

participated in a telerehabilitation protocol for 6 months were included. They were interviewed by telephone calls recorded, guided by a semi-structured script. The interviews were transcribed, categorized, and analyzed, based on the principles of phenomenology following assumptions by Martins and Bicudo (1989). Data analysis was performed in the following stages: transcripts reading; division of the whole transcripts into units of meaning and interpretation; grouping units of meaning in units themes; interpretative synthesis regarding the content of the themes generated by the grouped units of meaning.

**Results:** From the qualitative analysis, four themes emerged that configure the structure of the phenomenon: 1) Expectations related to physiotherapy through telerehabilitation during the pandemic (includes feelings and thoughts about the expectations related to the beginning of remote physiotherapy after interruption of face-to-face treatment); 2) Experiences of the new daily life (includes the perceptions about the experiences of the new daily life that was configured from the proposed protocol, including the relationship with technology, the perceived changes and the new learnings); 3) Perceptions about themselves in relation to the proposed telerehabilitation program (includes participants' perceptions of themselves during their immersion in the telerehabilitation program); 4) A look at the protocol (includes the opinions and feelings about the protocol and preferences of the participants in relation to the approach modalities).

**Conclusion:** Apprehension and fear were present in the implementation of the protocol, however, the previous experience with face-to-face physiotherapy and the team allowed feelings of happiness, contentment, welcome and satisfaction with the possibility of returning to activities. The individuals actively participated in the program with commitment and co-responsibility, however, the lack of contact, limited equipment and concern for the safety and individuality of the participants must be highlighted.

**Implications:** Telerehabilitation was a necessary alternative during the period of the COVID-19 pandemic and brought new learning that may imply the indication and choice of therapeutic approaches nowadays, making it possible to list potentialities and limitations related to their use. Telerehabilitation can be useful when distance separates the patient from the team and can bring advantages such as reducing time and expenses and increasing the volume of treatment. The hybrid approach composed by remote and face-to-face modalities is an interesting option in the field of physiotherapy.

**Keywords:** Telerehabilitation, Qualitative Research, Parkinson Disease

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## PHYSIOTHERAPIST'S PERFORMANCE IN THE CARE OF PERSONS WITH DISABILITIES IN A SPECIALIZED REHABILITATION CENTER

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**Background:** Physical therapist practices have undergone transformations over the years in the search for the primacy of comprehensive care. In Specialized Rehabilitation Centers, this care model is recommended for the care of Persons with Disabilities.

**Objective:** To identify and describe the care practices and actions carried out by physiotherapists in approaching Persons with Disabilities in specialized rehabilitation centers based on the comparison between prescribed work and real work.

**Methods:** This is a qualitative and descriptive study, taking the case study as a guiding model, based on ethnographic analysis resources. The study was developed with the association of three data collection strategies: document analysis, direct observation with conversational approaches and interviews with physiotherapies from an Especialized Rehabilitation Center (ERC) in the state of Paraíba-PB.

**Results:** The study reveals that there are differences and nuances between the prescribed work and the real work, the physiotherapists partially present, or do not present in their routine, elements such as the practice of reassessing assisted users, elaboration and execution of the Singular Therapeutic Project (STP), and periodic meetings in team, reference and counter-reference practices, communication between the points of the Care Network for people with disabilities and intersectoral articulation, as recommended by the instruction.

**Conclusion:** Knowledge of the practices allowed for identifying the distance between the prescribed work and the concrete conditions for carrying it out, which makes it possible to adopt strategies to improve the process and organization of work in the ERC.

**Implications:** The research pointed out important elements for the debate about the performance of physiotherapists in the CERs, elements that can become points of permanent education in health for the physiotherapy professionals of these centers, and secondarily can result in important changes in the process and organization of work of physiotherapists at CER.

**Keywords:** Physiotherapy, Rehabilitation Centers, Biopsychosocial Models

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## THE ORGANIZATION OF THE WORK OF PHYSIOTHERAPISTS IN A CENTER SPECIALIZED IN REHABILITATION

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**Background:** Physiotherapy in a specialized rehabilitation center (CER) has an important role in the care of Persons with Disabilities (PwD), it can be a fundamental part of adopting the biopsychosocial approach that is sought in these centers, provided that the organization of work is also aligned providing comprehensive care to PwD.

**Objective:** to know facilitators and obstacles related to the organization of the physiotherapist's work in the Center specialized in rehabilitation and its relationship with the care practices provided to Persons with Disabilities.

**Methods:** This is a qualitative and descriptive study, taking the case study as a guiding model, developed from ethnographic analysis resources. The study was developed with the association of three data collection strategies: document analysis, direct observation with conversational approaches and interviews with CER physiotherapists in the state of Paraíba-PB, data analysis was performed through the reconstruction of scenes, articulating the elements captured in the data production process.

**Results:** The study reveals that there are weaknesses in the organization of the work of physiotherapists in the CER in question, and that these have an impact on the way work is conducted and provided to people with disabilities, noting that improvements and adjustments are needed in the organization of work in issues such as: promoting strategies that bring the physiotherapist closer to practices such as welcoming, favoring moments between the physiotherapist and the multidisciplinary team for assessments in an integrated manner and articulation with other points of the care network for people with disabilities, stimulating and organizing strategies to strengthen and include shared care in the sector, and implement strategies such as team meetings and the execution of the Singular Therapeutic Project.

**Conclusion:** Knowledge of the facilitators and obstacles in the organization of the physiotherapists' work allowed identifying the weaknesses present in the service, which distances these professionals from providing assistance from the perspective of the biopsychosocial approach to CER users, and verifying the aspects that contribute to the distance between work prescribed by the Rehabilitation Instruction, and how the work is performed at the study site.

**Implications:** Understanding the organization of the work of physiotherapists in health services is still a scarce task in the field of research, so this work raises this debate in the field of physiotherapy. In addition, its results can become important elements for a better understanding of the management of the work of these professionals in the centers and perhaps produce changes in the organization and work process of physiotherapists in the CER.

**Keywords:** Physiotherapy. Work. Rehabilitation Centers

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## 6-MINUTE WALK TEST EVALUATION WITH CARDIAC AUTONOMIC CONTROL IN WOMEN WITH SYSTEMIC SCLEROSIS

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**Background:** Systemic sclerosis (SSc) is a complex immune-mediated connective tissue disease characterized by progressive fibrosis due to collagen deposition. In the heart, all structures can be affected, with inflammation, oxidative stress, vascular damage and fibrosis. However, the main underlying mechanism seems to be microcirculation impairment, with abnormal vasoreactivity due to autonomic nervous system (ANS) dysfunction. In fact, ANS

dysfunction in SSc patients is associated with a risk of arrhythmias and mortality, in addition to being an early marker of SSc progression that can help identify subclinical involvement and precede the occurrence of cardiac fibrosis. The six-minute walk test (6MWT) is a simple, inexpensive, easy-to-administer, well-tolerated, safe, non-invasive, and reliable submaximal test. In SSc, the 6MWT has been increasingly used to assess performance during exertion and as a follow-up tool and primary measure of outcome and response to therapy.

**Objectives:** To evaluate the associations between sympathetic-vagal balance and exercise measured by the 6MWT in women with SSc without cardiac involvement.

**Methods:** This was a cross-sectional study in which 69 women with SS [median age 51 (40–63) years] without cardiac involvement underwent the 6MWT. Throughout the 6MWT, heart rate variability (HRV) was evaluated using specific software.

**Results:** The median six-minute walk distance (6MWD) was 451 (392–498), with 29 (42%) participants not achieving 80% of the predicted value. Desaturation during the 6MWT ( $SpO_2 \leq 4\%$ ) was observed in 10.1% of participants. Significant correlations were observed between the 6MWD and the following HRV parameters: number of interval differences of successive NN intervals greater than 50 ms ( $r_s = -0.397$ ,  $p = 0.013$ ), low-frequency range ( $r_s = 0.374$ ,  $p = 0.023$ ), high-frequency range ( $r_s = -0.372$ ,  $p = 0.023$ ), and parasympathetic nervous system index ( $r_s = -0.342$ ,  $p = 0.045$ ). No significant correlation was noted between delta peripheral oxygen saturation and HRV parameters.

**Conclusion:** In women with SSc, there is an interrelationship between the 6MWD and both vagal withdrawal and sympathetic hyperactivation. This relationship between autonomic imbalance and worse exercise performance could potentially increase cardiovascular risk, even in patients without apparent cardiac involvement.

**Implications:** People with SS may be involved of the cardiovascular system which, even subclinical, can potentially have an important impact on functional capacity. In this sense, HRV analysis is a powerful non-invasive tool to access the sympathetic and vagal modulations of the heart, in addition to being simple to apply and widely available. Control of the autonomic nervous system of the heart could be a potential target in the treatment of SSc patients. Thus, drug and non-drug approaches that reduce sympathetic hypertonia and prevent parasympathetic withdrawal should be considered to counteract autonomic dysfunction in SSc.

**Keywords:** Systemic sclerosis, Exercise, Autonomic nervous system

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## VARIABILITY OF 6-MINUTE WALK DISTANCE IN PATIENTS WITH INTERSTITIAL LUNG DISEASE ASSOCIATED WITH DIFFUSE CUTANEOUS SYSTEMIC SCLEROSIS

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