Conclusion: Our study is the first to investigate the association between these variables, adjusting for potential confounders, and the data suggest an association of PSI with NP and LBP, being a possible risk factor that can be taken into account in preventive approaches focused on individuals.
Implications: We consider that the results have a scientific, sociocultural, educational, and clinical practice impact, since the PSI is such an important personal contextual factor that is associated with several clinical conditions of health and quality of life, but which is still subjugated in the literature. We emphasize the importance of further studies to clarify gaps about PSI, particularly post-pandemic as our data were collected before the COVID-19 pandemic, and we believe that PSI risks due to COVID-19 may have increased. We hope that based on these results, health professionals will start to include the ISP in their assessment routine and, thus, more fully address the biopsychosocial model focused on the individual.
Keywords: Social isolation, Neck Pain, Low Back Pain

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EXPLORING MOBILITY DYSFUNCTION IN PEOPLE WITH AND WITHOUT IMPAIRED COGNITION IN PARKINSON DISEASE

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Background: The relationship between mobility and cognition has been studied in the elderly population. In atypical aging, such as Parkinsonś disease (PD), these associations have also been reported. It is believed that people with PD may compensate for mobility deficits using increased attentional resources to overcome deficit. This phenomenon reflects the importance of understanding the relationship between mobility and cognition.
Objectives: To compare gait and balance characteristics in PD individuals with and without cognitive impairment.
Methods: Cross-sectional study, comprising 143 participants with PD divided into two groups according to the Montreal Cognitive Assessment (MoCA) cut-off: 1) without cognitive impairment (MoCA $>$ 26) and 2) with cognitive impairment (MoCA $\leq$ 26). Groups were compared through instrumented and clinical measures for gait and balance in the following domains: sensory orientation, anticipatory postural adjustments, automatic postural responses, and dynamic gait. Clinical measures were obtained from Mini-BESTest. Instrumented measures of gait and balance were obtained via six wearable sensors (Opals, APDM Wearable Technologies, A Clario company), each including triaxial accelerometers, triaxial gyroscopes, and magnetometers, placed on both feet, wrists, sternum, and the lumbar region while performing a total of eight different motor tasks. For data analysis, t-test for independent samples and a general linear model were carried out using the SPSS 28.0.
Results: 72 individuals had cognitive impairment and 71 were considered without cognitive impairment. There was no difference in the total Mini-BESTest score between groups, however, in the dynamic gait domain there was a difference between groups (p=0.010), in which the group with cognitive impairment presented worse performance in dynamic gait when compared to the group without cognitive impairment (p=0.010). When looking at the instrumented measures for gait and balance domains, all significant group differences were under the dynamic gait domain, specifically, dual task gait speed (p=0.004), dual cost stride length (p=0.016), stance time (p=0.038), and turn velocity (p=0.037). For all the instrumented measures where it was possible to verify differences between groups, the worst performance in dynamic gait was presented by the group with cognitive impairment.
Conclusion: Dynamic gait performance was worse in individuals with PD who had cognitive impairment compared to individuals without cognitive impairment, both for clinical and instrumented measures.
Implications: Gait performance differs between individuals with and without cognitive impairment. This fact helps to guide the clinician therapeutic prescription, prioritizing gait training for individuals with PD, rehabilitation strategies focused on mobility, as well as approaches that treat gait and cognition simultaneously, particularly for individuals who have cognitive impairments.
Keywords: Parkinson Disease, Mobility Limitation, Cognition

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PERCEPTIONS OF INDIVIDUALS WITH PARKINSON DISEASE REGARDING A TELEREHABILITATION PROTOCOL DURING THE COVID-19 PANDEMIC: A QUALITATIVE STUDY

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Background: Due to the COVID-19 pandemic, changes were necessary in the field of physiotherapy, requiring new models of care that could be promoted by telerehabilitation. Therefore, a group of individuals with Parkinson's disease (PD), who before the pandemic performed face-to-face physical therapy, had their way of treatment replaced by a telerehabilitation program consisting of synchronous remote sessions of physical therapy, provision of graphic material and videos about physical and cognitive exercises and health education activities.
Objectives: To understand the meaning of the experience of individuals living with PD regarding a telerehabilitation protocol.
Methods: This is a qualitative descriptive analytical study with a phenomenological basis in which 20 individuals with PD who