

that 15 individuals used a wheelchair (88.89%) and 11 performed physical activity (61.11%). Regarding SF-36, it is noteworthy that the domains with the highest average were Limitation due to Emotional Aspects (100 ± 49.6) and Mental Health (86 ± 16.5), in addition, the total average of SF-36 was 59.88 ± 27.79 . Regarding FIM, the total mean obtained was 110.41, with the self-care item obtaining the highest mean (51.23 ± 2.82), on the other hand, the item with the lowest mean was locomotion (5 ± 4.24).

Conclusion: The levels with the highest mean of functionality and quality of life may be related to participation in physical activity, since the majority practice some type of activity, in addition to having a considerable level of education. In addition, the value of self-care suggests more autonomy and rehabilitation practices after the injury. **Implications:** The SF-36 and the MIF are measures that help in the evaluation of people with SCI as an additional tool to Physiotherapy treatment, enhancing therapeutic strategies for functionality and quality of life. However, studies with a greater number of people with SCI should be carried out to further strengthen evidence-based practice aimed at Physiotherapy.

Keywords: Spinal Cord Injury, Quality of life, functional independence

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IS READINESS-TO-CHANGE DIFFERENTLY AMONG PATIENTS WITH CHRONIC LOW BACK PAIN DISTINCT PAIN PHENOTYPES?

Roger Berg Rodrigues Pereira, Thamiris Costa de Lima, Thais Cristina Chaves

Departament of Physical Therapy, Universidade Federal de São Carlos (UFSCar), São Carlos, SP, Brazil

Background: Phenotypes can help classify Chronic low back pain (CLBP) into nociceptive, neuropathic, and nociplastic types based on the underlying pain mechanisms. This categorization aids in identifying the main type of pain and tailoring treatments, including behavior change, pain education, medications, and psychosocial support. The Pain Stages of Change Questionnaire (PSOCQ) can assess a patient's readiness for self-management. Different pain phenotypes may show varying levels of readiness for change; however, it was not previously reported in the literature.

Objectives: To identify differences in readiness for change between pain phenotypes in participants with CLBP.

Methods: This is a cross-sectional study that utilizes secondary data. The sample comprised participants with CLBP, both sexes, aged between 18 and 60 years, divided into subgroups by pain phenotype: nociceptive (G1), neuropathic (G2), nociplastic (G3) and mixed (G4). Participants answered the PSOCQ questionnaires to assess readiness for change covering four subscales (Precontemplation, Contemplation, Action and Maintenance), the score obtained is through a 5-point Likert scale, which ranges from "completely disagree" to "completely agree", and is calculated by averaging the responses, ranging from 1 to 5, Central Sensitization Inventory (CSI) 25 items and Pain Detect Questionnaire. For statistical analysis, one-way analysis of variance (ANOVA) was performed, followed by LSD post-hoc test ($p < 0.05$).

Results: A total of 150 participants, G1= 48, G2= 59, G3= 8, G4= 35 (97 women and 53 men with mean, standard deviation [SD] age of

41.07, SD = 11.55 years; mean weight of 76.70, SD = 16.75 kg and height of 1.67, SD = 0.09 m) were recruited for this study. The ANOVA revealed a significant difference in the scores of the PSOCQ between pain phenotypes only for the Pre-contemplation domain ($F(3, 146) = 2.89, p = 0.037$). The neuropathic (mean[M] = 3.07) showed significant higher scores for the pre-contemplation domain of the PSOCQ when compared to nociceptive ($M = 2.45, p = 0.02$) and nociplastic subgroups ($M = 2.55, p = 0.04$). In addition, the mixed group ($M = 2.77$) also showed higher score for pre-contemplation domain than the nociceptive group ($M = 2.45, p = 0.03$).

Conclusion: The results suggest readiness for change is influenced for pain phenotypes particularly for the Precontemplation stage. Patients with neuropathic pain and mixed pain phenotypes showed less readiness to change beliefs than patients which pain is classified as nociceptive.

Implications: Understanding differences in readiness for change between pain phenotypes can assist physical therapists in adjusting their therapeutic methods. Patients with nociceptive pain profiles appear more willing to participate in active treatments such as exercise, where modifying lifestyle is part of the therapy. We encourage physical therapists to categorize patients based on their pain phenotype profiles.

Keywords: Low back pain, Transtheoretical Model, Pain Management

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EFFECT OF PHOTOBIMODULATION ON MYOFASCIAL PAIN IN THE TRAPEZIUS: A RANDOMIZED, DOUBLE-BLIND CONTROLLED TRIAL

Rayanne Kethleen Do Nascimento Silva^a, José Diego Sales Do Nascimento^b, Valéria Mayaly Alves de Oliveira^a, Leticia Souza Martins^a, Andreza Maria Macau Farias Rocha^a, Rebecca Rickelle de Souza Mousinho^b, Juberlânia Do Nascimento Matias Dos Santos^a, Palloma Rodrigues de Andrade^a

^a Programa de Pós-graduação em Fisioterapia da Universidade Federal da Paraíba (UFPB), João Pessoa, PB, Brazil

^b Departamento de Fisioterapia da Universidade Federal da Paraíba (UFPB), João Pessoa, PB, Brazil

Background: Myofascial pain syndrome is characterized by trigger points (TPs), which cause pain in muscles and fasciae. Low-Level Laser Therapy (LLLT) has shown potential in treating TPs, contributing to pain reduction and the inflammatory process. However, inhibitory doses remain underexplored for this condition. TP formation is associated with a knot in the muscle fiber, leading to local vasoconstriction, but it may also contain inflammatory mediators. This creates a challenge in thermographic characterization, as a TP may present as either a colder region, due to vasoconstriction, or a warmer one, due to inflammation.

Objectives: To assess whether a dosage of 16J of 808nm LLLT induces changes in pain and skin temperature in individuals with TPs in the trapezius.

Methods: This is a double-blind, sham-controlled, randomized clinical trial with 52 volunteers of both sexes (= 18 years old) experiencing spontaneous trapezius pain for over three months and diagnosed with TPs. Sixty participants will be randomly assigned to two equal