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Background: Musculoskeletal chronic pain is a common condition that can limit daily and professional activities. Individuals with chronic pain may exhibit distinct activity-related behavior patterns. The Activity Management Inventory for Pain (AMI-P) is a 20-item instrument that evaluates behaviors related to rest, alternating and planned activities, as well as goals such as pain reduction, increased activity, and energy conservation. Although used in clinical and research contexts, the questionnaire has not yet been translated, adapted, or validated for the Brazilian population. A culturally adapted version of this instrument could provide a more accurate assessment of chronic pain.

Objectives: To translate and adapt the AMI-P questionnaire into Brazilian Portuguese.

Methods: This is a cross-sectional study that followed the recommendations of Beaton et al., 2000. This study was approved by the Ethics Research Committee. The original version of the AMI-P was translated into Portuguese by two Brazilian translators fluent in English. Subsequently, the translations were synthesized and then back translated into English by two native English speakers. Finally, a panel of experts reviewed all the translations and compared them with 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, with musculoskeletal low back chronic 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. All statistical analyses were conducted using Excel™ software (Microsoft, version 2019).

Results: The translation and back-translation processes showed no major discrepancies between versions, confirming semantic and conceptual alignment with the original instrument. The expert committee carefully reviewed the pretest version and made minor refinements to improve clarity while preserving the original intent. This version was then submitted to the authors of the original AMI-P, who recommended adjustments to the terms "social activities," "be better able to complete the task," "get more done," "too," "the most," and "predefined time" to ensure greater conceptual consistency with the original scale. Thirty patients participated in the pre-testing phase, with a mean age of 36.3 ± 17.35 years, body mass index of 25.78 ± 4.58 kg/m² and 19 (63, 33%) were women. The majority of participants (73.33%, n = 22) had a higher education level. The participants demonstrated a 90% level of understanding of all items of AMI-P, meeting the established criterion for adequate comprehensibility.

Conclusion: The Brazilian Portuguese version of the AMI-P was considered adequate and clear.

Implications: The Portuguese version of the AMI-P will be an important tool for the assessment of musculoskeletal chronic pain in Brazil. The assessment of the measurement properties is still necessary.

Keywords: Assessment instrument, Chronic pain, Physical activity

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DOES KINESIOPHOBIA INFLUENCE JUMP LANDING KINEMATICS IN WOMEN WITH PATELLOFEMORAL PAIN?

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Methods: Women aged 18 to 30 years with complaints of PFP participated in this study. Initially, anamnesis was performed, followed by the application of the Tampa Scale of Kinesiophobia. Subsequently, kinematic evaluation of the lower limb was conducted. Reflective markers were positioned on the dominant lower limb at the following anatomical points: anterior superior iliac spine, acromion, greater trochanter of the femur, center of the patella, lateral malleolus, and head of the fifth metatarsal. Volunteers were instructed to step onto a 30 cm box and perform a jump, landing on the ground using only the affected lower limb. The test was performed three times, and the following angles were calculated: hip flexion, pelvic tilt, knee flexion, knee valgus, and ankle dorsiflexion. For statistical analysis, Pearson's correlation test was used, with a significance level of $p < 0.05$.

Results: Knee flexion angles ($p = 0.008$, $r = 0.806$), ankle dorsiflexion ($p = 0.015$, $r = 0.517$), and pelvic tilt ($p = 0.043$, $r = 0.436$) during single-leg jump landing were associated with kinesiophobia levels in women with PFP.

Conclusion: Kinesiophobia alters movement patterns during single-leg jump landing, such that higher levels of kinesiophobia lead to the adoption of biomechanical adjustments in landing kinematics, which may result in greater joint overload.

Implications: This study demonstrated that kinesiophobia levels are related to altered movement patterns during activities that impose high patellofemoral loads. The reduction in knee flexion angle observed in women with PFP and kinesiophobia may represent an attempt to maintain joint stability and reduce pain during movement execution, considering that pain intensifies at greater flexion angles. However, landing from a jump with a stiffer knee, greater pelvic tilt, and reduced ankle mobility may decrease impact absorption and have deleterious effects on the joint in the medium and long term. Therefore, rehabilitation programs for PFP should include patient education strategies aimed at reducing kinesiophobia alongside resistance exercises to achieve more effective outcomes.

Keywords: Biomechanical Phenomena, Quality of Life, Patellofemoral Pain Syndrome

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CONDITIONED PAIN MODULATION AND DISABILITY IN PATIENTS AFTER TRAUMATIC MUSCULOSKELETAL INJURIES IN THE UPPER LIMB

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