

metabolic changes that can impact the neuromuscular system of this population. The difficulty of early detection of CKD often leads to late nephrological referral and initiation of hemodialysis on an emergency basis.

Objectives: To assess neuromuscular function in people with CKD starting hemodialysis.

Methods: Cross-sectional study, evaluating the neuromuscular function in people with CKD admitted to an urgent and emergency hospital who started hemodialysis on an emergency basis (CKD group) compared to people without kidney disease (control group). Measures of neuromuscular excitability (chronaxie obtained in the stimulus electrodiagnostic test), peripheral muscle strength (peak strength focused on lower limb isometric dynamometry) and functional capacity (number of repetitions in the 1-minute sit-to-stand test) were used. To compare the results between the groups, Student's t test was used for variables with normal distribution and the Mann-Whitney test for variables with non-normal distribution, adopting a rejection index of the null hypothesis ≤ 0.05 .

Results: Twenty-eight participants, 14 without kidney disease (42 ± 12 years, 5 males and 9 females) and 14 in the CKD group (53 ± 18 years, 9 males and 5 females) were evaluated. The CKD group, compared to controls without kidney disease, showed impairment in neuromuscular excitability (vastus lateralis chronaxie: 654 ± 230 vs 415 ± 190 μ s, $p = 0.008$; tibialis anterior chronaxie: $600 [500 - 1000]$ vs $400 [300 - 400]$ μ s, $p = 0.001$), peripheral muscle strength in all muscles assessed (knee extensors: 12.3 ± 4.6 vs 23.5 ± 9 kgf; knee flexors: 11.3 ± 3.2 vs 17.8 ± 4.3 kgf; dorsiflexors: 8.7 ± 2.8 vs 16.7 ± 4.3 kgf; and plantar flexors: 11.2 ± 2.5 vs 16.6 ± 4.4 kgf, all $p < 0.001$) and in functional capacity (13.8 ± 4.9 vs 36.7 ± 9.1 repetitions, $p < 0.001$).

Conclusion: People with advanced CKD who started hemodialysis on an emergency basis have impaired neuromuscular function, considering neuromuscular excitability, lower limb isometric muscle strength and functional capacity.

Implications: These findings may guide screening and monitoring strategies for neuromuscular deficiencies and rehabilitation planning.

Keywords: Kidney Failure, Chronic, Peripheral Nervous System Diseases, Debilidade Muscular

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

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PELVIC FLOOR DISCOMFORT AND GENITAL SELF-IMAGE IN WOMEN ATTENDING PRIMARY HEALTH CARE IN THE MUNICIPALITY OF CRICIÚMA/SC

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Background: There are several factors that lead to pelvic floor discomfort (PAD); these dysfunctions do not directly affect the lives of affected women but end up affecting female genital self-image.

Objective: The aim of the study is to relate the PAD and genital self-image in women assisted in primary health care in the city of Criciúma/SC.

Methods: This is a cross-sectional study with 212 adult women, aged 18 years or older, with self-reports of being sexually active in the last four weeks, registered in the health network of the city of Criciúma/SC. DAP were verified using the Pelvic Floor Distress Inventory (PFDI-20) and genital self-image was assessed using the Female Genital Self-Image Scale (FGSIS). The instruments were applied through individual interviews. A comparison of self-image between women with and without PAD was performed using the Spearman test for independent samples, according to data normality.

Results: Genital self-image correlated with all PAD (14.6%), with 12.5% of the variation in anorectal symptoms being explained by genital self-image.

Conclusion: Women with PAD worsen their genital self-image. The main results found were that the increase in DAP and the increase in anorectal symptoms decrease genital self-image.

Implications: The lack of national studies on this theme is highlighted, evidencing the importance of its realization.

Keywords: Pelvic Floor Discomfort, Genital self-image, Anorectal symptoms

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

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INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH COMPONENTS E CATEGORIES ASSESSED BY THE SPINAL CORD INDEPENDENCE MEASURE

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Background: The Spinal Cord Independence Measure (SCIM) was developed in 1997 to measure functional independence in individuals with spinal cord injury (SCI), embracing activities relevant to their daily life. Five versions of the SCIM have been published, respecting the construct delimited before the International Classification of Functioning, Disability and Health (ICF) advent (2001). The ICF, by being capable of describing an individual's health, health estate and functioning through a biopsychosocial model, is highly relevant to the rehabilitation process.

Objectives: Identify ICF components and categories covered by different versions of the SCIM.

Methods: Each SCIM version's items were linked to an ICF code accordingly to Cieza et al. (2019) linking rules. Data was descriptively analysed.

Results: The items of different SCIM versions' linkage to the ICF showed that all versions contemplate the Body structures, Body Functions and Activities and Participation ICF components. The instrument embraces Functions of the cardiovascular, hematological, immunological, and respiratory systems (b4), Functions of the digestive, metabolic, and endocrine systems (b5), Genitourinary and reproductive functions (b6), Mobility (d4) and Self-care (d5)

chapters. A few codes were added from one version to another, maintaining the original construct throughout updates.

Conclusion: The SCIM linkage to ICF showed that the aim of the assessment is the Activities and Participation component, contemplating 64% of the codes considered relevant in the literature for people with chronic SCI. The instrument briefly approaches the Body Structures and Body Functions components, reflecting 22% of this component's codes considered the most relevant for this population, showing that the assessment of this component might have to be complemented by other instruments. The SCIM IV is the most recent and the one linked to the highest number of ICF codes.

Implications: The ICF linkage to each SCIM version's items in association with the use of ICF qualifiers will help health professionals to elaborate reports for SCI patients, allowing the use of an international classification to describe functional independence and enabling communication between health professionals. Furthermore, by identifying the ICF components contemplated by SCIM versions, this paper helps health professionals plan the assessment of SCI individuals.

Keywords: Spinal Cord Injury, SCIM, ICF

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PHYSICAL ACTIVITY OF GYNECOLOGICAL CANCER SURVIVORS IN THE FIRST AND FOURTH QUARTER AFTER HIGH DOSE RATE BRACHYTHERAPY

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Background: Gynecological cancers develop in the female reproductive system and include cancer of the cervix, uterus, ovaries, fallopian tubes, vulva, and vagina. High dose rate brachytherapy (BATD) is often used in the treatment of gynecological malignancies, however, it can induce serious side effects of late onset, such as changes in the bowel, urinary tract/bladder and vagina. The practice of physical activity (PA) has positive results on the side effects of gynecological cancer and its treatment.

Objectives: To compare the level of PA in women who survived gynecological cancer in the first and fourth trimester after BATD at a reference oncology institution in southern Brazil.

Methods: Retrospective and longitudinal study based on electronic medical records of women with gynecological cancer treated at the physiotherapy outpatient clinic of the Oncological Research Center (CEPON) in Santa Catarina. The short version of the Physical Activity Questionnaire (IPAQ) was used to assess the level of PA. The collected information was stored in a spreadsheet in Microsoft the IBM SPSS program, version 20.0, was used for statistical analysis.

Variables were analyzed descriptively using simple frequency and percentages (categorical variables) and measures of position and dispersion (numerical variables). The Kolmogorov-Smirnov test was performed to verify the normality of the data. To compare the variables related to PA according to the IPAQ (PA time - minutes per day; weekly frequency; sitting time) between the first trimester after radiotherapy and the fourth trimester, the Wilcoxon test was used, with the significance level adopted as 5%.

Results: 34 participants were included with a mean age of 53.4 ± 13.5 years. Most were classified as insufficiently active in both the first (55.9%) and fourth (64.7%) trimester after BATD. In addition, an increase in sedentary behavior was identified, with greater relevance in the fourth quarter, so that the average sitting time on a weekday was 147.4 ± 102.4 minutes per day (min/day) in the first quarter to 211.8 ± 125.7 min/day in the fourth quarter ($p=0.007$); as well as the average sitting time on a weekend day, increased from 151 ± 103.5 min/day on the first day to 228.5 ± 133.3 min/day ($p=0.002$).

Conclusion: It was possible to notice that the majority of gynecological cancer survivors do not reach the PA recommendations in the first and fourth trimester after BATD. It was also found that women have sedentary behavior after treatment, especially in the fourth trimester after BATD, spending more time sitting compared to the first quarter.

Implications: The study demonstrates the importance of encouraging the practice of physical activity among survivors of gynecological cancer, especially in cancer treatment centers.

Keywords: Physical activity, Brachytherapy, Gynecological Cancer

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PHYSIOTHERAPY APPLIED TO PATIENTS IN THE VARIOUS STAGES OF PARKINSON'S DISEASE - WITHOUT IDENTIFICATION

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Background: Cellular senescence is an irreversible state of cell cycle arrest, thus being characterized by decreased cell proliferation and increased nucleus area, often acting as a tumor suppressor program. Photobiomodulation (PBM) has been used in several conditions to increase the mitochondrial response, promoting nuclear changes and cell proliferation. However, the effects of PBM on cells are still unclear.

Objectives: To verify the efficacy of photobiomodulation on cell senescence processes.

Methods: We utilized A172 glioblastoma cells transduced with H2B-mCherry by lentivirus to nuclear tagging. Treatment was done with GaAlAs Laser (850nm). Cells were divided by intensity into the following groups: C= Control, L1= $1\text{J}/\text{cm}^2$, L2= $2.2\text{J}/\text{cm}^2$, L3= $3\text{J}/\text{cm}^2$, L9= $9\text{J}/\text{cm}^2$, L15= $15\text{J}/\text{cm}^2$, L21= $21\text{J}/\text{cm}^2$, nuclear evaluation was performed at experimental times (0h, 24h, 48h and 72h). For data analysis, two-way ANOVA with the Tukey post hoc test was used. Differences were significant when $p<0.05$.

Results: PBM on intensities of $1\text{J}/\text{cm}^2$, $2.2\text{J}/\text{cm}^2$, $3\text{J}/\text{cm}^2$, $9\text{J}/\text{cm}^2$ e $15\text{J}/\text{cm}^2$ showed a lower increase at the nuclear size when