

repetitions, a fourth repetition was performed. The isometric force data were expressed in kilogram-force (Kg/f) and converted to newton (N) for the calculation of torque (N.m). The normality of the data was verified using the Shapiro-Wilk test. The mean and standard deviation were calculated, followed by and by independent samples t-test. A significance level of ( $p > 0.05$ ) was adopted.

**Results:** Thirteen female athletes ( $22 \pm 2.19$  years;  $1.63 \pm 0.06$  m and  $63.5 \pm 16.9$  kg) and 14 male athletes ( $23.85 \pm 6.97$  years;  $1.75 \pm 0.06$  m and  $72.8 \pm 8.6$  kg) participated in the study, totaling 27 college athletes. The athletes were classified according to the International Physical Activity Questionnaire (IPAQ) as Very Active (29.62%), Active (55.55%) and Irregularly Active (14.81%). Male athletes produced significantly more torque ( $109.36 \pm 43.70$  N.m; CI 84.12 - 134.59 N.m) when compared to female athletes ( $73.05 \pm 14.26$  N.m; CI 64.43 - 81.67 N.m).

**Conclusion:** This study provides a normative database on isometric hip flexor strength measured with a hand-held dynamometer. In general, differences in strength were present between the sexes, with men showing higher torque values compared to women.

**Implications:** The isokinetic dynamometer is the gold standard instrument for quantifying muscle strength. However, it is not accessible to all athletes. Therefore, we sought an alternative for the quantification of muscle strength in an affordable way. These data provide a description of hip flexor muscle strength in college athletes in order to assist professionals in post-injury rehabilitation, and to be a discharge criterion for sports return.

**Keywords:** Muscle Contraction, Rehabilitation, Lower Extremity

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

**Acknowledgment:** The authors would like to thank the Coordination for the Improvement of Higher Education Personnel (CAPES) and the National Council for Scientific and Technological Development (CNPQ) for the scholarships.

**Ethics committee approval:** Federal University of Santa Catarina, 5.566.069.

<https://doi.org/10.1016/j.bjpt.2024.100679>

83

## BARRIERS AND FACILITATORS TO ACCESS TO REHABILITATION SERVICES IN BRAZIL FOR POST-STROKE INDIVIDUALS IN THE FIRST SIX MONTHS OF RECOVERY

Carolina Luisa de Almeida Soares<sup>1</sup>, Jordana de Paula Magalhães<sup>1</sup>, Iza Faria-Fortini<sup>2</sup>, Ludmilla Ribeiro Batista<sup>2</sup>, Lidiane Andrea Oliveira Lima<sup>3</sup>, Christina Danielli Coelho de Moraes Faria<sup>1</sup>

<sup>1</sup> Department of Physiotherapy, Federal University of Minas Gerais (UFMG), Belo Horizonte, Minas Gerais, Brazil

<sup>2</sup> Department of Occupational Therapy, Universidade Federal de Minas Gerais (UFMG), Belo Horizonte, Minas Gerais, Brazil

<sup>3</sup> Department of Physical Therapy, Universidade Federal do Ceará (UFC), Fortaleza, Ceará, Brazil

**Background:** Post-stroke individuals should have immediate and full access to rehabilitation services after hospital discharge. This access must be obtained in the first six months of the event, a period where the chances of recovery are greater. Thus, it becomes relevant to know the barriers and facilitators of this access. However, studies on this topic were not found in developing countries such as Brazil.

**Objectives:** To identify barriers and facilitators to access to rehabilitation services for post-stroke individuals discharged from a stroke unit of a public hospital in Brazil in the first six months of recovery.

**Methods:** A cross-sectional and descriptive study was developed. Sociodemographic and clinical-functional data were collected in the hospital during the acute phase. Six months after discharge, data on barriers and facilitators to access to rehabilitation services were collected, considering 20 aspects related to the economic conditions and displacement to rehabilitation services, quality, and organization of rehabilitation services, as well as individual's personal conditions.

**Results:** 174 individuals ( $62 \pm 21$  years old) were included. Among the 20 aspects analyzed, 17 (85%) were most frequently pointed out as facilitators. The main facilitators pointed out was the patient's expectation of the treatment and the quality of care offered, identified by the vast majority ( $>79\%$ ) of the individuals. In addition, all aspects related to the quality of rehabilitation services were pointed out as facilitators by the majority of the subjects. Three (15%) aspects were most frequently pointed out as barriers: income available for health care (49.4%), waiting time to make an appointment and be attended (47.2%), and scheduling process (45.4%).

**Conclusion:** More facilitators than barriers were pointed out. That is, in the first six months of recovery, aspects related to economic conditions and displacement to rehabilitation services, organization of rehabilitation services, quality of rehabilitation services and personal conditions of the individual, have, for the most part, positively influenced the access to rehabilitation services for post-stroke individuals.

**Implications:** Considering the identified barriers, public policies to subsidize health costs and optimize the waiting time and scheduling process in rehabilitation services should be considered relevant tools to facilitate access to rehabilitation services for post-stroke individuals. Likewise, human, and financial resources must be directed towards promoting the enabling factors.

**Keywords:** Stroke, Access to rehabilitation services, Barriers and facilitators

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

**Acknowledgment:** We appreciate the funding agencies: CAPES, CNPq, FAPEMIG, and PRPq/UFMG. We also appreciated the collaboration of the professionals from Hospital Risoleta Tolentino Neves.

**Ethics committee approval:** Research Ethics Committee of the Federal University of Minas Gerais (CAAE:26431319.6.0000.5149).

<https://doi.org/10.1016/j.bjpt.2024.100680>

84

## SHORT PHYSICAL PERFORMANCE BATTERY AS A PREDICTOR OF MORTALITY AMONG OLDER ADULTS: SYSTEMATIC REVIEW WITH META-ANALYSIS

Caroline de Fátima Ribeiro Silva<sup>1</sup>, Larissa do Nascimento Pereira<sup>1</sup>, Daniela Gonçalves Ohara<sup>2</sup>, Areolino Pena Matos<sup>3</sup>, Ana Carolina Pereira Nunes Pinto<sup>3</sup>, Maycon Sousa Pegorari<sup>2</sup>

<sup>1</sup> Physiotherapy Course, Universidade Federal do Amapá (UNIFAP), Macapá, Amapá, Brazil

<sup>2</sup> Department of Applied Physiotherapy, Universidade Federal do Triângulo Mineiro (UFTM), Uberaba, Minas Gerais, Brazil

<sup>3</sup> Physiotherapy Course, Post-Graduate Health Sciences Program, Universidade Federal do Amapá (UNIFAP), Macapá, Amapá, Brazil

**Background:** Physical performance is an essential component in the clinical assessment among older adults, and its decline as assessed by the Short Physical Performance Battery (SPPB) is associated with increased risk for hospitalization, institutionalization, falls, and disability. Although a SPPB score  $<10$  seems to be predictive of mortality, according to previous studies, the cutoff values are heterogeneous, which makes it difficult to really know the predictive