

discharge, so that specific strategies and interventions are directed with the objective of early rehabilitation of the patient.

Keywords: Physical functional performance, muscle strength dynamometer, physiotherapy

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

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DEFINING TEXT NECK: A SCOPING REVIEW

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Background: Text neck is proposed to be one of the causes of neck pain and is regarded as a global epidemic. The term text neck emerged in 2008, and quickly spread through the media worldwide. Yet, there is a lack of consensus concerning the definitions of text neck which challenges researchers and clinicians alike. A comprehensive synthesis of how text neck is currently defined may contribute to a better understanding of the term by researchers and clinicians.

Objectives: To investigate how text neck is defined in the peer-reviewed academic literature.

Methods: We conducted a scoping review to identify all articles using the terms “text neck” or “tech neck”. Embase, Medline, CINAHL, PubMed and Web of Science were searched from inception to 30th April 2022. This scoping review followed the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines. No limitation was applied for language or study design. Data extraction included study characteristics and the primary outcome relating to text neck definitions.

Results: 41 articles were included. Text neck definitions varied across studies. The most frequent components of definitions were grouped into five basis for definition: Posture (n=38; 92.7%), with qualifying adjectives meaning incorrect posture (n=23; 56.1%) and posture without a qualifying adjective (n=15; 36.6%); Overuse (n=26; 63.4%); Mechanical stress or tensions (n=17; 41.4%); Musculoskeletal symptoms (n=15; 36.6%) and; Tissue damage (n=7; 17.1%).

Conclusion: There is substantial variability and lack of clarity in how text neck is defined in the peer-reviewed literature. The literature is characterized by definitions ranging from tissue damage and mechanical stress/tension to musculoskeletal symptoms, overuse and posture. Posture is the defining characteristic of text neck in academic literature and current definitions often mention inadequate posture and overuse. Clinicians and researchers should be aware of the lack of consensus on what constitutes text neck. Since there is neither consensus on the definition nor scientific evidence to support any of the proposed definitions, the term text neck seems to have no clinical value at the present moment.

Implications: From a clinical perspective, text neck seems to be of no scientific value since there is no association between the flexed posture adopted during texting on smartphones and neck pain. Text neck is not an accepted diagnosis and does not seem to be a risk factor for neck pain. From a research perspective, the definition of text neck as a habit of texting on the smartphone in a flexed neck position, regardless of whether the person has neck pain, may be of scientific value for new studies.

Keywords: Neck pain, Smartphone, Posture

Conflict of interest: The authors have no conflicts of interest.

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VALIDITY AND RELIABILITY OF THE MOTOR ASSESSMENT SCALE FOR REMOTE ASSESSMENT OF INDIVIDUALS AFTER STROKE – PRELIMINARY RESULT

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Background: After stroke many patients remain with difficulties in using the upper limbs, balance, transfers, and walking. The Motor Assessment Scale (MAS) assesses the movements needed to do those activities. Social restrictions to combat the Covid-19 pandemic have increased tele-rehabilitation, but the remote assessment is also important for rural areas or geographic regions where neurorehabilitation specialists are scarce, and when patients have difficulties in transport to the clinic. Although the measurement properties of the MAS applied in person are established, the validity and reliability of the MAS applied via teleconsultation is unknown.

Objectives: To investigate the validity and reliability of the Motor Assessment Scale (MAS) when administered remotely by videoconferencing (Tele-MAS).

Methods: This is a study of investigation of measurement properties, following the recommendations of COSMIN, for validity and reliability of Tele-MAS. The sample was 18 participants with a diagnosis of stroke, Braztel-MMSE score ≥ 13 points and with internet access and mobile device. The order of the evaluations (remote or in person) was randomly defined. The application sequence of the MAS items was adapted to allow remote application in addition to verbal commands during the evaluation and a specific instruction manual for application by videoconference was developed. For assessment by videoconference (rater A and B) the participant was instructed to position the camera in a way that the therapist can observe from the ground to above the head. The raters are positioned similarly to the participant to demonstrate the items and score synchronously. The application in person takes place in the participant's house, by rater A. The three collections took place within a period of eight days, with an interval of 2 days. The validity between the in person and remote evaluation was analyzed by Pearson's correlation coefficient and the reliability between the remote and in person evaluation was analyzed using the Bland-Altman limits of agreement. The interrater reliability for the sum of the score of the items was analyzed by the Intraclass Correlation Coefficient