performed the same exercise program with the aid of a booklet with the details of the exercises. The exercise program was to be performed 3 times/week in 45-minute sessions for 6 weeks. Participants in both groups underwent an initial assessment and after the 6 weeks of intervention, with physical performance assessment tests (40-meter Fast Walk Test (T-C40m); 30-second Sitting and Standing Test (T-SL30s) and 9-step Going Up and Down Stairs Test (T-Stairs) and completion of questionnaires (Western Ontario and McMaster Universities Osteoarthritis Index- WOMAC; the World Health Organization Quality of Life -WHOQOL-bref and the TAMPA Scale for kinesiophobia - ETC). They also responded to the Exercise Adherence Rating Scale (EARS) only at reassessment.
Results: 9 participants were evaluated so far (90% female), 5 from the GS and 4 from the AG, with a mean age of 58.4 years, BMI of 30.34kg/m2. There was no interaction between time and groups in relation to all outcomes evaluated in this study. Significant improvement was observed after 6 weeks in relation to ETC and the domain stiffness and total WOMAC score when comparing the pre and post intervention assessments of both groups together (GS+GA). Regarding the EARS, the GS presented an average of 22.4 (3.6) and the GA, 20.3 (3.3) of 24 possible points in section B, and 32.0 (1.0) and 30 .5 (6.3), respectively, out of 36 possible points in section C, indicating good acceptance of both programs.
Conclusion: From our preliminary results, we observed that both telerehabilitation programs are feasible and well accepted by participants. However, it has not yet been possible to make consistent conclusions regarding the synchronous and asynchronous modality regarding pain, quality of life and functionality.
Implications: Telerehabilitation in synchronous and asynchronous modalities can be used as a treatment option to enable continuity of treatment and maintenance of benefits in people with knee OA.
Keywords: Virtual Rehabilitation, Remote Patient Control, Physiotherapy

Conflict of interest: The authors declare no conflict of interest.
Acknowledgment: To the Graduate Program in Movement Sciences - UFMS (PPGCMov) and the Coordination for the Improvement of Higher Education Personnel (CAPES).
Ethics committee approval: The study was approved by the Ethics Committee for Research on Human Beings of the UFMS under number 5.833.392.

https://doi.org/10.1016/j.bjpt.2024.100910

325

ASSOCIATION BETWEEN SEXUAL FUNCTION AND SOCIODEMOGRAPHIC AND HEALTH FACTORS IN BRAZILIAN WOMEN: A CROSS-CROSS STUDY

Mariana Paleari Zanoni[1], Clara Maria de Araujo Silva[1], Tatiana de Oliveira Sato[1], Amanda Magdalena Feroldi Fabricio[1], Ana Carolina Sartorato Beleza[1]
[1] *Department of Physical Therapy, Federal University of São Carlos (UFSCar) — São Carlos, São Paulo, Brazil*

Background: The female sexual response is composed of physical and psychological factors, which when altered affect sexual function and can result in female sexual dysfunction (FSD). Despite advances in the literature regarding the FSD, understanding of the influence of sociodemographic and health factors, such as age, marital life, number of pregnancies, use of contraceptive methods, physical activity, urinary incontinence and menopause are still limited.
Objectives: To verify the association between female sexual function and sociodemographic and health factors in Brazilian women.
Methods: This is a cross-sectional study, with Brazilian women aged $\geq$ 18 years, who had sexual intercourse in the last 4 weeks, literate and with internet access, recruited from the dissemination of the research on social networks. Data were collected via Google Forms carried out between October 2021 and August 2022, and contained sociodemographic, health and screening questions. of DSF through the Female Sexual Function Index (FSFI) questionnaire, which has six domains (desire, arousal, lubrication, orgasm, satisfaction, and pain). Each domain has its own score, and when added together, they determine the final score, where values $\leq$ 26.55 represent worse sexual function and risk of having some type of FSD. To measure associations, binomial logistic regression analysis was performed by FSFI domains. DSF screening was the dependent variable, while age, marital status, number of pregnancies, use of contraceptive methods, practice of physical activity (PA), urinary incontinence (UI) and post-menopause were the independent variables. The SPSS program (version 22.0) was used, adopting a significance level of 5%.
Results: A total of 621 women participated, of which 197 (30.5 years $\pm$ 9.3) were at risk for DSF based on the FSFI. As for the associations, the desire domain was associated with the variables UI and menopause (OR=1.61, CI 1.09—2.38, p=0.02); difficulty in the excitation and lubrication domains were inversely associated with the practice of PA (OR=0.53, CI 0.35—0.80, p<0.1; OR=0.62 CI 0.41—0.95, p=0.03, respectively); difficulty in the satisfaction domain was directly associated with UI (OR=2.08, CI 1.30—3.32, p<0.01) and difficulty in the pain domain was inversely associated with the practice of PA (OR=0, 59, CI 0.38—0.91, p=0.02) and directly associated with the presence of UI (OR=2.16, CI 1.32—3.53, p=0.01); difficulty in the orgasm domain was not associated with any of the variables.
Conclusion: The findings of this study indicate that women who do not practice PA had greater impairment in the domains of arousal and lubrication. For the domains of desire, satisfaction and pain, UI was the main factor associated with FSD.
Implications: By presenting the factors that are significantly associated with FSD, it is possible that in clinical practice and research these data are objects of investigation by health professionals aiming at the prevention of FSD.
Keywords: Women's Health, Prevalence, Sexuality

Conflict of interest: The authors declare no conflict of interest.
Acknowledgment: This study was funded by the São Paulo Research Foundation (FAPESP) under process 2019/14666-7.
Ethics committee approval: Federal University of São Carlos (UFSCar). CAAE: 27822120.7.0000.550.

https://doi.org/10.1016/j.bjpt.2024.100911

326

VALIDITY OF THE 2-MINUTE WALK TEST TO ASSESS EXERCISE CAPACITY IN INDIVIDUALS WITH PARKINSON DISEASE

Mariany Eustaquia Fraga Scaldaferri[1], Sherindan Ayessa Ferreira de Souza[1], Élem Rodrigues Martins de Oliveira[1], Isabel Lopes Ribeiro[1], Aline Alvim Scianni[1], Christina Danielli Coelho de Morais Faria[1]
[1] *Departamento de Fisioterapia, Universidade Federal de Minas Gerais (UFMG), Belo Horizonte, Minas Gerais, Brasil*

Background: Individuals with Parkinson's Disease (PD) commonly have reduced exercise capacity, which impacts autonomy and quality of life. The 6-minute walk test (6MWT) has adequate measurement properties to assess exercise capacity in this population. However, these individuals have a reduced fatigue threshold, which may make it difficult to apply prolonged exercise tests. Two-minute