

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.

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Keywords: Frozen shoulder, shoulder pain, biopsychosocial model

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

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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 pre-testing. 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 ± 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

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

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

activities that increase overload on this joint. Its incidence is higher in women, with high rates of recurrent pain and decreased functionality.

Objectives: To investigate the association between knee extensor torque and performance in the step descent test in women with PFP.

Methods: The project was approved by the Ethics Committee (5.690.291). Initially, anamnesis was performed to obtain personal data. To assess function, the step-down test was performed, in which participants stood on a 20 cm high step with their feet supported and their hands on their pelvic girdle. The participant was asked to touch the ground with the heel of the unaffected leg and return to the starting position. The participant was asked to perform as many repetitions as possible in 30 seconds. To assess knee extensor joint torque, the Biodex[®] isokinetic dynamometer was used. Initially, there was a 5-minute warm-up on the treadmill and the volunteers were positioned with their hips and knees flexed at 90°. Torque was assessed at an angle of 90 to 30 degrees of flexion, at a speed of 60°/second. The protocol consisted of 3 maximum concentric contractions. For statistical analysis, Pearson's correlation test was used, with a significance level of $p < 0.05$.

Results: Performance in the step descent test is positively associated with maximum concentric knee extension torque ($r = 0.351$, $p = 0.006$) in women with PFP.

Conclusion: The decreased ability to produce knee extensor force negatively affects the functional performance of women with PFP.

Implications: Women with PFP have impaired ability to produce maximum knee extension force and this interferes with their functional performance. Understanding the factors that involve limitations in the functional performance of women with PFP can help in clinical practice, guiding treatment programs and making prognosis more accurate. Functional tests are low-cost and simple to perform, which can be used to monitor the progress of people with PFP and their response to resistance training, especially of the knee extensors.

Keywords: patellofemoral pain, maximum torque, capacity

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PAIN INTENSITY IS RELATED TO PAIN SELF-EFFICACY AND VERTICAL JUMP PERFORMANCE IN WOMEN WITH PATELLOFEMORAL PAIN SYNDROME

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Background: Patellofemoral Pain Syndrome (PFP) is characterized by intermittent pain in the anterior region or around the patella, commonly observed in young women. Although biomechanical factors are widely recognized, the importance of understanding the impact of non-physical aspects, such as kinesiophobia, pain catastrophizing, and self-efficacy, on the functionality and performance of individuals with PFP has become increasingly evident. These psychosocial factors, associated with physical aspects, can affect functional performance, such as during the Vertical Jump.

Objectives: To verify the level of relationship between psychosocial aspects and performance in the Vertical Jump functional test in female individuals with patellofemoral pain syndrome.

Methods: The study included 50 women with PFP, aged between 18 and 30 years. All participants completed standardized questionnaires, including the Visual Analog Scale (VAS), Positive and Negative Affect Schedule (PANAS), Pain Self-Efficacy Questionnaire (PSEQ-10). Functional Performance was assessed using the Vertical Jump Test. After analyzing the normality of the data (Shapiro-Wilk test), the level of correlation was assessed using the Spearman Correlation test (rs value), with rs values below 0.1 considered weak correlation, values between 0.1 and 0.3 as moderate correlation and rs values above 0.5 as strong correlation. A significance level of 5% was considered.

Results: Only pain intensity showed a moderate negative correlation in relation to pain self-efficacy (PSEQ-10) ($rs = -0.33$; $p < 0.05$) and in relation to performance in the Vertical Jump ($rs = -0.31$; $p < 0.05$), indicating that higher levels of pain are associated with lower pain self-efficacy and worse functional performance. The other emotional variables did not demonstrate a significant relationship with pain intensity or functional performance.

Conclusion: Pain intensity has an inverse relationship with pain self-efficacy and performance in the Vertical Jump test. On the other hand, vertical jump performance did not show a relationship with emotional aspects.

Implications: This study demonstrates that pain level appears to influence the patient's way of managing pain, as well as functional performance. On the other hand, emotional aspects do not have an important relationship with these factors in patients with PFP.

Keywords: Proms, patellofemoral pain syndrome, functionality

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ASSOCIATION BETWEEN KINESIOPHOBIA AND KINEMATIC ALTERATIONS DURING FUNCTIONAL SIT-TO-STAND MOVEMENT IN WOMEN WITH KNEE OSTEOARTHRITIS

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Background: Knee osteoarthritis (KOA) is a chronic and degenerative disease, reported as one of the leading causes of disability worldwide. Its incidence is higher in women, especially after menopause. Persistent pain is one of the main symptoms contributing to greater difficulty in performing daily tasks, such as sitting and standing from a chair. Kinesiophobia, defined as an intense fear of experiencing pain during movement, is a factor that may predict functional capacity and influence the movement pattern adopted by this population. Understanding the relationship between kinesiophobia and the kinematics of the sit-to-stand movement may contribute to a better understanding of the factors that contribute to functional limitations in women with KOA.

Objectives: The aim of this study is to investigate the relationship between kinesiophobia and lower limb kinematics during the sit-to-stand test in women with KOA.

Methods: The research project was approved by the Ethics Committee of Unesp/Marília, and all participants signed the informed consent form. A total of thirty-five women ($67,00 \pm 8,43$), with a medical diagnosis of KOA participated in the study. Initially, an anamnesis was conducted to collect personal and anthropometric