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

Conflict of interest: The authors declare no conflict of interest.
Funding: CAPES - Finance Code 001.
Ethics committee approval: CAAE: 81039324.5.0000.5504.
Registration: Not applicable.

https://doi.org/10.1016/j.bjpt.2025.101484

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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

Conflict of interest: The authors declare no conflict of interest.
Funding: Not applicable.
Ethics committee approval: No. 5.660.798.
Registration: Not applicable.

https://doi.org/10.1016/j.bjpt.2025.101485

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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 ±