was 67.71 kg (± 9.39), and mean BMI was 25.65 kg/m^2 (± 2.83). A total of 57.12% were white. UI episodes in the last three months were reported by 85.71%, with a weekly frequency of once or less (42.86%) and only a small amount of urine loss (85.71%). The most prevalent type was MUI (71.42%), followed by SUI (28.57%). No cases of UUI were reported. UI was not a limiting factor for running. Regarding QoL, 42.86% reported a mild impact, 28.57% moderate, and 14.29% severe.
Conclusion: This study found a low prevalence of UI among female runners, with a predominance of MUI, contrary to the literature which suggests that SUI is the most common in high-impact athletes. UI did not cause limitations in sports practice and had a mild to moderate impact on QoL. Future research should explore associated factors and expand the sample to other regions of Brazil to develop preventive and therapeutic strategies.
Implication: This study contributes to the literature by addressing a gap in knowledge on the prevalence and impact of urinary incontinence in female runners from northern Brazil. The findings may enhance preventive and therapeutic strategies, supporting physiotherapists in pelvic floor rehabilitation. Additionally, they highlight the importance of pelvic health in women's sports, encouraging early interventions to minimize impacts on athletic performance and QoL.
Keywords: Urinary Incontinence, Running, Female

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ASSOCIATION BETWEEN THE LUMBOPELVIC STABILITY TEST AND MUSCLE STRENGTH IN SWIMMING ATHLETES

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Background: The trunk plays an important role in transferring energy to the distal body segments during sports gestures. This region can be assessed through the lumbar-pelvic stability test, where the degree of pelvic tilt is observed, and muscle weaknesses can be identified by the presence of pelvic drop. In swimmers, the factors associated with lumbopelvic stability are poorly understood, including the isometric muscle strength of the muscles of the trunk, shoulder, hip, and knee.
Objectives: To evaluate the association between the lumbopelvic stability test and isometric muscle strength of regions of trunk, shoulder, hip, and knee in swimming athletes.
Methods: This is a cross-sectional study approved by the research ethics committee. The inclusion criteria were swimmers athletes of both sex, age between 18 and 60 years old, with competitive practice in the past one year, and regular training for at least twice a week. Lumbopelvic stability was assessed using the one-legged bridge test with spherical markers on the anterior superior iliac spines, where the pelvic tilt (in degrees) was observed and recorded. Two-dimensional analyses were conducted using Kinovea 0.9.5 software (Kinovea Open Source Project) for Windows®. Additionally, the peak of isometric muscle strength of the shoulder elevators, shoulder internal and external rotators, lower trapezius, serratus anterior, trunk extensors and flexors, hip extensors, abductors, and rotators (HIPSIT), hip flexors, and knee extensors were assessed using a hand-held dynamometer (Lafayette, Model 01165A). The association between the lumbopelvic stability test and strength was verified using multiple linear regression. Data analysis was performed using SPSS Inc., Chicago, IL version 23.0.
Results: A total of 27 athletes participated in the study, with mean age of 32.78 ± 14.64, 6.96 ± 6.05 years of sports practice, and 15 (56 %) were men. The results of the lumbopelvic stability test showed a significant association (p = 0.026) with the muscle strength of the hip flexors, explaining 15% of the test. Additionally, the standardized beta (ß = -0.42) showed a negative result, indicating that the greater the strength of this muscle group, the smaller the pelvic tilt. All other muscles were not significantly associated with lumbopelvic stability tests.
Conclusion: The lumbopelvic stability test is associated with the muscle strength of the hip flexors in swimming athletes.
Implications: The study suggests the importance of thoroughly evaluating the strength of the hip flexor muscle group in swimming athletes, as it is the main influencing group in the lumbopelvic stability test, which can affect the pelvic tilt, leading to biomechanical imbalance and potentially becoming a risk factor for pain or injuries.
Keywords: Kinetic chain, risk factors, athletes

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SLEEP QUALITY IN SWIMMERS WITH AND WITHOUT SHOULDER PAIN: A CROSS-SECTIONAL ANALYSIS

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Background: Musculoskeletal injuries are common in high-performance overhead athletes. Current studies indicated that injuries can be influenced by various factors, including psychological, biological, and social aspects. Sleep quality is an essential factor for the physical and mental health of athletes and can be influenced by several variables, such as anxiety, stress, and nutrition. Poor sleep quality may increase the risk of injury. Therefore, clinicians should assess sleep quality using validated instruments, such as the Pittsburgh Sleep Quality Index (PSQI). Nevertheless, it is still unclear the role of sleep quality in the shoulder pain of swimmers, due to the lack of studies directly evaluating the relationship between these factors. Our study hypothesizes that athletes with shoulder pain will present poorer sleep quality, compared to those without shoulder pain.
Objectives: To compare sleep quality between swimmers with and without shoulder pain.
Methods: This is a cross-sectional observational study, which was approved by the Ethics Research Committee. We included competitive swimmers with or without musculoskeletal shoulder pain, of both sexes, aged between 12 and 60 years, with at least one year of competitive experience and a training regimen of at least twice a week. Sleep quality was assessed using the PSQI, which consists of