

dyspnoea]). The BREQ-2 questionnaire was scored by domains (amotivation, introjected regulation, identified regulation, external regulation, and intrinsic motivation) and relative autonomic index. The COPD Self-Efficacy Scale was also scored by domains (negative effects, intense emotional arousal, physical exertion, time/environment, and behavioral risk factors).

Results: The sample consisted of nine patients, 5 (55.6%) males and 4 (44.4%) females, aged 67 ± 9 years old and hospital stay of 7.44 ± 5 days. A positive correlation was found between the physical exertion domain of The COPD Self-Efficacy Scale and the relative autonomic index and introjected regulation of BREQ-2 ($r = 0.83$; $p < 0.01$; $r = 0.86$; $p < 0.01$, respectively). Furthermore, a negative correlation was found between the CAT and the BREQ-2 amotivation domain ($r = -0.80$; $p < 0.01$) and a positive correlation between the mMRC and the BREQ-2 external regulation domain ($r = 0.64$; $p = 0.05$).

Conclusion: In patients hospitalized for COPD exacerbation, there is an association between the motivational level to perform physical activity and COPD symptomatology. The greater symptomatology was associated with greater external regulation for performing physical activity, as well as being more self-determined for the practice of physical activity and with more self-efficacy for managing dyspnea when performing physical exertion.

Implications: These results, even if determined by external reward, demonstrate susceptibility to changes in behavior related to the practice of physical activity.

Keywords: Motivation, Physical exercise, Respiratory diseases

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BARRIERS AND DRIVES OF TO THE PARTICIPATION OF CHILDREN AND YOUNG ADULTS WITH DOWN SYNDROME: A SYSTEMATIC REVIEW

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Background: Participation promotes the development of skills, competences, peer interaction and greater independence, thus contributing to the growth and development of children and young people. Despite the numerous benefits related to participation, children and young people with Down Syndrome participate less when compared to their typically developing peers. So far, the literature does not have comprehensive systematic reviews that investigate the barriers and facilitators for the participation of individuals with Down Syndrome.

Objective: This paper aims to identify barriers and facilitators for the participation of children, adolescents, and young adults with Down Syndrome.

Methods: A systematic review was conducted following the Preferred reporting items of Systematic Reviews and Meta Analysis Guide – PRISMA and with protocol registered at the International Prospective Register of Systematic Reviews - PROSPERO (number:

CRD42022302556). A deeply literature review using PubMed, Embase, Web of Science, PsycINFO, and Scielo electronic databases, with no date restriction. Original studies, published in peer-reviewed journals, written in any language, were included if they examined perceived barriers and or drivers of to participation by children, adolescents, and young adults with Down Syndrome. The methodological quality of the studies was assessed by McMaster Critical Review Forms for qualitative and quantitative studies.

Results: Ten studies, eight qualitative and two quantitative, involving 206 participants, were included in the review. Of these, seven studies scored above 70% on the McMaster Scale, indicating good methodological quality. The physical characteristics of individuals with Down Syndrome (eg, hypotonia) were identified as personal barriers to participation. Social barriers frequently addressed in studies were associated with family attitudes, social interaction, and financial resources. The lack of professionals and specialized activities were the most commonly reported political barriers, while the lack of accessibility and transportation were identified as environmental barriers. Personal enablers for participation in Down Syndrome were pleasure, individual skills, motivation, and fun. Factors such as the attitude of families, friends and social interaction appeared as social facilitators for participation. The availability of specialized professionals to carry out activities, as well as specific activities for people with Down Syndrome, were considered important political drivers of. None of the studies reported environmental facilitators.

Conclusion: There are personal, social, political, and environmental barriers and facilitators that determine participation in Down Syndrome.

Implications: The findings of this review show that the factors for children, adolescents and Young people with Down Syndrome to have lived participation are diverse and complex. The results obtained in this study make the professionals know and understand these factors in order to minimize the barriers and enhance the drivers of more effectively, improving their clinical practice and helping to raise awareness about the impacts of these aspects on the lives of people with disabilities.

Keywords: Participation, Down's syndrome, Barriers, Drivers of

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LOW BACK PAIN TREATMENT STRATEGIES IN PRIMARY CARE AND USER SATISFACTION: CROSS-SECTIONAL STUDY OF USER PERSPECTIVES

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Background: Limited access to evidence-based information and ineffective treatment modalities, especially in low- and middle-income countries, may contribute to the increase in years lived with disability associated with low back pain. Added to this, early referral to more complex levels of care increases waste and hinders this population's equitable access to health services.

Objective: To describe low back pain treatment strategies in primary care from the user's perspective and their satisfaction with the treatment.

Methods: This is a cross-sectional and descriptive study. A structured interview was carried out with consumers with low back pain in primary health care, from February to April 2023 in six Health Units in Fortaleza/Brazil. The study followed ethical criteria. Data about pain intensity (Numerical Rating Scale - NRS) and disability (Roland Morris Disability Questionnaire - RMDQ) in the last month were collected. Information about low back pain treatment strategies by the primary care health professional, including pharmacological and non-pharmacological treatment, and consumer satisfaction with the treatment and the reasons were investigated.

Results: Fifteen consumers with a mean age of 54 (± 10) years participated, most of them female (86%) and who reported feeling pain for more than 3 months (100%). These consumers had 16 (± 5) points on the RMDQ, and 8 (± 1) points on the NRS in the last month. In total, 86% of consumers were advised to use analgesic, anti-inflammatory and/or muscle relaxant medication, 66% to perform therapeutic exercises; 53% were referred for imaging, 46% were referred for physiotherapy; 26.7% were referred to a specialist physician, 13.3% received health education, and 6.7% were referred for surgery. Only 46% of consumers reported satisfaction with the treatment, listing the friendliness of the professional, prescription of medication and imaging tests as the main factors. The absence of a pain solution and medication prescription, in addition to the quality of professional care, were the main reasons for consumers' dissatisfaction.

Conclusion: Most treatment strategies proposed by primary care health professionals are not in accordance with guidelines for low back pain management. Most consumers reported that the treatment was not effective, and this contributed to dissatisfaction.

Implications: Strategies that bring primary care professionals and consumers with low back pain closer to evidence-based low back pain management recommendations can help in a more effective treatment that promotes consumer satisfaction.

Keywords: Low Back Pain, Primary Health Care, Evidence-Based Practice

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ROTATOR CUFF ISOMETRIC EXERCISES, SCAPULAR MUSCLE STRENGTHENING AND STRETCHING IN INDIVIDUALS WITH ROTATOR CUFF TENDINOPATHY: A MULTIPLE-SUBJECT CASE REPORT

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Background: Rotator cuff tendinopathy (RC) is a common disorder of the shoulder and may be related to intrinsic and extrinsic factors. Extrinsic factors can be changes in scapular and glenohumeral kinematics that contribute to internal and external impact. Treatment through resistance exercises has been an excellent alternative for this disorder, and isometric exercises have been widely studied for the treatment of tendinopathies of the lower limbs. However, in MR tendinopathies, isometric exercises still need to be better clarified.

Objectives: To evaluate the effects of a rehabilitation protocol of RC isometric exercises along with traditional shoulder exercises on patient-self-reported pain and function, muscle strength, and electromyographic activity in individuals with RC tendinopathy.

Methods: Eleven individuals (8 women and 3 men, 37.9 \pm 5.6 years) with RC tendinopathy performed isometric MR exercises in combination with stretching and strengthening of the scapular muscles for 6 weeks. The effects of the treatment were evaluated through pain and shoulder function self-reported by the patient, isometric muscle strength, electromyographic activity during arm elevation and internal and external shoulder rotation, and pain during arm elevation. The evaluations were performed before and at the end of the first session and after 6 weeks of intervention.

Results: There was improvement in shoulder pain and function, increased isometric muscle strength for arm elevation and internal rotation, increased infraspinatus and serratus anterior muscle activity, and reduced pain during arm elevation after 6 weeks of intervention.

Conclusion: This case report showed improvement in pain and function, increased shoulder isometric strength and electromyographic activity of the serratus anterior and infraspinatus muscles, as well as decreased pain during arm elevation, after a 6-week intervention of RC isometric exercises associated with stretching and strengthening of scapular muscles in patients with RC tendinopathy.

Implications: This case report indicates that a protocol of RC isometric exercises in combination with stretching and strengthening of the scapular muscles may improve pain during arm elevation and shoulder isometric strength, as well as the EMG function and activity of the infraspinatus and serratus anterior muscles in individuals with RC tendinopathy. No effects observed immediately after the intervention.

Keywords: Case Report, Exercise therapy, Pain management

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PUBLICATION RATE OF ABSTRACTS ON PULMONARY REHABILITATION PRESENTED AT THE ERS CONGRESS AND ATS INTERNATIONAL CONFERENCE

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