

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

sessions. Data normality was tested using the Shapiro-Wilk test, and a two-way ANOVA was used for group comparisons.

Results: A total of 102 female runners participated (mean age: 34.2 years, SD: 8.7). Each intervention group had 34 participants who completed their respective programs. At 12 weeks, the mean change in ICIQ-UI-SF scores was -6.5 (95% CI: -7.24 to -5.75) for iPFMT, -6.7 (95% CI: -7.22 to -6.17) for cPFMT, and -1.7 (95% CI: -2.08 to -1.31) for AHT. There was no significant difference between iPFMT and cPFMT, but both were superior to AHT, with the two PFMT regimens achieving the minimum clinically important difference of 4 points. Regarding PFM strength assessed by vaginal palpation (Oxford Scale), the mean change at 12 weeks was 1.1 (95% CI: 0.8 to 1.3) for iPFMT, 1.2 (95% CI: 1.02 to 1.3) for cPFMT, and 0.4 (95% CI: 0.22 to 0.57) for AHT. For mean PFM pressure measured by manometry, the mean change was 22.5 cmH₂O (95% CI: 15.84 to 32.71) for iPFMT, 24.4 cmH₂O (95% CI: 18.65 to 35.71) for cPFMT, and 10.3 cmH₂O (95% CI: 7.17 to 13.34) for AHT. For all PFM evaluations, there was no significant difference between iPFMT and cPFMT, but both were superior to AHT.

Conclusion: There was no difference in effect between coordinated and isolated PFMT, but both PFMT training regimens were superior to AHT.

Implications: As demonstrated in the general population of women with UI, PFMT is also an effective treatment for UI in female runners. AHT should not be recommended for this purpose.

Keywords: hypopressive, pelvic floor, running, urinary incontinence

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ASSOCIATION BETWEEN MUSCULAR QUALITY INDEX AND QUALITY OF LIFE IN WOMEN WITH FIBROMYALGIA

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Background: Fibromyalgia (FM) is a rheumatic condition characterized by chronic, diffuse musculoskeletal pain, often associated with other manifestations. Patients with FM commonly experience reduced functional capacity, impairment in performing daily living activities, and worse quality of life (QoL). Compared to healthy control individuals, they show lower muscle strength and functional capacity, which may increase the risk of impairment in the muscular quality index (MQI). The MQI has been proposed as a clinically relevant marker to identify individuals at risk of functional disability, as well as an important prognostic factor for mortality. The MQI can be measured using two approaches: laboratory measurement and field measurement. The field MQI, being easy to implement and low-cost, is a valid alternative for assessing muscular quality, especially in contexts with limited laboratory resources.

Objectives: To investigate the associations between field and laboratory MQI measurements and QoL in women with FM.

Methods: This is a quantitative, cross-sectional, and exploratory study. Women over 18 years old with a confirmed diagnosis of FM according to the criteria established by the American College of Rheumatology (2016) were included. QoL was assessed using the

Short Form-36 (SF-36) questionnaire, Brazilian version, which covers eight domains: functional capacity, physical aspects, pain, general health status, vitality, social aspects, emotional aspects, and mental health. The MQI was obtained from the following calculations: the ratio between lower limb (LL) strength and lean mass of LL (laboratory measure); and the ratio between LL strength and body mass index (BMI) (field measure). LL strength was measured using the chair stand test (five repetitions). Lean mass of LL was measured by dual-energy X-ray absorptiometry (DEXA). BMI was calculated by the ratio of weight (kg) to height (m²). The association between the variables was analyzed using Spearman's correlation test.

Results: The study included 47 women with an average age of 53.45 ± 7.32 years. Significant correlations were found between both laboratory and field MQI and the domains of pain ($r = 0.528$, $p = 0.000$; $r = 0.452$, $p = 0.001$, respectively); functional capacity ($r = 0.359$, $p = 0.013$; $r = 0.433$, $p = 0.002$); and physical aspects ($r = 0.433$, $p = 0.002$; $r = 0.479$, $p = 0.001$). Additionally, a strong correlation was found between field MQI and laboratory MQI ($r = 0.94$, $p = 0.000$).

Conclusion: A higher MQI is associated with greater functional capacity, better physical condition, and reduced pain in women with FM. Furthermore, both laboratory and field MQI proved to be relevant indicators of muscular quality, with field MQI representing a valid alternative for clinical contexts due to its accessibility and practicality.

Implications: The results of this study may contribute to the development of more specific interventions to improve the QoL of women with FM. Additionally, they reinforce the applicability of field MQI as a viable clinical tool for assessing muscular quality, enabling the monitoring and implementation of management strategies, even in contexts with limited laboratory resources.

Keywords: Fibromyalgia, muscle quality, quality of life

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ASSOCIATION OF PAIN SEVERITY WITH KINESIOPHOBIA IN WOMEN WITH CHRONIC PELVIC PAIN: A CROSS-SECTIONAL STUDY

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Background: Chronic Pelvic Pain (CPP) is characterized by persistent pain for at least 6 months in the pelvic region. This condition generates negative impacts on both the physical and psychological aspects of life, and can also cause fear of movement, known as kinesiophobia. Previous research has observed that people with chronic