10% nursing technicians, and 10% physicians, with a mean of 15.56 ± 9.36 years of training. The process of linking responses about the NICU environment and the ICF codes generated a total of 33 categories of environmental factors.
Conclusion: Based on the various physical, attitudinal, and social aspects considered as barriers and facilitators by professionals working in NICUs, it was possible to identify 33 categories of ICF environmental factors related to this environment, 14 of them at level 2 and 19 at level 3.
Implications: From the identification of the coders, we can proceed with the next steps of the research to arrive at the final model of an ICF checklist of environmental factors for the NICU. This checklist is essential to understand, classify and evaluate the environmental factors involved in the NICU and to encourage the creation of assessment instruments focused on these aspects.
Keywords: Environmental Exposure, Neonatal ICU, ICF

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RELATIONSHIO BETWEEN SKIN TEMPERATURE AND BODY COMPOSITION WOMEN

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Background: Infrared Thermography (IT) is a tool for the investigation of physiological functions through changes in blood flow that are associated with the control of Skin Temperature (Tsk). Tsk depends on extrinsic factors, such as environmental temperature and humidity; and intrinsic factors, such as anthropometric characteristics, circadian rhythm, age and sex. Sex, menstrual cycle, use of exogenous hormones, subcutaneous fat, and metabolic rate can affect female Tsk. Although there are already studies that relate temperature to body fat percentage, there are few inconclusive studies that correlate body composition with skin temperature by specific area.
Objective: To correlate skin temperature and body composition by body segments of women in the physiological menstrual cycle, use of exogenous hormones, and menopause.
Methods: This is a prospective observational study, Participants were 45 volunteers equally allocated into three groups: Exogenous Hormone Group (EHG) [24.53±4.30 years, 58.59±8.46kg, 161.13± 6.67cm] Physiological Menstrual Cycle Group (PMCG) [26.33± 4.83 years, 58.12±10.02kg, 161±5.53cm] and Menopause Group (MG) [57.13±8.79 years, 68.76±15.82kg, 157±7.16cm]. The EHG volunteers use combined oral contraceptives, while the others did not use any other type of medication or hormonal supplementation. To control the circadian rhythm and the phase of the menstrual cycle, all of them underwent segmental body composition measurements (muscle mass and fat in kilograms) using an InBody 120 bioimpedance scale, and skin temperature measurements were made using a FLIR model T-360 camera once a week, at the same time, over a 28-day period. The areas of interest were the breast region, abdomen, trunk, lumbar spine, breech, upper and lower limbs. For correlation analysis between skin temperature and body composition a Pearson correlation test was performed using SPSS, version 21.
Results: There was no significant correlation ($P>0.05$) between muscle mass and skin temperature of the evaluated areas in any of the groups or evaluation times. Regarding to body fatness, it was observed that independently of the phase from the menstrual cycle, the PMCG presented a negative correlation between temperature and trunk fatness (r= -0,780, $P<0,01$) and between upper limbs fatness and breast temperature (r= -0,655, $P<0,01$) and abdomen (r= -0,638, $P<0,01$).The EHG group showed significant negative correlations between body fat and temperature of breast (r=-0,712, $P<0,01$), abdomen (r= -0,701, $P<0,01$), posterior trunk (scapulae region) (r=-0,680, $P<0,01$), right lower limb (r= -0,672, $P<0,01$) and upper limbs (r=-0,686, $P<0,01$). The MG showed only negative correlation (r=-0,591, $P<0,01$) between fat and skin temperature of the posterior trunk.
Conclusion: Skin temperature has an inverse relationship with fatness of the assessed region, while resting muscle mass has little impact on the distribution of skin temperature in women at different stages of life.
Implications: The study shows the need to consider anthropometric characteristics when analyzing skin temperature by IT.
Keywords: Thermography, Menstrual cycle, Bioimpedance

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ANTHROPOMETRIC MEASURES AND PAIN INFLUENCE THE STAIR CLIMB TEST PERFORMANCE IN PATIENTS WITH KNEE OSTEOARTHRITIS?

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Background: For the evaluation of physical function in the population with knee osteoarthritis (KOA), one of the tests recommended by the Osteoarthritis Research Society International (OARSI) is the Stair Climb Test, so it is important to investigate which factors can influence performance in the test.
Objective: To investigate whether sex, age, BMI, and pain intensity interfere with the performance of the population with KOA in the Stair Climb Test.
Methods: The present study is an observational cross-sectional study. Participants over 45 years of age, of both sexes, with clinical diagnosis of KOA, according to the American College of Rheumatology (ACR) criteria, and pain intensity greater than 4, evaluated by the Numeric Rating Scale (NRS), were recruited. Anthropometric data were collected through an initial anamnesis, followed by the application of the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) questionnaire. Subsequently, participants were submitted to the Stair Climb Test. Participants were instructed to climb and descend a flight of 11 stairs, each 20 cm in height, quickly but safely. The sum of the times for climbing and descending was recorded by the evaluator. The Statistical Package for Social Sciences, version 21.0, was used for the multiple linear regression analysis, and the significance level was set at 5%.