

smoker (96.4%), nor an alcoholic (65.5%), reported stressful factors in the work environment (52.7%), used medication (65.5%), without diagnosed diseases (70.9%), could not identify the time (41.8%) and the day of the week (20%) when the pain/body discomfort appeared, without edema in the legs (89%). It was found that 38.2% of the workers slept 7 hours a night, 50.9% practiced physical activity, 81.8% had leisure activities, 96.4% had time with the family, 87.3% had domestic activities.

**Conclusion:** Most workers were young adults, married, without children, with a complete college education, working 9 hours a day with breaks, and 2 to 6 hours of these spent sitting, in good ergonomic conditions, but there was a stressful factor at work. They presented a normal BMI and no SAH, most of them used medication, however without diagnosed diseases, with complaints of pain/body discomfort. Most had the following lifestyle habits: they practiced physical activity, had leisure activities, had time for the family, performed domestic activities, were neither smokers nor drinkers, but slept less than 7 hours a night.

**Implications:** With the increase in the number of workers and the computerization of workstations, it is necessary to give visibility to the working, living, and health conditions of computer terminal users in order to direct strategies that contribute to a healthy work environment.

**Keywords:** Health profile, Computers, Worker health

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

**Acknowledgment:** My gratitude to everyone who collaborated with this research. In special, to the workers of the Cosmetics Industry for the opportunity and trust deposited in me.

**Ethics committee approval:** Ethics Committee of the Faculty of Medicine of the University of Coimbra by letter 094 CE - 2018.

<https://doi.org/10.1016/j.bjpt.2024.101026>

441

## PHYSIOTHERAPY INTERVENTIONS FOR DIABETIC FOOT

Graziela Nogueira Eduardo<sup>1</sup>, Raquel Ferreira Sá<sup>1</sup>, Michele Alexandre Vieira<sup>1</sup>

<sup>1</sup> Department of Physical Therapy, Federal University of Paraíba (UFPB), João Pessoa, Paraíba, Brazil

**Background:** Diabetes mellitus (DM) is a metabolic disorder that affects the production or action of insulin. Complications (e.g., diabetic foot, characterized by infection, ulcer, and/or soft tissue destruction) may occur in different ways and severities. In more severe cases, individuals may present neurological disorders and peripheral artery disease in the lower limbs. In this sense, physiotherapy becomes important for prevention and treatment, given the number of individuals who do not reach adequate healing.

**Objective:** To perform a literature search to identify the main physiotherapy interventions for the diabetic foot.

**Methods:** This narrative study was conducted in November 2022 in PubMed, Scientific Electronic Library Online (SciELO), Physiotherapy Evidence Database (PEDro), and Cochrane Library databases using the Boolean operator AND and the following descriptors: diabetic foot, physiotherapy, and treatment. We included full-text articles published in Portuguese and English that conducted randomized clinical trials or systematic reviews; the studies should have been published and indexed in the databases mentioned above in the last 14 years. Exclusion criteria comprised theoretical reviews, monographs, dissertations, theses, and studies that included animals or did not have available abstracts. The search resulted in 151 articles (PubMed = 121, Cochrane Library = 27, PeDro = 2, and SciELO = 1); 17

articles were selected after reading titles and abstracts, and 4 were selected after full-text reading.

**Results:** Several physiotherapy interventions were found, such as lower limb exercises to heal wounds in patients with type 2 DM and physical resources physical resources associated with phototherapy through light-emitting diodes. The safety and efficacy of photobio-modulation at home for treating diabetic foot ulcers and topical ozone therapy were also observed as adjuvant treatments.

**Conclusion:** We analyzed physiotherapy interventions with different protocols for diabetic foot: guidance, active exercises, isolated movements for lower limbs, and physical resources (e.g., photobio-modulation, laser therapy, and ozone therapy). These interventions also improved the blood supply to lower limbs, which may have prevented wounds, increased the chance and speed of healing, and avoided amputations.

**Implications:** Physiotherapy interventions are fundamental to prevent and treat complications, improving the quality of life of patients with diabetic foot ulcers and reinserting them in society.

**Keywords:** Physiotherapy, Diabetic foot, Treatment

**Conflicts of interest:** The authors declare no conflicts of interest.

**Acknowledgment:** Not applicable

**Ethics committee approval:** Not applicable.

<https://doi.org/10.1016/j.bjpt.2024.101027>

442

## ATYPICAL GUILLAIN-BARRÉ SYNDROME ASSOCIATED WITH COVID-19 IN A CHILD: A CASE REPORT

Jakeline Godinho Fonseca<sup>1</sup>, Aika Ribeiro Kubo<sup>1</sup>, Juliana Melo do Prado<sup>1</sup>, Amanda Lohanny Sousa Campos<sup>2</sup>, Pollyanna Neta de Brito<sup>3</sup>, Nayara Rodrigues Gomes de Oliveira<sup>4</sup>

<sup>1</sup> Hospital Estadual de Urgências Governador Otávio Lage de Siqueira (HUGOL), Goiânia, Goiás, Brasil

<sup>2</sup> Hospital Estadual da Mulher (HEMU), Goiânia, Goiás, Brasil

<sup>3</sup> Centro Estadual de Reabilitação e Readaptação Dr. Henrique Santillo (CRER), Goiânia, Goiás, Brasil

<sup>4</sup> Universidade Estadual de Goiás (UEG), Goiânia, Goiás, Brasil

**Background:** The SARS-CoV-2 virus (severe acute respiratory syndrome coronavirus 2) became known worldwide as the cause of the disease COVID-19. COVID-19 can compromise the central nervous system, causing neurological disorders such as Guillain-Barré syndrome (GBS). GBS is triggered by viral and bacterial agents, defined as polyradiculoneuropathy of acute/subacute onset, with sensory manifestations, muscle weakness, temporary quadriparesis and even severe respiratory failure with respiratory and diaphragmatic muscle weakness.

**Objective:** To report the case of a child diagnosed with COVID-19 and GBS and describe its clinical and functional evolution.

**Methods:** Case report study, carried out from the collection of data from the medical records of a child admitted to the back-up Pediatric Intensive Care Unit for COVID-19 in a Brazilian hospital.

**Results:** A previously healthy 12-year-old boy started flu-like symptoms, followed by diarrhea and after 7 days he developed weakness in his hands and walking difficulty. Admitted with positive serology for COVID-19 with SARS-CoV-2 virus detected in the viral panel of CSF and nasal swab, laboratory and imaging tests without alterations. He was oriented, eupneic, had adequate vital signs, isochoric and photoreactive pupils, absence of nystagmus and alterations in facial sensitivity, preserved facial mimicry, tetrastigmatic alteration, areflexia in lower limbs, hyporeflexia in upper limbs, absence of signs of pyramidal release, preserved tactile and painful sensitivity, uncharacteristic cerebrospinal fluid. Physical therapy diagnosis: eutonic neuropathic functional kinetic deficiency, preserved