R^2=0.04), while social support (β= -0.37; CI 95 %= -0.62, 0.12; p=0.004; R^2=0.06) and environmental exposure (β= -0.63; 95%CI= -1.08, -0.18; p=0.006; R^2=0.05) showed a significant negative relationship. In contrast, no significant associations were found between cardiorespiratory fitness and other lifestyle components (diet and nutrition, substance use, stress management, and restorative sleep).
Conclusion: This study provides evidence indicating that different aspects of lifestyle are associated with cardiorespiratory fitness in university students. Physical activity, social support and environmental exposure were identified as important factors for promoting cardiorespiratory fitness in this population.
Implications: The findings of this study can be applied in creating specific intervention programs aimed at improving the cardiorespiratory fitness of university students, including promoting regular physical activity and improving environmental exposure and social support. In addition, knowledge of these factors can also be used by health professionals to guide and encourage students to adopt a healthier lifestyle, thus improving the health and well-being of this population.
Keywords: Lifestyle medicine, Physical aptitude, University students

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Ethics committee approval: The present study was approved by the Ethics Committee in Research with human beings of the Federal University of Pará, according to approval n° 55481422.5.2002.5346.

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HOME ENVIRONMENT AFFORDANCES AND GROSS MOTOR SKILLS OF INFANTS WITH BIOLOGICAL RISK BEFORE AND AFTER SIX MONTHS OF LIFE

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Background: Affordances refer to the interrelation between the individual's capacities and the properties of the environment, promoting the opportunity to perform an action. Thus, the home environment: adequate physical space, quality in the variation of stimuli, and diversity of toys can be affordances that facilitate motor development in the first years of life. However, the impact of this relationship before and after the 6th month of life, a period of major developmental changes, is unknown.
Objectives: To compare home environment affordances and gross motor skills in two groups of infants with biological risk (2-6 months and 6-11 months) and verify the relationship between these variables in each group.
Methods: Observational, cross-sectional, and remote study. Fifty-three infants with biological risk for developmental delay (prematurity, low birth weight, neonatal intensive care unit admission) participated. Group 1: 2-6 months and 15 days (M=3.95 months; SD=23 days); and group 2: 6 months and 15 days-11 months (M=7.89 months; SD=37 days). Gross motor skills were assessed by the Alberta Infant Motor Scale (AIMS) using asynchronous home videos. The Affordances in the Home Environment for Motor Development - Infant Scale (AHEMD-IS) was applied using an online form, and the raw score of each dimension was recorded: Physical space, variety of stimulation, gross and fine-motor toys. Means comparison tests were performed for comparison between groups (test t and Mann-Whitney test, according to the distribution of each variable), and multiple linear regression (predictors: 4 dimensions of the AHEMD-IS; outcome: percentile of the AIMS) to each group, considering $p \leq 0.05$.
Results: The groups did not show significant differences in AIMS, physical space, and variety of stimulation. In contrast, group 2 showed significantly higher results in the dimensions of gross and fine-motor toys. Group 1 showed no significant association between affordances and gross motor skills. Group 2 showed significant associations (p=0.005; r^2= 0.444), in which the variety of stimulation (p=0.007) and gross-motor toys (p=0.015) explained 44.4% of the variation in the AIMS percentile.
Conclusion: Greater quality of stimulation at home and greater presence of gross-motor toys impacted motor skills in infants older than 6 months. These results are possible due to the fact that older infants have more motor skills and thus explore the environment more, in addition to having more toys, which possibly stimulates the motor skills assessed by the AIMS.
Implications: Identifying differences between the 2 groups, especially regarding the smaller amount of toys used at home for younger infants, and the association of variety of stimulation and skills for older infants, indicates the need to emphasize early family-oriented practices with a focus on environmental enrichment.
Keywords: Risk factors, Motor skills, Home environment

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ANALYSIS OF POSTURAL STABILITY OF AMPUTE INDIVIDUALS EVALUATED BY FUNCTIONAL TESTS AND BAROPODOMETRY: ONE COMPARATIVE STUDY WITH NON-AMPUTEE INDIVIDUALS

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Background: Individuals with lower limb amputation may have limitations in carrying out their activities of daily living due to the deficit of body balance, due to the loss of the limb, they need to develop compensatory strategies to neutralize the postural changes that can result in significant barriers to community participation, quality of life, osteoarticular complications in the residual and contralateral joints with increased risk of falling.
Objectives: To compare the static and dynamic balance between amputee and able-bodied subjects.
Methods: Cross-sectional observational study, consisting of 15 individuals with unilateral transfemoral amputation using a prosthesis for at least 6 months and 15 non-amputee individuals who composed the control group. Dynamic balance was assessed using the Berg Balance Scale (BBS) and the Short Physical Performance Balance (SPPB), baropodometry was used to assess static balance in the standing posture with eyes open, with no adaptation required, the entire. The evaluation was carried out in the gait laboratory of the

Centro de Reabilitação e Readaptação Dr. Henrique Santillo (CRER), by a trained physiotherapist.
Results: The entire sample of the group of amputees underwent pre and post fitting rehabilitation. The performance of amputees in the dynamic balance score was lower compared to the control group ($p<0.05$). However, the group of amputees showed less oscillation of the center of pressure, in the static examination of baropodometry ($p<0.05$), reflecting a good ability to balance.
Conclusion: Our data suggest that transfemoral amputees have a good static balance, similar to that of people without amputations in the lower limbs, in contrast, despite having a dynamic balance considered good, the performance was significantly lower than that of the control group. As there was a small group of individuals who composed the studied groups, a more expressive sample group can be used in future studies, comparing different levels of amputation.
Implications: The results of this research aggregate information on the subject for interested researchers, using common and accessible tools among scientific research for the assessment of postural stability, which are the Berg Balance Scale, the Short Physical Performance Battery and baropodometry. The results of the study point to the inclusion of early balance training in treatment protocols.
Keywords: Amputees, Postural Balance, Physiotherapy

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ANALYSIS OF FUNCTIONAL CLINICAL AND PHYSICAL VARIABLES OF HOSPITALIZED ELDERLY PEOPLE

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Background: The hospitalization process can influence a sharp functional decline of the elderly, the reduction of independence and other functional aspects can increase the length of hospital stay with consequent impact on hospital expenses, influencing clinical, physical and mental variables, the functionality of this population can be well understood from the analysis of these variables.
Objectives: This study analyzed the relationship between clinical and physical factors and the functional capacity of hospitalized elderly.
Methods: This is an analytical cross-sectional study that evaluated elderly people in a referral hospital for urgency and trauma in Goiânia. Were used the Functional Independence Measure (FIM), Handgrip Strength (HGS), Medical Research Council (MRC), Berg Balance Scale (BBS), and Visual Analogue Scale (VAS).
Results: 111 elderly people participated, with a mean age of 73 ($\pm$ 6.9) years, with a predominance of females and fractures musculoskeletal disorders including fractures the main reason for hospitalization (59.5%). Most of the elderly (79.3%) showed functional dependence that was associated with age, sedentary lifestyle, presence of musculoskeletal disorders, BBS, FPP and MRC, sedentary lifestyle was also associated with a decrease in HGS and the imbalance assessed by BBS with impairment of global muscle strength assessed by the MRC.
Conclusion: Hospitalized elderly have reduced functional capacity, and the level of independence can be influenced by age, sedentary lifestyle, presence of musculoskeletal disorder, strength and balance.
Implications: The recognition of factors related to the level of activity and participation during hospitalization is necessary in order to reduce the damage caused by the loss of function in hospitalized elderly, directing the physiotherapeutic approach in order to increase independence for daily activities and autonomy of these patients, the research may also serve as an incentive for new studies related to the functional capacity of hospitalized elderly.
Keywords: Gerontology, Aged, Functional status

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IDENTIFICATION OF ICF CODERS FOR ENVIRONMENTAL FACTORS IN THE NEONATAL ICU

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Background: The Neonatal Intensive Care Unit (NICU) represents an atypical environment that interferes with the relationship between parents and the baby, as well as provides unusual sensory experiences, resulting from frequent procedures that can cause pain, exposure to noise, excessive light, and mechanical ventilation. The International Classification of Functioning, Disability, and Health (ICF) is divided into "Disability and Functioning" and "Contextual factors", which provide a large number of coders through an alphanumeric system in which the letters related to each domain are followed by a code that starts with the chapter number (one digit), followed by the second level (two digits) and the third and fourth levels (one digit each). The ICF can also provide us with a set of coders directed in shorter forms, called CORE SETS or Checklists, which also allow us to classify and evaluate the environmental factors involved in the NICU.
Objectives: To identify the coders of the ICF environmental factors related to the NICU.
Methods: This is a cross-sectional study, carried out from May to September 2021, characterized as an expert survey, based on the guidelines of the World Health Organization and the ICF research department for the development of a CORE SET. Health professionals from different areas, with at least two years of experience in the NICU and/or in research on the subject, were recruited. The professionals answered a virtual form, using the Google Forms platform, with sociodemographic questions and open questions about the environmental factors involved in the NICU scenario. Subsequently, three independent evaluators linked the answers with the categories and domains of the ICF, based on international guidelines.
Results: Fifty health professionals answered the questionnaire during the data collection period. Most were female (94%), with a mean age of 39.30 $\pm$ 9.16 years, 54% were physiotherapists, 22% nurses,