

evidence. Findings from this review can raise awareness among clinicians and promote significant savings if they follow clinical guidelines.

Objectives: To investigate the effectiveness of implementation strategies to reduce the proportion of low-value care and increase the proportion of high-value care in the management of low back pain.

Methods: This review was registered to the Open Science Framework (OSF) (<https://osf.io/7jfr/>). Searches were performed in the following electronic databases: MEDLINE, Embase, CINAHL and Cochrane Library. Two independent reviewers performed study selection, data extraction and risk of bias assessment. Clinical trials investigating the effect of evidence-in-practice implementation strategies on reducing low-value care and promoting low-value care were included. Studies including adults with non-specific LBP were considered eligible. The primary outcome of this systematic review was outcomes related to the practices of health professionals. However, the primary outcomes were determined considering two recent clinical care standards. Meta-analyses were calculated using random effect models, the risk of bias by the Cochrane Risk of Bias Tool and the overall quality of evidence was assessed using the Grading of Recommendations, Assessment, Development and Evaluations (GRADE).

Results: Thirty-two articles were included. Interventions focusing on implementing clinical guidelines were not effective in referral to specialists (5 studies, $n=6223$; $RR=0.88$; 95% CI: 0.62, 1.25), referral to physical therapists (3 studies, $n=7937$; $RR=1.42$; 95% CI: 0.74, 2.72) or for prescribing non-opioid drugs (6 studies, $n=7297$; $RR=0.75$, 95% CI: 0.52, 1.10) when compared to the control group. However, the implementation of clinical guidelines was effective in reducing the number of imaging requests (12 studies, $n=44,689$; $RR=0.83$, 95% CI: 0.70, 0.99), opioid prescription (5 studies, $n=6681$; $RR=0.60$, 95% CI: 0.44, 0.80), and promote active approaches (exercise, counseling, etc.) (6 studies, $n=2553$; $RR=1.36$, 95% CI: 1.04, 1.76). Confidence of all meta-analyses was low, as most studies were assessed at high risk of bias because they were not randomized clinical trials and because of serious inconsistency ($I^2 > 50\%$).

Conclusion: Although clinical guidelines are important to improve the quality of care for people with LBP, it is not always effective in clinical practice. The quality of evidence found was low. Better quality studies are still needed to confirm these findings.

Implications: Clinical guidelines are important tools that are effective in reducing imaging, prescribing opioids and promoting active approaches and were ineffective for referrals and prescribing non-opioids.

Keywords: Low back Pain, Practice Guideline, Lumbago, Systematic Review

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COMPARISON BETWEEN PHYSICAL PERFORMANCE TESTS IN CROSSFIT PRACTITIONERS WITH AND WITHOUT SUBACROMIAL PAIN SYNDROME: A CROSS-SECTIONAL STUDY

Marcell Slemma Silveira¹, Gustavo Felício Telles¹,
Leandro Alberto Calazans Nogueira¹

¹ Rehabilitation Science Postgraduation Program, Augusto Motta University Centre (UNISUAM), Rio de Janeiro, Rio de Janeiro, Brazil

Background: Subacromial Pain Syndrome (SPS) is a prevalent musculoskeletal shoulder disorder. Shoulder pain in overhead athletes is often associated with sport-specific demands and changes in strength, flexibility, and posture at the shoulder and along the upper limb. Crossfit is a popular sport with a high prevalence of musculoskeletal disorders, including in the shoulder. Therefore, identifying performance and physical impairments in the shoulder of Crossfit practitioners with SPS may contribute to a better understanding of the high prevalence of this disorder.

Objectives: This study aimed to compare the shoulder's physical performance and clinical measures between Crossfit practitioners with and without SPS.

Methods: An observational cross-sectional study was conducted in CrossFit boxes in Rio de Janeiro, Brazil. Twenty participants with SPS and 23 participants without SPS were included. Participants performed upper limb physical performance tests (Closed Kinetic Chain Upper Extremity Stability Test, Seated Medicine Ball Throw Test, Upper Quarter Y-Balance Test). Range of motion and isometric muscle strength were also investigated.

Self-reported pain, disability. Possible differences between groups were investigated using the independent sample t-test (two tailed).

Results: There was no statistically significant difference between groups for upper limb physical performance tests, shoulder range of motion and isometric strength. The result of the SPADI in the SDSA group was 30.7% (23.62) for pain, 16.46% (19.24) for disability, and a total score of 21.92% (20.22).

Conclusion: Crossfit practitioners with and without SPS presented similar upper limb physical performance.

Implications: Subacromial pain syndrome may not influence performance on physical tests, strength level, and upper quadrant range of motion in CrossFit practitioners. Including crossfit-specific movements in the physical assessment can complement the physical evaluation.

Keywords: Shoulder, Pain, Athletes

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

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EVIDENCE-BASED PRACTICE OF PHYSICAL THERAPISTS WHO WORK IN DEAF SPORTS - PILOT STUDY

Gustavo Viotto Gonçalves¹, Victor Carvalho Machado Coelho¹,
Letícia Perciani de Godoi¹, Jessica Andrade Cardoso Scotti Ferreira¹,
Décio Bueno Neto¹, Paula Regina Mendes da Silva Serrão¹

¹ Department of Physical Therapy, Federal University of São Carlos (UFSCar), São Carlos, São Paulo, Brazil

Background: Deaf sport involves the practice of sports performed by deaf athletes, contributing to the development of self-esteem, quality of life and greater social participation of members of the deaf community. Thus, physical therapy performance plays a fundamental role in maintaining and improving the functional capacity of this population. Evidence-Based Practice (EBP) is a process that integrates the best scientific evidence, the physical therapist's clinical experience and the patient's preferences, aiming to offer an adequate and efficient service and treatment, guaranteeing quality of care. Thus, EBP should be used by professionals in clinical