distribution of participants between regions. No differences were found between regions in the total MABC-2 scores (p= 0.28). When analyzing the components of the instrument, the regions showed differences in the following domains: Manual Dexterity (p= 0.002), Aiming and Catching (p=0.01) and Balance (p= 0.01). It was observed that in the Balance component score, children from the South region had higher average scores compared to children from the Southeast region. Children from the Southeast region had higher average scores compared to children from the Southern region in Aiming and Catching and Manual Dexterity. In children from the Southern region of Brazil, 10.1% of the participants had probable DCD and 18% were at risk for DCD. Therefore, 71.9% had a typical motor development. A higher prevalence was found in the Southeast region, with 27.3% of children with probable DCD, 7.3% risk and 65.5% with typical motor performance.
Conclusion: The prevalence of DCD and the scores of children in specific motor domains were different across South and Southeast regions of the country. Thus, exploring other contextual factors that may have contributed to these findings is warranted.
Implications: The present study made progress towards identifying differences in the motor profile of children from two different regions of the country. Collecting representative data from other regions of the country will help to understand possible variations in motor performance according to the context where the child is inserted.
Keywords: Children, Motor skills, Developmental Coordination Disorder

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IS THERE AN ASSOCIATION BETWEEN UPPER LIMB FUNCTION, FATIGUE AND QUALITY OF LIFE IN INDIVIDUALS WITH MULTIPLE SCLEROSIS? CROSS-SECTIONAL STUDY

Thiara Dias Café Alves Mariano[1], Rodrigo Ferreira Soares[1], Carlos Bernardo Tauil[2], Hudson Azevedo Pinheiro[2], Felipe Augusto dos Santos Mendes[1]
[1] *University of Brasília (UnB), Brasilia, Distrito Federal, Brazil*
[2] *Unified Health System of the Federal District, Brasilia, Distrito Federal, Brazil*

Background: Changes in the functions of the upper limbs in individuals with multiple sclerosis are prevalent and present themselves as a common complaint that limits the performance of basic and instrumental activities of daily living, considering the quality of life.
Objectives: To describe upper limb performance, quality of life and perception of fatigue in people with multiple sclerosis and identify possible relationships between variables.
Methods: Descriptive cross-sectional study, with a non-probabilistic and courtesy sample, comprising two groups; people with multiple sclerosis, of both sexes and aged between 18 and 60 years and the second with healthy individuals, matched by age and sex. Recruitment through contact with associations of people with MS and wide dissemination, with posters and folders, in health services. Personalized assessment, including sociodemographic data; performance of the upper limbs through the Test d'Évaluation des Membres Supérieurs des Personnes Âgées instrument, which is composed of eight standardized tasks, which simulate daily activities scored through the sum of the time spent to perform them; quality of life using the Functional Determination Scale of Quality of Life in patients with MS composed of six domains: mobility, symptoms, emotional state, personal satisfaction, thinking and fatigue, social and family situation with scores ranging from 0 to 176; and fatigue with the Modified Fatigue Impact Scale (MFIS) instrument, which has 21 items and determines the effects of fatigue on cognitive, physical and psychosocial factors, its score varies from 0 to 84. The application of the instruments will be random for each participant. Statistical analyzes using descriptive measures to characterize the sample. To compare means between groups, Student's t-test or similar non-parametric test. Multiple linear regression, adjusted for gender and disease duration variables, to determine the possible influence of upper limb performance on quality of life and on fatigue. Excerpt from the clinical trial approved by the ethics committee (Opinion 4,918,584).
Preliminary Results: From May to October 2022, 11 subjects were included in the study. The mean age of the participants was 35.73± 9.76, the mean education was 16 ± 2.36 years of study and the mean time since diagnosis was 6.6 ± 4.58 years. Pearson's expressive test showed that there was no positive relationship between performance in the upper limb test and quality of life (r=-0.024 p=0.94) and positive and weak between upper limb function and fatigue (r= 0 .27 p=0.41), quality of life and fatigue had a negative and moderate voice (r=-0.46 p= 0.15).
Conclusion: Although none of the correlations presented was statistically significant, there is an attempt to that the better performance of the upper limbs is related to a lower perception of fatigue, as well as a higher quality of life index.
Implications: An ongoing study, investigating the evolution between the variables and how they can influence each other, may present interventions for intervention in upper limbs.
Keywords: Upper Extremity, Multiple Sclerosis, Quality of Life

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USE OF THE WHODAS QUESTIONNAIRE TO SCREEN FOR PHYSICAL INACTIVITY IN PATIENTS WITH COPD

Tiago de Almeida Araújo[1], Rafaela Sakumotu Lozano[1], Fernanda Manenti Basso[1], Marcela Maria Carvalho da Silva[1], Valéria Amorim Pires Di Lorenzo[1]
[1] *Department of Physical Therapy, Federal University of São Carlos (UFSCar), São Carlos, São Paulo, Brazil*

Background: COPD is described as a progressive and persistent airflow limitation, with the presence of pulmonary and extrapulmonary manifestations such as dyspnea, reduced exercise capacity and muscle weakness, which impairs functional performance and physical activity as the disease worsens. The functional performance can be assessed by the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) questionnaire, as it is an instrument that encompasses biopsychosocial principles according to the International Classification of Functioning, Disability and Health, however there is no knowledge whether this instrument can track physical inactivity in this population.