

included. Exclusion criteria were women who could not tolerate the insertion of a finger into the vaginal canal, pregnant women, those with pelvic inflammatory disease, and women undergoing post-radiation therapy in the pelvic region. A questionnaire was developed to collect socioeconomic data, urogenital and obstetric history, and lifestyle habits. Assessments included the Female Sexual Function Index (FSFI) for sexual function, the Reissing scale for muscle tone, and the modified Oxford scale for PFM strength. Data were analyzed using JASP software. The Shapiro-Wilk test was used to assess data normality, followed by Spearman's correlation test ($p < 0,05$).

Results: A total of 62 women were analyzed (age: $28,2 \pm 9,4$ years; BMI: $23,6 \pm 4,9$ kg/m²). The FSFI score was $17,3 \pm 7,0$, indicating sexual dysfunction. Muscle tone was $0,5 \pm 0,7$, and muscle strength was $3,2 \pm 1,0$. No significant correlation was found between PFM tone and FSFI ($r = 0,052$; $p = 0,692$) or between muscle strength and FSFI ($r = 0,088$; $p = 0,503$).

Conclusion: Findings indicate that in women with GPPPD, there is no correlation between PFM function and tone and sexual function. This suggests that biopsychosocial factors may have a greater influence on sexual function than pelvic floor muscle characteristics.

Implications: The results highlight the need for multidisciplinary approaches in managing sexual dysfunction in women with GPPPD. Future studies should explore other factors that may influence sexual function in this population.

Keywords: Sexual dysfunction, Pain, Sexuality

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EFFECT OF THE PILATES METHOD ON ABDOMINAL MUSCLE FUNCTION IN WOMEN WITH DIASTASIS RECTI

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Background: Diastasis recti (DRA) is characterized by the separation of the abdominal muscles due to the widening of the linea alba, leading to abdominal bulging and functional impairments. This condition is associated with abdominal muscle weakness, lower back pain, and pelvic floor dysfunctions, which can negatively impact women's quality of life. Conservative treatment is the first-choice approach, and physical therapy plays a fundamental role in this process. In this context, the Pilates Method has been suggested as an effective strategy for strengthening the abdominal muscles; however, there are still few studies investigating its effects on women with DRA.

Objectives: To evaluate the effects of the Pilates Method on abdominal muscle function in women with DRA.

Method: This is a randomized, longitudinal, and quantitative clinical trial. The study included 44 women over 18 years old, primiparous or multiparous, diagnosed with DRA (inter-rectus distance greater than 20mm). Participants were randomly divided into two groups: the Pilates Group ($n = 22$), which followed a Pilates exercise protocol twice a week for 12 weeks, with 30-minute supervised sessions; and the Control Group ($n = 22$), which did not receive any intervention during this period. Muscle function was assessed using the front plank and side plank tests (right and left), measuring the maximum holding time. Statistical analysis was performed using

SPSS software, employing the repeated measures ANOVA test for group comparisons and Tukey's post-hoc test. The significance level adopted was 5%.

Results: Both groups had similar characteristics before the intervention. After 12 weeks, a group-time interaction was observed in the right side plank [$F(1,38) = 9.29$; $p = 0.004$] and left side plank [$F(1,38) = 9.52$; $p = 0.004$] measurements. The post-hoc test showed an increase in plank holding time only in the Pilates Group, with a significant difference between groups after the intervention ($p < 0.001$). No statistically significant differences were observed in the front plank test.

Conclusion: The findings demonstrate that the Pilates Method significantly improves abdominal muscle function in women with DRA. The increased plank holding time indicates core muscle strengthening, which may contribute to improved lumbopelvic stability and reduced symptoms associated with DRA.

Implications: The results suggest that the Pilates Method can be incorporated as a therapeutic strategy for the rehabilitation of women with DRA, promoting functional improvement. However, the study did not assess the reduction of the inter-rectus distance, which limits the understanding of the structural effect of the intervention. Future research should include this evaluation for a more comprehensive approach to the effectiveness of Pilates in DRA.

Keywords: Diastasis: Exercise and Movement Techniques for Abdominal Muscles

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PAIN DURING SEXUAL INTERCOURSE IN WOMEN WITH AND WITHOUT SEXUAL DYSFUNCTION: A CROSS-SECTIONAL STUDY

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Background: Pain during sexual activity can alter the sexual response cycle, potentially leading to sexual dysfunction. Often underestimated in healthcare consultations, pain during sexual activity can negatively impact women's quality of life.

Objectives: To assess the frequency of pain during sexual activity in women with and without sexual dysfunction.

Methods: This is a cross-sectional study that included women aged = 18 years who reported having had sexual activity in the last four weeks. The study was approved by the Human Research Ethics Committee. Data were collected through an electronic form containing sociodemographic questions and the Female Sexual Function Index (FSFI) questionnaire to assess the presence of sexual dysfunction in six domains (desire, arousal, lubrication, orgasm, satisfaction, and pain). The risk of sexual dysfunction was considered for women with a total FSFI score = 26.55, and domain-specific cut-off points were < 2.4 for desire and < 3.6 for the other domains. A descriptive analysis was conducted to determine the frequency of pain during sexual activity in women with and without sexual dysfunction.

Results: Regarding sexual dysfunction, they were presented by domain and total FSFI score. Results: A total of 621 women participated, of whom 197 (31.72%) were at risk of developing sexual dysfunction and 424 (68.28%) were not. The mean age in the dysfunction group was 30.5 ± 9.3 years, while in the non-dysfunction group, it was 29.5 ± 8.6 years. A total of 94 (42.2%) women reported experiencing pain during sexual intercourse, including 75 (38%) in the dysfunction group and 19 (4.4%) in the non-dysfunction group. This was based on their response to the question: "Over the past 4 weeks, how often did you experience discomfort or pain during vaginal penetration?". Regarding FSFI domains, the results for women with and without sexual dysfunction, respectively, were: 4.2 (± 1.0) and 2.8 (± 1.0) for desire, 5.3 (± 0.5) and 3.5 (± 1.0) for arousal, 5.4 (± 0.7) and 3.9 (± 1.1) for lubrication, 5.1 (± 0.9) and 3.4 (± 1.3) for orgasm, and 5.5 (± 0.6) and 4.0 (± 1.2) for pain.

Conclusion: The results indicate that women with and without sexual dysfunction experience pain during sexual intercourse. Thus, it is necessary to develop screening strategies and provide guidance to the population for the prevention and treatment of pain during sexual activity.

Implications: The study highlights the presence of pain during sexual activity in women with and without sexual dysfunction, reinforcing the need for greater attention to this issue in clinical practice. Given that pain during intercourse can negatively impact social life and overall well-being, healthcare professionals—particularly physiotherapists—should integrate sexual health assessment into their routine care. In physiotherapy practice, these findings emphasize the importance of pelvic floor rehabilitation strategies, pain management techniques, and patient education on sexual health. From a policy perspective, incorporating sexual function assessments into broader women's health programs could facilitate early intervention.

Keywords: Pain, Sexual Dysfunctions, Psychological, Women's Health

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IMPACT OF THE SEVERITY OF PRIMARY DYSMENORRHEA ON FUNCTIONING IN ADULT BRAZILIAN WOMEN: AN ANALYSIS USING A NEW INSTRUMENT

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Background: Primary dysmenorrhea (PD) is menstrual pain without associated pelvic disease, while secondary dysmenorrhea (SD) is associated with conditions such as endometriosis. PD has a prevalence of 71% worldwide and can have a significant impact on women's functioning (i.e., "an umbrella term for body function, body structures, activities and participation, and it denotes the positive or neutral aspects of the interaction between a person's health condition(s) and that individual's contextual factors"). However, its impact remains neglected. Assessing how pain severity affects functioning using instruments developed for people with dysmenorrhea is essential to understanding its broader impact.

Objectives: To analyze the impact of the severity of PD on functioning in adult Brazilian women with PD using a new instrument.

Methods: This is a cross-sectional and online study conducted between January 2022 and March 2023. We included Brazilian adult women between 18 and 50 years old with a report of PD for at least the previous three months. We excluded pregnant women, those with up to six months postpartum, transgender men, and women with a clinical diagnosis of SD. Severity of PD was rated by the single-item Numerical Rating Scale (NRS) for the last period, with response options ranging from zero "no pain" to 10 "the worst imaginable pain". PD-related functioning was assessed using the Dysmenorrhea-Related Impact on Functioning Scale (DIFS), which has two subscales, "Bodily functions" and "Daily activities and social participation". Higher scores on the Bodily functions scale, Daily activities and social participation scale, and the total DIFS score indicate a greater impact of dysmenorrhea on bodily functions, daily activities and social participation, and functioning, respectively. Data were analyzed using linear regression in SPSS® 26.

Results: A total of 2382 women (27.1 ± 7 years) participated in the study. Age at menarche, menstrual cycle length, and severity of PD in the last period were 12.2 ± 1.6 years, 28.2 ± 4.6 years, and 6.5 ± 2.3 points, respectively. The "Bodily functions", "Daily activities and social participation", and DIFS total score were 14 ± 4.7 points, 31.7 ± 17.2 points, and 45.7 ± 20.6 points, respectively. Severity of PD has a significant impact on bodily functions ($p < 0.001$, $R^2_{adj} = 0.197$), daily activities and social participation ($p < 0.001$, $R^2_{adj} = 0.208$), and functioning ($p < 0.001$, $R^2_{adj} = 0.233$) of participants. On average, a one-point increase in PD severity negatively impacts bodily functions by 0.910 points (95%CI 0.836 - 0.984), daily activities and social participation by 3.407 (95%CI 3.140 - 3.674), and functioning by 4.317 (95%CI 4.002 - 4.432).

Conclusion: Our findings show that the severity of PD has a significant impact on women's functioning, affecting both bodily functions and daily activities and social participation. Future studies should explore the long-term impact of dysmenorrhea and evaluate the effectiveness of interventions to minimize its effects.

Implications: The findings highlight the importance of incorporating PD management into physical therapy practice and public health policy. Educational programs and therapeutic interventions should address pain management and promote strategies to improve women's functioning.

Keywords: Dysmenorrhea, Women's Health, Activities of Daily Living

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