Results: 100 participants were included, 52% of whom were female, with a mean age of 60 years. The mean BMI of the participants was 29.64 with a mean pain intensity of 9.5 by the specific domain of the WOMAC questionnaire and Stair Climb Test performance of 22.79 seconds. The final regression model (Table 1) indicated that sex (p = 0.029), age (p = 0.001), BMI (0.004), and pain by the specific domain of the WOMAC (p = 0.003) may explain 42% of the variability in Stair Climb Test performance.
Conclusion: The present study demonstrates that there is an association between sex, age, BMI, and painful symptoms in the performance of the Stair Climb Test, which may be potential factors that interfere with the performance of subjects with KOA.
Implications: Understanding the influence of such factors helps in the interpretation of the performance of patients with knee osteoarthritis in the stair climb test.
Keywords: Knee osteoarthritis, Rheumatology, Physiotherapy

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SUBGROUP ANALYSIS IN SYSTEMATIC REVIEWS OF PHYSICAL THERAPY INTERVENTIONS PUBLISHED IN HIGH IMPACT JOURNALS: A METAEPIDEMIOLOGICAL STUDY

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Background: Systematic reviews (SRs) publications focusing on physical therapy rehabilitation have significantly increased. SRs are known to present the highest level of scientific evidence, thus constituting the most reliable type of research to be used in clinical decision-making in healthcare. In these studies, subgroup analysis is usually used as a statistical control technique to investigate sources of heterogeneity and explore treatment effects in individualized subgroups. However, the analyses recorded in the protocol are not always reported in published SRs, with complete absence, partial reduction in the number of analyses, and even the inclusion of new subgroups not protocolled.
Objectives: To evaluate the frequency with which physical therapy intervention SRs, published in high-impact journals, perform subgroup analyses that are previously reported in protocols or add post-publication unplanned analyses.
Methods: The Rayyan software was used by two independent authors to select all SRs published between March 2020 and August 2022 in the 10 highest impact rehabilitation journals according to the Journal Citation Reports (JCR). Disagreements were resolved by an experienced third reviewer. Subgroup analysis described in the protocol and reported in final publications were compared using descriptive statistics.
Results: 3,032 records were identified, of which 2,927 were excluded for not meeting the inclusion criteria. 105 SRs published in journals with impact factors ranging from 4.76 to 10.71 (JCR, 2021) were included. Of these, 60 (57.1%) reported subgroup analyses that were consistent with what was recorded in the protocol; 29 (27.6%) did not report any of the previously registered analyses, and 16 SRs (15.3%) added unplanned analyses in the protocol, with an average of 1.6 new subgroup analyses included in the final publication.
Conclusion: The findings indicate that 43% of SRs present significant discrepancy between the subgroup analyses planned in registered protocols and those reported in published SRs, even in high-impact scientific journals. Thus, it is essential that SRs conducted in the physical therapy preserve as much as possible in the final text, the subgroup analyses planned in their respective protocols, making their results more reliable and accurate for researchers and clinicians in the field.
Implications: This study has the potential to highlight shortcomings in the methodological strategies used in SRs in the physical therapy field and, consequently, raise awareness for greater care in the planning and execution of studies that are more transparent and faithful to previously registered protocols, as well as greater caution in interpreting SR results, even if they come from sources considered to be reliable.
Keywords: Evidence-Based Practice, Systematic Reviews as Topic, Rehabilitation

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MOTOR AND FUNCTIONAL EVALUATION OF CHILDREN EXPOSED IN THE INTRAUTERINE PERIOD TO THE ZIKA VIRUS

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Background: The Zika virus (ZIKV) is an arbovirus of the Flaviridae family, which brought many repercussions for causing microcephaly in newborns (NBs) of mothers who became ill during the gestational period. Neurological findings and alterations presented in the neuropsychomotor development of these children characterized Congenital Zika Virus Syndrome (SCZ), including delay in motor, cognitive, and speech development, visual and auditory alterations, epilepsy, and cerebral palsy. Among the main neurological findings are described severe microcephaly with cortical atrophy and malformations. So far, it is known that the delay in the NPMD of children will depend on the degree of CNS injury and in what gestational age period the infection occurred. In this sense, the earlier the intervention measures are applied to these children, the smaller the impacts on their development and future lives.
Objectives: To evaluate the motor and functional characteristics of children exposed in the intrauterine period to ZIKV.
Methods: Cross-sectional study with 16 children aged between 6 and 36 months of both sexes, residents of Pará state, exposed to ZIKV infection during pregnancy and evaluated by the Zika Project Physiotherapy team, developed at the IEC. Strength was assessed by Medical Research Council (MRC) scale and muscle tone using the modified Ashworth scale (ASW). In addition, the Gross Motor Function Classification System (GMFCS), the Mini-Manual Ability Classification System (MACS), developed to assess the ability to handle objects during activities of daily living, and were apllied the Pediatric Assessment of Disability Inventory (PEDI).