physical exercises, and physical activities during leisure and locomotion were 2.975, 2.45, and 5.4 in the pain-free group, compared to 2.875, 1.8, and 4.4 in the pain group.
Conclusion: Lumbopelvic pain impacts physical activity patterns in pregnant women. As this is a preliminary result of a descriptive analysis, findings should be interpreted with caution, and further studies with a larger sample size and more robust statistical analyses are needed.
Implications: These findings reinforce the need for policies that encourage adapted physical activity programs for pregnant women, promoting awareness of the benefits of exercise in reducing pain. In clinical practice, physiotherapists can use this information to develop personalized strategies, balancing occupational load and encouraging mobility. In education, the importance of training professionals to guide pregnant women is highlighted, while in management and public policies, expanding access to maternal health programs is recommended.
Keywords: Lumbopelvic Pain, Physical activity, Pregnancy

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PROFILE OF HEALTH PERSONNEL MANAGING PAIN IN THE BRAZILIAN FEMALE POPULATION: A PATIENT'S PERSPECTIVE

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Background: Understanding the profile of health personnel is key to improving quality of life and ensuring patients' needs are met. Data reveals how often patients seek care, sometimes due to misdiagnoses or unresolved issues. It's crucial to assess if health professionals understand pain, emotions, and external factors affecting patients. Many struggle to express symptoms clearly, so recognizing their perspective can enhance communication and care quality.
Objectives: To analyze the profile of healthcare and understand how the professionals interpret symptoms, in addition to evaluating patients' ability to express them.
Methods: This is a cross-sectional study that included women and individuals who identified as female, aged 18 or older, and residing in Brazilian territory. This research followed the ethical precepts established by National Health Council (CNS) resolution n° 510/2016 and its complementary and followed General Law on the Protection of Personal Data (LGPD) 13.709/2018. A structured questionnaire was created on Google Forms to assess healthcare experiences. It includes questions about which professionals treated the patient, how often they sought care, and whether they felt understood. It also examines patients' ability to express their pain and how many professionals truly understood their condition. Data is presented in percentages.
Results: Of the 1,152 responses received, 1000 were included in this study according to the inclusion criteria. Most patients sought health care and consulted with various medical specialties, with the following prevalence rates: doctors (59.0%), physiotherapists (38.4%), psychologists (26.5%), physical education professionals (15.0%), nutritionists (12%), and dentists (12%). Additionally, 22.5% did not receive any medical care. It is important to note that these percentages do not sum to 100% since many women consulted with more than one specialty. About how many times patients sought health care per year, 18.6% had one appointment in the year, 32.3% had two to three times, 26.7% had four or more appointments and 22.2% did not have any type of health care. If patients consider that professionals understand their pain, 37.7% reported that professionals completely understand their pain symptoms, 46.9% partially understand, and 6% do not understand. Regarding how patients report their pain to doctors, 3.6% do not know how to express their pain, 32.5% express it partially, and 56.2% express it completely. Of the professionals who attended the patients, 44.7% more than half understood the patients' pain symptoms, 23.6% half of the professionals, and 21.0% less than half. A total of 9% of patients did not seek healthcare.
Conclusion: The results show that patients with partial pain seek more healthcare, showing a diagnostic profile focused on treatment rather than prevention of symptoms, as observed in the frequency of times these patients sought healthcare. One factor that needs to be considered is that patients consider that most health professionals do not understand their pain complaints.
Implications: This study emphasizes the need for active listening in healthcare professional to improve pain reporting. Better symptom-tracking tools and communication can enhance care. Training programs and changes in care should focus on patient-centered assessments and therapeutic relationships.
Keywords: Health Personnel, Pain, Women's Health

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LEVEL OF EDUCATION AND ADHERENCE TO TREATMENT WITH PHOTOBIOMODULATION IN WOMEN WITH MYOFASCIAL PAIN OF THE PELVIC FLOOR

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Background: Myofascial pelvic floor pain (MPFP) significantly impacts women's quality of life, affecting physical, emotional, and social aspects. Photobiomodulation (PBM) has emerged as a promising therapy for managing this condition. However, treatment adherence may be a critical factor for therapeutic success.
Objectives: To investigate adherence to PBM treatment in women with MPFP.
Methods: A cross-sectional observational study, derived from a feasibility study for a randomized clinical trial, was conducted with 21 women aged 18 years or older diagnosed with myofascial pelvic floor pain (MPFP). Participants were divided into three groups receiving different PBM dosages: G1 (1J), G2 (4J), and G3 (6J), over eight intervention days, twice a week. Treatment adherence was assessed based on attendance frequency, with adequate adherence defined as attending at least 80% of the sessions. Education level was categorized into incomplete high school and high school or higher. Sociodemographic data, including education level, were collected using a standardized form.
Results: Treatment adherence rates were 100% in the 1J group, 88% in the 4J group, and 100% in the 6J group, with no statistically