region, thigh, gluteal, and right shoulder, but with lower frequency. The average pain intensity was moderate, varying among participants. Those symptoms might be related to high levels of stress, physical overload, physiological changes, and sedentary behaviors that cause pain symptoms and those external factors need to be investigated to identify the causes of these symptoms. Although the pain severity by domain was considered as mild pain, other factors such as the impact of pain on women's daily lives must be considered in order to reduce pain symptoms and the impact on these women's lives.
Implications: Understanding the location of body pain and identifying the severity of symptoms are essential for a more accurate diagnosis and effective treatment. Some women may struggle to express their symptoms and emotions, making it difficult to communicate the true impact of pain on their daily lives to healthcare professionals.
Keywords: Pain, Physical therapy, Women's Health

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PELVIC FLOOR MUSCLE TRAINING VERSUS CONTROL GROUP ON IMPROVEMENT THE URINARY SEVERITY OF WOMEN WITH STRESS URINARY INCONTINENCE: UMBRELLA REVIEW

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Background: Stress urinary incontinence (SUI) is the common type of UI among women that occurs during efforts that make intra-abdominal pressure. Pelvic floor muscle training (PFMT) is considered as the first-line treatment proven to guarantee results for UI. There are several systematic reviews about PFMT effect. However, are still needed to deepen the knowledge of PFMT regarding different outcomes and clinical relevance for the patient. This study had questioned if the PFMT was effective in improving the urinary severity of women with SUI when compared to the control group.
Objective: To review systematic reviews that reported the comparison of PFMT and control group to improve urinary severity in women with SUI.
Methods: This umbrella review was carried out in the Women's Health Research Laboratory (LAMU) at the Universidade Federal de São Carlos. This study follows the PRISMA recommendation and Cochrane Collaboration for systematic reviews. The following databases CINAHL, Cochrane, EMBASE, MEDLINE, PEDro and PubMed databases, were conducted by using Boolean operators with no language limits and articles published date. Inclusion criterion: systematic review that included randomized controlled trial, with an arm with PFMT alone in comparison with any intervention or no treatment in the adult women with SUI and whose outcome was urinary severity (collected by ICIQ-SF and IIQ-7 instruments). The study selection was undertaken by two reviewers independently. The studies were displayed and screened to identify relevant reviews, using Rayyan website.
Results: From 2,119 were excluded 2,116 studies after screening the title, abstract and full article. Three systematic reviews were included, the meta-analysis was performed using data from primary studies, with 1,691 participants. The overall effect estimate between PFMT and no treatment favored the PFMT group with moderate to large effect size (SMD = -0.54, 95% CI [-0.90 to -0.17], p = .005). When compared effect estimate between PFMT; when compared offering educational instructions favored the PFMT group with large effect size. (SMD = -0.90, 95% CI [-1.40 to -0.41], $p \leq .001$) and the effect estimate between PFMT and other interventions, there was no difference. (SDM = 0.05, 95% CI [-0,10 to 0,19], P = 0.79).
Conclusion: The present study showed that PFMT interventions are better than no treatment in terms or only offering educational instructions to reducing IU severity. When comparing PFMT with other study subjects, it was observed in 3 of the 5 studies that the control group performed PFMT associated with another invention.
Implications: This umbrella review supports the widespread use of PFMT as the first-line treatment for SUI. However, we recommend further studies like this to look at other important outcomes that impact the lives of women with SUI.
Keywords: Conservative treatment, Physical Therapy Modalities, Women's Health

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FEMALE SEXUAL FUNCTION AND QUALITY OF LIFE

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Background: Sexual function refers to the different reactions of the body during the phases of the sexual response cycle, and any reason that interrupts this cycle is characterized as sexual dysfunction. In this sense, sexual dysfunction can significantly impact on quality of life and generate a mistaken perception about sexuality, especially among women who have historically been immersed in taboos surrounding the subject.
Objectives: To verify female sexual function and its influence on quality of life.
Methods: This is an exploratory-descriptive study with a quantitative-qualitative design. Data collection took place online, through a link made available on Google Forms, from September 2020 to January 2021. A questionnaire composed of sociodemographic questions, female sexuality and pregnancy history was used, in addition to the Female Sexual Function Index (FSFI), which consists of 19 items with questions related to sexual function up to 4 weeks ago and covers domains related to sexual desire, sexual arousal, vaginal lubrication, orgasm, sexual satisfaction and pain. Women between 18 and 55 years old, who had an active sexual life in the 4 weeks prior to