

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

Conflict of interest: The authors declare no conflict of interest.

Funding: CAPES - Finance Code 001 and FAPESP.

Ethics committee approval: CAAE: 31885020.9.0000.5504; Parecer: 4.944.628.

Registration: Not applicable.

<https://doi.org/10.1016/j.bjpt.2025.101451>

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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

Paula da Cruz Peniche, Olive Lennon, Patricia Hall, Jéssica Melo dos Santos, Laís Ferreira Marques, Gisele Florentino Sant’Ana de Assunção, Beatriz Cardoso Alves Martins, Christina Danielli Coelho de Moraes Faria
Department of Physiotherapy, Universidade Federal de Minas Gerais (UFMG), Belo Horizonte, MG, Brazil

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

Conflict of interest: The authors declare no conflict of interest.

Funding: CAPES - Finance Code 001, FAPEMIG, CNPq, PRPq/UFMG and WUN.

Ethics committee approval: CAAE: 63282122.5.0000.0121.

Registration: Not applicable.

<https://doi.org/10.1016/j.bjpt.2025.101452>

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

Renan Maues dos Santos, Brenno Ribeiro Braz, Bruna Castro Malato, Laryssa Corrêa Fonseca, Walerya Ribeiro Batista, Beatriz Brito Gomes, Lucas Da Silva Trindade, Suellen Alessandra Soares de Moraes
Programa de Pós-Graduação em Ciências do Movimento Humano, Universidade Federal do Pará (UFPA), Belém, PA, Brazil

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