

time (before and after) as within-group factor and visual condition (EO and EC) as between-group factor, and post hoc comparisons were made with the Bonferroni test (significance level of 5%).

**Results:** For the configuration feet apart, ANOVA showed a main effect of time for the AP standard deviation ( $F=4.715$ ,  $p=0.032$ ), with a smaller CP variability after than before the intervention, regardless of visual condition (before EO:  $4.021\pm2.515$ mm, EC:  $4.765\pm4.220$ mm; after EO:  $3.627\pm2.790$ mm, EC:  $3.950\pm2.943$ mm). For feet together, there was no interaction between time and vision ( $F=3.697$ ,  $p=0.057$ ), with a difference in CP variability between EO and EC ( $p=0.056$ ) only before the intervention (before EO:  $4.072\pm1.919$ mm, EC:  $5.443\pm3.318$ mm; after EO:  $4.650\pm2.714$ mm; EC:  $4.915\pm2.252$ mm). Regarding the other CP parameters, ANOVA did not reveal an interaction or time effect ( $p>0.05$ ).

**Conclusion:** The main findings suggest iliopsoas MFR reduces the amplitude of CP sways and the difference in the sway variability (AP) between EO and EC conditions during standing.

**Implications:** Given the reduction of postural sways' size seems to benefit balance control, the iliopsoas MFR could provide benefits to motor performance in futsal athletes.

**Palavras-chave:** Myofascial Release; Iliopsoas; Postural Control

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

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## ASSESSING FUNCTIONING BY WHODAS-12 IN WOMEN WITH DYSMENORRHEA

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**Background:** Dysmenorrhea is the most common gynecological condition reported by women, and 33% to 50% of them report moderate to severe symptoms. It is defined by menstrual pain in the pelvic region and lower abdomen that can be associated or not to other secondary gynecological conditions (e.g., endometriosis, myoma, adenomyosis). The symptoms are frequently associated with others and can affect women's quality of life and functioning, such as missing school/university/work, decreased sleep quality and fatigue. Those symptoms can be intensified by emotional stress, lower social support and lower socioeconomic conditions. Given the great interference of dysmenorrhea in various spheres of life, a comprehensive evaluation of disability and functioning is necessary for this population.

**Objectives:** To analyze functioning and the affected domains in women with dysmenorrhea.

**Methods:** Cross-sectional and online study conducted between 2022 and 2023 with 2,609 Brazilian adult women with dysmenorrhea ( $27.7 \pm 7.4$  years old). Pregnant women, with 6 months of puerperium and transgender were excluded. The translated and validated Brazilian Portuguese version of WHODAS-12 for women with dysmenorrhea was used. The WHODAS-12 is an instrument with 12 items developed by the World Health Organization (WHO) to briefly assess health and disability and provide the level of general functioning of the following domains: life activities, mobility, cognition, social participation, self-care, and interpersonal relationships. All the items

and domains are directly linked to International Classification of Functioning, Disability and Health (ICF). The maximum score of each domain is 10 points and the higher the score, the greater the disability. Data were analyzed descriptively and presented as the mean and standard deviation in SPSS 22.

**Results:** The average of life activities domain was  $4.7 \pm 1.8$  points, the mobility domain had  $4.5 \pm 2$  points, the cognition domain had  $4.4 \pm 1.8$  points, social participation had  $4.8 \pm 2$  points, self-care had  $2.6 \pm 1.2$  points, and interpersonal relationships had  $4 \pm 1.9$  points. Interpersonal relationships and life activities were the most affected domains in women with dysmenorrhea.

**Conclusion:** In addition to pain intensity, the WHODAS-12 provided a screening of other domains of functionality that may be affected in women with dysmenorrhea, such as social participation and activities of daily living.

**Implications:** From the use of the WHODAS-12, it is possible to evaluate important aspects that are relevant beyond the intensity of pain in women with dysmenorrhea. Thus, clinicians can use WHODAS-12 as a specific and individualized therapeutic goal by approaching the woman from an integrality perspective. In addition, it is also possible to have a broader view of the impact of dysmenorrhea on the quality of life and functioning of Brazilian women.

**Keywords:** Dysmenorrhea, International Classification of Functioning, Disability and Health, women's health

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

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## TELEHEALTH CURRICULUM AT HEALTH CARE HIGHER EDUCATION: AN INTERNATIONAL EDELPHI STUDY

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**Background:** Considering the increasingly frequent use of telehealth, the lack of training of health professionals in telehealth care, it becomes essential to train and specialize future health professionals, with a formal and structured education at a higher level in the use of telehealth. There is no guideline on the core competencies in telehealth at health care higher education, therefore, a consensus is of paramount importance to externally validate these findings, compiling the core competencies in telehealth.

**Objective:** To identify the core competencies in telehealth needed in the curriculum at higher education.