

environmental factors in the home, daycare/preschool, and community sections.

Objectives: To identify predictors for participation at home by children between zero and five years of age with and without disabilities.

Methods: Cross-sectional and descriptive study. Those responsible for children with or without disabilities, from age 0 to 5 years and 11 months, recruited from university hospitals and teaching clinics through spontaneous demand were included. The 143 participants answered a sociodemographic questionnaire followed by the application of the YC-PEM. The outcome variables were frequency, with a mean score from 0 to 7, and involvement, from 0 to 5, of YC-PEM. The variables analyzed as predictors were environmental factors of the YC-PEM, classified into supports, barriers, environmental helpfulness, environmental resources and overall environmental support; sex, age in months and typicality (with or without disability) of the children; gender, age in years and schooling of those responsible; family income. The predictor analysis was carried out in two steps: 1) Spearman's correlation check to measure the association between variables, significant if $p < 0.20$; and 2) Simple regression for continuous variables and binary regression for dichotomous variables identified as significant in step 1, significant if $p < 0.05$, presenting r^2 , which portrays the proportion of predictor variance in relation to the outcome.

Results: No correlation was found between the typicality of the child and the frequency ($p=0.768$) and involvement ($p=0.240$) in participation; the same was observed for the other variables related to the child, guardian, and family income. It was observed that the environmental factors analyzed by the YC-PEM itself predicted participation: environmental supports predicted both attendance ($r^2=0.046$, $p=0.010$) and involvement ($r^2=0.037$, $p=0.021$) at home. In addition, the frequency of participation was also predicted by the help ($r^2=0.048$, $p=0.009$) and support ($r^2=0.046$, $p=0.010$) present in the environment.

Conclusion: It was observed that having or not having a disability does not interfere with children's participation at home, being predicted by the environmental factors of the house. Therefore, having more supports and aids at home makes the child carry out activities more frequently and with commitment.

Implications: The results can guide the planning of interventions aimed at increasing the participation of young children with and without disabilities, in addition to enabling collaboration between therapists and family members to support activities at home.

Keywords: Child health, Home environment, Social Participation

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

Acknowledgment: Not applicable.

Ethics committee approval: Ethics Committee of the Faculty of Health Sciences of the Federal University of Rio Grande do Norte – FACISA/UFRN, under registration CAEE: 79628017.0.0000.5568.

<https://doi.org/10.1016/j.bjpt.2024.100934>

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PREVALENCE OF NEUROMUSCULOSKELETAL DISABILITIES IN CHILDREN WITH CEREBRAL PALSY

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Background: Throughout growth and development, children with Cerebral Palsy (CP) progressively develop neuromusculoskeletal deficiencies. These deficiencies interfere with the ability and

performance of activities and social participation, and it is of great importance to identify which are the most frequent deficiencies for adequate therapeutic planning.

Objectives: To verify the frequency of the main neuromusculoskeletal deficiencies in children and adolescents with CP at different levels of the Gross Motor Function Classification System (GMFCS).

Methods: Observational and descriptive study. Forty-five children and adolescents diagnosed with (CP) between 3 and 18 years of age from all GMFCS levels were included. The research participants are patients from the neuropaediatrics outpatient clinic of the University Hospital of Brasília. Two trained examiners performed a physical assessment of the participants and collected the following variables indicative of neuromusculoskeletal deficiencies, characterizing them as present or absent: equinovarus or valgus foot; decreased range of motion (ROM) or flexion stiffness of knee, elbow, and wrist joints; hip in wind. The percentage of migration (PM) of the hip was also evaluated through radiographic imaging, with the aid of the HipScreen application to calculate the percentage and using cutoff points to determine the presence or absence of hip subluxation and/or dislocation. Statistical analysis was performed using descriptive statistics.

Results: 45 children/adolescents participated, mean age 6.58 years, 62.2% male, 57.7% bilateral spastic, 31.1% classified at level IV of the GMFCS. The most prevalent deficiency was the equine foot, present in 73.3% of the participants, both present in 40% of the evaluated ones. Flexion stiffness of the knees (24.4%) and elbows (13.3%) was observed in children classified as levels III, IV and V of the GMFCS. Rigidity of the flexed wrist was found in 24.4% of the GMFCS II, IV and V children. Two GMFCS V participants had hips in windy conditions. The mean MP of the hip was 18.47 (± 19.95), being lower in GMFCS I (4.50, ± 5.98) and becoming progressively higher with the increase in the GMFCS level, reaching 22.95 (± 32.75) in GMFCS V. It was observed that 35.5% of the sample had hip subluxation, distributed in levels II to V, while hip dislocation was present in 4.4% of the sample and only for the GMFCS V level.

Conclusion: Among the deficiencies analyzed, the equine foot affected the sample more homogeneously, and it is concluded that the GMFCS V level is the most affected by deformities in relation to the other levels, and it is important to highlight that children at this level tend to develop the hip dislocation.

Implications: The results allow us to infer that preventive interventions should be used in children and adolescents with CP, to avoid the emergence of the deficiencies and subsequent deformities, mainly the development of the equine foot.

Keywords: Cerebral Palsy, Skeletal muscle, Motor Activity

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

Acknowledgment: Not applicable.

Ethics committee approval: Ethics Committee in Research of Faculdade de Ceilândia - University of Brasília, CAEE: 28540620.6.2005.809.

<https://doi.org/10.1016/j.bjpt.2024.100935>

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HOSPITAL ADMISSIONS FOR CIRCULATORY SYSTEM DISEASES IN THE STATE OF BAHIA: A LOOK AT THE PRE- AND POST-PANDEMIC PERIOD

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