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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209

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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210

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.