

evaluated workers according to the established inclusion criteria. The occupational profile characteristics of the participants prevailed the female gender being 70.8%, most qualified with specialization 69.8% and work in the area from 2 to 4 years 24.5%. 56.6% consider the use of the ICF in their evaluations, 45.3% use questionnaires to assess health and capacity, 35.8% usually request additional tests, 82.1% include evaluation of participation in work, 40.6% evaluate workers over 60 years old, 48.1% assess workers with physical or mental disabilities. They use sociodemographic information and anthropometric profiles in their evaluation forms, predominate use of pain assessment in workers on the Visual Analog Scale 76.4%. In the evaluation techniques and instruments used to measure a range of motion, a simple goniometer prevails in 58.5%. In the functional physical assessments, 72.6% use special functional tests, with the most evaluated elements being pain 98.1%, active range of motion 98.1%, edema 93.4%, tonus 88.7%, tropism 84.9%, scars 83.0%, gait and sensitivity 81.1%. The monitoring of workers is ordered weekly, monthly, quarterly, half-yearly, or annually. These assessments include admission, periodic change of function, removal or return to work, diagnosis of disability, establishing a causal link, and dismissals.

Conclusion: We identify that physiotherapists use other resources besides a musculoskeletal-based assessment to assess workers.

Implications: This study allows us to understand better how physiotherapists conduct their assessments and know some of the most used techniques and methods.

Keywords: Physical Evaluation, Occupational Health, Physiotherapist

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SOCIAL ASPECTS OF QUALITY OF LIFE IN INDIVIDUALS WITH VESTIBULAR DYSFUNCTION

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Background: Disorders of the vestibular system can cause inability to perform professional and social activities, in addition to causing physical and emotional problems. This disability caused by vestibular symptoms, whether related to emotional, functional, or physical aspects, is of great importance in the individual's social and personal context, regardless of its etiology, considerably affecting their quality of life. In the social context, individuals with symptoms arising from vestibular dysfunction such as dizziness and vertigo, avoid participating in family gatherings, visiting friends and neighbors due to fear of walking and leaving home, affecting their quality of life. The identification of social aspects in these individuals can help in choosing the most appropriate therapy. However, the investigation of social aspects of quality of life is little explored in individuals with vestibular dysfunction.

Objectives: Investigate the social aspects of quality of life in individuals with vestibular dysfunction.

Methods: This is a pilot cross-sectional study with a quantitative approach. For descriptive statistics, Jamovi version 2.3.25 was used. Inclusion criteria are age ≥ 18 years; both genders; complaining of dizziness or vertigo for at least 3 months; medical diagnosis of vestibular dysfunction. Exclusion criteria are lower limb amputation; ataxia; low vision or blindness; locomotion aided by devices such as a wheelchair, canes, or crutches; dizziness or vertigo that is not vestibular in origin; psychiatric disorders in crisis; underwent vestibular rehabilitation in the last 6 months; presence of chronic orthopedic disease; refusal to sign the Free and Informed Consent Form. For evaluation, a specific form for sociodemographic data and the Medical Outcomes Study 36 - Item Short Form Health Survey (SF 36) questionnaire was used, using only the score (0-100) of the "social aspects" domain, which considers the family relationship, relationship with friends or groups as a social aspect.

Results: Of the five individuals evaluated, 3 were women and 2 men, the age group had an average of 46.4 with a standard deviation of 20 years, 3 had completed higher education, 2 had completed high school, as a work activity 2 were maids, 1 civil engineer, 1 systems developer, 1 physiotherapist. Of the sample analyzed, 3 had a score of 25 points and 2 had a score of 63 points. Considering this score, most individuals had a poor social aspect, a quarter of what is considered excellent for the evaluated domain (social aspect).

Conclusion: We identified low scores in the social aspects of quality of life in individuals with vestibular dysfunction. New research whose social aspects are analyzed as a primary outcome should be encouraged.

Implications: This study suggests that people with vestibular dysfunction may have low scores on social aspects of quality of life. This research can contribute to physical therapy practice, as it highlights a relevant aspect in the functionality and health of people with vestibular dysfunction.

Keywords: Socialization, Vestibular system, Quality of life

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

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PSYCHOBEHAVIORAL FACTORS AND LIFESTYLE OF BRAZILIAN MIDDLE-AGED AND ELDERLY ADULTS ARE ASSOCIATED WITH PAIN

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Background: Pain is one of the main reasons for seeking health services, and its prevalence is higher among adults and older people. In addition to generating high health costs, the presence of pain leads to a decrease in these individuals' quality of life and functionality. Understanding the factors associated with pain during aging is essential for effective prevention and treatment. Studies that explore these associations among older people are still scarce and need a sample size representative of the Brazilian population.

Objectives: Analyze the association between pain, psychobehavioral, and lifestyle factors in middle-aged adults (≥ 50) and elderly Brazilians.