

The group with KOA (GOAJ) showed an average of 2,7 falls in the last twelve months, while the control group (GC) showed an average of 1,4 falls. There was a negative correlation between gait speed and sitting down/standing up time with the number of falls.

Conclusion: Women with KOA have decreased functional mobility, and this may contribute to a higher occurrence of falls in this population.

Implications: The study shows that women with KOA have decreased functional mobility, which can negatively affect the performance of activities of daily living and the quality of life of this population.

Keywords: Arthrosis, Physical Functional Performance, Biopsychosocial Factors

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

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ASSOCIATION BETWEEN POSTURAL BALANCE AND FUNCTIONAL STATUS IN POST COVID-19 CONDITION IN NON-HOSPITALIZED PATIENTS

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Background: Individuals with post COVID-19 conditions risk to develop short and/or mid term neuromuscular sequelae that may involve changes on balance control. The POST-COVID-19 Functional Scale (PCFS) has the potential to evaluate the general functional capacity, however, if the PCFS can also be used to measure the impact on the balance control over the post COVID-19 functionality, remains unclear.

Objectives: To investigate if COVID-19 may impact the balance control and if possible, changes are associated with the functional status of the individual estimated by PCFS.

Methods: 60 adults were split into two groups: 30 patients on control group and 30 on post COVID-19 group. Both groups underwent clinical evaluation of balance control based on the following tests: Functional Reach Test (FRT), Berg Balance Scale (BBS), Time Up and Go (TUG), Tinetti Balance Test (TINETTI) and Mini-BESTest (MBT). Besides, the post COVID group answered the PCFS questionnaire. For data statistical analysis, it was used the Student's T Test, comparing the score found on groups' balance tests. The Pearson's correlation test was used to correlate the balance tests and PCFS. The multiple linear regression was used to identify which balance variable may play important role on PCFS' prevision, with significance level of 5%.

Results: It wasn't found significant differences ($p > 0,05$) between groups for: BBS (average \pm control standard deviation and post COVID-19: 49.200 ± 7.863 and 49.300 ± 8.322 points); TUG (12.500 ± 4.925 and 11.033 ± 5.109 seconds); TINETTI (24.467 ± 4.890 and 25.633 ± 3.873 points); and MBT (22.500 ± 5.361 and 22.967 ± 4.716 points). But, for FRT, there was significant difference ($p = 0,046$) between groups post COVID-19 ($31,333 \pm 6,563$ cm) and control ($28,083 \pm 5,748$ cm). The balance variables showed significant

correlation ($p < 0,05$) and moderated with PCFS: TINETTI ($r = 0.584$), FRT ($r = \pm 0.542$), MBT ($r = -0.53$), BBS ($r = 0.415$) and TUG ($r = 0.368$). TINETTI was the independent variable that significantly played important role on PCFS' determination (R^2 value was set from 0,368, $p = 0.004$).

Conclusion: The results showed that significant changes on postural stability wasn't observed among groups for most balance tests applied, except FRT. Both groups, however, presented reach on FRT above reference value, indicating low fragility and fall risk for the patients. Minor changes on functional status of post COVID-19 group (23 of 30 patients presented grade between 0 and 1) may explain similarities on body balance among groups. Moderated correlations were observed between PCFS and balance tests and, the TINETTI, seems to play important role on PCFS' determination.

Implications: In rehabilitation field, the research results indicate the PCFS' implementation to monitor functionality, covering changes on postural balance and other functional outcomes, aiming to improve evaluation methods and intervention on neuromuscular function rehabilitation on the context of post COVID-19.

Keywords: Postural balance, COVID-19, post COVID-19 condition, POST-COVID-19 Functional Scale

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

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POWERED MOBILITY FOR CHILDREN WITH CONGENITAL ZIKA SYNDROME: LEARNING AND GOAL ATTAINMENT OUTCOMES

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Background: Powered mobility training with modified ride-on cars is an innovative intervention option that aims to improve the body functions and participation of children with severe disabilities. In addition to enabling self-initiated mobility, training can result in learning gains in ride-on car use and attainment of rehabilitation goals. Due to their severe motor and cognitive impairment, children with Congenital Zika Syndrome (CZS) may benefit from interventions with modified powered ride-on cars, as such devices are more cost-effective when compared to motorized wheelchairs.

Objectives: To describe the results of a powered mobility intervention with modified motorized ride-on cars for children with CZS, considering the outcomes of goal attainment and mobility learning.

Methods: This is a pilot study with 12 weeks of intervention and 4 weeks of follow-up. The intervention was guided by a physiotherapist or occupational therapist and consisted of training sessions with modified ride-on cars, lasting 40 minutes, three times a week, at the Clínica Escola de Fisioterapia da Faculdade de Ciências da Saúde do Trairi (FACISA), in Santa Cruz-RN. The outcomes of interest were mobility learning, assessed using the "Assessment of the Use of

Motorized Mobility (ALP)-version 2.0" scale and the attainment of rehabilitation goals, assessed using the Goal Attainment Scaling (GAS). Assessments were performed by previously trained independent examiners at weeks 0, 8, 12 e 16.

Results: Four children with CZS participated, two males, aged between 3 and 6 years, three were classified as level V and one as level IV in the Gross Motor Function Classification System (GMFCS). All had moderate to severe intellectual disability, and two associated visual impairment. After the 12 weeks of intervention with powered ride-on cars, changes in mobility learning were observed, with an increment of one or two points in ALP, and clinically significant changes in GAS scores, when compared to week 0, in all participants.

Conclusion: The intervention with modified powered ride-on cars was potentially capable of increasing learning in motorized mobility and contributing to the achievement of rehabilitation goals in children with CZS. We suggest the development of clinical trials to explore the effects of the intervention on functional gains and participation of children with CZS.

Implications: The study presents a fun and low-cost intervention option, through powered mobility training with motorized ride-on cars for children with CZS and severe motor and cognitive impairment, which can be implemented in the child's natural context. In addition, the work contributes to fostering future intervention studies and contributing to evidence-based clinical practice for children with CZS in Brazil.

Keywords: Congenital Zika Syndrome, Child, Powered mobility

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

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EFFECTIVENESS OF INTERVENTIONS FOR HIGHER EDUCATION TEACHERS WITH BURNOUT SYNDROME: A SYSTEMATIC REVIEW

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Background: Burnout Syndrome is a highly prevalent condition among higher education teachers (HET) and can bring consequences such as high levels of emotional exhaustion, depersonalization and reduced professional achievement. The extent to which interventions are effective in managing Burnout Syndrome in higher education teachers remains uncertain.

Objectives: Systematically review the literature on the effectiveness of interventions for Burnout Syndrome in higher education teachers.

Methods: We systematically searched the MEDLINE, LILACS, Index Psicologia, SciELO, BVS and PubMed databases in search of randomized clinical trials on interventions in Burnout Syndrome. Full texts of included studies were screened to extract data on study design, country, type of population, number of participants, characteristics of interventions, and summary of results. The methodological quality of the studies was assessed using the Physiotherapy Evidence Database (PEDro) scale.

Results: Seven randomized controlled trials were selected, with a total of 367 participants and samples ranging from 17 to 185 participants. Five interventions were identified: Cognitive Behavioral Therapy (CBT), Multidisciplinary Meeting with Guided Discussion, Meditation, Stress Management Programs and Auriculotherapy; however, studies reported efficacy in terms of reducing Burnout Syndrome only for CBT interventions ($p < .001$ for Emotional Exhaustion; $p = .006$ for Depersonalization and $p < .001$ for Personal Fulfillment) and Multidisciplinary Meetings with Discussion Guide ($p < .001$ for Emotional Exhaustion and $p = .006$ for Depersonalization). The average score, according to the PEDro scale, was 8/10 points, ranging from 5 to 10 points.

Conclusion: As for the identified interventions, evidence was found from a small number of studies, small samples and moderate to high methodological quality that suggest that CBT sessions can be effective for Burnout as well as collective interventions of Multidisciplinary Meetings with Discussion Guide. Additionally, such interventions also proved to be effective in increasing HES engagement. Furthermore, Meditation, as an individual intervention, seems to improve anxiety and resilience.

Implications: This result implies the need for more research to be carried out to replicate the interventions discussed here and to investigate others, to improve the quality of life of higher education teachers at all stages of their teaching careers.

Keywords: Burnout syndrome, Higher education teacher, Intervention

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

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MAPPING EVIDENCE ON BURNOUT SYNDROME IN UNIVERSITY PROFESSORS AND ITS RELATIONSHIP WITH ERGONOMIC AND BIOPSYCHOSOCIAL FACTORS: A SCOPE REVIEW

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Background: The professional routine of university professors has been gaining prominence in research on Burnout Syndrome (BS), having been considered by the International Labor Organization (ILO) as the most prone to its development, and several studies in the last 20 years corroborate this statement. According to the World Health Organization (WHO) BS is the result of chronic stress in the workplace that has not been successfully managed.

Objectives: Map the evidence on BS in higher education teachers and its relationship with ergonomic and biopsychosocial factors.

Methods: We carried out a scope review of articles published up to 2021 in Pubmed, Medline, Lilacs and Index Psicologia databases, extracting characteristics of the population, location, study design, BS assessment instruments and synthesis of evidence regarding ergonomic and biopsychosocial factors.

Results: Eighteen studies were found in 12 countries, and most used a cross-sectional design (17/18, 94%). Among the evaluation methods used for BS, MBI - Burnout Maslach Inventory was the most used (9.75%), followed by JR-D - Work Demands-Resources (1.8%), CBI-BR - Copenhagen Burnout Inventory -Brazilian (1.8%), BAT - Burnout