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

Conflict of interest: The authors declare no conflict of interest.
Funding: This work carried out within the scope of the Technological Initiation Program of the Brazilian Hospital Services Company Network (Ebserh) with the support of the National Council for Scientific and Technological Development (CNPq).
Ethics committee approval: 75591023.0.0000.5504.
Registration: Not applicable.

https://doi.org/10.1016/j.bjpt.2025.101471

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

Conflict of interest: The authors declare no conflict of interest.
Funding: FAPERJ - E-26/211.104/2021) CAPES - Finance Code 001, and 88881.708719/2022-01, and 88887.708718/2022-00.
Ethics committee approval: CAAE: 77083023.0.0000.5149.
Registration: Not applicable.

https://doi.org/10.1016/j.bjpt.2025.101472

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.

Methods: This is a cross-sectional observational study that was approved by the Ethics Research Committee and conducted based on previously established recommendations for translation and cultural adaptation processes. The NAPS was translated by two Brazilian translators fluent in English. Afterward, the translations were synthesized and then back-translated into English by two native English speakers fluent in Brazilian Portuguese. Finally, a committee of experts reviewed all the translations and the original version to create the pretest version. The comprehensibility of the items in the pretest version was evaluated in 30 individuals. The pretesting phase included individuals with chronic pain for at least three months of both sexes, aged over 18 years, and reporting pain intensity greater than 3 on an 11-point numeric rating scale. Each participant completed the questionnaire, provided feedback on their comprehension, and proposed adjustments to the instrument. The instrument was deemed acceptable if at least 90% of the participants fully understood all the questions. The data were analyzed using the Statistical Package for the Social Sciences (SPSS) software, version 23.0.
Results: The translation and back-translation process showed no significant discrepancies, ensuring semantic and cultural equivalence. An expert committee made minor adjustments to enhance comprehension while preserving the original meaning. The pretest version was sent to the authors of the original NAPS and was approved without additional suggestions. A total of 30 individuals with chronic pain participated in the study (female: 23, 76.67%; male: 7, 23.33%), with a mean age of 43.97 $\pm$ 16.4 years and a body mass index of 28.62 $\pm$ 5.49. The most frequently reported pain region was the trunk (15, 50%), followed by the lower limb (11, 36.67%) and upper limb (4, 13.33%). Pain intensity on the numeric rating scale (6.10 $\pm$ 2.2), while pain duration in years was 7.88 $\pm$ 9.02. All items achieved a comprehensibility rate above 90%.
Conclusion: The translation and cultural adaptation of the NAPS into Brazilian Portuguese were considered appropriate.
Implications: This instrument will enable the analysis of behavioral patterns in patients with chronic pain, specifically pacing, and assessing the presence of maladaptive and negative processes related to the condition.
Keywords: Questionnaire translation, Chronic pain, Pacing

Conflict of interest: The authors declare no conflict of interest.
Funding: CNPq.
Ethics committee approval: CAAE: 46775421.0.0000.0018.
Registration: Not applicable.

https://doi.org/10.1016/j.bjpt.2025.101473

211

PAIN SELF-EFFICACY IN INDIVIDUALS WITH FROZEN SHOULDER: ASSOCIATIONS WITH PAIN, DISABILITY, PSYCHOLOGICAL FACTORS, AND SLEEP QUALITY

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Background: Pain self-efficacy may influence an individual's ability to manage pain and maintain functionality. Lower self-efficacy levels are linked to greater pain, disability, and poorer outcomes. In a frozen shoulder, persistent pain and restricted movement may be associated with low self-efficacy. Psychological factors (depression, anxiety, kinesiophobia, pain catastrophizing) and sleep disturbances are associated with pain and function in musculoskeletal conditions. Still, their contribution to self-efficacy pain in frozen shoulder remains unclear. Understanding these relationships may improve rehabilitation strategies by addressing psychosocial aspects alongside physical treatment.
Objectives: To analyze the association between pain, disability, psychological factors (anxiety, depression, kinesiophobia, pain catastrophizing), and sleep quality with pain self-efficacy in individuals with frozen shoulder.
Methods: This cross-sectional study was conducted via video calls using Google Meet®. Pain self-efficacy was assessed with the Pain Self-Efficacy Questionnaire (PSEQ-10); pain and disability with the Shoulder Pain and Disability Index (SPADI). Anxiety and depression were evaluated with the Hospital Anxiety and Depression Scale (HADS), kinesiophobia with the Tampa Scale for Kinesiophobia-11 (TSK-11), and pain catastrophizing with the Pain Catastrophizing Scale (PCS). Sleep quality was assessed with the Pittsburgh Sleep Quality Index (PSQI). Multiple linear regression examined pain self-efficacy as the dependent variable and pain, disability, anxiety, depression, kinesiophobia, pain catastrophizing, and sleep quality as independent variables.
Results: A total of 96 individuals participated (72 women; mean age = 53.1 $\pm$ 10.8 years; BMI = 26.3 $\pm$ 4.8 kg/m^2), including 57 with primary and 39 with secondary frozen shoulder. Depression, pain, and sleep quality were significantly associated with pain self-efficacy, explaining 34.4% of the variance ($F(3,92) = 17.63$, $p < 0.000$, adjusted $R^2 = 0.344$, RMSE = 10.40). The remaining variables were not significantly associated.
Conclusion: Depression, sleep quality, and pain intensity were associated with pain self-efficacy, accounting for 34.4% of its variance. Higher depression levels, poorer sleep quality, and greater pain intensity were linked to lower self-efficacy. These findings highlight the importance of integrating psychological support and sleep hygiene strategies into frozen shoulder rehabilitation.
Implications: A comprehensive, interdisciplinary approach addressing psychosocial factors and sleep disturbances may enhance pain self-efficacy and treatment outcomes in frozen shoulder. Incorporating psychological interventions and sleep hygiene into rehabilitation programs could improve adherence and effectiveness.
Keywords: Frozen shoulder, biopsychosocial model, depression

Conflict of interest: The authors declare no conflict of interest.
Funding: CAPES - Finance Code 001.
Ethics committee approval: CAAE: 55508322900000003.
Registration: Not applicable.

https://doi.org/10.1016/j.bjpt.2025.101474

212

THE BRAZILIAN VERSION OF THE ACTIVITY MANAGEMENT INVENTORY FOR PAIN: TRANSLATION AND CULTURAL ADAPTATION

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