Keywords: Low back pain, Primary Health Care, Health Education

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RELATIONSHIP BETWEEN SOCIAL SUPPORT AND PHYSICAL ACTIVITY LEVEL IN INDIVIDUALS WITH CHRONIC LOW BACK PAIN: A CROSS-SECTIONAL STUDY

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Background: Chronic low back pain (CLBP) is disabling and often associated with modifiable socioeconomic and lifestyle factors, such as physical activity level, the latter being a key treatment component. Evidence suggests that social support (SS) may be a crucial health determinant in encouraging exercise and improving pain management, highlighting the importance of investigating this relationship in those with CLBP.
Objectives: To analyze the association between social support and physical activity level in adults with primary CLBP.
Methods: This cross-sectional study was conducted between August and December 2024 with volunteers recruited from a Primary Care Unit through active search or referred by health agents. Adults aged 18 to 60 years with primary CLBP lasting more than three months answered the following questionnaires: Sociodemographic form, Numerical Pain Scale (NPS), Medical Outcomes Study-Social Support Survey (MOS-SSS), and International Physical Activity Questionnaire (IPAQ-SF), with the aid of illustrated response cards. Data were analyzed using JAMOVI software for descriptive analysis and to assess the correlation between social support and physical activity.
Results: We included 54 participants (77.7% female), with a mean age of 48.9 years $\pm$ 9.26. The mean pain intensity was 6.81 $\pm$ 2.25, and the mean weekly physical activity was 4,153 $\pm$ 3,476 METs, with most participants reporting moderate to high physical activity levels. The mean perceived SS score was 72.2 $\pm$ (standard deviation = 23), indicating a moderate level of social support perception. SS and physical activity levels were weakly and positively correlated (rho = 0.3; $p < 0.03$).
Conclusion: There was a positive, albeit modest, relationship between SS and physical activity levels, suggesting that SS may contribute to physical activity status. However, the magnitude of the correlation highlights the need to consider other contextual factors, such as gender, financial barriers, workload, and health perception in individuals with primary CLBP. Although relevant, SS does not appear to be the main determinant of physical activity. This study reinforces the importance of future research, specifically on the role of general social support and its interactions with contextual factors affecting physical activity levels in this population.
Implications: The study points to the relationship between SS and physical activity level in adults with CLBP, highlighting the importance of investigating social support as a facilitator in promoting a more active lifestyle in individuals with CLBP.
Keywords: Chronic low back pain, social support, physical activity

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IMPACT OF DIFFERENT MANUAL THERAPY TECHNIQUES ON ANKLE DORSIFLEXION RANGE OF MOTION: PRELIMINARY DATA FOR SYSTEMATIC REVIEW WITH META-ANALYSIS

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Background: Reduced ankle dorsiflexion range of motion is associated with biomechanical and functional changes, impacting daily activities such as walking. Assessing and addressing this limitation is clinically relevant, highlighting the need to investigate the outcomes used in populations with this condition.
Objectives: This study aims to conduct systematic review and meta-analysis to evaluate and synthesize published randomized controlled trials (RCTs), providing conclusions on the short- and long-term efficacy of different manual therapy techniques on ankle dorsiflexion range of motion.
Methods: This systematic review and meta-analysis follow the PRISMA guidelines. Data were extracted from RCTs without language restrictions, identified through systematic searches in the following databases: MEDLINE/PubMed (via National Library of Medicine), Scopus (Elsevier), CINAHL (EBSCO), LILACS, EMBASE (Elsevier), and Web of Science (Clarivate Analytics). Statistical analysis will be conducted using R software. Random effects models with a 95% confidence interval (CI) will be estimated to analyze the study's outcome. Heterogeneity will be assessed using the I^2 index, and sensitivity analyses will be performed, whenever possible, in the presence of high heterogeneity ($I^2 > 40\%$). All statistical comparisons assume a significance level of a = 0.05. Preliminary
Results: A total of 194 studies were identified through database searches, with no additional studies found from other sources. After removing duplicates, 114 articles remained. Following title and abstract screening, 102 studies were excluded. The 12 remaining studies were assessed for full-text review, and eight studies were excluded. Thus, four studies were included and are currently undergoing qualitative synthesis and meta-analysis, totaling 191 participants (M: 104 / H: 87), of whom 107 underwent the intervention and 84 were in the control group. The participants' mean age ranged from 22.3 to 72.6 years, and their mean body mass index varied between 22.46 and 28.47 kg/m^2. Inclusion criteria included adults over 60 years old with dorsiflexion limitation below 35° measured by the weight-bearing lunge test, adults over 18 years old, with or without ankle injury, and those with asymmetric dorsiflexion stiffness during the weight-bearing lunge test; as well as students aged 18 to 35 years in good health. Exclusion criteria included neurological diseases, musculoskeletal conditions in the lower limb, musculoskeletal injury in the last three months, vestibular pathology, vascular disease, or a history of previous surgery in any lower extremity. Two clinical trials applied manual therapy to the ankle joint, while two used Mulligan mobilization with movement, with one of them associating a tibiofibular tape. The primary outcome assessed was the increase in dorsiflexion during the weight-bearing lunge test.

Conclusion: Although manual therapy is widely used to improve ankle mobility, further research is needed to determine the most effective approach. This systematic review and meta-analysis will provide evidence on the effectiveness of manual interventions to improve dorsiflexion.
Implications: Improving our understanding of different interventions that can improve ankle movement facilitates prevention strategies, rehabilitation protocols, and clinical decision-making.
Keywords: Range of Motion, Musculoskeletal Manipulations, Systematic review

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QUALITY OF DESCRIPTION OF USUAL CARE INTERVENTIONS IN CLINICAL TRIALS INVOLVING EXERCISE FOR KNEE OSTEOARTHRITIS: A SYSTEMATIC REVIEW

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Background: Conducting randomized clinical trials (RCTs) with a comparator group is methodologically appropriate and essential to minimize confounding factors in systematic reviews, provided that the interventions, including Usual Care (UC) in the comparator group, are described in detail to ensure the reproducibility of the methods.
Objectives: To evaluate the quality of the description of interventions termed UC as a comparator group in RCTs that utilized exercise for the treatment of knee osteoarthritis (OA).
Methods: A meta-research study with a systematic review of RCTs involving exercise for knee OA in individuals aged 40 years or older. Searches were conducted in the following databases: MEDLINE, EMBASE, Cochrane Central, PEDro, CINAHL, and SportDiscus. Studies that compared any therapeutic exercise to Usual Care were included. The description of interventions in both the exercise intervention group and the UC control group was assessed using the Template for Intervention Description and Replication (TIDieR) tool. A quantitative and qualitative comparison was made regarding the quality of reporting between the groups, as well as the description before and after the publication of the TIDieR checklist.
Results: A total of 67 RCTs were analyzed, and in 100% of these RCTs, the description of the UC group was of low quality. The TIDieR score (0-12) was higher in the exercise group, with a median of 4.0 (interquartile range [IQR] 3 to 5), compared to the UC group, which had a median of 1.0 (IQR 1 to 2), $p < 0.001$. For the intervention groups, only 22.3% of the descriptions were considered "high quality." There was no difference in the quality of intervention descriptions before and after the publication year of the TIDieR checklist.
Conclusion: The description of interventions referred to as UC in RCTs involving exercise for knee OA is insufficient. Consequently, it is not possible to replicate these RCTs or properly implement their findings in clinical practice.
Implications: These findings underscore the need for clearer and more consistent descriptions of groups in RCTs on knee OA, particularly regarding the UC group. Furthermore, it is essential to encourage the adoption of the TIDieR checklist to ensure transparency and reproducibility in these studies.
Keywords: Knee osteoarthritis, patient care, exercise

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PSYCHOSOCIAL PROFILE OF INDIVIDUALS WITH FROZEN SHOULDER: PAIN, DISABILITY, PSYCHOLOGICAL FACTORS, AND SLEEP QUALITY

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Background: Frozen shoulder is a musculoskeletal condition characterized by pain and progressive restriction of mobility, significantly impacting the functionality of affected individuals. In addition to physical limitations, psychological factors, and sleep patterns may play a relevant role in this condition. Identifying the psychosocial characteristics of these patients can provide essential information to enhance therapeutic approaches and personalize treatment, considering the particularities of individuals with this condition.
Objectives: To describe the psychosocial profile of individuals with frozen shoulder.
Methods: This is a cross-sectional study conducted via video call using Google Meet® with individuals diagnosed with primary and secondary frozen shoulder. Sociodemographic data were collected, and instruments were applied to assess pain (Numerical Pain Scale), disability (Shoulder Pain and Disability Index), anxiety and depression (Hospital Anxiety and Depression Scale), kinesiophobia (Tampa Scale for Kinesiophobia-11), pain catastrophizing (Pain Catastrophizing Scale), and sleep quality (Pittsburgh Sleep Quality Index). Descriptive analysis was performed using IBM® SPSS 22 software, according to the specific cut-off points of each instrument, presenting the results in percentages, means, and standard deviations. RESULTS: The sample consisted of 96 individuals, 57 diagnosed with primary frozen shoulder and 39 with secondary frozen shoulder (72 women, mean age = 53.1 ± 10.8 years, symptom duration = 6.1 ±