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USE OF LIMOS-BR IN FUNCTIONALITY ASSESSMENT: STANDARDIZED MEASUREMENT FOR THE PRODUCTION OF HEALTH INDICATORS

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Background: LIMOS-Br was developed for clinical use, guiding decision-making in rehabilitation and encompassing a significant portion of the core set of rehabilitation information. It is a 45-item instrument that measures the activity component, covering broad aspects of communication, mobility, self-care, cognition, and domestic tasks. The instrument is already utilized in Switzerland and has been validated in Brazil in the form of a questionnaire, facilitating the coding of the International Classification of Functioning, Disability and Health (ICF) and the production of essential health indicators for member countries of the World Health Organization (WHO).

Objectives: To explore the potential of LIMOS-Br to simultaneously provide relevant information for rehabilitation and for the production of health indicators.

Methods: The cross-sectional study was approved by the Ethics Committee and included 100 adult individuals post-stroke with varying levels of impairment and disability. Functionality was measured through patient self-reports using LIMOS-Br, based on interviews conducted by a rehabilitation professional and guided questions specific to the instrument. In cases of moderate to severe aphasia, assistance from proxies was provided. The data were analyzed descriptively.

Results: The information generated by the instrument follows the exact description of the ICF categories and does not require linkage processes. Despite communication and cognitive impairments, the greatest difficulties were related to mobility, particularly dependency and limitations in climbing (d451), changing basic body position (d410), moving around (d455), and walking (d450). For self-care, the activities with the highest difficulty were eating (d550), caring for body parts (d520), dressing (d540), and washing oneself (d510).

Conclusion: The information obtained from LIMOS-Br was easily coded using the categories and the five proposed levels of functionality by the ICF, and was consistent with findings from previous studies on functionality in post-stroke individuals, reinforcing that mobility is a significant restriction in these cases. These findings suggest the need for support and adaptation of the environment to facilitate the participation of these individuals, often involving the necessity of a caregiver. The use of LIMOS-Br should be expanded to other populations to enhance understanding of functionality in different contexts.

Implications: LIMOS-Br demonstrates potential to provide essential data for both rehabilitation planning and the generation of health indicators. Identifying difficulties in performing functional activities can support the development of public policies and strategies focused on rehabilitation and accessibility.

Keywords: International Classification of Functioning, Disability and Health, Health Status Indicators, Rehabilitation

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FEASIBILITY OF A TASK-SPECIFIC TRAINING PROTOCOL IN AN AUGMENTED REALITY CONTEXT (INTERACT PROTOCOL) FOR CHILDREN WITH CEREBRAL PALSY

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Background: Task-specific training is recommended for motor improvements in children with cerebral palsy (CP), as well as its association with other approaches, such as augmented reality (AR). To ensure the effectiveness of these interventions, assessing their feasibility is essential.

Objectives: To evaluate the feasibility of implementing the INTERACT protocol (IN - individualized; T - task-specific; E - environment; R - real and augmented realities; ACT - active training) in children with CP.

Methods: A randomized clinical trial (RCT) was conducted with five children with spastic CP: INTERACT group (IG) (3) and control group (CG) (2), with a mean age of 10.6 years (SD = 1.82), GMFCS levels I and II, and MACS levels I, II, and III. Feasibility was assessed using a Google Form, considering the perspectives of caregivers and children during recruitment (adherence), evaluation, and intervention (adherence, adverse events, duration, comprehension, and execution). Satisfaction was measured using a visual scale. Recruitment feasibility was determined by the percentage of families who agreed to participate relative to the total number of families contacted. Adherence was assessed by the percentage of scheduled sessions attended. Adverse events were recorded based on the percentage of sessions in which undesirable reactions occurred. In the questionnaires, items related to children's and caregivers' perceptions, such as duration, were rated from 1 ("Very inadequate") to 5 ("Very adequate"). Comprehension and execution were scored from 1 ("Very difficult") to 5 ("Very easy"). The INTERACT protocol included: a) Initial assessment: manual reach kinematics, sit-to-stand kinetic movement, functional reach, upper limb activities, goal setting and quantification, and the Challenge test, with an average duration of 6 hours. b) Intervention: 16 hours of training over four weeks, conducted three times a week in 1h20min sessions, using motor learning principles, active and individualized exercises based on child-selected tasks, enriched environments, and AR context. The CG underwent physiotherapy without AR, with the same training volume as the IG.

Results: Among 12 contacted families, 7 agreed to participate (recruitment rate: 58%). Five children were included and attended all assessments (adherence rate: 100%). Evaluation: a) Duration: 60% of children considered it adequate, and 40% as very adequate. Among caregivers, 20% rated it as adequate and 80% as very adequate. b) Comprehension: 20% rated it as moderate, 40% as easy, and 40% as very easy. c) Execution: 20% of children rated it as very easy, 40% as easy, and 40% as neutral. One adverse event was recorded, achieving a feasibility rate of 92%. Intervention: a) Adherence: 88%. Four adverse events were recorded, resulting in 90% feasibility. b) Duration: 66.7% of children and caregivers rated it as adequate, while 33.3% of both rated it as very adequate. c) Execution: 33.3% rated it as easy, 33.3% as moderate, and 33.34% as