analysis, the GRADE system was considered. Outcome measures were described in a narrative form.
Results: 2670 studies were identified; 54 were considered potentially relevant and 10 of these were read in full. Finally, five articles met the inclusion criteria. The included studies analyzed the effect of PNE on 516 participants, of which 350 (67.82%) were female and 166 (32.17%) were male. The mean age of patients ranged between 18 and 65 years. The content of the educational sessions included approaches on peripheral sensitization, central sensitization, biopsychosocial factors related to pain, catastrophic thoughts, understanding and accepting pain, coping with pain, catastrophic factors, emotional response to pain, anxiety, fear of harm, concerns/ fear of pain, goal setting, nociceptive inhibition and facilitation, participation in social contexts, pain neurophysiology, general nervous system physiology, coping strategies, stress management, and progressive return to activities. The five studies included in this review addressed the effectiveness of PNE by addressing pain-related issues. The methodological quality ranged from 6 (moderate quality) to 10 (high quality), with an average score of 7.4. The duration of the educational sessions ranged from 30 to 90 minutes, some held in groups and others individually.
Conclusion: The results of this review show that NDT is a promising intervention for neck pain; however, based on the GRADE evidence rating systems, the strength of evidence is low.
Implications: The authors of this review consider that many studies have neglected to characterize the educational intervention and have provided little information about the educational system used. Future research must be done with more rigorous attention to the methods employed.
Keywords: Neck pain, Education, Pain, Cognitive neuroscience

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DOES THE LOWER EXTREMITY MOTOR ACTIVITY LOG FIT THE BIOPSYCHOSOCIAL FUNCTIONING MODEL?

Aline de Lima[1], Clarissa Volpato Sombrio Foschi[1], Natalia Duarte Pereira[2], Jocemar Ilha[1]
[1] *Departamento de Fisioterapia, Universidade Estadual do Estado de Santa Catarina (UDESC), Florianópolis, Santa Catarina, Brasil*
[2] *Departamento de Fisioterapia, Universidade Federal de São Carlos (UFSCar), São Carlos, São Paulo, Brasil*

Background: The misuse of the lower extremities during mobility activities can affect individuals with different health conditions and directly impact their daily routines. Thus, it is essential to assess the performance of individuals in these activities for an accurate diagnosis of the limitation. The Lower Extremity Motor Activity Log (LE-MAL) is an instrument developed to assess the use of the lower extremities in mobility activities. However, how the content of the LE-MAL items is related to the framework of the current biopsychosocial functioning model is unknown.
Objectives: To link the LE-MAL items with the International Classification of Functioning, Disability, and Health (ICF) and identify the contents of the LE-MAL items.
Methods: Concepts within each item of the LE-MAL were linked to the best-matched ICF categories using established linking rules. Two independent researchers performed the initial linkage of the items, and the final consensus was reached after a meeting with the other researchers involved in the study.
Results: Ten concepts were identified. The two-level main concepts identified were d410 (changing basic body position), d450 (walking), d455 (moving around), and d460 (moving around in different locations). All items assess performance through information about need or dependence, personal and environmental factors, and appraisal. All items are covered in the Mobility domain (d4) of the Activity and Participation component. Moderate agreement was obtained between researchers.
Conclusion: The LE-MAL fits into the mobility domain of ICF, and the items' general construct is the performance evaluation. The study highlighted the conceptual connection between the LEMAL and the ICF framework.
Implications: The use of the functioning model proposed as a framework — the ICF, enables the use of the LE-MAL as a tool that supports clinical professionals' use of ICF coding in clinical settings. This allows the common language between professionals and the classification of patients with different conditions. Moreover, the LE-MAL was developed for people with gait dysfunction and might represent a comprehensive way to analyze the lower extremity use during mobility activities in different health conditions.
Keywords: Mobility, Lower extremity, Biopsychosocial model

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BODY MASS INDEX PROFILE OF INDIVIDUALS WITH COVID-19 WHO DEVELOPED ARDS AND SUBMITTED TO IMV AND PRONE POSITION

Álllef Diego Bonfim de Andrade[1], Thaise Helena Cadorin[1], Regiana Santos Artismo[1], Anderson Brandão dos Santos[2], Rodrigo Della Méa Plentz[3], Darlan Laurício Matte[1]
[1] *Departamento de Fisioterapia, Universidade do Estado de Santa Catarina (UDESC), Florianópolis, Santa Catarina, Brasil*
[2] *Centro Universitário Integrado (CEI), Campo Mourão, Paraná, Brasil*
[3] *Departamento de Fisioterapia, Universidade Federal de Ciências da Saúde de Porto Alegre (UFCSPA), Porto Alegre, Rio Grande do Sul, Brasil*

Background: In 2020, COVID-19 was classified as a global public health emergency. The disease affects individuals of all ages and social classes, with certain populations, such as individuals with obesity, being more susceptible to developing the severe form of the disease, known as acute respiratory distress syndrome (ARDS). Recommended treatments included invasive mechanical ventilation (IMV) and improvement of oxygenation with the prone position. In this context, understanding the body mass index (BMI) profile of patients with COVID-19 who develop moderate or severe ARDS and undergo these therapies is a gap in scientific knowledge.
Objectives: To identify whether individuals with COVID-19 who developed moderate or severe ARDS and underwent IMV and prone position had a characteristic BMI profile.
Methods: Multicenter, analytical observational retrospective cohort study of patients admitted to 5 hospitals in southern Brazil, admitted to intensive care units (ICU) between July 2020 and June 2021. The medical records of individuals who developed ARDS were

analysed as moderate or severe and who underwent IMV and prone position. The BMI of each individual was identified and analysed to identify alterations. Comorbidities were also identified.
Results: 512 individuals were included in the study. 05 (0.9%) had low weight, 119 (23.2%) had normal weight, 183 (35.7%) were overweight, 131 (25.6%) had class I obesity, 44 (8.6%) had class II obesity, and 30 (5.9%) had class III obesity. 307 (59.5%) had a BMI <30 (NOG) and 205 (40.4%) had a BMI >30 (OG). The NOG and OG had similar characteristics concerning sex and height, but age was higher in the NOG ($p<0.01$). The OG had, as expected, higher values of weight and BMI than the NOG ($p<0.01$). The most prevalent comorbidities in hospitalized COVID-19 patients undergoing prone position were diabetes, hypertension, and cardiovascular diseases. Both groups had similar values regarding diabetes and hypertension. Other cardiovascular diseases were more prevalent in the NOG. Regarding the previous lifestyle, both groups had similar values for alcohol consumption (p=0.22) and smoking (p=0.25).
Conclusion: From the results found, it can be concluded that individuals with COVID-19 who developed severe ARDS and underwent IMV, and prone position were from all BMI ranges. However, there was a high proportion of individuals with obesity when considering the BMI of the general population.
Implications: Knowing that COVID-19 affects patients of all BMI ranges, especially obese individuals, is important for individual and collective decision-making in health and serves as a warning for authorities to anticipate adjustments in ICUs to receive this patient profile.
Keywords: Acute Respiratory Distress Syndrome, Invasive Mechanical Ventilation, Obesity

Conflicts of interest: The authors declare no conflict of interest.
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Ethics committee approval: The project was approved by the Research Ethics Committee of the Hospital Irmandade Santa Casa de Misericórdia in Porto Alegre through CAAE 31881520.3.1001.5335 and amendment n° 4.237.704.

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GENDER DIFFERENCES IN THE ASSOCIATION BETWEEN CENTRAL OBESITY AND MOBILITY LIMITATION AMONG OLDER ADULTS: NATIONAL HEALTH SURVEY RESULTS

Allen Suzane de França[1], Saionara Maria Aires da Câmara[1]
[1] *Department of Physiotherapy, Federal University of Rio Grande do Norte (UFRN), Natal, Rio Grande do Norte, Brazil*

Background: The prevalence of obesity has increased substantially in the last decades in the elderly population and, consequently, it has been considered one of the main risk factors for non-communicable diseases in the world. Compared to general obesity, central obesity, which is characterized by excessive accumulation of fat in the abdominal region, has shown a greater association with diabetes and all-cause mortality, in addition to being considered a risk factor for disability in the elderly, regardless of BMI. Some studies suggest that the relationship between central obesity and disability differs according to gender, however, the results are still conflicting.
Objectives: To investigate the association between central obesity and mobility limitation in elderly Brazilians and to assess whether this association was modified by gender.
Methods: This is a cross-sectional, analytical, and quantitative study that used data from the PNS. This is a household-based survey proposed by the Ministry of Health in partnership with the Brazilian Institute of Geography and Statistics (IBGE). For the present study, those aged 60 years or older were considered (n=11,177). Central obesity was defined when waist circumference (WC) was greater than 84 cm in women and 88 cm in men. Participants reported the degree of difficulty to move, being classified as no difficulty versus some difficulty. Binary logistic regression was used to investigate the association between central obesity and mobility limitation adjusted for sex, age, exercise, chronic diseases, self-reported health, and literacy. $P<0.05$ and a 95% confidence interval were considered.
Results: Women were the majority, representing 55.7% of the sample and the mean age was 66.9 $\pm$ 8.07 years. Central obesity was identified in 76.7% of the participants, being more prevalent among older women (60.4%) and 25.9% reported some difficulty with mobility, with a higher prevalence of females (64.8%). Elderly people with central obesity were 1.2 times more likely to have some difficulty with mobility (OR=1.21; 95%CI: 1.08-1.36) compared to elderly people who did not have any difficulty, even after adjusting the covariates. In the analysis stratified by gender, the association between central obesity and mobility limitation was significant among women (OR=1.48; 95%CI: 1.27-1.7; however, it, lost significance among men (OR =0.93;95%CI: 0.78-1.10).
Conclusion: The results suggest that elderly women with central obesity are more likely to have some difficulty with mobility compared to men.
Implications: The high prevalence of central obesity in the Brazilian elderly population, especially in the female public, represents a serious public health problem. Our findings identified a subgroup of the elderly population that is more vulnerable to limited mobility associated with abdominal obesity. Therefore, implementing health actions to prevent or reduce abdominal obesity should be strongly encouraged among elderly women.
Keywords: Abdominal Obesity, Mobility Limitation, Aged

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FUNCTIONALITY OF ONCOLOGICAL PATIENTS IN PALLIATIVE CARE HOSPITALIZED IN A REFERENCE HOSPITAL IN PARÁ

Amanda Caroline Lobato Dias[1], Isabelle Farias Gomes[1], Saul Rassy Carneiro[1], Samires Avelino de Souza França[1], Maria Claudia Valente Almeida[2]
[1] *Universidade Federal do Pará, Belém, Pará, Brasil*
[2] *Hospital Ophir Loyola (HOL), Belém, Pará, Brasil*

Background: Palliative care is intended for any patient with a life-threatening illness, ideally combined with curative care, regardless of age and prognosis. This care does not depend on the prognosis and clinical conditions; it is possible to be provided by the same health team. A desire often expressed by patients in palliative care is to remain physically independent until the end of their lives. Performing daily life tasks and maintaining mobility are areas subject to intervention that result in significant gains in quality of life.
Objective: To evaluate the functionality of hospitalized cancer patients under palliative care.
Method: This is a prospective, quantitative, and descriptive study. The functionality of patients hospitalized in the palliative care clinics of Hospital Ophir Loyola, a reference in oncology in Pará, was