

(PFS-Brasil). The evaluations were carried out individually in environments with noise, temperature and lighting control to ensure privacy and comfort conditions for the proper performance of the tests. For the analysis of convergent validity, a search was performed to remove extreme values and Pearson's correlation was calculated between the scores on the physical subscale of the PFS-Brasil and the total score on the SPPB and its subdomains. The Bioestat 5.0 program was used to carry out the statistical analysis.

Results: This study is in progress, and partial data are presented here regarding the evaluation of 57 elderly participants (age: 72.3 ± 6.3 years, 91% women, physically active). The total score on the SPPB was $11.3 (\pm 0.9)$ points, indicating good functional capacity of the assessed population, consisting of the assessment of gait speed (1.76 ± 0.7 m/s), time to sit and lift 5 repetitions (10.7 ± 2.2 seconds), static balance (3.9 ± 0.4 points). The score in the assessment of physical fatigability by the PFS-Brasil (14.2 ± 9.9 points) demonstrated that there is little perceived physical fatigability in individuals (reference value: < 15 points). The physical fatigability assessment scores demonstrated convergent validity both in relation to the total Short Physical Performance Battery score ($r = -0.34$, $p = 0.0093$), and in the gait speed subdomains ($r = -0.47$, $p = 0.0002$) and sit-to-stand time 5 repetitions ($r = 0.2886$, $p = 0.0294$), but not for static balance ($r = -0.2546$, $p = 0.0559$). The correlations indicate that as the value of the total PFS-Brasil score increases (greater perceived fatigability), the total SPPB score, the individual's gait speed and static balance decrease, as does the time to perform the repetitions of sit and stand up from a chair, indicating a low functional capacity.

Conclusion: The PFS-Brasil has convergent validity with a measure of functional capacity in elderly Brazilians.

Implications: The characterization of fatigability allows the quantification of an individual's susceptibility to fatigue in the context of standardized physical task(s), being a more sensitive approach to assess the presence and severity of fatigue.

Keywords: Fatigue, Elderly, Validation study

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

Acknowledgment: Not applicable.

Ethics committee approval: Research Ethics Committee of the Health Sciences Institute of the Federal University of Pará with authorization n° 56210622.0.0000.0018.

<https://doi.org/10.1016/j.bjpt.2024.100921>

336

BENEFITS OF THERAPEUTIC POSITIONING IN THE NEST IN PREMATURE INFANTS HOSTED IN A NICU- A SYSTEMATIC REVIEW

Mayara Martins Cesário Carneiro¹, Simone Nascimento Santos¹, Natália Alves Menegol¹, Rodrigo Okubo¹, Dayane Montemezzo¹, Luciana Sayuri Sanada¹

¹ Programa de Pós-Graduação em Fisioterapia, Universidade do Estado de Santa Catarina (UFSC), Florianópolis, Santa Catarina, Brasil

Background: Strategies for the humanization of the environment and care processes are essential to reduce the impacts that prolonged hospitalization in the Neonatal Intensive Care Unit (NICU) can cause on the development of premature newborns (PTNB). One of the procedures adopted for these purposes is nest positioning (NP), a method that promotes PTNB containment and facilitates the adoption of flexor postures. However, there is a gap in the literature regarding the effects of nest positioning on

weight gain, sleep pattern, motor development and hospital discharge.

Objectives: To evaluate the effects of NP on motor development, sleep pattern, weight gain and hospital discharge in PTNB admitted to the NICU.

Methods: The present study was constructed based on the criteria of the PRISMA guideline (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). A systematic search was carried out using search indexes in the following electronic data sources: MEDLINE via PubMed, WEB of SCIENCE, SCOPUS and BVS-BIREME, following the PICOS strategy (P: participants; I: intervention; C: comparison; O: outcomes; S: studies). As eligibility criteria, there was inclusion of studies with populations of PTNB (< 37 gestational weeks from the date of the last maternal menstruation) admitted to the NICU and who used the PN (supine, prone and lateral decubitus) as an intervention strategy in this population. Outcomes related to sleep patterns and weight gain were sought, in addition to others related to motor development. Methodological quality was assessed using the PEDro Scale.

Results: After the selection process, 11 studies were included in the systematic review. Among them, 5 (45.4%) had motor development as the primary outcome, 5 (45.4%) had the sleep-wake cycle pattern as the primary outcome, and 1 (9.2%) study had the primary outcome as the weight gain and, consequently, hospital discharge. According to the PEDro scale, 5 (45.4%) studies had good methodological quality, with scores between 6 and 8, 2 studies (18.2%) had regular methodological quality with a score of 5, and 4 (36.4%) studies scored 4 or less, showing low methodological quality. Qualitative results indicate that prolonged positioning in the nest with variations in decubitus may be favorable for the acquisition of flexor postures, midline stimulation and increase in total sleep time of PTNBs admitted to the NICU. No adverse effects were reported in relation to the use of PN.

Conclusion: There was no evidence of the effects of PN on weight gain and hospital discharge, but there is evidence to suggest that PN is beneficial for motor development and sleep patterns of PTNB admitted to the NICU.

Implications: The results indicate that prolonged positioning in the nest with variations in decubitus can be favorable for the acquisition of flexor postures, midline stimulation and increase in the total sleep time of PTNBs admitted to the NICU.

Keywords: Premature, Patient Positioning, NICU

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

Acknowledgment: To God, family, and masters for every sharing I had during the course of this project.

Ethics committee approval: Not applicable.

<https://doi.org/10.1016/j.bjpt.2024.100922>

337

PERCEPTION OF MANAGERS OF A CENTER SPECIALIZED IN REHABILITATION ON TRAINING IN THE BIOPSYCHOSOCIAL APPROACH

Mayza Leite Felix Maciel¹, Letícia Mylena Guedes Souza¹, Iara Fialho Moreira¹, José Erivaldo Ferreira Paiva¹, Natasha Felipe da Silva¹, Robson da Fonseca Neves¹

¹ Department of Physical Therapy, Postgraduate Program in Physical Therapy, Universidade Federal da Paraíba (UFPB), João Pessoa, Paraíba, Brazil

Background: The Specialized Rehabilitation Centers (CER) are places of reference to assist Persons with Disabilities (PwD) due to their multidisciplinary care character, however, these places are still focused on the biomedical model and the change to a biopsychosocial approach in these centers is essential for comprehensive care. The International Classification of Functioning, Disability and Health (ICF) has been recommended in official documents as a model to reorient practices in the CER, and for that, it is necessary to understand how managers are perceiving this problem in order to establish the processes of Permanent Education in Health (EPS).

Objective: To know the perception of CER managers about the articulation between university and service for the study of the use of the ICF among service professionals through EPS.

Methods: This is an exploratory and qualitative research, carried out with 3 informants at the service's managerial level involved in preparing for the EPS process with a focus on the ICF. Semi-structured interviews were carried out, whose data obtained were analyzed through thematic content analysis. The research is part of an axis of the project Participatory technologies in the care of people with disabilities in specialized care.

Results: In the perception of the managers, the CER workers themselves had already realized the need to improve the reports issued and the need for the team to use the biopsychosocial approach. In addition, higher government entities began to request reports from the CER that were more focused on the capabilities of each one. Regarding the interaction between CER and university, several facilitators were highlighted, such as good communication between teaching and service, the flexibility of both parties to overcome obstacles, organization by proponents, team decision-making and good willingness to adapt to the demands of the service. When it comes to the internal articulation of the service, facilitators were pointed out, such as acceptance, motivation and commitment of professionals and smooth communication between professionals and management; and, barriers such as high demand in the service, temporary closure of activities at the site, complexity of the ICF and turnover of professionals. The CER in question is fertile ground for the ICF implementation process due to the values that the team attaches to training processes and the previous awareness they already had on the subject.

Conclusion: Therefore, it can be seen that the managers considered the articulation between university and service during the organization for the PE process with a focus on the biopsychosocial approach quite natural, transparent and uncomplicated; as well as communication with service professionals to actively participate in the process. However, they recognize the problems that the demands for care produce in terms of obstacles to organizing educational processes.

Implications: Knowing that the biopsychosocial approach and the use of the ICF are mandatory in the "Hearing, Physical, Intellectual and Visual Rehabilitation Instruction" that governs the CER, the practice of PE within this space has been proving to be a promising path. In this sense, knowing the engagement of managers and the reflection they make about this type of approach can be important elements for structuring EPS.

Keywords: Health Centers, Biopsychosocial approach, Permanent Education in Health

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

Acknowledgment: We thank the responsible professor who guided the whole process, CNPQ for the financial incentive, the collaboration of all those involved in the research and UFPB.

Ethics committee approval: Research Ethics Committee of the Health Sciences Center (CCS-UFPB), CAAE: 37347020.3.0000.5188.

<https://doi.org/10.1016/j.bjpt.2024.100923>

338

FAMILY INCOME AS AN ENVIRONMENTAL RISK FACTOR FOR CHILDREN WITH DEVELOPMENTAL COORDINATION DISORDER

Meyene Duque Weber¹, Jorge Lopes Cavalcante Neto², Eloisa Tudella¹

¹ Department of Physiotherapy, Federal University of Sao Carlos (UFSCar), Sao Carlos, SP, Brazil

² Department of Human Sciences, University of Bahia State (UNEB), Jacobina, Bahia, Brazil

Background: Developmental Coordination Disorder (DCD) is a neurodevelopmental disorder characterized by clumsiness at home, school, and in the community. The limitation in activities of children with DCD affects their social participation and quality of life, highlighting the need to identify potential risks for DCD in childhood. The relationship between environmental risk factors and DCD has emerged in the literature to clarify its etiology. However, there is no consensus on this relationship. This study will use the variable "family income" as an environmental risk factor. Contributing this data can be an important outcome for the literature, as knowing the risk factors for DCD allows for identification and intervention as early as possible, in order to minimize the impact of this health condition on children's functionality.

Objectives: To verify the association between family income and DCD in school-aged children.

Methods: This is an observational case-control study. In a convenience sample, 30 children of both sexes, aged between 6 and 11 years, were evaluated and divided into two groups matched by age and sex: DCD group, with 15 children (8.06±1.66 years, 11 girls), and typical development (TD) group, with 15 children (8.06±1.66 years, 11 girls). For DCD diagnoses, all four DSM-V-TR criteria were followed. The instruments used for diagnosis were Movement Assessment Battery for Children – 2 (criterion A), Developmental Coordination Disorder Questionnaire (criterion B), and a sociodemographic questionnaire (criteria C and D). Family income was assessed through the sociodemographic questionnaire. SPSS version 20 for Windows was used for statistical treatment. The chi-square test was performed to verify the association between family income and DCD x TD groups.

Results: A significant difference was found between the DCD and TD groups ($p=0.001$) concerning family income. In the DCD group, there is a predominance of family income lower than one minimum wage or between 1 and 2 minimum wages. On the other hand, in the TD group, the majority (60%) of children fall into the category of family income between 3 and 5 minimum wages.

Conclusion: In this sample, family income was shown to be an environmental risk factor for DCD in children aged 6 to 11 years. The authors suggest that more case-control studies with larger samples should be conducted to confirm this hypothesis and identify other possible environmental risks for DCD.

Implications: These results have theoretical and practical implications. In theory, the data presented here support the literature on risk factors in DCD and encourage new studies in search of scientific consensus on the subject. In practice, identifying potential risk factors allows for monitoring children in school, especially in primary education and health care, promoting early identification and referral to specialized services.

Keywords: Developmental Coordination Disorder, environmental risk, family income

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

Acknowledgment: Grant # 2020/12729-9, São Paulo Research Foundation (FAPESP).

Ethics committee approval: Research approved by the Human Research Ethics Committee of the Federal University of São Carlos (approval number 52286421.0.0000.5504).

<https://doi.org/10.1016/j.bjpt.2024.100924>