5.9 (SD=1.5), measured on a 0-10 scale. SMT was shown to be more effective than conventional physical therapy for leg pain, with a low certainty evidence and a moderate effect size (MD= -1.78 points; 95% CI -0.44 to 3.11 in 4 weeks) but not for back pain (MD= -2.04 points; 95% CI -5.15 to 1.07 in 4 weeks). There is low certainty evidence that SMT is similar to microdiscectomy for chronic sciatica in the short term (MD= -0.3; 95% CI -0.95 to 0.35), medium-term (MD= -0.2; 95% CI -0.87 to 0.47), and long term (MD= -0.1; 95% CI -0.82 to 0.62).
Conclusion: The certainty of the evidence ranged from low to very low in all comparisons, with small to moderate size effects. There is uncertainty around the effect estimates of SMT for patients with acute, subacute, and chronic sciatica.
Implications: Based on this systematic review, there is uncertainty about the efficacy of spinal manipulative therapy (SMT) for patients with acute, subacute, and chronic sciatic pain. Healthcare professionals should carefully evaluate treatment options for patients with sciatic pain. Further research is needed to evaluate the efficacy of manipulative therapy in patients with sciatic pain.
Keywords: Low back pain, Sciatica, Spinal Manipulative Therapy

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DO SLEEP DISORDERS INFLUENCE THE COGNITION AND QUALITY OF LIFE OF INDIVIDUALS WITH PARKINSON'S DISEASE?

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Background: Poor sleep is common among individuals with Parkinson's disease (PD) and may affect up to 98% of patients. However, the relationship between poor sleep, cognitive aspects, and quality of life (QoL) in this population remains unclear.
Objective: To investigate the relationship between poor sleep, cognition, and QoL in individuals with Parkinson's disease.
Methods: This cross-sectional study included 53 subjects with idiopathic Parkinson's disease (PD), who were non-institutionalized and had mild to moderate PD. Sociodemographic data was collected using a questionnaire, and the following assessment tools were used: the Parkinson's Disease Sleep Scale-2 (PDSS-2) to assess the quality of sleep, the Montreal Cognitive Assessment (MoCA) to assess the cognitive status of patients, and the Parkinson's Disease Quality of Life Questionnaire (PDQ-39) to assess the QoL. Spearman correlations were used for statistical analysis, with a significance level of 5%.
Results: Out of the 53 subjects, 34 were men and 19 were women, they had an average age of 66.62 $\pm$ 9.46. In analysing the sleep and cognition, a moderate correlation was found between the Parkinson's Disease Sleep Scale-2 (PDSS-2) and the visuospatial domain (r=-0.401; p=0.003) as well as the total Montreal Cognitive Assessment (MoCA) score (r=-0.309; p=0.024). In analysing the sleep and quality of life, a moderate to strong correlation was observed between the PDSS-2 and the PDQ-39 domains, specifically mobility (r=0.598; p=<0.001), communication (r=0.628; p=< 0.001), bodily discomfort (r=0.620; p=< 0.001), and the total score (r=0.773; p=< 0.001). Furthermore, a subanalysis by gender was performed, and the groups of men and women were found to be similar in terms of age, time of diagnosis, the stage of the disease, and the PDSS-2, PDQ-39, and MoCA scores. The results showed that in men, the PDSS-2 had a correlation with cognition, with a strong correlation observed between the PDSS-2 and the naming domain (r=-0.623; p=< 0.001), and moderate correlations with the visuospatial (r=- 0.494; p=0.003), language (r=-0.365; p=0.034), abstraction (r=-0.400; p=0.019), delayed recall (r=-0.416; p=0.014), orientation (r=-0.392; p=0.022), and the total MoCA score (r=-0.512; p=0.002) domains. In terms of QoL, women showed a strong correlation between the PDSS-2 and the Activities of Daily Living domain (r=0.685; p=0.001), bodily discomfort (r=0.649; p=0.003), and the total PDQ-39 score (r=0.728; p< 0.001). In men, a strong correlation was found between the PDSS-2 and the domains of emotional well- being (r=0.644; p=< 0.001), communication (r=0.731; p=< 0.001), bodily discomfort (r=0.718; p=< 0.001), and the total PDQ-39 score (r=0.772; p=< 0.001).
Conclusion: Individuals with worse sleep quality have poorer cognitive scores, particularly men. Additionally, poorer sleep quality is associated with a worse quality of life in domains such as mobility, communication, and bodily discomfort.
Implications: Screening for sleep disorders and implementing prevention and treatment strategies are necessary for individuals with Parkinson's disease (PD) who have worse sleep quality, given the negative impact on cognitive performance and quality of life. Further studies should explore the association of sleep quality with other symptoms of PD.
Keywords: Parkinson's Disease, Sleep, Cognition

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THE EFFECT OF BIOFEEDBACK ON ANXIETY AND BALANCE CONFIDENCE DURING STANDING

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Background: Postural control involves the maintenance of orientation and postural balance, which are crucial aspects to allow the activities of daily living. The biofeedback technique has been of potential interest to postural control rehabilitation, since it seems to confine postural sway within the stability limits, ensuring postural balance during standing. However, whether the performance of postural balance is associated with other factors, such as anxiety and balance confidence, is an open issue we addressed here.
Objectives: This study aimed to investigate the effect of different biofeedback techniques on anxiety and balance confidence during standing.
Methods: Twenty-sixty participants were recruited in this study and tested in three tasks while standing on the force platform: 1) standing with eyes open (EO); (2) posturography biofeedback (BFcp), consisting of keeping the center of pressure (CP) position as close as possible to a target located in front of the individual; (3)