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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

knowledge with the caregivers, providing guidance on child development and receiving information about the care to be provided, evidencing the exchange of knowledge and the empowerment of caregivers.

Conclusion: Physiotherapeutic care had a positive impact on the neuropsychomotor development of infants and children, highlighting the importance of early assessment and intervention and the insertion of professional physiotherapists in this practice scenario.

Implications: Emphasize the importance of evaluation, early intervention, and the insertion of professional physiotherapists in shelter institutions.

Keywords: Child Development, Institutionalization, Welcome Child

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ENVIRONMENTAL BARRIERS TO THE PARTICIPATION OF CHILDREN AND ADOLESCENTS WITH CEREBRAL PALSY IN THE COMMUNITY: A DESCRIPTIVE STUDY

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Background: Children and adolescents with cerebral palsy (CP) do not have the same opportunities as their peers without disabilities due to environmental barriers, therefore, the identification of community barriers is necessary to understand the aspects that may restrict participation in this context.

Objectives: To describe the barriers found in the environment of children and adolescents with CP that restrict participation in the community.

Methods: Descriptive study, carried out with data collected between August 2021 and January 2023, from Participa Brasil, a multicenter study with Brazilian children and adolescents with CP. Those responsible for minors were interviewed online or in person, using a questionnaire on environmental factors and the Participation and Environment Measure for Children and Youth (PEM-CY). In this study, only the PEM-CY data referring to the community were analyzed descriptively.

Results: The participants were 145 children and adolescents, with a mean age of 8.7 years (SD=2.7), of which 82 (56.6%) were boys. The GMFCS was classified as I (11%), II (29%), III (11%), IV (13%) and V (30%). The environment was considered a barrier to participation in the community for 48.4% of participants. Of these, 34.5% and 30.5% reported that "generally it makes more difficult" the child's participation in the community aspects such as the way in which the furniture, objects and physical structures of the environments were organized and the physical aspects necessary for the child performs to activities in the community, respectively. On the other hand, 54.5% and 53.8% answered that "generally it is not a problem" factors related to safety and the child's relationship with peers, in that order. Regarding the elements that were available or adequate, 10.3% and 8.2% stated that access to public transport and personal transport were "generally not" available to take children to community activities, respectively, and 26.9 % reported unavailability of

programs and services offered in the community. Regarding information (about services and programs available for the child to participate in the community) 38% of parents mentioned that they "generally did not" have access.

As for equipment or materials that facilitate participation in the community, 48% stated that they were "generally not" available. In addition, it was observed that 8.3% and 15.9%, the minority of parents, answered that "generally not" had enough time and money, respectively, to help their child's participation in the community.

Conclusion: In the sample population of the study related aspects such as access to personal transport; public transportation; available time; money available; safety in the community and the child's relationship with peers were not considered barriers for most parents or guardians. On the other hand, related aspects such as the way furniture, objects and physical structures are organized; physical aspects of usual activities in the community; access to programs and services in the community; information about participation in the community and equipment and materials were the greatest environmental barriers found that restrict the participation of children and adolescents in the community.

Implications: The results provide information on where further interventions are needed to support community participation of children and adolescents with CP.

Keywords: Cerebral Palsy, Participation, Barriers

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ANALYSIS OF DYNAMIC BALANCE AND ANKLE MOBILITY IN FUNCTIONAL FITNESS PRACTITIONERS, ACCORDING TO GENDER

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Background: Functional Fitness Training (FF), known as Crosstraining, CrossFit®, or high-intensity functional training, comprises a physical conditioning modality characterized by a wide range of movements, including running, rowing, basic and olympic weight lifting, in addition to gymnastic movements. Because it is a relatively new modality, little is known about the specific functional attributes of FF practitioners.

Objectives: To analyze dynamic balance and ankle mobility of recreational FF practitioners according to gender.

Methods: This is a cross-sectional study and data collection was carried out at a university clinic in Campo Grande/MS. The sample was constituted in a non-probabilistic way, for convenience. Recreational FF practitioners of both genders, aged between 18 and 59 years old, and who had been training under professional supervision for at least one month were included. For dynamic balance analysis, the Lower Quarter Y-Balance Test (YBT-LQ) was used in the