHO), the ICF is divided into two parts, which in turn are divided into components, namely: functioning and disability - functions and structures of the body and activities and participation; contextual factors - personal and environmental factors. The classification and measurement of functioning and disability can be described with the use of qualifiers (which are measured by a generic scale with scores ranging from 0 to 4, with 0 considered as no impairment and 4 as complete failure)<sup>(2)</sup>. A problem may mean disability for the components of body functions and structures and limitation or restriction for the components of activities and participation, respectively, and barriers to the component environmental factors. The use of qualifiers provide information on the magnitude of the disability, limitation, restriction, barriers, or facilitators of health conditions<sup>(3)</sup>.

Participation is one of the components of functioning, just as language is an attribute of body functions. Considering that the article aims to conduct an assessment of human functioning, it should also incorporate the other components of the ICF, such as body functions and/or structures, activities and participation, and environmental and/or personal factors.

One of the main objectives of the ICF is to advance towards the unification of language regarding the approach of the phenomena of functioning and disability. The use of classification terms as presented by the WHO is recommended.

In the methods section, the authors describe that the data collection instrument consisted of 12 components and 30 domains of the ICF. The classification presents seven components as demonstrated in the interaction model of the ICF concepts. Still in the methods section, the use of inferential statistical analysis is mentioned, but the results described are expressed only by descriptive analysis of data.

According to the original publication of the ICF<sup>(2)</sup>, some concepts differ from those presented in the article, e.g., the term impairment, which refers to problems in body functions and/or structures cannot be used to explain changes in the activities and participation component, as described in the captions of table 4<sup>(1)</sup>. The use of the generic term problem,

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or of the terms limitation and restriction would be more appropriate as qualifiers of performance and capacity of the individuals in the sample. The term impairment (according to the language and structure of the ICF) is not the most adequate to measure the activities and participation component.

A closer interaction between healthcare professionals involved in the health assistance of post-stroke individuals is essential if the biopsychosocial perspective of the ICF is to be included in routine assessment and therapeutic planning. The approach to all the different components of the ICF is what in fact reflects the phenomenon of human functioning.

## REFERENCES

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### Author contributions

*EMSF, ALL, LGC, FHNS, LC, DSD participated in the study design, writing and review of the manuscript.*