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THE BRAZILIAN VERSION OF PATTERNS OF ACTIVITY MEASURE-PAIN SCALE: TRANSLATION AND CROSS-CULTURAL ADAPTATION

Matheus Lemos Dos Santos, Andressa Carolina Pereira da Silva, Raquel Lins de Sousa Lima, Bruna Gabriella Nascimento Bezerra, Mayara Ribeiro Da Silva, Marlison Douglas Nascimento Silva, Valéria Mayaly Alves de Oliveira, Danilo Harudy Kamonseki
Graduando em Fisioterapia, Departamento de Fisioterapia, Universidade Federal da Paraíba (UFPB), João Pessoa, PB, Brazil

Background: Chronic pain affects between 11% and 40% of the North American population, while in Brazil, this number can range from 23% to 76%, a significant prevalence that primarily affects females. Furthermore, this condition is considered the leading cause of disability in the general population. Individuals with chronic pain activity may have changed patterns of activities, including behaviors related to rest and alternating and planned activities. The assessment of patterns of activities is important for planning the treatments using adequate instruments, such as the Patterns of Activity Measure-Pain (POAM-P). However, POAM-P has not yet been translated and culturally adapted to be used in Brazil.

Objectives: To translate into Brazilian Portuguese and culturally adapt the POAM-P.

Methods: This is a cross-sectional observational study, conducted according to the recommendations for the translation and cultural adaptation process, and approved by the research ethics committee. The POAM-P was translated by two Brazilians fluent in English. Afterward, the translations were synthesized and then back translated into English by two native English speakers. Finally, a committee of experts reviewed all the translations and the original version to formulate the pretest version. The comprehensibility of the items in the pretest version was evaluated in 30 individuals. The pretesting phase included individuals of both sexes, aged over 18 years old, with chronic musculoskeletal pain for at least 3 months and an intensity greater than 3 on the 11-point numerical pain scale. Each participant responded to the questionnaire, reported their understanding, and suggested modifications to the instrument. The instrument was considered acceptable if 90% of participants understood all the questions.

Results: The translation and back-translation processes did not reveal significant discrepancies between versions, ensuring semantic and conceptual equivalence with the original instrument. The expert committee reviewed the pre-testing version, making minor adjustments to enhance clarity while maintaining the original meaning. The pretest version was then sent to the authors of the original POAM-P, who suggested changes to the terms “pacing” and “overdoing” to better align with the meaning in the original version. In the pre-test phase, 30 individuals with chronic pain and a mean age of 43.97 ± 16.4 years participated, with a predominance of females ($n = 23$, 76.67%) and body mass index of 28.62 ± 5.49 kg/m². Regarding the main complaints, the trunk region stands out ($n = 15$, 50%), followed by lower limbs (11, 36.67%) and upper limbs (4, 13.33%). The score on the 11-point numerical pain scale obtained an average of 6.10 ± 2.21 and pain duration (in years) of 7.88 ± 9.02 . All items reached an understanding above 90%, indicating adequate comprehensibility. In addition, the individuals did not suggest changes in the items of the POAM-P.

Conclusion: The final version in Brazilian Portuguese and cross-cultural adaptation of the POAM-P was completed and considered appropriate and clear.

Implications: This instrument will be relevant for clinical practice regarding the evaluation of individuals with chronic pain, in addition to serving as an outcome measure to monitor therapeutic strategies for reducing disability in these individuals.

Keywords: Questionnaire translation, chronic pain, activity patterns

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EFFECTS OF COGNITIVE-FUNCTIONAL THERAPY IN THE TREATMENT OF CHRONIC SHOULDER PAIN: A CASE REPORT

Mayara Ribeiro da Silva, Jéssica Mayara da Silva Eugênio, Raquel de Moura Campos Diniz, Bruna Gabriella Nascimento Bezerra, Marlison Douglas Nascimento Silva, Gabriel Alves Dos Santos, Danilo Harudy Kamonseki, Valéria Mayaly Alves De Oliveira
Programa de Pós-Graduação em Fisioterapia, Departamento de Fisioterapia, Universidade Federal da Paraíba (UFPB), João Pessoa, PB, Brazil

Background: Chronic shoulder pain is the third most common musculoskeletal dysfunction in medical and physical therapy clinics. It can be influenced by factors beyond the biological, involving beliefs, attitudes, and expectations of the individual. Based on this perspective, introducing Cognitive-Functional Therapy (CFT), a biopsychosocial approach, into physical therapy protocols appears to be beneficial in reducing pain and functional disability.

Objectives: To report the case of a patient with chronic shoulder pain undergoing CFT as an intervention strategy.

Methods: A 48-year-old female patient, a confectioner, reported the onset of pain in her right shoulder approximately 7 months ago while performing underwater swimming upon returning to recreational swimming. The patient underwent a functional assessment and completed pre- and post-intervention questionnaires using the following tools: Shoulder Pain and Disability Index (SPADI), Chronic Pain Self-Efficacy Scale (CPSS), Pain Catastrophizing Scale (PCS), and Numeric Pain Rating Scale (NPRS). Additionally, information about the patient's history before and after the onset of pain was collected. The initial evaluation lasted one and a half hours, and subsequent sessions lasted approximately fifty minutes. The patient expressed a belief in structural damage as the reason for her symptoms but also acknowledged that a lack of physical conditioning contributed to the injury. She reported emotional impact due to the temporary suspension of her work activities because of the pain, as well as difficulty performing household and self-care tasks. The treatment protocol was applied over eight consecutive weeks, with weekly in-person sessions. The approach included reflective questioning to challenge negative beliefs about tissue damage and hypervigilance, gradual exposure to feared movements, and guidance on lifestyle changes. The rehabilitation program was progressive, with a well-established therapeutic alliance. Functional exercises with increasing load and intensity were tailored to the limitations identified during the assessment, including deficits in shoulder flexion, abduction, and internal rotation, as well as activities deemed important to the patient. Home exercise guidance and prescription were also provided.

Results: Initially, the disability assessment showed a SPADI score of 86.92 points. After eight weeks of intervention, this score was reduced to 0.76 points. Additionally, pain decreased from 8 to 1 on the NPRS, indicating improvement in pain and functional capacity. In the self-efficacy assessment, the initial CPSS score was 55.90 points, which decreased to 32.72 after treatment. Finally, catastrophizing, as measured by the PCS, decreased from 20 points at the start to 0 at the end of the protocol (Pre = 20; Post = 0).