

comorbidity was systemic arterial hypertension, with primary school education, former smokers, normal BMI, and severe COPD obstruction (GOLD B). The prevalence of sarcopenia was high, observed in 43.1% of the sample.

Implications: The early identification of sarcopenia, along with recognition of the clinical characteristics of COPD patients, can guide evidence-based clinical decisions, favoring appropriate management of these conditions. Early diagnosis of sarcopenia may be crucial for implementing therapeutic and preventive interventions, contributing to a better prognosis for this population.

Keywords: Sarcopenia, COPD, Prevalence Ratio

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ANALYZING DISABILITY IN PATIENTS WITH INTERSTITIAL LUNG DISEASES THROUGH THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY, AND HEALTH FRAMEWORK

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Background: Interstitial lung diseases (ILDs) lead to activity limitations and participation restrictions, often resulting in disability. Disability should be assessed using the biopsychosocial model of the International Classification of Functioning, Disability, and Health (ICF), as recommended by the WHO.

Objective: To correlate the ICF domains to explore how bodily functions are associated with activity limitations and participation restrictions in patients with ILD.

Methods: A cross-sectional observational study involving patients with ILD, diagnosed according to the guidelines of the American Thoracic Society (ATS) and the European Respiratory Society (ERS), who had a stable clinical condition for at least three months. Pulmonary function was assessed using spirometry and respiratory muscle strength; activity was measured through the Incremental Shuttle Walk Test (ISWT) and the Six-Minute Walk Test (6MWT); and participation was evaluated using the Saint George's Respiratory Questionnaire (SGRQ).

Results: Of the 25 patients, the majority were men aged over 60 years, and it was observed a positive and moderate correlation ($r = 0.45$; $p < 0.05$) was found between activity and pulmonary function. However, the 6MWT showed a negative and moderate correlation with dyspnea ($r = -0.52$; $p = 0.007$). The participation component (SGRQ) did not show a significant association with the other components.

Conclusion: A significant relationship was found between the activity component and body functions, whereas participation was not linked to these components. This suggests that restrictions in participation are multifactorial, necessitating a comprehensive approach that goes beyond the traditional biomedical model and includes contextual factors.

Implications: These findings emphasize the need for a biopsychosocial approach in rehabilitation, addressing not only physical function but also social and environmental barriers. Personalized

interventions incorporating psychological and social support are essential to effectively enhance participation and patient outcomes.

Keywords: Interstitial lung disease, Disability, International Classification of Functioning, Disability and Health (ICF), Biopsychosocial Model

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ADAPTATION, FEASIBILITY AND REPRODUCIBILITY OF THE MODIFIED SHUTTLE TEST FOR PEOPLE WITH DEAFNESS

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Background: Hearing loss may be associated with lower levels of physical activity, fragmentation of active time, and greater difficulties in performing activities of daily living. However, there are no records of validated exercise tests for the physical assessment of people with deafness, which are crucial for prescribing interventions and monitoring physiological and functional responses. Among these, the Cardiopulmonary Exercise Test (CPET) stands out as the gold standard for assessing physical fitness and limiting symptoms. However, CPET requires expensive equipment, highly trained personnel, and standard laboratory conditions, which limits its wide availability to the general population. On the other hand, the Modified Shuttle Test (MST) is a progressive, standardized, incremental test that is simple to perform in non-laboratory conditions. However, the MST uses auditory stimuli to guide participants, making it unfeasible for people with severe hearing loss or deafness.

Objectives: The central objective of this study was to develop an adaptation of the MST guided by visual cues. Secondly, we intend to test the validity and agreement of the visual TSM.

Methods: This is a cross-sectional study, divided into two phases. Phase I includes the development of resources for adapting the TSM, using visual guidance to replace the audible commands of the conventional test. LED (Light Emitting Diode) RGB (Red Green Blue) light signals were used, positioned above each cone, located at the ends of the path. In this phase, the test will be tested on healthy individuals and its agreement, determined by paired t-test, analysis of the intraclass correlation coefficient (ICC) and 95% confidence intervals (CI) and Spearman's correlation coefficient. In Phase II, the feasibility and reproducibility of the adapted TSM in deaf individuals will be tested.

Results: An agreement analysis of partial data from Phase I was performed using the ICC (intraclass correlation coefficient) between the auditory SST and the visual SST in hearing individuals, considering the peak HR ($n = 8$) $170,7 \pm 15,8$ vs $169,4 \pm 11,0$ bpm ($p > 0,05$) and the distance covered in the tests ($n = 10$) $999,0 \pm 44,3$ vs $987,0 \pm 53,1$ meters ($p > 0,05$), respectively. The partial results demonstrate an agreement between the tests for HR with ICC = 0,81 (95% CI = 0,39–0,93) and for distance covered ICC = 0,85 (95% CI = 0,46–0,96). The correlation between the HRpeak of the tests was $r = 0,68$, and between the distances it was $r = 0,76$ ($p < 0,05$ for both).