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EVIDENCE-BASED PRACTICE (EBP) COURSE IN UNDERGRADUATE PHYSICAL THERAPY PROGRAMS IN PRIVATE HIGHER EDUCATION INSTITUTIONS IN BRAZIL

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Background: Evidence-based practice (EBP) is fundamental for effective healthcare delivery, and it's teaching has been progressively adopted in higher education in health sciences worldwide. In Brazil, private higher education institutions (HEIs) play a significant role in health education, and although national curriculum guidelines recommend decision-making based on scientific evidence, there are no specific guidelines for the curriculum implementation of EBP as a course. The presence of EBP as a component of the curriculum in undergraduate physical therapy programs in these institutions is still unknown.
Objectives: To investigate the presence of EBP-specific-course in undergraduate physical therapy programs in private HEIs in Brazil and the content offered in the courses.
Methods: This is a cross-sectional study that used the e-MEC National Register of Higher Education Courses and Institutions to search for undergraduate physical therapy programs recognized by the Ministry of Education, until March 2021. Curricula of face-to-face undergraduate programs that provided curriculum information via website or e-mail were included for analysis. Curricula that contained references, mentions or citations of exact term or synonymous to "Evidence-based clinical practice" were analyzed to identify the course in which the content was offered. Subsequently, the available syllabus of EBP specific course were analyzed to identify terms related to the five steps of EBP (Ask, Acquire, Appraise, Apply, Assess) Descriptive analysis was performed using absolute and relative frequencies. Mean and standard deviation were used to report the workload of EBP course.
Results: A total of 1033 regular undergraduate physical therapy programs were found on the Ministry of Education website. Out of these, 809 curricula were included and evaluated. A total of 739 (91.3%) programs were identified as private HEIs. Nearly half of the programs (352/47.6%) are located in the Southeast region of the country. Only 66 (8.9%) programs had an EBP-specific course, offered mainly in the fifth year (30/46.9%) and fourth year (20/31.3%) of the undergraduate program, with an average workload of 44.3±11.8 hours. Proportionally, a higher number of EBP courses are located in the Northern region (10/22.2%) and Northeast region (29/16.6%). Only five (7.6%) programs provided the complete syllabi. All programs mentioned the critical appraisal and application steps, 4 (90%) mentioned the acquire step, 3 (60%) mentioned the ask step, and Only 2 (40%) mentioned the evaluation step.
Conclusion: The presence of EBP-specific course in undergraduate physical therapy program in HEIs is still inadequate, and the majority of programs that include them do not fully incorporate all of their steps. The deficiency in teaching content related to EBP at the undergraduate level can negatively impact the clinical decision-making of new professional and the healthcare delivery.
Implications: The results of this study promoted the understanding of the scenario of EBP teaching in undergraduate physical therapy programs in HEIs of the country, revealing the need for curriculum adjustments to promote evidence-based practice.
Keywords: Curriculum, Evidence-Based Practice, Undergraduate Physical Therapy Program

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PROFILE AND OPINION OF HEALTH PROFESSIONALS ON THE USE OF THE INTERNATIONAL CLASSIFICATION OF FUNCTIONALITY IN THE HOSPITAL FIELD

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Background: The International Classification of Functioning, Disability, and Health (ICF) was created with the intention of providing a detailed assessment of functioning, ease of recording, and communication between the team.
Objectives: To describe the profile and opinion of health professionals about the use of the ICF in the hospital environment.
Methods: This is an observational, descriptive, cross-sectional study, carried out with Brazilian health professionals who work in the hospital environment. Individuals not residing in the country and unfinished surveys were excluded. An online survey was applied via an electronic form consisting of 22 questions divided into 3 sections: characteristics of the guides, knowledge, and use of the ICF. Questions related to age, gender, trail area, maximum title, length of experience, knowledge, and use of the ICF were defined for the professionals' profiles. Professionals who know the ICF were divided into two groups (1- already used the ICF in the hospital environment; 2- never used it) to compare their profiles and opinion on the feasibility of using the ICF in the hospital environment. A descriptive analysis of the data was performed, with values expressed as median (25-75% percentile) and absolute (n), and relative (%) frequency using the SPSS Software version 22. For comparison and association, the Chi-square was used with a significance level of 5%.
Results: 510 health professionals participated in the study, 427 (83.7%) female. Of these, 316(62%) were nurses, 147(28.8%) were physiotherapists and 27(5.3%) were psychologists. As a maximum degree, 301 (59%) have specialization. 103(20.2%) worked in the hospital environment between 6 and 10 years, 101(19.8%) for more than 20 years, and 89(17.5%) between 2 and 5 years. Regarding knowledge of the ICF, 265 (52%) reported having prior knowledge. To assess knowledge of the ICF, of these 265 who know it, 49 individuals who did not respond about the feasibility of using it were excluded, leaving 216. Of those who know the ICF, 72 (33.3%) have known it for about 2 to 5 years, 73(33.8%) knew it during graduation and 87(40.3%) classified their knowledge as fair. Comparing groups 1 and 2, there was no significant difference in age, sex distribution, knowledge about core sets, the feasibility of using the ICF, and time of practice ($p<0.05$). However, a significant part of group 2 had never been trained to apply the ICF [group 2, 94(79%) versus group 1, 47(48.5%), $p<0.001$] and did not use the core sets [group 2, 115 (96.6%) versus group 1, 69(71.1%), $p<0.001$].
Conclusion: Most professionals who responded to the survey were nurses. Most of the interviewees have specialization as their maximum degree and have been working in the hospital environment for

more than 6 years. Among individuals who know the ICF, there was no significant difference regarding the feasibility of using it, in a comparison between those who used it and those who never used the ICF in the hospital environment. Of those who have never used it in the hospital environment, most have never been trained to apply it and do not use the core sets.
Implications: Knowledge about the profile and opinion of health professionals on the use of the ICF in the hospital environment.
Keywords: International Classification of Functioning, Disability and Health, Health professionals, Health assessment

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ASSOCIATION BETWEEN CLINICAL PARAMETERS OF SARCOPENIA AND COGNITIVE IMPAIRMENT IN OLDER PEOPLE: CROSS-SECTIONAL STUDY

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Background: Sarcopenia and cognitive impairment are worrisome age and public health-related problems due to the high risk of functional decline, hospitalization and death. Sarcopenia is a muscle disease identified by clinical parameters of low muscle strength and muscle mass which, when added to poor physical performance, characterize severe sarcopenia. Cognitive impairment is the decline in normal functioning of one or more brain functions, affecting the activities of daily living (ADLs) of individuals, and may present as a mild or major cognitive disorder.
Objectives: To investigate the association of clinical parameters of sarcopenia with cognitive impairment in elderly people.
Methods: Cross-sectional study, with 263 elderly people (≥60 years old) users of a public specialized care service. Sociodemographic and clinical variables characterized the sample, and the clinical parameters of sarcopenia (strength, muscle mass and physical performance) were evaluated, respectively, using Handgrip Strength (HGS), calf circumference (CC) and the *Timed Up and Go* (TUG). The Mini Mental State Examination (MMSE) was used to assess cognitive status. Associations were investigated by simple and multiple linear and logistic regressions considering clinical parameters of sarcopenia (independent variables) and cognitive status (dependent variable), adjusted for age, gender, years of schooling, number of medications, nutritional status and functional capacity.
Results: Of the participants with cognitive impairment, 59.6% had low muscle strength. Cognitive status was explained by muscle strength in 21.5%, muscle mass in 12.3% and physical performance in 7.6% in simple linear regression analyses, maintaining strength and muscle mass as explanatory variables of the cognitive state in unadjusted multiple analyzes and only muscle strength when adjusted (OR=0,846; [95%CI: 0,774 – 0,924] $p<0,001$). Only strength remained significantly associated with cognitive status in the adjusted multiple logistic regression (OR=0.846; [95% CI: 0.774 – 0.924]; $p<0.001$).
Conclusion: Low muscle strength was the sarcopenia parameter independently associated with cognitive impairment.
Implications: This information is useful to pay attention to the probability of cognitive impairment when low muscle strength is identified in older people.
Keywords: Aged, Sarcopenia, Cognitive Impairment

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COMPARISON OF GAIT SPEED, ISOKINETIC MUSCLE FUNCTION AND MUSCLE MASS AMONG NORMOTENSIVE AND HYPERTENSIVE OLDER ADULTS

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Background: Many studies have investigated the relationship between hypertension and its association with muscle health, showing controversial results on the subject. It is believed that high blood pressure can reduce the blood supply and cause damage to the arteries that supply areas of the motor cortex, responsible for muscle contraction and mobility, leading to a decay of functionality and reduced oxygen consumption and muscle strength. However, during aging there is a natural decrease in muscle mass, strength and quality, associated with the process of sarcopenia, although there are still difficulties identifying which factors are responsible for causing and worsening this process. In this context, it is believed that hypertension may play an important role in understanding this issue.
Objectives: compare isokinetic muscle function, muscle mass and gait speed among normotensive and hypertensive older adults.
Methods: A cross-sectional observational study was conducted with 81 community-dwelling older adults selected by convenience. Participants were older people capable of walking without assistance and without cognitive alterations detectable by the Mini-Mental State Examination (MMSE). The diagnosis of arterial hypertension (independent variable) was made through the self-report of the participant's previous medical diagnosis of arterial hypertension, validated by the record of using antihypertensive medication. The dependent variables of the study were: peak torque, muscle power, work by body weight and agonist-antagonist ratio of hip, knee and ankle (isokinetic dynamometry), handgrip strength (handgrip dynamometry), muscle mass (calf circumference) and usual gait speed at 10 meters. The dependent variables were compared between the groups of normotensive and hypertensive older adults by means of simple analyses and covariance adjusted for sex.
Results: most participants were female (51.9%), active (53.1%) and hypertensive (74%). In the simple analyses, it was observed that the hypertensive older group presented lower handgrip strength, lower mean peak torque of hip extensors and knee flexors, lower muscle power of knee flexors and extensors, lower work by body weight of hip flexors and knee extensors and lower knee agonist-antagonist ratio. However, in the analysis of covariance adjusted for sex, only in the knee agonist-antagonist ratio was found a statistically significant difference between the groups (40.64±9.01 vs 45.78±7.34; p=0.040).