

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.

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PHYSIOTHERAPY INTERVENTIONS FOR DIABETIC FOOT

Graziela Nogueira Eduardo¹, Raquel Ferreira Sá¹, Michele Alexandre Vieira¹

¹ 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.

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

Jakeline Godinho Fonseca¹, Aika Ribeiro Kubo¹, Juliana Melo do Prado¹, Amanda Lohanny Sousa Campos², Pollyanna Neta de Brito³, Nayara Rodrigues Gomes de Oliveira⁴

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

² Hospital Estadual da Mulher (HEMU), Goiânia, Goiás, Brasil

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

⁴ 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, tetrasegmental 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 neuromuscular functional kinetic deficiency, preserved

autonomic function, moderate reduction in strength, normal sensory functions, affecting limbs. Functional Status Scale classified with mild functional dysfunction. Electromyography was performed resulting in motor neuropathy, primarily axonal, symmetric of severe intensity and with severe associated axonal loss, with signs of active denervation. He received treatment with intravenous immunoglobulin at a standard dose for 4 days and gabapentin to treat neuropathic pain: physiotherapeutic treatment using active-assisted exercises, decubitus change training, respiratory muscle training, strength training, balance and assisted walking with perceptual-cognitive stimulus. He was discharged from the ICU after 6 days, showing improvement in his motor condition, walking with minimal assistance, with changes in gait, motor coordination and dynamic balance. After 18 days, he was discharged from the hospital with a score of 44 for peripheral muscle strength (Medical Research Council), maximum inspiratory pressure of 63 cmH₂O, improved functionality, being able to perform activities of the daily routine, such as walking and climbing stairs independently.

Conclusion: Few cases of GBS associated with COVID-19 in children have been reported in the world literature, leaving many questions about the mechanisms that influence the different factors for the

development of the disease. Diagnosis and early intervention in these patients have shown favorable results, providing progressive clinical and functional improvement, but further studies regarding specialized protocols for the rehabilitation of these patients are still needed.

Implications: This case report contributes to the knowledge regarding the characteristics and functional evolution of this syndrome associated with COVID-19 in children, due to the scarcity of publications to date.

Key words: COVID-19, Child, Guillain-Barré syndrome

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

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