profile, it was observed that 51,72% comprises the age group between 20 and 29 years, 66,13% had brown-skinned, 42,33% were single, 38,44% lived in Águas Lindas, 56,75% completed high school. Concerning the clinical data, 59,27% were multiparous women, 25,63% completed 39 weeks pregnant, 54,23% weren't induced, 51,59% didn't use anesthesia, 55,15% of the births were in lithotomy position, 29,06% had second-degree laceration, 91,76% didn't have an episiotomy, and 94,05% had a companion. Regarding the new-born's data, the mean weight was 3,15kg, the mean length was 48,4cm, the mean head circumference was 33,8cm and the mean of the first APGAR was 8,1.

Conclusion: With the presented data, it's possible to conclude that the vaginal birth's parturients' characterization it's variable in the majority of the analyzed factors and even though it was observed good obstetric practices, such as the presence of a companion and a few cases of episiotomy, it's still necessary the implementation of methods that reduce the risk of perineal injury, and comprehend the reason that most of the births are realized in lithotomy position, that biomechanically aren't favorable to the birth.

Implications: Many resources can be used to reduce the risk of perineal injury, and much of them are studied by obsthetric physical therapy. Therefore, it's necessary to encourage the education of the benefits that other positions, besides the lithotomy, can bring in the moment of the birth.

Keywords: Natural Childbirth, Demography, Maternal and Child Health

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REFERENCE VALUES FOR PEAK EXPIRATORY FLOW OF BRAZILIAN ELDERLY PEOPLE IN THE AMAZON REGION

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Background: Peak Expiratory Flow (PEF) is a variable widely used to assess the effectiveness of coughing and to identify airway obstruction. This measurement can be obtained using the Peak Flow Meter, a portable equipment that is easy to access, perform and handle. However, specific studies that propose reference values for the Brazilian elderly people are still scarce.

Objectives: To describe PEF scores according to age group and propose reference values for community-dwelling elderly in the Amazon region.

Methods: Cross-sectional study carried out with community-dwelling elderly in Macapá, Amapá. The PEF was evaluated using an expiratory flow meter and the sample characterization data were collected through a semi-structured questionnaire. A descriptive statistical analysis of the data was carried out using means,

standard deviations, absolute values, percentages, and percentiles P10, P20, P30, P40, P50, P60, P70, P80, P90 stratified by sex and age groups (60-64; 65-69; 70-74; 75-79; 80 or more).

Results: A total of 409 elderly people were evaluated, of whom 138 (33.74%) were men and 271 (66.26%) were women. The largest number of seniors evaluated in total was in the age group of 60 to 64 years (n=110), with the highest mean value obtained from PEF, both for the total sample (307.20±137.03 L/min) and for men (n=44; 407.04±130.35L/min) and women (n=66; 240.65±94.88L/min). PEF was reduced with advancing age in both sexes, with a decrease of 167.71±35.53 L/min for men and 67.94±29.27 L/min for women, in the elderly age group younger that elderly people with more advanced age. PEF normative values with scores distributed in ascending order according to the 10th percentile (worst value) were 122L/min, 205L/min and 110L/min, and the 90th percentile (best value) were 500L/min, 575L/min and 360L/min, respectively of the total sample, men and women.

Conclusion: The present study provides PEF reference values for a representative sample of community-dwelling elderly in the Amazon region, according to gender and age group.

Implications: Based on the reference values developed in our study, it is possible to help physiotherapists in clinical practice during the evaluation of PEF measurements in the elderly, in relation to normal values for a given age group and gender. Additionally, based on studies such as ours, there is an incentive for health professionals to pay greater attention to the respiratory health of the elderly population, because although respiratory diseases are the main causes of morbidity and mortality among the elderly, they still need to be included in models of geriatric assessments.

Keywords: Aging, Peak expiratory flow rate, Reference values

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REFERRAL TO PRIMARY HEALTH CARE PHYSIOTHERAPISTS IS ASSOCIATED WITH CLINICAL AND SOCIODEMOGRAPHIC VARIABLES: A RETROSPECTIVE STUDY

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Background: Low back pain (LBP) is a public health concern. The referral process to the Physiotherapist in Primary Health Care (PHC) should be assessed, as it improves disability and reduces the use of low-value resources, though there is a need for consolidation within SUS.

Objectives: To investigate whether sociodemographic and clinical variables explain referrals to Physiotherapists working at NASF units (Expanded Family Health Center) in the Federal District. Secondarily, to characterize the referral time and frequency of resource use.

Methods: This is a 12-month retrospective cohort (2018/2019) consisting of electronic medical records of 48 individuals. Individuals