Background: Diabetes mellitus (DM) is considered a chronic disease that affects about 3% of the world's population and is in ninth position among the diseases that shorten the years of life in a healthy way. DM generates repercussions on the body's systems, causing comorbidities, such as diabetic foot disease, considered one of the most serious complications of DM, causing effects in various aspects of the patient's life. Wounds in diabetic feet resulting from changes in gait causing falls, tissue injuries, hospitalizations, and amputations, compromising functionality and quality of life. Thus, it becomes a model of biopsychosocial care, based on the concepts examined in the International Classification of Functioning.
Objectives: Assess the mobility of patients with diabetic foot treated at the outpatient clinic for technological innovations in human rehabilitation (INOVAFISIO-UFC), investigating the main limitations and the degree of difficulty encountered in locomotion and/or movement of patients with diabetic foot.
Methods: This is a descriptive cross-sectional study. Participants of both sexes, over 18 years of age, diagnosed with type 2 DM with wounds on diabetic feet were included. People with intellectual disabilities that compromised the application of questionnaires, infected wounds and/or with an area greater than 15cm^2 were excluded. Data was collected between 2021 and 2022, at the INOVAFISIO outpatient clinic in Fortaleza - CE. The participants signed the Informed Consent Term. The World Health Organization Disability Assessment Schedule questionnaire (WHODAS 2.0-36 items) was applied to assess functionality in the last 30 days. In this study, the mobility domain was explored with 5 questions about locomotion with answers included in a scon a scale of 5 degrees of difficulty (none, mild, moderate, severe, treme or unable). Data analysis was descriptive, and results expresser sed as mean and standard deviation. The software used was Stata version 17.
Results: The sample consisted of 36 participants, divided equally between men and women, most of whom were married (55.56%) with a mean age of 55.58+15.25. When asked if they had difficulties standing for long periods, 83.33% reported some degree of difficulty, 27.78% (extreme or unable), 66.67% had difficulty getting up from a sitting position (22.22% moderate); 63.89% with difficulty moving around the house (30.56% mild); 63.89% reported difficulties leaving their home (22.22% moderate); 86.11% reported difficulty walking long distances (38.89% extreme or unable).
Conclusion: Participants with diabetic feet had limitations in the mobility domain, with the item standing up and walking long distances having a greater impact, with more than 27% of these patients having extreme difficulty or not being able to perform satisfactory mobility, compromising their quality of life.
Implications: Knowing the sample profile and associating an instrument that evaluates the kinetic-functional implications generated by diabetic wounds allows a targeted treatment based on the individual's functional independence.
Keywords: Diabetic foot, International Classification of Functioning, Diabetes Mellitus

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

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SOCIODEMOGRAPHIC PROFILE, LIFE HABITS, HEALTH, SLEEP QUALITY AND WORK CAPACITY OF ROAD DRIVERS: A CROSS-CROSS STUDY

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Background: Sleep disorders have a multifactorial origin, and can generate a state of tiredness, drowsiness, affecting physical and mental health, increasing the risk of developing chronic diseases, implying good performance during the workday, affecting productivity.
Objectives: Evaluate the profile of road drivers, identify lifestyle habits, health conditions, sleep quality and ability to work.
Methods: This is a cross-sectional descriptive study. The participants were 100 workers in the role of road drivers, from a large transport company, who travel between the states of São Paulo to Rio, Minas, and Curitiba, who agreed to participate in the study. Socio-demographic and occupational data (age, marital status, sex, education, monthly income, time with the company, working hours) were collected. Practice of physical activity, anthropometric variables, health conditions such as current illnesses diagnosed, use of medication, and hours of sleep. Sleep quality and current work ability were assessed using a 0-10-point Likert scale (0-worst to 10-best). Anal, mean values, standard deviation, and absolute and relative frequency were discrepancies.
Results: The average age of the 100 workers was 47.5 $\pm$ 7.64 years, men (99%), married (70%), high school education and monthly income between 1 and 2 minimum wages. The time at the company was, on average, 5.89 $\pm$ 5.3 years, with shifts in three work shifts (morning, afternoon, and night). The anthropometric characteristics of the workers were an average weight of 87.67 $\pm$ 13.53 kg, height 173.5of 173.5 $\pm$ 7.9 cm, and BMI of $\pm$ 3.7 kg/m2. Regarding life and health habits, 60% of workers do not practice regular physical activity, only 22% have diagnosed diseases and 22% use medication. Mean sleep was 6.9 $\pm$ 1.2 hours and mean sleep quality was y 7.9 $\pm$ 2.2 points. Current work ability averaged 9.5$\pm$7.8 points, with the response varying greatly among workers.
Conclusion: Road drivers are older, male, sedentary, but with few diagnosed diseases and in good health and sleep quality, despite their profession with shift work and long itineraries.
Implications: It is essential to understand the profile of this group of workers due to their lifestyle so that there are strategies that reduce risk factors, improve health, and maintain the safety of users of this service.
Keywords: Sleep quality, Occupational health, Drivers

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

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