

Adolescent neck pain: association with the use of mobile telephone

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and use it during the future trial. This procedure, called future memory statements, prevents the victim to be exposed months or years later to the memories of a traumatic event [2]. Even this procedure has a traumatic outcome due to the normal anxiety felt by victims. To minimise this it is necessary to inform and prepare the victims for this diligence, explaining the court procedures. Prepare the vulnerable victim for future memory statements aims to avoid an emotional trauma event towards the criminal justice system. The purpose of this paper is to demonstrate the work developed by the Victims Information and Assistance Office (GIAV), and its role as technical advisor to the Public Prosecutor's Office, specifically about victim's attendance.

Materials and methods: GIAV was established in partnership with Egas Moniz Higher Education School and it is located at the Combat Unit against Domestic Violence, 7th Section of the Lisbon Public Prosecutor's Office. Data was collected between March 2013 and May 2015 from future memory statements protocol that comprises three phases: Pre-inquiry stage (1 or 2 days before inquiry), inquiry stage (trial hearing) and post-inquiry stage (after trial hearing) [1,2]. A total of 144 statements for future memory were performed by GIAV. All ethical issues have been taken due to the sensitive nature of the involved data involved and the respective informed consent, the confidentiality limits, and information about the ethics and technician's impartiality.

Results: The type of crime of vulnerable victims is mostly child sexual abuse ($n=55$, 39.5%), child abuse and neglect ($n=42$, 29.9%) and domestic violence ($n=26$, 18.8%). The other type of crime are sexual harassment ($n=7$, 4.9%), intimate partner violence ($n=4$, 2.1%), and exposure to violence ($n=2$, 1.4%), rape ($n=2$, 1.4%) and others (e.g. threats and sexual coercion, crimes against freedom). We evaluate 98 female victims and 42 male victims, aged between 4 and 79 years old ($M=14.06$, $SD=11.32$). The relationship between victims and defendants are: 55 sons and daughters, 49 others situations, mostly more than one defendant (like parent and stepfather, grandmother and uncle), 16 stepchild, 6 ex-girlfriend and others (neighbour, grandchild, unknow).

Discussion and conclusions: It can be seen that the statements for future memory diligence is properly present in the current reality, and it can be concluded that the use of a structured protocol allows to benefit the quantity and quality of information, promoting, within what is a particularly vulnerable victim experience, making it very effective. At the same time, it allows the articulation between law, criminal justice system and forensic psychology, allowing an effective management of the process, praising the superior interest of the victim as well as emotional stability. Victim's statements are crucial to our criminal justice system and give us a better understand of the experience of testifying and how we can reduce re-traumatization and revictimization of victims.

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Adolescent neck pain: association with the use of mobile telephone

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ABSTRACT

Introduction: Neck pain has become a frequent problem in adolescents [1]. Multiple factors can be related to neck pain. The use of electronic devices has been suggested to increase the risk of neck pain, probably due to the static posture and with insufficient recovery after local muscle fatigue [2–5]. However, the data from a few studies are contradictory [1,6]. Thus, this study aimed to evaluate the prevalence of neck pain in adolescents and their association with mobile phone use.

Materials and methods: This is a cross-sectional study approved by Research in Education and Community Intervention (RECI) research centre. Written informed consent were obtained from all parents or guardians of the students participating in the study. The sample was comprised of 206 students, being 109 (52.9%) boys and 97 (47.1%) girls, aged between 12 and 19 years old (14.67 ± 1.51), enrolled in the 8th ($n=104$; 50.5%) and 10th ($n=102$; 49.5%) grades of the D. Martinho Castelo Branco, elementary school, and Poeta António Aleixo, high school, both in Portimão, south of Portugal. The measurement instruments included a self-report questionnaire of neck pain, including questions about the time

spent using mobile phones, and a practical test to evaluate the posture with the use of the mobile phone during the sending of a text message (a standard posture was established).

Results: One hundred and fourteen (55.3%) adolescents reported neck pain at some point in their life (lifetime prevalence), 16 (7.8%) referred neck pain at the moment of evaluation and 75 (36.4%) in a 6-month period. Regarding the use time of the mobile phone per week, 8 (3.9%) students reported that they do not have a mobile phone, 18 (8.7%) use until 5 h, 32 (15.5%) between 6 and 10 h, 44 (21.4%) between 11 and 15 h, and the majority of the adolescents ($n = 104$; 50.5%) reported that they use the mobile phone for a period equal to or greater than 16 h per week. One hundred ninety-seven (95.6%) students used the mobile phone incorrectly with flexion of the cervical spine. The adolescents who used the mobile phone more than 10 h per week showed a 1.58 times greater risk of neck pain (95% CI: 0.59–4.23; $p = .360$) than those who use equal or less than 10 h, and adolescents who use the phone in a wrong way had a 1.15 times higher risk of neck pain (95% CI: 0.28–4.75; $p = .845$) than those who used it correctly.

Discussion and Conclusions: The data obtained in this study showed a high rate of neck pain in the analysed sample of adolescents. Myrvtveit et al. [6] used data from the population-based study and their results showed that 1,79 (20%) of the total 8,990 adolescents reported neck pain during the last 6 months and the Shan et al. [5] showed a prevalence of 40.8% in 3016 students, in the same period. Regarding mobile phone use as a risk factor, it was observed that adolescents who use the mobile phone for many hours and those who use it with the wrong posture showed a greater probability of neck pain, however, no significant associations were observed. It is necessary to carry out more studies to expand the knowledge of neck pain associated with the time and use of screen-based activities and on their prevention.

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Ageing and ethical challenges in physiotherapy: application of the RIPS model in ethical decision-making

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ABSTRACT

Introduction: The population aging and consequent epidemiological changes in elderly population create new challenges for physiotherapists' intervention and their decision-making process [1]. Ethical issues are one of these challenges [2]. It is required from the physiotherapist special attention to the fragility that can represent the process of ageing in the lifespan of the elderly [3,4] and possible threat of paternalistic attitudes from health care professionals or family and their likely consequence, the reduction autonomy [5,6]. Difficulties in decision-making on ethical issues may be due to a possible conflict between respect for professional ethics values and care systems values including the family [3,4,6]. The Realm-Individual Process-Situation (RIPS) model is an ethical decision-making addressed to physiotherapist [7]. The decision-making process has 4 steps: recognising and defining the ethical issues, reflect, decide the right thing to do, and