

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

**Conflict of interest:** The authors declare no conflict of interest.

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**Ethics committee approval:** No. 6.846.530.

**Registration:** Not applicable.

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126

## 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  $24.24 \pm 8.72$  in the GTENS-MF group and  $28.52 \pm 8.3$  in the GA-MF group. At the 10th session, the results were  $16.0 \pm 6.4$  and  $19.6 \pm 11.42$ , respectively. Finally, at the reassessment, GTENS-LF had scores of  $13.72 \pm 6.59$  and GA-MF  $19.06 \pm 9.36$ .

**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

**Conflict of interest:** The authors declare no conflict of interest.

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127

## 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