

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).

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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.

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

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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.

**Methods:** In this cross-sectional analytical observational study, 31 women answered an online questionnaire. 'Survivors' were considered those who completed treatments (chemotherapy, radiotherapy, and/or surgery) 6 months ago or more. Sociodemographic and oncological characteristics and the International Physical Activity Questionnaire (IPAQ) were questioned. The main barriers and facilitators to the practice of physical activity were also questioned.

**Results:** The mean age of the women was  $49.2 \pm 8.4$  years (30 – 69 years) and the time since diagnosis was  $4.9 \pm 3.6$  years (1 – 17 years). BMI was  $24.9 \pm 4.8$  (adequate) (17 – 36.7); 75% of the sample resided in urban areas, 66% had completed graduate studies, 22% had completed higher education, 72% were employed, and 22% were retired. Oncological staging at diagnosis was, classified as zero, 12.5% I, 18.8% II, 31.3% III, 9.4% IV, and 6.3% were unable to report. Surgical treatment was used in 97% of cases, 59% underwent radiotherapy, 56% chemotherapy, and 56% hormone therapy. 84.4% of women reported receiving information about physical activity considered relevant after According to the IPAQ-SF (short version), the prevalence of physical activity levels (version) was 44% high, 37% rate and 19% low, and  $3617.2 \pm 3859.6$  MET-min/week total. The main barriers to physical activity reported were issues related to employment (28%), the duration and frequency of physical activity (22%), the feeling of fatigue (22%), and lack of motivation to practice (16%); in addition, 13 women reported not perceiving difficulties. The most prevalent facilitators were health promotion (62%) and well-being (53%), the existence of motivation to practice (37.5%), the presence of medical guidance (28%), and the ease of access to practice sites (22%).

**Conclusion:** The levels of physical activity found were higher than previously reported in the literature, which may be related to the characteristics of the urbanized sample with a high level of education. Although the majority received professional instruction, it is perceived that the barriers were related to daily demands and that the facilitators were the promotion of health and well-being.

**Implications:** Research with a larger number of women in different contexts is recommended to promote the levels of physical activity suggested in the literature.

**Keywords:** Physical Activity, Breast Cancer, Women's Health

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

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## WORK ABSENCE IN HEALTH WORKERS - COMPARATIVE STUDY BEFORE AND DURING THE COVID-19 PANDEMIC

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**Background:** Several studies have focused on investigating the repercussions of the COVID-19 pandemic. However, in the health-care workers area, there is still a gap regarding the real impacts of the COVID-19 pandemic on the number of medical records, absences from work, and the main complaints of this population.

**Objectives:** To compare the prevalence of musculoskeletal disorders and sick leave among health professionals at a university hospital in pre and per-pandemic periods of COVID-19. Secondly, we aimed to identify the impact of the COVID-19 pandemic on the occurrence of health complaints of these professionals.

**Methods:** A retrospective longitudinal study was performed with database analysis from health workers at a University Hospital in Rio de Janeiro. Health-related data from the medical records of these professionals were collected. The workers should be employed at least six months before the pandemic and remain in the hospital for up to six months after the pandemic. Data analysis was based in the comparison of work on the comparison of work absences registered in the medical records of these patients. It also analyzed the occurrence of musculoskeletal pain, and health problems self-related by workers (sleep, depression, anxiety, and psychological assistance).

**Results:** Data from 189 professionals were included in this study. The mean age of the population was 40.9 years (SD 7.8) and 143 employees (75.6%) were women. The average workload was 34 hours per week (SD 5.8). Professionals had on average 3.8 years of working at the hospital (SD 0.62). The professionals who most presented work-related diseases were nursing technicians 56 (29.6%) and administrative assistants 21 (11.1%). There was no significant difference when comparing the mean number of work absence days in the pre-pandemic period, 10.7 days (SD 19.5), and the per-pandemic period, 13.5 days (SD 15.9) ( $p=0.270$ ). There was also no significant difference when comparing the number of health-related diseases in the same period. However, when observing self-reports on health problems, it was identified that there was interference from the pandemic in the frequency of occurrence of sleep problems ( $\chi^2=26,967$ ;  $p=0.01$ ), episodes of depression ( $\chi^2=63,087$ ;  $p=0.01$ ), anxiety attacks ( $\chi^2=67,938$ ;  $p=0.01$ ) and psychological assistance ( $\chi^2=92,706$ ;  $p=0.01$ ).

**Conclusion:** There was no difference in the number of work absence days and the number of health-related diseases when comparing the pre-and-pandemic periods. However, it was observed that the pandemic interfered with the occurrence of health complaints.

**Implications:** The findings indicate that hospital professionals possibly needed to make the decision to work even being sick. Such behavior is also perceived in other work activities and should be more deeply explained by scientific works in the area.

**Keywords:** Occupational health, COVID-19, Musculoskeletal injury

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

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## ASSESSMENT OF ABDOMINAL SUBCUTANEOUS ADIPOSE TISSUE THICKNESS BY ULTRASONOGRAPHY: A STUDY OF INTRA-RATER RELIABILITY

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**Background:** Body fat distribution is an important risk indicator for cardiovascular and metabolic diseases. Ultrasonography (US) is a non-invasive tool without adverse effects, validated to measure subcutaneous adipose tissue (SAT) however its use is evaluator dependent. To our knowledge, there are no reliable studies that