

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