Results: The study included 27 participants, mostly women (66.7%), mean age of 59,78 years (±9.81) and a mean baseline PPT of 4.2Kgf (±1.40). The two-way ANOVA analysis indicated an increase in the PPT in the Exercise group, compared to the Education group, in the interaction between the group and time factors ($P<0.05$). The analysis indicated no difference between the groups at baseline ($P>0.05$).

Conclusion: The graded exercise was effective in reducing hyperalgesia in patients with KOA. Future research about the effects of graded exercise in other pain processing measures and with a larger number of participants must be done to confirm this preliminary conclusion.

Implications: Graded exercise is an effective tool for reducing hyperalgesia in people with KOA and can be used to reduce pain sensitization in this population.

Keywords: Knee osteoarthritis, Hyperalgesia, Exercise

373

COLOPROCTOLOGICAL SYMPTOMS IN PARALYMPIC SPORTS ATHLETES: A PILOT CROSS-SECTIONAL PREVALENCE STUDY IN THE NORTH REGION

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Background: Paralympic sports is a sports practice adapted for people with disabilities, who, due to exposure to the overload generated by training and competitions, become susceptible to health problems in sports, and the pelvic floor may have its functionality compromised, resulting in various dysfunctions such as coloproctological, characterized by changes in anorectal physiology, such as anal incontinence and constipation symptoms.

Objectives: To verify the prevalence of pelvic floor dysfunctions in athletes of paralympic sports.

Methods: Observational epidemiological research of a quantitative and descriptive cross-sectional nature, carried out with athletes of paralympic sports of any modality; data collection was by electronic forms using the Google Forms tool, the form was divided into sections: Presentation of the research in video along with Informed Consent Form (ICF), sociodemographic data, obstetric data, use of ostomies and validated questionnaires (Cleveland Clinic Florida Fecal Incontinence Score (CCFFIS), Bristol Scale and Rome III Criterion); initially with a pilot survey, initially tested in the North Region, in Belém do Pará, locality that resides its researchers, being part of a national research. Data were transferred from the platform to Excel 2019, tabulated, and a descriptive analysis of coloproctological symptoms was performed.

Results: The pilot research had 7 volunteers of both sexes (3 female participants and 4 male participants), aged 37±9.18 years, self-declared black, heterosexual, all of them people with physical disabilities, from 5 different modalities (sitting volleyball, judo, basketball, fencing, and wheelchair dancing), residents of the Metropolitan Region of Belém. Regarding obstetric history, of the 3 participants, only one reported a pregnancy, which evolved into abortion. None of the participants reported the presence of ostomies. The CCFFIS indicated that none of the participants had solid stool losses, however 2 participants indicated liquid stool losses, 4 lost gas/fluids, and 2 used linings to avoid soiling their clothes; furthermore, only 1 indicated a change in lifestyle due to involuntary loss. Regarding the Rome Criterion III, 3 of the participants reported the sensation of incomplete evacuation, besides the evacuation effort reported by 2 participants, as well as the sensation of blocking the exit of stools and hardened stools, and 1 participant reported the use of medication to evacuate and manual maneuvers to get rid of stools. Regarding the Bristol Scale, 4 reported stools with a degree of dryness, 2 with the normality pattern, and 1 reported softer stool.

Conclusion: It is noteworthy that the data presented, even if with a reduced n, indicate the need to describe these symptoms in this population, trace their profile and epidemiological data, and stimulate future interventions that minimize the severity and prevent these dysfunctions.

Implications: There is a large number of paralympic high-performance athletes from the North Region, making this research of great stimulus for prevention and intervention actions initially in loco.

Keywords: Pelvic Floor Dysfunction, Parathletes, Sports for Persons with Disabilities

374

CARDIOVASCULAR HEALTH AND QUALITY OF LIFE OF UNIVERSITY WORKERS

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Background: Cardiovascular diseases are the leading causes of death in the world and the *American Heart Association* (AHA) has established seven metrics that indicate cardiovascular health (CVS). A poor CVS affects health-related quality of life (HRQoL). The university environment presents different activities and may require maintaining postures (sitting or standing) for long periods (secretary and professors) or repetitive effort (cleaning workers).

Objectives: To evaluate the CVH and to associate it with the HRQoL of workers in a university environment.

Methods: This is a cross-sectional observational study carried out with workers at a higher education institution. The study included 121 workers aged between 18 and 59 years who had been effective for at least six months. Those with a clinical diagnosis of cardiovascular disease or those who did not complete all stages of the study were excluded. The sample was recruited for convenience. CVH was assessed following the AHA recommendations using seven metrics, four of which were behavioral (diet, level of physical activity, smoking and body mass index) and three were biological (fasting glucose, total cholesterol and systemic blood pressure) and classified as poor, intermediate and ideal. After computing the metrics a score is generated. To assess the level of physical activity and diet, the International Physical Activity Questionnaire and the Mediterranean Diet Questionnaire were used, respectively. The *Short Form − 36* (SF-36) was used to assess HRQoL and the physical (PC) and mental (MC) components were computed. Data normality was tested using