Results: 1,482 older adults were interviewed, with an average age of 70 years, most of them female (74%), inactive regarding their occupation (56.4%), who use up to 3 medications (48.9%), the most frequent diseases being Diabetes Mellitus and Systemic Arterial Hypertension. Among the active older (36.8%), 89.7% were aged between 60 and 75 years, 64.8% were women, white (62.9%); married (61.7%), with more than nine years of study (70.1%), retired/pensioner (66.8%), taking up to 3 medications (52.3%), who reported that they were not anxious (91.4%), did not feel pain (78.7%) and had no difficulty sleeping (39.3%). Regarding the time they sat down (inside and outside the house) and walked to exercise, 32.1% reported not walking for that purpose and that they sat for an average of 4 hours or less per day. No difference was identified between the profile of the groups (general population, active and inactive); however, for those who declared themselves to be active about their occupation, a slight difference was observed in the percentage of the variables: being retired/pensioners; more anxious; walking to exercise and for a time between 30 minutes and 1 hour and reported less pain.
Conclusion: When observing the general profile of the older, no major differences were identified between those who declared themselves active and those who were inactive about their occupation at the beginning of the COVID-19 Pandemic.
Implications: It is necessary to understand this older worker's profile and outline preventive measures to remain active at work and preserve his quality of life and ability to work.
Keywords: Elderly, Work, COVID-19

Conflict of interest: The authors declare no conflict of interest.
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IMMEDIATE EFFECTS OF SELF-MYOFASCIAL RELEASE ON NEUROMUSCULAR AND FUNCTIONAL PERFORMANCE OF PHYSICALLY ACTIVE HEALTHY ADULTS: A CROSSOVER STUDY

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Background: Myofascial self-release (SMR) has been investigated for its benefits such as increased range of motion, reduced myofascial pain, decreased post-exercise muscle fatigue pain, and improved physical performance. However, changes in neuromuscular activity, muscle strength, and range of motion after SMR remain poorly explored.
Objectives: To investigate the immediate effects of SMR compared to static stretching on the neuromuscular and functional responses of lower limbs in physically active adults.
Methods: Two-period randomized crossover clinical trial with a sample of 29 participants [mean (SD)] [42.8 [6.2] years, 21:4 female: male). Participants performed one session of SMR or static stretching on the vastus mediallis and biceps femoris, each lasting 60 s, depending on the randomization sequence of the study phase (washout period of 1 week). Participants were assessed before and after each intervention regarding myoelectric activity (surface electromyography), maximal isometric muscle strength (load cell), and range of motion (Wells' test).
Results: We observed statistical evidence of a difference in myoelectric activity (pre-post) between SMR and static stretching of vastus mediallis (difference [95%CI]: -0.076 [-0.143; -0.009]) and biceps femoris (-0.109 [-0.191; -0.027]). We observed statistical evidence of a difference in isometric strength between SMR and static stretching of the biceps femoris (5.284 [2.970; 7.598]) but not vastus mediallis (0.247 [-5.639; 6.132]). We observed no statistical evidence of a difference in the mean differences between static stretching and SMR for a range of motion (-0.112 [-1.000; 0.776]).
Conclusion: Both SMR and static stretching immediately increase the range of motion of the lower limbs. Simultaneously, static stretching seems to increase the myoelectric activity whereas SMR decreases it. Further studies are required to verify the effects on isometric muscle strength.
Implications: In resistance training centers, the implementation of static stretching and/or SMR can be reviewed in the pre-training of these exercises, as they are associated with muscle myoelectric improvement.
Keywords: Muscle strength, Flexibility, Surface electromyography

Conflict of interest: The authors declare no conflict of interest.
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SPINAL MANIPULATIVE THERAPY FOR SCIATICA: A SYSTEMATIC REVIEW WITH META-ANALYSIS

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Background: Spinal manipulative therapy has already been widely investigated in patients with low back pain and has been shown to be effective in chronic patients. Recommendations for the use of manipulative therapy in patients with sciatic pain are based on indirect evidence, relying on studies with chronic low back pain. The benefits and harms of spinal manipulative therapy are not widely studied in patients with sciatic pain.
Objectives: To systematically review the effects of spinal manipulation therapy (SMT) for patients with acute, subacute, and chronic sciatica for short-, medium-, and long-term pain and disability.
Methods: Systematic review of randomized controlled trials using manipulative therapy versus any comparator group. The search was carried out in the databases MEDLINE, EMBASE, PsycINFO, Global Health, CENTRAL, Web of Science, CINAHL, SPORTDiscus, PEDro, and WHO with the descriptors: Low back pain; Sciatica; Manual Therapy and Randomized Controlled Trial. Two reviewers extracted the data and analyzed the risk of bias using the PEDro Scale and the certainty of evidence with the GRADE approach. The primary outcomes were pain and disability.
Results: Sixteen randomized controlled trials were included in this review (n = 1385). Seventeen comparisons were driven from single randomized controlled trials with low and very low certainty of evidence (GRADE). The mean risk of bias for the included studies was