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ASPECTS ASSOCIATED WITH THE ADHERENCE TO PHYSICAL THERAPY TREATMENTS IN PATIENTS WITH CHRONIC LOW BACK PAIN: A QUALITATIVE APPROACH

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Background: The effectiveness of physical therapy treatments in patients with chronic low back pain is significantly influenced by patient adherence. This adherence is shaped by various factors, including the need for comprehensive care, effective patient-physical therapist communication, and the patient's socioeconomic circumstances.
Objectives: To identify variables perceived by patients that influence adherence to treatment.
Methods: This study employed a qualitative approach, using semi-structured interviews to collect data from patients undergoing physical therapy treatment at a teaching clinic. A convenience sampling method was used, including adult males and females with non-specific chronic low back pain. The interviews were transcribed and analyzed through qualitative content analysis to identify themes related to patients' self-perception of treatment adherence. Data collection involved individual interviews with a pre-established guiding script that included both open and closed questions, categorized into the following thematic axes: I – Psychosocial Factors; II – Communication and Professional-Patient Relationship; III – Behavioral and Motivational Factors.
Results: Content analysis identified three main themes regarding patients' perceptions of adherence to physical therapy treatment: (I) Family support, (II) Expectation of improvement, and (III) Perception of pain relief. Many patients highlighted the crucial role of family support in ensuring treatment continuity. Additionally, the belief that physical therapy could prevent more invasive interventions, such as surgery, and improve quality of life was recognized as a motivating factor. Furthermore, the recognition of progressive pain relief emerged as a key reason for continued treatment.
Conclusion: Adherence to physical therapy treatment in patients with non-specific chronic low back pain is influenced by multiple factors, with significant contributions from family support, the expectation of improvement, and the perception of pain relief. Therefore, strategies aimed at strengthening the patient-physical therapist relationship, enhancing family involvement, and emphasizing the benefits of treatment should be incorporated into physical therapy approaches.
Implications: Future research should explore these variables in different populations and regional contexts and employ longitudinal designs to assess how perceptions and adherence evolve over time. It is also crucial to test personalized, multifaceted interventions that integrate technological, educational, and behavioral components to sustain patient motivation in a more long-lasting manner.
Keywords: Chronic low back pain, Treatment adherence, Biopsychosocial factors

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CORRELATION BETWEEN CATASTROPHIZING, PAIN, AND MANDIBULAR FUNCTION IN PEOPLE WITH TEMPOROMANDIBULAR DISORDER SYMPTOMS

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Background: Temporomandibular disorder (TMD) is defined as a set of signs and symptoms affecting the temporomandibular joint (TMJ) and/or the masticatory muscles, with pain being the most common symptom, impacting approximately 50 to 60% of the population. TMD's can be influenced by psychological factors, such as exaggerated and negative thoughts about pain, known as catastrophizing, that can significantly intensify the perception of pain, leading to a worsening of the clinical condition and affecting TMJ functionality.
Objectives: To evaluate the relationship between pain and catastrophizing in individuals with TMD symptoms.
Methods: This is a cross-sectional observational study that assessed pain, catastrophizing, and TMJ functionality in individuals with TMD using scales such as the Numeric Rating Scale for Pain (NRS Pain) (NRSP), Pain Catastrophizing Scale (PCS), and Jaw Functional Limitation Scale (JFLS-20). The study included individuals who reported orofacial pain for more than three months and scored above 2 points on pain screening for TMD in the Diagnostic Criteria for Temporomandibular Disorders (DC/TMD). The data were analyzed using descriptive and inferential statistics with SPSS software version 20.0. The Shapiro-Wilk test was conducted to assess normality, and Pearson's correlation was used to evaluate the relationship between JFLS, pain, mobility, and PCS, considering a 95% confidence interval and a p-value < 0.05 to indicate significant associations.
Results: The study included 20 participants, consisting of 14 women and 6 men, with a mean age of 33.85 years (SD = 11.05). Pain, assessed using the NRSP, had a mean score of 6.25 (SD = $\pm$1.61). Pain-free mouth opening had a mean of 26.94 mm (SD = 8.58), while maximum mouth opening was 41.92 mm (SD = 5.70). The global JLFS score had a mean of 3.20 (SD = 1.72), and the mean mobility domain score was 2.57 (SD = 1.51). Pain catastrophizing, measured by the PCS, had a mean score of 25.25 (SD = 13.78). Significant correlations were found between PCS and JLFS-20 ($r = 0.45$; $p < 0.05$), as well as between the mobility domain of the JLFS-20 scale and PCS ($r = 0.54$; $p < 0.05$), both being positive.
Conclusion: The findings suggest that pain catastrophizing is strongly associated with functional limitations of the TMJ, emphasizing the need for further research to better understand this relationship and the impact of pain on mandibular function.
Implications: These results underscore the importance of multidisciplinary approaches in physiotherapy, incorporating interventions such as manual therapy, kinesiotherapy, and, most notably, pain education to mitigate catastrophizing and enhance TMJ functionality, ultimately improving clinical outcomes.
Keywords: Disorder, Catastrophization, Pain

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