In addition, people with PFP experience decreased performance during objective function tests, such as the single leg hop test (SLHT). Although, theoretically, all the alterations above mentioned may be contributing to the decreased SLHT performance of individuals with PFP, no study has investigated this to date.
Objectives: To determine the capacity of physical activity level, BMI, pain level, kinesiophobia and muscle strength of knee extensors in predicting SLHT performance of people with PFP.
Methods: Sixty-two women with PFP were included in this study. Demographic data, level of physical activity (Baecke questionnaire), kinesiophobia (Tampa Scale) and average pain in the previous month (Visual Analogue Scale – 0 to 100 mm) were obtained. The objective function was evaluated with the SLHT, in which participants were required to hop forward as far as possible and the distance in centimeters was obtained. The concentric strength of the knee extensors was obtained with an isokinetic dynamometer at 60°/s. A multiple linear regression was performed to determine the capacity of muscle strength, kinesiophobia, BMI, pain and the level of physical activity in predicting the objective function of women with PFP.
Results: None of the independent variables (i.e., concentric knee extensor strength, Kinesiophobia, Pain, Physical activity level, BMI) were able to significantly predict the SLHT performance of women with PFP ($F_{(5,56)}$=0.328; p=0.884; R^2=0.028).
Conclusion: Despite the theoretical plausibility, the variables investigated in this study were not able to significantly predict the SLHT performance of women with PFP. It is possible that other variables not investigated in this study, such as the strength of the hip extensors, and the rate of torque development of the knee flexors and extensors may present with better predictive capacity. However, future studies are needed to confirm or refute this hypothesis.
Implications: As none of the variables were able to explain the performance of women in SLHT, it remains inconclusive why they present a decreased performance on this task compared to asymptomatic individuals.
Keywords: Patellofemoral pain, Objective function, Performance

Conflict of interest: The authors declare no conflict of interest.
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ASSESSMENT OF THE FUNCTIONALITY OF HOSPITALIZED ELDERLY INDIVIDUALS AND IDENTIFICATION OF THEIR DISABILITIES

Thiago Joaquim Cavalcante de Lacerda[1], Anderson José[1], Raquel Annoni[1], Fernanda de Cordoba Lanza[1]
[1] *Department of Physical Therapy, Universidade Federal de Minas Gerais (UFMG), Belo Horizonte, Minas Gerais, Brazil*

Background: Hospitalization-associated disability (HAD) results from the impact of acute illness and hospital factors and can affect 1/3 of the elderly. This context reflects functional dependency and increased consumption of health resources. Clinical tests applied in the hospital environment help quantify the effects of acute illness and hospitalization.
Objective: To evaluate the impact on functionality of hospitalized elderly by means of clinical tests and to assess their correlations.
Methods: Cross-sectional study with 40 elderly patients hospitalized for acute illness and who were ambulating independently 2 weeks before admission. Variables assessed: manual grip strength (MPF) (it was considered as weakness below 27 kgf for men and 16 kgf for women), Short Physical Performance Battery (SPPB) test (evaluates balance, speed and strength with scores from 0 to 12) and gait speed at admission and at discharge.
Results: Of those evaluated, 25 were male, mean age was 77 ± 7 years, mean length of stay 8 ± 6 days. At admission, FPM: 22 ± 9 kgf, SPPB score: 7 ± 4 and walking speed: 0.65m/s ± 0.25. At hospital discharge: FPM: 21 ± 9 kgf, SPPB score 8 ± 4 and gait speed 0.60 ± 0.23m/s. There was no statistically significant difference between FPM and gait speed at admission and at discharge ($p > 0.05$). Only the SPPB showed statistical and clinical significance ($p = 0.02$). Length of stay correlated negatively with FPM (p=0.11, r=-0.26) and SPPB (p=0.12, r=-0.25). FPM correlated with SPPB (p=0, r=0.58) and with gait speed (p=0, r=0.71).
Conclusion: Average of 8 days of hospitalization was not enough to reduce the functionality of the hospitalized elderly by the applied tests, however, there is correlation between loss of strength and functional loss.
Implications: FPM, gait speed and SPPB may be useful tools to assess the functionality of hospitalized elderly.
Keywords: Activities of Daily Living, Hospitalization, Patient Discharge

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PREVALENCE OF DCD AMONG SCHOOL CHILDREN FROM 6 TO 10 YEARS OF AGE: COMPARISON BETWEEN TWO BRAZILIAN REGIONS

Thiago Weyk de Oliveira Beliche[1], Meyenne Duque Weber[1], Eloisa Tudella[1], Ana Carolina de Campos[1]
[1] *Postgraduate Program in Physical Therapy (PPGFT), Federal University of São Carlos, (UFSCar), São Carlos, São Paulo, Brazil*

Background: Developmental Coordination Disorder (DCD) is characterized by a significant delay in the acquisition and execution of motor skills, impacting children's daily activities and school performance. The most recent prevalence estimates indicate that this disorder affects between 5 and 6% of school-age children. Therefore, we emphasize the importance of investigating the prevalence of DCD in different Brazilian regions.
Objectives: To explore the prevalence of risk for DCD and probable DCD in children aged 6 to 10 years from two Brazilian regions.
Methods: 199 children aged 6 to 10 years old from public schools in the South (n=89) and Southeast (n=108) regions of Brazil participated in this cross-sectional study. Parents/guardians signed the informed consent form under ethics approval. For screening and identification of alterations in motor function, the Movement Assessment Battery for Children (MABC-2) was used, following all the criteria for the diagnosis of DCD recommended in the literature. The assessment was conducted in schools by trained professionals with experience in motor assessment. Prevalence of risk (≤15% percentile) and probable DCD (≤5% percentile) in both regions was calculated and analyzed descriptively. MABC-2 total scores and component scores were compared by region using t-tests, with a significance level of 5%.
Results: The sample of this study consisted of 54.3% girls with a mean age of 7.95 (± 1.34) years and 45.7% boys with 7.88 (± 1.47) years. There were no differences between the mean age and sex