

anterior, posteromedial, and posterolateral reach directions. The averages of three attempts were recorded for each direction, for each lower limb. After normalizing each reach distance by the length of the lower limb, the composite score and the average between the right and left composite scores were obtained. To assess ankle mobility, the Weight-bearing lunge test was performed, recording the average angle of three attempts for each lower limb. To compare results according to sex, the Student's t-test or Mann-Whitney test was used, taking into account the distribution of data. Conclusions were taken at a significance level of 5%.

**Results:** The sample consisted of 75 participants, most female (69.3%; n=52), aged between 18 and 55 years (mean  $32.3 \pm 7.0$ ), and average time of experience in the modality of  $39.8 \pm 25.6$  months. The average YBT-LQ composite score between the right and left sides was  $103.0 \pm 9.1$  among men and  $100.9 \pm 12.2$  among women, and there was no statistically significant difference between groups ( $p > 0.05$ ). Concerning ankle mobility, the average between the right and left sides of dorsiflexion range of motion in the Weight-bearing lunge test was  $48.2 \pm 6.3$  among men and  $48.9 \pm 7.3$  among women, with no statistically significant difference between groups ( $p > 0.05$ ).

**Conclusion:** The performance in dynamic balance and ankle mobility of recreational FF practitioners was similar among adults of both genders.

**Implications:** These results can guide sports professionals in identifying normative values for balance and ankle mobility for practitioners of FF without injuries. Prospective studies are needed to determine whether these tests can predict FF-related injuries.

**Keywords:** Postural balance, Range of motion, Dorsiflexion

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**Acknowledgment:** Not applicable.

**Ethics committee approval:** The study was approved by the Federal University of Mato Grosso do Sul (UFMS) Ethics Committee (protocol number 5,393,287, CAAE: 42946420000000021).

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## BODY IMAGE AND SEXUAL DISSATISFACTION OF WOMEN ASSISTED IN A BASIC HEALTH UNIT

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**Background:** The female body suffers from standards imposed by society determined by the media or social networks, generating a continuous desire for bodies incompatible with reality. This desire can generate low self-esteem, causing women to feel dissatisfied with their own appearance. This is an important factor in sexual satisfaction, because women dissatisfied with their body and appearance may be ashamed to expose it to their partners, making sexual intercourse uncomfortable. It is necessary to understand the existing relationship between body and sexual dissatisfaction due to the scarcity of studies, assisting in the care of the health of the woman.

**Objectives:** The objective of this study was to verify the relationship between body and sexual satisfaction of women assisted in a Basic Health Unit (BHU).

**Methods:** Epidemiological, observational, cross-sectional study, conducted in a UBS in the city of Guarapuava - PR, with women enrolled in the Women's Comprehensive Health Program. Inclusion criteria were women aged 18 to 59 years who agreed to the Informed Consent Form. In September 2021, 1,811 women were

enrolled in the Comprehensive Women's Health program, and the sample calculation with the StatCalc application of the Epi Info 7.2.4 program totaled 326 eligible women. Data collection was performed by applying a questionnaire during the period from October 02, 2021 to February 15, 2022, containing: sample characterization; lifestyle; women's health; sexual performance; body satisfaction. The dependent variable was sexual dissatisfaction, by the questionnaire Sexual Quotient - Female Version (QS-F), validated by Abdo, (2009). The independent variable was body image, collected by the Stunkard Silhouettes Scale, validated by Scagliusi, (2006). Data analysis was performed using the Statistical Package for the Social Sciences - IBM SPSS Statistic v.19 for Windows®. The association analysis between variables was performed using Pearson's Chi-square and ANOVA tests (statistical significance 5%, p-value < 0.05). The reference category of the independent variable "body image" was the response "satisfied".

**Results:** Among the 326 women eligible for the study, there were 269 in this study, considering the losses and refusals. The mean age was  $33.52 \pm 10.15$ , mostly white (74.0%), with a partner (74.3%), working (63.8%), with children (79.0%), sexually satisfied (79.5%) and dissatisfied with their bodies (81.8%). Of these women, 20.6% were sexually dissatisfied. Statistical association was found between sexual dissatisfaction and mean age (<0.05), children (<0.001), menopause (<0.001), and body dissatisfaction (<0.05). There was a higher prevalence of sexual dissatisfaction in women dissatisfied with their bodies.

**Conclusion:** It was possible to conclude that there is a relationship between body image and sexual dissatisfaction in women who are assisted in a UBS.

**Implications:** These findings may help in the planning of actions to women's health in the Primary Care setting.

**Keywords:** Sexuality, Personal Satisfaction, Women's Health

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

**Acknowledgment:** Not applicable.

**Ethics committee approval:** Universidade Estadual do Centro Oeste Research Ethics Committee, CAAE number 50951621.2.0000.0106

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## IMPACT OF DYSMENORRHEA ON THE LEVEL OF SELF-PERCEPTION OF THE PELVIC FLOOR IN NULLIPAROUS YOUNG WOMEN

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**Background:** Dysmenorrhea, originated by a difficult menstrual flow, is a source of gynecological chronic pelvic pain in the lower abdomen or lumbar region, which can last the entire menstrual period and cause dysfunctions in the pelvic floor (PF). Despite the high prevalence of PF dysfunctions in the female population, women have limited knowledge about their perception and, consequently, about the health of this region.

**Objectives:** To evaluate the effect of dysmenorrhea on the level of self-perception of the pelvic floor in young nulliparous women.

**Methods:** A descriptive, observational, cross-sectional study was conducted with a convenience sample of nulliparous women. Women aged 18-30 years were selected, who had had their first sexual intercourse and never got pregnant. Participants were assessed for the same examiner using the socio-clinical questionnaire, visual analogue pain scale (VAS) and the pelvic floor self-perception

questionnaire (Domains: Gynecological consultation; Consciousness of the genito-urinary tract; Social activity; Habits of life; Self-perception; Sexual activity; Female anatomical knowledge). In the data analysis were calculated, according to the distribution of normality of the sample, the means and standard deviation of the variables and compared the groups with and without dysmenorrhea as a function of self-perceived PF with the t test for independent samples. Data were analyzed using the *Statistic Program for Social Science* (version 23) considering the significance level of 5%.

**Results:** Participated in this study 69 young adult nulliparous women with a mean age of  $21.86 \pm 3.16$  years, mean schooling of  $13.62 \pm 4.72$  and 82.6% were attending higher education in health courses. The prevalence of dysmenorrhea was 65.21% (n=45) and most had regular menstrual flow. The level of pain of dysmenorrhea was low presenting average in VAS of  $3.59 \pm 3.16$  points. By the analysis of the domains and total score of the scale of self-perception of the PA it was verified that the majority of the sample presented a moderate level of perception. There was no statistically significant difference between the groups with and without dysmenorrhea in relation to the perception of PFM, however the group with dysmenorrhea had lower values. There was no correlation between the presence of dysmenorrhea and the domains of self-perception of PF.

**Conclusion:** Dysmenorrhea is prevalent among young nulliparous women and did not interfere with the perception of PF.

**Implications:** In scientific terms, it is worrisome to recognize that women who attend health courses have only a moderate level of perception of PF but also that although there was no statistical significance, if the sample was increased probably the symptom dysmenorrhea can interfere in functional terms of PF and alter their self-perception. In clinical terms, this study supports the importance of considering the perception of women in relation to their PF and can collaborate in therapeutic clinical practice.

**Keywords:** Women's health, Dysmenorrhea, Pelvic floor

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

**Acknowledgment:** Not applicable.

**Ethics committee approval:** Universidade Estadual do Centro-Oeste, approval opinion number. 5.299.509.

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## DORSIFLEXION RANGE OF MOTION (ROM) AND SHANK-FOREFOOT ALIGNMENT ARE ASSOCIATED WITH THE PERFORMANCE OF THE MODIFIED STAR EXCURSION BALANCE TEST

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**Background:** The modified Star Excursion Balance Test (mSEBT) is a valid, low-cost, and easily implemented screening tool in clinical practice recommended for assessing dynamic postural control in athletes. Previous studies evidenced that poorer performance on

the mSEBT predicts an increased risk of injury in several sports. The performance of the mSEBT depends on the contribution of various body segments and constructs of physical function to reach maximum distance in the anterior, posteromedial, and posterolateral directions. Understanding the relationship between mSEBT performance, distal and proximal factors in the kinetic chain and other constructs of physical function in soccer athletes can contribute to a more assertive assessment in clinical practice, since soccer athletes with dynamic balance deficient are more likely to sustain a lower limb injury.

**Objective:** To verify if hip and foot/ankle musculoskeletal factors predicts the performance of the modified Star Excursion Balance Test (mSEBT) in male youth soccer athletes.

**Methods:** In this cross-sectional study, 108 athletes ( $18.04 \pm 0.14$  years,  $72.86 \pm 0.76$  kg,  $1.78 \pm 0.7$  m) in categories Under-17 and Under-20 from a professional soccer club in Brazil were assessed during the preseason assessment. The assessment included the following tests: shank-forefoot alignment (SFA), passive hip IR ROM, hamstring flexibility (HF), dorsiflexion range of motion (ROM), Single Leg Hamstring Bridge (SLHB), and the performance of the modified Star Excursion Balance Test (mSEBT). Multiple linear regression analysis was performed to identify if the foot/ankle musculoskeletal factors could explain the performance of the mSEBT.

**Results:** Regression analyses revealed that shank-forefoot alignment and ankle dorsiflexion ROM predicted the performance of the mSEBT ( $P < 0.05$ ). In model 1, SFA explained 9% of the mSEBT performance ( $F = 10.19$ ;  $r = 0.3$ ;  $r^2 = 0.9$ ;  $p = 0.002$ ). The inclusion of the ankle dorsiflexion ROM in model 2 explained 16% of the total variance of the mSEBT ( $F = 8.54$ ;  $r = 0.4$ ;  $r^2 = 0.16$ ;  $p = 0.004$ ).

**Conclusion:** The ankle dorsiflexion ROM and shank-forefoot alignment explained 16% of the performance of the mSEBT in male youth soccer athletes. These results suggest that the ankle dorsiflexion ROM and shank-forefoot alignment contribute to test performance and the physiotherapist must assess these factors.

**Implications:** The results of this study suggest that considering the influence of distal musculoskeletal factors of the kinetic chain on dynamic postural control and the association of the ankle dorsiflexion ROM and the shank-forefoot alignment with the performance of the mSEBT in youth soccer athletes. Athletes with a lower performance in the test should be assessed to verify the shank-forefoot alignment and the ankle dorsiflexion ROM. In addition, the improvement of the ankle mobility can be considered a good intervention in the implementation of prevention programs.

**Keywords:** Postural control, Assessment, Kinetic chain

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

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## ANALYSIS OF RELIABILITY, VALIDITY, RESPONSIVENESS AND MEASUREMENT ERROR OF THE COMPREHENSIVE MOTOR COORDINATION SCALE IN INDIVIDUALS WITH NEUROLOGICAL DISORDERS

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