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

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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 $\pm$ 16.4 years participated, with a predominance of females (n = 23, 76.67%) and body mass index of 28.62 $\pm$ 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 $\pm$ 2.21 and pain duration (in years) of 7.88 $\pm$ 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

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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).

Conclusion: The application of CFT over 8 weeks resulted in pain reduction and functional recovery, as well as changes in negative beliefs and pain catastrophizing.
Implications: In addition to improving pain, functional capacity, and eliminating negative beliefs and fear of movement, the patient experienced no adverse effects from the therapy throughout the treatment. Therefore, this approach appears to be an appropriate strategy for the treatment of chronic shoulder pain.
Keywords: Multidimensional approach, psychosocial factors, chronic shoulder pain

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TRANSLATION AND CROSS-CULTURAL ADAPTATION OF THE PAIN CONCEPTS QUESTIONNAIRE (PCQ) INTO BRAZILIAN PORTUGUESE IN CHRONIC LOW BACK PAIN

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Background: Low back pain (LBP) is a condition widely experienced by the global population and is one of the leading causes of disability in individuals. The persistence of this condition for three months or more characterizes its chronicity, referred to as chronic low back pain (CLBP). Current evidence suggests that managing CLBP should combine active movement interventions with psychosocial strategies, such as educational approaches, aimed at transforming dysfunctional beliefs into those more aligned with the biopsychosocial model. One way to assess the effectiveness of educational interventions is through instruments that evaluate beliefs and knowledge about pain, such as the Pain Concepts Questionnaire (PCQ). However, this instrument has not yet been validated or cross-culturally adapted for Brazilian Portuguese.
Objectives: To translate and cross-culturally adapt the Pain Concepts Questionnaire into Brazilian Portuguese.
Methods: The PCQ consists of 25 items assessing core pain concepts, which included items related to beliefs about the causes of pain and pain flare-up, pain processing in the brain, and treatment options that reflect a biomedical approach and biopsychosocial approach to pain management. Responses are rated on a 5-point Likert scale: 1) strongly disagree, 2) somewhat disagree, 3) not sure, 4) somewhat agree, and 5) strongly agree. The cross-cultural adaptation process was carried out in five stages: forward translation, translation synthesis, back-translation, expert committee meeting, and pre-final version testing. Thirty participants answered the pre-final version of the PCQ and completed the cognitive interview in which comprehension, comprehensiveness and relevance were assessed. Suggestions to improve the instruments were considered when at least 20% of the participants reported issues with the item.
Results: Two translators fluent in English and native Portuguese speakers translated the PCQ into Brazilian Portuguese. Another two translators, fluent in Portuguese and native English speakers, back-translated it into English. All translators worked independently and were unaware of the original version. A specialist committee, including translators, physiotherapists, and experts in rehabilitation and pain, resolved disagreements to create the pre-final version of PCQ-Brazil. The sample had a mean age of 41.80 years (DP = 11.65), with 60% (n = 18) female and 40% (n = 12) male. Most participants (53.33%, n = 16) had completed high school. Participants answered the pre-final version and reported no issues with comprehension, relevance, or comprehensiveness. Therefore, no modifications were needed for the final version.
Conclusion: The PCQ questionnaire demonstrated good comprehensibility, comprehensiveness, and relevance to the topic. However, it is still necessary to test its measurement properties to ensure that the instrument is suitable for implementation in clinical practice.
Implications: The PCQ-Brazil was translated and cross-cultural adapted, making available a new instrument to assess beliefs and knowledge about pain in Portuguese. The PCQ-Brazil should be tested regarding its measurement properties before being used in clinical practice and research to assess changes in beliefs and knowledge about pain in CLBP following educational interventions.
Keywords: Low Back Pain, Pain Measurement, Surveys and Questionnaires

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TEMPORAL AND INTENSITY CHARACTERIZATION OF PAIN IN CONJUNCTION WITH SLEEP DISORDERS AND SEDENTARY LIFESTYLE IN MUSCULOSKELETAL PATIENTS IN NORTHERN BRAZIL

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Background: The experience of pain is reported by a large part of the population and is one of the main complaints of patients who undergo physical therapy. Literature has shown that pain often appears in conjunction with other clinical findings, such as sleep disorders and sedentary behavior. Parallel to this, descriptive epidemiology has the aim of helping to characterize a population and the factors related to their health-disease process.
Objectives: To characterize pain according to time and intensity in trauma-orthopedic and rheumatological patients from an Academic league in North region of Brazil.
Methods: This cross-sectional observational study carried out with secondary collection of medical records of trauma-orthopedic and rheumatological patients treated by interns from an Academic league of the Physiotherapy course in the North region of Brazil, from April 2019 to July 2024. The REDCap platform (version 13.3.0) was used for data collection and management and Jamovi (version 2.6) for statistical analysis, evaluating the frequency of types of pain by time (acute, subacute and chronic) and by intensity according to Numerical Pain Scale, which considers 1-2 a mild, 3-7 a moderate and 8-10 an intense pain, in addition to sedentary lifestyle and reports of sleep disorders in patients with pain complaints.
Results: The sample consisted of 394 medical records. The mean age was 45.6 years old, of which 170 (42.7%) had a traumatological disorder, 157 (39.4%) had an orthopedic and 71 (17.8%) a rheumatological. Pain complaints lasting more than 3 months were considered chronic pain, from 8 days to less than 3 months as subacute pain and