

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

up to 7 days as acute pain. Thus, 179 (45.5%) people with chronic pain were identified, 51 (12.9%) with subacute pain, 9 (2.3%) with acute pain, 40 (10.1%) without pain and 115 (29.2%) with no record of pain assessment or injury time. Furthermore, 215 (54.6%) complained a moderate pain, 72 (18.3%) had an intense pain, 19 (4.8%) a mild pain, 40 (10.2%) did not complained about pain and 48 (12.2%) with no register of pain intensity assessment. In relating to all patient that presented pain (306), 192 (62.7%) were sedentary and 158 (51.6%) reported sleep disorders.

Conclusion: Chronic pain, moderate level of pain, sedentary behavior and sleep disorders are present in a population of adults. Besides, it is possible to confirm that traumatological and orthopedic disorder, despite do not be necessary a chronic condition, could reinforce chronic pain. The biopsychosocial factors found in Brazilian patients with complaints of pain are already debated, mainly due to the multifactorial nature of chronic pain, but there was still a lack of data in Brazil, especially in the North region. Future studies need to evaluate more characteristics of musculoskeletal pain.

Implications: The results obtained in this research help to better understand the most prevalent characteristics of the patients treated, which implies better resources for planning and improvements in the services provided, both in management and in care.

Keywords: Physical Therapy Modalities, Orthopedic, Clinical Clerkship

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THE COMPARISON OF THE IMMEDIATE EFFECT OF NEURODYNAMIC TENSION VERSUS MUSCLE STRETCHING ON STRAIGHT LEG RAISE IN ASYMPTOMATIC INDIVIDUALS

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Background: Hamstring injuries are common among athletes and physically active individuals, often resulting from a lack of muscle flexibility. Muscle stretching and neural mobilization techniques offer distinct approaches to improving joint range of motion. Although previous literature provides evidence of similar effects of both interventions on the range of motion in the straight leg raise test, no study has investigated their influence on sciatic neurodynamic tension.

Objectives: To compare the immediate effect of a muscle stretching exercise program versus neural mobilization on the sciatic neurodynamic tension of asymptomatic individuals.

Methods: A randomized clinical trial was conducted with 40 asymptomatic adults. Sociodemographic and clinical characteristics were collected using a self-administered questionnaire. The straight leg raise test and ultrasound imaging measurements (cross-sectional area and nerve-to-skin distance) were used to assess sciatic neurodynamic tension. During the ultrasound evaluation, participants were instructed to remain in lateral decubitus, with the spine

straight, head and neck supported on a pillow. The transducer was kept in a transverse position to the sciatic nerve at the posterior mid-thigh. Images were taken in two different positions of the lower limb of lesser and greater neural tension, all with the hip positioned at 60° of flexion: position A) with the knee flexed at 90° and the ankle in a neutral position, position B) with the knee extended and ankle dorsiflexion. Participants were randomly assigned to two groups: the control group performed hamstring stretching exercises, while the experimental group received sciatic nerve mobilization. The effects of the interventions were compared using a mixed linear model for repeated measures.

Results: Participants had a mean age of 30 years, with an equal sex distribution. After screening 140 individuals, the final sample was determined based on an estimated 20 participants per group. Both interventions similarly increased the hip flexion range of motion (mean difference = 3.86, 95% confidence interval from -0.46 to 8.17, p-value = 0.079). Neither technique significantly altered the cross-sectional area (p-value = 0.664) or nerve-to-skin distance (p-value = 0.868).

Conclusion: Sciatic nerve mobilization and hamstring stretching exercises produced similar outcomes regarding sciatic neurodynamic tension in asymptomatic individuals.

Implications: Muscle stretching and neural mobilization are similarly effective in improving range of motion in individuals assessed in the short-term. The improvement in the range of movement may be related to muscles or connective tissue adaptations since there was no effect on the neurodynamic tension.

Keywords: Muscle stretching exercises, Musculoskeletal manipulations, Range of motion

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THE BRAZILIAN VERSION OF NON-AVOIDANCE PACING SCALE: TRANSLATION AND CROSS-CULTURAL ADAPTATION

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Background: Chronic pain can be defined as pain that persists for more than three months, being one of the main causes of suffering and physical and emotional disability. Negative or maladaptive psychological factors, such as fear, negatively influence the pain. Individuals with chronic pain tend to develop fear and catastrophic thoughts in response to pain, leading to a sedentary lifestyle due to avoidance behavior. In addition to avoidance, there are other patterns of behavior and activity, such as pacing, which is characterized by moderating activity levels and alternating between periods of activity and rest. Currently, some instruments assess pacing in individuals with chronic pain, such as Non-avoidance Pacing Scale (NAPS). However, the NAPS has not yet been translated and culturally adapted into Brazilian Portuguese.

Objectives: To translate and culturally adapt the NAPS into Brazilian Portuguese.