Dr Bedirhan Ėstn and his co-workers at WHO. This process has resulted in a broad input, but at the same time has led to a number of compromises having to be made. Although certain details may therefore be criticized, on the whole we consider the present content of the ICF to be an important step in the process towards a generally accepted model for communication around, and classification of, functioning and disability with many applications.

Many actors and professions will be involved in further studies and development of the ICF. There are established centres for coordination of this process through the WHO Collaborating Centres for ICD and ICF, the Nordic one based in Uppsala. It is necessary for representatives of different rehabilitation professions, active in research, teaching or clinical work, to become engaged in the implementation of the ICF. With their experience, the rehabilitation professions will surely be able to contribute meaningfully. We hope to see the ICF used as a conceptual framework in many scientific papers, just as was the ICIDH, but also eventually in the description and analysis of different aspects of functioning and disability in rehabilitation research.

Göteborg and Uppsala in June 2001

Gunnar Grimby
Professor emeritus
Editor-in Chief
Journal of Rehabilitation Medicine

Björn Smedby
Professor emeritus
Head, WHO Collaborating Centre for the
Classification of Diseases in the Nordic Countries

BOOK REVIEW


This book is written by a stroke survivor, Dr Johannes Smits, and his wife, Else Smits-Boone, who devised exercises for his hand after his stroke and noted recovery long after the time of recovery was expected to end. Dr Smits then decided to write this book and encourage others to follow his example. He starts by describing the expected recovery after stroke, and how recovery can be described graphically. The language makes it easy to follow the description of the construction of graphs that can be used to monitor the recovery process. After an introduction to the set-up for monitoring recovery, the book proceeds to describe in detail 26 exercises that can be done at home using everyday objects. Each chapter has an empty table and graph for the reader to use when monitoring their own exercises and recovery. The author describes the importance of realizing the time needed for recovery after a stroke, which is much longer than the recovery times reported by stroke researchers. His own experience shows that recovery can continue for as long as exercises are performed, which can be for years after a stroke, and that it does not level off as long as the person continues to do daily exercises.

A scientific report of the author’s recovery was published in the Journal of Neurovascular Disease (September–October 1997, pp. 211–219) and is included as an appendix at the end of the book. This book is unique in the sense that it is written by a stroke survivor who has designed and carried out the exercises described himself and who has therefore shown that daily practice does have an influence on the long-term recovery of hand function after a stroke.

Associate Professor Birgitta Bernspång
Occupational Therapy
University Hospital
SE-901 85 Umea
Sweden

J Rehabil Med 33