

primary gains were related to postural stability in the seated position. These findings highlight the necessity of personalized rehabilitation programs and long-term follow-up to maximize functional independence.

Implications: This study underscores the fundamental role of combining multiple evidence-based rehabilitation methods and techniques to optimize functional outcomes in neurofunctional rehabilitation. The findings emphasize that a multimodal approach—integrating different therapeutic strategies—enhances functional independence and social participation more effectively than isolated interventions. Future research should further explore the synergy between various rehabilitation techniques and advocate for their broader integration into healthcare and educational policies, ensuring expanded access to specialized and comprehensive care.

Keywords: Cerebral Palsy, Neurological Physiotherapy, Rehabilitation, Motor Activity, Patient Participation, Longitudinal Studies

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DEVELOPMENT OF MOBILITY PERFORMANCE IN BRAZILIAN CHILDREN AND ADOLESCENTS WITH CEREBRAL PALSY

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Background: Parents of children with cerebral palsy (CP) have desires for changes in their children's mobility. Knowing the level of mobility of these children is crucial for guiding the prognosis and aligning family expectations.

Objectives: To identify the development of mobility performance in Brazilian children and adolescents stratified by each level of the Gross Motor Function Classification System (GMFCS).

Methods: This is a multicenter study, which included 313 Brazilian children and adolescents with CP (aged 2 to 18 years). Mobility performance was assessed by the Gross Motor Function Family Report (GM-FR), and the classification level was determined by the GMFCS. To identify mobility performance, the nonlinear regression model developed by Palisano (2000) was used.

Results: A total of 368 evaluations were performed, with a mean age of 7.21 years (± 3.746). The GMFCS level proved to be a strong predictor and explained 78% ($R^2 = 0.78$; $p < 0.001$) of the variation in mobility, while age was not a predictor ($R^2 = 0.23$; $p < 0.061$). The predicted GM-FR scores differed across the five mobility curves: [level I (N = 63) = 89.1; level II (N = 70) = 80.6; level III (N = 40) = 56.7; level IV (N = 60) = 32.8; level V (N = 128) = 13.9]. The difference in the predicted GM-FR score between the GMFCS levels was, on average, 19.88 points, with the smallest difference between levels I and II (8.9 points). The age at which the children reached 90% of the predicted GM-FR score was: GMFCS I: 4 years; GMFCS II: 6 years and 1 month; GMFCS III: 3 years and 6 months; GMFCS IV: 3 years and 9 months; GMFCS V: 3 years and 11 months.

Conclusion: The classification of children with CP based on abilities and functional limitations is predictive of mobility. Children with GMFCS levels I and II exhibit less variation in mobility between

them, while the other levels show greater variation. Additionally, children with higher GMFCS levels take longer to reach the expected limit.

Implications: The implications of this study highlight that the functional classification of children with cerebral palsy, based on the GMFCS, is a strong predictor of motor performance and mobility. Children in GMFCS levels IV and V reach the expected mobility limit more quickly, in contrast to children with GMFCS levels I and II, who show less variation in performance. This suggests that, for children with higher GMFCS levels, therapeutic interventions should focus on maximizing functional capacity within their level of mobility, given that they face greater limitations. Furthermore, everyday performance skills, as reflected in the GM-FR, emerge as stronger predictors of mobility than chronological age. This finding underscores the need for rehabilitation strategies that consider functionality in real-life contexts, not just motor skills in clinical settings, and highlights the importance of public policies that promote inclusion and accessibility for all children with CP, especially those with GMFCS levels IV and V.

Keywords: Cerebral palsy, Mobility, Capacity, Performance

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CEREBRAL PALSY AND EQUINE-ASSISTED SERVICES: EXPLORING THE BENEFITS OF EQUINE STIMULATION

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Background: Cerebral palsy (CP) is a movement and posture disorder caused by a non-progressive brain injury. Various interventions can support children with CP, including equine-assisted services, which have demonstrated positive effects on motor function.

Objectives: This study aimed to evaluate changes in the functional abilities of a child with CP following participation in an equine-assisted services program.

Methods: A case study was conducted with a 4-year-10-month-old male child, using a quantitative research approach. The intervention comprised weekly 45-minute sessions over 12 weeks, totaling eight sessions. Functional assessment was conducted through pre- and post-testing using the Pediatric Evaluation of Disability Inventory (PEDI), which measures performance across three domains: self-care, mobility, and social function. The PEDI also assesses the level of independence, the need for assistance, and the use of environmental modifications to facilitate performance.

Results: Post-intervention, the child exhibited notable improvements. The self-care score increased from 21 to 84, mobility improved from 12 to 17, and social function rose from 10 to 13. These findings suggest a positive impact on functional abilities, as evidenced by the score advancements.

Conclusion: Participation in the equine-assisted services program contributed to enhanced functional performance in a child with CP, as reflected in the post-test results. These findings underscore the potential of equine-assisted interventions as a valuable therapeutic modality for children with CP. Future studies should explore the effects of increased session frequency and duration.

Implications: Complementary therapies play a crucial role in rehabilitation, and equine-assisted services should be recognized as a valuable intervention for children with CP.

Keywords: Cerebral Palsy, Equine-Assisted Therapy, Complementary Therapies

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PREGNANCY COSTS IN BRAZIL: A RETROSPECTIVE DESCRIPTIVE STUDY FROM THE PERSPECTIVE OF THE PUBLIC HEALTH SYSTEM

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Background: Pregnancy can be stratified as low-, medium-, or high-risk, depending on the impact of a possible comorbidity. In the low-risk pregnancy, maternal and perinatal morbidity and mortality are equal to or lower than those of the general population, without the need for high-density health technology. To date, there is insufficient data in Brazil or other countries on the costs of low-risk pregnancy. Therefore, it is important to understand these costs for future strategies that optimize the use of resources in the Brazilian public health system.

Objectives: To analyze the outpatient and hospital costs of low-risk pregnancy from the Brazilian public health system perspective.

Methods: This retrospective descriptive cost-of-illness study was conducted using a top-down approach. Data from adolescents and pregnant women from all states of Brazil aged between 15 and 40 years were included, using the international classification of diseases (ICDs) that characterize low-risk pregnancy (Z34 Supervision of normal pregnancy, Z34.0 Supervision of normal first pregnancy, Z34.8 Supervision of other normal pregnancy, and Z34.9 Supervision of normal pregnancy, unspecified). Healthcare cost data were collected considering the year 2023 and extracted from the Outpatient and Hospital Information System, obtained through DATASUS, by the TABNET application and processed through TABWIN, from the Brazilian Ministry of Health. Healthcare costs were presented as the total spent in 2023 with all ICDs evaluated and by ICD, in Brazilian Real.

Results: The total spent by the Brazilian public health system on low-risk pregnancy was R\$6,802,453. In the outpatient care, the total cost of a low-risk pregnancy was R\$4,812,488, representing 71% of the total healthcare costs. Separately by ICD in the outpatient care, the following costs were observed for ICD Z34 R\$1,459,427, Z34.0 R\$338,527, Z34.8 R\$341,471, and Z34.9 R\$2,673,063. In the hospital care, the total cost of a low-risk pregnancy was R\$1,989,967, representing 29% of the total healthcare costs. Separately by ICD in the hospital care, the costs were Z34 R\$1,265,809, Z34.0 R\$83,501, Z34.8 R\$115,390, and Z34.9 R\$525,267. The ICD with the highest cost in the outpatient care was Z34.9 related to the supervision normal pregnancy, unspecified, and in the hospital care was Z34 related to the supervision of normal pregnancy. The age group of 20 to 29 years presented the highest total cost: in the outpatient care, consultation/emergency care (in general) presented the highest expenditure for ICD Z34.9

R\$287,898, and in the hospital care, childbirth presented the highest expenditure for ICD Z34 R\$303,041.

Conclusion: The outpatient care contributed with greater expenses to the Brazilian public health system. The ICD Z34.9 represented the greater expenses to the outpatient care and the ICD Z34 to the hospital care. These costs may be even higher if we consider the loss of productivity and the patients' out-of-pocket costs, which should be explored in future studies.

Implications: These data are important to highlight how public investments are being applied, being of utmost importance for health managers and professionals. In addition, this information is essential to facilitate the implementation of health policies and encourage decision-making in the area.

Keywords: Pregnancy, Costs and cost analysis, Healthcare costs

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PELVIC FLOOR MUSCLE TRAINING OR HYPOPRESSIVE EXERCISES FOR RUNNING-INDUCED URINARY INCONTINENCE IN WOMEN: PRELIMINARY RESULTS OF RANDOMIZED CONTROLLED TRIAL

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Background: Female participation in running competitions has increased over the years at both amateur and professional levels. There is a high prevalence of urinary incontinence (UI) among female runners, but no studies have proposed a specific treatment for this condition in this population.

Objectives: This study aimed to compare two different pelvic floor muscle training (PFMT) regimens with an abdominal hypopressive technique (AHT) exercise program in female runners with UI.

Methods: Women who had been running at least 15 km per week for at least six months without interruptions exceeding three weeks and who reported urine leakage during running were included. Participants were required to have a pelvic floor muscle (PFM) strength of = 2 on the Oxford Scale. Exclusion criteria included neuromuscular diseases affecting the PFM, pregnancy, prior pelvic floor physiotherapy, and intolerance to vaginal palpation. Participants were randomized into three groups: isolated PFMT (iPFMT), involving maximal voluntary PFM contractions as the sole task; coordinated PFMT (cPFMT), incorporating maximal PFM contractions coordinated with abdominal activation; and AHT. The primary outcome was the impact of UI on quality of life, assessed using the International Consultation on Incontinence Questionnaire UI- Short Form (ICIQ-UI-SF). The secondary outcomes included PFM strength, evaluated via vaginal palpation and measured by Oxofrd and manometry (using Peritron). An experienced examiner, blinded to group allocation, conducted the assessments. The intervention lasted 12 weeks, twice a week, with progressive levels introduced monthly for the three groups. Reassessment was performed after 24 exercise