

sensitization related signs and symptoms and their knee osteoarthritis counterparts using the one-way analysis of variance (ANOVA).

Results: Thirty-three (26.4%) participants had neuropathic-like symptoms and central sensitization related signs and symptoms, eighteen (14.4%) had neuropathic-like symptoms, twenty-seven (21.6%) participants had central sensitization related signs and symptoms, and 47 (37.6%) had knee osteoarthritis with no neuropathic-like symptoms or central sensitization related signs and symptoms. A one-way ANOVA revealed greater functional limitation in the group with neuropathic-like symptoms and central sensitization related signs and symptoms (mean = 67.5 ± 12.0) or neuropathic-like symptoms (mean = 56.7 ± 17.5) than the group without these symptoms (mean = 32.0 ± 20.7) with a statistical significance difference [F(3, 121) = 29.434, p < 0.001] in the WOMAC total score. The group with neuropathic-like symptoms and central sensitization related signs and symptoms (mean = 19.2 ± 7.4) or neuropathic-like symptoms (mean = 16.3 ± 6.3) had slower velocity than the group without these symptoms (mean = 11.6 ± 3.5) with a statistical significance difference [F(3, 121) = 10.045, p < 0.001] in the TUG test.

Conclusion: Participants with knee osteoarthritis and neuropathic-like symptoms or central sensitization pain phenotype have greater functional limitations than their counterparts.

Implications: Identifying distinct pain phenotypes in patients with knee osteoarthritis is endorsed to treat these patients adequately. The phenotype with neuropathic plus central pain component share similarities with patients with neuropathic-like symptoms, except for the conditioned pain modulation. Measuring the factors that affect the functionality in patients waiting for knee replacement may contribute to assertive decision-making. In this sense, the presence of neuropathic-like symptoms or central sensitization leads to a disfavored clinical outcomes in patients with knee osteoarthritis.

Keywords: Osteoarthritis, Neuropathic Pain, Central Sensitization

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

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LIFESTYLE HABITS, COMORBIDITIES AND KIDNEY FUNCTION IMPAIRMENT OF ADMISSION AND AFTER HOSPITAL DISCHARGE OF PATIENTS WITH COVID-19

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Background: The acute phase of Covid-19 in patients with a higher burden of disease and aggravating risk factors is characterized by the occurrence of a multisystemic inflammatory syndrome. Regarding the complications described the development of acute kidney injury has been associated with the occurrence of worse outcomes, higher morbimortality and complications in human functionality.

Objective: To assess the presence of lifestyle habits and the occurrence of changes in kidney function at admission and after the acute phase of Covid-19 in subjects that were hospitalized.

Method: Cross-sectional study, conducted from March to September 2021 in post-intensive care nucleus of the university hospital. That were included men and women aged 35-75 years with laboratory confirmation of Covid-19 and creatinine result. Lifestyle habits such as smoking, and alcoholism and comorbidities (at the hospital admission and discharge) were considered and evaluated. Data about the period of admission to the intensive care unit (ICU) and hospital in days were also included. The kidney function was evaluated according to serum creatinine levels (Cr_s) and estimate glomerular filtration rate (eGFR), that it is an estimate of the rate of clearance of Cr_s by the kidneys, it was calculated by the CKD/EPI equation in the patient's admission and after hospital discharge. The results were presented with relative and absolute frequencies and mean and standard deviation.

Results: 37 patients with an average age of 56.61 ± 10.04 years were evaluated, 51.4% (n=19) were women and 29.7% (n=11) were smokers and alcoholics. The most common comorbidities in the hospital admission were a high blood pressure 70.2% (n=26), obesity 56.7% (n=21), dyslipidemias 29.7% (n=11), diabetes mellitus type 2 29.7% (n=11), coronary artery disease 10.8% (n=4). After the Covid-19, this number increased of 2.7%, 13.7%, 5.4, 5.4% and 2.7%, respectively. The average period of days in the ICU and hospital was 16.94 ± 14.29 and 31.48 ± 20.97 respectively. Concerning the Cr_s level, 27% (n=10) of the sample presented elevation, which led to the need for hemodialysis.

Conclusion: Individuals with a history of smoking, alcohol consumption and multiple comorbidities evolved with kidney function change after the acute phase of Covid-19.

Implications: The kidney functionality of individuals with higher burden of disease may be compromised in the short and medium term after the acute phase of Covid-19.

Keywords: SARS-CoV-2 infection, Kidney function tests, Physical functional performance

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RANDOMIZED CONTROLLED TRIAL PROTOCOL: EFFECTIVENESS OF CRYOTHERAPY ON FUNCTION, PAIN, EDEMA AND RANGE OF MOTION IN ACUTE ANKLE STRAIN

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