

(PFS-Brasil). The evaluations were carried out individually in environments with noise, temperature and lighting control to ensure privacy and comfort conditions for the proper performance of the tests. For the analysis of convergent validity, a search was performed to remove extreme values and Pearson's correlation was calculated between the scores on the physical subscale of the PFS-Brasil and the total score on the SPPB and its subdomains. The Bioestat 5.0 program was used to carry out the statistical analysis.

Results: This study is in progress, and partial data are presented here regarding the evaluation of 57 elderly participants (age: 72.3 ± 6.3 years, 91% women, physically active). The total score on the SPPB was $11.3 (\pm 0.9)$ points, indicating good functional capacity of the assessed population, consisting of the assessment of gait speed (1.76 ± 0.7 m/s), time to sit and lift 5 repetitions (10.7 ± 2.2 seconds), static balance (3.9 ± 0.4 points). The score in the assessment of physical fatigability by the PFS-Brasil (14.2 ± 9.9 points) demonstrated that there is little perceived physical fatigability in individuals (reference value: < 15 points). The physical fatigability assessment scores demonstrated convergent validity both in relation to the total Short Physical Performance Battery score ($r = -0.34$, $p = 0.0093$), and in the gait speed subdomains ($r = -0.47$, $p = 0.0002$) and sit-to-stand time 5 repetitions ($r = 0.2886$, $p = 0.0294$), but not for static balance ($r = -0.2546$, $p = 0.0559$). The correlations indicate that as the value of the total PFS-Brasil score increases (greater perceived fatigability), the total SPPB score, the individual's gait speed and static balance decrease, as does the time to perform the repetitions of sit and stand up from a chair, indicating a low functional capacity.

Conclusion: The PFS-Brasil has convergent validity with a measure of functional capacity in elderly Brazilians.

Implications: The characterization of fatigability allows the quantification of an individual's susceptibility to fatigue in the context of standardized physical task(s), being a more sensitive approach to assess the presence and severity of fatigue.

Keywords: Fatigue, Elderly, Validation study

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

Acknowledgment: Not applicable.

Ethics committee approval: Research Ethics Committee of the Health Sciences Institute of the Federal University of Pará with authorization n° 56210622.0.0000.0018.

<https://doi.org/10.1016/j.bjpt.2024.100921>

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BENEFITS OF THERAPEUTIC POSITIONING IN THE NEST IN PREMATURE INFANTS HOSTED IN A NICU- A SYSTEMATIC REVIEW

Mayara Martins Cesário Carneiro¹, Simone Nascimento Santos¹, Natália Alves Menegol¹, Rodrigo Okubo¹, Dayane Montemezzo¹, Luciana Sayuri Sanada¹

¹ Programa de Pós-Graduação em Fisioterapia, Universidade do Estado de Santa Catarina (UFSC), Florianópolis, Santa Catarina, Brasil

Background: Strategies for the humanization of the environment and care processes are essential to reduce the impacts that prolonged hospitalization in the Neonatal Intensive Care Unit (NICU) can cause on the development of premature newborns (PTNB). One of the procedures adopted for these purposes is nest positioning (NP), a method that promotes PTNB containment and facilitates the adoption of flexor postures. However, there is a gap in the literature regarding the effects of nest positioning on

weight gain, sleep pattern, motor development and hospital discharge.

Objectives: To evaluate the effects of NP on motor development, sleep pattern, weight gain and hospital discharge in PTNB admitted to the NICU.

Methods: The present study was constructed based on the criteria of the PRISMA guideline (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). A systematic search was carried out using search indexes in the following electronic data sources: MEDLINE via PubMed, WEB of SCIENCE, SCOPUS and BVS-BIREME, following the PICOS strategy (P: participants; I: intervention; C: comparison; O: outcomes; S: studies). As eligibility criteria, there was inclusion of studies with populations of PTNB (< 37 gestational weeks from the date of the last maternal menstruation) admitted to the NICU and who used the PN (supine, prone and lateral decubitus) as an intervention strategy in this population. Outcomes related to sleep patterns and weight gain were sought, in addition to others related to motor development. Methodological quality was assessed using the PEDro Scale.

Results: After the selection process, 11 studies were included in the systematic review. Among them, 5 (45.4%) had motor development as the primary outcome, 5 (45.4%) had the sleep-wake cycle pattern as the primary outcome, and 1 (9.2%) study had the primary outcome as the weight gain and, consequently, hospital discharge. According to the PEDro scale, 5 (45.4%) studies had good methodological quality, with scores between 6 and 8, 2 studies (18.2%) had regular methodological quality with a score of 5, and 4 (36.4%) studies scored 4 or less, showing low methodological quality. Qualitative results indicate that prolonged positioning in the nest with variations in decubitus may be favorable for the acquisition of flexor postures, midline stimulation and increase in total sleep time of PTNBs admitted to the NICU. No adverse effects were reported in relation to the use of PN.

Conclusion: There was no evidence of the effects of PN on weight gain and hospital discharge, but there is evidence to suggest that PN is beneficial for motor development and sleep patterns of PTNB admitted to the NICU.

Implications: The results indicate that prolonged positioning in the nest with variations in decubitus can be favorable for the acquisition of flexor postures, midline stimulation and increase in the total sleep time of PTNBs admitted to the NICU.

Keywords: Premature, Patient Positioning, NICU

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

Acknowledgment: To God, family, and masters for every sharing I had during the course of this project.

Ethics committee approval: Not applicable.

<https://doi.org/10.1016/j.bjpt.2024.100922>

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PERCEPTION OF MANAGERS OF A CENTER SPECIALIZED IN REHABILITATION ON TRAINING IN THE BIOPSYCHOSOCIAL APPROACH

Mayza Leite Felix Maciel¹, Letícia Mylena Guedes Souza¹, Iara Fialho Moreira¹, José Erivonaldo Ferreira Paiva¹, Natasha Felipe da Silva¹, Robson da Fonseca Neves¹

¹ Department of Physical Therapy, Postgraduate Program in Physical Therapy, Universidade Federal da Paraíba (UFPB), João Pessoa, Paraíba, Brazil