

discharge, so that specific strategies and interventions are directed with the objective of early rehabilitation of the patient.

Keywords: Physical functional performance, muscle strength dynamometer, physiotherapy

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

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DEFINING TEXT NECK: A SCOPING REVIEW

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Background: Text neck is proposed to be one of the causes of neck pain and is regarded as a global epidemic. The term text neck emerged in 2008, and quickly spread through the media worldwide. Yet, there is a lack of consensus concerning the definitions of text neck which challenges researchers and clinicians alike. A comprehensive synthesis of how text neck is currently defined may contribute to a better understanding of the term by researchers and clinicians.

Objectives: To investigate how text neck is defined in the peer-reviewed academic literature.

Methods: We conducted a scoping review to identify all articles using the terms “text neck” or “tech neck”. Embase, Medline, CINAHL, PubMed and Web of Science were searched from inception to 30th April 2022. This scoping review followed the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines. No limitation was applied for language or study design. Data extraction included study characteristics and the primary outcome relating to text neck definitions.

Results: 41 articles were included. Text neck definitions varied across studies. The most frequent components of definitions were grouped into five basis for definition: Posture (n=38; 92.7%), with qualifying adjectives meaning incorrect posture (n=23; 56.1%) and posture without a qualifying adjective (n=15; 36.6%); Overuse (n=26; 63.4%); Mechanical stress or tensions (n=17; 41.4%); Musculoskeletal symptoms (n=15; 36.6%) and; Tissue damage (n=7; 17.1%).

Conclusion: There is substantial variability and lack of clarity in how text neck is defined in the peer-reviewed literature. The literature is characterized by definitions ranging from tissue damage and mechanical stress/tension to musculoskeletal symptoms, overuse and posture. Posture is the defining characteristic of text neck in academic literature and current definitions often mention inadequate posture and overuse. Clinicians and researchers should be aware of the lack of consensus on what constitutes text neck. Since there is neither consensus on the definition nor scientific evidence to support any of the proposed definitions, the term text neck seems to have no clinical value at the present moment.

Implications: From a clinical perspective, text neck seems to be of no scientific value since there is no association between the flexed posture adopted during texting on smartphones and neck pain. Text neck is not an accepted diagnosis and does not seem to be a risk factor for neck pain. From a research perspective, the definition of text neck as a habit of texting on the smartphone in a flexed neck position, regardless of whether the person has neck pain, may be of scientific value for new studies.

Keywords: Neck pain, Smartphone, Posture

Conflict of interest: The authors have no conflicts of interest.

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VALIDITY AND RELIABILITY OF THE MOTOR ASSESSMENT SCALE FOR REMOTE ASSESSMENT OF INDIVIDUALS AFTER STROKE – PRELIMINARY RESULT

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Background: After stroke many patients remain with difficulties in using the upper limbs, balance, transfers, and walking. The Motor Assessment Scale (MAS) assess the movements needed to do those activities. Social restrictions to combat the Covid-19 pandemic have increased the telerehabilitation, but the remote assessment is also important for rural areas or geographic regions where neurorehabilitation specialists are scarce, and when patients have difficulties on transport to the clinic. Although the measurement properties of the MAS applied in person are established, the validity and reliability of the MAS applied via teleconsultation is unknown.

Objectives: To investigate the validity and reliability of the *Motor Assessment Scale* (MAS) when administered remotely by videoconference (Tele-MAS).

Methods: This is a study of investigation of measurement properties, following the recommendations of COSMIN, for validity and reliability of Tele-MAS. The sample was 18 participants with a diagnosis of stroke, Braztel-MMSE score ≥ 13 points and with internet access and mobile device. The order of the evaluations (remote or in person) was randomly defined. The application sequence of the MAS items was adapted to allow remote application in addition to verbal commands during the evaluation and a specific instruction manual for application by videoconference was developed. For assessment by videoconference (rater A and B) the participant was instructed to position the camera in a way that the therapist can observe from the ground to above the head. The raters are positioned similarly to the participant to demonstrate the items and score synchronously. The application in person takes place in the participant's house, by rater A. The three collections took place within a period of eight days, with an interval of 2 days. The validity between the in person and remote evaluation was analyzed by Pearson's correlation coefficient and the reliability between the remote and in person evaluation was analyzed using the Bland-Altman limits of agreement. The interrater reliability for the sum of the score of the items was analyzed by the Intraclass Correlation Coefficient

(ICC) with a confidence interval of 95% (95%CI). Data were analyzed using MedCalc software®.

Results: A strong positive correlation ($r=0.96$; 95%CI=0.90-0.99) was found between the MAS and Tele-MAS scores. The analysis of the Bland-Altman graph for the total MAS scores indicated that the mean difference between in person and remote scores was -0.6 points. The 95% limits of agreement are +6.5 and -7.6 points. Excellent interrater reliability (ICC \leq 0.94; 95%CI =0.84-0.98) of the total Tele-MAS score.

Conclusion: The preliminary results indicate that Tele-MAS should be considered as a valid measure and has interrater reliability.

Implications: MAS is widely used in clinical practice, however, the measurement properties of the remote version applied by videoconference were unknown. The results of the final study should present the validity and reliability of Tele-MAS to remotely assess post-stroke motor function through videoconference.

Keywords: Stroke, Motor Assessment Scale, Teleconsultation

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

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COSTS OF HOSPITALIZATION OF NEWBORN INFANTS WITH DIFFERENT HEALTH CONDITIONS IN A REGIONAL HOSPITAL IN BRASÍLIA IN 2018

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Background: About 30 million newborns (NB) born annually in the world require hospitalization, increasing costs in health systems. Characterizing the costs of health conditions enables a more complete and detailed study about public expenditures, helping to determine priorities and making it possible to guide actions in the context of the public health system.

Objectives: To compare and analyze the costs of hospitalizations among different health conditions in NBs at a public hospital in Brasília in 2018.

Methods: A cost of illness study with a top-down approach and an economic perspective of the public health system (SUS) as a service provider. Sample consisting of 1689 children, with different health conditions born at Hospital Regional da Ceilândia, Brasília, in 2018: a) prematurity (n = 133); b) bacterial septicemia (n = 112); c) respiratory conditions (n = 116); d) jaundice (n = XX); e) infection of the newborn (IPRN) (n = XX). Direct costs (in reais), divided into costs of hospital services and professional services, were estimated based on payment data entered in the Hospital Admission Authorization. To compare costs between different health conditions, the Kruskal-Wallis Test was used ($p\leq 0.05$) and Mann-Whitney test as post hoc.

Results: The total costs of hospital and professional services, respectively, for the different health conditions were: bacterial septicemia (R\$300,614.70; R\$45,204.35); prematurity (BRL 299,033.21; BRL 46,388.86); respiratory conditions (R\$225,366.37; R\$29,542.33); jaundice (R\$197,581.95; R\$28,508.03) and IPRN (R\$171,591.59; R\$25,024.59). The difference between hospital costs and professional costs was observed in all health conditions in the study, evidencing the high cost related to hospital services

compared to professional services. Although jaundice and IPRN represent, together, the highest frequency among the analyzed conditions with approximately 78.54% of the total number of hospitalizations, septicemia and prematurity were the conditions with the highest total cost value (adding together hospital and professional services), the cost for septicemia being higher compared to jaundice ($p\leq 0.000$) and IPRN ($p\leq 0.017$). Prematurity had a higher cost than jaundice, IPRN and respiratory conditions ($p\leq 0.000$), whereas respiratory conditions had a higher cost than jaundice ($p\leq 0.000$) and IPRN ($p\leq 0.000$). Specifically in professional services, prematurity had a higher cost than all other conditions ($p\leq 0.000$). Jaundice did not show statistical differences compared to IPRN ($p\leq 0.601$) but had lower costs than septicemia ($p\leq 0.000$) and respiratory disorders ($p\leq 0.000$). Finally, IPRN had a lower cost compared to septicemia ($p\leq 0.000$) and respiratory conditions ($p\leq 0.000$). There was a predominance and a high number of NICU days and longer stays related to prematurity, bacterial septicemia and respiratory disorders, as well as a greater need for physical therapy assistance, nutritional therapy and imaging tests.

Conclusion: It was concluded that the conditions with the highest cost for the analyzed hospital were prematurity, followed by bacterial septicemia and respiratory conditions.

Implications: The high cost for the health system of conditions associated with newborns is evidenced, emphasizing the importance of preventing neonatal complications to reduce costs and improve quality of life.

Keywords: Hospitalization Costs, Newborns, Economic analysis

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

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INFLUENCE OF PHYSICAL ACTIVITY ON DEPRESSIVE SYMPTOMS IN ELDERLY IN THE COMMUNITY

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Background: Aging is a natural phenomenon that is part of human development and is characterized by the accumulation of molecular and cellular changes that lead to a decline in capacities. The search for new knowledge about the elderly has shown that the vulnerability caused by the aging process makes these individuals susceptible to various pathologies, such as depression. The practice of physical activity is indicated as an alternative non-pharmacological treatment in many situations/diseases and is described as any body movement performed by skeletal muscles, which generates energy expenditure, favoring the production of new neurons and facilitating synaptic connections. Considering that depression is a prevalent pathology and that the practice of physical exercises is a non-pharmacological possibility of control, it is important to know if practice interferes with the reduction/control of depressive symptoms.

Objectives: To verify whether the practice of self-reported physical activity is related to symptoms of depression in elderly people living in the community.