

individuals were compromised was compromised in all periods evaluated, indicating that current legislation in Brazil on post-stroke individuals care was partially complied.

Implications: Access to rehabilitation professionals has been directed equitably and in insufficient quantity to post-stroke individuals. Therefore, health management services must direct human and financial resources to expand immediate and comprehensive access to rehabilitation professionals for all post-stroke individuals after hospital discharge. These resources can improve the resolution of the transfer from hospital care to community care, as recommended.

Keywords: Stroke, Stroke rehabilitation, Access to rehabilitation

Conflict of interest: The authors declare no conflict of interest.

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HOW DO THE PHYSIOTHERAPISTS AT A SPECIALIZED REHABILITATION CENTER PERCEIVE THE CARE NETWORK AND THE FAMILY?

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Background: The Specialized Rehabilitation Centers (CER) are the points in the network responsible for promoting attention and care for People with Disabilities (PwD), but their work goes beyond this task, being an important place for approaching families of PwD and a privileged locus for articulating the care network. Health care networks (RAS), more specifically, Care Networks for PwD, are one of the ways to promote comprehensive, longitudinal, and continuous care for PwD. In this way, professionals working in the CER, including physiotherapists, must be familiar with the management of articulation with networks. The physiotherapist is an agent within this web of care and the way he perceives the families of PwD and their interactions with the network can be fundamental for the establishment of practices that are expected in terms of the performance of professionals in the CER.

Objective: To find out, through the set of individual experiences of physiotherapists, the senses and meanings attributed to the physiotherapist's relationships with the care network and with families.

Methods: It is a qualitative, descriptive, and exploratory study, theoretically and methodologically supported by the content analysis proposed by Bardin. For this research, participant observation and interviews were adopted as techniques, guided by a previously defined script. The locating context of the research was a CER in the state of Paraíba - PB, where 13 physiotherapists from a Rehabilitation sector were interviewed.

Results: The study reveals that there is still a gap between the care currently provided by CER physiotherapists and the biopsychosocial approach. Physical therapists face difficulties in understanding and performing articulations with the network and centralize this role in the social worker. Regarding the family, they recognize the central role of the mother in care but have difficulty perceiving the burden

on her and the need for a better division of care between family members, finally highlighting a utilitarian relationship with the family, required to support therapies, but away from discussions about the care provided to PwD.

Conclusion: Family and Care Network are two fundamental elements for the work in the CER, but they are still opaque in the view of physiotherapists. Because the family is seen, sometimes, only in the figure of the mother and the hammock is an entity still little known by physiotherapists.

Implications: The results of this work can be used in the permanent health education process at the CER to reflect on changes in the work process of physiotherapists with regard to families and to instigate the process of bringing the CER professionals closer to the whole of network, since many of these services already exist in the logic of an independent rehabilitation service, formally disconnected from other services.

Keywords: Physiotherapy, Disabled People, Integrality in Health

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PHYSIOTHERAPISTS AT THE SPECIALIZED REHABILITATION CENTER: LOOKING AT THEMSELVES AND OTHER PROFESSIONALS WHEN OFFERING CARE

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Background: The physiotherapist's care practices for People with Disabilities (PwD), over time, have been undergoing transformations in the search for the provision of comprehensive care centered on the ideas of the biopsychosocial approach, being produced not only by the normative prescriptive act, but also from establishing a connection between the broader context of the internal and external network of services aimed at PwD and, in the interaction with professionals and with the community to which the service is offered. The Specialized Rehabilitation Centers (CER) are points of the care network and propose to offer comprehensive care services to (PwD). Integral care takes place from the attribution of health care considering the human being in its entirety and, as a result, the services also need to see and formulate their provision of care in an expanded and comprehensive way.

Objective: To know, through the set of individual experiences of physiotherapists, the meanings attributed to the physiotherapist's relationships with his own work, with other colleagues and with the institution.

Methods: This is a qualitative, descriptive, and exploratory study, theoretically and methodologically supported by the content analysis proposed by Bardin and the phenomenological theory of Alfred Schutz and Munhall. For this research, participant observation and interviews were adopted as fieldwork techniques, guided by a previously defined script. The locator context of the research was a CER in the state of Paraíba - PB. Thirteen physiotherapists from a Rehabilitation sector were interviewed.

Results: The study shows that there are still difficulties in offering comprehensive care to users in the CER. CER physiotherapists have problems with internal communication and with the care network, in addition to difficulties in operationalizing interprofessional work; and that the physiotherapeutic practice in the CER is still very dependent on equipment and technologies.

Conclusion: The knowledge of the particular contexts contained in the physiotherapists' experiences allowed us to identify that there are still barriers to providing expanded and comprehensive care focused on the biopsychosocial model for PwD.

Implications: Generating discussions with themes provided from the individual experiences of physiotherapists provides greater understanding of the nuances of institutional disputes, thus extending greater possibilities to subsidize the process of permanent education in health, fostering discussions about the guise of practices of health, improvements in decision-making to improve the organization and work process of CER physiotherapists and provide professionals to reflect on their work process to produce better care in the biopsychosocial perspective of People with Disabilities.

Keywords: Physiotherapy, Rehabilitation Centers, Biopsychosocial Models

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ACUTE EFFECT OF AEROBIC AND/OR RESISTANCE EXERCISE ON BLOOD GLUCOSE IN INDIVIDUALS WITH TYPE 2 DIABETES: A SYSTEMATIC LITERATURE REVIEW

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Background: Type 2 diabetes (T2DM) is the most prevalent type of diabetes worldwide. Its treatment aims to control glycemic levels, with regular physical exercise being one of its pillars. The hypoglycemic effect of physical exercise varies according to the intensity, duration, type, and time of day it is performed.

Objectives: Synthesize the scientific evidence on the effect of a single session of continuous (AEC) or interval (AEI) aerobic exercise and/or resistance exercise (RE) on post-exercise glycemia in individuals with T2DM.

Methods: The study protocol (CRD42022289985) followed PRISMA guidelines. The search strategies were elaborated from the acronym PICO (P: individuals \geq 18 years old with DM2; I: a single session of aerobic and/or resistance exercise; C: no exercise or any exercise that did not meet the characteristics of the intervention; O: glycemia measured before and up to 24h post-exercise). The electronic databases CINAHL, Cochrane Library, EMBASE, Google Scholar, LILACS, MEDLINE/Ovid, SciELO, SPORTDiscus, and Web of Science

were searched, including randomized and non-randomized clinical trials published from the inception of the databases until February 2022, without limitation of language. The "Risk of Bias" tool was used to assess the risk of bias in the included studies. Reduction or no significant change in post-exercise glycemia is expressed as (\downarrow) or (\leftrightarrow), respectively.

Results: 25 articles published between 1997 and 2021 were included from 6,237 retrieved from the literature. The total sample consisted of 424 participants (men = 290, women = 119, unreported = 15) aged between 21 and 70 years, with mean values of glycated hemoglobin between $6.0 \pm 0.3\%$ and $10.4 \pm 3.0\%$ and body mass index between 22.2 ± 2.3 and 37.0 ± 5.7 kg/m². The duration of the exercise sessions varied between 10 and 60 minutes, with moderate to high intensities, and most (72%) were performed in the morning. Thirteen studies investigated AEC vs. control [glycemia: AEC \downarrow , control \leftrightarrow (n=10); AEC and control \leftrightarrow (n=3)]; five investigated AEI vs. control [glycemia: AEI \downarrow , control \leftrightarrow (n=2); AEI and control \leftrightarrow (n=3)]; three studied AEC vs. AEI vs. control [glycemia: AEC and AEI \downarrow , control \leftrightarrow (n=2); AEC, AEI, and control \leftrightarrow (n=1)]; three investigated RE vs. control [glycemia: RE and control \leftrightarrow (n=3)], and one study investigated AEC vs. RE vs. AEC+RE vs. RE+AEC vs. control [glycemia: AEC and RE isolated and combined \downarrow , control \leftrightarrow]. The significant reduction in glycemia was up to 24 hours post-AEC, up to 30 minutes post-AEI, up to 60 minutes post-RE, and up to 45 minutes after AEC and RE combined. The risk of bias was low in 5%, some concerns in 85%, and high in 10% of the included studies.

Conclusion: Sequentially, the most recurrent findings were that (1) a single isolated AEC session and (2) a single isolated AEI session can promote a significant reduction in post-exercise glycemia in individuals with T2DM, with the duration of this effect longer after isolated AEC.

Implication: The daily practice of aerobic exercises is essential for treating T2DM.

Keywords: Diabetes Mellitus, Type 2, Exercise, Systematic Review

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COGNITIVE AND VISUAL INTERACTIONS IN THE DECLINE OF POSTURAL STABILITY IN HEALTHY OLDER ADULTS

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Background: Preserved postural control is essential for older adults' functionality and social participation. Activities of daily living are commonly performed in dual-task situations and usually studied on movement, such as walking, but the interplay between cognitive tasks and vision for static balance control in older adults remains to be studied.

Objectives: This study investigated the interactions between cognitive task and visual inputs on upright postural control during aging.