

evaluated. Patients of both genders, aged over 18 years, were included in the study. The sample was defined by convenience, according to the patient's admission to the oncological palliative care clinics of the HOL after a referral from the surgical clinics, who did not have the capacity for curative treatment under conditions of relapses, metastases, and/or advanced stages of the disease. Those who were unconscious or in disorientation that prevented them from answering alone or with the help of the evaluator and those who died during the hospitalization period were excluded. The research was carried out from July to November 2021. The Palliative Performance Scale (PPS) and Visual Analog Pain Scale (EVA) were applied, characterizing the initial assessment T1. Patients received support from the multidisciplinary team. When starting the hospital discharge and return home programming phase, the final assessment (second stage - T2) and reapplication of the scales were performed.

**Result:** seven volunteers were included in the research, with a prevalence of males (71.4%), adults aged 30 to 59 years (85.7%), married (71.4%), with low education (85.7% with incomplete 1st grade) and primary location of cancer in the digestive tract (42.8%). The volunteers showed an important improvement in palliative performance within the PPS scale, evolving with a median of 50 at T1 to 70 at T2 ( $p=0.0019$ ), in pain control measured through the VAS scale from 10 to 0 ( $p=0.0090$ ).

**Conclusion:** With this study, it was possible to trace the clinical profile of cancer patients in Palliative Care and attest that a clinic specialized in palliative care manages to control symptoms, reflected in the improvement of pain, palliative performance, demonstrating that specialized palliative care clinics present efficiency in this management.

**Keywords:** Oncology, Palliative care, Functionality, Pain

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

**Acknowledgments:** Not applicable.

**Ethics committee approval:** The research began after approval by the Research Ethics Committee of the Hospital Ophir Loyola (HOL) (Process n° 4,768,038).

<https://doi.org/10.1016/j.bjpt.2024.100609>

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## RELATIONSHIP BETWEEN CAPABILITY AND PERFORMANCE IN CHILDREN AND ADOLESCENTS WITH CEREBRAL PALSY IN THE FEDERAL DISTRICT

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**Background:** The child with Cerebral Palsy (CP) presents different ways of locomotion which are influenced by the environment and can act as a facilitator or a barrier. According to the International Classification of Functioning, Disability, and Health (ICF), capacity refers to abilities in a controlled situation and environment and indicates the maximum level of functionality for a given moment, with minimal influence of environmental factors. On the other hand, performance refers to the execution of activities in everyday environments, such as home, school, and community, considering the environment in which the child is inserted. The difference between capacity and performance expresses the impacts of the controlled environment and the customary environment, allowing guidance on what can be modified in the environment to improve performance.

**Objectives:** To verify the relationship between ability and mobility performance in three different environments in children and adolescents with Cerebral Palsy in the Federal District and surroundings.

**Methods:** This is a Cross-sectional study. Thirty-eight children, from age 4 to 17 years old ( $\pm 7.4$  years), diagnosed with CP at all five levels of the Gross Motor Function Classification System (GMFCS) were included. Mobility capacity was verified using the Gross Motor Function Measure test score, version 66 (GMFM-66). Performance was evaluated using the Function Mobility Scale (FMS), in the home, school, and community environments, in 8 levels: 6- independent on all surfaces; 5- independent on ground surfaces; 4- uses canes, 3- crutches; 2- walker; 1- wheelchair; N- does not complete the distances; C - crawls. The sample characteristics were analyzed using descriptive statistics. Spearman (r) correlation was performed between GMFM-66 scores and FMS levels in the three environments (home, school, and community). The strengths of the correlations were determined as follows:  $r=0.00-0.19$  very weak correlation,  $r=0.20-0.39$  weak correlation,  $r=0.40-0.59$  moderate correlation,  $r=0.60-0.79$  strong correlation,  $r=0.80-1.00$  very strong correlation.

**Results:** 38 children with CP participated, 62% male, 76.5% with bilateral impairment, 26.3% GMFCS V, 15.8% GMFCS IV, 10.5% GMFCS III, 26.3% GMFCS II and 21.1% GMFCS I and 84.2% SUS users (Unified Health System). A strong correlation was found between ability and mobility performance at home ( $R=0.726$ ;  $p<0.001$ ), school ( $R=0.726$ ;  $p<0.001$ ) and community ( $R=0.680$ ;  $p<0.001$ ) environments.

**Conclusion:** Results of mobility, ability, and performance are strongly correlated in children and adolescents with cerebral palsy aged 4 to 17 years.

**Implications:** This study demonstrates that children are performing mobility at home, at school, and in the community according to what they are able to accomplish.

**Keywords:** Cerebral Palsy, Capacity, Performance

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

**Acknowledgments:** Thanks to the university hospital for providing the infrastructure for the evaluations and the parents who allowed their children to participate in the study.

**Ethics committee approval:** Research Ethics Committee of the University of Brasília (CAAE: 28540620.6.1001.5133).

<https://doi.org/10.1016/j.bjpt.2024.100610>

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## PHYSICAL ACTIVITY, BARRIERS, AND FACILITATORS IN BREAST CANCER SURVIVORS

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**Background:** Breast cancer is the most incident cancer in the world and Brazil, with 74,000 new cases estimated in Brazilian women for the three years 2023-2025. The high survival rates make it necessary to rehabilitate comorbidities arising from the treatment to promote quality of life. Physical activity can be an important ally; however, evidence shows that ~70% do not reach the recommended levels, despite the possibility of reducing relapses and adverse effects of treatment and of improving physical and mental health.

**Objectives:** The aim of the study was to identify the levels of physical activity of women survivors of breast cancer, barriers, and facilitators for physical activity.