

most experienced evaluators, followed by those with more experience. moderate experience, while the inexperienced preferred the QEC and the REBA. The SI is the method considered the most difficult by all evaluators in pre-training. After training, the evaluators somewhat maintained their trends towards the easier pre-training methods, although they improved their impression of the SI, previously considered more difficult.

Conclusion: The conclusion of this study is that the evaluators do not agree with each other. The training of evaluators to use explicit observational methods interferes little with the identification of exposure to biomechanical risk in the occupational environment and has not shown an effect on changing the evaluation of occupational exposure for inexperienced evaluators, with moderate experience and experts.

Implications: By evaluating the need and influence of training for the use of observational methods of analysis of biomechanical exposure, we contribute to improving them by knowing the results of measurement properties.

Keywords: Ergonomics, Occupational Health, Risk assessment

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

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SOCIODEMOGRAPHIC AND UROGYNECOLOGICAL PROFILE OF WOMEN ASSISTED IN THE PHYSIOTHERAPY SERVICE AT THE FEDERAL UNIVERSITY OF PARÁ

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Background: Urogynecological dysfunctions represent deficits in the functionality of the pelvic floor muscles (PFMs). Among these comorbidities, urinary incontinence is the involuntary loss of urine and affects about 50% of women at some point in life, with increasing incidence in advanced age in women under 65 years old, stress urinary incontinence is a little more common, while women over 65 are more likely to have mixed incontinence. Deficient or inadequate function of PFMs is one of the etiological factors for urinary incontinence, directly impacting the quality of life and sexual quality in women. Pelvic organ prolapse (POP) is defined as a protrusion or herniation of the pelvic organs through the vaginal walls and pelvic floor. It affects women between 20-29 years old about 6%, while women aged 50-59 years old represent 31% with POP and 50% of women with POP are 80 years old or older.

Objectives: To describe the profile of patients assisted by physiotherapy in women's health in the proposed unit and to identify the main pathologies that most affect this population.

Methods: This is a cross-sectional study. All participants signed the Informed Consent Form (TCLE). The sample consisted of women with urogynecological disorders referred by doctors from hospitals and units of the Unified Health System (SUS) or sought the physiotherapy service at CASMUC, in the period 2022-2023.

Results: A total of 32 patients were admitted and treated at the outpatient clinic during the period. As for the sociodemographic profile, there was a higher prevalence of elderly women (60 years old or more) (31.3%), single (37.5%) with housewife occupation (28.1%). It appears that in the sample most of the patients went through 2 or 4 pregnancies (25% each). Therefore, this multiparity leads them to a greater risk of urogynecological dysfunctions due to the weakening of the MAP. Regarding urogynecological disorders, based on medical diagnosis, 21.9% had stress urinary incontinence, 18.8% mixed urinary incontinence, 12.5% pelvic organ prolapse, and 15.6% mixed urinary incontinence associated with pelvic organ prolapse.

Conclusion and Implications: This study allowed us to trace the sociodemographic and urogynecological profile of patients undergoing physiotherapeutic care at CASMUC, like others reported in the literature, being elderly women, housewives, multiparous with a predominance of stress urinary incontinence and with a medium level of education.

Keywords: Physiotherapy, Women's Health, Profile

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EFFECTS OF GRADED EXERCISE ON HYPERALGESIA IN PATIENTS WITH KNEE OSTEOARTHRITIS. PRELIMINARY RESULTS

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Background: People with knee osteoarthritis (KOA) usually present pain sensitization, which impacts the experience of pain and predicts reduced quality of life and low responsiveness to treatments. A graded exercise has been proposed for the treatment of KOA. In this proposal, the practice of physical exercise should be within the individual possibilities, with the potential to remove the fear of exercising and thus create an adequate physical activity routine.

Objectives: This study aimed to investigate the effects of graded exercise on hyperalgesia in people with KOA compared to an educational control group.

Methods: Participants with primary symptoms of pain (≥ 4 on a 0-10 scale) and clinical diagnosis of KOA were recruited. After explanations about the procedures, they signed a consent form and were assessed at baseline and after the intervention. Anthropometric data and pressure pain threshold (PPT) in the center patella at the more symptomatic knee were collected. Three measurements were performed with an algometer (ITO-2020, Japan), with the 30s intervals between measurements. The mean of them was used for statistical analysis. The participants were randomly assigned to 2 groups for the 14 weeks of intervention: The exercise group and the Education group. The Exercise group performed exercises 3 times a week and had individualized progression of the duration and intensity of the exercise. The session duration initially was of 15-25 minutes and in the end of the intervention of 55 minutes. The participants of exercise group were contacted weekly for evaluation of progress and referral of exercise videos. The educational group also was contacted weekly to clarify doubts. Both groups received educational materials and participated in lectures with health professionals. Two-way ANOVA SPSS (Statistical Package for the Social Science 26.0) was used to compare differences between groups using group-versus-time interaction analysis (significance of 5%).