

upper limbs disability (quick version of Disabilities of the Arm, Shoulder, and Hand (QuickDASH) questionnaire), and fear of movement (Tampa Scale for Kinesiophobia (TSK)). . Validity was deemed acceptable if = 75% of the hypotheses were confirmed. Responsiveness was analyzed in individuals treated for eight weeks using effect size (ES), standardized response mean (SRM), and area under the curve (AUC-ROC). ES and SRM values were interpreted as small (< 0.50), moderate (0.50–0.80), or large (> 0.80). The Global Rating of Change (GROC), used as an external anchor, classified individuals as having "significant improvement" or "mild/no improvement" (cut-off = 4). AUC > 0.70 indicated adequate responsiveness. Statistical analyses were conducted using SPSS 23.0, with a significance level of 0.05.

Results: The validity analysis included 64 participants, while the responsiveness analysis involved 59. The mean age was 37.5 ± 12.3 years for validity and 37.7 ± 12.6 years for responsiveness. The mean symptom duration was 12.0 ± 6.27 months in both analyses, and the mean pain intensity was 6.9 ± 2.0 for validity and 6.9 ± 1.9 for responsiveness. Construct validity analysis showed that the PCS met 83% of the proposed hypotheses. The PCS exhibited a significant moderate correlation with TSK, NPRS, and QuickDASH, except for the rumination and magnification subscales, which showed a weak correlation. The rumination, helplessness subscales, and total PCS score demonstrated a large effect size and responsiveness, while the magnification subscale showed a moderate effect. All subscales and the total PCS score had an AUC above 0.7, indicating good responsiveness.

Conclusion: The PCS demonstrated adequate construct validity and responsiveness in assessing individuals with chronic RCRSP.

Implications: The PCS demonstrated adequate validity and responsiveness for assessing pain catastrophizing in individuals with chronic RCRSP. Its use can aid clinicians in identifying maladaptive pain-related thoughts and monitoring treatment progress.

Keywords: Construct validity, Responsiveness, Pain catastrophizing

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CAN ACTION OBSERVATION TECHNIQUE RELIEVE PAIN IN FIBROMYALGIA? DEVELOPMENT OF A RANDOMIZED CONTROLLED CLINICAL TRIAL PROTOCOL TO EVALUATE ITS EFFECTIVENESS

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Background: Fibromyalgia (FM) is a syndrome characterised by chronic diffuse primary pain associated with fatigue, sleep disturbance, cognitive and somatic complaints. Its presence has a significant impact on activities of daily living, affecting the functionality, emotional well-being and quality of life of this population. The wide variety of symptoms reflects dysfunction in multiple body systems, with central nervous system involvement being a central factor. Central sensitisation of pain is considered the most relevant pathophysiological hypothesis in literature, reinforcing the importance of rehabilitation strategies aimed at its modulation. In addition, FM also impairs motor control and the study of muscular activation patterns and the effect of rehabilitation strategies in muscular activation can also contribute to FM management. Movement representation strategies are

interventions that neurophysiologically evoke the perceptual and cognitive representation of movement through observation combined, or not, with the actual execution of the movement, which can cause an increase in cortical excitability. Therefore, they have the potential to reverse the inhibition produced by physiological processes associated with chronic pain, such as those presented by patients with FM.

Objectives: Development of a treatment protocol based on action observation, a movement representation strategy, to evaluate its effectiveness in reducing pain and the impact of fibromyalgia through tools that can measure whether there are changes in cortical excitability and muscle recruitment patterns.

Methods: This two-arm parallel randomized controlled clinical trial with a blinded evaluator will include eighty-two patients aged between 20 and 75 years who meet the ACR2016 classification criteria for FM. The subjects will be randomized into two groups: an intervention group (IG-I), that will receive a rehabilitation protocol based on exercises associated with action observation technique, and a control group (CG-I) that will receive a booklet with general guidelines on FM. The primary outcome will be pain intensity, and the secondary variables will be the impact of fibromyalgia, pain sensitivity, fatigue level, level of functionality, level of disability, sleep disturbances, and the patient's global perception of change, kinesiophobia, health-related quality of life, encephalographic (EEG) activity and electromyographic (EMG) activity of the trapezius, vastus lateralis and tibialis anterior muscles. A mediation analysis will also be performed to investigate if increased cortical excitability mediates improvement in pain.

Results: The results of this study will provide important information on the effects of movement representation strategies on cortical activation, motor recruitment, intensity and pain perception in FM patients.

Conclusion: It is expected that this study will contribute to the development of more effective therapeutic approaches for the management of fibromyalgia, improving the quality of life of this population.

Implications: This study may clarify whether movement representation techniques can be incorporated into the clinical practice of physical therapists treating patients with fibromyalgia.

Keywords: Action observation, Fibromyalgia, Motor control, Cortical excitability, Chronic pain

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USE OF HEALTH SERVICES BY PERSONS RESIDENT IN QUILOMBOLA TERRITORY

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Background: The Remnant Quilombo Communities are formed by descendants of enslaved black people and maintain a system of social organization related to their ancestry. This population group has presented situations of vulnerability since the historical process of enslavement, resulting in social and health inequalities. This reality highlights the need for studies that verify the use of health