

the specific biofeedback protocol used. Visual-reliant individuals exhibit increased muscle activation when required to achieve a smaller reduction in CoP sway, as observed with the 2 cm target. In contrast, non-visual individuals reduce sway without additional muscular effort, regardless of the target size. Moreover, visual reliance did not influence postural strategy during laser biofeedback, as both groups demonstrated increased CoP sway variability under this condition.

Implications: These findings suggest that an individual's reliance on vision for postural control should be considered when developing postural sway biofeedback protocols. Visual-reliant individuals may exhibit increased muscle activity in response to interventions aimed at enhancing postural stability or reducing postural sway.

Keywords: Biofeedback, Electromyography, Postural Control

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54

STANDARDIZING HEALTH-RELATED QUALITY OF LIFE ASSESSMENT FOR OLDER ADULTS: INTEGRATING SF-36 AND ICF CODES FOR IMPROVED HEALTHCARE MANAGEMENT

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Background: The global aging population is rapidly increasing, prompting the United Nations to declare the "Decade of Healthy Aging" (2021-2030) with the goal of improving the quality of life for older adults. Health-related quality of life (HRQoL) is critical in this context, and the International Classification of Functioning, Disability, and Health (ICF) provides a standardized framework for its assessment.

Objectives: To develop a more precise method of assessing HRQoL using ICF codes, facilitating targeted interventions for older adults and improving healthcare management.

Methods: A cross-sectional study was conducted with older adults aged 60 and above who accessed primary healthcare services and had no cognitive impairment. Participants underwent HRQoL assessment using the SF-36, and ICF codes previously linked to SF-36 domains were classified using ICF qualifiers. A simple calculation method was developed to convert SF-36 scores into ICF qualifiers.

Results: The study included 52 participants, with a mean age of 71.6 ± 7.0 years, 92.3% of whom were women. The ICF framework qualified 27 codes from SF-36 domains. Moderate impairments were observed in the "Bodily Pain," "General Health," and "Vitality" domains, while "Physical Functioning," "Social Functioning," and "Mental Health" showed mild impairments. No impairments were noted in the "Role Physical" and "Role Emotional" domains.

Conclusion: This approach offers a more interpretable method for assessing HRQoL impairments, making it a valuable tool for evaluating the health of older adults. The integration of ICF standardizes assessments, improves communication between healthcare providers, and streamlines data collection, thereby enhancing overall healthcare management for older adults.

Implications: This study provides a more precise and standardized approach to assessing HRQoL in older adults, which can inform the development of tailored interventions. The use of ICF qualifiers enables better communication and understanding across healthcare teams, potentially leading to more effective healthcare management. Additionally, this method can optimize healthcare provision for aging populations.

Keywords: Health-Related Quality of Life, Older Adults, Functional Assessment

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55

PSYCHOMOTOR SYNDROMES IN AGING

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Background: Aging is a complex and heterogeneous process characterized by a progressive decline in physiological functions. In aging, psychomotor syndromes are associated with neurodegeneration, cognitive decline, and psychiatric disorders. These syndromes involve motor changes such as bradykinesia, rigidity, tremors, apraxias, catatonia, dyskinesias, and psychomotor agitation. Understanding their mechanisms is essential for accurate diagnosis and proper management, aiming to reduce functional impact and improve the quality of life of older adults.

Objectives: To analyze the main psychomotor syndromes in aging, their neurobiological bases, clinical manifestations, and implications for differential diagnosis and therapeutic management.

Methods: We conducted a narrative literature review based on prospective studies on psychomotor syndromes, aging, and neurological disorders. We included original studies, reviews, and meta-analyses from 2000 to 2024 in electronic databases such as Cochrane Controlled Register of Trials, Lilacs, Medline, PubMed, SpringerLinks, and PsycINFO. The search terms used were psychomotor syndromes, aging, and psychiatric disorders. Studies that were irrelevant or had non-representative elderly samples were excluded.

Results: A total of 52 studies were selected, highlighting the following key aspects: bradykinesia and rigidity were the most prevalent motor changes, associated with Parkinson's disease and atypical parkinsonian syndromes. Apraxias were frequently observed in dementias, such as Alzheimer's disease. Essential tremors and tardive dyskinesias were linked to prolonged use of antipsychotics. Abnormal gaits, such as hemiparetic and cerebellar gaits, were associated with both neurological disorders and psychosocial factors.

Conclusion: Psychomotor syndromes in aging involve motor, cognitive, and emotional changes, requiring precise diagnosis and appropriate management. Understanding their mechanisms is essential for effective interventions and improving the quality of life of older adults. Medication use should be carefully monitored to minimize impacts and avoid associated complications.

Implications: This study is relevant as it contributes to understanding the neurobiological bases of psychomotor syndromes, enabling a more integrated approach to elderly patient care. It highlights the importance of improving physiotherapy practices, promoting personalized and effective interventions, and optimizing healthcare resource management by prioritizing early diagnoses and appropriate treatments for older adults with psychomotor disorders.

Keywords: Psychomotor Syndromes, Aging, Neurodegeneration