

pain can present kinesiophobia. However, it is important to know whether pain severity is associated with higher levels of kinesiophobia in women with CPP.

Objectives: To analyze the association of pain severity with kinesiophobia in women with Chronic Pelvic Pain.

Methods: This is a cross-sectional study, conducted between December 2020 to October 2022, with women aged 18 to 45 years with CPP. In addition to sociodemographic data, information on pain intensity in the last 30 days were collected using the Numerical Pain Scale (NPS), and kinesiophobia was assessed using the TAMPA Scale for Kinesiophobia (TSK). Pain (NPS) was classified as mild to moderate (up to 6 points); severe pain (7 points or more). Furthermore, a cutoff point of 51 points or more on the TAMPA scale was considered for the classification of severe kinesiophobia. Descriptive analysis was expressed using mean and standard deviation for quantitative variables, and absolute and relative frequencies for categorical variables. The Chi-square test was used to analyze the association between pain severity and kinesiophobia (significance level of 5%).

Results: The total sample consisted of 168 women with a mean age of 34.2 years (SD $\pm$ 6.9), 73.2% (n = 123) of mixed race, 42.3% (n = 71) married and 55.7% (n = 93) with a level of education ranging from complete high school to incomplete higher education. Regarding pain intensity in the last 30 days, the mean pain was 7.6 (SD $\pm$ 2.0) points and 69.6% (n = 117) of the women reported severe pain. Regarding kinesiophobia, the mean on the TAMPA scale was 45.5 (SD $\pm$ 8.6), in which 28% (n = 47) of the women presented severe kinesiophobia and 72.0% (n = 121) mild to moderate kinesiophobia. We observed that women who reported severe pain were associated with the presence of severe kinesiophobia (p = 0.002).

Conclusion: We evidenced that there was an association between greater pain severity and the presence of severe kinesiophobia.

Implications: The results of the study reinforce the need for comprehensive care for women with CPP so that there is a reduction in pain and fear of movement in their rehabilitation process. In clinical practice, the multidisciplinary team involved in assisting this population should look at both physical and psychological aspects.

Keywords: Kinesiophobia, Pelvic Pain, Women's health

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EFFECT OF THE MENSTRUAL CYCLE ON THE ISOMETRIC MUSCLE STRENGTH OF ELBOW FLEXORS IN HEALTHY ADULT WOMEN

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Background: The menstrual cycle is characterized by variations in the concentrations of female sex hormonal steroids, which may influence skeletal muscle performance. However, the literature presents discrepancies regarding the impact of different phases of the menstrual cycle in muscle strength in women of reproductive age.

Objectives: To analyze the isometric muscle strength of elbow flexors in healthy adult women during different phases of the menstrual cycle.

Methods: This prospective cross-sectional observational study included 30 women aged 18 to 37 years, all with regular menstrual cycles and no use of contraceptives for at least four months. Participants were assessed during three phases of the menstrual cycle: follicular, ovulatory, and luteal. Assessments in the follicular phase were conducted on the first or second day of menstruation; in the ovulatory phase, on day 14; and in the luteal phase, one to two days before menstruation. Isometric muscle strength was measured using a hand-held dynamometer, with three repetitions of five seconds each, interspersed with 30 seconds of rest. Assessments were conducted with participants in an upright position and their elbows flexed at 90°. Numerical variables were analyzed using mean and standard deviation. Normality was verified using the Shapiro-Wilk test, and inferential analysis was performed using repeated measures Analysis of Variance (ANOVA) to compare muscle strength across the different phases, considering a significance level of p > 0.05.

Results: The study included 30 participants (22.3 $\pm$ 3.61 years; 64.1 $\pm$ 12.2 kg; 1.63 $\pm$ 0.05 m). For right elbow flexion, the mean strength values were: 12.9 $\pm$ 3.16 kgf in the follicular phase, 13.8 $\pm$ 3.25 kgf in the ovulatory phase, and 13.2 $\pm$ 2.31 kgf in the luteal phase. For the left arm, the mean values were: 12.9 $\pm$ 3.14 kgf in the follicular phase, 13.4 $\pm$ 3.51 kgf in the ovulatory phase, and 12.8 $\pm$ 2.69 kgf in the luteal phase. No statistically significant differences were observed between menstrual cycle phases (p = 0.309).

Conclusion: Hormonal fluctuations throughout the menstrual cycle did not show a significant influence on the isometric muscle strength of elbow flexors in healthy adult women.

Implications: The findings of this study contribute to the understanding of the relationship between the menstrual cycle and muscle performance, providing evidence that upper limb isometric strength may remain stable across menstrual phases in healthy women. Future studies with larger sample sizes and assessments of different muscle groups may complement these findings and further deepen the understanding of this topic.

Keywords: Woman, Muscle Strength, Menstrual Cycle

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CORRELATION BETWEEN PELVIC FLOOR MUSCLE FUNCTION AND TONE AND SEXUAL FUNCTION IN WOMEN WITH GENITO-PELVIC PAIN/PENETRATION DISORDER

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Background: Genito-pelvic pain/penetration disorder (GPPPD) negatively impacts women's quality of life and sexual function. Studies suggest that pelvic floor muscle (PFM) strength and tone may be associated with sexual dysfunction in this population, but this relationship is not well established.

Objectives: To assess the correlation between pelvic floor muscle function and tone and the sexual function of women with genito-pelvic pain/penetration disorder.

Methods: This is a cross-sectional study. Women over 18 years old who had engaged in sexual intercourse and experienced genito-pelvic pain/penetration before, during, or after intercourse were