(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

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377

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.
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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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378

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 $\pm$ 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;

R^2=0.04), while social support (β= -0.37; CI 95 %= -0.62, 0.12; p=0.004; R^2=0.06) and environmental exposure (β= -0.63; 95%CI= -1.08, -0.18; p=0.006; R^2=0.05) showed a significant negative relationship. In contrast, no significant associations were found between cardiorespiratory fitness and other lifestyle components (diet and nutrition, substance use, stress management, and restorative sleep).
Conclusion: This study provides evidence indicating that different aspects of lifestyle are associated with cardiorespiratory fitness in university students. Physical activity, social support and environmental exposure were identified as important factors for promoting cardiorespiratory fitness in this population.
Implications: The findings of this study can be applied in creating specific intervention programs aimed at improving the cardiorespiratory fitness of university students, including promoting regular physical activity and improving environmental exposure and social support. In addition, knowledge of these factors can also be used by health professionals to guide and encourage students to adopt a healthier lifestyle, thus improving the health and well-being of this population.
Keywords: Lifestyle medicine, Physical aptitude, University students

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Acknowledgment: Not applicable.
Ethics committee approval: The present study was approved by the Ethics Committee in Research with human beings of the Federal University of Pará, according to approval n° 55481422.5.2002.5346.

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379

HOME ENVIRONMENT AFFORDANCES AND GROSS MOTOR SKILLS OF INFANTS WITH BIOLOGICAL RISK BEFORE AND AFTER SIX MONTHS OF LIFE

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Background: Affordances refer to the interrelation between the individual's capacities and the properties of the environment, promoting the opportunity to perform an action. Thus, the home environment: adequate physical space, quality in the variation of stimuli, and diversity of toys can be affordances that facilitate motor development in the first years of life. However, the impact of this relationship before and after the 6th month of life, a period of major developmental changes, is unknown.
Objectives: To compare home environment affordances and gross motor skills in two groups of infants with biological risk (2-6 months and 6-11 months) and verify the relationship between these variables in each group.
Methods: Observational, cross-sectional, and remote study. Fifty-three infants with biological risk for developmental delay (prematurity, low birth weight, neonatal intensive care unit admission) participated. Group 1: 2-6 months and 15 days (M=3.95 months; SD=23 days); and group 2: 6 months and 15 days-11 months (M=7.89 months; SD=37 days). Gross motor skills were assessed by the Alberta Infant Motor Scale (AIMS) using asynchronous home videos. The Affordances in the Home Environment for Motor Development - Infant Scale (AHEMD-IS) was applied using an online form, and the raw score of each dimension was recorded: Physical space, variety of stimulation, gross and fine-motor toys. Means comparison tests were performed for comparison between groups (test t and Mann-Whitney test, according to the distribution of each variable), and multiple linear regression (predictors: 4 dimensions of the AHEMD-IS; outcome: percentile of the AIMS) to each group, considering $p \leq 0.05$.
Results: The groups did not show significant differences in AIMS, physical space, and variety of stimulation. In contrast, group 2 showed significantly higher results in the dimensions of gross and fine-motor toys. Group 1 showed no significant association between affordances and gross motor skills. Group 2 showed significant associations (p=0.005; r^2= 0.444), in which the variety of stimulation (p=0.007) and gross-motor toys (p=0.015) explained 44.4% of the variation in the AIMS percentile.
Conclusion: Greater quality of stimulation at home and greater presence of gross-motor toys impacted motor skills in infants older than 6 months. These results are possible due to the fact that older infants have more motor skills and thus explore the environment more, in addition to having more toys, which possibly stimulates the motor skills assessed by the AIMS.
Implications: Identifying differences between the 2 groups, especially regarding the smaller amount of toys used at home for younger infants, and the association of variety of stimulation and skills for older infants, indicates the need to emphasize early family-oriented practices with a focus on environmental enrichment.
Keywords: Risk factors, Motor skills, Home environment

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380

ANALYSIS OF POSTURAL STABILITY OF AMPUTE INDIVIDUALS EVALUATED BY FUNCTIONAL TESTS AND BAROPODOMETRY: ONE COMPARATIVE STUDY WITH NON-AMPUTEE INDIVIDUALS

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Background: Individuals with lower limb amputation may have limitations in carrying out their activities of daily living due to the deficit of body balance, due to the loss of the limb, they need to develop compensatory strategies to neutralize the postural changes that can result in significant barriers to community participation, quality of life, osteoarticular complications in the residual and contralateral joints with increased risk of falling.
Objectives: To compare the static and dynamic balance between amputee and able-bodied subjects.
Methods: Cross-sectional observational study, consisting of 15 individuals with unilateral transfemoral amputation using a prosthesis for at least 6 months and 15 non-amputee individuals who composed the control group. Dynamic balance was assessed using the Berg Balance Scale (BBS) and the Short Physical Performance Balance (SPPB), baropodometry was used to assess static balance in the standing posture with eyes open, with no adaptation required, the entire. The evaluation was carried out in the gait laboratory of the