

quantitative data. The normality of the data was verified using the Shapiro Wilk test. For the analysis of the data, the Two-way ANOVA test with Tukey post-hoc was used. A level significance of 5% was considered.

Results: Participants using the mobile application reported a significant improvement in general health perception ($p=0.009$) and a reduction in the interference of UI in daily activities ($p=0.045$). However, adherence to the training protocol was low, with an average of 39.59% of the proposed training days completed. Despite this, 84.61% of participants rated the intervention as “excellent.” Improvements in emotional well-being and self-reported quality of life were observed, but limitations in social engagement remained largely unchanged.

Conclusion: Findings suggest that the mobile application was effective in improving perceived health and reducing UI interference in daily life, despite lower adherence rates.

Implications: Mobile applications can be a promising tool for PFMT, especially in promoting self-management. However, strategies to enhance adherence, such as reminders, gamification, or remote professional support, should be considered in future research to maximize treatment benefits.

Keywords: Urinary incontinence, Mobile Applications, Pelvic floor

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EFFECTS OF LOW AND MEDIUM FREQUENCY CURRENTS IN THE TREATMENT OF URINARY INCONTINENCE: A RANDOMIZED CLINICAL TRIAL

Registration: Not applicable.

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Background: Urinary incontinence (UI) is defined as any involuntary loss of urine, classified as stress UI, urge UI (UUI) or mixed UI. UUI is caused by overactivity of the detrusor muscle and affects quality of life. Part of the first line of treatment for UUI is electrostimulation of the tibial nerve, but the literature is not clear on the effects of medium-frequency currents. One of the ways to measure some effectiveness is through the application of validated questionnaires, such as the Overactive Bladder Awareness Tool (OAB-V8), made up of 8 questions, which aims to assess the severity of overactive bladder symptoms and the discomfort caused by them. The scale ranges from 0 (no discomfort) to 5 (a lot of discomfort), with a maximum score of 40. A score of 8 or more suggests the presence of significant symptoms.

Objectives: To analyze and compare the Overactive Bladder Awareness Tool (OAB-V8) questionnaire score before and after treatment with low and medium frequency currents.

Methods: This is a randomized clinical trial, with women aged 18 years and over with complaints of UUI, randomly assigned to an intervention with low-frequency current (GTENS-LF) in a symmetrical biphasic pulsed form of 10 Hz and pulse width of 200 ms and another with medium-frequency current (GA-MF) with 4 kHz with bursts of 4 ms and modulation of 100 Hz in continuous mode. Both consisted of 20 sessions of bilateral electrostimulation of the tibial nerve, twice a week. The participants took an anamnesis and

completed the Overactive Bladder Awareness Tool (OAB-V8) questionnaire. After 10 sessions the questionnaires were reapplied and at the end of the 20 sessions they were re-evaluated.

Results: A total of 50 participants were included and randomly assigned to two groups. At the evaluation, the participants obtained a score of 24.24 ± 8.72 in the GTENS-MF group and 28.52 ± 8.3 in the GA-MF group. At the 10th session, the results were 16.0 ± 6.4 and 19.6 ± 11.42 , respectively. Finally, at the reassessment, GTENS-LF had scores of 13.72 ± 6.59 and GA-MF 19.06 ± 9.36 .

Conclusion: In the context of this randomized clinical trial, it was observed that both low-frequency and medium-frequency currents were able to reduce the symptoms of overactive bladder and UUI when applied bilaterally to the tibial nerve, with no difference between the currents.

Implications: Based on the results of this study, the use of medium- and low-frequency currents becomes a viable alternative for the conservative treatment of patients with urge urinary incontinence.

Keywords: Urinary incontinence, Electrostimulation, Urge urinary incontinence

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PERCEPTION OF PREGNANT WOMEN AND PHYSICAL THERAPISTS ON TELEHEALTH CARE

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Background: Physical therapy care through telehealth has been established over the years as a viable alternative for certain health conditions. However, it is necessary to know about the perception of both professionals and patients regarding this mode of care.

Objectives: To assess the perception of pregnant women and physical therapists regarding the safety of a physical therapy assessment conducted via telehealth.

Methods: This is an observational cross-sectional study conducted through an electronic survey. The study included women aged = 18 years, in their second or third trimester of a singleton pregnancy, undergoing prenatal care, with internet access, and experiencing pelvic girdle pain (PGP) confirmed by the question: “In the past four weeks, have you had back pain that affected your daily activities?”. Additionally, physical therapists who conducted the assessments were included. The evaluation process involved the following steps: Participants received a booklet with seven PGP tests and were instructed to perform them independently before repeating them synchronously via a video call on Google Meet under the supervision of a physical therapist. After the teleconsultation, pregnant women answered the following questions: “Did you feel safe during the video call?” (rated from 1 = very unsafe to 5 = very safe); “Would you use telehealth to communicate with a physical therapist or another healthcare professional if needed in the future?” (rated from 1 = disagree to 5 = strongly agree); “What were the positive aspects of the session?” (open-ended response). Physical therapists answered: “Did you feel that participants were safe during the video call?” (rated from 1 = strongly disagree to 5 = strongly agree).

Results: Twenty-four pregnant women participated in the study, with a mean age of $31.0 (\pm 4.82)$ years; and four physical therapists participated, with a mean age of $25.5 (\pm 3.5)$ years. Regarding the

perception of safety during the assessment, all pregnant women rated it as "very safe." Concerning the use of telehealth as a means of communication with healthcare professionals, 20 participants (83.33%) fully agreed, 3 (12.50%) agreed, and 1 (4.17%) did not respond. Regarding the positive aspects of the session, participants highlighted the teleconsultation itself, the professionals, and accessibility, as well as their perceptions. Five responses (20.83%) emphasized safety, 9 (37.50%) highlighted the care, attention, and guidance provided by the professionals, 6 (25.00%) mentioned the clarity and quality of the information, and 3 (12.50%) pointed to the convenience and accessibility of telehealth as positive aspects. Regarding the perception of physical therapists about participants' safety, 91.67% (22) fully agreed that the participants were safe, while 4.17% (1) remained neutral and 4.17% (1) disagreed.

Conclusion: There was a positive perception of the teleconsultation assessment for the pregnant women and physical therapists in this study.

Implications: The results of this study contribute to clinical practice by reducing transportation costs and improving access to physical therapy. They also support integrating telehealth into public health systems, increasing national access to specialized care. Clinical trial design studies are necessary to further explore the results.

Keywords: Physiotherapy, Telerehabilitation, Women's health

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IMPACT OF URINARY INCONTINENCE ON THE QUALITY OF LIFE OF WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Urinary incontinence (UI) is a condition that can affect the quality of life of affected women. The impact of UI can be even greater in women with chronic conditions, such as systemic lupus erythematosus (SLE), which can compromise various systems. Thus, it is necessary to understand the impact of UI on different aspects of life, such as social, emotional, and daily activities of women with SLE.

Objectives: To analyze the impact of urinary incontinence on the quality of life of women with systemic lupus erythematosus.

Methods: Cross-sectional study with 21 women diagnosed with SLE and complaints of urinary incontinence aged 18 years or older. The study was conducted at the Rheumatology outpatient clinic of a University Hospital. Participants answered the "urinary impact questionnaire" (UIQ-7) subscale of the Pelvic Floor Impact Questionnaire-7 (PFIQ-7), which contains seven questions about the impact of urinary incontinence on different aspects of life. Means and standard deviations (SD), absolute and relative frequencies were calculated.

Results: 21 women with a mean age of 46.76 years (SD = 11.92) participated in the study. Regarding the type of UI, 42.8% of women had stress urinary incontinence (SUI), 28.6% urge urinary incontinence (UUI), and 28.6% mixed urinary incontinence (MUI). Regarding the UIQ-7 responses, 19 women (90.5%) did not report an impact on

their ability to perform domestic activities. 14.3% of women indicated a significant impact on their ability to perform physical activities. Regarding entertainment activities, 4.8% indicated a slight impact and 14.3% reported a significant impact. Regarding the ability to travel long distances, 61.9% of women reported no impact. In social activities, 14.3% reported a moderate impact. 14.3% reported a significant impact on emotional health. Regarding the feeling of frustration, 28.6% consider themselves very frustrated with the situation.

Conclusion: The UIQ-7 results reveal that urinary incontinence has a considerable impact on the quality of life of women with SLE. It is recommended that further studies be carried out with larger samples.

Implications: This study highlights the importance of assessing the impact of urinary incontinence on the quality of life of women with SLE. The results can be used to stimulate the development of interventions aimed at improving the quality of life of these women.

Keywords: Pelvic Floor Disorders, Quality of Life, Urinary Incontinence

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EFFECT OF AEROBIC EXERCISE ON URINARY COMPLAINTS IN POSTMENOPAUSAL WOMEN: PRELIMINARY RESULTS OF A CLINICAL TRIAL

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Background: Aerobic exercise, widely practiced by postmenopausal women, is described as effective in reducing some typical symptoms of this period. Urinary complaints, particularly those related to continence, are among the most common complaints in this population. **Objectives:** Therefore, the aim of the study was to evaluate the effect of aerobic exercise on urinary complaints in postmenopausal women.

Methods: This is a clinical trial that included women in the postmenopausal period. All participants followed a 12-week aerobic exercise protocol, which included warm-up, walking, and cooling down three times a week for 50 minutes, with an increase in intensity every 4 weeks. Before and after the 12 weeks, participants were assessed regarding the impact of urinary complaints on quality of life using the International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF). The Wilcoxon test was applied to compare the differences between the ICIQ-SF questionnaire scores (questions 3, 4, 5, and total score) before and after the intervention.

Results: Thirty-five women were included in the study (mean age: 57.5 years, SD: 7.05). The results showed a significant difference only for question 3 of the ICIQ-SF, which refers to the frequency of urinary leakage ($p = 0.046$), suggesting a reduction in the frequency of urinary complaints after the aerobic intervention. No significant differences were found for other variables after the intervention ($p > 0.05$).

Conclusion: It is concluded that aerobic exercise led to a slight improvement in urinary complaints in postmenopausal women.