metabolic changes that can impact the neuromuscular system of this population. The difficulty of early detection of CKD often leads to late nephrological referral and initiation of hemodialysis on an emergency basis.
Objectives: To assess neuromuscular function in people with CKD starting hemodialysis.
Methods: Cross-sectional study, evaluating the neuromuscular function in people with CKD admitted to an urgent and emergency hospital who started hemodialysis on an emergency basis (CKD group) compared to people without kidney disease (control group). Measures of neuromuscular excitability (chronaxie obtained in the stimulus electrodiagnostic test), peripheral muscle strength (peak strength focused on lower limb isometric dynamometry) and functional capacity (number of repetitions in the 1-minute sit-to-stand test) were used. To compare the results between the groups, Student's t test was used for variables with normal distribution and the Mann-Whitney test for variables with non-normal distribution, adopting a rejection index of the null hypothesis ≤ 0.05.
Results: Twenty-eight participants, 14 without kidney disease (42 $\pm$ 12 years, 5 males and 9 females) and 14 in the CKD group (53 $\pm$ 18 years, 9 males and 5 females) were evaluated. The CKD group, compared to controls without kidney disease, showed impairment in neuromuscular excitability (vastus lateralis chronaxie: 654 $\pm$ 230 vs 415 $\pm$ 190 μs, p = 0.008; tibialis anterior chronaxie: 600 [500 - 1000] vs 400 [300 - 400] μs, p = 0.001), peripheral muscle strength in all muscles assessed (knee extensors: 12. 3 $\pm$ 4.6 vs 23.5 $\pm$ 9 kgf; knee flexors: 11.3 $\pm$ 3.2 vs 17.8 $\pm$ 4.3 kgf; dorsiflexors: 8.7 $\pm$ 2.8 vs 16.7 $\pm$ 4.3 kgf; and plantar flexors: 11.2 $\pm$ 2.5 vs 16.6 $\pm$ 4.4 kgf, all $p < 0.001$) and in functional capacity (13.8 $\pm$ 4.9 vs 36.7 $\pm$ 9.1 repetitions, $p < 0.001$).
Conclusion: People with advanced CKD who started hemodialysis on an emergency basis have impaired neuromuscular function, considering neuromuscular excitability, lower limb isometric muscle strength and functional capacity.
Implications: These findings may guide screening and monitoring strategies for neuromuscular deficiencies and rehabilitation planning.
Keywords: Kidney Failure, Chronic, Peripheral Nervous System Diseases, Debilidad Muscular

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PELVIC FLOOR DISCOMFORT AND GENITAL SELF-IMAGE IN WOMEN ATTENDING PRIMARY HEALTH CARE IN THE MUNICIPALITY OF CRICIÚMA/SC

Clarice Selau Alexandre[1], Gabriele Vieceli Salvetti[1], Letícia Aparecida da Silva[1], Janeisa Franck Virtuoso[1]
[1] *Department of Physical Therapy, Postgraduate Program in Rehabilitation Sciences, Federal University of Santa Catarina (UFSC), Florianópolis, Santa Catarina, Brazil*

Background: There are several factors that lead to pelvic floor discomfort (PAD); these dysfunctions do not directly affect the lives of affected women but end up affecting female genital self-image.
Objective: The aim of the study is to relate the PAD and genital self-image in women assisted in primary health care in the city of Criciúma/SC.
Methods: This is a cross-sectional study with 212 adult women, aged 18 years or older, with self-reports of being sexually active in the last four weeks, registered in the health network of the city of Criciúma/SC. DAP were verified using the Pelvic Floor Distress Inventory (PFDI-20) and genital self-image was assessed using the Female Genital Self-Image Scale (FGSIS). The instruments were applied through individual interviews. A comparison of self-image between women with and without PAD was performed using the Spearman test for independent samples, according to data normality.
Results: Genital self-image correlated with all PAD (14.6%), with 12.5% of the variation in anorectal symptoms being explained by genital self-image.
Conclusion: Women with PAD worsen their genital self-image. The main results found were that the increase in DAP and the increase in anorectal symptoms decrease genital self-image.
Implications: The lack of national studies on this theme is highlighted, evidencing the importance of its realization.
Keywords: Pelvic Floor Discomfort, Genital self-image, Anorectal symptoms

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INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH COMPONENTS E CATEGORIES ASSESSED BY THE SPINAL CORD INDEPENDENCE MEASURE

Clarissa Volpato Sombrio Foschi[1], Aline Lima[1], Stella Maris Michaelsen[1], Jocemar Ilha[1]
[1] *Department of Physical Therapy, Universidade do Estado de Santa Catarina (UDESC), Florianópolis, Santa Catarina, Brazil*

Background: The *Spinal Cord Independence Measure* (SCIM) was developed in 1997 to measure functional independence in individuals with spinal cord injury (SCI), embracing activities relevant to their daily life. Five versions of the SCIM have been published, respecting the construct delimitated before the International Classification of Functioning, Disability and Health (ICF) advent (2001). The ICF, by being capable of describing an individual's health, health estate and functioning through a biopsychosocial model, is highly relevant to the rehabilitation process.
Objectives: Identify ICF components and categories covered by different versions of the SCIM.
Methods: Each SCIM version's items were linked to an ICF code accordingly to Cieza et al. (2019) linking rules. Dada was descriptively analysed.
Results: The items of different SCIM versions' linkage to the ICF showed that all versions contemplate the Body structures, Body Functions and Activities and Participation ICF components. The instrument embraces Functions of the cardiovascular, hematological, immunological, and respiratory systems (b4), Functions of the digestive, metabolic, and endocrine systems (b5), Genitourinary and reproductive functions (b6), Mobility (d4) and Self-care (d5)