Osteoarthritis Index (AUSCAN) and Canadian Occupational Performance Measure (COPM) questionnaires, in addition to some of the tasks of the Bilateral Upper Limb Function Test (TEBIM). Data was presented in mean and standard deviation. To verify the effects of the treatment, the delta of change for each variable was calculated and the percentage change was presented before and after evaluations.
Results: An increase of 4.35% in handgrip strength, 2.88% in pulp-pulp pinch strength and 14.93% in lateral pinch strength were observed. There was a reduction only in tripod pinch strength (10.35%). An improvement of 14.95% was also observed in the execution time of the NHPT and of up to 64.08% in the selected TEBIM activities. The AUSCAN and COPM questionnaires showed a 16.67% reduction in the difficulty of performing ADLs, a 37.5% reduction in stiffness and a 60.98% in pain, in addition to a 7.94% improvement in performance perception and 43.36% in satisfaction performing activities.
Conclusion: The data obtained so far suggest that the use of the shaping method in a treatment protocol focused on strengthening the 1st ID has effects on pain, function, dexterity, and grip and pinch strength in individuals with rizoarthrosis.
Implications: The results of the study may contribute to future physiotherapy studies regarding the intervention protocols for the population with thumb osteoarthritis. The existing clinical trials that focus on exercise-based rehabilitation for hand function in patients with OA at the base of the thumb describe this protocol with poor-quality information. In addition, this study provides preliminary results on the importance of including strengthening of the 1st dorsal interosseous bone in the rehabilitation of patients with rizoarthrosis.
Keywords: Hand joints, Osteoarthritis, Physical therapy

Conflict of interest: The authors declare no conflict of interest.
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FACTORS ASSOCIATED WITH THE PRESENCE OF PERSISTENT SYMPTOMS IN THE 6 MONTHS AFTER HOSPITALIZATION DUE TO COVID-19

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Background: At the peak of the pandemic, there was a great need for hospitalization of some of the infected according to the World Health Organization (WHO) about 20% of those infected require hospitalization. The hospitalized have impairment in functionality and cognitive aspects. When looking at COVID-19 survivors, there is an increasing number of patients with prolonged symptoms, a condition called Long COVID, defined as the persistence of symptoms for weeks or months after the resolution of the acute illness. The sum of these factors leads to a complex picture of the health of patients. It is extremely important to understand the recovery process of post-COVID individuals at a time when the world is dealing with the consequences left by the pandemic and many people struggle with the difficulty of returning to their daily activities and dealing with the associated financial losses.
Objectives: To identify and evaluate the factors associated with the presence or absence of persistent symptoms in the 6 months after discharge in individuals hospitalized for COVID-19.
Methods: This is a prospective cohort study of individuals who were hospitalized for COVID-19. This research is based on ethical principles, with appreciation by the Ethics Committee and with an Exceptional Free and Informed Consent Form from all participants. To assess the persistence of symptoms in the 6 months after discharge, an evaluation instrument was created based on previous articles. Pearson's chi-square test was used for the univariate association between the presence or absence of symptoms in general and the prevalence of the most frequent symptoms and possible risk factors.
Results: There was no association between the presence of persistent symptoms in general and possible risk factors. Analyzing the association between the presence of the most prevalent symptoms (joint pain, fatigue, dyspnea and myalgia) and possible risk factors (gender, severity, ICU stay, age$\geq$60 years and BMI), some significant associations were found. Joint pain and gender, where more than half of those who reported this symptom were women (57.1%; p=0.03). The age of individuals hospitalized with COVID-19 ($\geq$60 years) was statistically associated with the presence of Myalgia (p =0.003). Obesity was associated with the presence of the symptom fatigue (BMI$\geq$30; p=0.02). No association was found between severity and ICU stay with the analyzed symptoms.
Conclusion: As for risk factors, association analyzes indicated that: joint pain was more significant in females, myalgia was more pronounced in elderly individuals, and fatigue was closely related to obesity.
Implications: Essential information were found about the post-hospitalization recovery process due to COVID-19, demonstrating important particularities of each group, which contributes to offering specific health care to the demands of the region.
Keywords: COVID-19, Hospitalization, Symptoms

Conflict of interest: The authors declare no conflict of interest.
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Ethics committee approval: The Ethics Committee for Research with Human Beings (CEPSH-UFSC) approved the research under the Certificate of Presentation of Ethical Appreciation (CAAE) 33485120.4.0000.0121

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EFFECT OF BODY LATERALIZATION ON PULMONARY AERATION AND REGIONAL VENTILATION DISTRIBUTION IN HEALTHY INDIVIDUALS

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Background: Therapeutic body positioning has often been used in the hospital to improve oxygenation. Among the different positions, lateralization therapy is suggested to improve local pulmonary function by positioning the region of interest in the chest upwards to reduce the effect of gravity. However, there is still a gap in describing the physiological effects of lateralization between gravity-dependent and gravity-independent lung regions.