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**Background:** Lumbopelvic pain is a common musculoskeletal complaint during pregnancy, affecting 24% to 90% of pregnant women. Although often considered a normal part of pregnancy, it can negatively impact quality of life, daily activities, sleep, and mental health. Regular physical activity helps reduce pain intensity and improves maternal and fetal outcomes. However, many pregnant women face barriers to exercise, including fear of movement, known as kinesiophobia, which can lead to avoidance behaviors, functional decline, and reduced adherence to rehabilitation.

**Objectives:** To descriptively compare kinesiophobia levels between pregnant women with and without lumbopelvic pain in the third trimester of pregnancy.

**Methods:** Twenty pregnant women were assigned to two groups of ten: those with and without lumbopelvic pain. The inclusion criteria required participants to be in the third trimester of a singleton pregnancy and at least 18 years old. Exclusion criteria included reliance on assistive devices for walking, neurological disorders affecting mobility, previous spinal or lower limb surgeries, inflammatory conditions in the lower back or lower limbs, and contraindications to physical activity. Data collection included sociodemographic, anthropometric, and clinical variables. Kinesiophobia was assessed using the Tampa Scale for Kinesiophobia. Pain intensity was measured with the Numeric Pain Rating Scale, and disability due to low back pain and pelvic pain was evaluated using the Roland-Morris Disability Questionnaire and the Pregnancy Pelvic Girdle Questionnaire, respectively. Due to the small sample size, differences between groups were analyzed descriptively, without statistical tests.

**Results:** The average age was  $32.6 \pm 6.5$  years in the pain-free group and  $30.7 \pm 4.9$  years in the pain group. Gestational age was 34 weeks and  $0.2 \text{ days} \pm 3 \text{ weeks}$  and 2 days in the pain-free group and 35 weeks and  $6.2 \text{ days} \pm 2 \text{ weeks}$  and 2.7 days in the pain group. Participants in the pain group reported a mean score of  $5.75 \pm 1.5$  on the Numeric Pain Rating Scale. The Roland-Morris Disability Questionnaire and Pregnancy Pelvic Girdle Questionnaire showed mean scores of  $10.7 \pm 7.2$  (indicating low disability levels) and  $47.7 \pm 22.5$  (indicating moderate disability levels) in the pain group, respectively. Regarding kinesiophobia levels, a descriptive analysis revealed similar scores in both groups:  $28.7 \pm 5.9$  in the pain-free group and  $30.7 \pm 7.5$  in the pain group, indicating high kinesiophobia levels in both.

**Conclusion:** In this descriptive and preliminary analysis, pregnant women with lumbopelvic pain exhibited kinesiophobia levels similar to those without pain, with both groups presenting high levels. These findings suggest that pregnancy may be a critical period for the development or manifestation of kinesiophobia. However, caution is needed due to the small sample size, and further studies are necessary to confirm these findings.

**Implications:** This study enhances the understanding of kinesiophobia levels in pregnant women with and without lumbopelvic pain, highlighting its relevance in pain management strategies. Recognizing kinesiophobia as a potential barrier to physical activity is essential for developing targeted interventions that promote movement, reduce disability, and improve overall maternal well-being during pregnancy.

**Keywords:** Kinesiophobia, Lumbopelvic pain, Pregnancy

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

**Funding:** CAPES - Finance Code 001.

**Ethics committee approval:** No. 4035263.

**Registration:** Not applicable.

<https://doi.org/10.1016/j.bjpt.2025.101406>

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## ASSOCIATION BETWEEN TRAINING VOLUME AND SEXUAL AND URINARY DYSFUNCTIONS IN FEMALE CYCLISTS: A CROSS-SECTIONAL STUDY

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**Background:** Women's cycling has gained popularity in recent years, and while the literature highlights numerous health benefits, including improved cardiovascular fitness and muscle endurance, certain training practices raise concerns about potential negative effects on pelvic health, particularly regarding sexual and urinary dysfunctions. Sexual dysfunction (SD) in female cyclists has been associated with various factors, including prolonged perineal compression, hormonal imbalances, and high training loads. Similarly, urinary incontinence (UI) may be influenced by repeated impact and sustained intra-abdominal pressure. Despite these concerns, Brazilian studies exploring the relationship between training volume and pelvic floor dysfunctions in female cyclists remain scarce.

**Objectives:** To analyze the association between training volume and sexual and urinary dysfunctions in female cyclists.

**Methods:** This is a cross-sectional study approved by the Research Ethics Committee. All athletes provided informed consent before responding to the questionnaire, which was distributed online. Female cyclists aged 18 to 50 years, cycling for at least one year, training at least once a week, and sexually active (at least one sexual intercourse or sexual relations in the past four weeks) in the last four weeks were included – pregnant women, those with any previous pelvic surgery for prolapse and orthopedics. The questionnaires included training behavior variables (i.e. distance daily, Distance weekly, Frequency weekly, training hours per day, training intensity by borg scale), the presence of sexual dysfunction assessed by the Female Sexual Function Index (FSFI), and urinary incontinence evaluated using the International Consultation on Incontinence Questionnaire (ICIQ). Descriptive data were used to identify prevalence, and Pearson's test was applied to assess the correlation between training behavior and FSFI and ICIQ scores. Parametric descriptive data were presented as mean  $\pm$  standard deviation. Correlation values, represented by R values within the range of 0.0–0.30, were considered weak; 0.31–0.50, mild; 0.51–0.70, moderate; 0.71–0.90, strong; and 0.91–1.0, excellent correlations. Statistical analyses were performed using SPSS software, version 26.0.

**Results:** The study included 95 female cyclists. The average age of the athletes were  $36.0 \pm 8.6$  years, with a cyclist time experience of  $3.24 \pm 1.81$  years. The training intensity, assessed using the Borg Scale, was 14 points (almost exhausting). The prevalence of SD was 33.7% and UI among the women included in the study were 4.12%, with 12 women reporting "no awareness of urine loss," accounting for 13.7%. A positive and weak correlation was found between the weekly training volume and the FSFI questionnaire score ( $r = 0.210$ ;  $p = 0.043$ ). **Conclusion:** Higher weekly training volumes are associated with better sexual function in female cyclists.

**Implications:** Further studies are needed to truly confirm that training long distances is not associated with dysfunctional pelvic floors.

**Keywords:** Athletes, Urinary incontinence, Sexual dysfunction

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

**Funding:** Not applicable.

**Ethics committee approval:** CAAE: 28540620.6.1001.5133.

**Registration:** Not applicable.

<https://doi.org/10.1016/j.bjpt.2025.101407>