contractions and the presence of co-contraction of lower abdominal muscles.
Implications: In scientific terms, it was shown that, in terms of MAP, for the development of UI, muscle strength is not a single factor to be considered, considering the importance of other parameters. In clinical terms, this study underscores the importance of considering motor, but also sensory, aspects when evaluating PFM functionality.
Keywords: Women's health, Pelvic diaphragm, Urinary incontinence

Conflict of interest: The authors declare no conflict of interest.
Acknowledgment: I thank the research team and everyone who participated in the study.
Ethics committee approval: (COMEP/ UNICENTRO) under opinion nº. 5.299.509.

https://doi.org/10.1016/j.bjpt.2024.100729

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ASSOCIATION BETWEEN BASELINE DYSPNEA AND PHYSICAL ACTIVITY LEVEL IN COPD PATIENTS AFTER A PULMONARY REHABILITATION PROGRAM

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Background: Pulmonary rehabilitation (PR) programs play a key role in reducing the sensation of dyspnea, improving exercise capacity, physical activity level and quality of life in patients with different severity of COPD. However, it is still uncertain whether there is an association between dyspnea and the level of physical activity in these individuals, as patients with different pre-RP baseline dyspnea scores may have different responses in the level of physical activity after PR.
Objective: to verify whether there is an association between the sensation of dyspnea and the level of physical activity in response to a PR program in patients with COPD.
Methods: This is a retrospective observational study, which evaluated 22 patients diagnosed with COPD, who participated in a PR program for 8 weeks, and had an FEV1/FVC ratio $<$70%, both genders, mean age of 67 $\pm$SD years, post-bronchodilator FEV1 (48$\pm$12%). For pre- and post-PR evaluation of dyspnea sensation, the mMRC scale (Medical Research Council), distance covered by the 6-minute walk test (DPTC6) and the level of physical activity through the activPAL3TM actigraph (Pal technologies Ltd. United Kingdom), for 7 consecutive days. The physical activity level variables analyzed were time in lying/sitting, standing, and walking positions; number of steps, and time spent at certain exercise intensities (sedentary, when METS$<$1.5 and light exercise, when MET $<$1.5 but $<$3). Those patients who could not perform the proposed tests and/or had difficulty understanding the scale were excluded. For correlation analysis and linear regression of the data, the statistical software SPSS v21(2012) was used, with significance of p$<$0.05.
Results: A high negative correlation was found between mMRCpre and DPTC6 (r=-0.769; p=0.000), as well as a moderate negative correlation with the number of steps (r= -0.678; p =0.001), walking time (r= - 663 ; p= 0.001) and METS($>$ 1.5 to 3.0). Regarding mMRC and sitting/lying time, there was a moderate positive correlation (r=0.546; p= 0.009). It was found in the simple linear regression analysis between mMRC with 6MWT (r^2 =0.529), with the number of steps (r^2 =0.451), with walking time (r^2=0.463) and with MET $>$ 1.5 to 3.0 (r^2= 0.519).
Conclusion: it is concluded that the pre-intervention mMRC can explain the exercise capacity and the level of physical activity after PR, and more symptomatic patients reached lower exercise capacity and less time in light and moderate physical activity intensities.
Implications: This study has the clinical implications that when prescribing a PR program for patients with more symptomatic COPD, greater attention is given to these patients so that there is an improvement in exercise capacity and physical activity level.
Keywords: COPD, Physical activity, Physiotherapy

Conflict of interest: The authors declare no conflict of interest.
Acknowledgment: To colleagues from the Laboratory of Spirometry and Respiratory Physiotherapy at UFSCar, and to the São Paulo Research Foundation for funding.
Ethics committee approval: The study was approved by the Research Ethics Committee of the Federal University of São Carlos (CAAE: 85901318.00000.5504).

https://doi.org/10.1016/j.bjpt.2024.100730

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QUALITY OF LIFE OF WOMEN IN THE THIRD TRIMESTER OF PREGNANCY

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Background: Quality of life is closely related to sociodemographic and environmental factors, living conditions and social relationships. Pregnancy is a period of adaptations and physical and emotional changes for women, which can affect their quality of life, especially in the third trimester of pregnancy, when most of the physical changes occur and delivery is approaching. The evaluation of this health indicator is important so that the physiotherapist can know where to act and what to offer for the health of the pregnant woman.
Objectives: To describe the quality of life of pregnant women in the third trimester of pregnancy.
Methods: This work comprises preliminary data from a cross-sectional observational study, with a sample composed of 24 women in the third trimester of normal-risk pregnancy, with a mean age of 29.33$\pm$3.897 years and who had lower limb edema. Quality of life was assessed using the Ferrans and Powers Quality of Life Index, adapted for pregnant women by Fernandes, Narchi and Cianciarullo. This instrument consists of 36 items divided into four domains, namely: health and functioning (16 items); family (4 items); social and economic (9 items); and psychological/spiritual (7 items). The score can vary between 0 and 30 points, with higher scores indicating better quality of life.
Results: The sample was characterized by being mostly married (79.2%), primiparous (70.8%), with planned pregnancy (47.1%) and complaint of lower limb edema (100%). The mean score for overall quality of life was 21.70$\pm$3.627, with a minimum score of 14.79 and a maximum score of 28.76. Only one of the pregnant women scored less than 15 points in quality of life, showing that most have a quality of life ranging from fair to good. The family domain obtained the highest average score (25.37$\pm$3.59), followed by the psychological/spiritual (23.25$\pm$4.56) and social/economic (22.30$\pm$4.00) domains. Health and functioning had the lowest score among the four (19.07$\pm$4.34), which points to how much physical changes during pregnancy can affect quality of life in the third trimester. Another piece of data that corroborates this observation is that item 7 (energy for everyday activities), within that same domain, had the lowest score in the sample.