(40%), II = 2 (20%), III = 2 (20%), IV = 1 (10%) and V = 1 (10%); and VFCS level I = 7 (70%), II = 2 (20%) and III = 1 (10%). Significant negative correlations were found between GMFCS levels and the frequency of participation at school (rho = -0.72; r^2 = 0.34; p-value = 0.01). No significant correlations were observed between participation and functional levels of MACS, EDACS, VFCS, CFCS.

Conclusion: These preliminary data may indicate a tendency that the better the gross motor function (GMFCS) the better the frequency of participation in activities in the school environment for adolescents with CP. These results suggest that better motor skills may facilitate activities in the school environment.

Implications: Knowledge about the influence of functionality on the participation of adolescents with CP is essential to guide individualized and family-centered clinical practice. Furthermore, it is essential to verify the influence of factors related to the body function and levels of frequency in social participation experienced by these individuals in different environments.

Keywords: Cerebral palsy, Functionality, Social participation

Conflict of interest: The authors declare no conflict of interest.

Acknowledgment: Not applicable.

Ethics committee approval: Universidade Federal de São Carlos (CAAE:64919722.9.0000.5504).

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EVALUATION OF ONCOLOGICAL PATIENT MOBILITY WHO HAVE PERFORMED OR NOT A PREOPERATIVE PHYSIOTHERAPEUTIC INTERVENTION — OBSERVATIONAL STUDY

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Background: the importance of assessing patient mobility has been described in the literature. Recognition of low mobility on admission or declining mobility status during hospitalization should lead to early involvement by staff, including physiotherapists. It is important to know the level of functional capacity in the short and long term, after the surgical procedure, so that it is possible to adequately direct the health care that goes beyond the clinical solution of the disease, prolonging the desired functional recovery.

Objectives: to describe the mobility index assessed on the first postoperative day, according to the JH-HLM scale, in cancer patients who underwent preoperative physical therapy intervention or not.

Methods: observational, retrospective study with a quantitative approach. Sociodemographic and clinical data as well as mobility data were obtained from the electronic database of the physiotherapy service of the surgical clinic of the Hospital Universitário de Brasília and confirmed in the electronic medical record available in the Management Application for University Hospitals (AGHU). The mobility assessment was performed using the Johns Hopkins Highest Mobility Scale (JH-HLM).

Results: the study sample consisted of seventy-six patients, most women (76.31%), with a mean age of 56.44 years. In the comparison between the groups, at the time of the postoperative period, there was a significant difference (p = 0.029) in the mobility of the group that underwent preoperative physiotherapy (mean 7.3; median 8; interquartile 6.5-8) and the group who did not undergo preoperative physiotherapy (mean 6.09; median 7; interquartile 5-8).

Conclusion: the group that underwent preoperative physiotherapy had a higher mobility index than the group that did not undergo this intervention.

Implications: Based on the positive result of the physical therapy intervention in the preoperative period on the mobility index of patients, it is possible to implement a structured protocol for monitoring surgical patients at different times during their hospitalization, providing better functional results until discharge.

Keywords: Physical therapy, Oncology, Mobility

Conflict of interest: The authors declare no conflict of interest.

Acknowledgment: Not applicable.

Ethics committee approval: The study was approved by the Human Research Ethics Committee of the Ceilândia Faculty of the University of Brasília (3,022,045), in accordance with ethical standards of norms and regulatory guidelines for research involving human beings, in accordance with Resolution 466, of 2012, of the National Health Council.

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INFLUENCE OF LIFESTYLE ON CARDIORESPIRATORY FITNESS OF UNIVERSITY STUDENTS

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Background: The relationship between lifestyle and cardiorespiratory fitness (CRF) has been extensively studied in adults, with evidence indicating that CRF is associated with a lower risk of physical and mental health problems[1−3]. However, this relationship is still not clearly established for university students and most studies in this area have not explored how different aspects of lifestyle can affect cardiorespiratory fitness in the young population[4]. In view of this, understanding how different aspects of lifestyle are associated with ACR can be useful for the development of interventions aimed at promoting the health and well-being of this population.

Objectives: The objective of this study was to evaluate the associations between lifestyle components and cardiorespiratory fitness in university students.

Methods: The research used a quantitative cross-sectional observational method with a sample of 139 university students (53% women), with a mean age of 23 ± 6 years. To assess lifestyle, the instrument The Short Multidimensional Inventory Lifestyle Evaluation (SMILE-C)[5] was used. Cardiorespiratory fitness was assessed using the 20m Shuttle Run test6, which is a valid measure to estimate the ACR in the young population[4]. Statistical analysis was performed using a univariate general linear model to assess the contribution of each lifestyle component to cardiorespiratory fitness. The significance adopted was $p < 0.05$. All analyzes were performed using SPSS Version 27.0 software.

Results: The results demonstrated that lifestyle was a significant predictor (F (7, 131) = 3.472; p=0.002; R^2=0.15), explaining approximately 15% of the variation in cardiorespiratory fitness. However, the results for each specific lifestyle component were different. Physical activity showed a significant positive relationship with cardiorespiratory fitness (β= 0.55; CI 95%= 0.12, 0.98; p=0.013;