

contractions and the presence of co-contraction of lower abdominal muscles.

Implications: In scientific terms, it was shown that, in terms of MAP, for the development of UI, muscle strength is not a single factor to be considered, considering the importance of other parameters. In clinical terms, this study underscores the importance of considering motor, but also sensory, aspects when evaluating PFM functionality.

Keywords: Women's health, Pelvic diaphragm, Urinary incontinence

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

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Ethics committee approval: (COMEP/ UNICENTRO) under opinion n°. 5.299.509.

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ASSOCIATION BETWEEN BASELINE DYSPNEA AND PHYSICAL ACTIVITY LEVEL IN COPD PATIENTS AFTER A PULMONARY REHABILITATION PROGRAM

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Background: Pulmonary rehabilitation (PR) programs play a key role in reducing the sensation of dyspnea, improving exercise capacity, physical activity level and quality of life in patients with different severity of COPD. However, it is still uncertain whether there is an association between dyspnea and the level of physical activity in these individuals, as patients with different pre-PR baseline dyspnea scores may have different responses in the level of physical activity after PR.

Objective: to verify whether there is an association between the sensation of dyspnea and the level of physical activity in response to a PR program in patients with COPD.

Methods: This is a retrospective observational study, which evaluated 22 patients diagnosed with COPD, who participated in a PR program for 8 weeks, and had an FEV1/FVC ratio <70%, both genders, mean age of 67 ±SD years, post-bronchodilator FEV1 (48±12%). For pre- and post-PR evaluation of dyspnea sensation, the mMRC scale (Medical Research Council), distance covered by the 6-minute walk test (DPTC6) and the level of physical activity through the activPAL3TM actigraph (Pal technologies Ltd. United Kingdom), for 7 consecutive days. The physical activity level variables analyzed were time in lying/sitting, standing, and walking positions; number of steps, and time spent at certain exercise intensities (sedentary, when METS<1.5 and light exercise, when MET <1.5 but <3). Those patients who could not perform the proposed tests and/or had difficulty understanding the scale were excluded. For correlation analysis and linear regression of the data, the statistical software SPSS v21(2012) was used, with significance of p<0.05.

Results: A high negative correlation was found between mMRCpre and DPTC6 ($r=-0.769$; $p=0.000$), as well as a moderate negative correlation with the number of steps ($r=-0.678$; $p=0.001$), walking time ($r=-0.663$; $p=0.001$) and METS(> 1.5 to 3.0). Regarding mMRC and sitting/lying time, there was a moderate positive correlation ($r=0.546$; $p=0.009$). It was found in the simple linear regression analysis between mMRC with 6MWT ($r^2=0.529$), with the number of steps ($r^2=0.451$), with walking time ($r^2=0.463$) and with MET > 1.5 to 3.0 ($r^2=0.519$).

Conclusion: it is concluded that the pre-intervention mMRC can explain the exercise capacity and the level of physical activity after

PR, and more symptomatic patients reached lower exercise capacity and less time in light and moderate physical activity intensities.

Implications: This study has the clinical implications that when prescribing a PR program for patients with more symptomatic COPD, greater attention is given to these patients so that there is an improvement in exercise capacity and physical activity level.

Keywords: COPD, Physical activity, Physiotherapy

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

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Ethics committee approval: The study was approved by the Research Ethics Committee of the Federal University of São Carlos (CAAE: 85901318.00000.5504).

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QUALITY OF LIFE OF WOMEN IN THE THIRD TRIMESTER OF PREGNANCY

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Background: Quality of life is closely related to sociodemographic and environmental factors, living conditions and social relationships. Pregnancy is a period of adaptations and physical and emotional changes for women, which can affect their quality of life, especially in the third trimester of pregnancy, when most of the physical changes occur and delivery is approaching. The evaluation of this health indicator is important so that the physiotherapist can know where to act and what to offer for the health of the pregnant woman.

Objectives: To describe the quality of life of pregnant women in the third trimester of pregnancy.

Methods: This work comprises preliminary data from a cross-sectional observational study, with a sample composed of 24 women in the third trimester of normal-risk pregnancy, with a mean age of 29.33±3.897 years and who had lower limb edema. Quality of life was assessed using the Ferrans and Powers Quality of Life Index, adapted for pregnant women by Fernandes, Narchi and Cianciarullo. This instrument consists of 36 items divided into four domains, namely: health and functioning (16 items); family (4 items); social and economic (9 items); and psychological/spiritual (7 items). The score can vary between 0 and 30 points, with higher scores indicating better quality of life.

Results: The sample was characterized by being mostly married (79.2%), primiparous (70.8%), with planned pregnancy (47.1%) and complaint of lower limb edema (100%). The mean score for overall quality of life was 21.70±3.627, with a minimum score of 14.79 and a maximum score of 28.76. Only one of the pregnant women scored less than 15 points in quality of life, showing that most have a quality of life ranging from fair to good. The family domain obtained the highest average score (25.37±3.59), followed by the psychological/spiritual (23.25±4.56) and social/economic (22.30±4.00) domains. Health and functioning had the lowest score among the four (19.07±4.34), which points to how much physical changes during pregnancy can affect quality of life in the third trimester. Another piece of data that corroborates this observation is that item 7 (energy for everyday activities), within that same domain, had the lowest score in the sample.

Conclusion: For the characteristics of this preliminary sample of pregnant women in the third trimester, it was observed that pregnancy had a low impact on quality of life in general, with a greater decline in the health and functioning domain. It is necessary to expand the sample and correlate these data with their sociodemographic characteristics.

Implications: The results demonstrate the importance of the physiotherapist in relieving the physical symptoms of women in the third trimester of pregnancy, in order to increase their quality of life, and to guarantee that this period is lived in the best possible way.

Keywords: Pregnant, Quality of life, Edema

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

Acknowledgment: Not applicable.

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IMPACT OF MOTOR FUNCTION OF INDIVIDUALS WITH SPINAL MUSCULAR AMYOTROPHY AND OVERLOAD OF THEIR CAREGIVERS ON QUALITY OF LIFE

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Background: Spinal Muscular Atrophy (SMA) is a progressive degenerative neuromuscular disease that can cause several motor, respiratory, and functional impairments, directly interfering with the quality of life (QoL). Depending on the severity of the SMA, the individual may need intermittent care and their caregivers may feel overwhelmed with this responsibility.

Objectives: To correlate caregiver burden and motor function measurement (MFM) of individuals with SMA with their QoL.

Methods: Descriptive cross-sectional study, carried out in a state rehabilitation center in Goiânia, Goiás, Brazil. Data collection was carried out from March to July 2022, consisting of individuals diagnosed with SMA types I, II, and III being followed up at the institution's Neuromuscular Diseases Clinic and their main family caregivers. To analyze the MFM, participants younger than six years old were evaluated using the Motor Function Measurement Scale - Short Version (MFM-20), and those older than six years old using the Motor Function Measurement Scale (MFM-32). For QoL assessment, those over five years old answered the PedsQL Neuromuscular 3.0 questionnaire according to age group, while those under five years old had the same questionnaire answered by their guardians. To assess caregiver burden, the Burden Interview questionnaire was used. The distribution of demographic profile and clinical data was tested according to the type of SMA by applying Pearson's Chi-square test and "Post hoc" standardized residual analysis. The QoL, MFM, and caregiver burden were tested between the types of EBF using the Analysis of Covariance (ANCOVA), controlling the effect of variables that presented $p < 0.05$ in the initial exploratory analyses. The significance level adopted was $p < 0.05$.

Results: The sample consisted of 32 individuals with SMA, 6(18.7%) type I, 9(28.1%) type II, and 17(53.1%) type III, with a mean age of 21.9 ± 17.3 years old, mostly male 17(53.1%) and 27 caregivers, 26 (96.3%) females. The MFM showed a moderate positive correlation with the QoL of individuals with SMA type II ($r = 0.71$; $p = 0.05$) and

in type III it had a strong positive correlation with statistical significance ($r = 0.63$; $p = 0.01$). Caregiver burden had a negative correlation with QoL in SMA types II and III ($r = -0.71$; $p = 0.05$ and $r = -0.16$; $p = 0.63$, respectively), without statistical significance.

Conclusion: MFM correlated with the QoL of individuals with SMA, especially type III. The burden of caregivers showed a negative relationship with the QoL of people with SMA, highlighting the need for care for this population.

Implications: Knowledge of the motor function of individuals with SMA and the burden of their caregivers are important aspects that allow for more specific therapeutic approaches according to their individualities.

Keywords: Quality of life, Spinal Muscular Atrophy, Caregivers

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

Acknowledgment: Not applicable.

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FUNCTIONAL HEALTH LITERACY OF PEOPLE WITH SPINAL CORD INJURY IN REHABILITATION

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Background: Spinal cord injury (SCI) represents a public health problem due to the sequelae it causes, leading to physical dependence and functional disability. The acquisition of knowledge and the learning of skills are considered important aspects in the rehabilitation process of these people and are directly related to functional health literacy (FHL). The FHL refers to the understanding of information on health risks and the use of health services, including information leaflets, booklets, and health education. The person with SCI faces multiple barriers and experiences health disparities, but few studies have investigated the FHL of this population in rehabilitation.

Objectives: To evaluate the functional health literacy of people with spinal cord injury in rehabilitation.

Methods: Quantitative and cross-sectional study conducted in a state rehabilitation center in Goiânia, Goiás, Brazil. The data collection took place between October 2021 and January 2022. The sample was composed of individuals diagnosed with SCI older than 18 years who attended the adult neurofunctional physiotherapy outpatient clinic of the institution. The Short Test of Functional Health Literacy in Adults (S-TOFHLA), electronic medical records were used to fill out the clinical profile form, and a questionnaire for sociodemographic characterization. Data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 26.0.

Results: We evaluated 85 individuals diagnosed with SCI, 22 females (25.9%) and 63 males (74.1%). Regarding the classification of the injury, most participants (42.4%) were classified as "A" on the American Impairment Scale (AIS) and presented paraplegia (65.8%), with