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## NOT FROM THE START, BUT IN TIME! SHAPING CONSENSUS ON TERMINOLOGY AND RESEARCH PRIORITIES IN TELEHEALTH IN MUSCULOSKELETAL PAIN

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**Background:** Telehealth is an emerging field of study and has drawn attention to deliver health service to patients. Recently findings demonstrated heterogeneity in the telehealth terminology between stakeholders and a lack of agenda for research priorities in telehealth in musculoskeletal pain research.

**Objectives:** Consensus on standardization of terminology to be used in telehealth among all interested parties in musculoskeletal pain. Establish research priorities for the practice of musculoskeletal pain telehealth.

**Methods:** This is an international modified three-round e-Delphi survey. We invited researchers, clinicians, consumer representatives, industry partners/developers, healthcare managers, and policymakers identified via Expertscape, PubMed database, social media, and a snowball sampling strategy to recruit other potential participants. We sent a survey by email with a link to the Typeform® platform. We provided a list of potential terminologies and research priorities based on published studies with adjustments through the International Steering Committee and presented to panel members' participants. Firstly, panel members selected a range of telehealth terminologies for musculoskeletal pain research known. Subsequently, panel members were asked to rate the level of agreement of each terminology to be used in musculoskeletal pain research and the research priorities for musculoskeletal pain research field. A 5-point Likert scale was used to rate the level of agreement of each item and a priori cut-off points of at least 80% were used to establish consensus. Descriptive analysis of the results was performed with mean and standard deviations, and absolute and relative frequencies.

**Results:** From 694 potential participants invited, 160-panel members participated in the first round, 133 in the second round, and 134 in the third round. The rate of response from panel members for the second round was 83.1% and for the third round was 83.7%. The majority of the panel members were researchers 47.5%, clinicians 35.6% and consumers representatives 5.6%, mean age 41.6 (10.9), living in Brazil 19.4%, India 13.8%, and Australia 11.9%. Panel members reached a consensus on two terminologies and 14 research priorities from an initial list of 37 terminologies and 19 research priorities over the three rounds. Panel members reached a consensus for "digital health" and "telehealth" as standard terminologies. Panel members also reached a consensus for 14 research priorities considering featuring topics such as study designs, treatment effectiveness and implementation, education, health literacy and health equity for musculoskeletal pain research.

**Conclusion:** All stakeholders reached a consensus that the "digital health" and "telehealth" terminologies may be the most common and possibly standardized terminologies to be used for the moment. Stakeholders also identified a set of 14 telehealth musculoskeletal pain research priorities worldwide centered on community health needs.

**Implications:** Consensus on terminology will enable a clear communication about the use of communication and information technology in healthcare among people with musculoskeletal disorders. Establishing a set of research priorities based on the stakeholders needs allows a research agenda on key questions to be developed and achieved.

**Keywords:** Telehealth, Health priorities, Musculoskeletal pain

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## PHYSIOTHERAPEUTIC CARE IN A CHILDCARE INSTITUTION: EXPERIENCE REPORT OF AN EXTENSION PROJECT

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**Background:** Childcare institutions are cited as places with a negative impact on motor development.

**Objectives:** To report the performance of the physiotherapist in a childcare institution in the city of Governador Valadares, Minas Gerais.

**Methods:** Experience report of an extension project that began in 2015, which carried out evaluation, monitoring and physiotherapeutic care for institutionalized infants and children. Data were collected through documents available at the institution and interviews with caregivers. Motor development was assessed using the Alberta Infant Motor Scale for infants or based on age-specific motor milestones. All institutionalized patients were evaluated by the project team and received individualized physiotherapeutic care once a week. The duration of follow-up varied according to the length of stay at the institution.

**Results:** 90 infants and children were evaluated. Physiotherapeutic care consisted of activities to stimulate development and the established objectives were centered on the complaint of each patient or caregiver, mainly aimed at improving the activity and participation components. Interventions were directly related to individual objectives, based on evidence-based practice. Physiotherapy sessions were carried out in a playful way, using children's music, allowing for greater interaction and social interaction. Most infants with motor delay evolved with adequate motor development after undergoing physiotherapeutic interventions. The team also shared