

demonstration of the technique and provision of an illustrated guide. Subsequent sessions were self-administered and remotely supervised.

Results: Thirty-five participants were included in the study (GSS = 18; GCB = 17). After 4 weeks of intervention, both stretches promoted pain reduction (GSS: MD = -2.17 points; 95% CI = -3.13 to -1.21; GCB: MD = -1.54 points; 95% CI = -2.53 to -0.55), but there was no difference between the groups (MD = 0.14; 95% CI = -1.21 to 1.48). The IR deficit was reduced in both groups. The GSS showed a reduction of -14.69° (95% CI = -19.48 to -9.89), and the GCB showed a reduction of -14.77° (95% CI = -19.70 to -9.84). There was no significant difference between the groups (MD = 3.08°; 95% CI = -1.74 to 7.89).

Conclusion: For competitive-level overhead athletes with IR deficit and shoulder pain, both the sleeper stretch and the cross-body stretch are effective in improving pain and mobility after four weeks of intervention, with no superiority between the techniques.

Implications: In addition to improving the established outcomes, no athlete experienced adverse effects from the techniques throughout the protocols. Therefore, both can be appropriate strategies for reducing pain and improving glenohumeral mobility in overhead athletes.

Keywords: Overhead athletes, shoulder pain, glenohumeral internal rotation deficit

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IMMEDIATE AND SHORT-TERM EFFECTS OF LOW-LEVEL LASER ON ATHLETE'S FUNCTIONAL PERFORMANCE: A DOUBLE BLINDED RANDOMIZED CLINICAL TRIAL

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Background: Recovery from exercise-induced muscle fatigue is crucial for optimizing athletic performance, as maintaining appropriate functional capacity helps prevent injuries. Low-level laser therapy (LLLT) has shown potential benefits in muscle tissue recovery. However, its immediate and short-term effects on functional performance remain largely unexplored.

Objectives: This study aimed to evaluate the immediate and short-term effects of LLLT on the functional performance of athletes experiencing exercise-induced muscle fatigue.

Methods: This study is a double-blind, randomized, placebo-controlled clinical trial. A total of 24 athletes were included based on the following criteria: they were handball or volleyball players, aged 18 to 35 years, with a consistent training routine of at least two sessions per week. Participants were randomly assigned to either the Intervention Group (IG, n = 12) or the Control Group (CG, n = 12). The study involved a daily fatigue protocol targeting the quadriceps muscles, consisting of 30 repetitions of jump squats, followed by either laser therapy or a placebo treatment for five consecutive days. The physiotherapist administering the laser therapy and the evaluator assessing the outcomes were both blinded to the participants' group assignments. Functional performance was assessed using the horizontal jump test, immediately after the laser or placebo therapy, using a modified hop test. Immediate effects and short-term effects were evaluated by comparing functional

performance between groups after laser therapy or a placebo treatment on the first and fifth day, respectively.

Results: No significant differences were observed between groups regarding the immediate or short-term effects of LLLT on functional performance [$p = 0.099$, 95% CI (130 ± 34.2 to 146 ± 32.0)]; [$p = 0.996$, 95% CI (145 ± 31.9 to 165 ± 37.3)], respectively.

Conclusion: This study found that LLLT, when applied immediately after exercise-induced muscle fatigue and over five consecutive days, did not significantly improve functional performance compared to placebo.

Implications: In this study, LLLT was applied post-fatigue based on the hypothesis that it could enhance functional performance. However, the findings do not support this premise, as current evidence remains insufficient to confirm that immediate post-fatigue LLLT application enhances functional outcomes. Further research is needed to establish its efficacy in this context.

Keywords: Laser Therapy, muscle fatigue, functional performance

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PREVALENCE AND ASSOCIATED FACTORS OF URINARY INCONTINENCE IN BRAZILIAN FEMALE RUNNERS: PRELIMINARY RESULTS FROM THE STATE OF AMAPÁ, AMAZON

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Background: Urinary Incontinence (UI) is the most prevalent pelvic floor dysfunction. High-impact sports, such as running, increase in intra-abdominal pressure, which can lead to UI. The prevalence of UI among female runners ranges from 19.6% to 44%. Despite its health benefits, UI may negatively impact on running performance. In northern Brazil, particularly in Amapá, there is a lack of epidemiological data on UI in female runners. This underscores the need for further research to assess risk factors, population characteristics, and the impact on runners' Quality of Life (QoL), ultimately guiding prevention and treatment strategies.

Objectives: This study aims to identify UI prevalence in female runners, analyzing sociodemographic, anthropometric and urogynecological profiles, and UI subtypes: Stress Urinary Incontinence (SUI), Urgency Urinary Incontinence (UUI), and Mixed Urinary Incontinence (MUI). Additionally, we sought to identify risk factors for UI (age, number of pregnancies, obesity, among others). This analysis aims to establish correlations between running, UI and QoL.

Methods: This observational, cross-sectional study followed CHERIES guidelines. Conducted online in Brazil (2024–2025), it included female runners aged 18–59 who had been running for ≥ 6 months, ≥ 2 times/week. Exclusion criteria included pregnancy, postpartum < 12 months, recent pelvic surgery, and neurological diseases. Data collection was conducted via Google Forms, with participants recruited through social media and running groups. Validated questionnaires (ICIQ-SF, QUID-Br, and 3IQ-Br) were used. Statistical analysis was performed using SPSS and Poisson regression ($p < 0.05$, CI 95%).

Results: From January 2024 to March 2025, 72 women from the metropolitan region of Amapá were contacted. Of these, 7 (13.20%) reported UI. The mean age was 34.38 years (± 13.21), mean weight