

Conclusion: Parents' media use habits, particularly those of mothers, can directly influence the daily screen time of preschool children. Further research is suggested to explore other contextual factors that may influence children's screen time and their developmental consequences.

Implications: This study underscores the importance of educational programs that train families on how parental screen use habits can affect children's screen time. It also emphasizes the effects of excessive screen time and encourages healthy behaviors.

Keywords: Child Preschool, Screen Time, Child Behavior

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CONTENT VALIDITY OF TEA-CIFUNCIONALIDADE: A MEASURE FOR ASSESSING THE FUNCTIONING OF BRAZILIAN AUTISTIC CHILDREN AND YOUTH

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Background: Autism is a complex health condition with a global prevalence of 1%, according to the World Health Organization (WHO). The deficits caused by autism in social communication, along with restricted and repetitive patterns of behavior, interests, or activities, can significantly impact an individual's functioning. Although numerous outcome measures exist, Brazil currently lacks a functioning assessment tool for this population that is grounded in the International Classification of Functioning, Disability, and Health (ICF), as recommended by the WHO.

Objectives: This study aimed to assess the content validity of TEA-CIFuncionalidade, an innovative Brazilian tool designed to evaluate the functioning of children and youth with autism based on the ICF from the perspective of parents.

Methods: All the methodological processes were conducted based on the Consensus-based Standards for the selection of health Measurements Instruments (COSMIN). The content validity analysis of TEA-CIFuncionalidade was conducted in two stages. In the first stage, an Expert Committee consisting of five professionals with expertise in therapies for children and youth with atypical neurodevelopment, and/or professionals experienced in psychometrics, assessed the tool's relevance, comprehensiveness, and comprehensibility using a standardized questionnaire distributed via Google Forms. In the second stage, 30 parents of children and youth with autism participated in personal interviews to evaluate these same aspects of the tool. For the statistical analyses the Content Validity Coefficient was calculated for each evaluated item, resulting in a total of Content Validity Coefficient (CtVC) for relevance, comprehensiveness, and comprehensibility.

Results: 100% of the judges in the Expertise Committee had experience with the ICF, and 50% had five or more years of experience with autism. The Content Validity Coefficient values from the Expertise Committee were satisfactory for relevance (CtVC = 0,98), comprehensiveness (CtVC = 0,95) and comprehensibility (CtVC = 0,93). The target population consisted of 30 parents of autistic children and youth diagnosed according to the ICD-10, aged between 2 and 18 years. All participants were female and received care from the

private healthcare sector in São Paulo. The Content Validity Coefficient values from the target population were satisfactory for relevance (CtVC = 0,98), comprehensiveness (CtVC = 0,99) and comprehensibility (CtVC = 0,96).

Conclusion: TEA-CIFuncionalidade demonstrated acceptable Content Validity values according to the Expertise Committee and target population. Further analyses of the remaining measurement properties proposed by COSMIN are still required.

Implications: This study confirms that TEA-CIFuncionalidade is a viable tool for the standardized assessment of functioning in Brazilian children and youth with autism, grounded in the International Classification of Functioning, Disability, and Health.

Keywords: International Classification of Functioning Disability and Health, Measurement Properties, Autism

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PARTICIPATION OF CHILDREN AND ADOLESCENTS WITH CEREBRAL PALSY IN THE COMMUNITY: RESULTS OF PARTICIPA BRASIL

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Background: Children with cerebral palsy (CP) often have low participation and involvement in the community due to environmental barriers. Understanding how these barriers impact their participation is crucial to developing physical therapy interventions and creating more effective public policies.

Objectives: Identify the frequency, involvement, support and barriers to the participation of children with CP and explore the relationship between these variables.

Methods: This is a cross-sectional study involving children and adolescents with CP, aged 5 to 17 years, followed in the ParticiPa Brasil study. The Brazilian version of the Participation and Environment Measure for Children and Youth (PEM-CY) was used. Clinical and sociodemographic information from children and family members was collected using an online questionnaire. An exploratory analysis, correlation tests, and association tests were performed.

Results: A total of 185 parents and/or guardians participated in this study. Most children and adolescents presented GMFCS V (31.5%) and GMFCS II (27.7%), with a mean age of 8.82 years (SD = 2.75) and male gender (60%). An average attendance of 3.99 and involvement of 3.92 were observed; on average, children participated in 5 activities in the community. The activities in which children participated most frequently were neighborhood outings, unorganized physical activities and religious activities, and those with least frequency were paid work, organization of groups and classes and courses. Environmental factors showed that 47.90% of children receive average support in the community, while 46.37% face barriers. The study revealed significant correlations between the frequency and presence of environmental barriers ($r = -0.196$; $p = 0.008$), as well as between the frequency and the amount of support ($r = 0.294$; $p < 0.001$). In addition, a positive correlation was observed between

support and involvement ($r = 0.327$; $p < 0.001$), as well as between involvement and barriers ($r = 0.282$; $p < 0.001$). Several environmental variables, such as Physical Layout, Physical Demands, Cognitive Demands, Social Attitudes and Actions, Atmospheric Conditions, Climate, Programs and Services, Information, Sufficient Money and Sufficient Time, showed an association with the frequency of participation. Regarding involvement, it was associated with Physical Demands, Cognitive Demands, Social Attitudes and Actions, Personal Transportation, Public Transportation, Information and Financial Resources.

Conclusion: Most parents or guardians do not consider related aspects such as access to personal transportation; public transportation; available time; available money; safety in the community and the child's relationship with peers as barriers. On the other hand, related aspects such as the way furniture, objects and physical structures are organized; physical aspects of usual activities in the community; access to programs and services in the community; information about participation in the community and equipment and materials were the greatest environmental barriers found that restrict the participation of children and adolescents in the community.

Implications: The results allow us to identify where greater interventions are needed to support the community participation of children and adolescents with CP.

Keywords: Cerebral Palsy, Participation, Barriers

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IMPACT OF A 2024 GUIDELINE-BASED PROGRAM ON CERVICAL RANGE OF MOTION IN INFANTS WITH CONGENITAL MUSCULAR TORTICOLLIS: A PILOT STUDY

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Background: Congenital muscular torticollis (CMT) is a condition characterized by the shortening of the sternocleidomastoid muscle, leading to restricted cervical motion, postural asymmetry, and potential motor development delays. The 2024 Clinical Practice Guideline for CMT highlights the importance of early intervention, including passive stretching, active motor stimulation, postural training, and caregiver education. However, there is a need for structured studies assessing the impact of a combined home and supervised intervention program on active and passive cervical range of motion (ROM).

Objectives: To evaluate the feasibility and preliminary effectiveness of a structured physical therapy intervention aimed at improving active and passive cervical lateral flexion ROM in infants with CMT, following the recommendations from the 2024 CMT Clinical Practice Guideline.

Methods: A single-group prospective experimental pilot study with repeated measures. Participants: Eight infants aged 3 to 4 months diagnosed with CMT, presenting with restricted passive and/or active cervical lateral flexion. Parental consent was obtained for participation in a home-based program combined with weekly

supervised physical therapy sessions. The intervention consisted of five components: (1) Passive stretching: Low-intensity, sustained stretches of the sternocleidomastoid (SCM) muscle. (2) Active range of motion training: Stimuli for head-righting responses during exercises in various postures. (3) Symmetry-based activities: Encouragement of midline head alignment and equal use of both sides of the body during play. (4) Environmental modifications: Positioning strategies for sleep, feeding, and other activities in the home setting. (5) Caregiver education and adherence monitoring: Weekly supervised sessions (60 minutes) to assess progress, reinforce techniques, and implement an individualized home program for each child based on the criteria of the 2024 Clinical Practice Guideline. Outcome Measures: Passive cervical ROM (lateral flexion) was measured using an arthrodial protractor, while active cervical ROM was assessed through visual/photographic tracking and the Muscle Function Scale (MFS).

Results: The intervention period ranged from 3 to 4 months, with a follow-up evaluation conducted 3 months after its completion. All four children who initially presented with more than 5° of asymmetry in passive ROM showed improvement in the final assessment, reducing asymmetry to less than 5°. Similarly, among the five children with more than 5° of asymmetry in active ROM, three (60%) demonstrated improvement, achieving a final asymmetry of less than 5°.

Conclusion: A structured physical therapy intervention effectively improved active and passive cervical lateral flexion ROM in infants with CMT. All infants with passive ROM asymmetry showed improvement. Regarding active ROM, 60% (3) of the infants exhibited improvement in the MFS. However, active ROM assessments are more influenced by the infant's cooperation, and evaluating the MFS on different days may provide a more accurate assessment.

Implications: This study demonstrates the feasibility and preliminary effectiveness of a structured physical therapy intervention for improving active and passive cervical lateral flexion ROM in infants with CMT in clinical practice.

Keywords: Congenital Muscular Torticollis, Range of Motion, Pediatric Physical Therapy

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HIP SURVEILLANCE OF BRAZILIAN CHILDREN AND ADOLESCENTS WITH CEREBRAL PALSY: A QUALITATIVE STUDY ON CAREGIVERS' KNOWLEDGE

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Background: Children with Cerebral Palsy (CP) are at an increased risk of developing hip displacement. The lateral migration of the femoral head out of the acetabulum is a severe and potentially progressive musculoskeletal complication that may require surgical intervention. Hip surveillance is recommended, a systematic monitoring process to detect early critical signs of displacement. In this context, understanding the experiences of caregivers involved in hip