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

222

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

José Ribeiro da Silva Neto[a], Lucas Henrique Caldas da Silva[b], Paula Gabrielly Oliveira Demes[b], Thakacki Cezar De Oliveira Saraiva[c], Natália Iosimuta[a], Renan Lima Monteiro[b], Areolino Pena Matos[d]
[a] *Programa de Pós-graduação em Ciências da Saúde, Universidade Federal do Amapá (UNIFAP), Macapá, AP, Brazil*
[b] *Faculdade Fisioterapia, Universidade Federal do Amapá (UNIFAP), Macapá, AP, Brazil*
[c] *Programa de Residência Médica em Ginecologia e Obstetrícia, Universidade Federal do Amapá (UNIFAP), Macapá, AP, Brazil*
[d] *Faculdade de Fisioterapia e Terapia Ocupacional, Universidade Federal do Pará (UFPA), Belém, PA, Brazil*

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

223

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

Romário Nóbrega Santos Fonseca[a], Alessandra Pereira Ribeiro[b], Bianca Mirelle Ferreira de Souza[a], Aliuska Souza Santos[a], Janilton Nathanael Silva[a], Pablo Oscar Policastro[c,d], Danilo Harudy Kamonseki[e], Germanna de Medeiros Barbosa[a,b]
[a] *Postgraduate Program in Physical Therapy, School of Health Sciences of Trairi, Universidade Federal do Rio Grande do Norte (UFRN), Santa Cruz, RN, Brazil*
[b] *School of Health Sciences of Trairi, Universidade Federal do Rio Grande do Norte (UFRN), Santa Cruz, RN, Brazil*
[c] *Physical Therapy Unit, Hospital General de Agudos C. G. Durand, Buenos Aires, Argentina*
[d] *Postgraduate Program in Physical Therapy, Department of Physical Therapy, Universidade Federal de São Carlos (UFSCar), São Carlos, SP, Brazil*
[e] *Department of Physical Therapy, Universidade Federal da Paraíba (UFPB), João Pessoa, PB, Brazil*

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 ±

4.2 months). Most participants (60.4%) reported pain equal to or greater than 7 points, while 75% presented significant functional disability, with scores above 40. Regarding psychological aspects, 98.9% demonstrated high levels of kinesiophobia, with scores above 17, and 56.2% exhibited signs of anxiety, with scores equal to or greater than 9. Sleep quality was considered poor in 36.4% of individuals (scores equal to or greater than 5), and 57.2% presented sleep disorders (scores equal to or greater than 10). In contrast, most participants showed no signs of depression (83.3% with scores below 9) or pain catastrophizing (54.1% with scores equal to or below 30). Conclusion: The results indicate that individuals with frozen shoulder experience intense pain and functional disability associated with high levels of kinesiophobia and anxiety. Additionally, a significant portion of the sample reported inadequate sleep patterns. Implications: These findings reinforce the need for integrated therapeutic strategies that address not only physical aspects but also the emotional and behavioral components involved in this condition. Therefore, an interdisciplinary approach incorporating strategies for pain management, psychological support, and health education to reduce fear of movement and improve sleep habits may promote a more effective rehabilitation process and contribute to better clinical outcomes in this condition.
Conclusion: The results indicate that individuals with frozen shoulder experience intense pain and functional disability associated with high levels of kinesiophobia and anxiety. Additionally, a significant portion of the sample reported inadequate sleep patterns.
Implications: These findings reinforce the need for integrated therapeutic strategies that address not only physical aspects but also the emotional and behavioral components involved in this condition. Therefore, an interdisciplinary approach incorporating strategies for pain management, psychological support, and health education to reduce fear of movement and improve sleep habits may promote a more effective rehabilitation process and contribute to better clinical outcomes in this condition.
Keywords: Frozen shoulder, shoulder pain, biopsychosocial model

Conflict of interest: The authors declare no conflict of interest.
Funding: CAPES - Finance Code 001.
Ethics committee approval: No. 6.902.189.
Registration: Not applicable.

https://doi.org/10.1016/j.bjpt.2025.101486

224

TRANSLATION AND CROSS-CULTURAL ADAPTATION OF THE WHEELCHAIR USER'S SHOULDER PAIN INDEX TO BRAZILIAN PORTUGUESE

Danyelle Leite Furtado de Araújo, Hélio Ewerton dos Santos Delfino, Gabriel Alves Dos Santos, Mayara Ribeiro Da Silva, Bruna Gabriella Nascimento Bezerra, Marlison Douglas Nascimento Silva, Danilo Harudy Kamonseki, Valéria Mayaly Alves de Oliveira
Departamento de Fisioterapia, Universidade Federal da Paraíba (UFPB), João Pessoa, PB, Brazil

Background: Shoulder pain is frequent among wheelchair users, resulting from the overload generated by locomotion and transfer activities. In this context, evaluation and monitoring through tools such as questionnaires are essential to guide the actions of health professionals and researchers. The Wheelchair User's Shoulder Pain Index (WUSPI) is a validated questionnaire, originally developed in English, that assesses shoulder pain in wheelchair users. Considering the scarcity of specific tools for this population available in Brazil, it is essential to translate and culturally adapt the WUSPI to Brazilian Portuguese.
Objectives: Translate and cross-culturally adapt the Wheelchair User's Shoulder Pain Index into Brazilian Portuguese.
Methods: This study included wheelchair users of both sexes, with shoulder pain for at least 3 months, aged 18 years or older, both athletes and non-athletes, with athletes participating in regular training at least twice a week. This study was approved by Ethics Research Committee. The methodology followed five steps recommended by international guidelines: translation, translation synthesis, back-translation, analysis by an expert committee, and pretesting. After obtaining the author's consent, the translation process began. The WUSPI has 15 items that assess shoulder pain in wheelchair users during activities involving transfers, mobility, self-care, and general activities. Each item is scored from 0 to 10 on the Visual Analog Scale, with the total score ranging from 0 to 150. For individuals with specific limitations, such as quadriplegia or partial wheelchair use, the Performance Corrected WUSPI was created, adjusting the score by dividing the total raw score by the number of activities performed and multiplying by 15. After the steps, the materials were sent to the author for review, and the pre-test was administered. Items with less than 90% comprehension should be modified.
Results: Thirty individuals participated in the study, with mean age 45.2 $\pm$ 13.98, 16 (53%) were female and 19 (63%) were athletes. All WUSPI items and demographic data achieved over 90% comprehension in the pre-test version. However, the committee accepted some suggestions from participants and the author to ensure equivalence between versions. In the WUSPI, in question 3, the word "bathtub" was replaced with "shower chair," and in question 6, "using" was changed to "pushing." In the demographic data, under participant information, the option "civil union" was added to question 1, "that you currently use" was added to question 4.B, and the option "ambidextrous" was included in question 7. In the medical history section, the alternative "I don't remember" was added to question 1.
Conclusion: The WUSPI was translated and culturally adapted to Brazilian Portuguese following all recommended procedures, making it a useful questionnaire for clinical and research purposes. Future studies are needed to analyze the psychometric properties of the questionnaire.
Implications: The translation of the WUSPI into Brazilian Portuguese expands the tools available in Brazil for assessing wheelchair users, contributing to clinical practice and scientific research on shoulder dysfunctions in this population.
Keywords: Persons with Disabilities, Pain Measurement, Upper Extremity

Conflict of interest: The authors declare no conflict of interest.
Funding: CNPq.
Ethics committee approval: Not applicable.
Registration: PROSPERO - CRD42024555987.

https://doi.org/10.1016/j.bjpt.2025.101487

225

DOES KNEE EXTENSOR TORQUE DETERMINE PERFORMANCE IN THE STEP-DOWN TEST IN WOMEN WITH PFP?

Raphaella Suenson Beato Brollo, Isabela Vitoria Souza Araujo, Deborah Hebling Spinoso
Departamento de Fisioterapia e Terapia Ocupacional, Universidade Estadual Paulista (UNESP), Marília, SP, Brazil

Background: Patellofemoral pain (PFP) is characterized by pain around the patella or in the anterior region, occurring mainly during