

max]) since completion of undergraduate and specialization courses of 18 [8, 27] and 12 [2, 25] years) reported which acupuncture points they recommend via an online questionnaire. The frequency and co-occurrence of prescribed acupuncture points were evaluated, as well as absolute and inter-rater agreement.

Results: Physiotherapists reported 22 (94%) acupuncture points and (median [min, max]) 7 [1, 16] acupuncture points individually. The most common acupuncture points were Ashi (n=11, 79%), Houxi SI-3 (n=10, 71%) and Kunlun BL-60 (n=9, 64%); the most common co-occurrent acupuncture points were BL60 (Kunlun) and Ashi (n=9, 64%). Inter-rater reliability was better-than-chance for 5 points (ranging from $\kappa=0.432$, 95% CI=[0.276; 0.533] Ashi point to $\kappa=0.125$, 95% CI=[0.087; 0.192] GB21 point). Furthermore, inter-rater agreement was worse-than-chance for 16 points (ranging from $\kappa=-0.453$, 95% CI=[-0.453; -0.116] TE14 to $\kappa=-0.152$, 95% CI=[-0.152; 0.000] points SI12 and GV20).

Conclusions: Pragmatic prescriptions of acupuncture points for neck pain by specialist acupuncture physiotherapists do not agree with prescriptions in the scientific literature.

Implications: There is a need for explicit, high-level evidence-based rules for prescribing and teaching acupuncture point combinations for neck pain to be included in future clinical trials.

Keywords: Neck pain, Traditional Chinese Medicine, Physical therapy, Rehabilitation

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

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401

PRELIMINARY DATA ON THE EFFECTS OF PHOTOBIOMODULATION ON TISSUE REPAIR OF BURNING INJURIES: A RANDOMIZED, CONTROLLED, DOUBLE-BLINDED CLINICAL TRIAL

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Background: Burning is a tissue injury that can be treated through photobiomodulation, which promotes tissue repair by activating physiological cascades that induce the synthesis of RNA and DNA, increasing the production of new cells. LEDtherapy is a type of phototherapeutic resource that uses photobiomodulation, this resource provides a cheaper treatment, easy to apply with less time when compared to LASERtherapy, this is due to the characteristics of LED light. However, there is a scientific gap, as the studies that have been developed in recent years report the effects of LASER in animal models or in vitro, little is known about the real effect of the treatment of burns with LED in human beings, thinking about it, the idea arose. hypothesis of what is the effect of this resource in human model.

Objectives: To compare the effect of red LED photobiomodulation, infrared LED and sham therapy on the rate of re-epithelialization, presence of pain, pruritus, skin temperature, healing quality and scar mobility among individuals with second-degree burns.

Methods: This is a double-blind randomized controlled clinical trial. 11 burn injuries were treated, divided into 3 groups: Red Led Group

(n = 2), Infrared LED Group (n = 5), and Sham Group (n = 4), the group's stimulation by LED an application of 7J/cm² per point, in the Shan group, the application was mimicked. The presence of pain, itching, skin temperature and wound size were evaluated daily until healing, and at the end of healing, the mobility and quality of the scar were evaluated. Data were analyzed using descriptive statistics, re-epithelialization rate, skin temperature and scar mobility, ANOVA was performed for repeated measures, by Bonferroni post-hoc. One-way anova and for Kruskal wallis scar quality considering a significance level of $P \leq 0.05$.

Results: There was no statistical difference for the outcome pain, pruritus, rate of re-epithelialization and scar mobility and quality between the groups. However, it is possible to observe a clinical improvement in rate of re-epithelialization, pain and itching in the stimulation groups when compared to the shan.

Conclusion: It is necessary to be careful about the inferences made regarding the results of this research due to the low statistical power, however, it is possible to observe a clinical improvement in the volunteers who were treated with led therapy, the re-epithelialization rate and pain resolution and pruritus in the initial 48 hours.

Implications: The development of studies like this one can answer doubts about the use of LED therapy in wounds in general, and in addition can generate new perspectives for the treatment of burned patients, and insert the physiotherapist even more in the rehabilitation of these patients, thinking of a more uniform and organized healing, with fewer physical sequelae.

Keywords: Photobiostimulation, Healing, Reepithelialization

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

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402

DOES THE MOTOR DEVELOPMENT OF PRETERM INFANTS IMPACT ON LESS PARTICIPATION IN THE HOME ENVIRONMENT? PRELIMINARY DATA

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Background: Prematurity is one of the most prevalent biological factors in Brazil and may contribute to delayed motor, neurological, and sensory development, which may cause persistent problems in the future for these infants. Participation is essential for quality of life and health, especially in the home environment during early childhood, as it is an important component in motor development.

Objectives: To characterize the motor development and home participation of preterm infants vs full-term infants.

Methods: 3 preterm infants with corrected age ($M=36.1 \pm 0.05$ gestational age), exposed group (EG); and 3 full-term infants ($M=38.5 \pm 0.86$ gestational age), comparison group (CG) participated in this study. The outcomes, motor development, were assessed by the Alberta Infant Motor Scale (EMIA) and participation by the Young Children's Participation and Environment Measure (YC-PEM) questionnaire, both Brazilian versions. The score of motor development