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