

suggests that physical therapists should be particularly attentive to OBS symptoms, given their significant negative impact on quality of life.

Implications: Our study demonstrates that three effective transcutaneous electrostimulation options exist for inhibiting detrusor muscle hyperactivity, which can subsequently improve the quality of life for women with OBS.

Keywords: Urinary Bladder Overactive, Transcutaneous Electric Nerve Stimulation, Behavior Therapy

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IMPACT OF DYSMENORRHEA ON FUNCTIONING IN BRAZILIAN WOMEN: A QUALITATIVE ANALYSIS

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Background: Dysmenorrhea is the menstrual pain and significantly impacts 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"). Understanding how dysmenorrhea impacts on functioning can reveal barriers to proper management and highlight the need for culturally relevant interventions.

Objectives: To qualitatively analyze the reports of Brazilian women on the impact of dysmenorrhea on their functioning.

Methods: This qualitative and online study was conducted from January 2022 to March 2023. Participants were recruited through social media and universities and schools across Brazil. We included cisgender Brazilian women aged 18–29 years with dysmenorrhea in the past three months. We also included only women who responded to the open-ended item "Feel free to comment on your experience with menstrual pain". Data analysis followed a four-step process by two independent researchers: reading of the responses, thematic categorization, coding, and final interpretation. Responses were analyzed using thematic analysis to explore women's perceptions of the impact of dysmenorrhea on functioning.

Results: Of the 234 women who responded to the open-ended item, the responses from 130 (55.6%) women (23.9 ± 3 years) met the eligibility criteria and were included in this study. Most of the participants were from the Southeast region of Brazil (n = 69, 53.1%) and had higher education (n = 129, 99.2%). The thematic category "impact on daily activities and functioning" was divided into "impact on movement and physical activity", "impact on concentration and mood", "impact on work, study, and/or relationships with colleagues", and "impact on sleep and/or eating". The following reports highlighted the impact of dysmenorrhea on functioning

related to bodily functions, daily activities, and activities and participation. The ensuing reports underscored how dysmenorrhea impacts bodily functions, daily routines, and various activities and participation: "My cramps are so strong that I cannot sit or walk for long periods of time. It is difficult to get up, to take a shower, much less to go to the toilet. I cannot see anyone, I cannot communicate, and I cannot go out" and "My cramps affected my life to the point where I cannot sleep at night because of the pain and no position is comfortable. The discouragement and pain also took away my social life. I stopped leaving the house. I had to sit and stay in antalgic positions all the time".

Conclusion: This study highlights the significant impact of dysmenorrhea on women's functioning, affecting mobility, concentration, social participation, and daily activities. The findings reinforce the need for greater awareness of dysmenorrhea as a condition that extends beyond physical pain, influencing multiple aspects of life. Future studies should further explore the long-term consequences of dysmenorrhea and the effectiveness of interventions to mitigate its impact.

Implications: The findings emphasize the importance of integrating dysmenorrhea management into healthcare policies and educational programs, particularly in physiotherapy. Strategies such as exercise-based interventions should be further investigated and promoted to improve women's functioning.

Keywords: Dysmenorrhea, Activities of Daily Living, Qualitative Research

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QUALITY OF LIFE AND ADHERENCE OF WOMEN TO PELVIC FLOOR TRAINING VIA MOBILE APPLICATION

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Background: Urinary incontinence (UI) is a prevalent issue among women, affecting their quality of life and daily functionality. Pelvic floor muscle training (PFMT) is an effective strategy for managing UI, and mobile technologies have emerged as an alternative to improve treatment adherence.

Objectives: This study analyzed the effects of using a mobile application for pelvic floor muscle training in women with stress and mixed urinary incontinence, focusing on adherence, perceived health improvement, and impact on activities of daily living.

Methods: This randomized controlled trial followed CONSORT guidelines and included 52 women diagnosed with stress or mixed urinary incontinence, who used a mobile application for pelvic floor training. The intervention lasted 12 weeks, with pre- and post-intervention assessments using the International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF) and King's Health Questionnaire (KHQ). Adherence was monitored, and the impact on ADLs and quality of life was analyzed. The data were analyzed by intention to treat. The collected data were tabulated in a database of the EXCEL[®] program and analyzed using the SPSS statistical software (Statistical Package for the Social Sciences). A descriptive analysis of the data was performed, using simple frequency, mean, standard deviation, p-value, and effect size (D of Cohen) of the

quantitative data. The normality of the data was verified using the Shapiro Wilk test. For the analysis of the data, the Two-way ANOVA test with Tukey post-hoc was used. A level significance of 5% was considered.

Results: Participants using the mobile application reported a significant improvement in general health perception ($p=0.009$) and a reduction in the interference of UI in daily activities ($p=0.045$). However, adherence to the training protocol was low, with an average of 39.59% of the proposed training days completed. Despite this, 84.61% of participants rated the intervention as “excellent.” Improvements in emotional well-being and self-reported quality of life were observed, but limitations in social engagement remained largely unchanged.

Conclusion: Findings suggest that the mobile application was effective in improving perceived health and reducing UI interference in daily life, despite lower adherence rates.

Implications: Mobile applications can be a promising tool for PFMT, especially in promoting self-management. However, strategies to enhance adherence, such as reminders, gamification, or remote professional support, should be considered in future research to maximize treatment benefits.

Keywords: Urinary incontinence, Mobile Applications, Pelvic floor

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EFFECTS OF LOW AND MEDIUM FREQUENCY CURRENTS IN THE TREATMENT OF URINARY INCONTINENCE: A RANDOMIZED CLINICAL TRIAL

Registration: Not applicable.

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Background: Urinary incontinence (UI) is defined as any involuntary loss of urine, classified as stress UI, urge UI (UUI) or mixed UI. UUI is caused by overactivity of the detrusor muscle and affects quality of life. Part of the first line of treatment for UUI is electrostimulation of the tibial nerve, but the literature is not clear on the effects of medium-frequency currents. One of the ways to measure some effectiveness is through the application of validated questionnaires, such as the Overactive Bladder Awareness Tool (OAB-V8), made up of 8 questions, which aims to assess the severity of overactive bladder symptoms and the discomfort caused by them. The scale ranges from 0 (no discomfort) to 5 (a lot of discomfort), with a maximum score of 40. A score of 8 or more suggests the presence of significant symptoms.

Objectives: To analyze and compare the Overactive Bladder Awareness Tool (OAB-V8) questionnaire score before and after treatment with low and medium frequency currents.

Methods: This is a randomized clinical trial, with women aged 18 years and over with complaints of UUI, randomly assigned to an intervention with low-frequency current (GTENS-LF) in a symmetrical biphasic pulsed form of 10 Hz and pulse width of 200 ms and another with medium-frequency current (GA-MF) with 4 kHz with bursts of 4 ms and modulation of 100 Hz in continuous mode. Both consisted of 20 sessions of bilateral electrostimulation of the tibial nerve, twice a week. The participants took an anamnesis and

completed the Overactive Bladder Awareness Tool (OAB-V8) questionnaire. After 10 sessions the questionnaires were reapplied and at the end of the 20 sessions they were re-evaluated.

Results: A total of 50 participants were included and randomly assigned to two groups. At the evaluation, the participants obtained a score of 24.24 ± 8.72 in the GTENS-MF group and 28.52 ± 8.3 in the GA-MF group. At the 10th session, the results were 16.0 ± 6.4 and 19.6 ± 11.42 , respectively. Finally, at the reassessment, GTENS-LF had scores of 13.72 ± 6.59 and GA-MF 19.06 ± 9.36 .

Conclusion: In the context of this randomized clinical trial, it was observed that both low-frequency and medium-frequency currents were able to reduce the symptoms of overactive bladder and UUI when applied bilaterally to the tibial nerve, with no difference between the currents.

Implications: Based on the results of this study, the use of medium- and low-frequency currents becomes a viable alternative for the conservative treatment of patients with urge urinary incontinence.

Keywords: Urinary incontinence, Electrostimulation, Urge urinary incontinence

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PERCEPTION OF PREGNANT WOMEN AND PHYSICAL THERAPISTS ON TELEHEALTH CARE

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Background: Physical therapy care through telehealth has been established over the years as a viable alternative for certain health conditions. However, it is necessary to know about the perception of both professionals and patients regarding this mode of care.

Objectives: To assess the perception of pregnant women and physical therapists regarding the safety of a physical therapy assessment conducted via telehealth.

Methods: This is an observational cross-sectional study conducted through an electronic survey. The study included women aged = 18 years, in their second or third trimester of a singleton pregnancy, undergoing prenatal care, with internet access, and experiencing pelvic girdle pain (PGP) confirmed by the question: “In the past four weeks, have you had back pain that affected your daily activities?”. Additionally, physical therapists who conducted the assessments were included. The evaluation process involved the following steps: Participants received a booklet with seven PGP tests and were instructed to perform them independently before repeating them synchronously via a video call on Google Meet under the supervision of a physical therapist. After the teleconsultation, pregnant women answered the following questions: “Did you feel safe during the video call?” (rated from 1 = very unsafe to 5 = very safe); “Would you use telehealth to communicate with a physical therapist or another healthcare professional if needed in the future?” (rated from 1 = disagree to 5 = strongly agree); “What were the positive aspects of the session?” (open-ended response). Physical therapists answered: “Did you feel that participants were safe during the video call?” (rated from 1 = strongly disagree to 5 = strongly agree).

Results: Twenty-four pregnant women participated in the study, with a mean age of $31.0 (\pm 4.82)$ years; and four physical therapists participated, with a mean age of $25.5 (\pm 3.5)$ years. Regarding the