

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 ± 16.4 years and a body mass index of 28.62 ± 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 ± 2.2), while pain duration in years was 7.88 ± 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

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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 ± 10.8 years; BMI = 26.3 ± 4.8 kg/m²), 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

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

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