

$R^2=0.04$), while social support ($\beta = -0.37$; CI 95 % = -0.62, 0.12; $p=0.004$; $R^2=0.06$) and environmental exposure ($\beta = -0.63$; 95%CI = -1.08, -0.18; $p=0.006$; $R^2=0.05$) showed a significant negative relationship. In contrast, no significant associations were found between cardiorespiratory fitness and other lifestyle components (diet and nutrition, substance use, stress management, and restorative sleep).

Conclusion: This study provides evidence indicating that different aspects of lifestyle are associated with cardiorespiratory fitness in university students. Physical activity, social support and environmental exposure were identified as important factors for promoting cardiorespiratory fitness in this population.

Implications: The findings of this study can be applied in creating specific intervention programs aimed at improving the cardiorespiratory fitness of university students, including promoting regular physical activity and improving environmental exposure and social support. In addition, knowledge of these factors can also be used by health professionals to guide and encourage students to adopt a healthier lifestyle, thus improving the health and well-being of this population.

Keywords: Lifestyle medicine, Physical aptitude, University students

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

Acknowledgment: Not applicable.

Ethics committee approval: The present study was approved by the Ethics Committee in Research with human beings of the Federal University of Pará, according to approval n° 55481422.5.2002.5346.

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HOME ENVIRONMENT AFFORDANCES AND GROSS MOTOR SKILLS OF INFANTS WITH BIOLOGICAL RISK BEFORE AND AFTER SIX MONTHS OF LIFE

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Background: Affordances refer to the interrelation between the individual's capacities and the properties of the environment, promoting the opportunity to perform an action. Thus, the home environment: adequate physical space, quality in the variation of stimuli, and diversity of toys can be affordances that facilitate motor development in the first years of life. However, the impact of this relationship before and after the 6th month of life, a period of major developmental changes, is unknown.

Objectives: To compare home environment affordances and gross motor skills in two groups of infants with biological risk (2-6 months and 6-11 months) and verify the relationship between these variables in each group.

Methods: Observational, cross-sectional, and remote study. Fifty-three infants with biological risk for developmental delay (prematurity, low birth weight, neonatal intensive care unit admission) participated. Group 1: 2-6 months and 15 days ($M=3.95$ months; $SD=23$ days); and group 2: 6 months and 15 days-11 months ($M=7.89$ months; $SD=37$ days). Gross motor skills were assessed by the Alberta Infant Motor Scale (AIMS) using asynchronous home videos. The Affordances in the Home Environment for Motor Development - Infant Scale (AHMED-IS) was applied using an online form, and the raw score of each dimension was recorded: Physical space, variety of stimulation, gross and fine-motor toys. Means comparison tests

were performed for comparison between groups (test t and Mann-Whitney test, according to the distribution of each variable), and multiple linear regression (predictors: 4 dimensions of the AHMED-IS; outcome: percentile of the AIMS) to each group, considering $p \leq 0.05$.

Results: The groups did not show significant differences in AIMS, physical space, and variety of stimulation. In contrast, group 2 showed significantly higher results in the dimensions of gross and fine-motor toys. Group 1 showed no significant association between affordances and gross motor skills. Group 2 showed significant associations ($p=0.005$; $r^2=0.444$), in which the variety of stimulation ($p=0.007$) and gross-motor toys ($p=0.015$) explained 44.4% of the variation in the AIMS percentile.

Conclusion: Greater quality of stimulation at home and greater presence of gross-motor toys impacted motor skills in infants older than 6 months. These results are possible due to the fact that older infants have more motor skills and thus explore the environment more, in addition to having more toys, which possibly stimulates the motor skills assessed by the AIMS.

Implications: Identifying differences between the 2 groups, especially regarding the smaller amount of toys used at home for younger infants, and the association of variety of stimulation and skills for older infants, indicates the need to emphasize early family-oriented practices with a focus on environmental enrichment.

Keywords: Risk factors, Motor skills, Home environment

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

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ANALYSIS OF POSTURAL STABILITY OF AMPUTE INDIVIDUALS EVALUATED BY FUNCTIONAL TESTS AND BAROPODOMETRY: ONE COMPARATIVE STUDY WITH NON-AMPUTEE INDIVIDUALS

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Background: Individuals with lower limb amputation may have limitations in carrying out their activities of daily living due to the deficit of body balance, due to the loss of the limb, they need to develop compensatory strategies to neutralize the postural changes that can result in significant barriers to community participation, quality of life, osteoarticular complications in the residual and contralateral joints with increased risk of falling.

Objectives: To compare the static and dynamic balance between amputee and able-bodied subjects.

Methods: Cross-sectional observational study, consisting of 15 individuals with unilateral transfemoral amputation using a prosthesis for at least 6 months and 15 non-amputee individuals who composed the control group. Dynamic balance was assessed using the Berg Balance Scale (BBS) and the Short Physical Performance Balance (SPPB), baropodometry was used to assess static balance in the standing posture with eyes open, with no adaptation required, the entire. The evaluation was carried out in the gait laboratory of the