**Results:**

At baseline 16th, 24th and 32nd week of pregnancy. Statistical significance was found. During the warm-up, loading and cool-down, while LEP consists of a total of 27 pregnant women complained about low back pain, without obstetric and medical complications were included in this study. Detailed sociodemographic and obstetric characteristics were recorded. Back pain intensity, functional capacity and the quality of life were determined by the Visual Analogue Scale (VAS), 6-minute walk test and Short Form-36 Quality of Life Questionnaire. All outcome measures were evaluated at baseline, at 24 and 32 weeks of pregnancy. Starting from the 16th week of pregnancy to the 32nd week, for 2 weeks a day, under the supervision of a physiotherapist, a stabilization-based exercise program consisting of posture training, upper extremity, lower extremity, abdominal and pelvic floor strengthening and breathing exercises was applied to the pregnant women by progressing modifi-
cations for pregnancy-related lumbopelvic pain: a systematic review of effectiveness for pregnancy: 24.73±3.84, 26.28±3.85, 27.91±3.60

**Methods:**

A total of 27 pregnant women were randomized to LEP and 20 pregnant women to SEP during pregnancy. In this respect; our study will guide clinicians to create evidence-based exercise programs for pregnant women.

**Background:**

Low back pain is the most common musculoskeletal problem which negatively affects functional capacity and quality of life during pregnancy. So, from the beginning of pregnancy, pregnant women should be supported by appropriate exercise approaches recommended as first-line therapy to reduce the complaints about low back pain. Although there are different opinions about the type, intensity and frequency of exercise in order to improve function in pregnant women with low back pain, there are no comparative studies on the diversity and length of the exercise program.

**Objectives:**

The aim of the study was to compare the effects of supervised, long and multivariety an exercise program (LEP) and a short exercise program (SEP), planned based on core stabilization and in line with the needs of pregnant women, on functional capacity and quality of life.

**Results:**

In LEP, 13 pregnant women (mean age: 30.75±5.05 years, BMI 24.73±3.84, 26.28±3.85, 27.91±3.60) walked significantly longer and covered more distance during the 6-minute walk test (p<0.05) and in LEP compared to SEP. Baseline parameters were similar between the two groups (p>0.05). There was no superiority between groups in terms of back pain intensity at the 24th and 32nd week of pregnancy (p>0.05). While at the 24th week of pregnancy, 6-minute walking test distance, emotional role limitation and pain sub-dimension scores of health-related quality of life were found to be higher in LEP (p<0.05), at the 32nd week of pregnancy, only 6 minutes walking test distance were found to be higher in LEP (p<0.05).

**Conclusion:**

LEP is more effective in terms of increasing functional capacity, emotional role limitation and pain-related quality of life in the short term and is more effective in terms of increasing functional capacity in the long term than SEP during pregnancy. In this respect; our study will guide clinicians to create individually exercise programs for the needs of pregnancy.

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**Disclosure of Interests:** None declared.


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**THE COMPARISON OF EFFECTS OF TWO DIFFERENT EXERCISE PROGRAM ON FUNCTIONAL CAPACITY AND QUALITY OF LIFE IN PREGNANT WOMEN WITH LOW BACK PAIN**

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**Background:**

Pregnancy is a common musculoskeletal condition that affects women during their childbearing years. It is a long and multivariety an exercise program (LEP) and a short exercise program (SEP), planned based on core stabilization and in line with the needs of pregnant women, on functional capacity and quality of life.

**Methods:**

A total of 27 pregnant women were randomized to LEP and 20 pregnant women to SEP during pregnancy. In this respect; our study will guide clinicians to create evidence-based exercise programs for pregnant women.

**Objectives:**

The aim of the study was to compare the effects of supervised, long and multivariety an exercise program (LEP) and a short exercise program (SEP), planned based on core stabilization and in line with the needs of pregnant women, on functional capacity and quality of life.

**Results:**

In LEP, 13 pregnant women (mean age: 30.75±5.05 years, BMI 24.73±3.84, 26.28±3.85, 27.91±3.60) walked significantly longer and covered more distance during the 6-minute walk test (p<0.05) and in LEP compared to SEP. Baseline parameters were similar between the two groups (p>0.05). There was no superiority between groups in terms of back pain intensity at the 24th and 32nd week of pregnancy (p>0.05). While at the 24th week of pregnancy, 6-minute walking test distance, emotional role limitation and pain sub-dimension scores of health-related quality of life were found to be higher in LEP (p<0.05), at the 32nd week of pregnancy, only 6 minutes walking test distance were found to be higher in LEP (p<0.05).

**Conclusion:**

LEP is more effective in terms of increasing functional capacity, emotional role limitation and pain-related quality of life in the short term and is more effective in terms of increasing functional capacity in the long term than SEP during pregnancy. In this respect; our study will guide clinicians to create individually exercise programs for the needs of pregnancy.

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**Disclosure of Interests:** None declared.