

analysis, the GRADE system was considered. Outcome measures were described in a narrative form.

Results: 2670 studies were identified; 54 were considered potentially relevant and 10 of these were read in full. Finally, five articles met the inclusion criteria. The included studies analyzed the effect of PNE on 516 participants, of which 350 (67.82%) were female and 166 (32.17%) were male. The mean age of patients ranged between 18 and 65 years. The content of the educational sessions included approaches on peripheral sensitization, central sensitization, biopsychosocial factors related to pain, catastrophic thoughts, understanding and accepting pain, coping with pain, catastrophic factors, emotional response to pain, anxiety, fear of harm, concerns/ fear of pain, goal setting, nociceptive inhibition and facilitation, participation in social contexts, pain neurophysiology, general nervous system physiology, coping strategies, stress management, and progressive return to activities. The five studies included in this review addressed the effectiveness of PNE by addressing pain-related issues. The methodological quality ranged from 6 (moderate quality) to 10 (high quality), with an average score of 7.4. The duration of the educational sessions ranged from 30 to 90 minutes, some held in groups and others individually.

Conclusion: The results of this review show that NDT is a promising intervention for neck pain; however, based on the GRADE evidence rating systems, the strength of evidence is low.

Implications: The authors of this review consider that many studies have neglected to characterize the educational intervention and have provided little information about the educational system used. Future research must be done with more rigorous attention to the methods employed.

Keywords: Neck pain, Education, Pain, Cognitive neuroscience

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

Acknowledgment: We leave a special thanks to Bruno Saragiotto and Junior Fandim for their help during the development of this project.

Ethics committee approval: Not applicable.

<https://doi.org/10.1016/j.bjpt.2024.100605>

9

DOES THE LOWER EXTREMITY MOTOR ACTIVITY LOG FIT THE BIOPSYCHOSOCIAL FUNCTIONING MODEL?

Aline de Lima¹, Clarissa Volpato Sombrio Foschi¹,
Natalia Duarte Pereira², Jocemar Ilha¹

¹ Departamento de Fisioterapia, Universidade Estadual do Estado de Santa Catarina (UDESC), Florianópolis, Santa Catarina, Brasil

² Departamento de Fisioterapia, Universidade Federal de São Carlos (UFSCar), São Carlos, São Paulo, Brasil

Background: The misuse of the lower extremities during mobility activities can affect individuals with different health conditions and directly impact their daily routines. Thus, it is essential to assess the performance of individuals in these activities for an accurate diagnosis of the limitation. The Lower Extremity Motor Activity Log (LE-MAL) is an instrument developed to assess the use of the lower extremities in mobility activities. However, how the content of the LE-MAL items is related to the framework of the current biopsychosocial functioning model is unknown.

Objectives: To link the LE-MAL items with the International Classification of Functioning, Disability, and Health (ICF) and identify the contents of the LE-MAL items.

Methods: Concepts within each item of the LE-MAL were linked to the best-matched ICF categories using established linking rules. Two independent researchers performed the initial linkage of the items,

and the final consensus was reached after a meeting with the other researchers involved in the study.

Results: Ten concepts were identified. The two-level main concepts identified were d410 (changing basic body position), d450 (walking), d455 (moving around), and d460 (moving around in different locations). All items assess performance through information about need or dependence, personal and environmental factors, and appraisal. All items are covered in the Mobility domain (d4) of the Activity and Participation component. Moderate agreement was obtained between researchers.

Conclusion: The LE-MAL fits into the mobility domain of ICF, and the items' general construct is the performance evaluation. The study highlighted the conceptual connection between the LEMAL and the ICF framework.

Implications: The use of the functioning model proposed as a framework – the ICF, enables the use of the LE-MAL as a tool that supports clinical professionals' use of ICF coding in clinical settings. This allows the common language between professionals and the classification of patients with different conditions. Moreover, the LE-MAL was developed for people with gait dysfunction and might represent a comprehensive way to analyze the lower extremity use during mobility activities in different health conditions.

Keywords: Mobility, Lower extremity, Biopsychosocial model

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

Acknowledgment: This study was financed in part by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior – Brazil (CAPES) – Finance Code 001.

Ethics committee approval: Not applicable.

<https://doi.org/10.1016/j.bjpt.2024.100606>

10

BODY MASS INDEX PROFILE OF INDIVIDUALS WITH COVID-19 WHO DEVELOPED ARDS AND SUBMITTED TO IMV AND PRONE POSITION

Állef Diego Bonfim de Andrade¹, Thaise Helena Cadorin¹,
Regiana Santos Artismo¹, Anderson Brandão dos Santos²,
Rodrigo Della Múa Plentz³, Darlan Laurício Matte¹

¹ Departamento de Fisioterapia, Universidade do Estado de Santa Catarina (UDESC), Florianópolis, Santa Catarina, Brasil

² Centro Universitário Integrado (CEI), Campo Mourão, Paraná, Brasil

³ Departamento de Fisioterapia, Universidade Federal de Ciências da Saúde de Porto Alegre (UFCSA), Porto Alegre, Rio Grande do Sul, Brasil

Background: In 2020, COVID-19 was classified as a global public health emergency. The disease affects individuals of all ages and social classes, with certain populations, such as individuals with obesity, being more susceptible to developing the severe form of the disease, known as acute respiratory distress syndrome (ARDS). Recommended treatments included invasive mechanical ventilation (IMV) and improvement of oxygenation with the prone position. In this context, understanding the body mass index (BMI) profile of patients with COVID-19 who develop moderate or severe ARDS and undergo these therapies is a gap in scientific knowledge.

Objectives: To identify whether individuals with COVID-19 who developed moderate or severe ARDS and underwent IMV and prone position had a characteristic BMI profile.

Methods: Multicenter, analytical observational retrospective cohort study of patients admitted to 5 hospitals in southern Brazil, admitted to intensive care units (ICU) between July 2020 and June 2021. The medical records of individuals who developed ARDS were