

Fast Brazil self-application instrument. An analysis was performed with the Shapiro-Wilk test, which showed that the data were non-parametric, and thus the data were presented descriptively by the median and interquartile range and the environmental data with nominal variables. significance level $p < 0.05$ was adopted.

Results: 405 individuals were evaluated, 39.5% ($n=160$) ($p < 0.446$) characterized as fallers, so the sample of fallers consisted of 39% ($n=113$) female ($p < 0.882$), an aged median of 67 (63-73) years. It was observed that falls have a higher incidence with tripping 100% ($n=67$) ($p < 0.01$), slipping 100% ($n=43$) ($p < 0.01$), loss of balance 100% ($n=37$) ($p < 0.01$), acute pain 100% ($n=2$) ($p < 0.01$), leg weakness 100% ($n=2$) ($p < 0.01$), dizziness 100% ($n=4$) ($p < 0.01$), knees buckled 100% ($n=5$) ($p < 0.01$). Of the individuals who reported falls, the reasons were 45.83% ($n=88$) due to the bathroom being slippery when wet ($p < 0.03$), even if they had adaptations in their home such as a toilet of adequate size 38.15% ($n=145$) ($p < 0.04$) and grab bar in the bathroom in 47.91% ($n=46$) ($p < 0.04$).

Conclusion: We found that the incidence of falls was due to the bathroom being slippery due to the wet floor and that most have adaptations in their homes due to the fear of falling. This makes us reflect that even with adaptations, it gives a false sense of security. **Implications:** With the knowledge of environmental risk factors such as wet bathrooms, it is necessary to supervise the hygiene of these older adults.

Keywords: Falls, Older Adults, Environmental Factors

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

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277

ASSOCIATION BETWEEN SLEEP QUALITY AND MUSCULOSKELETAL PAIN IN HEALTH WORKERS – CROSS-SECTIONAL STUDY

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Background: Sleep is necessary for maintaining health and well-being. Work in the health area is organized in a shift system, which can interfere with workers' s circadian cycle, making them more susceptible to physical fatigue and musculoskeletal pain.

Objectives: To verify if there is an association between sleep quality and the number of regions with musculoskeletal pain in health workers linked to the Unified Health System (SUS).

Methods: A total of 125 health workers from different occupations who are part of the HEROES cohort were evaluated. Sleep quality was assessed by the Pittsburgh Sleep Quality Index (PSQI), considering the total score (ranging from zero to 21 points). The number of sites with musculoskeletal pain was assessed using the Nordic Musculoskeletal Symptoms Questionnaire (NMQ), ranging from zero to nine sites with pain. The factors age, gender, marital status, education, use of medication, tobacco, workplace, and hours worked were extracted from the sociodemographic questionnaire. Linear regression analysis was performed in the SPSS program with a significance level of 5%.

Results: The sample consisted of woman (83.2%), hospital workers (48.8) with a workload of more than 30 hours per week (71.2%). Linear regression analysis showed that sleep quality is associated with musculoskeletal pain ($R^2 = 24.04\%$; $p = 0.000$; $CI = 1.05 - 2.90$). With each increase of one point in the PQSI, there is an increase of 0.22 in the number of sites with musculoskeletal pain; that is, the worse the quality of sleep (bad sleepers), the greater the probability of the worker reporting musculoskeletal pain in more than one region.

Conclusion: Sleep quality was associated with the number of sites of pain in healthcare workers.

Implications: The findings of study show that it is necessary to return actions to care for the quality of sleep-in health workers, as well as to rethink the organization of health work, with a view to enabling shift alternation or other worker protection measures.

Keywords: Physiotherapy, Nursing, Ergonomics

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278

COMPARISON OF DIAGNOSTIC CRITERIA FOR SARCOPENIA IN OLDER PEOPLE: CROSS-SECTIONAL STUDY

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Background: Sarcopenia has been subject of study for some years, been defined by some international consensuses. A lack of pattern in ways to assess the syndrome, with a great variability of methods and cutoff points, used to make harder the data compilation in systematic reviews, with meta-analyses, and even in the clinical practice.

Objective: to compare the methods for evaluating sarcopenia in older people, demonstrating the relationship of each test with its peers for the same criteria diagnostic.

Methods: Cross-sectional study, where older people were assessed for: muscle strength, by handgrip and isokinetic dynamometers; body composition, by BIA, skinfolds, mid-arm and calf circumferences; physical performance by six-minute walk test, TUG and SPPB. The qualitative variables were expressed in absolute and relative frequency, the quantitative were presented in mean+SD, median and IQR. The correlations were assessed by Spearman's Correlation Coefficient, accepted as low when $r > 0,1$; moderate when $r > 0,3$, and high when $r > 0,5$. The p-value $< 0,05$ was adopted as significant.

Results: 78.31% were women, the average age was 67,85 +5,27 years. In strength assessments was found moderate correlation between Handgrip and quadriceps PT, and high with hamstrings PT. PT assessments showed high relation between them. SMM showed a high correlation with FFM, and a low correlation with CC and MAC. FFM showed high correlation with all body composition assessments. In physical performance, UGS had moderate correlation with SPPB and high with TUG. TUG showed low correlation with SPPB. UGS.

Conclusion: For strength, handgrip showed the best correlation, even needing more prospective studies. The chair stand test did not show relationship with other techniques, and it may be because of