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

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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

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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.

Objectives: To verify the correlation between WHODAS questionnaire score and physical activity levels in people with COPD.

Methods: This is a cross-sectional study, which assessed 35 patients with COPD, aged over 50 years (21 males, 69±8 years, FEV_1/FVC 56 ±13%, FEV_1 post-Bronchodilator 50 ± 13%). This study was approved by the Research Ethics Committee of the Federal University of São Carlos (UFSCar), under number 85901318.0.0000.55.04. To evaluate functionality, the WHODAS 2.0 questionnaire, with 36 items was applied in the interview format. The level of physical activity was assessed by the actigraph activPAL3TM (Pal Technologies Ltd., Glasgow, United Kingdom), for 7 consecutive days, by time spent sitting, standing and walking; number of steps and time spent at certain exercise intensities (sedentary, if MET <1.5 and low intensity exercise, if MET >1.5, but < 3). Participants who could not perform the proposed tests and/or had difficulty understanding the questionnaire were excluded. For data analysis and correlation, the statistical software SPSS version 21 (2012) was used, with significance established at a p value <0.05.

Results: Significant correlation were found only between the mobility domain of WHODAS 2.0 and number of steps (r= -0.490; p=0.003), sitting time (r=0.472; p=0.004), standing time (r= -0.366; p= 0.031), walking time (r= -0.510; p= 0.002), time during MET < 1.5 (r= 0.426; p= 0.011) and time during MET >1.5, but < 3 (r= -0.428; p=0.010).

Conclusion: The WHODAS 2.0 mobility domain showed association with the variables that reflect the level of physical activity and sedentary time in COPD patients, thus the instrument may be effective to track physical inactivity in this population.

Implications: This study shows that the WHODAS 2.0 questionnaire is an effective tool for tracking the level of physical activity in COPD patients and can be used as a clinical outcome before and after physical therapy intervention.

Keywords: Functionality, Sedentary Behavior, Physiotherapy

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FRAGILITY PROFILE OF ELDERLY PEOPLE WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE RESIDENTS IN THE COMMUNITY

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Background: In Chronic Obstructive Pulmonary Disease (COPD), symptoms of chronic and progressive dyspnea, cough and sputum production impact exercise tolerance and functionality. Being mostly elderly, the risk for frailty also has a great clinical impact. However, it is not routinely investigated in people with COPD, which may lead to less impact of functional dependence prevention strategies. Thus, the stratification of elderly people with COPD into frailty profiles can provide important prognostic information, enabling the development of prevention, promotion, and rehabilitation actions in health.

Objectives: Stratify the frailty profiles of community-dwelling elderly with Chronic Obstructive Pulmonary Disease.

Methods: 25 community-dwelling elderly (68.9±6.54) with a diagnosis of COPD who answered the Vulnerable Elders Survey -13 (VES-13) questionnaire, present in the elderly person's health booklet, were included to stratify the vulnerability profile. The categories of the Comprehensive International Classification of Functioning (ICF) Core Set for COPD to detail functional limitations and disabilities were evaluated based on the response to the VES-13.

Results: The study included 25 elderly people with COPD, with a mean age of 68.9 years. As for vulnerability classification, 12 (48%) volunteers had a robust elderly profile, 8 (32%) elderly people had a pre-frailty profile, and 5 (20%) volunteers had a frail profile. No significant correlation was found between VES-13 and age, BMI, calf circumference, FEV1/FVC, physical activity, falls, unintentional weight loss. Regarding the ICF Core Set for COPD, the relevance of the categories found in the present study is highlighted, with difficulty or inability to perform household tasks, to walk, and difficulty or inability to make basic changes in body position, more specifically difficulty or inability to crouch.

Conclusion: Elderly people with COPD who live in the community have a higher prevalence of pre-frailty and affection. However, this parameter was not presented with other parameters that impact functional independence. Thus, the tracing of traffic in people with COPD residing in the community still needs to be deepened considering the different mobility conditions of this population.

Implications: The findings may guide the development of interventions that can lead to better management of frailty in this population. In addition to facilitating the implementation of interventions capable of preventing functional independence.

Keywords: Functional Status, Fragility, Elderly

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TRANSITION FROM THE BIOMEDICAL TO THE BIOPSYCHOSOCIAL MODEL IN EXERCISE INTERVENTIONS FOR OLDER ADULTS WITH LOW BACK PAIN: AN INSTRUMENTAL ANALYSIS

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Background: Chronic low back pain (CLBP) is the second most common complaint in Brazilian elderly and the 4th most disabling musculoskeletal disorder in the world, affecting different areas of the lives of people with this condition. The International Classification of Functioning, Disability and Health (ICF) guides an approach that integrates in the care model the domains of structure and function, activities/participation, personal and environmental aspects. Therefore, an approach following the biopsychosocial model (BPS) becomes more adequate when compared to the biomedical model, based on the ICF recommendations.

Objectives: To analyze the transition from the biomedical to the BPS model in exercise interventions for older adults with CLBP.

Methods: A search was conducted in June 2022, without date restriction, in 3 databases (PubMed/MEDLINE, PEDro and Scielo) using the descriptors "chronic low back pain", "elderly", "exercise",