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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

difficult. d) Satisfaction: Among 43 sessions, 53% reported “loved it,” 42% “liked it,” and 5% “neutral”.

Conclusion: The INTERACT protocol appears feasible for caregivers and children, considering evaluation, intervention, and satisfaction. **Implications:** Feasibility studies support RCT development, preventing unfeasible or unsafe interventions and optimizing financial and human resources.

Keywords: Cerebral palsy, children, augmented reality

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PERSPECTIVES OF INDIVIDUALS POST-STROKE IN PATIENT AND PUBLIC INVOLVEMENT PANELS ON COMPONENTS RELATED TO HEALTHY LIFESTYLE ADOPTION: A CROSS-COUNTRY ANALYSIS

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Background: Stroke secondary prevention, centered on medication adherence and adoption of healthy lifestyle behaviors, is essential for reducing the global stroke burden. However, clinical guidelines, especially in low- and middle-income countries (LMICs), often lack recommendations on adopting healthy lifestyle behaviors. Ireland, a high-income country, has evidence and financial support to conduct research on stroke secondary prevention, whereas Brazil, a middle-income country with a higher stroke burden, has limited research and financial support in this field. Therefore, Brazil often relies on evidence from high-income countries like Ireland. However, behavior is influenced by social and environmental factors that differ between countries. Understanding the similarities and differences in perspectives of individuals post-stroke, as members of Patient and Public Involvement (PPI) panels, on components related to adopting healthy lifestyle behaviors is crucial, particularly in LMICs, to develop culturally relevant interventions.

Objectives: To identify the similarities and differences in perspectives of individuals post-stroke, as members of PPI panels, on components related to the adoption of healthy lifestyle behaviors considering two distinct cultural and social contexts - a high-income country (Ireland) and a middle-income country (Brazil).

Methods: A cross-sectional, descriptive study was conducted with PPI panels consisting of five individuals post-stroke in each country (Ireland and Brazil). PPI panel members rated core components for six lifestyle behaviors - healthy diet (5 components), medication adherence (17 components), mood management (27 components), physical activity participation (10 components), safe alcohol consumption (4 components), and smoking cessation (4 components) - as “definitely important,” “maybe important,” or “not important” according to their perspectives. Descriptive statistics were used.

Results: Regarding the similarities, at least 50% of the components of all lifestyle behaviors, except diet (40%), were rated as “definitely important” by the majority of both PPI panels members. In addition, no component was simultaneously rated as “not

important” by the majority of both PPI panels members. Regarding the differences, the Brazilian PPI panel members rated all components of three lifestyle behaviors (healthy diet, physical activity participation, and smoking cessation) as “definitely important,” while no lifestyle behavior had all components rated as “definitely important” by the Irish PPI panel members. Additionally, the Irish PPI panel members rated some components of all lifestyle behaviors as “maybe important” (healthy diet: 20% of the components, medication adherence: 18%, mood management: 33%, physical activity participation: 50%, safe alcohol consumption: 25%, and smoking cessation: 25%).

Conclusion: The similarities highlight key components that should be emphasized in both countries to promote the adoption of healthy lifestyle behaviors post-stroke. The differences underscore the importance of culturally tailored approaches, particularly in middle-income countries like Brazil, where local factors must be considered when adapting and developing interventions.

Implications: This study highlights the need for caution when applying evidence from high-income countries, such as Ireland, to LMICs like Brazil, especially when promoting healthy lifestyle adoption post-stroke. It emphasizes the necessity of context-specific strategies to enhance the effectiveness of interventions in diverse settings.

Keywords: stroke, patient and public involvement, healthy lifestyle

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FUNCTIONAL INDEPENDENCE AND QUALITY OF LIFE IN PEOPLE WITH SPINAL CORD INJURY

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Background: Spinal Cord Injury (SCI) is a highly debilitating neurological and pathological condition that causes significant motor, sensory and autonomic dysfunctions in the affected individual, affecting their quality of life. In addition, SCI impacts the functionality of the affected person, since depending on the location and severity of the damage, motor and sensory deficits may be manifested.

Objectives: The objective of the study was to identify the level of functional independence and quality of life in people with SCI.

Methods: In this observational, cross-sectional, descriptive and exploratory study, 17 participants of both sexes, with spinal cord injury of any level, participated in an evaluation consisting of an interview to identify sociodemographic data and application of instruments such as the Quality of Life Questionnaire - SF 36 and the Functional Independence Measure (FIM).

Results: Regarding gender, 14 participants were male (83.33%) and 3 were female (16.67%), of which the predominant age range was 40 to 49 years, with 7 individuals (38.88%). Most participants had completed elementary education (38.88%), were single (50%), retired (50%), unemployed (50%) and self-employed (50%). Furthermore, the predominant injury time was between 2 and 10 years (50%), so