

instructions and the translated version of the RTP. At the end of this stage, 30 young adults aged between 13 and 35 years (mean=25; SD=6.9 years), diagnosed with CP and with a good cognitive level, provided data for content validation, in addition to sociodemographic information.

**Results:** After two rounds of review with the authors, the final version translated into Portuguese was obtained and construct validity was established with agreement among professionals to change 3 items of the instrument. Content validity was demonstrated with suggestions for additional modifications to 2 of the same 3 items also pointed out during construct validity. In the end, changes were made to items 1 (education and employment) and 8 (care demands). The internal consistency analysis was considered good (Cronbach's alpha 0.820).

**Conclusion:** The Brazilian Portuguese version of the RTP was considered adequate and clear.

**Implications:** The instrument will support transition planning for person-centered care, highlighting the strengths and challenges faced by young people with CP during the transition to adulthood.

**Keywords:** Cerebral palsy, Evaluation instrument, Measurement properties

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

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## INSPIRATORY MUSCLE STRENGTH AS A PROTECTIVE FACTOR FOR MORTALITY IN PATIENTS WITH HEART FAILURE

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**Background:** Chronic heart failure (HF) is commonly associated with inspiratory muscle weakness (IMW). However, few studies have investigated risk factors for IMW in patients with HF and systolic dysfunction (left ventricular ejection fraction (LVEF)  $\leq$  40%).

**Objectives:** This longitudinal study aimed to: (1) analyze whether clinical factors, functional capacity measures, and biomarkers of inflammatory and cardiovascular disease were associated with IMW in patients with HF; (2) to analyze associations between IMW, functional capacity and the outcome death in 36 months of follow-up.

**Methods:** This longitudinal study. Patients with HF, NYHA functional class I-II-III, LVEF  $\leq$  40% consecutively recruited at a referral cardiac tertiary center were evaluated. At baseline, we evaluated patients regarding clinical data, smoking history, peripheral muscle strength using a dynamometer, functional capacity using the six-minute walk test (6MWT) and treadmill cardiopulmonary test (CPT), quality of life using the Minnesota Living with Heart Failure (MLHF) questionnaire and plasma levels of cardiovascular biomarkers. Through analysis of medical records and phone calls, we followed these patients for 36 months for the main outcome, death. Statistical analysis compared the survivor and death groups using the Wilcoxon test for continuous variables and Fisher's exact test was used for categorical

variables. To identify predictors of mortality in these patients, a logistic regression was performed. P values  $<0.05$  were considered significant.

**Results:** Sixty-nine patients were evaluated. They had  $58 \pm 10$  years, LVEF  $30 \pm 7\%$  and 71% were male. Six patients died during the 36-month follow-up. Compared with survivors, patients in the death group had lower predicted inspiratory muscle pressure (IMP) ( $80 \pm 23$  vs  $57 \pm 22\%$ ,  $p=0.015$ ), lower oxygen consumption ( $VO_2$ ) at the point of respiratory compensation ( $20 \pm 5$  vs  $15 \pm 1$  mL/Kg/min,  $p=0.020$ ), higher troponin I plasmatic values ( $453$  ( $244$ - $596$ ) vs  $804$  ( $674$ - $1085$ ) pg/mL,  $p=0.022$ ), higher Galectin-3 plasmatic values ( $1168$  ( $806$ - $2092$ ) vs  $2756$  ( $2021$ - $6514$ ),  $p=0.020$ ) and worse quality of life according to the MLHF ( $p=0.048$ ). Most patients in the death group had IMW (83%), with a significant difference ( $p=0.018$ ) compared to the survivor group, in which only 31% of patients had IMW. Predicted IMP was the only protective predictor of mortality in these patients (OR 0.958 (0.920 to 0.998),  $p=0.027$ ).

**Conclusions:** Predicted IMP proved to be an independent protective predictor of mortality in patients with HF and reduced LVEF.

**Implications:** In physiotherapeutic care for patients with HF and reduced LVEF, the assessment of inspiratory muscle strength and identification of IMW is an important measure to guide conducts and identify the severity of patients.

**Keywords:** Heart failure, Inspiratory muscle weakness, Functional capacity

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## CORRELATION BETWEEN OCCUPATIONAL PROFILE, ABSENTEEISM AND WORK ACCIDENTS IN MUSCLE, SYNOVIA AND TENSION DISORDERS

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**Background:** Absenteeism and accidents at work are considered a public health problem due to the socioeconomic and functional repercussions imposed on the worker and the country. The characteristics of the work environment can increase occupational risks and, consequently, the incidence of work absenteeism and accidents.

**Objective:** To identify which occupational characteristics are associated with absenteeism and work accidents in work-related muscle, synovial, and tendon disorders.

**Methods:** We performed an observational study. We obtained the data through the National System of Medical Assistance - SINAM (DATASUS) considering the notifications resulting from muscle disorders (M60-M63), synovial and tendon disorders (M65-M68) in Brazil between the 2006 and 2022 years. The analyzes correlated absenteeism and work accidents with the occupational profile, with the following variables: (1) repetitive movements; (2) stressful environment; (3) time for breaks; (4) working hours longer than 6h/day; and (5) more than one employment relationship. We assessed the normality of all variables using the Shapiro-Wilk test. In the absence of normal distribution, we used the Spearman Correlation test. All