Defining & Describing Disability: An Overview on Disability Models and Language

There are many different ways to define and conceptualize disability. These definitions are socially constructed and vary across cultural contexts and through time. The medical model, social model, biopsychosocial model, and ICF model are the most relevant to exercise professionals.

### MEDICAL MODEL

The medical model is the most traditional, Western way of viewing disability. In this view, **disability is caused by an individual's impairment**. The individual has a problem which needs to be fixed, cured, or rehabilitated by a doctor or program provider.

Criticisms of this model include:
- The participant is passive
- Participant needs defined by non-disabled 'experts' and does not account for lived experience
- It ignores a person's context

### SOCIAL MODEL

The social model, in contrast with the medical model, views disability as a societal problem. In this view, **disability is caused by societal factors** that disable people, such as the environment, attitudes, stereotypes, and organizational procedures & practices.

Benefits of this model include:
- The participant plays an active role

Criticisms of this model include:
- It overlooks the impact of physiological impairment on a person's life (i.e., pain)

### ICF MODEL

The ICF framework or biopsychosocial model is an integration of both the medical and social models. In this view, **disability is caused by an interaction of health conditions with personal and environmental factors**.

Disability is a continuum in which some activities and environments are more disabling than others.

This model is the most relevant and up-to-date for exercise professionals, and is most closely aligned with widely accepted inclusive language.
A first step to building a relational space and rapport with your clients is using inclusive and respectful language, because the language you use matters. Interestingly, disability language relates to the models of disability described previously:

- **Medical Model**: "Person diagnosed with X"
- **Social Model**: "Disabled person"
- **ICF Framework (Biopsychosocial Model)**: "Impairment", "activity limitation", "participation restriction"

So, what language should you use when communicating with your client or patient? In North America, **person-first language** is widely accepted terminology. It stems from the US-based Disability Rights Movement, emphasizing that disability is one trait of an individual, but not their defining trait. **Corresponding language**: "person with a disability."

The below chart can help you determine how you should (and shouldn't) describe disability.

<table>
<thead>
<tr>
<th><strong>USE</strong></th>
<th><strong>DON’T USE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Person living with impairment or experiencing disability or disabled</td>
<td>Crippled, handicapped, handicap, physically challenged, invalid</td>
</tr>
<tr>
<td>Person who lives with, person with</td>
<td>Victim, afflicted with</td>
</tr>
<tr>
<td>Uses a wheelchair</td>
<td>Restricted or confined to a wheelchair, wheelchair bound</td>
</tr>
<tr>
<td>People without impairment/disability (able-bodied)</td>
<td>Normal</td>
</tr>
<tr>
<td>Deaf, Hard of Hearing</td>
<td>Deaf-mute, Deaf and dumb</td>
</tr>
<tr>
<td>Born with</td>
<td>Birth defect</td>
</tr>
<tr>
<td>Psychiatric history, psychiatric impairment/disability, emotional disorder, mental illness, consumer of mental health services</td>
<td>Crazy, insane, mental patient, wacko, a lunatic, a psychotic, a schizophrenic</td>
</tr>
<tr>
<td>Epilepsy, seizures</td>
<td>Fits</td>
</tr>
<tr>
<td>Learning disability, intellectual disability, developmental disability, cognitive disability, ADD/ADHD</td>
<td>Mental retardation, slow, retarded, lazy, stupid, underachiever</td>
</tr>
<tr>
<td>Para-sport or Special Olympic Sport</td>
<td>Disabled sport</td>
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This document was created as part of a series of *Disability and Exercise Training* resources designed for health care and exercise professionals to outline important steps and considerations for exercise discussion and prescription for persons with disabilities.

For more information or to see other resources in this series, visit www.cdpp.ca

**MEDICAL & SOCIAL MODELS**


**ICF MODEL**


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The Canadian Disability Participation Project (CDPP) is an alliance of university, public, private, and government sector partners working together to enhance community participation among Canadians with physical disabilities. For more information about this document and other CDPP resources, visit www.cdpp.ca