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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153

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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154

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

the questionnaire were included. Data organization and analysis were performed using Excel® 2010 software, including the preparation of tables, charts, and graphs, in addition to the use of analyses generated by Google Forms.
Results: 104 individuals participated in the study, of which the majority were between 18 and 25 years of age (n = 73), identified themselves as single in relation to marital status (79.81%), had no diagnosis of sexual dysfunction (97.12%) and were students (49.04%). In addition, the majority had no abortions (92.31%) and no pregnancies (71.15%), while the minority had 3 and 4 or more pregnancies, representing 0.96% each. Regarding sexual function, 61.54% had a score above the cutoff line on the FSFI, not suggesting sexual dysfunction, while 38.46% obtained a score below the cutoff line, suggesting sexual dysfunction. Regarding perceptions, 20.19% believe that educational or professional life negatively affects sexual life and 63.46% that sexual life positively interferes with their mood. When analyzing the sexual life domain in quality of life, on a score from 0 (minimum) to 4 (maximum), it was possible to observe a good classification, in which 34.44% attributed the maximum score and 47.68% a score of 3.
Conclusion: It can be concluded that most participants presented good sexual function and that sexual life positively influences mood, in addition to having a good classification within the quality of life assessment. However, it should be noted that the sample was composed mostly of young, single adults with no history of pregnancy, which may have influenced the results. Therefore, it is essential to conduct new research with a more diverse sample.
Implications: Understanding female sexual function and its influence on quality of life is essential for the physiotherapist to identify the prevalence of dysfunctions and their impacts on the daily lives of patients, as well as the importance of effective professional monitoring.
Keywords: Sexuality, Genitalia, Women's Health

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155

IMPACT OF WORK-RELATED PSYCHOSOCIAL FACTORS ON THE DEVELOPMENT OF NECK PAIN IN PROFESSORS FROM BRAZILIAN PUBLIC HIGHER EDUCATION INSTITUTIONS

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Background: Psychosocial risk factors may influence mental and musculoskeletal health. Neck pain is one of the most frequently reported diagnoses by professors, which can be associated with physical and mental work demands. A broader understanding of the development of neck pain can determine whether there is a psychosocial influence and to suggest possible management strategies.
Objectives: To verify whether psychosocial factors are associated with the development of neck pain in professors at Brazilian public higher education institutions (HEIs).
Methods: This longitudinal study used baseline data collected from May to December 2022 and from May to December 2023 (12-month follow-up). Participants were invited to participate mainly by email, responding to an electronic form. For this study, we selected professors who worked 40 hours per week exclusively and without a medical diagnosis of neck pain at baseline. Psychosocial aspects were assessed using the short Brazilian-Portuguese version of the Copenhagen Psychosocial Questionnaire (COPSOQ II-Br). Logistics and descriptive analyses of the data were performed, using the SPSS statistical software. The work-related psychosocial risk factors assessed were symptoms of stress and burnout; work-family conflict; quantitative work demands, and emotional work demands. The variables sex, age, preschool-aged children (0 to 5 years), and family income were added to the adjusted model. For family income, the monthly minimum wage (MMW) was used based on the year 2022 (MMW = R$ 1,212.00 ? USD 230).
Results: The study included 661 professors, mean age of 48.9 (SD = 9.8) years, 54% were male, 71% were white, 70.1% had a spouse, 36% had no children and only 12.3% had preschool-age children, 89% had a doctorate, 52% had a family income less than or equal to 12 MMW and 95.5% were non-smokers. Professors from all Brazilian states participated, but the majority (24.4%) lived in the state of São Paulo. The majority were in the risk category for three of the five psychosocial factors evaluated, namely: burnout (61.1%); stress (62.4%); emotional work demands (50.7%). Most professors were in the safe category for the work-family conflict factors (54.4%) and quantitative work demands (81.4%). At the 12-month follow-up, 3.5% of professors reported a medical diagnosis of neck pain. Only emotional demands showed a significant association ($p < 0,05$) with the medical diagnosis of neck pain in the 12-month follow-up in crude model (p = 0,027; OR: 2,91; 95% CI: 1,13−7,47) and the adjusted model (p = 0,043; OR: 2,69; IC: 1,03−7,05).
Conclusion: Emotional demands increase the chance of developing neck pain in professors at Brazilian public HEIs by almost three times, which suggests the need for a multifaceted approach to manage this health condition.
Implications: This result highlights the importance of a comprehensive approach that considers not only the physical assessment but also the psychosocial aspects of these workers, with multidisciplinary treatment protocols. HEIs should support the emotional demands of professors, controlling emotionally stressful situations and promoting awareness programs on mental health, emotional intelligence and resilience to prevent neck pain.
Keywords: Occupational Health, Musculoskeletal Pain, Emotional Intelligence

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156

FACTORS ASSOCIATED WITH WORK ABILITY IN OLDER WORKERS AS PREDICTORS OF WORK PARTICIPATION: A SYSTEMATIC REVIEW

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Background: The sustainability of the labor market for older workers has become a central issue. The prolonged participation of these workers raises concerns for organizations, which face an increase in age-related chronic conditions and disabilities, leading to higher absenteeism rates and reduced work ability. Understanding the work ability of older workers is essential for society's sustainable development.