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THE PELVIC FLOOR MUSCLE FUNCTION EXAM/EFSMAP BASED ON ICF/WHO TERMINOLOGY: A CONSTRUCT VALIDITY STUDY

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Background: Construct validity is the focus of validity and allows to answer the question: “is the test capable of discriminating among individuals with and without certain conditions?” The pelvic floor muscle functions (PFMF) are a largely investigated construct in women, as the integrity of pelvic floor muscles are involved in the mechanisms of continence and in pelvic organ support. Consequently, pelvic floor muscle training is the first line for the treatment of urinary incontinence (UI). Nevertheless, to set an individual dose of rehabilitation intervention, an adequate assessment of those PFMF is mandatory. Our study group conducted 3 previous studies that proposed, content validated and demonstrated the reproducibility of the Pelvic Floor Sensorial and Muscle Function Exam (EFSMAP - Exame das Funções Sensoriais e Musculares do Assoalho Pélvico) to assess the relevant PFMF of women with pelvic floor dysfunctions.

Objective: To test construct validity of the EFSMAP by investigating its ability to discriminating/characterizing PFMF of women with urinary incontinence (UI) from those without UI.

Methods: Methodological study held at a secondary care gynaecology unit and community, comprised of a sample of 182 women (91 with– UI group; and 81 with no UI – non-UI group) aged over 18 years (CAAE:44534615.5.0000.5149). The known groups method procedure was used to test construct validity of the EFSMAP. Two previously trained physical therapists evaluated women’s PFMF by vaginal palpation and manometry (Peritron®). Sensitivity and specificity of the following PFMF: Proprioception, Pain, Tone, Involuntary movement reaction (cough), Control (contraction and relaxation), Coordination, Strength and Endurance (duration and repetitions) were calculated. Receiver Operating Characteristics Curves (ROC) and cutoff values were calculated for Pain, Strength and Endurance.

Results: Control (contraction and relaxation), presence of Pain, and Coordination had excellent (95.6%) to good (above 70%) specificity indexes but low sensitivity (below 60%). Conversely, Involuntary Movement Reaction during cough had good sensitivity (82.56%), but low specificity (37.36%). Tone did not discriminate groups (value). Strength and

Endurance (duration) discriminated groups, with area under the ROC curve above 0.70. Cutoff values were 3.5 in Modified Oxford Scale, 45.9cmH₂O in vaginal manometry; and 6.5 seconds in vaginal palpation for Endurance.

Conclusions: The EFSMAP presented construct validity, as most tested functions discriminated/characterized women with UI from those with no UI. The cutoff values for Strength and Endurance may guide physical therapists to set treatment goals towards a more effective and lower cost therapeutic programs for those women.