The level of safety in using Quest 2 was assessed using the Simulator Sickness Questionnaire (SSQ) and the usability of the system was assessed using the System Usability Scale (SUS); user experience was evaluated with the Game Experience Questionnaire (GEQ). Finally, the evolution of learning in games was evaluated according to the scores registered in each session.
Results: There were no complications during the consultations, the score related to the appearance of side effects in the SSQ was minimal (9.3), indicating no symptoms that prevented the continuation of the training. The games were approved according to the scores obtained in the GEQ (negative experiences 0.5/4, tiredness 0.25/4, and positive experiences 3.85/4). The usability of the system was considered approved with excellence by the SUS (94.5/100). Total scores between attempts in games steadily increased even after the 30-minute break.
Conclusion: The results obtained suggest the usability and feasibility of Quest 2, in addition to the existence of a therapeutic potential for the four games, being necessary; however, studies with longer training time and with larger samples confirm these preliminary results.
Implications: The results of this study indicate progress in the use of exergames, with Quest 2 having the potential to be another resource in the therapeutic management of PD; this was a pilot study that could serve as a basis to consolidate evidence that will guide physiotherapists in the use of devices for immersive virtual reality in an efficient, safe, comfortable, and innovative way.
Keywords: Parkinson's disease, Feasibility, Virtual reality

Conflict of interest: The authors declare no conflict of interest.
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TELEREHABILITATION VERSUS A DIGITAL BOOKLET FOR PATIENTS WITH CHRONIC NON-SPECIFIC NECK PAIN: STUDY PROTOCOL OF A RANDOMIZED CONTROLLED TRIAL

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Background: Neck pain is a common disabling condition that directly affects the performance of daily life activities and participation in professional, social and sports activities, being one of the main causes of functional disability in the world. Telerehabilitation-based treatments have demonstrated their importance due to their ease of use, low cost, and tendency to improve clinical outcomes. However, in the current scientific evidence, there is a lack of studies that exemplify telerehabilitation protocols in individuals with chronic non-specific neck pain.
Objectives: The study was to verify the effect of a telerehabilitation protocol versus an online self-care booklet in individuals with non-specific chronic neck pain.
Methods: This is a blinded, randomized, controlled clinical trial that compares a telerehabilitation program for neck pain with a control group that will receive an online self-care booklet. Seventy patients will be recruited. Assessments and measures will perform before treatment, after 6 weeks and at 3 months after randomization. For this purpose, assessments and follow-ups will be carried out completely remotely, through online platforms (Google Meet, smartphone messages, email) and telephone calls. The primary outcome will be functional disability measured by the Neck Disability Index questionnaire consisting of 10 items. Secondary outcomes will be pain intensity measured using the numeric rating scale, perceived global effect measured using the perceived global exertion scale, patient self-efficacy using the Pain Self Efficacy Questionnaire, quality of life using the SF-12, and kinesiophobia through the Scale of Kinesiophobia. This clinical trial was approved by the Research Ethics Committee (no. 5.458.454) and was registered in the Brazilian Registry of Clinical Trials (no. RBR-10h7khvk).
Results: No results so far.
Conclusion: This study will examine whether the telerehabilitation treatment approach is superior to the self-care booklet in patients with chronic neck pain, functional disability, pain intensity, perceived global effect, patient self-efficacy, quality of life and kinesiophobia.
Implications: The study will impact clinical practice because telerehabilitation is a treatment option that aims to promote improvements in the functional disability and pain intensity of individuals with nonspecific chronic neck pain. This form of treatment appears as an alternative to ease the logistical and organizational conditions promoted by face-to-face care.
Keywords: Telerehabilitation, Neck Pain, Exercise Therapy

Conflict of interest: The authors declare no conflict of interest.
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Ethics committee approval: This clinical trial was approved by the Research Ethics Committee of the Federal University of Pará, Brazil (no. 5.458.454) and was registered in the Brazilian Registry of Clinical Trials (no. RBR-10h7khvk).

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EFFECTIVENESS OF PERCUSSIVE MASSAGE USING A PORTABLE DEVICE ON MUSCLE PAIN IN RECREATIONAL RUNNERS: RANDOMIZED CLINICAL TRIAL PROTOCOL

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Background: The increase in the number of running fans has made it one of the most popular activities in the world in recent years. Running requires repeated contractions, imposing a great mechanical load and tension on the lower limbs. As a result of the increase in shear stress, tissue can be altered, inducing neuromuscular functional impairments, damage to muscle fibers, edema, and muscle pain. Insufficient recovery from exercise-induced muscle damage impairs performance. To minimize the deleterious effects of muscle pain, research seeks to investigate which recovery technique is more effective. Among recovery strategies, local percussive massage using devices has gained notoriety in clinical practice. Some of the benefits of its use are the decrease in pain, gain in strength and