

week, 40-50 min/), composed of choreographies that explored the movements used during the ADLs. The evaluations were carried out by two independent and trained researchers during the pre-intervention, post-intervention, and one month after the end of the research (follow-up). Comparison analyzes were performed using the SPSS® software, version 22.0 and using the Shapiro wilk test. The significance level adopted for this study was $p < 0.05$.

Results: 99 participants were screened for eligibility and 28 were selected (EG $n=14$; GC $n=14$). During the intervention, there were no significant differences for the intergroup comparison, in all PEDICAT domains ($p > 0.05$). However, there were significant differences during the intragroup comparison in the pre/post-intervention for the EG, in the Activity of Daily Living domain: $p=0.00$; $CI = -4.57$ to -2.13 . And in the pre-intervention/follow-up comparison: $p=0.00$, $CI = -3.87$ to -1.27 .

Conclusion: Therefore, it is concluded that dance therapy can positively impact the performance of children with autism in carrying out activities of daily living. However, there were no effects on other aspects of functionality. Thus, future research with a higher number of sessions are suggested, since these were considered limiting factors for the work.

Implications: The study of therapies focused on the participation and creativity of children with ASD can contribute to the improvement of integrated, inclusive, and multidisciplinary interventions for this public that is rarely addressed in the physiotherapeutic field.

Keywords: Personal Autonomy, Dance Therapy, Autism Spectrum Disorder

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FACTORS ASSOCIATED WITH THE FREQUENCY AND INVOLVEMENT IN THE PARTICIPATION OF YOUNG CHILDREN WITH MYELOMENINGOCELE – PRELIMINARY DATA

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Background: Participation is defined as frequency (measured by attendance and/or variety or diversity of activities) and involvement (participation experience including engagement, motivation, persistence, social connection and affection) in all life situations, and is seen as an essential condition for the development of the child. Children with myelomeningocele have several functional limitations that can lead to restriction of participation. Improving these children's participation requires knowledge about what factors may influence a child's ability to participate in activities of their choice.

Objective: To verify whether factors such as age, mobility performance, access to assistive technology equipment and the presence of environmental facilitators are associated with the frequency and involvement of young children with myelomeningocele participation at home, daycare/preschool and in the community.

Methods: A cross-sectional observational study was carried out with children diagnosed with myelomeningocele, between 6 months and 5 years of age. The dependent variables were Frequency and involvement in participation at home, day care/preschool and in the community, as measured by The Young Children's Participation Environment Measure - YC-PEM. The independent variables were age and access to assistive technology equipment collected through interviews with parents and caregivers, mobility performance measured by the questionnaire: Pediatric Assessment of Disability Inventory – Computerized Adaptive Testing (PEDICAT), and environmental facilitators measured by YC-PEM. Data were analyzed using SPSS version 22.0. To verify the associations between age, mobility performance, access to assistive technology equipment and the presence of environmental facilitators with the frequency and involvement of participation, Spearman's correlation was performed, with a significance level of 5%.

Results: Sixty-five children and their families (mean age 27.91 (± 17.36) months) participated in the study. The presence of environmental facilitators at home increased the child's involvement at home ($r=0.30$, $p=0.01$). In the daycare/preschool setting, a significant positive association was found between age ($r=0.50$, $p<0.0001$; $r=0.55$, $p<0.0001$), mobility performance ($r=0.35$, $p=0.003$; $r=0.37$, $p=0.002$) and the presence of environmental facilitators in daycare/preschool ($r=0.95$, $p<0.0001$; $r=0.98$, $p<0.0001$), with frequency and involvement, respectively. However, there was a negative association between having access to assistive technology equipment and attendance ($r=-0.32$, $p=0.008$) and participation involvement ($r=-0.36$, $p=0.03$) in daycare/preschool. In relation to the community environment, factors such as age ($r=0.40$, $p=0.001$), mobility performance ($r=0.26$, $p=0.03$), and the presence of environmental facilitators ($r=0.35$, $p=0.003$) correlated positively with community engagement.

Conclusion: Preliminary results indicated that the presence of environmental facilitators increases the participation involvement of children with myelomeningocele in all environments. Older and more mobile children are more involved in daycare/preschool and in the community. However, having access to assistive technology equipment that facilitates mobility worsens the frequency and involvement of participation in the daycare/preschool environment.

Implications: These findings highlight the role of the environment for the participation of children with myelomeningocele in different contexts, pointing to the need for more facilitators and environmental changes.

Keywords: Spina bifida, Participation, Mobility

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

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PARTICIPATION OF YOUNG CHILDREN WITH MYELOMENINGOCELE

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Background: Myelomeningocele is the most frequent malformation of spina bifida and is characterized by muscle weakness or paralysis

and loss of sensation below the affected lesion level, bladder and bowel incontinence, and hydrocephalus. The functional limitations present can lead to restriction of participation of these children, which includes the frequency and involvement of an individual in a life situation. There are few studies about the participation of these children under 6 years of age in the home, preschool and community environments.

Methods: A descriptive observational study was carried out with children diagnosed with myelomeningocele, between 6 months and 5 years of age, submitted to pre or postnatal surgical correction, regardless of the neurological level, who are followed up by a service of the complex of a university hospital, using the Young Children's Participation Environment Measure (YCP-PEM) questionnaire.

Results: Sixty-four children and their families (mean age 28.21 (± 17.31) months) participated in the study. Children were more frequently involved in the home environment, mainly in activities related to history and music (mean = 6.51 ± 1.28 ; 4.33 ± 1.50 respectively) and involving the use of electronics (mean = 6.42 ± 1.48 ; 4.26 ± 1.51). Most parents reported that the children's relationship with family members (90.63%), the social aspects of communication and interaction (87.50%), the availability of resources (87.50%) and having enough time (78.13%) supported their children's participation at home. In preschool, the highest frequency and involvement were related to activities involving groups of colleagues (mean = 6.33 ± 0.77 ; 4.33 ± 1.16) and socializing with friends (mean = 5.89 ± 1.59 ; 3.36 ± 2.21). On the other hand, children participated little in activities involving outings and events (mean = 2.10 ± 2.07 ; 1.36 ± 1.94). A large number of parents considered that the school environment has more facilitators than barriers. Within the community environment, children were more likely to participate in appointments, and purchases or services. The frequency of children's participation in community activities such as classes and courses were zero. Parents identified characteristics and resources in the community environment that mostly support their children's participation (70.58%), but also recognize aspects that restrict their participation (17.64%).

Conclusion: The participation of young children with myelomeningocele is relatively high in the home environment. However, in the preschool and community setting, it is significantly restricted. These children's participation is influenced in all settings by environmental factors.

Implications.

Implications: These findings provide a foundation for an improved understanding of the participation of children with myelomeningocele, and this information which can assist families and service providers in planning activities that fit with their child's preferences and ensure active participation.

Keywords: Spina bifida, Social participation, Social environment

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

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SYMPTOMS OF SEXUAL DYSFUNCTION IN FEMALE DISABLED ATHLETES: A CROSS-SECTIONAL PILOT STUDY OF PREVALENCE IN THE NORTHERN REGION

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Background: Adapted sport is aimed at people with disabilities. The dedication and engagement during sports practices end up exposing this population to the emergence of various health problems related to sports. Female sexual dysfunction is a disorder that can culminate in personal distress and interfere with interpersonal relationships due to anatomical, physiological, psychological, and sociocultural problems.

Objectives: To verify the prevalence of symptoms of sexual dysfunction in female athletes with disabilities.

Methods: Observational epidemiological research of quantitative and descriptive cross-sectional character, carried out with female para-athletes. Data collection was performed using the Google-Forms tool, divided into sections: presentation of the research in video and Informed Consent Form (ICF), sociodemographic data, obstetric data and the Sexual Function Index (FSFI) questionnaire; initially as a pilot study, tested in the North region, in Belém do Pará. The data were transferred from the platform to Excel 2019, tabulated, and analyzed.

Results: The pilot research had 3 participants, aged 32 ± 11 years, self-declared black (black and brown), heterosexual, all of them women with physical disabilities, practitioners of 2 different modalities of adapted sport (fencing and wheelchair dancing). Regarding obstetric history, only one reported 1 pregnancy, which evolved into abortion. The FSFI, in the desire domain, participant 1 (P1), participant 2 (P2) and participant 3 (P3) respectively presented scores of 3.6, 3.6 and 2.4 points, in the excitation domain, P1- 0.9, P2- 0.6 and P3- 4.2 points, in the lubrication domain, P1- 2.7, P2- 0 and P3- 6 points, in the orgasm domain, P1- 2.4, P2- 0 and P3- 6 points, in the satisfaction domain, P1- 0, P2- 0 and P3- 4.8, and in the pain domain, P1- 1.6, P2- 0 and P3- 6 points. According to each domain, there was a lower score in the satisfaction score, with a maximum score of 4.8 points. The total score per participant was: P1- 11.2 points, P2- 8.4 points, and P3- 29.4 points. At the end of the application, final results the scores of each domain multiplied by a factor that homogenizes the influence of each domain on the total score, it is possible to discriminate between the populations with higher and lower risk of presenting sexual dysfunction, with a cutoff point defined as 26 for the population of origin of the instrument, where values equal to or below this point would indicate sexual dysfunction. Thus, two participants had scores below 26 points, which may indicate symptoms of sexual dysfunction.

Conclusion: It is noteworthy that the data presented, even with the reduced n, point to the need to describe these symptoms in this population, outline their profile and epidemiological data.

Implications: the number of athletes of high-performance Paralympic sport from the North region has been growing, standing out in the national and international scenario, making this research a great stimulus for prevention actions.

Keywords: Sports for People with Disabilities, Sexual dysfunctions, Interpersonal Relations