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,