

the specific biofeedback protocol used. Visual-reliant individuals exhibit increased muscle activation when required to achieve a smaller reduction in CoP sway, as observed with the 2 cm target. In contrast, non-visual individuals reduce sway without additional muscular effort, regardless of the target size. Moreover, visual reliance did not influence postural strategy during laser biofeedback, as both groups demonstrated increased CoP sway variability under this condition.

Implications: These findings suggest that an individual's reliance on vision for postural control should be considered when developing postural sway biofeedback protocols. Visual-reliant individuals may exhibit increased muscle activity in response to interventions aimed at enhancing postural stability or reducing postural sway.

Keywords: Biofeedback, Electromyography, Postural Control

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STANDARDIZING HEALTH-RELATED QUALITY OF LIFE ASSESSMENT FOR OLDER ADULTS: INTEGRATING SF-36 AND ICF CODES FOR IMPROVED HEALTHCARE MANAGEMENT

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Background: The global aging population is rapidly increasing, prompting the United Nations to declare the "Decade of Healthy Aging" (2021-2030) with the goal of improving the quality of life for older adults. Health-related quality of life (HRQoL) is critical in this context, and the International Classification of Functioning, Disability, and Health (ICF) provides a standardized framework for its assessment.

Objectives: To develop a more precise method of assessing HRQoL using ICF codes, facilitating targeted interventions for older adults and improving healthcare management.

Methods: A cross-sectional study was conducted with older adults aged 60 and above who accessed primary healthcare services and had no cognitive impairment. Participants underwent HRQoL assessment using the SF-36, and ICF codes previously linked to SF-36 domains were classified using ICF qualifiers. A simple calculation method was developed to convert SF-36 scores into ICF qualifiers.

Results: The study included 52 participants, with a mean age of 71.6 ± 7.0 years, 92.3% of whom were women. The ICF framework qualified 27 codes from SF-36 domains. Moderate impairments were observed in the "Bodily Pain," "General Health," and "Vitality" domains, while "Physical Functioning," "Social Functioning," and "Mental Health" showed mild impairments. No impairments were noted in the "Role Physical" and "Role Emotional" domains.

Conclusion: This approach offers a more interpretable method for assessing HRQoL impairments, making it a valuable tool for evaluating the health of older adults. The integration of ICF standardizes assessments, improves communication between healthcare providers, and streamlines data collection, thereby enhancing overall healthcare management for older adults.

Implications: This study provides a more precise and standardized approach to assessing HRQoL in older adults, which can inform the development of tailored interventions. The use of ICF qualifiers enables better communication and understanding across healthcare teams, potentially leading to more effective healthcare management. Additionally, this method can optimize healthcare provision for aging populations.

Keywords: Health-Related Quality of Life, Older Adults, Functional Assessment

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PSYCHOMOTOR SYNDROMES IN AGING

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Background: Aging is a complex and heterogeneous process characterized by a progressive decline in physiological functions. In aging, psychomotor syndromes are associated with neurodegeneration, cognitive decline, and psychiatric disorders. These syndromes involve motor changes such as bradykinesia, rigidity, tremors, apraxias, catatonia, dyskinesias, and psychomotor agitation. Understanding their mechanisms is essential for accurate diagnosis and proper management, aiming to reduce functional impact and improve the quality of life of older adults.

Objectives: To analyze the main psychomotor syndromes in aging, their neurobiological bases, clinical manifestations, and implications for differential diagnosis and therapeutic management.

Methods: We conducted a narrative literature review based on prospective studies on psychomotor syndromes, aging, and neurological disorders. We included original studies, reviews, and meta-analyses from 2000 to 2024 in electronic databases such as Cochrane Controlled Register of Trials, Lilacs, Medline, PubMed, SpringerLinks, and PsycINFO. The search terms used were psychomotor syndromes, aging, and psychiatric disorders. Studies that were irrelevant or had non-representative elderly samples were excluded.

Results: A total of 52 studies were selected, highlighting the following key aspects: bradykinesia and rigidity were the most prevalent motor changes, associated with Parkinson's disease and atypical parkinsonian syndromes. Apraxias were frequently observed in dementias, such as Alzheimer's disease. Essential tremors and tardive dyskinesias were linked to prolonged use of antipsychotics. Abnormal gaits, such as hemiparetic and cerebellar gaits, were associated with both neurological disorders and psychosocial factors.

Conclusion: Psychomotor syndromes in aging involve motor, cognitive, and emotional changes, requiring precise diagnosis and appropriate management. Understanding their mechanisms is essential for effective interventions and improving the quality of life of older adults. Medication use should be carefully monitored to minimize impacts and avoid associated complications.

Implications: This study is relevant as it contributes to understanding the neurobiological bases of psychomotor syndromes, enabling a more integrated approach to elderly patient care. It highlights the importance of improving physiotherapy practices, promoting personalized and effective interventions, and optimizing healthcare resource management by prioritizing early diagnoses and appropriate treatments for older adults with psychomotor disorders.

Keywords: Psychomotor Syndromes, Aging, Neurodegeneration

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IMPACTS OF A PILATES, ZUMBA AND THORACOABDOMINAL REBALANCING PROTOCOL ON THE CARDIORESPIRATORY CONDITIONS OF WOMEN WITH BREAST CANCER: PILOT STUDY

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Background: Breast cancer represents a relevant health problem both in Brazil and globally, bringing several adverse effects due to treatments, which may include surgeries and/or complementary therapies. Among these consequences, cardiorespiratory changes stand out and require special attention. Therefore, it is essential to develop rehabilitation strategies that promote adherence and effectiveness, through the implementation of a specific and detailed protocol for this population, which includes a combined global training of Mat Pilates, Zumba and Thoracoabdominal Rebalancing with the aim of improving the patients' cardiorespiratory condition.

Objectives: To evaluate the impacts of an exercise protocol consisting of Mat Pilates, Zumba and Thoracoabdominal Rebalancing on the cardiorespiratory conditions of women undergoing breast cancer treatment.

Methods: Controlled and randomized clinical trial, carried out with women after surgery and undergoing breast cancer treatment, randomized to the intervention group (IG = 8) that received the Zumba, Mat Pilates and Thoracoabdominal Rebalancing protocol and the control group (CG = 8) that did not receive the protocol. The protocol was carried out in 10 sessions, 2 per week on alternate days. Protocol consisting of monitoring initial and final signs (heart rate, diastolic and systolic blood pressure), reeducation of respiratory biomechanics using the Thoracoabdominal Rebalancing Method, 10 minutes of Zumba and 10 minutes of Mat Pilates. Before and after the protocol period, general and clinical characteristics, the physical activity questionnaire (IPAQ) and cardiorespiratory conditions were evaluated considering respiratory muscle strength (maximum inspiratory and expiratory pressures), peripheral muscle strength (handgrip test) and functional capacity using the sit-to-stand test. The variables were analyzed using specific intra (Wilcoxon) and intergroup (Mann-Whitney) statistical tests.

Results: The IG was 43.2 ± 7.2 years old and the CG was 59.3 ± 5.5 years old. 75% of the IG and 25% of the CG practiced physical activity. In the intragroup analysis, the IG showed a significant improvement in sit-to-stand test ($p = 0.048$), while the CG showed a significant worsening in maximum inspiratory pressure ($p = 0.039$) and in handgrip of the dominant hand ($p = 0.030$). In the intergroup analysis, there was a significant difference in systolic blood pressure ($p = 0.019$), with the CG having higher values and in the handgrip of the dominant hand ($p = 0.048$), with the IG having higher values. This indicates that the protocol has the potential to improve or maintain the variables analyzed in the study, since in participants who did not follow the protocol, a reduction in these variables was observed over time.

Conclusion: The treatment protocol had a positive impact on the cardiorespiratory conditions of the IG, considering sit-to-stand test and blood pressure, in addition to maintaining respiratory and peripheral muscle strength variables. While the patients in the CG, who did not undergo the intervention, had a negative impact on the inspiratory and peripheral muscle strength of the dominant hand.

Implications: The results found demonstrate the potential that this protocol has in providing improvements in the cardiorespiratory conditions of this population, through the combination of specific and well-structured exercises, improving recovery and functionality.

Keywords: Breast Neoplasms, Breathing Exercises, Exercise Movement Techniques

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CELLULAR INTEGRITY OF PEOPLE WITH LUNG OR HEAD AND NECK CANCER UNDERGOING A HOME-BASED PHYSICAL TRAINING PROGRAM DURING ONCOLOGICAL TREATMENT

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Background: Lung and head cancer have high incidence and mortality rates. Chemotherapy and radiotherapy are widely used therapeutic modalities in cancer treatment, acting by destroying tumor cells. However, these treatments can also affect healthy cells, leading to adverse effects and damage to cellular integrity and function. Considering the difficulty of going to a training center, the immunosuppression of this population and the benefits of physical exercise in healthy people, home physical training can be a complement to cancer treatment.

Objectives: To evaluate the cell integrity of people with lung or head and neck cancer undergoing a home-based physical training program during cancer treatment.

Methods: People with primary lung or head and neck cancer were randomized into a training group (TG) and a control group (CG). The TG performed home-based physical training during cancer treatment. Aerobic training was performed through daily walks of at least 20 minutes, seven times a week, and resistance training of elbow flexion, knee flexion and extension with a green elastic band (2.3 kg of resistance), twice a week. The training time followed the duration of cancer treatment established individually by the oncologist. The CG performed only cancer treatment without any type of physical exercise. The groups were evaluated before and after cancer treatment, regarding the cell integrity (phase angle of the bioelectrical impedance analysis). The paired t-test was used to verify the intragroup difference and the independent t-test for intergroup analysis. In addition, a linear regression with the cell integrity and training adherence was performed.

Results: Fifty-four people were evaluated, most were diagnosed with head and neck cancer (60%), men (78%), with overweight and in an advanced stage of the disease (74%). The TG performed the home physical training program for a mean of 14 weeks, with 52%