time (before and after) as within-group factor and visual condition (EO and EC) as between-group factor, and post hoc comparisons were made with the Bonferroni test (significance level of 5%).
Results: For the configuration feet apart, ANOVA showed a main effect of time for the AP standard deviation (F=4.715, p=0.032), with a smaller CP variability after than before the intervention, regardless of visual condition (before EO: 4.021±2.515mm, EC: 4.765±4.220mm; after EO: 3.627±2.790mm, EC: 3.950±2.943mm). For feet together, there was na interaction between time and vision (F=3.697, p=0.057), with a difference in CP variability between EO and EC (p=0.056) only before the intervention (before EO: 4.072± 1.919mm, EC: 5.443±3.318mm; after EO: 4.650±2.714mm; EC: 4.915±2252mm). Regarding the other CP parameters, ANOVA did not reveal an interaction or time effect (p>0.05).
Conclusion: The main findings suggest iliopsoas MFR reduces the amplitude of CP sways and the difference in the sway variability (AP) between EO and EC conditions during standing.
Implications: Given the reduction of postural sways' size seems to benefit balance control, the iliopsoas MFR could provide benefits to motor performance in futsal athletes.
Palavras-chave: Myofascial Release; Iliopsoas; Postural Control

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ASSESSING FUNCTIONING BY WHODAS-12 IN WOMEN WITH DYSMENORRHEA

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Background: Dysmenorrhea is the most common gynecological condition reported by women, and 33% to 50% of them report moderate to severe symptoms. It is defined by menstrual pain in the pelvic region and lower abdomen that can be associated or not to other secondary gynecological conditions (e.g., endometriosis, myoma, adenomyosis). The symptoms are frequently associated with others and can affect women's quality of life and functioning, such as missing school/university/work, decreased sleep quality and fatigue. Those symptoms can be intensified by emotional stress, lower social support and lower socioeconomic conditions. Given the great interference of dysmenorrhea in various spheres of life, a comprehensive evaluation of disability and functioning is necessary for this population.
Objectives: To analyze functioning and the affected domains in women with dysmenorrhea.
Methods: Cross-sectional and online study conducted between 2022 and 2023 with 2,609 Brazilian adult women with dysmenorrhea (27.7 ± 7.4 years old). Pregnant women, with 6 months of puerperium and transgender were excluded. The translated and validated Brazilian Portuguese version of WHODAS-12 for women with dysmenorrhea was used. The WHODAS-12 is an instrument with 12 items developed by the World Health Organization (WHO) to briefly assess health and disability and provide the level of general functioning of the following domains: life activities, mobility, cognition, social participation, self-care, and interpersonal relationships. All the items and domains are directly linked to International Classification of Functioning, Disability and Health (ICF). The maximum score of each domain is 10 points and the higher the score, the greater the disability. Data were analyzed descriptively and presented as the mean and standard deviation in SPSS 22.
Results: The average of life activities domain was 4.7 ± 1.8 points, the mobility domain had 4.5 ± 2 points, the cognition domain had 4.4 ± 1.8 points, social participation had 4.8 ± 2 points, self-care had 2.6 ± 1.2 points, and interpersonal relationships had 4 ± 1.9 points. Interpersonal relationships and life activities were the most affected domains in women with dysmenorrhea.
Conclusion: In addition to pain intensity, the WHODAS-12 provided a screening of other domains of functionality that may be affected in women with dysmenorrhea, such as social participation and activities of daily living.
Implications: From the use of the WHODAS-12, it is possible to evaluate important aspects that are relevant beyond the intensity of pain in women with dysmenorrhea. Thus, clinicians can use WHODAS-12 as a specific and individualized therapeutic goal by approaching the woman from an integrality perspective. In addition, it is also possible to have a broader view of the impact of dysmenorrhea on the quality of life and functioning of Brazilian women.
Keywords: Dysmenorrhea, International Classification of Functioning, Disability and Health, women's health

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TELEHEALTH CURRICULUM AT HEALTH CARE HIGHER EDUCATION: AN INTERNATIONAL EDELPHI STUDY

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Background: Considering the increasingly frequent use of telehealth, the lack of training of health professionals in telehealth care, it becomes essential to train and specialize future health professionals, with a formal and structured education at a higher level in the use of telehealth. There is no guideline on the core competencies in telehealth at health care higher education, therefore, a consensus is of paramount importance to externally validate these findings, compiling the core competencies in telehealth.
Objective: To identify the core competencies in telehealth needed in the curriculum at higher education.

Methods: International modified eDelphi study conducted in 3 rounds. The panel was made up of expert's researchers in telehealth selected on the Expertscape and Pubmed platform, in addition to clinicians, professors, administrators and higher-level coordinators for the snowball sample. The questions were developed by an international steering committee and tested in a pilot test. The first round was presented to the participants with closed questions, with 47 competences distributed in 11 domains, and an open question, the participants judged the degree of agreement on the competencies and suggested new competencies. The consensus was defined with the competencies that reached high agreement (>75%) at the end of the third round.
Results: Total of 100 participants, from 18 different countries, responded to first round suggesting 2 new competencies and 1 new domain. At the end of the third round with 80 participants, we reached a consensus (>75%) with 47 core competencies in a telehealth curriculum distributed in 12 domains: principles of telehealth; care planning and management; assessment, diagnosis, and treatment; adequacy of the environment; professionalism; legal aspects; patient privacy; patient safety; access and equity; patient preference; technology; applicability of telehealth.
Conclusion: Our framework describes the core competencies distributed in different domains necessary in the telehealth curriculum in health care higher education, recommended by a panel of international experts, clinicians and professors. Future research on implementation and effectiveness needs to be carried out to investigate whether the structure provided in this study covers the need to train future professionals.
Implications: This curriculum is a first step towards promoting higher education and training of future health professionals in telehealth care. The core competencies in a telehealth curriculum make it possible to guide teaching institutions and health course coordinators, regarding the training of students and contribution in the disciplines that use or may use the telehealth resource, being a first step in the educational development of international telehealth.
Keywords: Curriculum, Telehealth, Delphi study

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COMPARISON OF SYMPTOMS AND CHANGES IN PHYSICAL ACTIVITY LEVEL AFTER COPD EXACERBATION

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Background: Chronic obstructive pulmonary disease (COPD) has periods of stability and exacerbations, and in exacerbated cases there is an increase in symptoms, which may lead to the need for hospitalization, resulting in greater physical inactivity and time in sedentary activities. Thus, it becomes necessary to verify behavior change in relation to the level of physical activity after COPD exacerbation.
Objectives: To compare short-term symptomatology, distance covered in the 6-minute walk test (6MWT) and behavioral change in relation to the level of physical activity using a wearable device in patients after COPD exacerbation.
Methods: This is a longitudinal observational study, in patients after hospitalization for exacerbation of COPD. Patients were evaluated before hospital discharge and after 30 days. An anamnesis was performed, symptomatology was evaluated using the Medical Research Council questionnaires - MRC dyspnea; COPD Assessment Test™ - CAT, a 6-minute Walk Test (6MWT) was performed, and an actigraph activPALT3M accelerometer was placed in the anterior region of the middle third of the right thigh to assess the level of physical activity, which the patient used for 7 days consecutive. Data were analyzed using the SPSS program, and the dependent samples test was used to compare the two moments.
Results: We evaluated 24 patients, 13 (54%) female and 11 (46%) male, with a mean age of 66±7.68 years, FEV1 of 42±9.12%, GOLD 3 (3- 3), length of stay was 6(5-6) days, MRC 3(2-3). There was a significant difference between the moments (pre discharge and 30 days) in CAT 26(20-19) and 17(14-26) (p=0.021), 6MWT 282(214-326) and 347(289-402) (p =0.000), sitting time 1281(974-1326) and 1052(895-1270) minutes/week (p=0.007), standing time 171(129-422) and 306 (160-431) minutes/week (p= 0.035), walking time 63(33-134) and 89 (54-124) minutes/day (p=0.54), number of steps 2839(1331-8417) and 4755(2503-6933) steps/day (p =0.53), inactive time 1281(974-1326) and 1052(895-1270) (p=0.007) minutes/day, active time 421 (305-497) and 1307(1002-1351) (p=0.000) minutes/day.
Conclusion: The main findings were that 30 days after hospitalization for the exacerbation of COPD, the patients showed improvement in symptoms and exercise capacity with a reduction in sedentary time, however, they still had a reduced level of physical activity.
Implications: It is of great importance to assess the symptoms and the level of physical activity of patients who were hospitalized due to exacerbation of COPD, for monitoring and better targeting in rehabilitation.
Keywords: Physical activity, Wearable device, Physiotherapy

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

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COMMON ASSESSMENT TOOLS OF POST-STROKE PATIENTS UNDERGOING REHABILITATION: A SCOPING REVIEW

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Background: Stroke is the second leading cause of death and the third leading cause of disability in the world. Its alterations reflect functional impairments that limit the return to participation in Activities of Daily Living (ADLs) and to work. The International Classification of Functioning, Disability and Health (ICF) considers that the interaction of biopsychosocial factors defines health. Addresses